

Buckeye Health Plan – MyCare Ohio (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 Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan). *The Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Buckeye Health Plan – MyCare Ohio (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 **1-866-549-8289** (TTY: **711**), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day or visit mmp.buckeyehealthplan.com.



Scan with
your phone
to view the
drug list



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If you have questions, please call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

For more information, visit mmp.buckeyehealthplan.com.

A. Disclaimers

This is a list of drugs that members can get in Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan).

- ❖ Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio 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 **1-866-549-8289 (TTY: 711)**. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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 **1-866-549-8289 (TTY: 711)**. El horario de atención es de 8 a.m. a 8 p.m., de lunes a viernes. Es posible que fuera del horario de atención, los fines de semana y los días festivos 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**1-866-549-8289 (TTY: 711)**联系我们即可。我们的工作时间：周一至周五早上8点至晚上8点。非工作时间、周末和节假日请留言。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**1-866-549-8289 (TTY : 711)**。服務時間為週一至週五，上午8點至晚上8點。非營業時間、週末及假日，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 **1-866-549-8289 (TTY: 711)**. Ang mga oras ay 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Sa mga oras na tapos na ang trabaho, kapag Sabado at Linggo, at tuwing mga holiday, posibleng hilingin sa inyo na mag-iwan ng mensahe. Tatawagan kayo sa susunod na araw na may pasok. May nagsasalita ng Tagalog na makatulong sa inyo. Isa itong libreng serbisyo.

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If you have questions, please call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

For more information, visit mmp.buckeyehealthplan.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 **1-866-549-8289 (TTY : 711)**. Les heures d'ouverture sont de 8 heures à 20 heures, du lundi au vendredi. En dehors des heures d'ouverture, les week-ends et les jours fériés, il peut vous être demandé 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 **1-866-549-8289 (TTY: 711)**. Giờ làm việc là từ 8 a.m. đến 8 p.m., từ Thứ Hai đến Thứ Sáu. Sau giờ làm việc, vào cuối tuần và ngày lễ, 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: **1-866-549-8289 (TTY: 711)**. Wir sind montags bis freitags 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, **1-866-549-8289(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 **1-866-549-8289 (TTY: 711)**. Часы работы: с 8 а.м. до 8 р.м., с понедельника по пятницу. В нерабочее время, в выходные и праздничные дни вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

This section is continued on the next page.

If you have questions, please call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

For more information, visit mmp.buckeyehealthplan.com.

نُوّفر 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 **8289-549-1-866 (TTY: 711)**. من الاثنين إلى الجمعة، من الساعة 8 صباحاً وحتى الساعة 8 مساءً. قد يتطلب منك ترك رسالة في عطلات نهاية الأسبوع وفي أيام الإجازات الرسمية 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 **1-866-549-8289 (TTY: 711)** dalle 8:00 alle 20:00, dal lunedì al venerdì. Al di fuori di questi orari, nei fine settimana e nei giorni festivi 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 **1-866-549-8289 (TTY: 711)**. O horário é de segunda-feira a sexta-feira, das 08:00 às 20:00. Se ligar fora deste horário, num fim de semana ou num feriado, 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 gendwa vle poze konsènan sante w ak plan medikaman w lan. Pou jwenn yon entèprèt pou tradui pou w, annik rele nou nan **1-866-549-8289 (TTY: 711)**. Orè a se Lendi pou Vandredi, 8 a.m. jiska 8 p.m. Lè biwo yo fèmen, nan wikenn epi pandan jou ferye yo, 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 **1-866-549-8289 (TTY: 711)** od poniedziałku do piątku 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 दूरग प्लान के बारे में आपके कसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषयि सेवाएं देते हैं। दुभाषयि सेवा पाने के लिए, बस हमें 1-866-549-8289 (TTY: 711) पर कॉल करें। सोमवार से शुक्रवार कार्य का समय सुबह 8 बजे से लेकर रात 8 बजे तक है। कार्य समय के अलावा, 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। हिंदी में बात करने वाला सहायक आपकी मदद करेगा। यह एक नशिल्क 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、1-866-549-8289 (TTY : 711) にお電話ください。対応時間は月曜日～金曜日の午前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をお電話いたします。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。

हाम्रो स्वास्थ्य वा औषध प्लानका बारेमा तपाईंसँग हुन सक्ने कुनै पनि प्रश्नको जवाफ दनि हामीसँग नशिल्क दोभाषे सेवाहरू छन्। कुनै दोभाषे प्राप्त गर्न हामीलाई 1-866-549-8289 (TTY: 711) मा कल गरनुहोस्। सामान्य सेवाको समय सोमबार देखि शुक्रबार सम्म बहिन 8 बजेदेखि बिलुका 8 बजेसम्म हो। सामान्य सेवाको समयपछि, सप्ताहान्तमा र बढिका दिनहरूमा, तपाईंलाई सनदेश छोड्न लगाइन सक्छ। तपाईंलाई व्यवसाय खुल्ने अर्को दिनभित्र फरिता कल गरनी छ। नेपाली बोल्ने कुनै व्यक्तिले तपाईंलाई मददत गर्न सक्नुहुन्छ। यो नशिल्क सेवा हो।

Waxaan bixinaa adeeg turjumaan oo bilaash ah oo ka jawaabaya su'aalo kasto oo aad qabtid oo ku saabsan qorshaheena caafimaadka iyo daawada. Si aad u heshid turjubaan naga soo wac **1-866-549-8289 (TTY: 711)**. Saacadaha adeeg bixinta waxay ka bilaabataa 8 subaxnimo ilaa 8 fidnimo., Maalmaha isniin ilaa Jimco. Saacadaha adeeg bixinta kadib, sida maalmaha asbuuc dhamaadka (Sabti iyo Axad) iyo maalmaha fasaxa, waxaa lagaa codsan donaa inaad dhaaftid fariin. Wicitaankaada waxaa laga soo jawaabi doona maalinta xigta oo aay tahay maalin shaqo bixin. Qof ku hadlaayo Af-Soomaali ayaa ku caawini. Kani waa adeeg bilaash ah.

Tuna huduma za mkalimani bila malipo ili kujibu maswali yoyote unayowenza kuwa nayo kuhusu mpango wetu wa afya na dawa. Ili kupata mkalimani tupigie tu kwa **1-866-549-8289 (TTY: 711)**. Saa zetu za kazi ni kutoka saa 2 asubuhi hadi saa 2 usiku. Jumatatu hadi ljumlahaa. Baada ya saa za kazi, wikendi na likizo, unawenza kuombwa kuacha ujumbe. Simu yako itajibiwa ndani ya siku inayofuata ya kazi. Mtu ambaye anazungumza Kiswahili anaweza kukusaidia. Hii ni huduma ya bila malipo.

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If you have questions, please call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

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Ми безкоштовно надаємо послуги перекладачів, щоб ви могли отримати відповіді на будь-які свої запитання щодо нашого плану медичного обслуговування чи забезпечення лікарськими засобами. Щоб отримати допомогу перекладача, просто зателефонуйте нам за номером **1-866-549-8289 (TTY: 711)**. Ми працюємо з понеділка по п'ятницю з 8 а.м. до 8 р.м. У неробочі години, вихідні та свяtkові дні вас можуть попросити залишити повідомлення. Вам передзвонять наступного робочого дня. Спеціаліст, який володіє українською мовою, допоможе вам. Ця послуга безкоштовна.

Turafise abasiguzi bo kwishura ibibazo ivyo ari vyo vyose ushobora kuba ufise vyerekeye amagara canke integuro y'imihi yacu. Kugira uronke umusiguzi urasabwa kutwakura kuri **1-866-549-8289 (TTY:711)**. Amasaha ni kuva saa 8 imbere ya saa sita gushika saa 8 inyuma ya saa sita, ku wa mbere gushika ku wa gatanu. Inyuma y'amasaha y'akazi, mu mpera z'indwi hamwe no mu makonji, urashobora gusabwa gusiga ubutumwa bugufi. Uguhamagara kwawe kuzokwimirirwa ku musi w'akazi ukurikira. Umuntu avuga ikirundi arashobora kugufasha. Iki gikorwa uzogikorerwa ku buntu.

مور د ژیارونکي وریا خدمتونه لرو چي هري پونستتي ته ھواب ووايو کوم چي تاسو زموږ د روغتیا یا درملو پلان په اړه لری.
د ژیارونکي ترلاسه کولو لپاره یوازي مور سره په 8289-549-866-1 (TTY: 711) شميره اړیکه ونیسی. ساعتونه د سهارا له
8 بجو څخه د ماسپېښن تر 8 بجو پوري دي، د دوشنبې څخه تر جمعي پوري. د ساعتونو وروسته، د اونۍ په پای کي او د حکومتی
رخصتیو په جريان کي، تاسو څخه د پیغام د پرینسپولو غوبنته کیدی شي. ستاسو زنګ به په راتلونکي کاري ورڅ کي بيرته ھواب
شي. هغه څوک چي په پښتو خبری کولي شي تاسو سره مرسته کولای شي. دا یو وریا خدمت دي.

ስለ ጥና ወደም መድሃኒት ቁቂዬችን ለተርጓዢ ሲለማችል ማንኛውም ጥያቄ መልስ ለመስጠት፡ ነገር የአስተርጻሚ
አገልግሎቶች እሉ፡፡ አስተርጻሚ ለማግኘት በ 1-866-549-8289 (ጥጥ：711) ይደውሉል፡፡ ከዚቱ የሚሆነው ካስቀ
እስከ እርብ ካመዋቱ ስፍት እስከ ምሽቱ ስፍት ውዴ፡፡ ከዚህ በፊት በቅርቡ መጨረሻ ላይ እና በ በፊት ተስፋ
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અમારા હેલ્થ અથવા ડ્રગ પ્લાન વિશી તમને હોઈ શકે તેવા કોઈ પણ પરશનોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષયિાની સેવાઓ રહેલી છે. દુભાષયી મેળવવા માટે, બસ અમને 1-866-549-8289 (TTY: 711) પર કોલ કરો. કોલ કરવાનો સમય, સોમવારથી શુક્રવાર સુધી, સવારે 8 વાગ્યાથી રાત્રે 8 વાગ્યા સુધીનો છે. આ પછીના સમય પર, શનનિવિષ્ય અને રજાઓ પર, તમને મેસેજ આપી રાખવા માટે કહેવામાં આવી શકે છે. તમારા કોલ પર વળતો કોલ કામકાજના આગલા દવિસની અંદર કરવામાં આવશે. ગુજરાતી બોલતી કોઈ વ્યક્તિત્વમારી મદદ કરી શકે છે. આ એક મફત સેવા છે.

This section is continued on the next page.



If you have questions, please call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

For more information, visit mmp.buckeyehealthplan.com.

- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. This call is free.
- ❖ This document is available for free in Spanish.
- ❖ If you would like to request an alternate format (large print, audio, accessible electronic formats, other formats) or another preferred language call Member Services at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. This call is free.
 - If you would like to continue to receive printed materials after you have requested one, we will continue to provide them annually until a request to terminate the request is provided.
 - If you have questions/concerns or would like to update a preferred language and/or format request, call Member Services at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. This call is free.

If you have questions, please call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are 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* that starts in section C are the drugs covered by Buckeye Health Plan - MyCare Ohio (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.”

- Buckeye Health Plan - MyCare Ohio (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 Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) network pharmacy.
- Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) may have additional steps to access certain drugs (refer to question B4 below).

You can also refer to the up-to-date list of drugs that we cover on our website at

<https://mmp.buckeyehealthplan.com/prescription-drug-part-d/formulary.html> or call Member Services at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. This call is free.

If you have questions, please call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

For more information, visit mmp.buckeyehealthplan.com.

B2. Does the Drug List ever change?

Yes, and Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

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

- Decide to require or not require prior authorization (PA) or approval for a drug, (PA is permission from Buckeye Health Plan - MyCare Ohio (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 Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan)'s up to date *Drug List* online at <https://mmp.buckeyehealthplan.com/prescription-drug-part-d/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 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. This call is free.

If you have questions, please call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

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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 the new generic 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 Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

For more information, visit mmp.buckeyehealthplan.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 Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

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

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

- **Prior Authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) before you fill your prescription. Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Buckeye Health Plan - MyCare Ohio (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 doctor 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 C. You can also get more information by visiting our website at <https://mmp.buckeyehealthplan.com/prescription-drug-part-d/formulary.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 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 C has a column labeled “Necessary actions, restrictions, or limits on use.”

If you have questions, please call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

For more information, visit mmp.buckeyehealthplan.com.

B6. What happens if Buckeye Health Plan - MyCare Ohio (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.

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 C. 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 1-866-549-8289, TTY 711, and ask about it. Our hours of operation are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. This call is free. If you learn that Buckeye Health Plan - MyCare Ohio (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 Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.
For more information, visit mmp.buckeyehealthplan.com.

B9. What if I am a new Buckeye Health Plan - MyCare Ohio (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 Buckeye Health Plan - MyCare Ohio (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 Buckeye Health Plan - MyCare Ohio (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 Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) member.
- This is in addition to the temporary supply during the first 90 days you are a member of Buckeye Health Plan - MyCare Ohio (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 Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

For more information, visit mmp.buckeyehealthplan.com.

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

Yes. You can ask Buckeye Health Plan - MyCare Ohio (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, Buckeye Health Plan - MyCare Ohio (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 A of the Member Handbook and look for the section called “How to contact Buckeye Health Plan 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.

If you have questions, please call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

For more information, visit mmp.buckeyehealthplan.com.

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.

Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) covers both brand name drugs and generic drugs.

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

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are 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.” Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) *Drug List* to find which OTC drugs are covered.

If you have questions, please call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

For more information, visit mmp.buckeyehealthplan.com.

B16. Does Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) cover non-drug OTC products?

Buckeye Health Plan - MyCare Ohio (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 spacers and respiratory therapy devices.

You can read the Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) *Drug List* to find which non-drug OTC products are covered.

B17. What is my copay?

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

B18. What are drug tiers?

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

- 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 Ohio Medicaid.

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

If you have questions, please call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

For more information, visit mmp.buckeyehealthplan.com.

C. 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.

The following list of covered drugs gives you information about the drugs covered by Buckeye Health Plan - MyCare Ohio (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 Buckeye Health Plan - MyCare Ohio (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 Buckeye Health Plan - MyCare Ohio (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 formulary.
- **PA** stands for Prior Authorization. Refer to question B4.
- **PA-NS** stands for Prior Authorization for New Starts. This means that if this drug is new to you, you will need to get approval from us before you fill your prescription. If you are taking this drug at the time of enrollment, you will not be required to meet criteria for approval.
- **B/D** stands for Covered under Medicare B or D. This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** stands for Quantity Limits. Refer to question B4.

This section is continued on the next page.

If you have questions, please call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

For more information, visit mmp.buckeyehealthplan.com.

- **LA** stands for Limited Access medication. This prescription may be available only at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call Member Services at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. This call is free.
- **ST** stands for Step Therapy. Refer to question B4.
- ^ stands for Drug may be available for up to a 30-day supply only.

Note: The NT next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

- These drugs also 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 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 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. This call is free. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

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 Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free.

For more information, visit mmp.buckeyehealthplan.com.

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Name of Drug	What the drug will cost you (tier level)
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ANTI - INFECTIVES

ANTIFUNGAL AGENTS

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)

ANTIVIRALS

<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 drug will cost you (tier level)
acyclovir oral suspension 200 mg/5 ml, 200 mg/5 ml (5 ml)	\$0 (Tier 1)
acyclovir oral tablet 400 mg, 800 mg	\$0 (Tier 1)
acyclovir sodium intravenous solution 50 mg/ml	\$0 (Tier 1) B/D
adefovir oral tablet 10 mg	\$0 (Tier 2)
amantadine hcl oral capsule 100 mg	\$0 (Tier 1)
amantadine hcl oral solution 50 mg/5 ml	\$0 (Tier 1)
amantadine hcl oral tablet 100 mg	\$0 (Tier 1)
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 2) ^
atazanavir oral capsule 150 mg, 200 mg, 300 mg	\$0 (Tier 1)
BARACLUDE 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) ^
darunavir oral tablet 600 mg	\$0 (Tier 1) QL (60 EA per 30 days); ^
darunavir oral tablet 800 mg	\$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) ^
efavirenz oral tablet 600 mg	\$0 (Tier 1)
efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg	\$0 (Tier 2) ^
efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg, 600-300-300 mg	\$0 (Tier 2) ^
emtricitabine oral capsule 200 mg	\$0 (Tier 1)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	\$0 (Tier 2) QL (30 EA per 30 days); ^
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	\$0 (Tier 2) QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)
entecavir oral tablet 0.5 mg, 1 mg	\$0 (Tier 1)
etravirine oral tablet 100 mg, 200 mg	\$0 (Tier 2) ^
EVOTAZ ORAL TABLET 300-150 MG	\$0 (Tier 2) ^
famciclovir oral tablet 125 mg, 250 mg, 500 mg	\$0 (Tier 1)
fosamprenavir oral tablet 700 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)
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) ^
SYMTUZA 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)
CEPHALOSPORINS	
<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 drug will cost you (tier level)
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	\$0 (Tier 1)
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	\$0 (Tier 1)
ceftriaxone intravenous recon soln 1 gram, 2 gram	\$0 (Tier 1)
cefuroxime axetil oral tablet 250 mg, 500 mg	\$0 (Tier 1)
cefuroxime sodium injection recon soln 750 mg	\$0 (Tier 1)
cefuroxime sodium intravenous recon soln 1.5 gram	\$0 (Tier 1)
cephalexin oral capsule 250 mg, 500 mg	\$0 (Tier 1)
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	\$0 (Tier 1)
tazicef injection recon soln 1 gram, 2 gram, 6 gram	\$0 (Tier 1)
tazicef intravenous recon soln 1 gram, 2 gram	\$0 (Tier 1)
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 (Tier 2) ^
ERYTHROMYCINS / OTHER MACROLIDES	
azithromycin intravenous recon soln 500 mg	\$0 (Tier 1)
azithromycin oral packet 1 gram	\$0 (Tier 1)
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	\$0 (Tier 1)
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	\$0 (Tier 1)
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	\$0 (Tier 1)
clarithromycin oral tablet 250 mg, 500 mg	\$0 (Tier 1)
clarithromycin oral tablet extended release 24 hr 500 mg	\$0 (Tier 1)
DIFICID ORAL TABLET 200 MG	\$0 (Tier 2) QL (20 EA per 10 days); ^
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	\$0 (Tier 1)
erythrocin (as stearate) oral tablet 250 mg	\$0 (Tier 1)
ERYTHROGIN INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 2)
erythromycin oral capsule,delayed release(dr/ec) 250 mg	\$0 (Tier 1)
erythromycin oral tablet 250 mg, 500 mg	\$0 (Tier 1)
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	\$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 drug will cost you (tier level)
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MISCELLANEOUS ANTIINFECTIVES

<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>cvs pinworm treatment 50 mg/ml</i>	\$0 (Tier 3) NT
<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)

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)
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	\$0 (Tier 1)
linezolid oral suspension for reconstitution 100 mg/5 ml	\$0 (Tier 2) QL (1800 ML per 30 days); ^
linezolid oral tablet 600 mg	\$0 (Tier 1) QL (60 EA per 30 days)
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	\$0 (Tier 1)
mefloquine oral tablet 250 mg	\$0 (Tier 1)
meropenem intravenous recon soln 1 gram	\$0 (Tier 1) QL (30 EA per 10 days)
meropenem intravenous recon soln 500 mg	\$0 (Tier 1) QL (10 EA per 10 days)
metro i.v. intravenous piggyback 500 mg/100 ml	\$0 (Tier 1)
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	\$0 (Tier 1)
metronidazole oral tablet 250 mg, 500 mg	\$0 (Tier 1)
neomycin oral tablet 500 mg	\$0 (Tier 1)
nitazoxanide oral tablet 500 mg	\$0 (Tier 2) QL (12 EA per 30 days); ^
pentamidine inhalation recon soln 300 mg	\$0 (Tier 1) B/D; QL (1 EA per 28 days)
pentamidine injection recon soln 300 mg	\$0 (Tier 1)
pinaway 50 mg/ml suspension	\$0 (Tier 3) NT
pinworm medicine 144 mg/ml 50 mg/ml	\$0 (Tier 3) NT
praziquantel oral tablet 600 mg	\$0 (Tier 1)
PRIFTIN ORAL TABLET 150 MG	\$0 (Tier 2)
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	\$0 (Tier 2)
pyrazinamide oral tablet 500 mg	\$0 (Tier 1)
pyrimethamine oral tablet 25 mg	\$0 (Tier 1) PA; ^
quinine sulfate oral capsule 324 mg	\$0 (Tier 1) PA
reese's pinworm 144 mg/ml susp 50 mg/ml	\$0 (Tier 3) NT
rifabutin oral capsule 150 mg	\$0 (Tier 1)
rifampin intravenous recon soln 600 mg	\$0 (Tier 1)
rifampin oral capsule 150 mg, 300 mg	\$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)
tigecycline intravenous recon soln 50 mg	\$0 (Tier 2) ^
tinidazole oral tablet 250 mg, 500 mg	\$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)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	\$0 (Tier 2) PA; QL (280 ML per 28 days); ^
tobramycin sulfate injection recon soln 1.2 gram	\$0 (Tier 1)
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	\$0 (Tier 1)
TRECATOR ORAL TABLET 250 MG	\$0 (Tier 2)
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)
vancomycin intravenous recon soln 1,000 mg	\$0 (Tier 1) QL (20 EA per 10 days)
vancomycin intravenous recon soln 1.25 gram	\$0 (Tier 1) QL (16 EA per 10 days)
vancomycin intravenous recon soln 1.5 gram	\$0 (Tier 1) QL (14 EA per 10 days)
vancomycin intravenous recon soln 10 gram, 5 gram	\$0 (Tier 1) QL (2 EA per 10 days)
vancomycin intravenous recon soln 500 mg	\$0 (Tier 1) QL (10 EA per 10 days)
vancomycin intravenous recon soln 750 mg	\$0 (Tier 1) QL (27 EA per 10 days)
vancomycin oral capsule 125 mg	\$0 (Tier 1) QL (40 EA per 10 days)
vancomycin oral capsule 250 mg	\$0 (Tier 1) QL (80 EA per 10 days)
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
PENICILLINS	
amoxicillin oral capsule 250 mg, 500 mg	\$0 (Tier 1)
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	\$0 (Tier 1)
amoxicillin oral tablet 500 mg, 875 mg	\$0 (Tier 1)
amoxicillin oral tablet, chewable 125 mg, 250 mg	\$0 (Tier 1)
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	\$0 (Tier 1)
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	\$0 (Tier 1)
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	\$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)
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	\$0 (Tier 1)
ampicillin oral capsule 500 mg	\$0 (Tier 1)
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	\$0 (Tier 1)
ampicillin sodium intravenous recon soln 1 gram, 2 gram	\$0 (Tier 1)
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	\$0 (Tier 1)
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	\$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)
dicloxacillin oral capsule 250 mg, 500 mg	\$0 (Tier 1)
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	\$0 (Tier 1)
nafcillin injection recon soln 1 gram, 2 gram	\$0 (Tier 1)
nafcillin injection recon soln 10 gram	\$0 (Tier 2) ^
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	\$0 (Tier 1)
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	\$0 (Tier 2)
penicillin g potassium injection recon soln 20 million unit, 5 million unit	\$0 (Tier 1)
penicillin g sodium injection recon soln 5 million unit	\$0 (Tier 1)
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	\$0 (Tier 1)
penicillin v potassium oral tablet 250 mg, 500 mg	\$0 (Tier 1)
pfizerpen-g injection recon soln 20 million unit, 5 million unit	\$0 (Tier 1)
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	\$0 (Tier 1)
QUINOLONES	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	\$0 (Tier 1)
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	\$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)
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	\$0 (Tier 1)
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	\$0 (Tier 1)
levofloxacin intravenous solution 25 mg/ml	\$0 (Tier 1)
levofloxacin oral solution 250 mg/10 ml	\$0 (Tier 1)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	\$0 (Tier 1)
moxifloxacin oral tablet 400 mg	\$0 (Tier 1)
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	\$0 (Tier 1)
SULFA'S / RELATED AGENTS	
sulfadiazine oral tablet 500 mg	\$0 (Tier 2)
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	\$0 (Tier 1)
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	\$0 (Tier 1)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	\$0 (Tier 1)
TETRACYCLINES	
demeclocycline oral tablet 150 mg, 300 mg	\$0 (Tier 1)
doxy-100 intravenous recon soln 100 mg	\$0 (Tier 1)
doxycycline hyclate intravenous recon soln 100 mg	\$0 (Tier 1)
doxycycline hyclate oral capsule 100 mg, 50 mg	\$0 (Tier 1)
doxycycline hyclate oral tablet 100 mg, 20 mg	\$0 (Tier 1)
doxycycline monohydrate oral capsule 100 mg, 50 mg	\$0 (Tier 1)
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	\$0 (Tier 1)
minocycline oral capsule 100 mg, 50 mg, 75 mg	\$0 (Tier 1)
minocycline oral tablet 100 mg, 50 mg, 75 mg	\$0 (Tier 1)
tetracycline oral capsule 250 mg, 500 mg	\$0 (Tier 1)
URINARY TRACT AGENTS	
methenamine hippurate oral tablet 1 gram	\$0 (Tier 1)
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	\$0 (Tier 2)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	\$0 (Tier 2)
trimethoprim oral tablet 100 mg	\$0 (Tier 1)

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

ADJUNCTIVE AGENTS

leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	\$0 (Tier 1)
mesna oral tablet 400 mg	\$0 (Tier 2) ^
MESNEX ORAL TABLET 400 MG	\$0 (Tier 2) ^
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 (Tier 2) B/D; ^

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

abiraterone oral tablet 250 mg	\$0 (Tier 1) PA-NS; QL (120 EA per 30 days)
abiraterone oral tablet 500 mg	\$0 (Tier 1) PA-NS; QL (60 EA per 30 days)
abirtega oral tablet 250 mg	\$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); ^
anastrozole oral tablet 1 mg	\$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); ^
azacitidine injection recon soln 100 mg	\$0 (Tier 2) B/D; ^
azathioprine oral tablet 50 mg	\$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; ^
bexarotene oral capsule 75 mg	\$0 (Tier 2) PA-NS; ^
bexarotene topical gel 1 %	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
bicalutamide oral tablet 50 mg	\$0 (Tier 1)
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	\$0 (Tier 2) B/D; ^
bortezomib injection recon soln 3.5 mg	\$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); ^

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)
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); ^
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); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
<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
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
ELLENCE 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; ^
ENVARSUS 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)

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

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
IMBRUICA ORAL CAPSULE 140 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUICA ORAL CAPSULE 70 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUICA ORAL SUSPENSION 70 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (324 ML per 30 days); ^
IMBRUICA 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); ^
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); ^
JYLMAMVO 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); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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 X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	\$0 (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); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
mercaptopurine oral suspension 20 mg/ml	\$0 (Tier 1) ^
mercaptopurine oral tablet 50 mg	\$0 (Tier 1)
methotrexate sodium (pf) injection recon soln 1 gram	\$0 (Tier 1) B/D
methotrexate sodium (pf) injection solution 25 mg/ml	\$0 (Tier 1) B/D
methotrexate sodium injection solution 25 mg/ml	\$0 (Tier 1) B/D
methotrexate sodium oral tablet 2.5 mg	\$0 (Tier 1)
MONJUVI INTRAVENOUS RECON SOLN 200 MG	\$0 (Tier 2) PA-NS; LA; ^
mycophenolate mofetil oral capsule 250 mg	\$0 (Tier 1) B/D
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	\$0 (Tier 2) B/D; ^
mycophenolate mofetil oral tablet 500 mg	\$0 (Tier 1) B/D
mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg	\$0 (Tier 1) B/D
mycophenolic acid dr 180 mg tb	\$0 (Tier 1) B/D; mycophenolate sodium = mycophenolic acid
mycophenolic acid dr 360 mg tb	\$0 (Tier 1) B/D; mycophenolate sodium = mycophenolic acid
NERLYNX ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; ^
nilutamide oral tablet 150 mg	\$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) ^
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	\$0 (Tier 2) PA; ^
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	\$0 (Tier 1) PA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	\$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); ^

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

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

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)
tamoxifen oral tablet 10 mg, 20 mg	\$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; ^
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; ^
toremifene oral tablet 60 mg	\$0 (Tier 2)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	\$0 (Tier 2) B/D; ^
tretinoin (antineoplastic) oral capsule 10 mg	\$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); ^
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	\$0 (Tier 1)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	\$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); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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 PELLET 150 MG	\$0 (Tier 2) PA-NS; QL (180 EA per 30 days); ^
XALKORI ORAL PELLET 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); ^
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); ^
ZELBORA 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); ^

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)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	\$0 (Tier 1)
carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml	\$0 (Tier 1)
carbamazepine oral tablet 200 mg	\$0 (Tier 1)
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	\$0 (Tier 1)
carbamazepine oral tablet, chewable 100 mg	\$0 (Tier 1)
clobazam oral suspension 2.5 mg/ml	\$0 (Tier 1) PA-NS; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	\$0 (Tier 1) PA-NS; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	\$0 (Tier 1) QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	\$0 (Tier 1) QL (300 EA per 30 days)
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	\$0 (Tier 1) QL (90 EA per 30 days)
clonazepam oral tablet, disintegrating 2 mg	\$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); ^
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	\$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)
divalproex oral capsule, delayed rel sprinkle 125 mg	\$0 (Tier 1)
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	\$0 (Tier 1)
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg	\$0 (Tier 1)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (Tier 2) PA-NS; LA
epitol oral tablet 200 mg	\$0 (Tier 1)
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (Tier 2) PA-NS
ethosuximide oral capsule 250 mg	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
<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)
<i>FINTEPLA ORAL SOLUTION 2.2 MG/ML</i>	\$0 (Tier 2) PA-NS; LA; QL (360 ML per 30 days); ^
<i>FYCOMPA ORAL SUSPENSION 0.5 MG/ML</i>	\$0 (Tier 2) QL (720 ML per 30 days); ^
<i>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG</i>	\$0 (Tier 2) QL (30 EA per 30 days); ^
<i>FYCOMPA ORAL TABLET 2 MG</i>	\$0 (Tier 2) QL (60 EA per 30 days)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 2) PA-NS; QL (10 EA per 30 days); ^
<i>methylsuximide oral capsule 300 mg</i>	\$0 (Tier 1)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$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
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	\$0 (Tier 1)
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	\$0 (Tier 1)
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	\$0 (Tier 1)
valproic acid oral capsule 250 mg	\$0 (Tier 1)
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)
vigabatrin oral powder in packet 500 mg	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
vigabatrin oral tablet 500 mg	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
vigadronе oral powder in packet 500 mg	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
vigadronе oral tablet 500 mg	\$0 (Tier 1) PA-NS; LA; QL (180 EA per 30 days); ^
vigpoder oral powder in packet 500 mg	\$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
zonisamide oral capsule 100 mg, 25 mg, 50 mg	\$0 (Tier 1)
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2) PA-NS; QL (1100 ML per 30 days); ^
ANTIPARKINSONISM AGENTS	
benztropine injection solution 1 mg/ml	\$0 (Tier 1)
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (Tier 2) PA
bromocriptine oral capsule 5 mg	\$0 (Tier 1)
bromocriptine oral tablet 2.5 mg	\$0 (Tier 1)
carbidopa oral tablet 25 mg	\$0 (Tier 2)
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	\$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)
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	\$0 (Tier 1)
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	\$0 (Tier 1)
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	\$0 (Tier 1)
entacapone oral tablet 200 mg	\$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)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	\$0 (Tier 1)
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg	\$0 (Tier 1)
rasagiline oral tablet 0.5 mg, 1 mg	\$0 (Tier 1)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	\$0 (Tier 1)
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	\$0 (Tier 1)
selegiline hcl oral capsule 5 mg	\$0 (Tier 1)
selegiline hcl oral tablet 5 mg	\$0 (Tier 1)
trihexyphenidyl oral tablet 2 mg, 5 mg	\$0 (Tier 2) PA
MIGRAINE / CLUSTER HEADACHE THERAPY	
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (Tier 2) PA; QL (1 ML per 30 days)
dihydroergotamine injection solution 1 mg/ml	\$0 (Tier 2) ^
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	\$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)
ergotamine-caffeine oral tablet 1-100 mg	\$0 (Tier 1) QL (40 EA per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg	\$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.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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)
<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)
MISCELLANEOUS NEUROLOGICAL THERAPY	
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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); ^
<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); ^
muscle relaxants / antispasmodic therapy	
<i>baclofen 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.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
cyclobenzaprine oral tablet 10 mg, 5 mg	\$0 (Tier 2) PA
dantrolene oral capsule 100 mg, 25 mg, 50 mg	\$0 (Tier 1)
pyridostigmine bromide oral tablet 60 mg	\$0 (Tier 1)
tizanidine oral tablet 2 mg, 4 mg	\$0 (Tier 1)
NARCOTIC ANALGESICS	
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	\$0 (Tier 1) QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	\$0 (Tier 1) QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	\$0 (Tier 1) QL (180 EA per 30 days)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	\$0 (Tier 1) PA; QL (90 EA per 30 days)
endocet oral tablet 10-325 mg	\$0 (Tier 1) QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	\$0 (Tier 1) QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	\$0 (Tier 1) QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	\$0 (Tier 2) PA; QL (120 EA per 30 days); ^
fentanyl citrate buccal lozenge on a handle 200 mcg	\$0 (Tier 1) PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	\$0 (Tier 1) PA; QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	\$0 (Tier 1) QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	\$0 (Tier 1) QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	\$0 (Tier 1) QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	\$0 (Tier 1) QL (150 EA per 30 days)
hydromorphone oral liquid 1 mg/ml	\$0 (Tier 1) QL (600 ML per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	\$0 (Tier 1) QL (180 EA per 30 days)
methadone intensol oral concentrate 10 mg/ml	\$0 (Tier 1) PA; QL (90 ML per 30 days)
methadone oral concentrate 10 mg/ml	\$0 (Tier 1) PA; QL (90 ML per 30 days)
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	\$0 (Tier 1) PA; QL (450 ML per 30 days)
methadone oral tablet 10 mg, 5 mg	\$0 (Tier 1) PA; QL (90 EA per 30 days)
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	\$0 (Tier 2)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	\$0 (Tier 1) QL (180 ML per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
morphine injection syringe 4 mg/ml	\$0 (Tier 2)
morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml	\$0 (Tier 2)
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	\$0 (Tier 2)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	\$0 (Tier 2)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	\$0 (Tier 1) QL (900 ML per 30 days)
morphine oral tablet 15 mg, 30 mg	\$0 (Tier 1) QL (180 EA per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	\$0 (Tier 1) PA; QL (90 EA per 30 days)
oxycodone oral capsule 5 mg	\$0 (Tier 1) QL (180 EA per 30 days)
oxycodone oral concentrate 20 mg/ml	\$0 (Tier 1) QL (180 ML per 30 days)
oxycodone oral solution 5 mg/5 ml	\$0 (Tier 1) QL (900 ML per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	\$0 (Tier 1) QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	\$0 (Tier 1) QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	\$0 (Tier 1) QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	\$0 (Tier 1) QL (240 EA per 30 days)
NON-NARCOTIC ANALGESICS	
8 hour acetaminophen er 650 mg	\$0 (Tier 3) NT
8hr arthritis pain er 650 mg	\$0 (Tier 3) NT
acetaminophen 120 mg suppos	\$0 (Tier 3) NT
acetaminophen 120 mg suppos inner	\$0 (Tier 3) NT
acetaminophen 120 mg suppos outer	\$0 (Tier 3) NT
acetaminophen 160 mg/5 ml liq	\$0 (Tier 3) NT
acetaminophen 160 mg/5 ml suspension cup inner 160 mg/5 ml (5 ml)	\$0 (Tier 3) NT
acetaminophen 160 mg/5 ml suspension cup outer 160 mg/5 ml (5 ml)	\$0 (Tier 3) NT
acetaminophen 325 mg gelcap	\$0 (Tier 3) NT
acetaminophen 325 mg tablet	\$0 (Tier 3) NT
acetaminophen 500 mg caplet	\$0 (Tier 3) NT
acetaminophen 500 mg gelcap	\$0 (Tier 3) NT
acetaminophen 500 mg tablet	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
acetaminophen 500 mg tablet extra strength	\$0 (Tier 3) NT
acetaminophen 650 mg suppos	\$0 (Tier 3) NT
acetaminophen 650 mg suppos outer	\$0 (Tier 3) NT
ACETAMINOPHEN 650 MG/20.3 ML CUP INNER	\$0 (Tier 3) NT
ACETAMINOPHEN 650 MG/20.3 ML CUP OUTER	\$0 (Tier 3) NT
acetaminophen er 650 mg tablet	\$0 (Tier 3) NT
ACETAMINOPHEN POWDER USP (RX) 100 %	\$0 (Tier 3) NT
ACETAMINOPHEN-IBUPROFEN 250-125 MG CAPLET 125-250 MG	\$0 (Tier 3) NT
all day pain relief 220 mg tab	\$0 (Tier 3) NT
all day pain rlf 220 mg caplet	\$0 (Tier 3) NT
all day pain rlf 220 mg caplet caplet	\$0 (Tier 3) NT
all day relief 220 mg caplet caplet, gluten-free	\$0 (Tier 3) NT
all day relief 220 mg tablet gluten-free	\$0 (Tier 3) NT
arthritis pain er 650 mg caplt	\$0 (Tier 3) NT
aspirin 300 mg suppository	\$0 (Tier 3) NT
aspirin 325 mg tablet	\$0 (Tier 3) NT
aspirin 325 mg tablet regular strength	\$0 (Tier 3) NT
aspirin 81 mg chewable tablet	\$0 (Tier 3) NT
aspirin 81 mg chewable tablet adult low dose	\$0 (Tier 3) NT
aspirin 81 mg chewable tablet child low dose	\$0 (Tier 3) NT
aspirin 81 mg chewable tablet gluten-free, orange	\$0 (Tier 3) NT
aspirin 81 mg chewable tablet low dose	\$0 (Tier 3) NT
aspirin 81 mg chewable tablet low dose, cherry	\$0 (Tier 3) NT
aspirin 81 mg chewable tablet tab chew, cherry	\$0 (Tier 3) NT
aspirin 81 mg chewable tablet tab chew, orange	\$0 (Tier 3) NT
aspirin ec 325 mg tablet	\$0 (Tier 3) NT
aspirin ec 325 mg tablet regular strength	\$0 (Tier 3) NT
aspirin ec 81 mg tablet	\$0 (Tier 3) NT
aspirin ec 81 mg tablet adult low dose	\$0 (Tier 3) NT
buprenorphine-naloxone sublingual film 12-3 mg	\$0 (Tier 1) QL (60 EA per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	\$0 (Tier 1) 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.
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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	\$0 (Tier 1)	QL (90 EA per 30 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	\$0 (Tier 2)	
celecoxib oral capsule 100 mg, 200 mg, 50 mg	\$0 (Tier 1)	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	\$0 (Tier 1)	QL (30 EA per 30 days)
child acetaminophen 160 mg	\$0 (Tier 3)	NT
child pain-fever 160 mg/5 ml	\$0 (Tier 3)	NT
child pain-fever 160 mg/5 ml as, ibu/f	\$0 (Tier 3)	NT
child pain-fever 160 mg/5 ml gluten-f, grape	\$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml	\$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml berry	\$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml berry flavor	\$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml d/f	\$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml dye/free	\$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml gluten/f, berry	\$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml gluten/f, grape	\$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml gluten/f,bubble	\$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml grape	\$0 (Tier 3)	NT
children's mapap 80 mg tab chw	\$0 (Tier 3)	NT
child's mapap 160 mg tab chew	\$0 (Tier 3)	NT
chld acetaminophen 160 mg/5 ml	\$0 (Tier 3)	NT
chld acetaminophen 160 mg/5 ml	\$0 (Tier 3)	NT
chld acetaminophen 160 mg/5 ml gluten/f, grape	\$0 (Tier 3)	NT
chld acetaminophen 160 mg/5 ml gluten/f,cherry	\$0 (Tier 3)	NT
diclofenac potassium oral tablet 50 mg	\$0 (Tier 1)	
diclofenac sodium oral tablet extended release 24 hr 100 mg	\$0 (Tier 1)	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	\$0 (Tier 1)	
diclofenac sodium topical gel 1 %	\$0 (Tier 1)	Over the counter NDCs are not eligible for coverage under Medicare; QL (1000 GM per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	\$0 (Tier 1)	QL (224 GM per 28 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	\$0 (Tier 1)
diflunisal oral tablet 500 mg	\$0 (Tier 1)
DOLOGESIC 500-1 MG CAPLET	\$0 (Tier 3) NT
DOLOGESIC-DF 500-1 MG CAPLET	\$0 (Tier 3) NT
ed-apap 160 mg/5 ml liquid	\$0 (Tier 3) NT
etodolac oral capsule 200 mg, 300 mg	\$0 (Tier 1)
etodolac oral tablet 400 mg, 500 mg	\$0 (Tier 1)
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	\$0 (Tier 1)
feverall 120 mg suppository childrens, outer	\$0 (Tier 3) NT
feverall 120 mg suppository children's, outer	\$0 (Tier 3) NT
feverall 325 mg suppository junior str, outer	\$0 (Tier 3) NT
feverall 650 mg suppository adult, outer	\$0 (Tier 3) NT
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER	\$0 (Tier 3) NT
flurbiprofen oral tablet 100 mg	\$0 (Tier 1)
gnp 8 hour pain relief 650 mg	\$0 (Tier 3) NT
gnp 8hr arthrit pain er 650 mg	\$0 (Tier 3) NT
gnp aspirin ec 81 mg tablet	\$0 (Tier 3) NT
gnp child pain relief 160 mg	\$0 (Tier 3) NT
gnp ibuprofen 100 mg chew tab	\$0 (Tier 3) NT
gnp ibuprofen 200 mg mini sfgl	\$0 (Tier 3) NT
gnp ibuprofen 200 mg softgel	\$0 (Tier 3) NT
gnp ibuprofen 200 mg tablet	\$0 (Tier 3) NT
gnp naproxen sod 220 mg caplet	\$0 (Tier 3) NT
gnp naproxen sod 220 mg tablet	\$0 (Tier 3) NT
gnp pain relief 500 mg caplet	\$0 (Tier 3) NT
gnp pain relief 500 mg caplet	\$0 (Tier 3) NT
gs arthritis pain er 650 mg	\$0 (Tier 3) NT
gs aspirin 81 mg chewable tab	\$0 (Tier 3) NT
gs child fever-pain 160 mg/5 ml	\$0 (Tier 3) NT
gs child ibuprofen 100 mg/5 ml	\$0 (Tier 3) NT
gs child pain-fever 160 mg/5 ml	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
gs ibuprofen 200 mg caplet	\$0 (Tier 3) NT
gs ibuprofen 200 mg liquid gel	\$0 (Tier 3) NT
gs ibuprofen 200 mg tablet	\$0 (Tier 3) NT
gs inf ibuprofen 50 mg/1.25 ml	\$0 (Tier 3) NT
gs infant pain-fever 160 mg/5 160 mg/5 ml	\$0 (Tier 3) NT
gs naproxen sod 220 mg caplet	\$0 (Tier 3) NT
gs naproxen sod 220 mg tablet	\$0 (Tier 3) NT
gs pain relief 325 mg tablet	\$0 (Tier 3) NT
gs pain relief 500 mg caplet	\$0 (Tier 3) NT
gs pain relief 500 mg tablet	\$0 (Tier 3) NT
ibu oral tablet 600 mg, 800 mg	\$0 (Tier 1)
ibuprofen 200 mg caplet	\$0 (Tier 3) NT
ibuprofen 200 mg caplet caplet	\$0 (Tier 3) NT
ibuprofen 200 mg caplet caplet, coated	\$0 (Tier 3) NT
ibuprofen 200 mg caplet coated caplet	\$0 (Tier 3) NT
ibuprofen 200 mg capsule	\$0 (Tier 3) NT
ibuprofen 200 mg softgel	\$0 (Tier 3) NT
ibuprofen 200 mg tablet	\$0 (Tier 3) NT
ibuprofen 200 mg tablet coated	\$0 (Tier 3) NT
ibuprofen 200 mg tablet coated caplet	\$0 (Tier 3) NT
ibuprofen jr str 100 mg tb chw	\$0 (Tier 3) NT
ibuprofen oral suspension 100 mg/5 ml	\$0 (Tier 1)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	\$0 (Tier 1)
inf acetaminophen 160 mg/5 ml	\$0 (Tier 3) NT
infant ibuprofen 50 mg/1.25 ml	\$0 (Tier 3) NT
infant ibuprofen 50 mg/1.25 ml berry	\$0 (Tier 3) NT
infant ibuprofen 50 mg/1.25 ml berry,infant	\$0 (Tier 3) NT
infant ibuprofen 50 mg/1.25 ml d/f,berry,infant	\$0 (Tier 3) NT
infant ibuprofen 50 mg/1.25 ml d/f,non-staining	\$0 (Tier 3) NT
infant ibuprofen 50 mg/1.25 ml gluten/f, berry	\$0 (Tier 3) NT
infant pain-fever 160 mg/5 ml	\$0 (Tier 3) NT
infant pain-fever 160 mg/5 ml grape	\$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)
infant pain-fever 160 mg/5 ml w/syringe, cherry	\$0 (Tier 3) NT
infant pain-fever 160 mg/5 ml w/syringe, grape	\$0 (Tier 3) NT
infants pain-fever 160 mg/5 ml dye-free, cherry	\$0 (Tier 3) NT
mapap 500 mg capsule	\$0 (Tier 3) NT
meloxicam oral tablet 15 mg	\$0 (Tier 1) QL (30 EA per 30 days)
meloxicam oral tablet 7.5 mg	\$0 (Tier 1)
m-pap 160 mg/5 ml liquid	\$0 (Tier 3) NT
nabumetone oral tablet 500 mg, 750 mg	\$0 (Tier 1)
nalbuphine injection solution 10 mg/ml, 20 mg/ml	\$0 (Tier 2)
naloxone injection solution 0.4 mg/ml	\$0 (Tier 1)
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	\$0 (Tier 1)
naloxone nasal spray,non-aerosol 4 mg/actuation	\$0 (Tier 1)
naltrexone oral tablet 50 mg	\$0 (Tier 1)
naproxen oral tablet 250 mg, 375 mg, 500 mg	\$0 (Tier 1)
naproxen oral tablet,delayed release (dr/ec) 375 mg	\$0 (Tier 1) QL (120 EA per 30 days)
naproxen sodium 220 mg capsule	\$0 (Tier 3) NT
naproxen sodium 220 mg tablet	\$0 (Tier 3) NT
naproxen sodium oral tablet 275 mg, 550 mg	\$0 (Tier 1)
oxaprozin oral tablet 600 mg	\$0 (Tier 1)
pain relief 325 mg tablet	\$0 (Tier 3) NT
pain relief 500 mg caplet caplet,ex-strength	\$0 (Tier 3) NT
pain relief 500 mg tablet extra strength	\$0 (Tier 3) NT
pharbetol 325 mg tablet regular strength	\$0 (Tier 3) NT
pharbetol 500 mg tablet extra strength	\$0 (Tier 3) NT
piroxicam oral capsule 10 mg, 20 mg	\$0 (Tier 1)
qc aspirin 325 mg tablet	\$0 (Tier 3) NT
qc aspirin 81 mg chewable tab	\$0 (Tier 3) NT
qc aspirin ec 325 mg tablet	\$0 (Tier 3) NT
qc aspirin ec 81 mg tablet	\$0 (Tier 3) NT
qc child pain rlf 160 mg/5 ml	\$0 (Tier 3) NT
qc naproxen sod 220 mg caplet	\$0 (Tier 3) NT
qc naproxen sod 220 mg tablet	\$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)
qc non-aspirin 500 mg caplet xtra strength,caplet	\$0 (Tier 3) NT
qc non-aspirin 500 mg gelcap gelcap, ex-str	\$0 (Tier 3) NT
qc non-aspirin pain relief tb extra strength 500 mg	\$0 (Tier 3) NT
qc pain relief 325 mg tablet	\$0 (Tier 3) NT
qc pain relief 500 mg caplet	\$0 (Tier 3) NT
sm aspirin 81 mg chewable tab	\$0 (Tier 3) NT
sm aspirin ec 81 mg tablet adult low strength	\$0 (Tier 3) NT
sm chld pain-fever 160 mg/5 ml as, gluten-f	\$0 (Tier 3) NT
sm ibuprofen 200 mg caplet caplet	\$0 (Tier 3) NT
sm ibuprofen 200 mg softgel	\$0 (Tier 3) NT
sm ibuprofen 200 mg tablet	\$0 (Tier 3) NT
sm ibuprofen ib 100 mg chew tb	\$0 (Tier 3) NT
sm inf ibuprofen 50 mg/1.25 ml d/f	\$0 (Tier 3) NT
sm inf ibuprofen 50 mg/1.25 ml w/dropper	\$0 (Tier 3) NT
sm infant pain-fever 160 mg/5 gluten-f,grape 160 mg/5 ml	\$0 (Tier 3) NT
sm naproxen sod 220 mg caplet gluten free, caplet	\$0 (Tier 3) NT
sm pain reliever 325 mg tablet	\$0 (Tier 3) NT
sm pain reliever 500 mg caplet caplet, extra str	\$0 (Tier 3) NT
sm pain reliever 500 mg caplet caplet, extra str	\$0 (Tier 3) NT
sm pain reliever 500 mg tablet extra strength	\$0 (Tier 3) NT
st. joseph aspirin 81 mg chew	\$0 (Tier 3) NT
sulindac oral tablet 150 mg, 200 mg	\$0 (Tier 1)
tramadol oral tablet 50 mg	\$0 (Tier 1) QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	\$0 (Tier 1) QL (240 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	\$0 (Tier 2)
PSYCHOTHERAPEUTIC DRUGS	
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)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (Tier 2) QL (1 EA per 28 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	\$0 (Tier 1) QL (150 EA per 30 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (Tier 2)
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	\$0 (Tier 2)
ariPIPRAZOLE oral solution 1 mg/ml	\$0 (Tier 1) QL (900 ML per 30 days)
ariPIPRAZOLE oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
ariPIPRAZOLE oral tablet,disintegrating 10 mg, 15 mg	\$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)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	\$0 (Tier 1) PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	\$0 (Tier 1) PA; QL (60 EA per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	\$0 (Tier 1) QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	\$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)
bupropion hcl oral tablet 100 mg, 75 mg	\$0 (Tier 1)
bupropion hcl oral tablet extended release 24 hr 150 mg	\$0 (Tier 1) QL (90 EA per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	\$0 (Tier 1) QL (30 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	\$0 (Tier 1) QL (60 EA per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	\$0 (Tier 1)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (Tier 2) QL (30 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)
chlorpromazine injection solution 25 mg/ml	\$0 (Tier 1)
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	\$0 (Tier 2)
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	\$0 (Tier 1)
citalopram oral solution 10 mg/5 ml	\$0 (Tier 1)
citalopram oral tablet 10 mg, 20 mg, 40 mg	\$0 (Tier 1)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	\$0 (Tier 2) PA-NS
clorazepate dipotassium oral tablet 15 mg	\$0 (Tier 1) PA-NS; QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	\$0 (Tier 1) PA-NS; QL (90 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	\$0 (Tier 1) PA-NS; QL (360 EA per 30 days)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	\$0 (Tier 1)
clozapine oral tablet,disintegrating 100 mg	\$0 (Tier 1) QL (270 EA per 30 days)
clozapine oral tablet,disintegrating 12.5 mg, 25 mg	\$0 (Tier 1)
clozapine oral tablet,disintegrating 150 mg	\$0 (Tier 1) QL (180 EA per 30 days)
clozapine oral tablet,disintegrating 200 mg	\$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); ^
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (Tier 2)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	\$0 (Tier 1) QL (30 EA per 30 days)
dexamphetamine oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
dexamphetamine oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	\$0 (Tier 1) QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	\$0 (Tier 1) QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	\$0 (Tier 1) QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg	\$0 (Tier 1) QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	\$0 (Tier 1) QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	\$0 (Tier 1) QL (30 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)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 20 mg	\$0 (Tier 1) QL (90 EA per 30 days)
diazepam injection solution 5 mg/ml	\$0 (Tier 1)
diazepam injection syringe 5 mg/ml	\$0 (Tier 1)
diazepam intensol oral concentrate 5 mg/ml	\$0 (Tier 1) PA-NS; QL (240 ML per 30 days)
diazepam oral concentrate 5 mg/ml	\$0 (Tier 1) PA-NS; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	\$0 (Tier 1) PA-NS; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	\$0 (Tier 1) PA-NS; QL (120 EA per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (Tier 2)
doxepin oral concentrate 10 mg/ml	\$0 (Tier 2)
doxepin oral tablet 3 mg, 6 mg	\$0 (Tier 1) QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (Tier 2)
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg	\$0 (Tier 1) QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0 (Tier 2) QL (30 EA per 30 days); ^
escitalopram oxalate oral solution 5 mg/5 ml	\$0 (Tier 1)
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	\$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)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	\$0 (Tier 1)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	\$0 (Tier 1)
fluphenazine decanoate injection solution 25 mg/ml	\$0 (Tier 1)
fluphenazine hcl injection solution 2.5 mg/ml	\$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)
fluphenazine hcl oral concentrate 5 mg/ml	\$0 (Tier 1)
fluphenazine hcl oral elixir 2.5 mg/5 ml	\$0 (Tier 1)
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	\$0 (Tier 1)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg	\$0 (Tier 2) QL (30 EA per 30 days)
guanfacine oral tablet extended release 24 hr 3 mg	\$0 (Tier 2) QL (60 EA per 30 days)
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	\$0 (Tier 1)
haloperidol lactate injection solution 5 mg/ml	\$0 (Tier 1)
haloperidol lactate oral concentrate 2 mg/ml	\$0 (Tier 1)
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	\$0 (Tier 1)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	\$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)
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg	\$0 (Tier 1) QL (60 EA per 30 days)
lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg	\$0 (Tier 1) QL (30 EA per 30 days)
lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg	\$0 (Tier 1) QL (60 EA per 30 days)
lisdexamfetamine oral tablet, chewable 40 mg, 50 mg, 60 mg	\$0 (Tier 1) QL (30 EA per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	\$0 (Tier 1)
lithium carbonate oral tablet 300 mg	\$0 (Tier 1)
lithium carbonate oral tablet extended release 300 mg, 450 mg	\$0 (Tier 1)
lithium citrate oral solution 8 meq/5 ml	\$0 (Tier 1)
lorazepam injection solution 2 mg/ml, 4 mg/ml	\$0 (Tier 1)
lorazepam injection syringe 2 mg/ml	\$0 (Tier 1)
lorazepam intensol oral concentrate 2 mg/ml	\$0 (Tier 1) QL (150 ML per 30 days)
lorazepam oral concentrate 2 mg/ml	\$0 (Tier 1) QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (Tier 1) QL (150 EA per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	\$0 (Tier 1)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	\$0 (Tier 1) QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	\$0 (Tier 1) QL (60 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 2)
methylphenidate hcl oral solution 10 mg/5 ml	\$0 (Tier 1) QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	\$0 (Tier 1) QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	\$0 (Tier 1) QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	\$0 (Tier 1) QL (90 EA per 30 days)
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)	\$0 (Tier 1) QL (30 EA per 30 days)
methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1) QL (180 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	\$0 (Tier 1)
mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg	\$0 (Tier 1)
modafinil oral tablet 100 mg	\$0 (Tier 1) PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	\$0 (Tier 1) PA; 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)
molindone oral tablet 10 mg, 25 mg, 5 mg	\$0 (Tier 1)
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	\$0 (Tier 1)
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	\$0 (Tier 2)
nortriptyline oral solution 10 mg/5 ml	\$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); ^
olanzapine intramuscular recon soln 10 mg	\$0 (Tier 1) QL (3 EA per 1 day)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating 10 mg	\$0 (Tier 1) QL (60 EA per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	\$0 (Tier 1) QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	\$0 (Tier 1) QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	\$0 (Tier 2) QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	\$0 (Tier 2) QL (30 EA per 30 days)
paroxetine hcl oral tablet 30 mg	\$0 (Tier 2) QL (60 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	\$0 (Tier 1)
phenelzine oral tablet 15 mg	\$0 (Tier 1)
pimozide oral tablet 1 mg, 2 mg	\$0 (Tier 1)
protriptyline oral tablet 10 mg, 5 mg	\$0 (Tier 2)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	\$0 (Tier 1)
QUETIAPINE ORAL TABLET 150 MG	\$0 (Tier 1)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	\$0 (Tier 1) QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	\$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); ^

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

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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)
CARDIOVASCULAR, HYPERTENSION / LIPIDS	
ANTIARRHYTHMIC AGENTS	
amiodarone intravenous solution 50 mg/ml	\$0 (Tier 1)
amiodarone oral tablet 100 mg, 200 mg, 400 mg	\$0 (Tier 1)
disopyramide phosphate oral capsule 100 mg, 150 mg	\$0 (Tier 2)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	\$0 (Tier 1)
flecainide oral tablet 100 mg, 150 mg, 50 mg	\$0 (Tier 1)
mexiletine oral capsule 150 mg, 200 mg, 250 mg	\$0 (Tier 1)
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 2)
pacerone oral tablet 100 mg, 200 mg, 400 mg	\$0 (Tier 1)
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	\$0 (Tier 1)
propafenone oral tablet 150 mg, 225 mg, 300 mg	\$0 (Tier 1)
quinidine sulfate oral tablet 200 mg, 300 mg	\$0 (Tier 1)
sotalol af oral tablet 120 mg, 160 mg, 80 mg	\$0 (Tier 1)
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	\$0 (Tier 1)
ANTIHYPERTENSIVE THERAPY	
acebutolol oral capsule 200 mg, 400 mg	\$0 (Tier 1)
aliskiren oral tablet 150 mg, 300 mg	\$0 (Tier 1)
amiloride oral tablet 5 mg	\$0 (Tier 1)
amiloride-hydrochlorothiazide oral tablet 5-50 mg	\$0 (Tier 1)
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1)
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	\$0 (Tier 1)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	\$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.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	\$0 (Tier 1) QL (30 EA per 30 days)
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	\$0 (Tier 1) QL (30 EA per 30 days)
atenolol oral tablet 100 mg, 25 mg, 50 mg	\$0 (Tier 1)
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	\$0 (Tier 1)
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	\$0 (Tier 1)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	\$0 (Tier 1)
betaxolol oral tablet 10 mg, 20 mg	\$0 (Tier 1)
bisoprolol fumarate oral tablet 10 mg, 5 mg	\$0 (Tier 1)
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	\$0 (Tier 1)
bumetanide injection solution 0.25 mg/ml	\$0 (Tier 1)
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (Tier 1)
candesartan oral tablet 16 mg, 4 mg, 8 mg	\$0 (Tier 1) QL (60 EA per 30 days)
candesartan oral tablet 32 mg	\$0 (Tier 1) QL (30 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	\$0 (Tier 1) QL (30 EA per 30 days)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	\$0 (Tier 1)
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	\$0 (Tier 1)
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	\$0 (Tier 1)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	\$0 (Tier 1)
chlorthalidone oral tablet 25 mg, 50 mg	\$0 (Tier 1)
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	\$0 (Tier 1)
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	\$0 (Tier 1)
diltiazem hcl intravenous solution 5 mg/ml	\$0 (Tier 1)
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	\$0 (Tier 1)
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (Tier 1)
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	\$0 (Tier 1)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	\$0 (Tier 1)
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (Tier 1)
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	\$0 (Tier 1)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	\$0 (Tier 1)
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2) QL (30 EA per 30 days)
EDARBYCLOL ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 (Tier 2) QL (30 EA per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	\$0 (Tier 1)
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	\$0 (Tier 1)
eplerenone oral tablet 25 mg, 50 mg	\$0 (Tier 1)
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1)
fosinopril oral tablet 10 mg, 20 mg, 40 mg	\$0 (Tier 1)
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	\$0 (Tier 1)
furosemide injection solution 10 mg/ml	\$0 (Tier 1)
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	\$0 (Tier 1)
furosemide oral tablet 20 mg, 40 mg, 80 mg	\$0 (Tier 1)
guanfacine oral tablet 1 mg, 2 mg	\$0 (Tier 2)
hydralazine injection solution 20 mg/ml	\$0 (Tier 1)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	\$0 (Tier 1)
hydrochlorothiazide oral capsule 12.5 mg	\$0 (Tier 1)
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	\$0 (Tier 1)
indapamide oral tablet 1.25 mg, 2.5 mg	\$0 (Tier 1)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	\$0 (Tier 1) QL (30 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	\$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.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
isradipine oral capsule 2.5 mg, 5 mg	\$0 (Tier 1)
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2) QL (30 EA per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	\$0 (Tier 1)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	\$0 (Tier 1)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	\$0 (Tier 1)
losartan oral tablet 100 mg	\$0 (Tier 1) QL (30 EA per 30 days)
losartan oral tablet 25 mg, 50 mg	\$0 (Tier 1) QL (60 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	\$0 (Tier 1) QL (30 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (Tier 1)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1)
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	\$0 (Tier 1)
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	\$0 (Tier 1)
metoprolol tartrate intravenous solution 5 mg/5 ml	\$0 (Tier 1)
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	\$0 (Tier 1)
metyrosine oral capsule 250 mg	\$0 (Tier 2) PA; ^
minoxidil oral tablet 10 mg, 2.5 mg	\$0 (Tier 1)
moexipril oral tablet 15 mg, 7.5 mg	\$0 (Tier 1)
nadolol oral tablet 20 mg, 40 mg, 80 mg	\$0 (Tier 1)
nebivolol oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
nebivolol oral tablet 20 mg	\$0 (Tier 1) QL (60 EA per 30 days)
nicardipine oral capsule 20 mg, 30 mg	\$0 (Tier 1)
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	\$0 (Tier 1)
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	\$0 (Tier 1)
nimodipine oral capsule 30 mg	\$0 (Tier 1)
olmesartan oral tablet 20 mg, 40 mg	\$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.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
olmesartan oral tablet 5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
olmesartan-amlodipin-hcthiazid 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	\$0 (Tier 1) QL (30 EA per 30 days)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	\$0 (Tier 1) QL (30 EA per 30 days)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	\$0 (Tier 1)
pindolol oral tablet 10 mg, 5 mg	\$0 (Tier 1)
prazosin oral capsule 1 mg, 2 mg, 5 mg	\$0 (Tier 1)
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	\$0 (Tier 1)
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	\$0 (Tier 1)
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	\$0 (Tier 1)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	\$0 (Tier 1)
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	\$0 (Tier 1)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	\$0 (Tier 1)
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	\$0 (Tier 1)
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	\$0 (Tier 1)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	\$0 (Tier 1) QL (30 EA per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg	\$0 (Tier 1) QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	\$0 (Tier 1)
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (Tier 1)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	\$0 (Tier 1)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	\$0 (Tier 1)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	\$0 (Tier 2) PA; LA; ^
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	\$0 (Tier 1)
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	\$0 (Tier 1)
valsartan oral tablet 160 mg, 40 mg, 80 mg	\$0 (Tier 1) QL (60 EA per 30 days)
valsartan oral tablet 320 mg	\$0 (Tier 1) QL (30 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
verapamil intravenous solution 2.5 mg/ml	\$0 (Tier 1)
verapamil intravenous syringe 2.5 mg/ml	\$0 (Tier 1)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	\$0 (Tier 1)
verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	\$0 (Tier 1)
verapamil oral tablet 120 mg, 40 mg, 80 mg	\$0 (Tier 1)
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	\$0 (Tier 1)
COAGULATION THERAPY	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	\$0 (Tier 1)
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (Tier 2)
cilostazol oral tablet 100 mg, 50 mg	\$0 (Tier 1)
clopidogrel oral tablet 75 mg	\$0 (Tier 1)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	\$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)
enoxaparin subcutaneous solution 300 mg/3 ml	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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	\$0 (Tier 1)
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	\$0 (Tier 2) ^
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	\$0 (Tier 1)
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)	\$0 (Tier 1)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	\$0 (Tier 1)
HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	\$0 (Tier 2)
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	\$0 (Tier 2)
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	\$0 (Tier 1)
pentoxifylline oral tablet extended release 400 mg	\$0 (Tier 1)
phytonadione 5 mg tablet	\$0 (Tier 3) PA; NT
prasugrel hcl oral tablet 10 mg, 5 mg	\$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); ^
rivaroxaban oral tablet 2.5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
vitamin k-1 10 mg/ml ampul suv, outer	\$0 (Tier 3) NT
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	\$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)

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

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	\$0 (Tier 1) QL (30 EA per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	\$0 (Tier 1) QL (30 EA per 30 days)
cholestyramine (with sugar) oral powder 4 gram	\$0 (Tier 1)
cholestyramine (with sugar) oral powder in packet 4 gram	\$0 (Tier 1)
cholestyramine light oral powder 4 gram	\$0 (Tier 1)
cholestyramine light oral powder in packet 4 gram	\$0 (Tier 1)
colesevelam oral powder in packet 3.75 gram	\$0 (Tier 1)
colesevelam oral tablet 625 mg	\$0 (Tier 1)
colestipol oral granules 5 gram	\$0 (Tier 1)
colestipol oral packet 5 gram	\$0 (Tier 1)
colestipol oral tablet 1 gram	\$0 (Tier 1)
endur-acin er 250 mg tablet	\$0 (Tier 3) NT
endur-acin er 500 mg tablet	\$0 (Tier 3) NT
endur-acin er 750 mg tablet	\$0 (Tier 3) NT
ezetimibe oral tablet 10 mg	\$0 (Tier 1)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	\$0 (Tier 1) QL (30 EA per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	\$0 (Tier 1)
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	\$0 (Tier 1)
fenofibrate oral tablet 160 mg, 54 mg	\$0 (Tier 1)
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	\$0 (Tier 1)
fluvastatin oral capsule 20 mg, 40 mg	\$0 (Tier 1) QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	\$0 (Tier 1) QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	\$0 (Tier 1)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	\$0 (Tier 1) QL (60 EA per 30 days)
niacin 100 mg tablet (rx)	\$0 (Tier 3) NT
niacin 250 mg tablet (rx)	\$0 (Tier 3) NT
niacin 250 mg tablet d/f,p/f,n (rx)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
niacin 50 mg tablet (rx)	\$0 (Tier 3) NT
niacin 500 mg tablet (rx)	\$0 (Tier 3) NT
niacin 500 mg tablet y/f,gluten/f (rx)	\$0 (Tier 3) NT
NIACIN ER 1,000 MG TABLET (RX)	\$0 (Tier 3) NT
niacin er 250 mg tablet p/f (rx)	\$0 (Tier 3) NT
niacin er 500 mg caplet caplet,cdt,p/f (rx)	\$0 (Tier 3) NT
niacin er 500 mg tablet (rx)	\$0 (Tier 3) NT
niacin er 500 mg tablet n,p/f (rx)	\$0 (Tier 3) NT
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	\$0 (Tier 1)
niacin sa 250 mg capsule (rx)	\$0 (Tier 3) NT
niacin tr 250 mg capsule (rx)	\$0 (Tier 3) NT
niacin tr 250 mg capsule p/f,n,gluten/f (rx)	\$0 (Tier 3) NT
niacin tr 250 mg tablet (rx)	\$0 (Tier 3) NT
niacin tr 250 mg tablet p/f (rx)	\$0 (Tier 3) NT
niacin tr 500 mg tablet (rx)	\$0 (Tier 3) NT
omega-3 fish oil 1,000 mg sgfl (rx)	\$0 (Tier 3) NT
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	\$0 (Tier 1) QL (30 EA per 30 days)
plain niacin 250 mg tablet (rx)	\$0 (Tier 3) NT
plain niacin 500 mg tablet (rx)	\$0 (Tier 3) NT
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 (Tier 2) PA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	\$0 (Tier 1) QL (30 EA per 30 days)
prevalite oral powder 4 gram	\$0 (Tier 1)
prevalite oral powder in packet 4 gram	\$0 (Tier 1)
ra niacin 100 mg tablet p/f (rx)	\$0 (Tier 3) NT
ra niacin 500 mg tablet (rx)	\$0 (Tier 3) NT
RA NIACIN 500 MG TABLET NO FLUSH (RX)	\$0 (Tier 3) NT
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	\$0 (Tier 1) QL (30 EA per 30 days)
super omega-3 softgel 1,000 mg	\$0 (Tier 3) NT
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	\$0 (Tier 2)

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

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)
<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

NITRATES

<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)

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (Tier 1)
<i>anti-dandruff 1% shampoo</i>	\$0 (Tier 3) NT
<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); ^

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)
COSENTYX UNREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0 (Tier 2) PA; QL (10 ML per 28 days); ^
<i>medicated dandruff 1% shampoo</i>	\$0 (Tier 3) NT
<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); ^
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); ^
KERATOLYTICS	
<i>callus removers patch 40 %</i>	\$0 (Tier 3) NT
<i>corn remover 40% patch</i>	\$0 (Tier 3) NT
DERMACINRX ATRIX 2% CREAM	\$0 (Tier 3) NT
DERMACINRX ATRIX 2% WASH	\$0 (Tier 3) NT
DERMACINRX ATRIX SYSTEM 1 PACK 2 %	\$0 (Tier 3) NT
<i>liquid corn-callus remover 17 %</i>	\$0 (Tier 3) NT
<i>liquid wart remover 17% liquid</i>	\$0 (Tier 3) NT
SALICYLIC ACID POWDER (RX)	\$0 (Tier 3) NT
SALICYLIC ACID POWDER USP (RX)	\$0 (Tier 3) NT
<i>sebex shampoo 2-2 %</i>	\$0 (Tier 3) NT
<i>therapeutic 3% dandruff shmp</i>	\$0 (Tier 3) NT
<i>wart remover 17% liquid</i>	\$0 (Tier 3) NT
MISCELLANEOUS DERMATOLOGICALS	
<i>ammonium lactate 12% cream (otc)</i>	\$0 (Tier 3) NT
<i>ammonium lactate 12% lotion (otc)</i>	\$0 (Tier 3) NT
<i>ammonium lactate topical cream 12 %</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ammonium lactate topical lotion 12 %	\$0 (Tier 1)
anti-itch 2% cream extra strength 2-0.1 %	\$0 (Tier 3) NT
anti-itch 2%-0.1% cream 2-0.1 %	\$0 (Tier 3) NT
aquaphilic ointment	\$0 (Tier 3) NT
ARTHRITIS PAIN RLF 0.075% CRM	\$0 (Tier 3) NT
banophen anti-itch 2% cream 2-0.1 %	\$0 (Tier 3) NT
benzoin compound tincture 10-2-8-4 %	\$0 (Tier 3) NT
benzoin tincture (otc)	\$0 (Tier 3) NT
benzoin tincture plain (rx)	\$0 (Tier 3) NT
beta care cream	\$0 (Tier 3) NT
capsaicin 0.025% cream	\$0 (Tier 3) NT
CAPSAICIN 0.025% HEAT PATCH	\$0 (Tier 3) NT
capsaicin 0.1% cream	\$0 (Tier 3) NT
CUTTER 10% SPRAY	\$0 (Tier 3) NT
CUTTER ALL FAMILY 7% SPRAY	\$0 (Tier 3) NT
CUTTER ALL FAMILY 7% SPRAY	\$0 (Tier 3) NT
CUTTER ALL FAMILY 7.15% WIPE	\$0 (Tier 3) NT
CUTTER BACKWOODS 25% SPRAY	\$0 (Tier 3) NT
CUTTER BACKWOODS 25% SPRAY	\$0 (Tier 3) NT
CUTTER BACKWOODS DRY 25% SPRAY	\$0 (Tier 3) NT
CUTTER DRY 10% SPRAY	\$0 (Tier 3) NT
CUTTER LEMON EUCALYPTUS SPRAY 30 %	\$0 (Tier 3) NT
CUTTER NATURAL REPELLENT SPRAY 5-2-0.4-0.1 %	\$0 (Tier 3) NT
CUTTER NATURAL REPELLENT2 SPRY 5-2 %	\$0 (Tier 3) NT
CUTTER SKINSATIONS 7% SPRAY	\$0 (Tier 3) NT
CUTTER SKINSATIONS 7% SPRAY	\$0 (Tier 3) NT
CUTTER SPORT 15% SPRAY	\$0 (Tier 3) NT
cvs advanced healing 41% oint	\$0 (Tier 3) NT
CVS INSECT REPELLENT 15% SPRAY	\$0 (Tier 3) NT
CVS TOTAL HOME INSECT 30% SPR	\$0 (Tier 3) NT
daylogic advanced healing oint 41 %	\$0 (Tier 3) NT
dermabase cream (rx)	\$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)
DERMACINRX CIRCATA 0.05% CREAM	\$0 (Tier 3) NT
DERMACINRX CIRCATRIX 0.05% CRM	\$0 (Tier 3) NT
<i>dermacinrx lidocan topical adhesive patch, medicated 5 %</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
DERMACINRX PENETRAL 0.025% CRM	\$0 (Tier 3) NT
DERMACINRX SKIN REPAIR 5% CRM	\$0 (Tier 3) NT
<i>dry skin treatment 41 %</i>	\$0 (Tier 3) NT
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>emollient cream base</i>	\$0 (Tier 3) NT
FLANDERS BUTTOCKS OINTMENT	\$0 (Tier 3) NT
<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>glycerin 99.5% liquid (otc)</i>	\$0 (Tier 3) NT
<i>glycerin 99.5% liquid usp, anhydrous (otc)</i>	\$0 (Tier 3) NT
<i>glycerin 99.5% skin protect liq vegetable based, usp (otc)</i>	\$0 (Tier 3) NT
<i>glycerin 99.7% liquid (rx)</i>	\$0 (Tier 3) NT
<i>glycerin liquid usp (rx) 100 %</i>	\$0 (Tier 3) NT
<i>glycerin liquid usp, natural (rx) 100 %</i>	\$0 (Tier 3) NT
<i>glycerin skin protectant liq anhydrous synthetic (otc) 99.5 %</i>	\$0 (Tier 3) NT
<i>glydo mucous membrane jelly in applicator 2 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>gs itch relief 2%-0.1% cream 2-0.1 %</i>	\$0 (Tier 3) NT
<i>hydrolatum ointment 12's</i>	\$0 (Tier 3) NT
<i>hydrolatum ointment 57 gm x 24</i>	\$0 (Tier 3) NT
<i>HYDROPHILIC PETROLATUM (RX)</i>	\$0 (Tier 3) NT
<i>imiquimod topical cream in packet 5 %</i>	\$0 (Tier 1) QL (24 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
INSECT REPELLENT 20% SPRAY	\$0 (Tier 3) NT
itch relief 2%-0.1% cream 2-0.1 %	\$0 (Tier 3) NT
ITCH RELIEF 2%-0.1% SPRAY 2-0.1 %	\$0 (Tier 3) NT
leader fingers skin cream (rx)	\$0 (Tier 3) NT
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 %)	\$0 (Tier 1)
lidocaine 4% cream	\$0 (Tier 3) NT; QL (120 GM per 30 days)
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	\$0 (Tier 1)
lidocaine hcl laryngotracheal solution 4 %	\$0 (Tier 1) QL (50 ML per 30 days)
lidocaine hcl mucous membrane jelly 2 %	\$0 (Tier 1) QL (60 ML per 30 days)
lidocaine hcl mucous membrane solution 2 %	\$0 (Tier 1)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	\$0 (Tier 1) QL (50 ML per 30 days)
lidocaine topical adhesive patch,medicated 5 %	\$0 (Tier 1) PA; QL (90 EA per 30 days)
lidocaine topical ointment 5 %	\$0 (Tier 1) QL (50 GM per 30 days)
lidocaine viscous mucous membrane solution 2 %	\$0 (Tier 1)
lidocaine-prilocaine topical cream 2.5-2.5 %	\$0 (Tier 1) QL (30 GM per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	\$0 (Tier 1) PA; QL (90 EA per 30 days)
lidocan iv topical adhesive patch,medicated 5 %	\$0 (Tier 1) PA; QL (90 EA per 30 days)
lidocan v topical adhesive patch,medicated 5 %	\$0 (Tier 1) PA; QL (90 EA per 30 days)
MAXI-DEET 98.11% SPRAY	\$0 (Tier 3) NT
minerin creme	\$0 (Tier 3) NT
NATRAPEL 20% SPRAY	\$0 (Tier 3) NT
NATRAPEL 20% SPRAY	\$0 (Tier 3) NT
numbcream 5% cream	\$0 (Tier 3) NT
OFF ACTIVE 15% SPRAY	\$0 (Tier 3) NT
OFF DEEP WOODS 25% SPRAY	\$0 (Tier 3) NT
OFF DEEP WOODS 25% SPRAY	\$0 (Tier 3) NT
OFF DEEP WOODS 25% TOWELETTE	\$0 (Tier 3) NT
OFF DEEP WOODS DRY 25% SPRAY	\$0 (Tier 3) NT
OFF DEEP WOODS SPORTMN 25% SPR	\$0 (Tier 3) NT
OFF DEEP WOODS SPORTMN 30% SPR	\$0 (Tier 3) NT
OFF DEEP WOODS SPORTMN 98.25%	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
OFF FAMILYCARE 15% RPLNT I SPR	\$0 (Tier 3) NT
OFF FAMILYCARE 5% REPELLNT III	\$0 (Tier 3) NT
OFF FAMILYCARE 5% RPLNT II SPR	\$0 (Tier 3) NT
OFF FAMILYCARE 7% RPLNT SPRAY	\$0 (Tier 3) NT
PANRETIN TOPICAL GEL 0.1 %	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
<i>pentravan cream base (rx)</i>	\$0 (Tier 3) NT
<i>petrolatum 42% ointment</i>	\$0 (Tier 3) NT
<i>petrolatum base ointment</i>	\$0 (Tier 3) NT
<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)
PROPYLENE GLYCOL LIQUID (RX) 99.5 % (NOT LESS THAN, USP)	\$0 (Tier 3) NT
PROPYLENE GLYCOL LIQUID USP (RX) 99.5 % (NOT LESS THAN, USP)	\$0 (Tier 3) NT
RANGER READY REPELLENT 20% SPR	\$0 (Tier 3) NT
REGRANEX TOPICAL GEL 0.01 %	\$0 (Tier 2) QL (15 GM per 30 days); ^
REPEL 100 98.11% SPRAY	\$0 (Tier 3) NT
REPEL 30% WIPE	\$0 (Tier 3) NT
REPEL FAMILY 10% SPRAY	\$0 (Tier 3) NT
REPEL FAMILY 15% SPRAY	\$0 (Tier 3) NT
REPEL HUNTER'S 25% SPRAY	\$0 (Tier 3) NT
REPEL LEMON EUCALYPTUS 30% SPR	\$0 (Tier 3) NT
REPEL SPORTSMEN 25% SPRAY	\$0 (Tier 3) NT
REPEL SPORTSMEN 29% SPRAY	\$0 (Tier 3) NT
REPEL SPORTSMEN DRY 25% SPRAY	\$0 (Tier 3) NT
REPEL SPORTSMEN MAX 40% LOTION	\$0 (Tier 3) NT
REPEL SPORTSMEN MAX 40% SPRAY	\$0 (Tier 3) NT
REPEL SPORTSMEN MAX 40% SPRAY	\$0 (Tier 3) NT
REPEL TICK DEFENSE 15% SPRAY	\$0 (Tier 3) NT
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (Tier 2) QL (180 GM per 30 days)
SAWYER CONTROL RELEASE 20% LOT	\$0 (Tier 3) NT
<i>silver sulfadiazine topical cream 1 %</i>	\$0 (Tier 1)
<i>sm anti-itch 2% cream extra strength 2-0.1 %</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
sm benzoin tincture	\$0 (Tier 3) NT
sorbidon hydrate cream (rx)	\$0 (Tier 3) NT
sorbidon hydrate cream 12's (rx)	\$0 (Tier 3) NT
ssd topical cream 1 %	\$0 (Tier 1)
tacrolimus topical ointment 0.03 %, 0.1 %	\$0 (Tier 1) QL (100 GM per 30 days)
TENDER CARE LANOLIN CREAM	\$0 (Tier 3) NT
therapeutic moisturizing cream fragrance free	\$0 (Tier 3) NT
therapeutic moisturizing cream fragrance-free	\$0 (Tier 3) NT
tridacaine ii topical adhesive patch,medicated 5 %	\$0 (Tier 1) PA; QL (90 EA per 30 days)
tridacaine topical adhesive patch,medicated 5 %	\$0 (Tier 2) PA; QL (90 EA per 30 days)
ULTRATHON 25% REPELLENT SPRAY (RX)	\$0 (Tier 3) NT
ULTRATHON 34.34% REPEL LOTION	\$0 (Tier 3) NT
VALCHLOR TOPICAL GEL 0.016 %	\$0 (Tier 2) PA-NS; LA; QL (60 GM per 30 days); ^
vanicream skin cream (rx)	\$0 (Tier 3) NT
vanicream skin cream 40lb pail (rx)	\$0 (Tier 3) NT
vanicream skin cream no dye / fragrance (rx)	\$0 (Tier 3) NT
vanicream skin cream w/pump dispenser (rx)	\$0 (Tier 3) NT
XERAC AC 6.25% SOLUTION	\$0 (Tier 3) NT
ZIKS ARTHRITIS PAIN RELIEF 0.025-12-1 %	\$0 (Tier 3) NT
zinc oxide 20% ointment (otc)	\$0 (Tier 3) NT
THERAPY FOR ACNE	
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (Tier 1)
acne medication 10% gel	\$0 (Tier 3) NT
ACNE MEDICATION 10% LOTION	\$0 (Tier 3) NT
acne medication 2.5% gel	\$0 (Tier 3) NT
ACNE MEDICATION 5% LOTION	\$0 (Tier 3) NT
adapalene 0.1% gel (otc)	\$0 (Tier 3) NT
adapalene topical cream 0.1 %	\$0 (Tier 1) QL (45 GM per 30 days)
adapalene topical gel 0.3 %	\$0 (Tier 1) QL (45 GM per 30 days)
adapalene topical gel with pump 0.3 %	\$0 (Tier 1) QL (45 GM per 30 days)
amnesteem oral capsule 10 mg, 20 mg, 40 mg	\$0 (Tier 1)
azelaic acid topical gel 15 %	\$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)
BENZEFOAM TOPICAL FOAM 5.3 %	\$0 (Tier 3) NT
benzoyl peroxide 10% gel (otc)	\$0 (Tier 3) NT
benzoyl peroxide 10% gel aqueous (otc)	\$0 (Tier 3) NT
benzoyl peroxide 10% wash (otc)	\$0 (Tier 3) NT
benzoyl peroxide 2.5% gel (otc)	\$0 (Tier 3) NT
benzoyl peroxide 5% gel (otc)	\$0 (Tier 3) NT
benzoyl peroxide 5% gel aqueous (otc)	\$0 (Tier 3) NT
benzoyl peroxide 5% wash (otc)	\$0 (Tier 3) NT
bpo 6% foaming cloths outer (otc)	\$0 (Tier 3) NT
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (Tier 1)
clindamycin phosphate topical gel 1 %	\$0 (Tier 1) QL (75 GM per 30 days)
clindamycin phosphate topical gel, once daily 1 %	\$0 (Tier 1) QL (75 ML per 30 days)
clindamycin phosphate topical lotion 1 %	\$0 (Tier 1) QL (60 ML per 30 days)
clindamycin phosphate topical solution 1 %	\$0 (Tier 1) QL (60 ML per 30 days)
clindamycin phosphate topical swab 1 %	\$0 (Tier 1) QL (60 EA per 30 days)
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	\$0 (Tier 1) QL (45 GM per 30 days)
clindamycin-benzoyl peroxide topical gel 1-5 %	\$0 (Tier 1) QL (50 GM per 30 days)
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	\$0 (Tier 1) QL (50 GM per 30 days)
DERMACINRX ATRIX 2% TONER	\$0 (Tier 3) NT
ery pads topical swab 2 %	\$0 (Tier 1) QL (60 EA per 30 days)
erythromycin with ethanol topical solution 2 %	\$0 (Tier 1) QL (60 ML per 30 days)
erythromycin-benzoyl peroxide topical gel 3-5 %	\$0 (Tier 1)
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	\$0 (Tier 1)
lintera 10% wash	\$0 (Tier 3) NT
metronidazole topical cream 0.75 %	\$0 (Tier 1) QL (45 GM per 30 days)
metronidazole topical gel 0.75 %	\$0 (Tier 1) QL (45 GM per 30 days)
metronidazole topical lotion 0.75 %	\$0 (Tier 1) QL (59 ML per 30 days)
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (Tier 1)
neuac topical gel 1.2 %(1 % base) -5 %	\$0 (Tier 1) QL (45 GM per 30 days)
tazarotene topical cream 0.1 %	\$0 (Tier 1) PA; QL (60 GM per 30 days)
tazarotene topical gel 0.05 %, 0.1 %	\$0 (Tier 1) PA

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
tretinoin microspheres topical gel 0.04 %, 0.1 %	\$0 (Tier 1) PA; QL (50 GM per 30 days)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	\$0 (Tier 1) PA; QL (50 GM per 30 days)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	\$0 (Tier 1) PA; QL (45 GM per 30 days)
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	\$0 (Tier 1) PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (Tier 1)
TOPICAL ANTIBACTERIALS	
bacitracin 500 unit/gm ointmnt 500 unit/gram	\$0 (Tier 3) NT
bacitracin 500 unit/gm ointmnt outer 500 unit/gram	\$0 (Tier 3) NT
bacitracin zn 500 unit/gm oint 500 unit/gram	\$0 (Tier 3) NT
bacitracin zn 500 unit/gm oint 500 unit/gram	\$0 (Tier 3) NT
bacitracin zn 500 unit/gm oint usp 500 unit/gram	\$0 (Tier 3) NT
BETADINE 5% SPRAY	\$0 (Tier 3) NT
BETADINE 7.5% SCRUB SURGICAL SCRUB	\$0 (Tier 3) NT
BETADINE SURGICAL SCRUB 7.5 %	\$0 (Tier 3) NT
BETADINE SWABSTICKS 200'S 10 %	\$0 (Tier 3) NT
BETADINE SWABSTICKS 50'S 10 %	\$0 (Tier 3) NT
FIRST AID ANTISEPTIC 10% OINT	\$0 (Tier 3) NT
gentamicin topical cream 0.1 %	\$0 (Tier 1) QL (30 GM per 30 days)
gentamicin topical ointment 0.1 %	\$0 (Tier 1) QL (30 GM per 30 days)
mupirocin topical ointment 2 %	\$0 (Tier 1) QL (44 GM per 30 days)
povidone-iodine 10% solution	\$0 (Tier 3) NT
qc povidone-iodine 10% soln	\$0 (Tier 3) NT
sm antibiotic 500 unit/gm oint 500 unit/gram	\$0 (Tier 3) NT
sm antibiotic plus cream maximum strength 3.5-10,000-10 mg-unit-mg/gram	\$0 (Tier 3) NT
sm double antibiotic oint 500-10,000 unit/gram	\$0 (Tier 3) NT
sm povidone-iodine 10% soln	\$0 (Tier 3) NT
sm triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram	\$0 (Tier 3) NT
sm triple antibiotic plus oint maximum strength 3.5-500-10,000 mg-unit-unit/g	\$0 (Tier 3) NT
sulfacetamide sodium (acne) topical suspension 10 %	\$0 (Tier 1)
triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
triple antibiotic ointment pkt outer (otc) 3.5-400-5,000 mg-unit-unit	\$0 (Tier 3) NT
triple antibiotic plus oint maximum strength 3.5-500-10,000 mg-unit-unit/g	\$0 (Tier 3) NT
triple antibiotic plus ointmnt 3.5-500-10,000 mg-unit-unit/g	\$0 (Tier 3) NT
triple antibiotic-pain oint 3.5-500-10,000 mg-unit-unit/g	\$0 (Tier 3) NT
TOPICAL ANTIFUNGALS	
ALEVAZOL 1% OINTMENT	\$0 (Tier 3) NT
antifungal 1% topical cream	\$0 (Tier 3) NT
antifungal 2% powder	\$0 (Tier 3) NT
athlete's foot 1% cream	\$0 (Tier 3) NT
athlete's foot 1% powder spray	\$0 (Tier 3) NT
athlete's foot 2% powder spray	\$0 (Tier 3) NT
baza antifungal 2% cream	\$0 (Tier 3) NT
butenafine hcl 1% cream	\$0 (Tier 3) NT
ciclopirox topical cream 0.77 %	\$0 (Tier 1) QL (90 GM per 28 days)
ciclopirox topical gel 0.77 %	\$0 (Tier 1) QL (100 GM per 28 days)
ciclopirox topical suspension 0.77 %	\$0 (Tier 1) QL (60 ML per 28 days)
clotrimazole 1% solution (otc)	\$0 (Tier 3) NT
clotrimazole 1% topical cream (otc)	\$0 (Tier 3) NT
clotrimazole topical cream 1 %	\$0 (Tier 1) QL (45 GM per 28 days)
clotrimazole topical solution 1 %	\$0 (Tier 1) QL (30 ML per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	\$0 (Tier 1) QL (45 GM per 28 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	\$0 (Tier 1) QL (60 ML per 28 days)
cvs jock itch 1% cream	\$0 (Tier 3) NT
fungoid 2% tincture	\$0 (Tier 3) NT
gentian violet 1% solution	\$0 (Tier 3) NT
gnp athlete's foot 1% cream	\$0 (Tier 3) NT
gnp miconazorb af 2% powder	\$0 (Tier 3) NT
ketoconazole topical cream 2 %	\$0 (Tier 1) QL (60 GM per 28 days)
ketoconazole topical shampoo 2 %	\$0 (Tier 1) QL (120 ML per 28 days)
klayesta topical powder 100,000 unit/gram	\$0 (Tier 1) QL (120 GM per 30 days)
miconazole 2% topical cream	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use (tier level)
micotrin ac 1% topical cream	\$0 (Tier 3) NT
micotrin al 1% liquid	\$0 (Tier 3) NT
naftifine topical cream 1 %	\$0 (Tier 1) QL (90 GM per 28 days)
naftifine topical cream 2 %	\$0 (Tier 1) QL (60 GM per 28 days)
naftifine topical gel 2 %	\$0 (Tier 1) QL (60 GM per 28 days)
nyamyc topical powder 100,000 unit/gram	\$0 (Tier 1) QL (120 GM per 30 days)
nystatin topical cream 100,000 unit/gram	\$0 (Tier 1) QL (30 GM per 28 days)
nystatin topical ointment 100,000 unit/gram	\$0 (Tier 1) QL (30 GM per 28 days)
nystatin topical powder 100,000 unit/gram	\$0 (Tier 1) QL (120 GM per 30 days)
nystop topical powder 100,000 unit/gram	\$0 (Tier 1) QL (120 GM per 30 days)
sm antifungal 1% cream	\$0 (Tier 3) NT
sm antifungal 1% topical cream	\$0 (Tier 3) NT
sm miconazole 2% topical cream	\$0 (Tier 3) NT
terbinafine 1% cream	\$0 (Tier 3) NT
terbinafine 1% cream antifungal	\$0 (Tier 3) NT
tolnaftate 1% cream	\$0 (Tier 3) NT
tolnaftate 1% powder	\$0 (Tier 3) NT
VOTRIZA-AL 1% LOTION	\$0 (Tier 3) NT
TOPICAL CORTICOSTEROIDS	
ala-cort topical cream 1 %	\$0 (Tier 1)
alclometasone topical cream 0.05 %	\$0 (Tier 1) QL (120 GM per 30 days)
alclometasone topical ointment 0.05 %	\$0 (Tier 1) QL (120 GM per 30 days)
betamethasone dipropionate topical cream 0.05 %	\$0 (Tier 1) QL (135 GM per 30 days)
betamethasone dipropionate topical lotion 0.05 %	\$0 (Tier 1) QL (120 ML per 30 days)
betamethasone dipropionate topical ointment 0.05 %	\$0 (Tier 1) QL (135 GM per 30 days)
betamethasone valerate topical cream 0.1 %	\$0 (Tier 1) QL (135 GM per 30 days)
betamethasone valerate topical lotion 0.1 %	\$0 (Tier 1) QL (120 ML per 30 days)
betamethasone valerate topical ointment 0.1 %	\$0 (Tier 1) QL (135 GM per 30 days)
betamethasone, augmented topical cream 0.05 %	\$0 (Tier 1) QL (150 GM per 30 days)
betamethasone, augmented topical gel 0.05 %	\$0 (Tier 1) QL (150 GM per 30 days)
betamethasone, augmented topical lotion 0.05 %	\$0 (Tier 1) QL (120 ML per 30 days)
betamethasone, augmented topical ointment 0.05 %	\$0 (Tier 1) QL (150 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
clobetasol scalp solution 0.05 %	\$0 (Tier 1) QL (100 ML per 28 days)
clobetasol topical cream 0.05 %	\$0 (Tier 1) QL (120 GM per 28 days)
clobetasol topical gel 0.05 %	\$0 (Tier 1) QL (60 GM per 28 days)
clobetasol topical ointment 0.05 %	\$0 (Tier 1) QL (120 GM per 28 days)
clobetasol topical shampoo 0.05 %	\$0 (Tier 1) QL (118 ML per 28 days)
clobetasol-emollient topical cream 0.05 %	\$0 (Tier 1) QL (120 GM per 28 days)
clodan topical shampoo 0.05 %	\$0 (Tier 1) QL (118 ML per 28 days)
desonide topical lotion 0.05 %	\$0 (Tier 1) QL (118 ML per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	\$0 (Tier 1) QL (118.28 ML per 30 days)
fluocinolone topical cream 0.01 %, 0.025 %	\$0 (Tier 1) QL (120 GM per 30 days)
fluocinolone topical oil 0.01 %	\$0 (Tier 1) QL (118.28 ML per 30 days)
fluocinolone topical ointment 0.025 %	\$0 (Tier 1) QL (120 GM per 30 days)
fluocinolone topical solution 0.01 %	\$0 (Tier 1) QL (120 ML per 30 days)
fluocinonide topical cream 0.05 %	\$0 (Tier 1) QL (120 GM per 30 days)
fluocinonide topical gel 0.05 %	\$0 (Tier 1) QL (120 GM per 30 days)
fluocinonide topical ointment 0.05 %	\$0 (Tier 1) QL (120 GM per 30 days)
fluocinonide topical solution 0.05 %	\$0 (Tier 1) QL (120 ML per 30 days)
fluocinonide-e topical cream 0.05 %	\$0 (Tier 1) QL (120 GM per 30 days)
fluocinonide-emollient topical cream 0.05 %	\$0 (Tier 1) QL (120 GM per 30 days)
fluticasone propionate topical cream 0.05 %	\$0 (Tier 1)
gs anti-itch 1% cream	\$0 (Tier 3) NT
halobetasol propionate topical cream 0.05 %	\$0 (Tier 1) QL (100 GM per 30 days)
halobetasol propionate topical ointment 0.05 %	\$0 (Tier 1) QL (100 GM per 30 days)
hydrocortisone 0.5% cream (otc)	\$0 (Tier 3) NT
hydrocortisone 0.5% cream	\$0 (Tier 3) NT
hydrocortisone 1% cream (otc)	\$0 (Tier 3) NT
hydrocortisone 1% cream	\$0 (Tier 3) NT
hydrocortisone 1% cream max str, w/aloe (otc)	\$0 (Tier 3) NT
hydrocortisone 1% cream maximum strength (otc)	\$0 (Tier 3) NT
hydrocortisone 1% cream moisturizer,max. str (otc)	\$0 (Tier 3) NT
hydrocortisone 1% ointment (otc)	\$0 (Tier 3) NT
hydrocortisone 1% ointment	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
hydrocortisone 1% ointment maximum strength (otc)	\$0 (Tier 3) NT
hydrocortisone topical cream 1 %, 2.5 %	\$0 (Tier 1)
hydrocortisone topical lotion 2 %, 2.5 %	\$0 (Tier 1)
hydrocortisone topical ointment 2.5 %	\$0 (Tier 1)
hydrocortisone-aloe 1% cream	\$0 (Tier 3) NT
mometasone topical cream 0.1 %	\$0 (Tier 1)
mometasone topical ointment 0.1 %	\$0 (Tier 1)
mometasone topical solution 0.1 %	\$0 (Tier 1)
sm hydrocortisone 1% ointment maximum strength (otc)	\$0 (Tier 3) NT
sm hydrocortisone plus 1% crm	\$0 (Tier 3) NT
sm hydrocortisone-aloe 1% crm	\$0 (Tier 3) NT
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	\$0 (Tier 1)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	\$0 (Tier 1)
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	\$0 (Tier 1)
triderm topical cream 0.5 %	\$0 (Tier 1)
TOPICAL SCABICIDES / PEDICULICIDES	
dandruff 1% shampoo	\$0 (Tier 3) NT
gs lice killing shampoo w/nit comb 0.33-4 %	\$0 (Tier 3) NT
ivermectin 0.5% lotion (otc)	\$0 (Tier 3) NT
lice killing shampoo 0.33-4 %	\$0 (Tier 3) NT
lice treatment 1% creme rinse 1 nit removal comb	\$0 (Tier 3) NT
lice treatment shampoo 1 nit comb included 0.33-4 %	\$0 (Tier 3) NT
malathion topical lotion 0.5 %	\$0 (Tier 1)
permethrin topical cream 5 %	\$0 (Tier 1) QL (60 GM per 30 days)
sb lice killing shampoo maximum strength 0.33-4 %	\$0 (Tier 3) NT
sm lice treatment 1% crm rinse	\$0 (Tier 3) NT
VANALICE GEL 0.3-3.5 %	\$0 (Tier 3) NT
DIAGNOSTICS / MISCELLANEOUS AGENTS	
ENZYMES	
co q-10 10 mg capsule (rx)	\$0 (Tier 3) NT
co q-10 100 mg capsule (rx)	\$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)
co q-10 100 mg capsule p/f	\$0 (Tier 3) NT
co q-10 100 mg softgel (rx)	\$0 (Tier 3) NT
co q-10 100 mg softgel p/f (rx)	\$0 (Tier 3) NT
co q-10 100 mg softgel softgel (rx)	\$0 (Tier 3) NT
co q-10 100 mg softgel softgel,n,p/f (rx)	\$0 (Tier 3) NT
co q-10 100 mg softgel softgel,p/f (rx)	\$0 (Tier 3) NT
co q-10 100 mg softgel softgel,p/f,gluten/f (rx)	\$0 (Tier 3) NT
co q-10 100 mg softgel softgel,p/f,gluten-f (rx)	\$0 (Tier 3) NT
co q-10 200 mg capsule (rx)	\$0 (Tier 3) NT
co q-10 200 mg capsule bonus size, p/f (rx)	\$0 (Tier 3) NT
co q-10 200 mg softgel (rx)	\$0 (Tier 3) NT
co q-10 200 mg softgel p/f, no lactose (rx)	\$0 (Tier 3) NT
co q-10 200 mg softgel softgel (rx)	\$0 (Tier 3) NT
co q-10 30 mg capsule p/f,y/f (rx)	\$0 (Tier 3) NT
CO Q-10 300 MG SOFTGEL SOFTGEL,P/F (RX)	\$0 (Tier 3) NT
CO Q-10 400 MG SOFTGEL GLUTEN-FREE,SOFTGEL (RX)	\$0 (Tier 3) NT
CO Q-10 400 MG SOFTGEL Y/F,P/F,SFTGEL (RX)	\$0 (Tier 3) NT
co q-10 50 mg capsule (rx)	\$0 (Tier 3) NT
co q-10 50 mg softgel p/f,lact/f, softgel (rx)	\$0 (Tier 3) NT
co q-10 50 mg softgel softgel (rx)	\$0 (Tier 3) NT
coenzyme q10 10 mg capsule (rx)	\$0 (Tier 3) NT
coenzyme q-10 100 mg capsule (rx)	\$0 (Tier 3) NT
coenzyme q10 100 mg capsule p/f,gluten-free (rx)	\$0 (Tier 3) NT
coenzyme q-10 100 mg softgel (rx)	\$0 (Tier 3) NT
coenzyme q-10 100 mg softgel lac-gluten-free (rx)	\$0 (Tier 3) NT
coenzyme q10 200 mg capsule (rx)	\$0 (Tier 3) NT
coenzyme q10 50 mg capsule (rx)	\$0 (Tier 3) NT
coenzyme q10 50 mg softgel softgel (rx)	\$0 (Tier 3) NT
coenzyme q10 60 mg capsule gluten-free (rx)	\$0 (Tier 3) NT
COENZYME Q-10 POWDER (RX) 100 %	\$0 (Tier 3) NT
cvs co q-10 100 mg softgel (rx)	\$0 (Tier 3) NT
cvs co q-10 200 mg softgel (rx)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CVS CO Q-10 400 MG SOFTGEL (RX)	\$0 (Tier 3) NT
gnp co q-10 100 mg capsule (rx)	\$0 (Tier 3) NT
gnp co q-10 200 mg capsule (rx)	\$0 (Tier 3) NT
gnp co q-10 60 mg capsule (rx)	\$0 (Tier 3) NT
NEOQ10 SOFTGEL 125 MG	\$0 (Tier 3) NT
q-sorb co q-10 100 mg softgel softgel	\$0 (Tier 3) NT
q-sorb co q-10 200 mg softgel p/f,gluten-free	\$0 (Tier 3) NT
ra coenzyme q-10 100 mg softgl (rx)	\$0 (Tier 3) NT
ra coenzyme q-10 100 mg softgl softgel (rx)	\$0 (Tier 3) NT
ra coenzyme q10 200 mg softgel softgel,p/f,d/f (rx)	\$0 (Tier 3) NT
sm co q-10 100 mg softgel (rx)	\$0 (Tier 3) NT
sm co q-10 200 mg softgel (rx)	\$0 (Tier 3) NT
sv co q-10 100 mg softgel softgel, p/f (rx)	\$0 (Tier 3) NT
sv co q-10 50 mg softgel softgel,p/f,gluten-f (rx)	\$0 (Tier 3) NT
sv q-sorb co q-10 100 mg sftgl softgel , p/f	\$0 (Tier 3) NT
sv q-sorb co q-10 200 mg sftgl p/f,gluten-free	\$0 (Tier 3) NT
sv q-sorb co q-10 200 mg sftgl softgel	\$0 (Tier 3) NT
MISCELLANEOUS AGENTS	
acamprosate oral tablet,delayed release (dr/ec) 333 mg	\$0 (Tier 1)
acetic acid irrigation solution 0.25 %	\$0 (Tier 1)
ALPHA LIPOIC ACID 100 MG CAP	\$0 (Tier 3) NT
ALPHA LIPOIC ACID 200 MG CAP P/F	\$0 (Tier 3) NT
ALPHA LIPOIC ACID 200 MG CAP P/F,D/F,GLUTEN/F	\$0 (Tier 3) NT
ALPHA LIPOIC ACID 200 MG CAP P/F,GLUTEN-FREE	\$0 (Tier 3) NT
ALPHA LIPOIC ACID 300 MG CAP	\$0 (Tier 3) NT
ALPHA LIPOIC ACID 300 MG SFTGL	\$0 (Tier 3) NT
alpha lipoic acid 600 mg cap gluten-free (rx)	\$0 (Tier 3) NT
alpha lipoic acid 600 mg cap gluten-free, ex str (rx)	\$0 (Tier 3) NT
alpha lipoic acid 600 mg cap p/f,gluten-free (rx)	\$0 (Tier 3) NT
anagrelide oral capsule 0.5 mg, 1 mg	\$0 (Tier 1)
BENZYL ALCOHOL LIQUID NF (RX)	\$0 (Tier 3) NT
BENZYL BENZOATE LIQUID (RX)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CAFFEINE POWDER USP,ANHYDROUS (RX) 100 %	\$0 (Tier 3) NT
CAPSULE #0 BACON FLAVOR (RX)	\$0 (Tier 3) NT
CAPSULE #0 BLUE/BLUE (RX)	\$0 (Tier 3) NT
CAPSULE #0 BLUE/WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #0 BUBBLE GUM FLAVOR (RX)	\$0 (Tier 3) NT
CAPSULE #0 CLEAR LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #0 CLEAR/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #0 FUN CAPS LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #0 GREEN TRANS/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #0 GREEN,MINT FLAVOR (RX)	\$0 (Tier 3) NT
CAPSULE #0 GREEN/CLEAR LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #0 MAROON-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #0 ORANGE/ORANGE (RX)	\$0 (Tier 3) NT
CAPSULE #0 ORANGE-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #0 PINK LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #0 PURPLE-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #0 RED TRANS/WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #0 RED/RED (RX)	\$0 (Tier 3) NT
CAPSULE #0 RED/WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #0 RED/WHITE LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #0 WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #0 WHITE/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #0 WHITE/WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #0 WHITE-OPAQUE LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #0 YELLOW/YELLOW (RX)	\$0 (Tier 3) NT
CAPSULE #0 YELLOW-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #00 BLACK/RED (RX)	\$0 (Tier 3) NT
CAPSULE #00 BLUE/WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #00 BLUE-OPAQUE LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #00 CLEAR LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #00 CLEAR/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #00 DARK GREEN (RX)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CAPSULE #00 GREEN-OPAQUE LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #00 ORANGE/ORANGE (RX)	\$0 (Tier 3) NT
CAPSULE #00 ORANGE-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #00 PINK/PINK (RX)	\$0 (Tier 3) NT
CAPSULE #00 PURPLE/PURPLE (RX)	\$0 (Tier 3) NT
CAPSULE #00 PURPLE/WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #00 RED/RED (RX)	\$0 (Tier 3) NT
CAPSULE #00 RED/WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #00 WHITE/WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #00 WHITE-OPAQUE LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #00 YELLOW/YELLOW (RX)	\$0 (Tier 3) NT
CAPSULE #000 CLEAR LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #000 CLEAR/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #000 WHITE-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #1 (RX)	\$0 (Tier 3) NT
CAPSULE #1 AQUA BLUE TRANSLUCEN (RX)	\$0 (Tier 3) NT
CAPSULE #1 BLUE OPAQUE/PINK (RX)	\$0 (Tier 3) NT
CAPSULE #1 BLUE TRAN/PINK TRANS (RX)	\$0 (Tier 3) NT
CAPSULE #1 BLUE/BLUE (RX)	\$0 (Tier 3) NT
CAPSULE #1 BLUE/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #1 BLUE/PINK LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #1 BLUE/PINK TRANSLUCEN (RX)	\$0 (Tier 3) NT
CAPSULE #1 BLUE/POWDER BLUE (RX)	\$0 (Tier 3) NT
CAPSULE #1 BLUE/RED-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #1 BLUE/WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #1 BLUE-OPAQUE LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #1 BLUE-PWD BLUE (RX)	\$0 (Tier 3) NT
CAPSULE #1 CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #1 CLEAR/CLEAR,SLS-FREE (RX)	\$0 (Tier 3) NT
CAPSULE #1 DARK BROWN/IVORY (RX)	\$0 (Tier 3) NT
CAPSULE #1 DARK GREEN/WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #1 GREEN CLEAR/YELLOW (RX)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CAPSULE #1 GREEN/GREEN (RX)	\$0 (Tier 3) NT
CAPSULE #1 GREEN/YELLOW (RX)	\$0 (Tier 3) NT
CAPSULE #1 LIGHT BLUE OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #1 ORANGE/ORANGE (RX)	\$0 (Tier 3) NT
CAPSULE #1 ORANGE/WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #1 ORANGE-OPAQUE LOCK (RX)	\$0 (Tier 3) NT
CAPSULE #1 PINK, LACTOSE (RX)	\$0 (Tier 3) NT
CAPSULE #1 PINK/PINK (RX)	\$0 (Tier 3) NT
CAPSULE #1 PINK/POWDER BLUE (RX)	\$0 (Tier 3) NT
CAPSULE #1 PINK/WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #1 PINK/YELLOW-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #1 PINK-OPAQUE LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #1 POWDER BLUE (RX)	\$0 (Tier 3) NT
CAPSULE #1 POWDER BLUE-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #1 PURPLE (RX)	\$0 (Tier 3) NT
CAPSULE #1 PURPLE/PURPLE (RX)	\$0 (Tier 3) NT
CAPSULE #1 PURPLE-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #1 RED/RED (RX)	\$0 (Tier 3) NT
CAPSULE #1 RED-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #1 RED-WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #1 WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #1 WHITE/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #1 WHITE-OPAQUE LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #1 WHITE-OPAQUE/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #10 CLEAR, 2-1/2 X 3/4" (RX)	\$0 (Tier 3) NT
CAPSULE #11 (RX)	\$0 (Tier 3) NT
CAPSULE #13 CLEAR, 1-1/4" X 1/2" (RX)	\$0 (Tier 3) NT
CAPSULE #2 BLUE (RX)	\$0 (Tier 3) NT
CAPSULE #2 CLEAR LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #2 CLEAR/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #2 GREEN (RX)	\$0 (Tier 3) NT
CAPSULE #2 WHITE-OPAQUE LOCKING (RX)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CAPSULE #3 BLUE OPAQUE/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #3 BLUE/BLUE (RX)	\$0 (Tier 3) NT
CAPSULE #3 CLEAR LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #3 CLEAR,BEEF FLAVOR (RX)	\$0 (Tier 3) NT
CAPSULE #3 CLEAR/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #3 GRAY/PINK-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #3 GRAY/YELLOW-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #3 GREEN/BLUE LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #3 GREEN/GREEN (RX)	\$0 (Tier 3) NT
CAPSULE #3 GRN/BLUE TRANSLUCENT (RX)	\$0 (Tier 3) NT
CAPSULE #3 MAROON/BABY BLUE (RX)	\$0 (Tier 3) NT
CAPSULE #3 OLIVE-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #3 ORANGE OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #3 PINK OPAQUE/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #3 PINK/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #3 PINK/PINK (RX)	\$0 (Tier 3) NT
CAPSULE #3 PINK-OPAQUE LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #3 RED OPAQUE/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #3 RED/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #3 RED-OPAQUE LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #3 WHITE/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #3 WHITE/WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #3 WHITE-OPAQUE LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #3 WHITE-OPAQUE/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #3 YELLOW OPAQUE/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #3 YELLOW-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #4 BLACK/GREEN-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #4 BLUE/WHITE (RX)	\$0 (Tier 3) NT
CAPSULE #4 CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #4 CLEAR LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #4 DARK BLUE-OPAQUE (RX)	\$0 (Tier 3) NT
CAPSULE #4 PURPLE OPAQUE (RX)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CAPSULE #4 WHITE-OPAQUE LOCKING (RX)	\$0 (Tier 3) NT
CAPSULE #5 CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #5 CLEAR/CLEAR (RX)	\$0 (Tier 3) NT
CAPSULE #7 CLEAR, 3" X 3/4" (RX)	\$0 (Tier 3) NT
carglumic acid oral tablet, dispersible 200 mg	\$0 (Tier 2) PA; LA; ^
cevimeline oral capsule 30 mg	\$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
CVS DISTILLED WATER (RX)	\$0 (Tier 3) NT
cvs glucose 4 gram tablet chew assorted fruit (rx)	\$0 (Tier 3) NT
cvs glucose 40% gel 3's (rx)	\$0 (Tier 3) NT
cvs glucose 40% gel	\$0 (Tier 3) NT
d10 %-0.45 % sodium chloride intravenous parenteral solution	\$0 (Tier 1)
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	\$0 (Tier 2)
d5 % and 0.9 % sodium chloride intravenous parenteral solution	\$0 (Tier 1)
d5 %-0.45 % sodium chloride intravenous parenteral solution	\$0 (Tier 1)
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	\$0 (Tier 2) PA; ^
deferasirox oral tablet 180 mg, 360 mg	\$0 (Tier 2) PA
deferasirox oral tablet 90 mg	\$0 (Tier 1) PA
deferasirox oral tablet, dispersible 125 mg	\$0 (Tier 2) PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	\$0 (Tier 1) PA; ^
dex4 glucose 4 gm tablet chew assorted flavors (rx) 4 gram	\$0 (Tier 3) NT
dex4 glucose 4 gm tablet chew grape flavor (rx) 4 gram	\$0 (Tier 3) NT
dex4 glucose 4 gm tablet chew orange flavor (rx) 4 gram	\$0 (Tier 3) NT
dex4 glucose 4 gm tablet chew raspberry flavor (rx) 4 gram	\$0 (Tier 3) NT
dex4 glucose 4 gm tablet chew sour apple (rx) 4 gram	\$0 (Tier 3) NT
dex4 glucose 4 gm tablet chew watermelon flavor (rx) 4 gram	\$0 (Tier 3) NT
dex4 glucose tab pouch pack 4 gram	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
dex4 quick dissolve tab chew 4 gram	\$0 (Tier 3) NT
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	\$0 (Tier 2)
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	\$0 (Tier 1)
dextrose 5 % in water (d5w) intravenous parenteral solution	\$0 (Tier 1)
dextrose 5 % in water (d5w) intravenous piggyback 5 %	\$0 (Tier 1)
dextrose 5 %-lactated ringers intravenous parenteral solution	\$0 (Tier 1)
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	\$0 (Tier 1)
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	\$0 (Tier 1)
dextrose 50 % in water (d50w) intravenous parenteral solution	\$0 (Tier 1)
dextrose 50 % in water (d50w) intravenous syringe	\$0 (Tier 1)
dextrose 70 % in water (d70w) intravenous parenteral solution	\$0 (Tier 1)
disulfiram oral tablet 250 mg, 500 mg	\$0 (Tier 1)
droxidopa oral capsule 100 mg	\$0 (Tier 2) PA; QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	\$0 (Tier 2) PA; QL (180 EA per 30 days)
FRUCTOSE GRANULES USP (RX)	\$0 (Tier 3) NT
glucose 4 gram tablet chew (rx)	\$0 (Tier 3) NT
glucose 4 gram tablet chew assort fruit flavor (rx)	\$0 (Tier 3) NT
glucose 4 gram tablet chew n (rx)	\$0 (Tier 3) NT
glucose 4 gram tablet chew n,caffeine free (rx)	\$0 (Tier 3) NT
glucose 4 gram tablet chew n,raspberry (rx)	\$0 (Tier 3) NT
glucose 4 gram tablet chew nree (rx)	\$0 (Tier 3) NT
glucose 4 gram tablet chew raspberry flavor (rx)	\$0 (Tier 3) NT
glutamine (sickle cell) oral powder in packet 5 gram	\$0 (Tier 1) PA; ^
gnp glucose 4 gram tablet chew grape (rx)	\$0 (Tier 3) NT
gnp glucose 4 gram tablet chew orange (rx)	\$0 (Tier 3) NT
gnp glucose 4 gram tablet chew raspberry (rx)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
gnp quick dissolve glucose tab n,caffeine free (rx) 4 gram	\$0 (Tier 3) NT
GREAT VALUE DISTILLED WATER (RX)	\$0 (Tier 3) NT
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 (Tier 2) PA; LA; ^
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	\$0 (Tier 1)
kroger glucose 4 gram tab chew orange (rx)	\$0 (Tier 3) NT
kroger glucose 4 gram tab chew raspberry (rx)	\$0 (Tier 3) NT
kroger glucose 4 gram tab chew watermelon (rx)	\$0 (Tier 3) NT
LACTOSE ANHYDROUS POWDER NF (RX)	\$0 (Tier 3) NT
LACTOSE MONOHYDRATE POWDER NF (RX)	\$0 (Tier 3) NT
LACTOSE MONOHYDRATE POWDER NF, HYDROUS (RX)	\$0 (Tier 3) NT
LACTOSE MONOHYDRATE POWDER NF, SPRAY DRIED (RX)	\$0 (Tier 3) NT
LACTOSE POWDER USP/NF, ANHYDROUS	\$0 (Tier 3) NT
L-CARNITINE POWDER (RX)	\$0 (Tier 3) NT
leader glucose 4 gm tab chew orange flavor (rx) 4 gram	\$0 (Tier 3) NT
leader glucose 4 gm tab chew raspberry flavor (rx) 4 gram	\$0 (Tier 3) NT
leader glucose 4 gm tab chew watermelon flavor (rx) 4 gram	\$0 (Tier 3) NT
leader quick dissolve gluc tab quick dissolve (rx) 4 gram	\$0 (Tier 3) NT
levocarnitine (with sugar) oral solution 100 mg/ml	\$0 (Tier 1)
levocarnitine oral solution 100 mg/ml	\$0 (Tier 1)
levocarnitine oral tablet 330 mg	\$0 (Tier 1)
L-GLUTAMINE 4 GRAM/SCOOP POWDR (RX) 100 %	\$0 (Tier 3) NT
L-GLUTAMINE POWDER FCC	\$0 (Tier 3) NT
L-GLUTAMINE POWDER USP (RX)	\$0 (Tier 3) NT
L-GLUTATHIONE POWDER USP (RX) 100 %	\$0 (Tier 3) NT
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	\$0 (Tier 2)
LOLLIBASE POWDER	\$0 (Tier 3) NT
longs glucose 4 gram tab chew orange flavor (rx)	\$0 (Tier 3) NT
longs glucose 4 gram tab chew raspberry flavor (rx)	\$0 (Tier 3) NT
methylcellulose 1,500 cps pwd (rx) 27.5 % to 31.5 % (usp)	\$0 (Tier 3) NT
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1)
NICE DISTILLED WATER (RX)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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>ORA-BLEND SF SUSPENSION</i>	\$0 (Tier 3) NT
<i>ORAL MIX VEHICLE</i>	\$0 (Tier 3) NT
<i>ORAL SUSPEND VEHICLE</i>	\$0 (Tier 3) NT
<i>ora-sweet oral syrup</i>	\$0 (Tier 3) NT
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>polyethylene glycol 1000 pd nf (rx)</i>	\$0 (Tier 3) NT
<i>POLYETHYLENE GLYCOL 3350 POWD NF (RX)</i>	\$0 (Tier 3) NT
<i>POLYETHYLENE GLYCOL 8000 POWD (RX)</i>	\$0 (Tier 3) NT
<i>preferred plus glucose tab chw grape (rx) 4 gram</i>	\$0 (Tier 3) NT
<i>preferred plus glucose tab chw orange flavor (rx) 4 gram</i>	\$0 (Tier 3) NT
<i>preferred plus glucose tab chw raspberry flavor (rx) 4 gram</i>	\$0 (Tier 3) NT
<i>preferred plus glucose tab chw watermelon flavor (rx) 4 gram</i>	\$0 (Tier 3) NT
<i>PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML</i>	\$0 (Tier 2) PA; LA; ^
<i>pub glucose 4 gram tablet chew assorted fruit (rx)</i>	\$0 (Tier 3) NT
<i>pub glucose 4 gram tablet chew orange (rx)</i>	\$0 (Tier 3) NT
<i>pub glucose 4 gram tablet chew raspberry flavor (rx)</i>	\$0 (Tier 3) NT
<i>pub glucose 4 gram tablet chew sour apple flavor (rx)</i>	\$0 (Tier 3) NT
<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>sesame oil nf (rx)</i>	\$0 (Tier 3) NT
<i>sod fer gluc cplx 62.5 mg/5 ml inner, p/f, sdv</i>	\$0 (Tier 3) NT
<i>sod fer gluc cplx 62.5 mg/5 ml outer, p/f, sdv</i>	\$0 (Tier 3) NT
<i>sod fer gluc cplx 62.5 mg/5 ml sdv,inner</i>	\$0 (Tier 3) NT
<i>sod fer gluc cplx 62.5 mg/5 ml sdv,outer</i>	\$0 (Tier 3) NT
<i>SODIUM BROMIDE GRANULES (RX)</i>	\$0 (Tier 3) NT
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	\$0 (Tier 1)
<i>sodium chloride 0.9 % intravenous piggyback</i>	\$0 (Tier 1)
<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; ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
sodium phenylbutyrate oral tablet 500 mg	\$0 (Tier 2) PA; ^
sodium polystyrene sulfonate oral powder	\$0 (Tier 1)
sorbitol 70% solution (otc)	\$0 (Tier 3) NT
sps (with sorbitol) oral suspension 15-20 gram/60 ml	\$0 (Tier 1)
sps (with sorbitol) rectal enema 30-40 gram/120 ml	\$0 (Tier 1)
SV ALPHA LIPOIC ACID 200 MG CP P/F	\$0 (Tier 3) NT
trientine oral capsule 250 mg	\$0 (Tier 2) PA; ^
TRUEPLUS GLUCOSE 15 GRAM GEL 15 GRAM/32 ML	\$0 (Tier 3) NT
UNISPEND ANHYDROUS SWEET SUSP	\$0 (Tier 3) NT
value plus glucose 40% gel 3's, tropical fruit (rx)	\$0 (Tier 3) NT
water for irrigation, sterile irrigation solution	\$0 (Tier 1)
ZINC SULFATE HEPTAHYDRATE POWD USP (RX) 100 %	\$0 (Tier 3) NT
ZINC SULFATE HEPTAHYDRATE POWD USP, GRANULAR (RX) 100 %	\$0 (Tier 3) NT
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	\$0 (Tier 1)
MISCELLANEOUS DEVICES	
peg topical ointment	\$0 (Tier 3) NT
PHARMACEUTICAL ADJUVANTS	
CAPSULE #00 VEGETABLE CLEAR (RX)	\$0 (Tier 3) NT
MICROCRYSTAL CELLULOSE POWDER MICROCRYSTALLINE,NF (RX)	\$0 (Tier 3) NT
MICROCRYSTALLINE CELLULOSE AVICEL PH 105, NF (RX) 100 %	\$0 (Tier 3) NT
MX-SOL BLEND	\$0 (Tier 3) NT
MX-SOL BLEND SF	\$0 (Tier 3) NT
MX-SOL SUSPEND	\$0 (Tier 3) NT
ORA-BLEND SUSPENSION	\$0 (Tier 3) NT
ORAL MIX SF VEHICLE	\$0 (Tier 3) NT
ORA-PLUS SUSPENDING VEHICLE	\$0 (Tier 3) NT
SYRSPEND SF ALKA POWDER	\$0 (Tier 3) NT
SYRSPEND SF LIQUID (RX)	\$0 (Tier 3) NT
SYRSPEND SF LIQUID CHERRY (RX)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SYRSPEND SF LIQUID GRAPE (RX)	\$0 (Tier 3) NT
SYRSPEND SF POWDER DRY & UNFLAVORED (RX)	\$0 (Tier 3) NT
SMOKING DETERRENTS	
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	\$0 (Tier 1)
gnp nicotine 2 mg chewing gum	\$0 (Tier 3) NT
gnp nicotine 21 mg/24hr patch (otc)	\$0 (Tier 3) NT
gnp nicotine 4 mg chewing gum	\$0 (Tier 3) NT
gnp nicotine 4 mg mini lozenge	\$0 (Tier 3) NT
gs nicotine 2 mg chewing gum	\$0 (Tier 3) NT
gs nicotine 2 mg lozenge	\$0 (Tier 3) NT
gs nicotine 2 mg mini lozenge	\$0 (Tier 3) NT
gs nicotine 4 mg chewing gum	\$0 (Tier 3) NT
gs nicotine 4 mg chewing gum original	\$0 (Tier 3) NT
gs nicotine 4 mg lozenge	\$0 (Tier 3) NT
gs nicotine 4 mg mini lozenge	\$0 (Tier 3) NT
hm nicotine 2 mg mini lozenge	\$0 (Tier 3) NT
nicotine 14 mg/24hr patch (otc)	\$0 (Tier 3) NT
nicotine 14 mg/24hr patch clear, step 2, outer (otc)	\$0 (Tier 3) NT
nicotine 14 mg/24hr patch outer (otc)	\$0 (Tier 3) NT
nicotine 14 mg/24hr patch step 2 (otc)	\$0 (Tier 3) NT
nicotine 2 mg chewing gum	\$0 (Tier 3) NT
nicotine 2 mg chewing gum coated	\$0 (Tier 3) NT
nicotine 2 mg chewing gum coated fruit	\$0 (Tier 3) NT
nicotine 2 mg chewing gum coated,cinnamon	\$0 (Tier 3) NT
nicotine 2 mg chewing gum cool mint/coated	\$0 (Tier 3) NT
nicotine 2 mg chewing gum mint	\$0 (Tier 3) NT
nicotine 2 mg chewing gum original	\$0 (Tier 3) NT
nicotine 2 mg chewing gum outer	\$0 (Tier 3) NT
nicotine 2 mg lozenge	\$0 (Tier 3) NT
nicotine 2 mg lozenge inner	\$0 (Tier 3) NT
nicotine 2 mg lozenge outer	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
nicotine 2 mg mini lozenge inner	\$0 (Tier 3) NT
nicotine 2 mg mini lozenge outer	\$0 (Tier 3) NT
nicotine 21 mg/24hr patch (otc)	\$0 (Tier 3) NT
nicotine 21 mg/24hr patch outer (otc)	\$0 (Tier 3) NT
nicotine 21 mg/24hr patch outer, clear, step 1 (otc)	\$0 (Tier 3) NT
nicotine 4 mg chewing gum	\$0 (Tier 3) NT
nicotine 4 mg chewing gum coated	\$0 (Tier 3) NT
nicotine 4 mg chewing gum coated fruit	\$0 (Tier 3) NT
nicotine 4 mg chewing gum coated,cinnamon	\$0 (Tier 3) NT
nicotine 4 mg chewing gum cool mint/coated	\$0 (Tier 3) NT
nicotine 4 mg chewing gum original	\$0 (Tier 3) NT
nicotine 4 mg chewing gum outer	\$0 (Tier 3) NT
nicotine 4 mg chewing gum refill. outer	\$0 (Tier 3) NT
nicotine 4 mg chewing gum starter kit, outer	\$0 (Tier 3) NT
nicotine 4 mg lozenge	\$0 (Tier 3) NT
nicotine 4 mg lozenge mint	\$0 (Tier 3) NT
nicotine 4 mg lozenge mint, 3 quittube	\$0 (Tier 3) NT
nicotine 4 mg lozenge outer	\$0 (Tier 3) NT
nicotine 4 mg mini lozenge	\$0 (Tier 3) NT
nicotine 4 mg mini lozenge inner	\$0 (Tier 3) NT
nicotine 4 mg mini lozenge outer	\$0 (Tier 3) NT
nicotine 7 mg/24hr patch (otc)	\$0 (Tier 3) NT
nicotine 7 mg/24hr patch outer (otc)	\$0 (Tier 3) NT
nicotine 7 mg/24hr patch outer, clear, step 3 (otc)	\$0 (Tier 3) NT
nicotine 7 mg/24hr patch step 3 (otc)	\$0 (Tier 3) NT
nicotine transdermal system step 1,2,3 21-14-7 mg/24 hr	\$0 (Tier 3) NT
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 (Tier 2)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	\$0 (Tier 2)
sm nicotine 14 mg/24hr patch (otc)	\$0 (Tier 3) NT
sm nicotine 2 mg chewing gum	\$0 (Tier 3) NT
sm nicotine 2 mg lozenge	\$0 (Tier 3) NT
sm nicotine 21 mg/24hr patch (otc)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
sm nicotine 4 mg chewing gum	\$0 (Tier 3) NT
sm nicotine 4 mg lozenge	\$0 (Tier 3) NT
sm nicotine 7 mg/24hr patch (otc)	\$0 (Tier 3) NT
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	\$0 (Tier 1)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	\$0 (Tier 1)
EAR, NOSE / THROAT MEDICATIONS	
MISCELLANEOUS AGENTS	
4 way 1% nasal spray	\$0 (Tier 3) NT
altamist 0.65% nose spray	\$0 (Tier 3) NT
AYR ALLERGY & SINUS NASAL MIST 2.65 %	\$0 (Tier 3) NT
ayr saline 0.65% nose drops	\$0 (Tier 3) NT
ayr saline 0.65% nose spray	\$0 (Tier 3) NT
AYR SALINE NASAL GEL	\$0 (Tier 3) NT
AYR SALINE NASAL GEL SPRAY	\$0 (Tier 3) NT
azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)	\$0 (Tier 1) QL (60 ML per 30 days)
baby ayr saline 0.65% drops	\$0 (Tier 3) NT
child saline 0.65% nasal spray	\$0 (Tier 3) NT
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	\$0 (Tier 1)
cvs saline 0.65% nasal spray	\$0 (Tier 3) NT
deep sea 0.65% nose spray	\$0 (Tier 3) NT
eq nasal 0.65% spray	\$0 (Tier 3) NT
eql saline 0.65% nasal spray	\$0 (Tier 3) NT
gnp nasal moist 0.65% spray	\$0 (Tier 3) NT
gnp saline 0.65% nose spray	\$0 (Tier 3) NT
gs nasal four 1% nasal spray	\$0 (Tier 3) NT
gs nasal moist 0.65% spray	\$0 (Tier 3) NT
gs nasal spray 0.05%	\$0 (Tier 3) NT
gs no drip 0.05% nasal spray	\$0 (Tier 3) NT
gs sinus nasal spray 0.05%	\$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)
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	\$0 (Tier 1) QL (30 ML per 30 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	\$0 (Tier 1) QL (45 ML per 30 days)
kourzeq dental paste 0.1 %	\$0 (Tier 1)
little remedies 0.65% spray for noses	\$0 (Tier 3) NT
mucinex sinus-max nasal spray 0.05 %	\$0 (Tier 3) NT
NASADROPS SALINE ON THE GO AMP 0.9 %	\$0 (Tier 3) NT
nasal decongestant 0.05% spray	\$0 (Tier 3) NT
nasal four 1% nasal spray	\$0 (Tier 3) NT
nasal mist 0.9% spray	\$0 (Tier 3) NT
nasal spray 0.05%	\$0 (Tier 3) NT
nasal spray 0.05% 12 hour,no drip	\$0 (Tier 3) NT
nasal spray 0.05% 12 hour,original	\$0 (Tier 3) NT
nasal spray 0.05% 12 hour,sinus	\$0 (Tier 3) NT
nasal spray 0.05% 12hr, original	\$0 (Tier 3) NT
nasal spray original 0.05% 12 hr relief	\$0 (Tier 3) NT
NASOGEL NASAL SPRAY 0.9 %	\$0 (Tier 3) NT
NASOGEL SALINE NOSE GEL 0.9 %	\$0 (Tier 3) NT
NEO-SYNEPHRINE 0.5% SPRAY	\$0 (Tier 3) NT
no drip 0.05% nasal spray	\$0 (Tier 3) NT
olopatadine nasal spray,non-aerosol 0.6 %	\$0 (Tier 1)
periogard mucous membrane mouthwash 0.12 %	\$0 (Tier 1)
ra nasal mist 0.9% spray	\$0 (Tier 3) NT
ra saline 0.65% nasal spray	\$0 (Tier 3) NT
saline 0.65% nasal spray	\$0 (Tier 3) NT
saline 0.65% nasal spray moisturizing	\$0 (Tier 3) NT
saline mist 0.65% nose spry	\$0 (Tier 3) NT
SALINE NASAL GEL	\$0 (Tier 3) NT
sm nasal 0.05% spray 12 hour, original	\$0 (Tier 3) NT
sm nasal spray 0.05%	\$0 (Tier 3) NT
sm nasal spray sinus 0.05 %	\$0 (Tier 3) NT
sm saline 0.65% nasal spray	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SODIUM BENZOATE POWDER NF (RX)	\$0 (Tier 3) NT
SOOTHING SALINE-ALOE MIST	\$0 (Tier 3) NT
<i>triamcinolone acetonide dental paste 0.1 %</i>	\$0 (Tier 1)
MISCELLANEOUS OTIC PREPARATIONS	
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (Tier 1)
<i>ear drops 6.5%</i>	\$0 (Tier 3) NT
<i>ear wax removal 6.5% drop</i>	\$0 (Tier 3) NT
<i>ear wax removal 6.5% kit</i>	\$0 (Tier 3) NT
<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)
OTIC STEROID / ANTIBIOTIC	
<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)
ENDOCRINE/DIABETES	
ADRENAL HORMONES	
<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)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	\$0 (Tier 1)
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	\$0 (Tier 1) B/D
methylprednisolone oral tablets,dose pack 4 mg	\$0 (Tier 1)
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	\$0 (Tier 1)
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	\$0 (Tier 1)
prednisolone oral solution 15 mg/5 ml	\$0 (Tier 1)
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)	\$0 (Tier 1)
prednisone intensol oral concentrate 5 mg/ml	\$0 (Tier 2)
prednisone oral solution 5 mg/5 ml	\$0 (Tier 1)
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	\$0 (Tier 1)
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	\$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)
ANTITHYROID AGENTS	
methimazole oral tablet 10 mg, 5 mg	\$0 (Tier 1)
potassium iodide 1 gm/ml sol 1 gram/ml	\$0 (Tier 3) NT
propylthiouracil oral tablet 50 mg	\$0 (Tier 1)
DIABETES THERAPY	
acarbose oral tablet 100 mg	\$0 (Tier 1) QL (90 EA per 30 days)
acarbose oral tablet 25 mg	\$0 (Tier 1) QL (360 EA per 30 days)
acarbose oral tablet 50 mg	\$0 (Tier 1) QL (180 EA per 30 days)
alcohol pads topical pads, medicated	\$0 (Tier 2)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	\$0 (Tier 2) PA; QL (3.4 ML per 28 days)
CHEMSTRIP 10 MD	\$0 (Tier 3) NT
CHEMSTRIP 50B	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CHEMSTRIP 7	\$0 (Tier 3) NT
CVS KETONE CARE TEST STRIP	\$0 (Tier 3) NT
<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)
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
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)
KETO-DIASTIX REAGENT STRIPS	\$0 (Tier 3) NT
<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)
<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)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
nateglinide oral tablet 120 mg	\$0 (Tier 1) QL (90 EA per 30 days)
nateglinide oral tablet 60 mg	\$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)
OZEMPI 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)
OZEMPI 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)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	\$0 (Tier 1) QL (30 EA per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	\$0 (Tier 1) QL (30 EA per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	\$0 (Tier 1) QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg	\$0 (Tier 1) QL (960 EA per 30 days)
repaglinide oral tablet 1 mg	\$0 (Tier 1) QL (480 EA per 30 days)
repaglinide oral tablet 2 mg	\$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)
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)

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

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)
mifepristone oral tablet 300 mg	\$0 (Tier 1) PA; ^
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	\$0 (Tier 2) PA; LA; ^
OVIDREL 250 MCG/0.5 ML SYRG	\$0 (Tier 3) NT
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	\$0 (Tier 1)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	\$0 (Tier 1)
sapropterin oral powder in packet 100 mg, 500 mg	\$0 (Tier 2) PA; ^
sapropterin oral tablet,soluble 100 mg	\$0 (Tier 2) PA; ^
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 2) PA; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	\$0 (Tier 1)
testosterone enanthate intramuscular oil 200 mg/ml	\$0 (Tier 1)
testosterone transdermal gel 50 mg/5 gram (1 %)	\$0 (Tier 1) PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	\$0 (Tier 1) PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	\$0 (Tier 1) PA; QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	\$0 (Tier 1) PA; QL (300 GM per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	\$0 (Tier 1) PA; ^
zoledronic acid intravenous solution 4 mg/5 ml	\$0 (Tier 1) B/D
THYROID HORMONES	
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	\$0 (Tier 1)
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	\$0 (Tier 1)
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	\$0 (Tier 1)
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	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (Tier 1)
<i>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</i>	\$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)
GASTROENTEROLOGY	
ANTIDIARRHEALS / ANTISPASMODICS	
<i>acidophilus 16 mg capsule extra strength (rx)</i>	\$0 (Tier 3) NT
<i>acidophilus 16 mg capsule p/f, extra strength (rx)</i>	\$0 (Tier 3) NT
<i>acidophilus 30 million capsule 7.5 mg (30 mill cell)-100 mg</i>	\$0 (Tier 3) NT
<i>acidophilus probiotic tablet 500 million cell-50 mg</i>	\$0 (Tier 3) NT
<i>ACIDOPHILUS-PECTIN CAPSULE 100 MILLION CELL-10 MG</i>	\$0 (Tier 3) NT
<i>acidophilus-pectin capsule 75 million cell -100 mg</i>	\$0 (Tier 3) NT
<i>anti-diarrheal 1 mg/7.5 ml sol</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>AZO COMPLETE FEMININE BALANCE 5 BILLION CELL</i>	\$0 (Tier 3) NT
<i>BIO-K PLUS DR 50 BILLION CAP 50 BILLION CELL</i>	\$0 (Tier 3) NT
<i>BIOMEPRO 100 BILLION CFU LIQ OUTER 100 BILLION CELL/104 ML</i>	\$0 (Tier 3) NT
<i>BIOMEPRO DR 50 BILLION CFU CAP 50 BILLION CELL</i>	\$0 (Tier 3) NT
<i>BIOMEPRO DR 50 BILLION CFU CAP OUTER 50 BILLION CELL</i>	\$0 (Tier 3) NT
<i>bismuth 262 mg tablet chew</i>	\$0 (Tier 3) NT
<i>CULTURELLE PRENATAL PRO CHEWTB 12 BILLION CELL</i>	\$0 (Tier 3) NT
<i>CULTURELLE TOTAL BALANCE CAP 11 BILLION CELL</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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
EQL PROBIOTIC ACIDOPHIL-PECTIN 100 MILLION CELL-10 MG	\$0 (Tier 3) NT
glycopyrrolate oral tablet 1 mg, 2 mg	\$0 (Tier 1)
gs anti-diarrheal 2 mg caplet	\$0 (Tier 3) NT
KALA TABLET 30-20 MG	\$0 (Tier 3) NT
loperamide 1 mg/7.5 ml soln	\$0 (Tier 3) NT
loperamide oral capsule 2 mg	\$0 (Tier 1)
pink bismuth caplet 262 mg	\$0 (Tier 3) NT
PROBIOTIC ACIDOPHIL-PECTIN CAP 100 MILLION CELL-10 MG	\$0 (Tier 3) NT
qc anti-diarrheal 2 mg softgel	\$0 (Tier 3) NT
RA DIGESTIVE HEALTH PROBIOTIC 10 BILLION CELL	\$0 (Tier 3) NT
sm anti-diarrheal 1 mg/7.5 ml	\$0 (Tier 3) NT
sm anti-diarrheal 2 mg caplet caplet	\$0 (Tier 3) NT
sm anti-diarrheal 2 mg softgel	\$0 (Tier 3) NT
sm stomach rlf 262 mg caplet	\$0 (Tier 3) NT
sm stomach rlf 262 mg chew tab	\$0 (Tier 3) NT
stomach relief 525 mg/15 ml	\$0 (Tier 3) NT
stomach rlf 525 mg/30 ml susp 262 mg/15 ml	\$0 (Tier 3) NT
MISCELLANEOUS GASTROINTESTINAL AGENTS	
acid gone antacid liquid 95-358 mg/15 ml	\$0 (Tier 3) NT
acid gone tablet chew 160-105 mg	\$0 (Tier 3) NT
almacone-2 liquid 400-400-40 mg/5 ml	\$0 (Tier 3) NT
alosetron oral tablet 0.5 mg	\$0 (Tier 2) PA; QL (60 EA per 30 days)
alosetron oral tablet 1 mg	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
aluminum hydroxide gel 320 mg/5 ml	\$0 (Tier 3) NT
antacid anti-gas liquid 400-400-40 mg/5 ml	\$0 (Tier 3) NT
antacid anti-gas max str liq 400-400-40 mg/5 ml	\$0 (Tier 3) NT
antacid ex-str tablet chew 160-105 mg	\$0 (Tier 3) NT
antacid extra strength chw tab 160-105 mg	\$0 (Tier 3) NT
antacid liquid 200-200-20 mg/5 ml	\$0 (Tier 3) NT
antacid-antigas 1000-60 mg chw	\$0 (Tier 3) NT
antacid-antigas liquid 200-200-20 mg/5 ml	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
antacid-antigas suspension 200-200-20 mg/5 ml	\$0 (Tier 3) NT
aprepitant oral capsule 125 mg, 40 mg, 80 mg	\$0 (Tier 1) B/D
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	\$0 (Tier 1) B/D
balsalazide oral capsule 750 mg	\$0 (Tier 1)
betaine oral powder 1 gram/scoop	\$0 (Tier 2) LA; ^
bisacodyl 10 mg suppository	\$0 (Tier 3) NT
bisacodyl ec 5 mg tablet	\$0 (Tier 3) NT
budesonide oral capsule,delayed,extend.release 3 mg	\$0 (Tier 1)
budesonide oral tablet,delayed and ext.release 9 mg	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
castor oil 100 %	\$0 (Tier 3) NT
castor oil stimulant laxative 100 %	\$0 (Tier 3) NT
castor oil usp (rx)	\$0 (Tier 3) NT
castor oil usp 100 %	\$0 (Tier 3) NT
chocolated laxative 15 mg	\$0 (Tier 3) NT
clearlax powder 14 once-daily doses 17 gram/dose	\$0 (Tier 3) NT
clearlax powder 17 gram/dose	\$0 (Tier 3) NT
clearlax powder 30 once-daily doses 17 gram/dose	\$0 (Tier 3) NT
clearlax powder 7 once-daily doses 17 gram/dose	\$0 (Tier 3) NT
clearlax powder packet 17 gram	\$0 (Tier 3) NT
COLACE CLEAR 50 MG SOFTGEL	\$0 (Tier 3) NT
compro rectal suppository 25 mg	\$0 (Tier 1)
constulose oral solution 10 gram/15 ml	\$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)
cromolyn oral concentrate 100 mg/5 ml	\$0 (Tier 1)
cvs castor oil 100 %	\$0 (Tier 3) NT
docusate cal 240 mg softgel	\$0 (Tier 3) NT
docusate sodium 100 mg softgel softgel	\$0 (Tier 3) NT
docusate sodium 50 mg/5 ml liq	\$0 (Tier 3) NT
DOCUSATE SODIUM MINI ENEMA 283 MG/5 ML	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
DOCUSOL KIDS 100 MG MINI-ENEMA 5ML MINI-ENEMA, OUTER 100 MG/5 ML	\$0 (Tier 3) NT
dok 100 mg tablet	\$0 (Tier 3) NT
driminate 50 mg tablet	\$0 (Tier 3) NT
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1) B/D; QL (60 EA per 30 days)
enema disposable 19-7 gram/118 ml	\$0 (Tier 3) NT
enema ready to use 19-7 gram/118 ml	\$0 (Tier 3) NT
enema ready to use 19-7 gram/118 ml	\$0 (Tier 3) NT
ENEMEEZ MINI ENEMA 5CC TUBES, OUTER 283 MG/5 ML	\$0 (Tier 3) NT
ENEMEEZ PLUS MINI ENEMA OUTER 283-20 MG/5 ML	\$0 (Tier 3) NT
enulose oral solution 10 gram/15 ml	\$0 (Tier 1)
eql castor oil 100 %	\$0 (Tier 3) NT
fiber tablet unboxed 625 mg	\$0 (Tier 3) NT
fiber tabs 625 mg	\$0 (Tier 3) NT
fiber therapy 500 mg caplet caplet	\$0 (Tier 3) NT
fiber therapy powder 2 gram/19 gram	\$0 (Tier 3) NT
fiber-lax 625 mg tablet 500mg polycarbophil	\$0 (Tier 3) NT
FLEET BISACODYL 10 MG ENEMA 10 MG/30 ML	\$0 (Tier 3) NT
FLEET PEDIA-LAX ENEMA 9.5-3.5 GRAM/59 ML	\$0 (Tier 3) NT
FLEET PEDIA-LAX STOOL SOFTENER 50 MG/15 ML	\$0 (Tier 3) NT
FLEET PEDIA-LAX SUPPOSITORIES 2.8 GRAM/2.7 ML	\$0 (Tier 3) NT
FLEET PEDIA-LAX TABLET CHEW 400 MG (170 MG MAGNESIUM)	\$0 (Tier 3) NT
ft stool softener 250 mg sftgl	\$0 (Tier 3) NT
gas relief (simeth) 80 mg chew	\$0 (Tier 3) NT
gas relief 125 mg chew tablet	\$0 (Tier 3) NT
gas relief 125 mg chew tablet extra str,cherry crm	\$0 (Tier 3) NT
gas relief 125 mg softgel	\$0 (Tier 3) NT
gas relief 180 mg softgel	\$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; ^
gavilax powder 14 day 17 gram/dose	\$0 (Tier 3) NT
gavilax powder 30 day 17 gram/dose	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	\$0 (Tier 1)
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	\$0 (Tier 1)
generlac oral solution 10 gram/15 ml	\$0 (Tier 1)
gentle laxative ec 5 mg tablet	\$0 (Tier 3) NT
gnp gas rlf(simeth) 80 mg chew	\$0 (Tier 3) NT
gnp gentle laxative 10 mg supp	\$0 (Tier 3) NT
gnp gentle laxative ec 5 mg tb	\$0 (Tier 3) NT
gnp senna plus 8.6-50 mg tab	\$0 (Tier 3) NT
gnp stool softener 240 mg sfgl	\$0 (Tier 3) NT
gnp stool softener-stim lax tb 8.6-50 mg	\$0 (Tier 3) NT
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	\$0 (Tier 1)
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	\$0 (Tier 1)
granisetron hcl oral tablet 1 mg	\$0 (Tier 1) B/D
gs clearlax powder 17 gram/dose	\$0 (Tier 3) NT
gs gas relief 180 mg softgel	\$0 (Tier 3) NT
GS HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	\$0 (Tier 3) NT
healthylax powder packet outer 17 gram	\$0 (Tier 3) NT
HEARTBURN RELIEF LIQUID 254-237.5 MG/5 ML	\$0 (Tier 3) NT
hm enema ready to use 19-7 gram/118 ml	\$0 (Tier 3) NT
hm enema ready to use twin pak 19-7 gram/118 ml	\$0 (Tier 3) NT
HM READY TO USE MIN OIL ENEMA	\$0 (Tier 3) NT
hydrocortisone rectal enema 100 mg/60 ml	\$0 (Tier 1)
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	\$0 (Tier 1)
infants' gas rlf 20 mg/0.3 ml 40 mg/0.6 ml	\$0 (Tier 3) NT
infants' simethicone drops 40 mg/0.6 ml	\$0 (Tier 3) NT
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	\$0 (Tier 2) PA; QL (20 EA per 30 days); ^
lactulose oral solution 10 gram/15 ml	\$0 (Tier 1)
laxative 15 mg tablet	\$0 (Tier 3) NT
laxative 25 mg tablet	\$0 (Tier 3) NT
laxative ec 5 mg tablet	\$0 (Tier 3) NT
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$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.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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 xs susp 30 ml cup 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
MAGNESIUM LACTATE SR 84 MG CPT	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>meclizine 12.5 mg caplet (otc)</i>	\$0 (Tier 3) NT
<i>meclizine 12.5 mg caplet caplet (otc)</i>	\$0 (Tier 3) NT
<i>meclizine 25 mg tablet chew</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)
<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>milk of magnesia concentrated 2,400 mg/10 ml cup inner</i>	\$0 (Tier 3) NT
<i>milk of magnesia susp 2,400 mg/30 ml cup inner 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>milk of magnesia susp 2,400 mg/30 ml cup outer 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>milk of magnesia suspension 100's, u-d 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>milk of magnesia suspension 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>mineral oil</i>	\$0 (Tier 3) NT
<i>mintox maximum strength susp max str, lemon creme 400-400-40 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.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
mintox plus tablet chewable 200-200-25 mg	\$0 (Tier 3) NT
motion sickness 50 mg tablet	\$0 (Tier 3) NT
motion sickness rlf 25 mg tab	\$0 (Tier 3) NT
motion-time 25 mg tablet chew	\$0 (Tier 3) NT
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2) QL (30 EA per 30 days)
nitroglycerin rectal ointment 0.4 % (w/w)	\$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); ^
ondansetron hcl (pf) injection solution 4 mg/2 ml	\$0 (Tier 1)
ondansetron hcl (pf) injection syringe 4 mg/2 ml	\$0 (Tier 1)
ondansetron hcl intravenous solution 2 mg/ml	\$0 (Tier 1)
ondansetron hcl oral solution 4 mg/5 ml	\$0 (Tier 1)
ondansetron hcl oral tablet 4 mg, 8 mg	\$0 (Tier 1)
ondansetron oral tablet,disintegrating 4 mg, 8 mg	\$0 (Tier 1)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	\$0 (Tier 1)
peg-electrolyte soln oral recon soln 420 gram	\$0 (Tier 1)
PHAZYME 250 MG SOFTGEL MAX-STRENGTH,SOFTGEL	\$0 (Tier 3) NT
PLENUV ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 (Tier 2)
polyethylene glycol 3350 powd (otc) 17 gram/dose	\$0 (Tier 3) NT
polyethylene glycol 3350 powd 14 once-daily doses (otc) 17 gram/dose	\$0 (Tier 3) NT
polyethylene glycol 3350 powd 17 grams pkt,inner (otc)	\$0 (Tier 3) NT
polyethylene glycol 3350 powd 17 grams pkts,outer (otc)	\$0 (Tier 3) NT
polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose	\$0 (Tier 3) NT
polyethylene glycol 3350 powd 7 once-daily doses (otc) 17 gram/dose	\$0 (Tier 3) NT
polyethylene glycol 3350 powd inner (otc) 17 gram	\$0 (Tier 3) NT
polyethylene glycol 3350 powd outer (otc) 17 gram	\$0 (Tier 3) NT
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	\$0 (Tier 1)
prochlorperazine maleate oral tablet 10 mg, 5 mg	\$0 (Tier 1)
prochlorperazine rectal suppository 25 mg	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
procto-med hc topical cream with perineal applicator 2.5 %	\$0 (Tier 1)
proctosol hc topical cream with perineal applicator 2.5 %	\$0 (Tier 1)
proctozone-hc topical cream with perineal applicator 2.5 %	\$0 (Tier 1)
qc antacid suspension regular strength 200-200-20 mg/5 ml	\$0 (Tier 3) NT
qc antacid-antigas max str 400-400-40 mg/5 ml	\$0 (Tier 3) NT
qc antacid-antigas suspension regular strength 200-200-20 mg/5 ml	\$0 (Tier 3) NT
qc castor oil odorless-tasteless 100 %	\$0 (Tier 3) NT
qc gentle laxative 10 mg supp	\$0 (Tier 3) NT
qc milk of magnesia suspension 400 mg/5 ml	\$0 (Tier 3) NT
qc milk of magnesia suspension mint flavor 400 mg/5 ml	\$0 (Tier 3) NT
qc milk of magnesia suspension original flavor 400 mg/5 ml	\$0 (Tier 3) NT
qc natura-lax 17 gm powder 17 gram/dose	\$0 (Tier 3) NT
qc ready to use enema 19-7 gram/118 ml	\$0 (Tier 3) NT
qc ready to use enema twin pack 19-7 gram/118 ml	\$0 (Tier 3) NT
READY TO USE MINERAL OIL ENEMA	\$0 (Tier 3) NT
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 (Tier 2) QL (30 GM per 30 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	\$0 (Tier 2) PA; QL (10 EA per 30 days)
senexon-s 50-8.6 mg tablet 8.6-50 mg	\$0 (Tier 3) NT
SENNA 8.6 MG SOFTGEL	\$0 (Tier 3) NT
senna 8.6 mg tablet	\$0 (Tier 3) NT
senna 8.8 mg/5 ml liquid	\$0 (Tier 3) NT
senna 8.8 mg/5 ml syrup	\$0 (Tier 3) NT
senna 8.8 mg/5 ml syrup	\$0 (Tier 3) NT
senna 8.8 mg/5 ml syrup cup outer	\$0 (Tier 3) NT
senna laxative 8.6 mg tablet	\$0 (Tier 3) NT
SENNA PLUS 8.6-50 MG SOFTGEL	\$0 (Tier 3) NT
senna plus 8.6-50 mg tablet	\$0 (Tier 3) NT
senna-time 8.6 mg tablet	\$0 (Tier 3) NT
senna-time s tablet 8.6-50 mg	\$0 (Tier 3) NT
SENOKOT EXTRA STR 17.2 MG TAB	\$0 (Tier 3) NT
SENTRIVA-ES 975-232 MG CHEW TB	\$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)
simethicone 125 mg tab chew	\$0 (Tier 3) NT
simethicone 180 mg softgel	\$0 (Tier 3) NT
simethicone 80 mg tab chew	\$0 (Tier 3) NT
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); ^
sm clearlax powder 7 once-daily doses 17 gram/dose	\$0 (Tier 3) NT
sm enema ready to use 19-7 gram/118 ml	\$0 (Tier 3) NT
sm enema ready to use twin pak 19-7 gram/118 ml	\$0 (Tier 3) NT
sm epsom salt granules 495 mg/5 gram	\$0 (Tier 3) NT
sm fiber 625 mg caplet	\$0 (Tier 3) NT
sm fiber laxative 500 mg cplt	\$0 (Tier 3) NT
sm gas relief 125 mg chew tab	\$0 (Tier 3) NT
sm gas relief(simeth) 80 mg chw	\$0 (Tier 3) NT
sm gentle laxative ec 5 mg tab	\$0 (Tier 3) NT
sm inf gas relief 20 mg/0.3 ml non-staining 40 mg/0.6 ml	\$0 (Tier 3) NT
sm magnesium citrate solution	\$0 (Tier 3) NT
sm milk of magnesia suspension 400 mg/5 ml	\$0 (Tier 3) NT
sm motion sickness 50 mg tab	\$0 (Tier 3) NT
SM READY TO USE MIN OIL ENEMA	\$0 (Tier 3) NT
sm stool softener 100 mg sftgl	\$0 (Tier 3) NT
sm stool softener 100 mg tab	\$0 (Tier 3) NT
sm stool softener-laxative tab 8.6-50 mg	\$0 (Tier 3) NT
sodium bicarb 10 grain tablet 650 mg	\$0 (Tier 3) NT
sodium bicarb 325 mg tablet	\$0 (Tier 3) NT
sodium bicarb 650 mg tablet 10 gr	\$0 (Tier 3) NT
SODIUM BICARBONATE POWDER USP (RX)	\$0 (Tier 3) NT
SODIUM BICARBONATE POWDER USP,FOOD GRADE (RX)	\$0 (Tier 3) NT
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	\$0 (Tier 1)
stimulant laxative plus tablet 8.6-50 mg	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
stool softener 100 mg softgel	\$0 (Tier 3) NT
STOOL SOFTENER-STIM LAX SOFTGL 8.6-50 MG	\$0 (Tier 3) NT
stool softener-stim lax tablet 8.6-50 mg	\$0 (Tier 3) NT
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	\$0 (Tier 2) PA; ^
sulfasalazine oral tablet 500 mg	\$0 (Tier 1)
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	\$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)
tums ultra str chewy delights 470 mg calcium (1,177 mg)	\$0 (Tier 3) NT
ursodiol oral capsule 300 mg	\$0 (Tier 1)
ursodiol oral tablet 250 mg, 500 mg	\$0 (Tier 1)
VOWST ORAL CAPSULE	\$0 (Tier 2) PA; LA; ^
women's gentle lax ec 5 mg tab	\$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)
ULCER THERAPY	
acid reducer 10 mg tablet	\$0 (Tier 3) NT
acid reducer 10 mg tablet original strength	\$0 (Tier 3) NT
acid reducer 20 mg tablet	\$0 (Tier 3) NT
acid reducer 20 mg tablet maximum strength	\$0 (Tier 3) NT
acid reducer 20 mg tablet max-str	\$0 (Tier 3) NT
acid reducer dr 20 mg cap	\$0 (Tier 3) NT
dexlansoprazole oral capsule,biphasic delayed release 30 mg, 60 mg	\$0 (Tier 1) QL (30 EA per 30 days)
esomeprazole mag dr 20 mg cap (otc)	\$0 (Tier 3) NT
esomeprazole mag dr 20 mg cap outer (otc)	\$0 (Tier 3) NT
esomeprazole mag dr 20 mg tab	\$0 (Tier 3) NT
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	\$0 (Tier 1) QL (60 EA per 30 days)
famotidine (pf) intravenous solution 20 mg/2 ml	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	\$0 (Tier 1)
famotidine 10 mg tablet	\$0 (Tier 3) NT
famotidine 20 mg tablet (otc)	\$0 (Tier 3) NT
famotidine intravenous solution 10 mg/ml	\$0 (Tier 1)
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	\$0 (Tier 1)
famotidine oral tablet 20 mg, 40 mg	\$0 (Tier 1)
gnp esomeprazole mag dr 20 mg (otc)	\$0 (Tier 3) NT
gnp omeprazole mag dr 20 mg cp	\$0 (Tier 3) NT
gs acid reducer 10 mg tablet	\$0 (Tier 3) NT
gs acid reducer 20 mg tablet	\$0 (Tier 3) NT
gs esomeprazole mag dr 20 mg (otc)	\$0 (Tier 3) NT
gs lansoprazole dr 15 mg cap (otc)	\$0 (Tier 3) NT
gs lansoprazole dr 15 mg odt (otc)	\$0 (Tier 3) NT
gs omeprazole dr 20 mg odt	\$0 (Tier 3) NT
gs omeprazole dr 20 mg tablet 14 day course	\$0 (Tier 3) NT
gs omeprazole dr 20 mg tablet	\$0 (Tier 3) NT
heartburn relief 10 mg tablet	\$0 (Tier 3) NT
heartburn relief 20 mg tablet	\$0 (Tier 3) NT
hm esomeprazole mag dr 20 mg (otc)	\$0 (Tier 3) NT
lansoprazole dr 15 mg capsule (otc)	\$0 (Tier 3) NT
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	\$0 (Tier 1) QL (60 EA per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	\$0 (Tier 1)
nizatidine oral capsule 150 mg, 300 mg	\$0 (Tier 1)
omeprazole dr 20 mg odt	\$0 (Tier 3) NT
omeprazole dr 20 mg tablet 14 day course	\$0 (Tier 3) NT
omeprazole dr 20 mg tablet 1x14 day course	\$0 (Tier 3) NT
omeprazole dr 20 mg tablet	\$0 (Tier 3) NT
omeprazole dr 20 mg tablet 2x14 day course	\$0 (Tier 3) NT
omeprazole dr 20 mg tablet 3x14 day course	\$0 (Tier 3) NT
omeprazole mag dr 20 mg tablet	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
omeprazole mag dr 20 mg tablet outer	\$0 (Tier 3) NT
omeprazole mag dr 20.6 mg cap one 14-day course 20 mg	\$0 (Tier 3) NT
omeprazole mag dr 20.6 mg cap three 14-day course 20 mg	\$0 (Tier 3) NT
omeprazole mag dr 20.6 mg cap two 14-day course 20 mg	\$0 (Tier 3) NT
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	\$0 (Tier 1) QL (60 EA per 30 days)
pantoprazole intravenous recon soln 40 mg	\$0 (Tier 1)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	\$0 (Tier 1) QL (60 EA per 30 days)
qc esomeprazole mag dr 20 mg (otc)	\$0 (Tier 3) NT
qc lansoprazole dr 15 mg cap (otc)	\$0 (Tier 3) NT
qc omeprazole mag dr 20.6 mg three 14-day course 20 mg	\$0 (Tier 3) NT
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	\$0 (Tier 1) QL (60 EA per 30 days)
sm acid reducer 10 mg tablet	\$0 (Tier 3) NT
sm acid reducer 20 mg tablet	\$0 (Tier 3) NT
sm acid reducer 20 mg tablet maximum strength	\$0 (Tier 3) NT
sm esomeprazole mag dr 20 mg (otc)	\$0 (Tier 3) NT
sm omeprazole dr 20 mg tablet 2x14 day course	\$0 (Tier 3) NT
sm omeprazole dr 20 mg tablet 3x14 day course	\$0 (Tier 3) NT
sucralfate oral suspension 100 mg/ml	\$0 (Tier 1)
sucralfate oral tablet 1 gram	\$0 (Tier 1)
tagamet hb 200 mg tablet	\$0 (Tier 3) NT
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	
BIOTECHNOLOGY DRUGS	
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; ^
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; ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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; ^
VACCINES / MISCELLANEOUS IMMUNOLOGICALS	
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
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 (Tier 2) NM
DENGVAXIA (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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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
IPOP INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 (Tier 2) NM
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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use (tier level)
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	NM; A third dose may be considered in \$0 (Tier 2) 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)
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
MISCELLANEOUS SUPPLIES	
MISCELLANEOUS SUPPLIES	
AEROCHAMBER MINI	\$0 (Tier 3) NT
AEROCHAMBER MV HOLD CHAMBER	\$0 (Tier 3) NT
AEROCHAMBER PLUS FLOW-VU	\$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)
AEROCHAMBER PLUS FLOW-VU LARGE	\$0 (Tier 3) NT
AEROCHAMBER PLUS FLOW-VU MED	\$0 (Tier 3) NT
AEROCHAMBER PLUS FLOW-VU SMALL	\$0 (Tier 3) NT
AEROCHAMBER Z-STAT PLUS LARGE W/MASK, LARGE	\$0 (Tier 3) NT
AEROCHAMBER Z-STAT PLUS W-FLOW	\$0 (Tier 3) NT
AEROCHAMBER Z-STAT PLUS W-FLOW W/FLowsignal	\$0 (Tier 3) NT
AEROCHAMBER Z-STAT PLUS-MED W/MASK-MED,CMFT SEAL	\$0 (Tier 3) NT
AEROCHAMBER Z-STAT PLUS-SMALL W/MASK-SM,CMFT SEAL	\$0 (Tier 3) NT
AEROVENT PLUS HOLDING CHAMBER	\$0 (Tier 3) NT
AIMSCO LATEX CONDOM	\$0 (Tier 3) NT
AIRZONE PEAK FLOW METER ADULTS & CHILDREN	\$0 (Tier 3) NT
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (Tier 2)
CLEVER CHOICE CHAMBER-LRG MASK	\$0 (Tier 3) NT
CLEVER CHOICE CHAMBER-MED MASK	\$0 (Tier 3) NT
CLEVER CHOICE CHAMBER-SM MASK	\$0 (Tier 3) NT
CLEVER CHOICE PEAK FLOW METER	\$0 (Tier 3) NT
COMPACT SPACE CHAMBER	\$0 (Tier 3) NT
COMPACT SPACE CHAMBER-LRG MASK	\$0 (Tier 3) NT
COMPACT SPACE CHAMBER-MED MASK	\$0 (Tier 3) NT
COMPACT SPACE CHAMBER-SM MASK	\$0 (Tier 3) NT
DUREX AVANTI REAL FEEL CONDOM	\$0 (Tier 3) NT
EASIVENT HOLDING CHAMBER HOSPITAL PACK	\$0 (Tier 3) NT
EASIVENT HOLDING CHAMBER RETAIL PACK	\$0 (Tier 3) NT
EASIVENT MASK-LARGE	\$0 (Tier 3) NT
EASIVENT MASK-MEDIUM	\$0 (Tier 3) NT
EASIVENT MASK-SMALL	\$0 (Tier 3) NT
EQ SPACE CHAMBER	\$0 (Tier 3) NT
EQ SPACE CHAMBER-LARGE MASK	\$0 (Tier 3) NT
EQ SPACE CHAMBER-MEDIUM MASK	\$0 (Tier 3) NT
EQ SPACE CHAMBER-SMALL MASK	\$0 (Tier 3) NT
FANTASY CONDOM	\$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)
FC2 FEMALE CONDOM	\$0 (Tier 3) NT
FLEXICHAMBER	\$0 (Tier 3) NT
FLEXICHAMBER-LG CHILD MASK	\$0 (Tier 3) NT
FLEXICHAMBER-SM ADULT MASK	\$0 (Tier 3) NT
FLEXICHAMBER-SM CHILD MASK	\$0 (Tier 3) NT
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
KIMONO MICROTHIN AQUA LUBE	\$0 (Tier 3) NT
KIMONO MICROTHIN CONDOM	\$0 (Tier 3) NT
KIMONO MICROTHIN LARGE CONDOM	\$0 (Tier 3) NT
KIMONO TEXTURED CONDOM	\$0 (Tier 3) NT
KIMONO THIN LUBRICATED CONDOMS	\$0 (Tier 3) NT
MICROCHAMBER	\$0 (Tier 3) NT
MICROLIFE PEAK FLOW METER	\$0 (Tier 3) NT
MINI WRIGHT PEAK FLOW METER AFS, (30-400)	\$0 (Tier 3) NT
MINI WRIGHT PEAK FLOW METER STANDARD, (60-800)	\$0 (Tier 3) NT
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)
OPTICHAMBER DIAMOND VHC	\$0 (Tier 3) NT
OPTICHAMBER DIAMOND W-LRG MASK	\$0 (Tier 3) NT
OPTICHAMBER DIAMOND W-MED MASK	\$0 (Tier 3) NT
OPTICHAMBER DIAMOND W-SML MASK	\$0 (Tier 3) NT
PANDA MASK LARGE	\$0 (Tier 3) NT
PANDA MASK MEDIUM	\$0 (Tier 3) NT
PANDA MASK SMALL	\$0 (Tier 3) NT
PEAK-AIR PEAK FLOW METER	\$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)
PEDIATRIC PANDA MASK	\$0 (Tier 3) NT
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	\$0 (Tier 2) BD Preferred
PERSONAL BEST PEAK FLOW MTR	\$0 (Tier 3) NT
PIKO 1 FLOW METER	\$0 (Tier 3) NT
POCKET CHAMBER	\$0 (Tier 3) NT
POCKET PEAK FLOW METER 12'S	\$0 (Tier 3) NT
PRECISION XTR B-KETONE STRIP BETA-KETONE	\$0 (Tier 3) NT
PRO COMFORT SPACER-ADULT MASK	\$0 (Tier 3) NT
PRO COMFORT SPACER-CHILD MASK	\$0 (Tier 3) NT
PROCARE SPACER WITH ADULT MASK	\$0 (Tier 3) NT
PROCARE SPACER WITH CHILD MASK	\$0 (Tier 3) NT
PURECOMFORT PEAK FLOW MTR ADLT	\$0 (Tier 3) NT
PURECOMFORT PEAK FLOW MTR CHLD	\$0 (Tier 3) NT
RITEFLO SPACER	\$0 (Tier 3) NT
TRUSTEX CONDOM	\$0 (Tier 3) NT
TRUSTEX CONDOM 12'S, LUBRICATED	\$0 (Tier 3) NT
TRUSTEX CONDOM 12'S, RESERVOIR TIP	\$0 (Tier 3) NT
TRUSTEX CONDOM 12'S, W/NONOXYNOL-9	\$0 (Tier 3) NT
TRUSTEX CONDOM 12'S, W-NONOXYNOL-9	\$0 (Tier 3) NT
TRUSTEX CONDOM 12'S,EXTRA STRENGTH	\$0 (Tier 3) NT
TRUSTEX CONDOM 12'S,LUBRICATED	\$0 (Tier 3) NT
TRUSTEX CONDOM 12'S,W/NONOXYNOL-9	\$0 (Tier 3) NT
TRUSTEX CONDOM 12'S,W-NONOXYNOL-9	\$0 (Tier 3) NT
TRUSTEX LATEX CONDOM 12'S	\$0 (Tier 3) NT
TRUSTEX LATEX CONDOM 48'S	\$0 (Tier 3) NT
TRUSTEX-RIA CONDOM 12'S	\$0 (Tier 3) NT
TRUSTEX-RIA CONDOM 12'S,NON-LUBRICATED	\$0 (Tier 3) NT
TRUSTEX-RIA CONDOM 12'S,W/SPERMICIDE	\$0 (Tier 3) NT
TRUSTEX-RIA CONDOM 48'S	\$0 (Tier 3) NT
TRUSTEX-RIA CONDOM 48'S,NON-LUBRICATED	\$0 (Tier 3) NT
TRUSTEX-RIA CONDOM 48'S,W/SPERMICIDE	\$0 (Tier 3) NT
TRUZONE PEAK FLOW METER ADULT/PEDIATRIC	\$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)
VORTEX HOLDING CHAMBER HRI	\$0 (Tier 3) NT
VORTEX VHC FROG CHILD MASK HRI	\$0 (Tier 3) NT
MUSCULOSKELETAL / RHEUMATOLOGY	
GOUT THERAPY	
<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)
OSTEOPOROSIS THERAPY	
<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)
<i>PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML</i>	\$0 (Tier 2) QL (1 ML per 180 days)
<i>raloxifene 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)
<i>TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)</i>	PA; Only Teriparatide NDC \$0 (Tier 2) 47781065289 is covered; QL (2.48 ML per 28 days); ^
OTHER RHEUMATOLOGICALS	
<i>ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML</i>	\$0 (Tier 2) PA; QL (3.6 ML per 28 days); ^
<i>ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML</i>	\$0 (Tier 2) PA; QL (3.6 ML per 28 days); ^
<i>BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG</i>	\$0 (Tier 2) PA; ^
<i>BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML</i>	\$0 (Tier 2) PA; LA; QL (8 ML per 28 days); ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 180 days); ^
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (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); ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use (tier level)
<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); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (Tier 2) PA; QL (4 EA per 28 days); ^
OBSTETRICS / GYNECOLOGY	
ESTROGENS / PROGESTINS	
<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)

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)
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	\$0 (Tier 2)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	\$0 (Tier 1)
estradiol vaginal tablet 10 mcg	\$0 (Tier 1)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	\$0 (Tier 1)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	\$0 (Tier 2)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	\$0 (Tier 2)
gallifrey oral tablet 5 mg	\$0 (Tier 1)
heather oral tablet 0.35 mg	\$0 (Tier 1)
incassia oral tablet 0.35 mg	\$0 (Tier 1)
jintelii oral tablet 1-5 mg-mcg	\$0 (Tier 2)
lyleq oral tablet 0.35 mg	\$0 (Tier 1)
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	\$0 (Tier 2)
lyza oral tablet 0.35 mg	\$0 (Tier 1)
medroxyprogesterone intramuscular suspension 150 mg/ml	\$0 (Tier 1)
medroxyprogesterone intramuscular syringe 150 mg/ml	\$0 (Tier 1)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1)
mimvey oral tablet 1-0.5 mg	\$0 (Tier 2)
nora-be oral tablet 0.35 mg	\$0 (Tier 1)
norethindrone (contraceptive) oral tablet 0.35 mg	\$0 (Tier 1)
norethindrone acetate oral tablet 5 mg	\$0 (Tier 1)
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	\$0 (Tier 2)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 (Tier 2)
progesterone intramuscular oil 50 mg/ml	\$0 (Tier 1)
progesterone micronized oral capsule 100 mg, 200 mg	\$0 (Tier 1)
sharobel oral tablet 0.35 mg	\$0 (Tier 1)
yuvafem vaginal tablet 10 mcg	\$0 (Tier 1)
MISCELLANEOUS OB/GYN	
3-day vaginal cream 2 %	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
clindamycin phosphate vaginal cream 2 %	\$0 (Tier 1)
clotrimazole 1% vaginal cream	\$0 (Tier 3) NT
clotrimazole-3 2% cream	\$0 (Tier 3) NT
eluryng vaginal ring 0.12-0.015 mg/24 hr	\$0 (Tier 1)
etonogestrel-ethynodiol vaginal ring 0.12-0.015 mg/24 hr	\$0 (Tier 1)
GNP MICONAZOLE 1 COMBO PACK	\$0 (Tier 3) NT
gs miconazole 3 combo pack 200 mg- 2 % (9 gram)	\$0 (Tier 3) NT
gs miconazole 7 cream 2 %	\$0 (Tier 3) NT
haloette vaginal ring 0.12-0.015 mg/24 hr	\$0 (Tier 1)
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0 (Tier 2)
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	\$0 (Tier 1)
miconazole 2% vaginal cream	\$0 (Tier 3) NT
miconazole 3 combo pack 200 mg- 2 % (9 gram)	\$0 (Tier 3) NT
miconazole 3 combo pack 3 supp w/9gm cream 200 mg- 2 % (9 gram)	\$0 (Tier 3) NT
miconazole 7 100 mg vag supp	\$0 (Tier 3) NT
miconazole 7 cream 2 %	\$0 (Tier 3) NT
miconazole 7 cream 2 %	\$0 (Tier 3) NT
miconazole 7 cream w/7 disp applicators 2 %	\$0 (Tier 3) NT
miconazole-7 cream 2 %	\$0 (Tier 3) NT
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0 (Tier 2)
norelgestromin-ethinodiol transdermal patch weekly 150-35 mcg/24 hr	\$0 (Tier 1)
qc miconazole-7 cream 1 applicator 2 %	\$0 (Tier 3) NT
sm 3-day vaginal cream 2 %	\$0 (Tier 3) NT
sm clotrimazole 1% vag cream	\$0 (Tier 3) NT
sm miconazole 2% vaginal cream w/disp applicators	\$0 (Tier 3) NT
sm miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram)	\$0 (Tier 3) NT
sm miconazole 3 combo pack w/disposable applica 200 mg- 2 % (9 gram)	\$0 (Tier 3) NT
sm miconazole 7 100 mg vag sup	\$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)
sm miconazole 7 cream w/reusable applic 2 %	\$0 (Tier 3) NT
terconazole vaginal cream 0.4 %, 0.8 %	\$0 (Tier 1)
terconazole vaginal suppository 80 mg	\$0 (Tier 1)
tranexamic acid oral tablet 650 mg	\$0 (Tier 1)
xulane transdermal patch weekly 150-35 mcg/24 hr	\$0 (Tier 1)
zafemy transdermal patch weekly 150-35 mcg/24 hr	\$0 (Tier 1)
ORAL CONTRACEPTIVES / RELATED AGENTS	
altavera (28) oral tablet 0.15-0.03 mg	\$0 (Tier 1)
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (Tier 1)
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	\$0 (Tier 1)
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	\$0 (Tier 1)
apri oral tablet 0.15-0.03 mg	\$0 (Tier 1)
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	\$0 (Tier 1)
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	\$0 (Tier 1)
aubra eq oral tablet 0.1-20 mg-mcg	\$0 (Tier 1)
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (Tier 1)
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (Tier 1)
aviane oral tablet 0.1-20 mg-mcg	\$0 (Tier 1)
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0 (Tier 1)
balziva (28) oral tablet 0.4-35 mg-mcg	\$0 (Tier 1)
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (Tier 1)
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (Tier 1)
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (Tier 1)
briellyn oral tablet 0.4-35 mg-mcg	\$0 (Tier 1)
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	\$0 (Tier 1)
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	\$0 (Tier 1)
cryselle (28) oral tablet 0.3-30 mg-mcg	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
cyred eq oral tablet 0.15-0.03 mg	\$0 (Tier 1)
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (Tier 1)
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	\$0 (Tier 1)
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	\$0 (Tier 1)
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0 (Tier 1)
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	\$0 (Tier 1)
dolishale oral tablet 90-20 mcg (28)	\$0 (Tier 1)
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	\$0 (Tier 1)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	\$0 (Tier 1)
econtra one-step 1.5 mg tablet inner	\$0 (Tier 3) NT
econtra one-step 1.5 mg tablet outer	\$0 (Tier 3) NT
elinest oral tablet 0.3-30 mg-mcg	\$0 (Tier 1)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 1)
enskyce oral tablet 0.15-0.03 mg	\$0 (Tier 1)
estarylla oral tablet 0.25-0.035 mg	\$0 (Tier 1)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	\$0 (Tier 1)
falmina (28) oral tablet 0.1-20 mg-mcg	\$0 (Tier 1)
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	\$0 (Tier 1)
gemma oral capsule 1 mg-20 mcg (24)/75 mg (4)	\$0 (Tier 1)
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (Tier 1)
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (Tier 1)
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (Tier 1)
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0 (Tier 1)
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0 (Tier 1)
isibloom oral tablet 0.15-0.03 mg	\$0 (Tier 1)
jasmiel (28) oral tablet 3-0.02 mg	\$0 (Tier 1)
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
juleber oral tablet 0.15-0.03 mg	\$0 (Tier 1)
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	\$0 (Tier 1)
junel 1/20 (21) oral tablet 1-20 mg-mcg	\$0 (Tier 1)
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (Tier 1)
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (Tier 1)
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (Tier 1)
kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	\$0 (Tier 1)
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0 (Tier 1)
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (Tier 1)
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	\$0 (Tier 1)
kurvelo (28) oral tablet 0.15-0.03 mg	\$0 (Tier 1)
Inorgest/e.estradol-e.estrad 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)	\$0 (Tier 1)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	\$0 (Tier 1)
larin 1/20 (21) oral tablet 1-20 mg-mcg	\$0 (Tier 1)
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (Tier 1)
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (Tier 1)
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (Tier 1)
layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	\$0 (Tier 1)
lessina oral tablet 0.1-20 mg-mcg	\$0 (Tier 1)
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 1)
levonorgest-eth.estradol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	\$0 (Tier 1)
levonorgestrel 1.5 mg tablet (otc)	\$0 (Tier 3) NT
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	\$0 (Tier 1)
levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	\$0 (Tier 1)

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Name of Drug	What the drug will cost you (tier level)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 1)
levora-28 oral tablet 0.15-0.03 mg	\$0 (Tier 1)
loryna (28) oral tablet 3-0.02 mg	\$0 (Tier 1)
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	\$0 (Tier 1)
lutera (28) oral tablet 0.1-20 mg-mcg	\$0 (Tier 1)
marlissa (28) oral tablet 0.15-0.03 mg	\$0 (Tier 1)
mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	\$0 (Tier 1)
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	\$0 (Tier 1)
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	\$0 (Tier 1)
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (Tier 1)
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (Tier 1)
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (Tier 1)
milil oral tablet 0.25-0.035 mg	\$0 (Tier 1)
mono-linyah oral tablet 0.25-0.035 mg	\$0 (Tier 1)
my choice 1.5 mg tablet	\$0 (Tier 3) NT
my way 1.5 mg tablet (otc)	\$0 (Tier 3) NT
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	\$0 (Tier 1)
new day 1.5 mg tablet	\$0 (Tier 3) NT
nikki (28) oral tablet 3-0.02 mg	\$0 (Tier 1)
noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	\$0 (Tier 1)
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	\$0 (Tier 1)
norethindrone-e.estrad-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)	\$0 (Tier 1)
norethindrone-e.estrad-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	\$0 (Tier 1)
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	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	\$0 (Tier 1)
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	\$0 (Tier 1)
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (Tier 1)
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	\$0 (Tier 1)
nylia 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (Tier 1)
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	\$0 (Tier 1)
nymyo oral tablet 0.25-35 mg-mcg	\$0 (Tier 1)
ocella oral tablet 3-0.03 mg	\$0 (Tier 1)
opcicon one-step 1.5 mg tablet	\$0 (Tier 3) NT
option 2 1.5 mg tablet	\$0 (Tier 3) NT
philith oral tablet 0.4-35 mg-mcg	\$0 (Tier 1)
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0 (Tier 1)
portia 28 oral tablet 0.15-0.03 mg	\$0 (Tier 1)
reclipsen (28) oral tablet 0.15-0.03 mg	\$0 (Tier 1)
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	\$0 (Tier 1)
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0 (Tier 1)
sprintec (28) oral tablet 0.25-0.035 mg	\$0 (Tier 1)
sronyx oral tablet 0.1-20 mg-mcg	\$0 (Tier 1)
syeda oral tablet 3-0.03 mg	\$0 (Tier 1)
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (Tier 1)
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (Tier 1)
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	\$0 (Tier 1)
tri-estarrylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	\$0 (Tier 1)
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	\$0 (Tier 1)
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	\$0 (Tier 1)
tri-lo-estarrylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	\$0 (Tier 1)
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	\$0 (Tier 1)
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	\$0 (Tier 1)
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	\$0 (Tier 1)
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	\$0 (Tier 1)
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	\$0 (Tier 1)
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 1)
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	\$0 (Tier 1)
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	\$0 (Tier 1)
turqoz (28) oral tablet 0.3-30 mg-mcg	\$0 (Tier 1)
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	\$0 (Tier 1)
vestura (28) oral tablet 3-0.02 mg	\$0 (Tier 1)
vienna oral tablet 0.1-20 mg-mcg	\$0 (Tier 1)
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0 (Tier 1)
vyfemla (28) oral tablet 0.4-35 mg-mcg	\$0 (Tier 1)
vylibra oral tablet 0.25-0.035 mg	\$0 (Tier 1)
wera (28) oral tablet 0.5-35 mg-mcg	\$0 (Tier 1)
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	\$0 (Tier 1)
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	\$0 (Tier 1)
zovia 1-35 (28) oral tablet 1-35 mg-mcg	\$0 (Tier 1)
zumandimine (28) oral tablet 3-0.03 mg	\$0 (Tier 1)
OPHTHALMOLOGY	
ANTIBIOTICS	
ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram	\$0 (Tier 1)
bacitracin ophthalmic (eye) ointment 500 unit/gram	\$0 (Tier 1)
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	\$0 (Tier 1)
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	\$0 (Tier 1)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	\$0 (Tier 1)
gatifloxacin ophthalmic (eye) drops 0.5 %	\$0 (Tier 1)
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	\$0 (Tier 1)
gentamicin ophthalmic (eye) drops 0.3 %	\$0 (Tier 1)
moxifloxacin ophthalmic (eye) drops 0.5 %	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	\$0 (Tier 1)
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$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)
<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)
ANTIVIRALS	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (Tier 2)
BETA-BLOCKERS	
<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)
MISCELLANEOUS OPHTHALMOLOGICS	
<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>BORIC ACID GRANULES NF (RX)</i>	\$0 (Tier 3) NT
<i>BORIC ACID POWDER N.F (RX)</i>	\$0 (Tier 3) NT
<i>BORIC ACID POWDER NF (RX)</i>	\$0 (Tier 3) NT
<i>carboxymethylcell 0.5% eye drp</i>	\$0 (Tier 3) NT
<i>child's alaway 0.025% eye drop 0.025 % (0.035 %)</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)
<i>CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %</i>	\$0 (Tier 2) PA; 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)
DRY EYE RELIEF EYE DROPS 1-0.2-0.2 %	\$0 (Tier 3) NT
<i>eye itch relief 0.025% drops 0.025 % (0.035 %)</i>	\$0 (Tier 3) NT
FRESHKOTE EYE DROP 2.7-2 %	\$0 (Tier 3) NT
GENTEAL TEARS 0.1%-0.2%-0.3% 0.1-0.3-0.2 %	\$0 (Tier 3) NT
GENTEAL TEARS 0.1%-0.3% DROP 0.1-0.3 %	\$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
GENTEAL TEARS SEVERE GEL DROPS 0.4-0.3 %	\$0 (Tier 3) NT
<i>gs lubricat plus 0.5% eye drps p/f, 30x0.4ml</i>	\$0 (Tier 3) NT
<i>lubricant 0.5% eye drops</i>	\$0 (Tier 3) NT
LUBRICANT 0.6% EYE DROP	\$0 (Tier 3) NT
LUBRICANT EYE 0.4%-0.3% DROP 0.4-0.3 %	\$0 (Tier 3) NT
<i>lubricant eye drops 0.4-0.3 %</i>	\$0 (Tier 3) NT
LUBRICANT EYE OINTMENT 57.3-42.5 %	\$0 (Tier 3) NT
<i>lubricating eye drop 0.4-0.3 %</i>	\$0 (Tier 3) NT
<i>lubrifresh pm eye ointment 83-15 %</i>	\$0 (Tier 3) NT
METHOCEL E 4 M PREMIUM POWDER PREMIUM (RX)	\$0 (Tier 3) NT
METHOCEL E 4 M PREMIUM POWDER USP (RX)	\$0 (Tier 3) NT
MURO-128 2% EYE DROPS	\$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>polyvinyl alcohol 1.4% eyedrop</i>	\$0 (Tier 3) NT
REFRESH CELLUVISC 1% EYE GEL	\$0 (Tier 3) NT
REFRESH CLASSIC EYE DROPS U-D,P/F,30X.4ML 1.4-0.6 %	\$0 (Tier 3) NT
REFRESH CLASSIC EYE DROPS U-D,P/F,50X.4ML 1.4-0.6 %	\$0 (Tier 3) NT
REFRESH DIGITAL EYE DROPS 0.5-1-0.5 %	\$0 (Tier 3) NT
REFRESH DIGITAL PF EYE DROPS 0.5-1-0.5 %	\$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 OPTIVE ADVANCED DROPS 0.5-1-0.5 %	\$0 (Tier 3) NT
REFRESH OPTIVE ADVANCED DROPS 0.5-1-0.5 %	\$0 (Tier 3) NT
REFRESH OPTIVE EYE DROPS 0.5-0.9 %	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
REFRESH OPTIVE GEL EYE DROPS 1-0.9 %	\$0 (Tier 3) NT
REFRESH OPTIVE MEGA-3 DROPS 0.5-1-0.5 %	\$0 (Tier 3) NT
REFRESH OPTIVE SENSITIVE DROPS 30X0.4ML, P/F 0.5-0.9 %	\$0 (Tier 3) NT
REFRESH OPTIVE SENSITIVE DROPS 60X0.4ML, P/F 0.5-0.9 %	\$0 (Tier 3) NT
REFRESH RELIEVA 0.5-0.9% DROP	\$0 (Tier 3) NT
REFRESH RELIEVA PF 0.5-0.9%	\$0 (Tier 3) NT
REFRESH RELIEVA PF 0.5-1% DROP	\$0 (Tier 3) NT
SM BORIC ACID POWDER NF (RX)	\$0 (Tier 3) NT
SM DRY EYE RELIEF EYE DROPS 1-0.2-0.2 %	\$0 (Tier 3) NT
<i>sm lubricant eye drops strl 0.4-0.3 %</i>	\$0 (Tier 3) NT
<i>sm lubricating tears eye drops sterile 0.4-0.3 %</i>	\$0 (Tier 3) NT
<i>sodium chloride 5% eye drop</i>	\$0 (Tier 3) NT
<i>sodium chloride 5% eye oint</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 COMPLETE PF 0.6% DROP	\$0 (Tier 3) NT
SYSTANE GEL EYE DROPS 0.4-0.3 %	\$0 (Tier 3) NT
SYSTANE NIGHTTIME EYE OINTMENT 94-3 %	\$0 (Tier 3) NT
TEARS LUBRICANT 0.5% EYE DROP	\$0 (Tier 3) NT
<i>ultra lubricant eye drops 0.4-0.3 %</i>	\$0 (Tier 3) NT
VENTIVA 0.7% EYE DROP INNER	\$0 (Tier 3) NT
XDEMVF OPHTHALMIC (EYE) DROPS 0.25 %	\$0 (Tier 2) PA; QL (10 ML per 42 days); ^
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	
<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)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0 (Tier 2)
ORAL DRUGS FOR GLAUCOMA	
<i>acetazolamide oral capsule, extended release 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.
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Name of Drug	What the drug will cost you (tier level)
acetazolamide oral tablet 125 mg, 250 mg	\$0 (Tier 1)
methazolamide oral tablet 25 mg, 50 mg	\$0 (Tier 1)
OTHER GLAUCOMA DRUGS	
brinzolamide ophthalmic (eye) drops,suspension 1 %	\$0 (Tier 1)
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	\$0 (Tier 2)
dorzolamide ophthalmic (eye) drops 2 %	\$0 (Tier 1)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	\$0 (Tier 1)
latanoprost ophthalmic (eye) drops 0.005 %	\$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)
travoprost ophthalmic (eye) drops 0.004 %	\$0 (Tier 1)
STEROID-ANTIBIOTIC COMBINATIONS	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	\$0 (Tier 1)
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	\$0 (Tier 1)
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	\$0 (Tier 1)
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	\$0 (Tier 1)
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 (Tier 2)
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	\$0 (Tier 1)
STEROIDS	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	\$0 (Tier 1)
difluprednate ophthalmic (eye) drops 0.05 %	\$0 (Tier 1)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	\$0 (Tier 1)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	\$0 (Tier 1)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	\$0 (Tier 1)
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	\$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)
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SYMPATHOMIMETICS

ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 (Tier 2)
apraclonidine ophthalmic (eye) drops 0.5 %	\$0 (Tier 1)
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	\$0 (Tier 1)

RESPIRATORY AND ALLERGY

ANTIHISTAMINE / ANTIALLERGENIC AGENTS

12-hr decongest 120 mg caplet caplet,12hr,max-str	\$0 (Tier 3) NT
12hr nasal decongest er 120 mg	\$0 (Tier 3) NT
24hr allergy(levocetirzn) 5 mg	\$0 (Tier 3) NT
adrenalin injection solution 1 mg/ml (1 ml)	\$0 (Tier 2)
ALAHIST CF TABLET 2-10-20 MG	\$0 (Tier 3) NT
ALAHIST D 17.5-10 MG TABLET 10-17.5 MG	\$0 (Tier 3) NT
ALAHIST DM 10-12.5-5 MG/5 ML LQ 12.5-5-10 MG/5 ML	\$0 (Tier 3) NT
ala-hist ir 2 mg tablet	\$0 (Tier 3) NT
ALAHIST PE 2-7.5 MG TABLET	\$0 (Tier 3) NT
all day allergy 10 mg tablet	\$0 (Tier 3) NT
all day allergy 10 mg tablet indoor/outdoor 24 hr	\$0 (Tier 3) NT
all day allergy-d tablet 5-120 mg	\$0 (Tier 3) NT
ALL DAY SINUS-COLD-D 220-120 MG	\$0 (Tier 3) NT
aller-chlor 4 mg tablet	\$0 (Tier 3) NT
aller-g-time 25 mg caplet	\$0 (Tier 3) NT
allergy (loratadine) 10 mg tab	\$0 (Tier 3) NT
allergy 25 mg tablet	\$0 (Tier 3) NT
allergy 4 mg tablet	\$0 (Tier 3) NT
allergy multi-symptom caplet 2-5-325 mg	\$0 (Tier 3) NT
allergy relief 10 mg tablet	\$0 (Tier 3) NT
allergy relief 10 mg tablet non-drowsy,24 hour	\$0 (Tier 3) NT
allergy relief 180 mg tablet	\$0 (Tier 3) NT
allergy relief 25 mg capsule	\$0 (Tier 3) NT
allergy relief 25 mg tablet	\$0 (Tier 3) NT
allergy relief 4 mg tablet	\$0 (Tier 3) NT
allergy relief 5 mg/5 ml soln	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
allergy relief d-12 tablet 5-120 mg	\$0 (Tier 3) NT
allergy relief d-24hr tablet 10-240 mg	\$0 (Tier 3) NT
allergy relief-d tablet 5-120 mg	\$0 (Tier 3) NT
allergy relief-nasal decong tb 10-240 mg	\$0 (Tier 3) NT
allergy-conges relf er tablet 10-240 mg	\$0 (Tier 3) NT
allergy-conges relf er tablet non-drowsy,24 hr rlf 10-240 mg	\$0 (Tier 3) NT
allergy-congestion rlf 12h tab 5-120 mg	\$0 (Tier 3) NT
aprodine tablet 2.5-60 mg	\$0 (Tier 3) NT
AQUANAZ TABLET 10-15-400 MG	\$0 (Tier 3) NT
banophen 25 mg tablet	\$0 (Tier 3) NT
banophen 50 mg capsule	\$0 (Tier 3) NT
benzonataate 100 mg capsule	\$0 (Tier 3) NT
benzonataate 150 mg capsule	\$0 (Tier 3) NT
benzonataate 200 mg capsule	\$0 (Tier 3) NT
BRANTUSSIN DM 2-15-7.5 MG/5 ML 2-7.5-15 MG/5 ML	\$0 (Tier 3) NT
bromphen-pse-dm 2-30-10 mg/5 ml (rx)	\$0 (Tier 3) NT
CAPMIST DM TABLET 60-15-400 MG	\$0 (Tier 3) NT
CAPRON DM LIQUID 7.5-7.5 MG/5 ML	\$0 (Tier 3) NT
CAPRON DMT TABLET 30-30 MG	\$0 (Tier 3) NT
cetirizine hcl 1 mg/ml soln children, grape (otc)	\$0 (Tier 3) NT
cetirizine hcl 1 mg/ml soln children's (otc)	\$0 (Tier 3) NT
cetirizine hcl 10 mg chew tab outer	\$0 (Tier 3) NT
cetirizine hcl 10 mg tablet	\$0 (Tier 3) NT
cetirizine hcl 10 mg tablet f/c,u-d,10x10,inner	\$0 (Tier 3) NT
cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer	\$0 (Tier 3) NT
cetirizine hcl 10 mg tablet indoor & outdoor	\$0 (Tier 3) NT
cetirizine hcl 10 mg tablet indoor-outdoor,24hr	\$0 (Tier 3) NT
cetirizine hcl 10 mg tablet outer	\$0 (Tier 3) NT
cetirizine hcl 5 mg chew tab children's,outer,u-d	\$0 (Tier 3) NT
cetirizine hcl 5 mg tablet	\$0 (Tier 3) NT
cetirizine hcl 5 mg tablet indoor & outdoor	\$0 (Tier 3) NT
cetirizine oral solution 1 mg/ml	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
cetirizine-pse er 5-120 mg tab	\$0 (Tier 3) NT
chest cong rlf dm 400-20 mg tb 20-400 mg	\$0 (Tier 3) NT
chest cong rlf pe 400-10 mg tb 10-400 mg	\$0 (Tier 3) NT
chest congest rlf 400 mg tab	\$0 (Tier 3) NT
chest congestion relief dm syr 10-100 mg/5 ml	\$0 (Tier 3) NT
chest congest-cough relief tab 20-400 mg	\$0 (Tier 3) NT
child all day allergy 1 mg/ml	\$0 (Tier 3) NT
child all day allergy 1 mg/ml bubble gum	\$0 (Tier 3) NT
child allergy (fexo) 30 mg/5 ml	\$0 (Tier 3) NT
child allergy 5 mg/5 ml soln	\$0 (Tier 3) NT
child allergy relief 1 mg/ml	\$0 (Tier 3) NT
child allergy relief 5 mg/5 ml	\$0 (Tier 3) NT
child allergy rlf 12.5 mg/5 ml	\$0 (Tier 3) NT
child cetirizine 10 mg chew tb chewable, allergy	\$0 (Tier 3) NT
child cetirizine 5 mg chew tab	\$0 (Tier 3) NT
child cetirizine hcl 1 mg/ml	\$0 (Tier 3) NT
child cold-allergy liquid 1-2.5 mg/5 ml	\$0 (Tier 3) NT
CHILD DELSYM CGH-CLD NIGHT LIQ 12.5-5-325 MG/10 ML	\$0 (Tier 3) NT
CHILD DELSYM COUGH PLUS DY-NT 12.5 MG-5 MG- 325 MG/10ML(NT)	\$0 (Tier 3) NT
child delsym cough-chest dm liq 5-100 mg/5 ml	\$0 (Tier 3) NT
CHILD LORATADINE 5 MG TAB CHEW	\$0 (Tier 3) NT
child loratadine 5 mg/5 ml sol	\$0 (Tier 3) NT
child loratadine 5 mg/5 ml syrup	\$0 (Tier 3) NT
child loratadine 5 mg/5 ml syrup grape	\$0 (Tier 3) NT
CHILD MUCINEX FREEFROM MS D-N 1.25-5-10-325 MG/10 ML	\$0 (Tier 3) NT
CHILD MUCINEX M-S COLD DAY-NTE 325-12.5-5 MG/10 ML(NT)	\$0 (Tier 3) NT
CHILD MUCINEX M-S COLD NIGHT 12.5-5-325 MG/10 ML	\$0 (Tier 3) NT
CHILD MUCINEX STUFFY NOSE-CHST 2.5-100 MG/5 ML	\$0 (Tier 3) NT
child mucus relief cough liq cherry,child 5-100 mg/5 ml	\$0 (Tier 3) NT
children's cold-cough elixir red grape,child 1-2.5-5 mg/5 ml	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
children's mucinex cough liq 5-100 mg/5 ml	\$0 (Tier 3) NT
children's plus m-s cold susp grape,multi-symptom 1-2.5-5-160 mg/5 ml	\$0 (Tier 3) NT
child's allergy 12.5 mg/5 ml cherry,child	\$0 (Tier 3) NT
chld allrgy rlf 12.5 mg chew tb	\$0 (Tier 3) NT
CHLO HIST ORAL SOLUTION 1-12.5 MG/5 ML	\$0 (Tier 3) NT
CHLO TUSS LIQUID 1-30-12.5 MG/5 ML	\$0 (Tier 3) NT
codeine-guaifen 10-100 mg/5 ml (otc)	\$0 (Tier 3) NT
codeine-guaifen 10-100 mg/5 ml d/f (otc)	\$0 (Tier 3) NT
cold-cough elixir 1-2.5-5 mg/5 ml	\$0 (Tier 3) NT
cold-sinus 200 mg-30 mg caplet 30-200 mg	\$0 (Tier 3) NT
COLD-SINUS RLF 200-30 MG LIQCAP 30-200 MG	\$0 (Tier 3) NT
CONEX 2 MG-60 MG/5 ML SOLN 2-60 MG/5 ML	\$0 (Tier 3) NT
conex tablet 2-60 mg	\$0 (Tier 3) NT
COUGH DM 20-200 MG/20 ML SYRUP 5-50 MG/5 ML	\$0 (Tier 3) NT
cough dm er 30 mg/5 ml susp 12 hour	\$0 (Tier 3) NT
cough dm er 30 mg/5 ml susp 12hr,gluten-free	\$0 (Tier 3) NT
cough dm er 30 mg/5 ml susp	\$0 (Tier 3) NT
cough dm er 30 mg/5 ml susp gluten-free,12hr	\$0 (Tier 3) NT
COUGH-COLD HBP TABLET 4-30 MG	\$0 (Tier 3) NT
COUGH-COLD TABLET 4-30 MG	\$0 (Tier 3) NT
cyproheptadine oral tablet 4 mg	\$0 (Tier 2) PA
day multi-symp flu-severe cold 10-20-500 mg	\$0 (Tier 3) NT
DAY TIME COLD-FLU SOFTGEL SOFTGEL 5-10-325 MG	\$0 (Tier 3) NT
DAYTIME COLD-FLU RELIEF LIQUID 5-10-325 MG/15 ML	\$0 (Tier 3) NT
DAYTIME COLD-FLU RELIEF SFTGL 5-10-325 MG	\$0 (Tier 3) NT
DECONEX DMX 17.5-400-10 MG TAB 10-17.5-400 MG	\$0 (Tier 3) NT
DECONEX IR 385-10 MG TABLET 10-385 MG	\$0 (Tier 3) NT
DELSYM COUGH 15 MG CAPLET	\$0 (Tier 3) NT
delsym cough+chest cngst dm lq 5-100 mg/5 ml	\$0 (Tier 3) NT
DELSYM COUGH-SORE THROAT LIQ 325-10 MG/10 ML	\$0 (Tier 3) NT
DELSYM NIGHTTIME COUGH LIQUID 2.5-20-650 MG/20 ML	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
desloratadine oral tablet 5 mg	\$0 (Tier 1)
dextromethorphan 15 mg softgel	\$0 (Tier 3) NT
dextromethorphan er 30 mg/5 ml	\$0 (Tier 3) NT
dimaphen dm elixir grape,gluten-f 1-2.5-5 mg/5 ml	\$0 (Tier 3) NT
diphedryl 12.5 mg/5 ml elixir	\$0 (Tier 3) NT
diphenhydramine 12.5 mg/5 ml	\$0 (Tier 3) NT
diphenhydramine 25 mg caplet caplet	\$0 (Tier 3) NT
diphenhydramine 25 mg capsule (otc)	\$0 (Tier 3) NT
diphenhydramine 25 mg tablet	\$0 (Tier 3) NT
diphenhydramine 50 mg capsule (otc)	\$0 (Tier 3) NT
diphenhydramine 50 mg capsule u-d, 10x10 (otc)	\$0 (Tier 3) NT
diphenhydramine hcl injection solution 50 mg/ml	\$0 (Tier 1)
diphenhydramine hcl injection syringe 50 mg/ml	\$0 (Tier 1)
DM-GUAIF-PE 18-200-10 MG/15 ML 10-18-200 MG/15 ML	\$0 (Tier 3) NT
DURAFLU 325-20-200-60 MG TAB 60-20-200-325 MG	\$0 (Tier 3) NT
ED A-HIST DM TABLET 4-10-10 MG	\$0 (Tier 3) NT
ed bron gp liquid 5-100 mg/5 ml	\$0 (Tier 3) NT
ed chlorped jr syrup 2 mg/5 ml	\$0 (Tier 3) NT
ed-a-hist 4 mg-10 mg tablet 4-10 mg	\$0 (Tier 3) NT
ed-a-hist dm liquid banana flavor (otc) 4-10-15 mg/5 ml	\$0 (Tier 3) NT
endacof-dm liquid 1-2.5-5 mg/5 ml	\$0 (Tier 3) NT
ENDAL 1.25-10 MG/5 ML LIQUID 10-1.25 MG/5 ML	\$0 (Tier 3) NT
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Only Epinephrine NDCs starting with \$0 (Tier 1) 00093 and 49502 are covered; QL (4 EA per 30 days)
fexofenadine hcl 180 mg tablet (otc)	\$0 (Tier 3) NT
fexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc)	\$0 (Tier 3) NT
fexofenadine hcl 60 mg tablet (otc)	\$0 (Tier 3) NT
fexofenadine-pse er 180-240 tb (otc) 180-240 mg	\$0 (Tier 3) NT
fexofenadine-pse er 60-120 tab (otc) 60-120 mg	\$0 (Tier 3) NT
fexofenadine-pse er 60-120 tab allergy/congest,12hr (otc) 60-120 mg	\$0 (Tier 3) NT
FLU HBP 325-2-10 MG CAPLET 2-10-325 MG	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FLU-SEVERE COLD-COUGH DAY PKT 10-20-650 MG	\$0 (Tier 3) NT
<i>ft daytime-nighttime cold-flu 10-5-325mg(d)/ 15-325-6.25mg</i>	\$0 (Tier 3) NT
<i>gnp all day allergy 10 mg sfgl</i>	\$0 (Tier 3) NT
<i>gnp allergy multi-symptom cplt 2-5-325 mg</i>	\$0 (Tier 3) NT
<i>gnp allergy relief 180 mg tab</i>	\$0 (Tier 3) NT
<i>gnp allergy relief 4 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp allergy relief 5 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
GNP COLD MAX DAY-NIGHT CAPLET 2-5-10-325 MG	\$0 (Tier 3) NT
<i>gnp loratadine 10 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp mucus dm max er 1200-60 mg 60-1,200 mg</i>	\$0 (Tier 3) NT
GNP MUCUS-ER MAX 1,200 MG TAB	\$0 (Tier 3) NT
<i>gnp nasal decong pe 10 mg tab</i>	\$0 (Tier 3) NT
GNP SINUS PRESSURE-PAIN CAPLET 5-325 MG	\$0 (Tier 3) NT
GNP SINUS-HEADACHE CAPLET 5-325 MG	\$0 (Tier 3) NT
<i>gnp tussin dm 200-20 mg/20 ml 5-50 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gnp tussin dm max liquid 5-100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gnp tussin mucus-con 200 mg/10 100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs all day allergy 10 mg tab</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
GS CHILD MUCUS RELIEF M-S COLD 2.5-5-100 MG/5 ML	\$0 (Tier 3) NT
<i>gs child mucus rlf cough liq 5-100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs children's cold-cough soln 1-2.5-5 mg/5 ml</i>	\$0 (Tier 3) NT
GS DAY TIME COLD-FLU LIQUID GLUTEN-FREE 5-10-325 MG/15 ML	\$0 (Tier 3) NT
GS DAYTIME COLD-FLU SOFTGEL 5-10-325 MG	\$0 (Tier 3) NT
GS FLU-SEV COLD-COUGH DAY PKT 10-20-650 MG	\$0 (Tier 3) NT
<i>gs nasal decong pe 10 mg tab</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
gs nasal decongest 30 mg tab	\$0 (Tier 3) NT
gs nighttime cough liquid 6.25-15 mg/15 ml	\$0 (Tier 3) NT
GS SEVERE COLD-FLU NIGHTTME LQ 6.25-5-10-325 MG/15 ML	\$0 (Tier 3) NT
GS SEVERE DAYTIME COLD-FLU LIQ 5-10-325-200 MG/15 ML	\$0 (Tier 3) NT
gs suphedrine 12hr 120 mg cplt	\$0 (Tier 3) NT
gs tussin cf liquid 5-10-100 mg/5 ml	\$0 (Tier 3) NT
gs tussin dm cough syrup 10-100 mg/5 ml	\$0 (Tier 3) NT
gs tussin dm liquid 10-100 mg/5 ml	\$0 (Tier 3) NT
gs tussin mucus-cong 100 mg/5 100 mg/5 ml	\$0 (Tier 3) NT
gs tussin mucus-cong 200 mg/10 100 mg/5 ml	\$0 (Tier 3) NT
guaiifen-codeine 100-10 mg/5 ml (otc) 10-100 mg/5 ml	\$0 (Tier 3) NT
guaiifenesin 100 mg/5 ml liquid	\$0 (Tier 3) NT
guaiifenesin 200 mg tablet (otc)	\$0 (Tier 3) NT
guaiifenesin er 600 mg tablet	\$0 (Tier 3) NT
guaiifenesin-dm 100-10 mg/5 ml (otc) 10-100 mg/5 ml	\$0 (Tier 3) NT
guaiifenesin-pse er 1200-120 mg (otc) 120-1,200 mg	\$0 (Tier 3) NT
guaiifenesin-pse er 600-60 mg (otc) 60-600 mg	\$0 (Tier 3) NT
HISTEX 2.5 MG/5 ML SYRUP	\$0 (Tier 3) NT
HISTEX PDX 1.25 MG/ML DROP	\$0 (Tier 3) NT
HISTEX-DM SYRUP 2.5-10-20 MG/5 ML	\$0 (Tier 3) NT
hm child all day aller 1 mg/ml	\$0 (Tier 3) NT
hm child's cold-cough elixir red grape 1-2.5-5 mg/5 ml	\$0 (Tier 3) NT
hm cough dm er 30 mg/5 ml susp gluten-free	\$0 (Tier 3) NT
hm loratadine 10 mg tablet	\$0 (Tier 3) NT
hydrocodone-chlorphen er susp 10-8 mg/5 ml	\$0 (Tier 3) NT
hydrocodone-homatropine 5-1.5 mg tablet	\$0 (Tier 3) NT
hydrocodone-homatropine soln 5-1.5 mg/5 ml	\$0 (Tier 3) NT
hydromet 5 mg-1.5 mg/5 ml soln 5-1.5 mg/5 ml	\$0 (Tier 3) NT
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	\$0 (Tier 2) PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	\$0 (Tier 2) PA
levocetirizine 5 mg tablet (otc)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
levocetirizine oral solution 2.5 mg/5 ml	\$0 (Tier 1)
levocetirizine oral tablet 5 mg	\$0 (Tier 1)
lohist-d liquid 2-30 mg/5 ml	\$0 (Tier 3) NT
lohist-dm syrup 2-5-10 mg/5 ml	\$0 (Tier 3) NT
loratadine 10 mg odt	\$0 (Tier 3) NT
loratadine 10 mg tablet	\$0 (Tier 3) NT
loratadine 10 mg tablet non-drowsy	\$0 (Tier 3) NT
loratadine 10 mg tablet outer	\$0 (Tier 3) NT
loratadine 5 mg/5 ml solution	\$0 (Tier 3) NT
loratadine 5 mg/5 ml syrup children's	\$0 (Tier 3) NT
loratadine 5 mg/5 ml syrup children's, d/f	\$0 (Tier 3) NT
loratadine allergy 5 mg/5 ml d/f	\$0 (Tier 3) NT
loratadine-d 12 hour tablet 5-120 mg	\$0 (Tier 3) NT
loratadine-d 24hr tablet 10-240 mg	\$0 (Tier 3) NT
LORTUSS LQ 6.25-30 MG/5 ML LIQ	\$0 (Tier 3) NT
mapap cold formula caplet 5-10-325 mg	\$0 (Tier 3) NT
MAR-COF CG LIQUID 7.5-225 MG/5 ML	\$0 (Tier 3) NT
MAXICHLOR PEH DM TABLET 4-10-18 MG	\$0 (Tier 3) NT
MAXIFED TABLET 60-360 MG	\$0 (Tier 3) NT
MAXIFED TR 30-1.25 MG TABLET 1.25-30 MG	\$0 (Tier 3) NT
maxi-tuss ac liquid 10-100 mg/5 ml	\$0 (Tier 3) NT
MAXI-TUSS CD LIQUID 4-10-10 MG/5 ML	\$0 (Tier 3) NT
maxi-tuss g liquid 10-100 mg/5 ml	\$0 (Tier 3) NT
maxi-tuss gmx liquid 10-200 mg/5 ml	\$0 (Tier 3) NT
MAXI-TUSS JR LIQUID 2.5-5 MG/5 ML	\$0 (Tier 3) NT
MAXI-TUSS PE JR LIQUID 2.5-50 MG/5 ML	\$0 (Tier 3) NT
MAXI-TUSS PE LIQUID 2-5 MG/5 ML	\$0 (Tier 3) NT
maxi-tuss pe max liquid 5-100 mg/5 ml	\$0 (Tier 3) NT
maxi-tuss tr syrup 1.25-30 mg/5 ml	\$0 (Tier 3) NT
m-dryl 12.5 mg/5 ml solution	\$0 (Tier 3) NT
M-END DMX LIQUID 0.667-20-10 MG/5 ML	\$0 (Tier 3) NT
MICLARA DM LIQUID 2.5-10-20 MG/5 ML	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
MICLARA LQ 1.25 MG/5 ML SYRUP	\$0 (Tier 3) NT
MUCINEX COLD-FLU HBP LIQ GEL 325-200 MG	\$0 (Tier 3) NT
MUCINEX COLD-FLU-SORETHROAT LQ 10-20-650 MG/20 ML	\$0 (Tier 3) NT
<i>mucinex cough-chest cong hbp 10-200 mg</i>	\$0 (Tier 3) NT
MUCINEX FAST-MAX COLD-FLU CAP 5-10-325-200 MG	\$0 (Tier 3) NT
MUCINEX FAST-MAX COLD-FLU LIQ 10-20-650 MG/20 ML	\$0 (Tier 3) NT
MUCINEX FAST-MAX COLD-FLU-THRT 5-10-325-200 MG	\$0 (Tier 3) NT
MUCINEX FAST-MAX CONGEST-COUGH 5-10-200 MG	\$0 (Tier 3) NT
MUCINEX FASTMAX CONG-NTSHFT LQ 2.5-20-650 MG/20 ML	\$0 (Tier 3) NT
<i>mucinex fast-max dm max liquid 5-100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>mucinex fast-max dm max liquid maximum strength 5-100 mg/5 ml</i>	\$0 (Tier 3) NT
MUCINEX FAST-MAX DM NIGHTSHIFT 2.5-20-650-400 MG/20 ML	\$0 (Tier 3) NT
MUCINEX FAST-MAX DY-NT CLD-FLU 6.25-5-10-325 MG (NT)	\$0 (Tier 3) NT
MUCINEX FASTMX CLD-NTSHFT CPLT 1.25 MG-5 MG- 10 MG-325 MG	\$0 (Tier 3) NT
MUCINEX FASTMX CNG-NTSHFT CPLT 1.25 MG-10 MG- 325 MG	\$0 (Tier 3) NT
MUCINEX NIGHTSHFT SEVR CLD-FLU 1.25 MG-5 MG- 10 MG-325 MG	\$0 (Tier 3) NT
MUCINEX NIGHTSHFT SEVR CLD-FLU 1.25-5-10-325 MG/10 ML	\$0 (Tier 3) NT
MUCINEX NIGHTSHIFT CLD-FLU CPT 1.25-10-325 MG	\$0 (Tier 3) NT
MUCINEX NIGHTSHIFT COLD-FLU LQ 2.5-20-650 MG/20 ML	\$0 (Tier 3) NT
MUCINEX NIGHTSHIFT SINUS CAPLT 1.25 MG-5 MG- 10 MG- 325 MG	\$0 (Tier 3) NT
MUCINEX NIGHTSHIFT SINUS LIQ 1.25-5-10-325 MG/10 ML	\$0 (Tier 3) NT
MUCINEX SINUS-MAX CONG-PAIN LQ 10-650-400 MG/20 ML	\$0 (Tier 3) NT
MUCINEX SINUSMAX DAY-NT CAPLET 1.25 MG-5 MG- 10 MG-325 MG	\$0 (Tier 3) NT
MUCINEX SINUS-MAX DY-NT LIQGEL 6.25-5-10-325 MG (NT)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
MUCINEX SINUS-MAX NIGHTSHFT LQ 2.5-10-20-650 MG/20ML	\$0 (Tier 3) NT
MUCINEX SINUS-MAX PRESSURE-CGH 5-10-325-200 MG	\$0 (Tier 3) NT
MUCINEX SINUS-MAX PRESSURE-CGH 5-10-325-200 MG	\$0 (Tier 3) NT
mucus er 600 mg tablet	\$0 (Tier 3) NT
mucus relief 400 mg tablet	\$0 (Tier 3) NT
mucus relief dm cough tablet 20-400 mg	\$0 (Tier 3) NT
mucus relief dm max liquid 5-100 mg/5 ml	\$0 (Tier 3) NT
MUCUS RELIEF ER 1,200 MG TAB	\$0 (Tier 3) NT
mucus relief er 600 mg tablet	\$0 (Tier 3) NT
mucus relief pe tablet 10-400 mg	\$0 (Tier 3) NT
mucus rlf dm er 600-30 mg tab 30-600 mg	\$0 (Tier 3) NT
mucus rlf dm er 600-30 mg tab outer 30-600 mg	\$0 (Tier 3) NT
mucus rlf dm max er 1200-60 mg 60-1,200 mg	\$0 (Tier 3) NT
nasal decongestant 30 mg tab	\$0 (Tier 3) NT
nasal decongestant 30 mg tab maximum strength	\$0 (Tier 3) NT
nasal decongestant 30 mg tab non-drowsy,max-str	\$0 (Tier 3) NT
nasal decongestant pe 10 mg tb	\$0 (Tier 3) NT
nasal decongestant pe 10 mg tb max-str	\$0 (Tier 3) NT
nasal decongestant pe 10 mg tb non-drowsy,mx-str	\$0 (Tier 3) NT
NIGHT SEVERE COLD-COUGH PKT 25-10-650 MG	\$0 (Tier 3) NT
night time cold-flu liquid multi-sympt, cherry 6.25-15-325 mg/15 ml	\$0 (Tier 3) NT
night time cold-flu softgel gluten-free, softgel 6.25-15-325 mg	\$0 (Tier 3) NT
night time cough liquid multi sympt, cherry 6.25-15 mg/15 ml	\$0 (Tier 3) NT
nighttime cold-flu rlf sftgl 6.25-15-325 mg	\$0 (Tier 3) NT
NINJACOF-XG LIQUID 8-200 MG/5 ML	\$0 (Tier 3) NT
nohist-dm liquid 4-10-15 mg/5 ml	\$0 (Tier 3) NT
nohist-lq liquid 4-10 mg/5 ml	\$0 (Tier 3) NT
NOREL AD TABLET 4-10-325 MG	\$0 (Tier 3) NT
PEDIACLEAR PD 0.625 MG/ML DROP	\$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)
pharbedryl 25 mg capsule	\$0 (Tier 3) NT
pharbedryl 50 mg capsule	\$0 (Tier 3) NT
phenylephrine 10 mg tablet	\$0 (Tier 3) NT
POLY HIST FORTE 10.5-10 MG TAB	\$0 (Tier 3) NT
POLY-HIST DM LIQUID 25-5-10 MG/5 ML	\$0 (Tier 3) NT
POLY-TUSSIN AC LIQUID 4-10-10 MG/5 ML	\$0 (Tier 3) NT
POLYTUSSIN DM 7.5-5-12.5 MG/5 ML 12.5-5-7.5 MG/5 ML	\$0 (Tier 3) NT
POLY-VENT DM TABLET 60-20-380 MG	\$0 (Tier 3) NT
POLY-VENT IR TABLET 60-380 MG	\$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>promethazine vc solution 6.25-5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>promethazine vc-codeine soln 6.25-5-10 mg/5 ml</i>	\$0 (Tier 3) NT
<i>promethazine-codeine solution 6.25-10 mg/5 ml</i>	\$0 (Tier 3) NT
<i>promethazine-dm 6.25-15 mg/5 ml</i>	\$0 (Tier 3) NT
<i>pseudoephedrine 30 mg tablet</i>	\$0 (Tier 3) NT
<i>pseudoephedrine 60 mg tablet (otc)</i>	\$0 (Tier 3) NT
<i>pseudoephedrine er 120 mg tab 12 hour, coated</i>	\$0 (Tier 3) NT
<i>pseudoephedrine er 120 mg tab</i>	\$0 (Tier 3) NT
<i>pseudoephedrine er 120 mg tab coated cplt, max str</i>	\$0 (Tier 3) NT
<i>qc child allergy 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>qc cold relief plus eff tablet 2-7.8-325 mg</i>	\$0 (Tier 3) NT
<i>qc complete allergy 25 mg cap</i>	\$0 (Tier 3) NT
<i>qc complete allergy 25 mg cap</i>	\$0 (Tier 3) NT
<i>qc mucus relief 400 mg caplet</i>	\$0 (Tier 3) NT
<i>qc mucus relief dm tablet 20-400 mg</i>	\$0 (Tier 3) NT
<i>qc tussin dm liquid 10-100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>robafen cf liquid multi-cld symptm 5-10-100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>robafen dm 200-20 mg/20 ml liq 5-50 mg/5 ml</i>	\$0 (Tier 3) NT
RU-HIST D 10-4 MG TABLET 4-10 MG	\$0 (Tier 3) NT
RYMED TABLET 2-10 MG	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
rynex dm liquid gluten/f 1-2.5-5 mg/5 ml	\$0 (Tier 3) NT
rynex dm liquid prof use only 1-2.5-5 mg/5 ml	\$0 (Tier 3) NT
rynex pe liquid 1-2.5 mg/5 ml	\$0 (Tier 3) NT
rynex pse liquid 1-15 mg/5 ml	\$0 (Tier 3) NT
SEVERE COLD-FLU CAPLET 5-10-325-200 MG	\$0 (Tier 3) NT
SINUS CONGESTION-PAIN CAPLET 5-325 MG	\$0 (Tier 3) NT
SINUS CONGST-PAIN 325-200-5 MG 5-325-200 MG	\$0 (Tier 3) NT
SINUS PRESSURE-PAIN CAPLET 5-325 MG	\$0 (Tier 3) NT
SINUS-HEADACHE 5-325 MG CAPLET	\$0 (Tier 3) NT
SM ALLERGY (DIPHEN) 25 MG CHEW	\$0 (Tier 3) NT
sm allergy (fexo) 60 mg tablet	\$0 (Tier 3) NT
sm chest congest rlf dm caplet caplet,d/f 20-400 mg	\$0 (Tier 3) NT
sm chest congestion 400 mg cplt caplet,d/f	\$0 (Tier 3) NT
sm child allergy 5 mg/5 ml sol	\$0 (Tier 3) NT
SM DAY TIME COLD-FLU LIQUID GLUTEN-FREE 5-10-325 MG/15 ML	\$0 (Tier 3) NT
sm fexofenadine hcl 180 mg tab (otc)	\$0 (Tier 3) NT
sm loratadine 5 mg/5 ml syrup	\$0 (Tier 3) NT
sm lorata-dine d 24hr tablet 10-240 mg	\$0 (Tier 3) NT
sm loratadine-d 12 hour tablet 5-120 mg	\$0 (Tier 3) NT
sm mucus relief er 600 mg tab	\$0 (Tier 3) NT
sm nasal decongest er 120 mg	\$0 (Tier 3) NT
sm tussin dm 400-20 mg/20 ml 5-100 mg/5 ml	\$0 (Tier 3) NT
sm tussin dm liquid 10-100 mg/5 ml	\$0 (Tier 3) NT
sm tussin mucus-cong 200 mg/10 adult,non-drows 100 mg/5 ml	\$0 (Tier 3) NT
STAHIIST AD TABLET 25-60 MG	\$0 (Tier 3) NT
sudogest 12 hour 120 mg caplet	\$0 (Tier 3) NT
sudogest 30 mg tablet	\$0 (Tier 3) NT
sudogest 30 mg tablet boxed	\$0 (Tier 3) NT
sudogest 60 mg tablet	\$0 (Tier 3) NT
sudogest cold and allergy tab 4-60 mg	\$0 (Tier 3) NT
suphedrin 30 mg tablet	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
THERAFLU EXPRESSMAX COLD-COUGH 5-10-325 MG/15 ML	\$0 (Tier 3) NT
THERAFLU EXPRESSMAX NIGHT CPLT 12.5-5-325 MG	\$0 (Tier 3) NT
TRIPROLIDINE 0.938 MG/ML DROPS	\$0 (Tier 3) NT
TUSNEL CAPLET 60-30-400 MG	\$0 (Tier 3) NT
<i>tusnel diabetic liquid 10-100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>tusnel diabetic liquid d/f 10-100 mg/5 ml</i>	\$0 (Tier 3) NT
TUSNEL DM LIQUID 10-20-400 MG/5 ML	\$0 (Tier 3) NT
TUSNEL DM PEDIATRIC LIQUID 2.5-5-75 MG/5 ML	\$0 (Tier 3) NT
TUSNEL LIQUID D/F 30-15-200 MG/5 ML	\$0 (Tier 3) NT
TUSNEL PED 5-50-15 MG/5 ML LIQ (OTC) 15-5-50 MG/5 ML	\$0 (Tier 3) NT
TUSNEL PEDI 25-1.25 MG/ML DROP 1.25-25 MG/ML	\$0 (Tier 3) NT
TUSNEL-DM PED 2.5-25-1.25 MG/ML 1.25-2.5-25 MG/ML	\$0 (Tier 3) NT
<i>tussin 400 mg tablet</i>	\$0 (Tier 3) NT
<i>tussin cf cough-cold liquid non-drowsy 5-10-100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>tussin cf cough-cold syrup non-drowsy 5-10-100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>tussin cough liquid long-acting 15 mg/5 ml</i>	\$0 (Tier 3) NT
<i>tussin dm 400-20 mg tablet 20-400 mg</i>	\$0 (Tier 3) NT
<i>tussin dm liquid 10-100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>tussin mucus-cong 200 mg/10 ml 100 mg/5 ml</i>	\$0 (Tier 3) NT
TUXARIN ER 8-54.3 MG TABLET	\$0 (Tier 3) NT
VANACOF LIQUID 1-30-12.5 MG/5 ML	\$0 (Tier 3) NT
VANATAB DM CAPLET 5-9-198 MG	\$0 (Tier 3) NT
WESTUSSIN DM 1-5-10 MG/5 ML SYR	\$0 (Tier 3) NT
WESTUSSIN DM NF 2-15-7.5 MG/5 ML 2-7.5-15 MG/5 ML	\$0 (Tier 3) NT
PULMONARY AGENTS	
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	\$0 (Tier 1) 6.7 gm inhaler; QL (13.4 GM per 30 days)
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	\$0 (Tier 1) B/D
albuterol sulfate oral syrup 2 mg/5 ml	\$0 (Tier 1)
albuterol sulfate oral tablet 2 mg, 4 mg	\$0 (Tier 1)
allergy relief 50 mcg spray 50 mcg/actuation	\$0 (Tier 3) NT
alyq oral tablet 20 mg	\$0 (Tier 1) PA; QL (60 EA per 30 days); ^
ambrisentan oral tablet 10 mg, 5 mg	\$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)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	\$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)
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)
bosentan oral tablet 125 mg, 62.5 mg	\$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)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	\$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)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	\$0 (Tier 1) B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (Tier 2) QL (8 GM per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	\$0 (Tier 1) B/D
cromolyn sodium nasal spray 5.2 mg/spray (4 %)	\$0 (Tier 3) NT
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	\$0 (Tier 2) PA; LA; 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)
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>gnp fluticasone prop 50 mcg sp (otc) 50 mcg/actuation</i>	\$0 (Tier 3) NT
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	\$0 (Tier 2) PA; LA; QL (20 EA per 30 days); ^
<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 MG/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)
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); ^

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

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
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)
UROLOGICALS	
ANTICHOLINERGICS / ANTISPASMODICS	
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)
OXYTROL FOR WOMEN 3.9 MG/24HR OUTER 3.9 MG/24 HOUR	\$0 (Tier 3) NT
<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>trospium oral tablet 20 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY	
<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)
MISCELLANEOUS UROLOGICALS	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
<i>CYSTAGON ORAL CAPSULE 150 MG, 50 MG</i>	\$0 (Tier 2) PA; LA

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
ELMIRON ORAL CAPSULE 100 MG	\$0 (Tier 2)
ORACIT ORAL SOLUTION 490-640 MG/5 ML	\$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>sod citrate-citric acid soln (rx) 500-334 mg/5 ml</i>	\$0 (Tier 3) NT
<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)
URINARY ANESTHETICS	
HM URINARY PAIN RLF 99.5 MG	\$0 (Tier 3) NT
<i>sm urinary pain rlf 95 mg tab</i>	\$0 (Tier 3) NT
SM URINARY PAIN RLF 99.5 MG TB	\$0 (Tier 3) NT
<i>urinary pain relief 95 mg tab</i>	\$0 (Tier 3) NT
URINARY PAIN RELIEF 99.5 MG TB	\$0 (Tier 3) NT
VITAMINS, HEMATINICS / ELECTROLYTES	
ELECTROLYTES	
<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 xtra strength chew tab extra strength 300 mg (750 mg)</i>	\$0 (Tier 3) NT
CAL-CITRATE PLUS VITAMIN D TAB 250 MG-2.5 MCG (100 UNIT)	\$0 (Tier 3) NT
CALCIUM 1,000 MG-D3 20 MCG TAB	\$0 (Tier 3) NT
<i>calcium 250 mg-vit d3 3 mcg tb 250 mg-3 mcg (120 unit)</i>	\$0 (Tier 3) NT
CALCIUM 500 MG CHEWABLE TABLET (RX) 500 MG-2.5 MCG (100 UNIT)	\$0 (Tier 3) NT
<i>calcium 500 mg chewable tablet tab chew,p/f (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>calcium 500 mg tablet (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>calcium 500 mg tablet oyster shell,p/f (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>calcium 500 mg-vit d3 10 mcg tab (rx) 500 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT

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Name of Drug	What the drug will cost you (tier level)
CALCIUM 500 MG-VIT D3 15 MCG TAB 500 MG-15 MCG (600 UNIT)	\$0 (Tier 3) NT
calcium 500 mg-vit d3 5 mcg tb (rx) 500 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
CALCIUM 500 MG-VIT D3 600 UNIT 500 MG-15 MCG (600 UNIT)	\$0 (Tier 3) NT
calcium 500-vit d3 10 mcg chew 500 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 500-vit d3 125 caplet 500 mg-3.125 mcg (125 unit)	\$0 (Tier 3) NT
calcium 500-vit d3 200 caplet caplt,p/f,no lactose (rx) 500 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium 500-vit d3 200 caplet gluten-free,p/f (rx) 500 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium 500-vit d3 200 tablet lactose free, p/f (rx) 500 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium 500-vit d3 200 tablet p/f,n (rx) 500 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium 500-vit d3 400 tablet (rx) 500 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 500-vit d3 400 tablet (rx) 500 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 500-vit d3 400 tablet p/f (rx) 500 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 500-vit d3 400 tablet p/f,gluten-f (rx) 500 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 500-vit d3 400 tablet p/f,gluten-free (rx) 500 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 500-vit d3 400 tablet p/f,n,no lactose (rx) 500 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
CALCIUM 500-VIT D3 600 TABLET 500 MG-15 MCG (600 UNIT)	\$0 (Tier 3) NT
calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	\$0 (Tier 3) NT
calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	\$0 (Tier 3) NT
calcium 600 mg tablet gluten-free,p/f (rx) 600 mg calcium (1,500 mg)	\$0 (Tier 3) NT
calcium 600 mg tablet p/f (rx) 600 mg calcium (1,500 mg)	\$0 (Tier 3) NT
calcium 600 mg tablet p/f, n (rx) 600 mg calcium (1,500 mg)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
calcium 600 mg-d3 20 mcg cplt (rx) 600 mg-20 mcg (800 unit)	\$0 (Tier 3) NT
calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	\$0 (Tier 3) NT
calcium 600 mg-d3 400 unit sfgl 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600 mg-vit d3 10 mcg tb (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600 mg-vit d3 5 mcg tb (rx) 600 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium 600 with vit d chew tb p/f 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600+d softgel 600 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
CALCIUM 600-VIT D3 2,500 SFTGL 600 MG-62.5 MCG (2,500 UNIT)	\$0 (Tier 3) NT
calcium 600-vit d3 200 tablet (rx) 600 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 200 tablet caplet, no lactose (rx) 600 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 200 tablet gluten-free (rx) 600 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 200 tablet lactose free, p/f (rx) 600 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 200 tablet lactose free,p/f (rx) 600 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 200 tablet p/f (rx) 600 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 200 tablet p/f,d/f,lactose-free (rx) 600 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 200 tablet p/f,high potency (rx) 600 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 400 caplet (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 400 caplet caplet (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT

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Name of Drug	What the drug will cost you (tier level)
calcium 600-vit d3 400 tablet gluten-free (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 400 tablet high potency (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 400 tablet inner (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 400 tablet new formula (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 400 tablet outer (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 400 tablet p/f (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 400 tablet p/f, n (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 400 tablet p/f, no yeast (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 400 tablet p/f, lactose-free (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 800 tablet (rx) 600 mg-20 mcg (800 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 800 tablet gluten-free (rx) 600 mg-20 mcg (800 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 800 tablet p/f (rx) 600 mg-20 mcg (800 unit)	\$0 (Tier 3) NT
calcium 600-vit d3 800 tablet p/f, gluten-free (rx) 600 mg-20 mcg (800 unit)	\$0 (Tier 3) NT
calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg)	\$0 (Tier 3) NT
calcium antacid 500 mg chw tab gluten-f, peppermint 200 mg calcium (500 mg)	\$0 (Tier 3) NT
calcium antacid 750 mg chew tab 300 mg (750 mg)	\$0 (Tier 3) NT
calcium carb 1,250 mg/5 ml sus n (otc) 500 mg/5 ml (1,250 mg/5 ml)	\$0 (Tier 3) NT
CALCIUM CARB 260 MG TAB CHEW 260 MG CALCIUM (650 MG)	\$0 (Tier 3) NT
calcium carb 500 mg tab chew 200 mg calcium (500 mg)	\$0 (Tier 3) NT
calcium carbonate 648 mg tab 260 mg calcium (648 mg)	\$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)
CALCIUM CARBONATE POWDER 800 MG CALCIUM /2 GRAM	\$0 (Tier 3) NT
calcium cit 200 mg-d3 3 mcg tb (rx) 200 mg-3.125 mcg (125 unit)	\$0 (Tier 3) NT
calcium cit 200 mg-d3 6.25 mcg (rx) 200 mg-6.25 mcg (250 unit)	\$0 (Tier 3) NT
calcium cit 250 mg-d3 200 unit (rx) 250 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium cit 315 mg-vit d3 5 mcg (rx) 315 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium citrate - vit d caplet (rx) 315 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium citrate - vit d caplet caplet, coated (rx) 315 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium citrate - vit d caplet caplet,p/f (rx) 315 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium citrate - vit d caplet p/f, caplet (rx) 315 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium citrate - vit d tablet p/f,coated (rx) 315 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
calcium citrate 200 mg caplet caplet, p/f (rx) 200 mg (950 mg)	\$0 (Tier 3) NT
calcium citrate 200 mg tablet (rx) 200 mg (950 mg)	\$0 (Tier 3) NT
calcium citrate 200 mg tablet coated, p/f (rx) 200 mg (950 mg)	\$0 (Tier 3) NT
calcium citrate 250 mg caplet 250 mg calcium	\$0 (Tier 3) NT
calcium citrate 250 mg tablet 250 mg calcium	\$0 (Tier 3) NT
CALCIUM CITRATE GRANULES 760 MG CALCIUM /3.5 GRAM	\$0 (Tier 3) NT
calcium citrate-vit d3 tablet (rx) 315 mg-6.25 mcg (250 unit)	\$0 (Tier 3) NT
calcium citrate-vitamin d3 liq 1,000 mg-10 mcg /30 ml	\$0 (Tier 3) NT
calcium cit-vit d 315-200 tab p/f, lactose-free (rx) 315 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
CALCIUM LACTATE 100 MG TABLET 100 MG CALCIUM	\$0 (Tier 3) NT
cal-gest 500 mg tablet chew 200 mg calcium (500 mg)	\$0 (Tier 3) NT
CAL-MINT 260 MG TABLET CHEW 260 MG CALCIUM (650 MG)	\$0 (Tier 3) NT
CAL-QUICK LIQUID 500 MG-10 MCG (400 UNIT)/5 ML	\$0 (Tier 3) NT

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Name of Drug	What the drug will cost you (tier level)
CALTRATE 600 + D SOFT CHEW TAB CHOCOLATE TRUFFLE 600 MG-20 MCG (800 UNIT)	\$0 (Tier 3) NT
CITRACAL-D3 MAXIMUM PLUS CAPLT 325 MG-12.5 MCG - 2.75 MG	\$0 (Tier 3) NT
cvs calcium 500-vit d3 125 tab 500 mg-3.125 mcg (125 unit)	\$0 (Tier 3) NT
cvs calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	\$0 (Tier 3) NT
cvs calcium 600-vit d3 800 tab p/f,gluten-free (rx) 600 mg- 20 mcg (800 unit)	\$0 (Tier 3) NT
cvs magnesium 250 mg caplet (rx) 250 mg magnesium	\$0 (Tier 3) NT
cvs pediatric electrolyte pops 16's,freezer pops (rx)	\$0 (Tier 3) NT
cvs pediatric electrolyte soln (rx)	\$0 (Tier 3) NT
cvs pediatric electrolyte soln dye/free, strawberry (rx)	\$0 (Tier 3) NT
CVS TRIPLE MAGNESIUM COMPLEX 400 MG MAGNESIUM	\$0 (Tier 3) NT
eq calcium 500-vit d3 400 tab oyster shell (rx) 500 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
eq calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	\$0 (Tier 3) NT
eql calcium 600-vit d3 800 tab (rx) 600 mg-20 mcg (800 unit)	\$0 (Tier 3) NT
eql calcium citrate-vit d3 cpt (rx) 315 mg-6.25 mcg (250 unit)	\$0 (Tier 3) NT
GALZIN 25 MG CAPSULE 25 MG (ZINC)	\$0 (Tier 3) NT
GALZIN 50 MG CAPSULE 50 MG (ZINC)	\$0 (Tier 3) NT
gnp antacid ex-str 750 mg chew 300 mg (750 mg)	\$0 (Tier 3) NT
gnp calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	\$0 (Tier 3) NT
gnp calcium 600 mg-d3 800 unit p/f,gluten-free (rx) 600 mg- 20 mcg (800 unit)	\$0 (Tier 3) NT
gnp calcium citrate-vit d3 tab (rx) 315 mg-6.25 mcg (250 unit)	\$0 (Tier 3) NT
gs pediatric electrolyte soln (rx)	\$0 (Tier 3) NT
heb pediatric electrolyte soln (rx)	\$0 (Tier 3) NT
hm antacid ex-str 750 mg chew 300 mg (750 mg)	\$0 (Tier 3) NT
hydralyte electrolyte soln	\$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)
kinderlyte electrolyte soln	\$0 (Tier 3) NT
klor-con 10 oral tablet extended release 10 meq	\$0 (Tier 1)
klor-con 8 oral tablet extended release 8 meq	\$0 (Tier 1)
klor-con m10 oral tablet,er particles/crystals 10 meq	\$0 (Tier 1)
klor-con m15 oral tablet,er particles/crystals 15 meq	\$0 (Tier 1)
klor-con m20 oral tablet,er particles/crystals 20 meq	\$0 (Tier 1)
klor-con oral packet 20 meq	\$0 (Tier 1)
lactated ringers intravenous parenteral solution	\$0 (Tier 1)
liquid calcium 600-vit d3 sgf softgel,p/f,gluten-f (rx) 600 mg-12.5 mcg (500 unit)	\$0 (Tier 3) NT
LIQUID CALCIUM-VIT D SOFTGEL 600 MG-25 MCG (1,000 UNIT)	\$0 (Tier 3) NT
mag64 dr 64 mg tablet (rx)	\$0 (Tier 3) NT
mag-g 500 mg tablet 27 mg magnesium (500 mg)	\$0 (Tier 3) NT
MAGNESIUM 200 MG CHEW TAB 200 MG MAGNESIUM	\$0 (Tier 3) NT
magnesium 250 mg tablet p/f, no lactose (rx) 250 mg magnesium	\$0 (Tier 3) NT
MAGNESIUM 400 MG SOFTGEL 400 MG MAGNESIUM	\$0 (Tier 3) NT
magnesium 500 mg tablet p/f, gluten/f (rx) 500 mg magnesium	\$0 (Tier 3) NT
MAGNESIUM CHLORIDE 64 MG TAB 64 MG MAGNESIUM	\$0 (Tier 3) NT
MAGNESIUM CHLORIDE CRYSTALS USP, HEXAHYDRATE (RX)	\$0 (Tier 3) NT
MAGNESIUM CHLORIDE EC 64 MG TB (RX)	\$0 (Tier 3) NT
MAGNESIUM CITRATE 100 MG TAB	\$0 (Tier 3) NT
MAGNESIUM GLUCONATE 250 MG TAB 12.5 MG MAGNESIUM (250 MG)	\$0 (Tier 3) NT
magnesium gluconate tablet y/f,gluten/f (rx) 27.5 mg magne-sium (500 mg)	\$0 (Tier 3) NT
magnesium oxide 250 mg caplet p/f, gluten/f (rx) 250 mg magnesium	\$0 (Tier 3) NT
magnesium oxide 250 mg tablet (rx) 250 mg magnesium	\$0 (Tier 3) NT
magnesium oxide 250 mg tablet p/f (rx) 250 mg magnesium	\$0 (Tier 3) NT
magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
magnesium oxide 400 mg tablet 240mg elemental (rx) 400 mg (241.3 mg magnesium)	\$0 (Tier 3) NT
magnesium oxide 400 mg tablet 400 mg magnesium	\$0 (Tier 3) NT
magnesium oxide 400 mg tablet inner (rx) 400 mg (241.3 mg magnesium)	\$0 (Tier 3) NT
magnesium oxide 400 mg tablet outer (rx) 400 mg (241.3 mg magnesium)	\$0 (Tier 3) NT
magnesium oxide 400 mg tablet p/f,soy-free (rx) 400 mg (241.3 mg magnesium)	\$0 (Tier 3) NT
magnesium oxide 420 mg tablet (rx)	\$0 (Tier 3) NT
magnesium oxide 500 mg capsule (rx)	\$0 (Tier 3) NT
magnesium oxide 500 mg tablet extra strength (rx) 500 mg magnesium	\$0 (Tier 3) NT
magnesium oxide 500 mg tablet p/f,lactose-free (rx) 500 mg magnesium	\$0 (Tier 3) NT
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	\$0 (Tier 2)
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	\$0 (Tier 2)
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	\$0 (Tier 2)
magnesium sulfate injection solution 500 mg/ml (50 %)	\$0 (Tier 2)
magnesium sulfate injection syringe 500 mg/ml (50 %)	\$0 (Tier 2)
mag-oxide magnesium 200 mg tab 200 mg magnesium	\$0 (Tier 3) NT
mgo-400 tablet 400 mg (241.3 mg magnesium)	\$0 (Tier 3) NT
oralyte solution	\$0 (Tier 3) NT
OS-CAL 500-VIT D3 600 CAPLET 500 MG-15 MCG (600 UNIT)	\$0 (Tier 3) NT
oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
OYSTER SHELL 250-VIT D3 125 TB (RX) 250 MG-3.125 MCG (125 UNIT)	\$0 (Tier 3) NT
oyster shell 500 mg-vit d3 5 mcg (rx) 500 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
oyster shell 500 mg-vit d3 5 mcg inner (rx) 500 mg-5 mcg (200 unit)	\$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 drug will cost you (tier level)
oyster shell 500 mg-vit d3 5 mcg outer (rx) 500 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg)	\$0 (Tier 3) NT
oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg)	\$0 (Tier 3) NT
oyster shell calcium 500 mg tb 500mg elemental (rx) 500 mg calcium (1,250 mg)	\$0 (Tier 3) NT
oyster shell calcium 500 mg tb 500mg elemental ca (rx) 500 mg calcium (1,250 mg)	\$0 (Tier 3) NT
oyster shell calcium 500 mg tb p/f (rx) 500 mg calcium (1,250 mg)	\$0 (Tier 3) NT
oyster shell calcium-vit d tab p/f,gluten-free (rx) 500 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
pedi electrolyte freezer pop 16'sx62.5ml pops (rx)	\$0 (Tier 3) NT
pedi electrolyte freezer pop 16x62.1ml pops (rx)	\$0 (Tier 3) NT
pediatric electrolyte solution (rx)	\$0 (Tier 3) NT
pediatric electrolyte solution (rx)	\$0 (Tier 3) NT
pediatric electrolyte solution cherry punch (rx)	\$0 (Tier 3) NT
pediatric electrolyte solution mango,p/f (rx)	\$0 (Tier 3) NT
pediatric electrolyte solution p/f,fruit (rx)	\$0 (Tier 3) NT
pediatric electrolyte solution p/f,unflavored (rx)	\$0 (Tier 3) NT
pediatric electrolyte solution strawberry,w/zinc (rx)	\$0 (Tier 3) NT
phosphorous powder packet inner 280-160-250 mg	\$0 (Tier 3) NT
phosphorous powder packet outer 280-160-250 mg	\$0 (Tier 3) NT
phosphorus-sodium-potassium 280-160-250 mg	\$0 (Tier 3) NT
POTASSIUM BROMIDE CRYSTALS (RX)	\$0 (Tier 3) NT
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	\$0 (Tier 1)
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	\$0 (Tier 1)
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml	\$0 (Tier 2)
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	\$0 (Tier 1)
potassium chloride oral capsule, extended release 10 meq, 8 meq	\$0 (Tier 1)
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	\$0 (Tier 1)
potassium chloride oral packet 20 meq	\$0 (Tier 1)
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	\$0 (Tier 1)
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	\$0 (Tier 1)
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	\$0 (Tier 1)
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	\$0 (Tier 1)
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	\$0 (Tier 1)
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	\$0 (Tier 2)
qc antacid 500 mg chew tablet 200 mg calcium (500 mg)	\$0 (Tier 3) NT
ra calcium 600 mg tablet p/f (rx) 600 mg calcium (1,500 mg)	\$0 (Tier 3) NT
ra calcium 600-vit d3 400 tab (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
ra calcium citrate - vit d tab p/f, d/f (rx) 315 mg-6.25 mcg (250 unit)	\$0 (Tier 3) NT
ra calcium citrate-vit d3 tab petites (rx) 200 mg-6.25 mcg (250 unit)	\$0 (Tier 3) NT
ra hi-cal plus vitamin d tab (rx) 500 mg-5 mcg (200 unit)	\$0 (Tier 3) NT
ra magnesium 500 mg capsule (rx)	\$0 (Tier 3) NT
ra pediatric electrolyte soln (rx)	\$0 (Tier 3) NT
ra pediatric electrolyte soln strawberry (rx)	\$0 (Tier 3) NT
SLOW-MAG 71.5 MG TABLET	\$0 (Tier 3) NT
sm antacid 500 mg chew tablet 200 mg calcium (500 mg)	\$0 (Tier 3) NT
sm cal antacid 750 mg chew tab ex-str, orange 300 mg (750 mg)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
sm magnesium 250 mg tablet (rx) 250 mg magnesium	\$0 (Tier 3) NT
sm pediatric electrolyte soln (rx)	\$0 (Tier 3) NT
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	\$0 (Tier 1)
SODIUM CHLORIDE 23.4% ORAL SOL 234 MG/ML (4 MEQ/ML)	\$0 (Tier 3) NT
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	\$0 (Tier 1)
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	\$0 (Tier 1)
SODIUM CHLORIDE GRANULES (RX)	\$0 (Tier 3) NT
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	\$0 (Tier 1)
SODIUM CHLORIDE POWDER USP (RX)	\$0 (Tier 3) NT
sodium-potassium-phos powder 280-160-250 mg	\$0 (Tier 3) NT
super calcium 600-vit d3 400 p/f (rx) 600 mg-10 mcg (400 unit)	\$0 (Tier 3) NT
sv calcium 600 mg tablet p/f, gluten-free (rx) 600 mg calcium (1,500 mg)	\$0 (Tier 3) NT
sv calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	\$0 (Tier 3) NT
thermotabs tablet 287-180-15 mg	\$0 (Tier 3) NT
UPCAL D POWDER 500 MG-12.5 MCG /5 GRAM	\$0 (Tier 3) NT
zinc sulfate 220 mg (50 mg) cap (rx) 50 mg zinc (220 mg)	\$0 (Tier 3) NT
zinc sulfate 220 mg capsule (rx) 50 mg zinc (220 mg)	\$0 (Tier 3) NT
zinc sulfate 220 mg capsule inner (rx) 50 mg zinc (220 mg)	\$0 (Tier 3) NT
zinc sulfate 220 mg capsule outer (rx) 50 mg zinc (220 mg)	\$0 (Tier 3) NT
ZINC SULFATE POWDER FCC, DRIED (RX) 100 %	\$0 (Tier 3) NT
ZINC SULFATE POWDER USP, MONOHYDRATE (RX)	\$0 (Tier 3) NT
MISCELLANEOUS NUTRITION PRODUCTS	
ABATINEX CAPSULE 680 MG (750 MILLION CELL)	\$0 (Tier 3) NT
ACIDOPHILUS 1 MG WAFER	\$0 (Tier 3) NT
ACIDOPHILUS 100 MG CAPSULE 100 MG (1 BILLION CELL)	\$0 (Tier 3) NT
acidophilus capsule n,starch/f (rx)	\$0 (Tier 3) NT
acidophilus lactbaclli 500 mil 500 million cell	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
acidophilus probiotic tablet 0.5 mg (100 million cell)	\$0 (Tier 3) NT
acidophilus tablet p/f,no-gluten 1 billion cell	\$0 (Tier 3) NT
AIRBORNE EFFERVESCENT TABLET 1,000-50 MG	\$0 (Tier 3) NT
AIRBORNE EFFERVESCENT TABLET P/F, GLUTEN/F, BERRY 1,000-50 MG	\$0 (Tier 3) NT
AIRBORNE EFFERVESCENT TABLET P/F,GLUTEN/F,ORANGE 1,000-50 MG	\$0 (Tier 3) NT
ARGININE 2000 POWDER PACKET	\$0 (Tier 3) NT
arginine 500 mg tablet	\$0 (Tier 3) NT
ARGININE PACKET 500 MG	\$0 (Tier 3) NT
ARGININE-L POWDER FCC (RX) 100 %	\$0 (Tier 3) NT
CHLOROCAPS CAPSULE 10 MG-30 MCG- 30 MCG	\$0 (Tier 3) NT
CHOLESTEROL POWDER 100 %	\$0 (Tier 3) NT
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
co q-10 100 mg softgel (rx) 100-5 mg-unit	\$0 (Tier 3) NT
CO-ENZYME Q10 100 MG SOFTGEL 100-20-15 MG	\$0 (Tier 3) NT
COROMEGA OMEGA-3 SQUEEZE PACK (RX) 2,000-650-12 MG/2.5 GRAM	\$0 (Tier 3) NT
COROMEGA OMEGA-3 SQUEEZE PACK KIDS (RX) 284-850 MG/2.5 GRAM	\$0 (Tier 3) NT
COROMEGA OMEGA-3 SQUEEZE PACK LEMON-LIME FLAV (RX) 2,000-650-12 MG/2.5 GRAM	\$0 (Tier 3) NT
COROMEGA OMEGA-3 SQUEEZE PACK ORANGE-CHOCOLATE (RX) 2,000-650-12 MG/2.5 GRAM	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
cvs acidophilus probiotic tab 0.5 mg (100 million cell)	\$0 (Tier 3) NT
cvs acidophilus tablet 1 billion cell	\$0 (Tier 3) NT
CVS AIRSHIELD EFFERVESCENT TAB 1,000-50 MG	\$0 (Tier 3) NT
CVS CHILD OMEGA-3 GUMMY FISH 35-25-5-113.5 MG	\$0 (Tier 3) NT
cvs coenzyme q-10 100 mg softgl (rx) 100-5 mg-unit	\$0 (Tier 3) NT
cvs fish oil 1,000 mg softgel (rx)	\$0 (Tier 3) NT
CVS FISH OIL 1,000 MG SOFTGEL	\$0 (Tier 3) NT
CVS FISH OIL 500 MG SOFTGEL (RX) 300-500 MG	\$0 (Tier 3) NT
CYTO-Q 80 MG/10 ML LIQUID (RX)	\$0 (Tier 3) NT
cyto-q max 100 mg/ml liquid	\$0 (Tier 3) NT
CYTO-Q T-F 8 MG/ML LIQUID	\$0 (Tier 3) NT
electrolyte-148 intravenous parenteral solution	\$0 (Tier 1)
electrolyte-48 in d5w intravenous parenteral solution	\$0 (Tier 2)
electrolyte-a intravenous parenteral solution	\$0 (Tier 1)
ensure clear liquid	\$0 (Tier 3) NT
ensure clear liquid inner, mixed fruit	\$0 (Tier 3) NT
eql omega-3 fish oil 1,000 mg softgel (rx)	\$0 (Tier 3) NT
EXTREME OMEGA-3 MICROGEL SFTGL 120-180-600 MG	\$0 (Tier 3) NT
fish oil 1,000 mg softgel (rx)	\$0 (Tier 3) NT
fish oil 1,000 mg softgel (rx)	\$0 (Tier 3) NT
FISH OIL 1,000 MG SOFTGEL	\$0 (Tier 3) NT
FISH OIL 1,000 MG SOFTGEL	\$0 (Tier 3) NT
fish oil 1,000 mg softgel n, yeast free (rx)	\$0 (Tier 3) NT
fish oil 1,000 mg softgel p/f (rx)	\$0 (Tier 3) NT
fish oil 1,000 mg softgel p/f,no lactose (rx)	\$0 (Tier 3) NT
fish oil 1,000 mg softgel p/f,sodium/f (rx)	\$0 (Tier 3) NT
fish oil 1,000 mg softgel reflux-free, ec (rx)	\$0 (Tier 3) NT
fish oil 1,000 mg softgel softgel (rx)	\$0 (Tier 3) NT
fish oil 1,000 mg softgel softgel (rx)	\$0 (Tier 3) NT
fish oil 1,000 mg softgel softgel,p/f,n (rx)	\$0 (Tier 3) NT
fish oil 1,200 mg softgel (rx)	\$0 (Tier 3) NT
FISH OIL 1,200 MG SOFTGEL (RX)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FISH OIL 1,200 MG SOFTGEL (RX)	\$0 (Tier 3) NT
FISH OIL 1,200 MG SOFTGEL	\$0 (Tier 3) NT
FISH OIL 1,200 MG SOFTGEL	\$0 (Tier 3) NT
<i>fish oil 1,200 mg softgel enteric coated (rx)</i>	\$0 (Tier 3) NT
<i>fish oil 1,200 mg softgel omega-3 (rx)</i>	\$0 (Tier 3) NT
<i>fish oil 1,200 mg softgel omega-3, p/f (rx)</i>	\$0 (Tier 3) NT
<i>fish oil 1,200 mg softgel p/f (rx)</i>	\$0 (Tier 3) NT
<i>fish oil 1,200 mg softgel p/f,no lactose (rx)</i>	\$0 (Tier 3) NT
<i>fish oil 1,200 mg softgel soft gel,odorless,ec (rx)</i>	\$0 (Tier 3) NT
FISH OIL 1,400 MG SOFTGEL (RX)	\$0 (Tier 3) NT
FISH OIL 1,400 MG SOFTGEL	\$0 (Tier 3) NT
FISH OIL 1,600 MG/5 ML LIQUID	\$0 (Tier 3) NT
FISH OIL 500 MG SOFTGEL 120-180-500 MG	\$0 (Tier 3) NT
FISH OIL 500 MG SOFTGEL INNER 60-90-500 MG	\$0 (Tier 3) NT
FISH OIL 500 MG SOFTGEL OUTER 60-90-500 MG	\$0 (Tier 3) NT
<i>fish oil conc 1,000 mg softgel softgel (rx)</i>	\$0 (Tier 3) NT
<i>fish oil conc 1,000 mg softgel softgel (rx)</i>	\$0 (Tier 3) NT
<i>fish oil conc 1,000 mg softgel softgel, economy sz. (rx)</i>	\$0 (Tier 3) NT
<i>fish oil concentrate softgel ec softgel,p/f (rx) 120-180 mg</i>	\$0 (Tier 3) NT
<i>fish oil concentrate softgel softgel, ex-strength (rx) 435-880 mg</i>	\$0 (Tier 3) NT
FISH OIL DR 1,000 MG SOFTGEL GLUTEN FREE	\$0 (Tier 3) NT
FISH OIL DR 1,000 MG SOFTGEL P/F, BURP-LESS	\$0 (Tier 3) NT
<i>fish oil dr 500 mg softgel 60-90-500 mg</i>	\$0 (Tier 3) NT
<i>fish oil ec 1,000 mg softgel</i>	\$0 (Tier 3) NT
<i>fish oil ec 1,000 mg softgel</i>	\$0 (Tier 3) NT
FISH OIL EC 1,000 MG SOFTGEL	\$0 (Tier 3) NT
FISH OIL EC 1,200 MG SOFTGEL	\$0 (Tier 3) NT
FISH OIL EC 1,200 MG SOFTGEL BURP-LESS, OMEGA-3	\$0 (Tier 3) NT
FISH OIL EC 1,200 MG SOFTGEL SOFTGEL (RX)	\$0 (Tier 3) NT
FISH OIL GUMMIES 28.5 MG(23.75- 4.75MG)-113.5MG	\$0 (Tier 3) NT
FISH OIL OMEGA-3 SOFTGEL 980-253-647 MG	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FISH OIL PEARLS SOFTGEL 150-400 MG, 180-400 MG, 300-400 MG	\$0 (Tier 3) NT
<i>floranex granules packet lactobacillus,outer 100 million cell</i>	\$0 (Tier 3) NT
<i>floranex tablet (rx) 1 million cell</i>	\$0 (Tier 3) NT
<i>gnp fish oil 1,000 mg softgel omega-3 (rx)</i>	\$0 (Tier 3) NT
GNP FISH OIL 1,200 MG SOFTGEL MAXIMUM STRENGTH (RX)	\$0 (Tier 3) NT
<i>gnp fish oil ec 1,000 mg sftgl softgel</i>	\$0 (Tier 3) NT
GNP FISH OIL SOFTGEL 150-217-840 MG	\$0 (Tier 3) NT
<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)
L-ARGININE 1,000 MG TABLET	\$0 (Tier 3) NT
L-ARGININE 1,000 MG TABLET MAXIMUM STRENGTH	\$0 (Tier 3) NT
L-ARGININE 500 MG CAPSULE (RX)	\$0 (Tier 3) NT
L-ARGININE 500 MG CAPSULE D/F,N (RX)	\$0 (Tier 3) NT
L-ARGININE POWDER	\$0 (Tier 3) NT
L-CITRULLINE POWDER	\$0 (Tier 3) NT
L-CITRULLINE POWDER (RX)	\$0 (Tier 3) NT
LIQ-10 SYRUP 50-15 MG-UNIT/5 ML	\$0 (Tier 3) NT
L-ISOLEUCINE CRYSTAL (RX) 100 %	\$0 (Tier 3) NT
L-ISOLEUCINE POWDER USP (RX)	\$0 (Tier 3) NT
L-VALINE POWDER	\$0 (Tier 3) NT
LYSINE HCL POWDER (RX) 100 %	\$0 (Tier 3) NT
MORE-DOPHILUS POWDER	\$0 (Tier 3) NT
<i>omega 3 1,000 mg softgel softgel (rx)</i>	\$0 (Tier 3) NT
OMEGA 3 FISH OIL SOFTGEL 684-1,200 MG	\$0 (Tier 3) NT
OMEGA MONOPURE 1300 EC SOFTGEL 860-260-1,300 MG	\$0 (Tier 3) NT
OMEGA MONOPURE 650 EC SOFTGEL 430-130-650 MG	\$0 (Tier 3) NT
OMEGA-3 EC SOFTGEL 350 MG-235 MG- 90 MG-597 MG	\$0 (Tier 3) NT
OMEGA-3 FISH OIL 1,000 MG SFGL	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
omega-3 fish oil 1,000 mg sfgl p/f,y/f,sod/f (rx)	\$0 (Tier 3) NT
omega-3 fish oil 1,000 mg sfgl softgel (rx)	\$0 (Tier 3) NT
omega-3 fish oil 1,000 mg sfgl softgel (rx)	\$0 (Tier 3) NT
omega-3 fish oil 1,000 mg sfgl softgel,p/f (rx)	\$0 (Tier 3) NT
omega-3 fish oil 1,000 mg sfgl softgel,p/f,n (rx)	\$0 (Tier 3) NT
OMEGA-3 FISH OIL 1,200 MG SFGL	\$0 (Tier 3) NT
OMEGA-3 FISH OIL 1,200 MG SFGL	\$0 (Tier 3) NT
OMEGA-3 FISH OIL 1,400 MG SFGL	\$0 (Tier 3) NT
OMEGA-3 FISH OIL 1,400 MG SFGL P/F, GLUTEN-FREE	\$0 (Tier 3) NT
OMEGA-3 FISH OIL 1,400 MG SFGL SOFTGEL	\$0 (Tier 3) NT
OMEGA-3 FISH OIL 1,760 MG STGL 440-880 MG	\$0 (Tier 3) NT
omega-3 fish oil ec 1,000 mg softgel,gluten-f	\$0 (Tier 3) NT
OMEGAPURE 780 EC SOFTGEL 910 MG-330 MG- 450 MG- 1,400 MG	\$0 (Tier 3) NT
OMEGAPURE 900 EC SOFTGEL 967 MG-385 MG- 515 MG- 1,290 MG	\$0 (Tier 3) NT
OMEGAPURE 900-TG SOFTGEL 964-257-643 MG	\$0 (Tier 3) NT
OMEGAPURE-820 SOFTGEL 937.5 MG-320 MG -500 MG- 1,250MG	\$0 (Tier 3) NT
OMERA CAPSULE 750-300-400-50 MG	\$0 (Tier 3) NT
OVEGA-3 SOFTGEL 500-270-135 MG, 500-320-130 MG	\$0 (Tier 3) NT
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
PROBIOTIC ACIDOPHILUS 250 MILL 250 MILLION CELL	\$0 (Tier 3) NT
PROBIOTIC GOLD ACIDOPHILUS CAP 1 BILLION CELL	\$0 (Tier 3) NT
<i>probiotic softgel p/f,gluten-f,softgel 10 billion cell</i>	\$0 (Tier 3) NT
PURE L-ARGININE HCL 500 MG CAP	\$0 (Tier 3) NT
PURE L-CITRULLINE 600 MG CAP (RX)	\$0 (Tier 3) NT
<i>ra fish oil 1,000 mg softgel</i>	\$0 (Tier 3) NT
<i>ra fish oil 120-180 softgel softgel,natural,p/f (rx) 120-180 mg</i>	\$0 (Tier 3) NT
RA L-ARGININE 1,000 MG TABLET P/F	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
sm fish oil 1,000 mg softgel (rx)	\$0 (Tier 3) NT
smart heart omega-3 1,000 mg	\$0 (Tier 3) NT
SUPER DHA GEMS SOFTGEL 500-100-1,000 MG	\$0 (Tier 3) NT
sv acidophilus caplet 1 billion cell	\$0 (Tier 3) NT
sv acidophilus tablet caplet, p/f 1 billion cell	\$0 (Tier 3) NT
sv fish oil 1,000 mg softgel (rx)	\$0 (Tier 3) NT
SV FISH OIL EC 1,200 MG SOFTGL SOFTGEL, GLUTEN-FREE	\$0 (Tier 3) NT
SV L-ARGININE 500 MG CAPSULE P/F (RX)	\$0 (Tier 3) NT
SV PROBIOTIC ACIDOPHILUS CPLT 2 BILLION CELL	\$0 (Tier 3) NT
SV SALMON OIL 1,000 MG SOFTGEL	\$0 (Tier 3) NT
THEROMEGA SOFTGEL 250-350-1,000 MG	\$0 (Tier 3) NT
travasol 10 % intravenous parenteral solution 10 %	\$0 (Tier 2) B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 2) B/D
ultra omega-3 softgel 200-300-1,000 mg	\$0 (Tier 3) NT
VEGAN OMEGA-3 275 MG SOFTGEL 275-150-75-500 MG	\$0 (Tier 3) NT
VITAMINS / HEMATINICS	
50 PLUS ADULT EYE HEALTH SFTGL 250-5-1 MG	\$0 (Tier 3) NT
a thru z advanced formula tab advanced formula 18-400 mg-mcg	\$0 (Tier 3) NT
a thru z advanced formula tab w/lutein & lycopene (rx) 18-500-300-250 mg-mcg-mcg-mcg	\$0 (Tier 3) NT
a thru z select multivit tab 500-300-250 mcg	\$0 (Tier 3) NT
a thru z select tablet new formulation (rx)	\$0 (Tier 3) NT
a thru z select women's tablet	\$0 (Tier 3) NT
A-25 7,500 MCG CAPSULE	\$0 (Tier 3) NT
ACCRUFER 30 MG CAPSULE	\$0 (Tier 3) NT
ACTIVE FE TABLET LACTOSE,GLUTEN & 75 MG IRON- 1,250 MCG	\$0 (Tier 3) NT
ADULT MULTI GUMMIES 200 MCG	\$0 (Tier 3) NT
ADULT MULTIVITAMIN GUMMIES 200 MCG	\$0 (Tier 3) NT
ADULT MULTIVITAMIN GUMMIES ASSORTED FLAVORS 200 MCG	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
ADULT MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F 200 MCG	\$0 (Tier 3) NT
<i>adults 50 plus multivitamin tb 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
ADVANCED MULTI EA CHEW TABLET 22.5 MG-400 MCG - 150 MCG-10 MG	\$0 (Tier 3) NT
AIRBORNE CHEWABLE TABLET 250-8.875 MG	\$0 (Tier 3) NT
AIRBORNE ELDERBERRY TABLET EFF 1,000 MG-50 MG-35.5 MG	\$0 (Tier 3) NT
AIRBORNE GUMMIES 333-1.7 MG	\$0 (Tier 3) NT
AIRBORNE KIDS GUMMIES 334-1.7 MG	\$0 (Tier 3) NT
AIRBORNE TABLET CHEWABLE P/F,GLUTEN/F,BERRY 250-12.5 MG	\$0 (Tier 3) NT
AIRBORNE TABLET CHEWABLE P/F,GLUTEN/F,CITRUS 250-12.5 MG	\$0 (Tier 3) NT
APETIGEN-PLUS TABLET 10-300-30 MG-MG-UNIT	\$0 (Tier 3) NT
AQUA-E CONCENTRATE 75 UNIT/ML	\$0 (Tier 3) NT
ASCOR 25,000 MG/50 ML BULK VL P/F, OUTER, MUV 500 MG/ML	\$0 (Tier 3) NT
<i>ascorbic acid 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
B COMPLEX WITH VITAMIN C CAP P/F (RX) 15-10-50-5-300 MG	\$0 (Tier 3) NT
B COMPLEX WITH VITAMIN C TAB 18-10-45-5-250 MG	\$0 (Tier 3) NT
BABY D3 400 UNIT/DROP CONC 10 MCG/DROP (400 UNIT/DROP)	\$0 (Tier 3) NT
BABY VIT D3 10 MCG/DROP CONC 10 MCG/DROP (400 UNIT/DROP)	\$0 (Tier 3) NT
BABY VIT D3 400 UNIT/DROP CONC 10 MCG/DROP (400 UNIT/DROP)	\$0 (Tier 3) NT
<i>b-complex plus vitamin c cplt (rx) 400 mcg</i>	\$0 (Tier 3) NT
<i>b-complex with c tablet (rx)</i>	\$0 (Tier 3) NT
<i>b-complex with vit c caplet (rx) 400 mcg</i>	\$0 (Tier 3) NT
<i>b-complex with vit c caplet p/f,gluten-free (rx) 400 mcg</i>	\$0 (Tier 3) NT
<i>b-complex with vit c tablet (rx) 400 mcg</i>	\$0 (Tier 3) NT
<i>b-complex w-vitamin c caplet caplet,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.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
B-COMPLEX-VITAMIN C TR TABLET 400 MCG	\$0 (Tier 3) NT
BENTIVITE BX TABLET 35 MG IRON- 1 MG	\$0 (Tier 3) NT
BEROCCA EFFERVESCENT TABLET MIXED BERRY (RX) 400-89.45-44 MCG-MG-MG	\$0 (Tier 3) NT
BEROCCA EFFERVESCENT TABLET ORANGE (RX) 400-89.45-44 MCG-MG-MG	\$0 (Tier 3) NT
<i>beta carotene 7,500 mcg sfgl (rx)</i>	\$0 (Tier 3) NT
<i>beta-carotene 25,000 unit sfgl softgel (rx) 7,500 mcg (25,000 unit)</i>	\$0 (Tier 3) NT
BIO-D-MULSION FORTE 2,000 UNIT (RX) 50 MCG/DROP (2,000 UNIT/DROP)	\$0 (Tier 3) NT
BIO-D-MULSN 400 UNIT/DROP CONC (RX) 10 MCG/DROP (400 UNIT/DROP)	\$0 (Tier 3) NT
BIOTIN 10,000 MCG SOFTGEL SOFTGEL	\$0 (Tier 3) NT
<i>biotin 5,000 mcg capsule mx-str (rx) 5 mg</i>	\$0 (Tier 3) NT
<i>biotin 5,000 mcg capsule p/f,gluten-free (rx) 5 mg</i>	\$0 (Tier 3) NT
<i>biotin 5,000 mcg softgel p/f,gluten-free (rx) 5 mg</i>	\$0 (Tier 3) NT
<i>biotin 5,000 mcg softgel softgel (rx) 5 mg</i>	\$0 (Tier 3) NT
BIOTIN POWDER USP (VITAMIN H) (RX) 100 %	\$0 (Tier 3) NT
BIOTIN-D POWDER (RX) 100 %	\$0 (Tier 3) NT
BIOTIN-D POWDER USP (RX) 100 %	\$0 (Tier 3) NT
BIOTIN-D POWDER USP (VITAMIN H) (RX) 100 %	\$0 (Tier 3) NT
BIOTIN-D POWDER USP, (VITAMIN H) (RX) 100 %	\$0 (Tier 3) NT
BODY, HAIR, SKIN AND NAILS CAP 3-133 MG-MCG	\$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-1,000 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>c-1,000 mg with rose hips cplt caplet</i>	\$0 (Tier 3) NT
<i>c-1,000 mg with rose hips tab p/f</i>	\$0 (Tier 3) NT
<i>c-500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>c-500 mg tablet rose hips (rx)</i>	\$0 (Tier 3) NT
<i>calcidiol drops 200 mcg/ml (8,000 unit/ml)</i>	\$0 (Tier 3) NT
<i>calcium 600+d plus minerals tb p/f, n (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CALCIUM 600-D3-MINERALS CHW TB (RX) 600 MG	\$0 (Tier 3) NT
CALCIUM- 800 UNIT-40 MG	
calcium 600-vit d3-min chew tb 600 mg-400 unit -40 mg-7.5 mg	\$0 (Tier 3) NT
CALCIUM PHOS-VIT D3 250 MG-500 UNIT GUMMY NO-GLUTEN 250 MG-12.5 MCG (500 UNIT)	\$0 (Tier 3) NT
CALTRATE-D3 PLUS MINERAL MINIS 300 MG-20 MCG- 25 MG-0.5 MG	\$0 (Tier 3) NT
centratex capsule 106 mg iron- 1 mg	\$0 (Tier 3) NT
centravites 50 plus tablet	\$0 (Tier 3) NT
centravites tablet 0.4-162-18 mg	\$0 (Tier 3) NT
cerovite jr tablet chew 18 mg iron- 10 mcg	\$0 (Tier 3) NT
children multivitamin chew tab	\$0 (Tier 3) NT
CHILDREN MULTIVITAMIN GUMMIES	\$0 (Tier 3) NT
CHILDREN MULTIVITAMIN GUMMIES	\$0 (Tier 3) NT
CHILDREN MULTIVITAMIN GUMMIES BERRY,GLUTEN-FREE	\$0 (Tier 3) NT
CHILDREN MULTIVITAMIN GUMMIES GLUTEN-FREE	\$0 (Tier 3) NT
children's chew multivitamin	\$0 (Tier 3) NT
children's chewables 300 mcg	\$0 (Tier 3) NT
children's chewables 300 mcg	\$0 (Tier 3) NT
CHILDREN'S MULTI-VIT GUMMIES 200 MCG	\$0 (Tier 3) NT
CHILD'S CHEWABLE VITAMIN TAB INNER (RX)	\$0 (Tier 3) NT
CHILD'S CHEWABLE VITAMIN TAB OUTER (RX)	\$0 (Tier 3) NT
CHROMAGEN SOFTGEL 75 MG-60 MG- 1 MG-10 MCG	\$0 (Tier 3) NT
CITRACAL-D3 250 MG GUMMY 250 MG-12.5 MCG (500 UNIT)	\$0 (Tier 3) NT
COMPLETE MULTIVIT-MINERAL LIQ 9 MG IRON/15 ML	\$0 (Tier 3) NT
CONCEPTIONXR MOTILITY COMBO PK 250 MG-500 UNIT-200 UNIT	\$0 (Tier 3) NT
corvita 150 tablet 150-1.25-120-10 mg	\$0 (Tier 3) NT
corvita tablet 1.25-2.5-7 mg	\$0 (Tier 3) NT
CORVITE 150 TABLET 150 MG IRON- 1 MG	\$0 (Tier 3) NT
CORVITE FE TABLET 150 MG IRON- 1 MG	\$0 (Tier 3) NT
CULTURELLE KID PROB-MV 5B CHEW 5 BILLION CELL	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CULTURELLE KID PRO-MV 2.5B CHW 2.5 BILLION CELL	\$0 (Tier 3) NT
CVS AIRSHIELD CHEWABLE TABLET 250-87.5 MG	\$0 (Tier 3) NT
cvs b-complex-vit c caplet caplet (rx)	\$0 (Tier 3) NT
CVS BIOTIN 10,000 MCG SOFTGEL SFTGL,.P/F,GLU-F	\$0 (Tier 3) NT
cvs calcium 600-d3 plus tablet 600 mg calcium- 20 mcg-50 mg	\$0 (Tier 3) NT
CVS CALCIUM 600-D3-MIN CHEW TB (RX) 600 MG CALCIUM- 800 UNIT-40 MG	\$0 (Tier 3) NT
CVS CHILD CHEW VITAMN COMPLETE 18 MG IRON	\$0 (Tier 3) NT
CVS CHILD GUMMY DINOS GUMMIES	\$0 (Tier 3) NT
CVS DAILY GUMMIES 200 MCG	\$0 (Tier 3) NT
CVS DAILY GUMMIES P/F, GLUTEN-FREE 200 MCG	\$0 (Tier 3) NT
cvs folic acid 800 mcg tablet (rx)	\$0 (Tier 3) NT
cvs iron 27 mg tablet (rx) 240 mg (27 mg iron)	\$0 (Tier 3) NT
cvs iron 65 mg tablet (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT
cvs iron 65 mg tablet p/f,lactose/free (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT
CVS KIDS' MULTIVITAMIN GUMMY	\$0 (Tier 3) NT
CVS MEN'S DAILY GUMMIES P/F 200 MCG	\$0 (Tier 3) NT
cvs one daily essential tablet 400 mcg	\$0 (Tier 3) NT
cvs slow release iron 45 mg tb (rx) 143 mg (45 mg iron)	\$0 (Tier 3) NT
cvs spectravite men's tablet 8 mg iron- 200 mcg-600 mcg	\$0 (Tier 3) NT
cvs super b-complex-vit c cplt (rx) 400 mcg	\$0 (Tier 3) NT
cvs vit c-rose hip 1,000 mg tb (rx)	\$0 (Tier 3) NT
cvs vit c-rose hips 500 mg tab (rx)	\$0 (Tier 3) NT
cvs vit d3 1,000 unit gummies p/f (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
CVS VIT E OIL 45 MG/0.25 ML 45 MG/0.25ML 100 UNIT/0.25ML	\$0 (Tier 3) NT
cvs vitamin a 2,400 mcg sftgl (rx)	\$0 (Tier 3) NT
cvs vitamin b-6 100 mg tablet (rx)	\$0 (Tier 3) NT
cvs vitamin c 1,000 mg caplet (rx)	\$0 (Tier 3) NT
CVS VITAMIN C 1,000 MG FIZZY PKT	\$0 (Tier 3) NT
cvs vitamin c 250 mg tablet (rx)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
cvs vitamin c 500 mg caplet p/f,gluten-free (rx)	\$0 (Tier 3) NT
cvs vitamin c 500 mg tablet (rx)	\$0 (Tier 3) NT
cvs vitamin d3 10 mcg softgel (rx) 10 mcg (400 unit)	\$0 (Tier 3) NT
cvs vitamin d3 125 mcg softgel (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
cvs vitamin d3 25 mcg gummies (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
cvs vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
cvs vitamin d3 25 mcg softgel softgel (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
cvs vitamin d3 250 mcg softgel (rx) 250 mcg (10,000 unit)	\$0 (Tier 3) NT
cvs vitamin d3 50 mcg softgel 50 mcg (2,000 unit)	\$0 (Tier 3) NT
cvs vitamin e 180 mg softgel (rx) 180 mg (400 unit)	\$0 (Tier 3) NT
cvs vitamin e 90 mg softgel 90 mg (200 unit)	\$0 (Tier 3) NT
CVS WOMEN'S DAILY GUMMIES P/F,GUMMIES 200 MCG	\$0 (Tier 3) NT
cyanocobalamin 1,000 mcg/ml vl inner	\$0 (Tier 3) NT
cyanocobalamin 1,000 mcg/ml vl inner, muv	\$0 (Tier 3) NT
cyanocobalamin 1,000 mcg/ml vl mdv,inner	\$0 (Tier 3) NT
cyanocobalamin 1,000 mcg/ml vl muv, inner	\$0 (Tier 3) NT
cyanocobalamin 1,000 mcg/ml vl muv, outer	\$0 (Tier 3) NT
cyanocobalamin 1,000 mcg/ml vl outer	\$0 (Tier 3) NT
cyanocobalamin 1,000 mcg/ml vl outer, muv	\$0 (Tier 3) NT
cyanocobalamin 1,000 mcg/ml vl outer, muv, p/f	\$0 (Tier 3) NT
cyanocobalamin 1,000 mcg/ml vl outer,mdv	\$0 (Tier 3) NT
cyanocobalamin 10,000 mcg/10 ml inner, muv	\$0 (Tier 3) NT
cyanocobalamin 10,000 mcg/10 ml inner,mdv	\$0 (Tier 3) NT
cyanocobalamin 10,000 mcg/10 ml mdv, inner	\$0 (Tier 3) NT
cyanocobalamin 10,000 mcg/10 ml mdv, outer	\$0 (Tier 3) NT
cyanocobalamin 10,000 mcg/10 ml mdv,inner	\$0 (Tier 3) NT
cyanocobalamin 10,000 mcg/10 ml mdv,outer	\$0 (Tier 3) NT
cyanocobalamin 10,000 mcg/10 ml outer, muv	\$0 (Tier 3) NT
cyanocobalamin 10,000 mcg/10 ml outer,mdv	\$0 (Tier 3) NT
cyanocobalamin 30,000 mcg/30 ml inner,mdv 1,000 mcg/ml	\$0 (Tier 3) NT
cyanocobalamin 30,000 mcg/30 ml mdv, inner 1,000 mcg/ml	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
cyanocobalamin 30,000 mcg/30 ml mdv, outer 1,000 mcg/ml	\$0 (Tier 3) NT
cyanocobalamin 30,000 mcg/30 ml muv 1,000 mcg/ml	\$0 (Tier 3) NT
cyanocobalamin 30,000 mcg/30 ml muv, inner 1,000 mcg/ml	\$0 (Tier 3) NT
cyanocobalamin 30,000 mcg/30 ml muv, outer 1,000 mcg/ml	\$0 (Tier 3) NT
cyanocobalamin 30,000 mcg/30 ml outer,mdv 1,000 mcg/ml	\$0 (Tier 3) NT
cyanocobalamin 30,000 mcg/30 ml outer,muv 1,000 mcg/ml	\$0 (Tier 3) NT
CYANOCOBALAMIN POWDER USP (RX)	\$0 (Tier 3) NT
CYANOCOBALAMIN POWDER USP, VITAMIN B-12 (RX)	\$0 (Tier 3) NT
CYANOCOBALAMIN POWDER USP,VITAMIN B-12 (RX)	\$0 (Tier 3) NT
D3 LIQUID 25 MCG DROP 25 MCG/DROP (1000 UNIT/DROP)	\$0 (Tier 3) NT
d3-2000 unit softgel 50 mcg (2,000 unit)	\$0 (Tier 3) NT
DAILY MULTIVITAMIN CAPSULE 200-100-500 MCG	\$0 (Tier 3) NT
daily multivitamin with d3 tab 0.4 mg	\$0 (Tier 3) NT
daily value multivitamin tab	\$0 (Tier 3) NT
daily vite tablet (rx)	\$0 (Tier 3) NT
daily vite with iron tablet	\$0 (Tier 3) NT
daily-vite tablet 400 mcg	\$0 (Tier 3) NT
D-BIOTIN POWDER USP (RX) 100 %	\$0 (Tier 3) NT
DDROPS 1,000 UNIT/DROP 25 MCG/DROP (1000 UNIT/DROP)	\$0 (Tier 3) NT
DDROPS 2,000 UNIT/DROP 50 MCG/DROP (2, 000 UNIT/DROP)	\$0 (Tier 3) NT
DECARA 25,000 UNIT VEGICAP 625 MCG (25,000 UNIT)	\$0 (Tier 3) NT
decara 50,000 unit softgel 1,250 mcg (50,000 unit)	\$0 (Tier 3) NT
DECARA K 1,250-200 MCG SOFTGEL	\$0 (Tier 3) NT
DEKAS BARIATRIC CHEW TABLET 22.5 MG-400 MCG -500 MCG-10 MG	\$0 (Tier 3) NT
DEKAS ESSENTIAL LIQUID 2,000 UNIT- 2,000 MCG/ML	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
DEKAS PLUS LIQUID 500 MCG/ML	\$0 (Tier 3) NT
<i>delta d3 400 unit tablet y/f,gluten/f 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
DERMACINRX FOLDITAM TABLET 250 MCG (10,000 UNIT)-1 MG	\$0 (Tier 3) NT
DERMACINRX FOLIXAPURE TABLET 125 MCG (5,000 UNIT)-1 MG	\$0 (Tier 3) NT
DERMACINRX FOLTAMIN TABLET 125 MCG (5,000 UNIT)-1 MG	\$0 (Tier 3) NT
DERMACINRX FOLTREXYL TABLET 125 MCG (5,000 UNIT)-1 MG	\$0 (Tier 3) NT
DIABETES HEALTH PACK 500 MCG-30 MCG- 360 MG	\$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 800 CHEWABLE WAFER 800 MCG	\$0 (Tier 3) NT
<i>dalyvite 800 tablet 0.8 mg</i>	\$0 (Tier 3) NT
<i>dalyvite tablet 100-1 mg</i>	\$0 (Tier 3) NT
DIALYVITE VIT D3 50,000 UNIT 1,250 MCG (50,000 UNIT)	\$0 (Tier 3) NT
<i>dalyvite vitamin d 5,000 unit 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>dalyvite with zinc tablet 1-100-300-50 mg-mg-mcg-mg</i>	\$0 (Tier 3) NT
DRY EYE FORMULA CAPSULE 133 MG-167 MG- 170 MG	\$0 (Tier 3) NT
<i>e-200 unit softgel 90 mg (200 unit)</i>	\$0 (Tier 3) NT
<i>e-400 c-500 & beta caro tab</i>	\$0 (Tier 3) NT
ELDERTONIC LIQUID 3.6 MG-0.75 MG /15 ML	\$0 (Tier 3) NT
EMERGEN-C 1,000 MG PACKET	\$0 (Tier 3) NT
EMERGEN-C 1,000 MG PACKET RASPBERRY FLAVOR	\$0 (Tier 3) NT
EMERGEN-C 1,000 MG PACKET TANGERINE FLAVOR	\$0 (Tier 3) NT
EMERGEN-C 1,000 MG VARIETY PK	\$0 (Tier 3) NT
EMERGEN-C BLUE 1,000 MG PACKET	\$0 (Tier 3) NT
EMERGEN-C IMMUNE PLUS PACKET BLUEBERRY-ACAI FLVOR 1,000 MG	\$0 (Tier 3) NT
EMERGEN-C IMMUNE PLUS PACKET CITRUS FLAVOR 1,000 MG	\$0 (Tier 3) NT
EMERGEN-C KIDZ 250 MG PACKET FRUIT PUNCH	\$0 (Tier 3) NT
EMERGEN-C KIDZ 250 MG PACKET GRAPE	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
EMERGEN-C KIDZ 250 MG PACKET ORANGE	\$0 (Tier 3) NT
EMERGEN-C MSM LITE PACKET 1,000-1,000 MG	\$0 (Tier 3) NT
ENDUR-VM IRON-FREE SR TABLET 400 MCG	\$0 (Tier 3) NT
ENDUR-VM WITH IRON SR TABLET 18 MG IRON -400 MCG	\$0 (Tier 3) NT
<i>eq calcium 600-d3-minerals tab gluten-free (rx) 600 mg calcium- 20 mcg-50 mg</i>	\$0 (Tier 3) NT
EQ CHILD COMPLETE CHEW TABLET 18 MG IRON	\$0 (Tier 3) NT
EQ CHILD MULTIVITAMIN GUMMIES P/F	\$0 (Tier 3) NT
<i>eq slow release iron 45 mg tab gluten-free (rx) 142 mg (45 mg iron)</i>	\$0 (Tier 3) NT
<i>eql slow release iron 50 mg tb 250 mg (50 mg iron)</i>	\$0 (Tier 3) NT
EQL STRESS B-COMPLEX TABLET 500 MG-400 MCG- 24 MG- 3 MG	\$0 (Tier 3) NT
<i>eql vitamin b-6 100 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>eql vitamin c 1,000 mg tablet p/f, lactose free (rx)</i>	\$0 (Tier 3) NT
<i>eql vitamin d3 2,000 unit sfgl softgel 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>eql vitamin d3 400 unit sftgl (rx) 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>eql vitamin e 180 mg softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>ergocalciferol 200 mcg/ml drop (rx) 200 mcg/ml (8,000 unit/ml)</i>	\$0 (Tier 3) NT
<i>ergocalciferol 8,000 unit/ml (rx) 200 mcg/ml (8,000 unit/ml)</i>	\$0 (Tier 3) NT
<i>ezfe 200 capsule 200 mg iron</i>	\$0 (Tier 3) NT
FA-8 CAPSULES 0.8 MG	\$0 (Tier 3) NT
FEOSOL 45 MG CAPLET CPLT,NATURAL RELEASE (RX)	\$0 (Tier 3) NT
FERAHHEME 510 MG/17 ML VIAL SDV, P/F 510 MG/17 ML (30 MG/ML)	\$0 (Tier 3) NT
<i>ferate 27 mg tablet 240 mg (27 mg iron)</i>	\$0 (Tier 3) NT
FERGON 27 MG TABLET 225 MG (27 MG IRON)	\$0 (Tier 3) NT
FERIVA 21-7 TABLET 75 MG IRON-175 MG-12 MCG-1 MG	\$0 (Tier 3) NT
<i>ferosul 325 mg tablet (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferosul 325 mg tablet f/c,blister pack (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
FERRALET 90 DUAL-IRON DELIVERY ORAL TABLET 90-1-12- 50 MG-MG-MCG-MG	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ferrex 150 capsule 150 mg iron	\$0 (Tier 3) NT
ferrex 150 capsule outer, u-d 150 mg iron	\$0 (Tier 3) NT
ferrex 150 capsule u-d,10x10 150 mg iron	\$0 (Tier 3) NT
ferro-time 325 mg tablet f/c, green 325 mg (65 mg iron)	\$0 (Tier 3) NT
ferrous gluconate 240 mg tab (rx) 240 mg (27 mg iron)	\$0 (Tier 3) NT
ferrous gluconate 240 mg tab 240mg=27mg elemental (rx) 240 mg (27 mg iron)	\$0 (Tier 3) NT
ferrous gluconate 324 mg tab (rx) 324 mg (37.5 mg iron), 324 mg (38 mg iron)	\$0 (Tier 3) NT
ferrous sulf 15 mg iron/ml drp (rx) 15 mg iron (75 mg)/ml	\$0 (Tier 3) NT
ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml	\$0 (Tier 3) NT
ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml	\$0 (Tier 3) NT
ferrous sulf 44 mg iron/5 ml lq (rx) 220 mg (44 mg iron)/5 ml	\$0 (Tier 3) NT
ferrous sulf ec 324 mg tablet 324 mg (65 mg iron)	\$0 (Tier 3) NT
ferrous sulf ec 325 mg tablet (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT
ferrous sulf ec 325 mg tablet u-d, inner (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT
ferrous sulf ec 325 mg tablet u-d, outer (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT
ferrous sulfate 300 mg/5 ml cup 100's, u-d 300 mg (60 mg iron)/5 ml	\$0 (Tier 3) NT
ferrous sulfate 300 mg/5 ml cup 300 mg (60 mg iron)/5 ml	\$0 (Tier 3) NT
ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT
ferrous sulfate 325 mg tablet f/c, green (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT
ferrous sulfate 325 mg tablet f/c, red (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT
ferrous sulfate 325 mg tablet p/f (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT
ferrous sulfate 325 mg tablet u-d,10x10, film coat (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT
FERROUS SULFATE DRIED POWDER USP (RX) 100 %	\$0 (Tier 3) NT
fish oil 1,200 mg fish oil	\$0 (Tier 3) NT
FLINTSTONES + CALCIUM TAB	\$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)
FLINTSTONES COMPLETE CHEW TAB 10 MG IRON	\$0 (Tier 3) NT
FLINTSTONES GUMMIES CHEW TAB	\$0 (Tier 3) NT
FLINTSTONES GUMMIES CHEW TAB 16 MG	\$0 (Tier 3) NT
FLINTSTONES WITH IRON TAB CHEW 18 MG IRON	\$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
FLORIVA PLUS 0.25 MG/ML DROP 0.25MG FLUORIDE (0.55 MG)/ML	\$0 (Tier 3) NT
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	\$0 (Tier 1)
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	\$0 (Tier 1)
<i>folic acid 0.4 mg tablet (rx) 400 mcg</i>	\$0 (Tier 3) NT
<i>folic acid 0.8 mg tablet (rx) 800 mcg</i>	\$0 (Tier 3) NT
<i>folic acid 1 mg tablet (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 p/f (rx) 1 mg</i>	\$0 (Tier 3) NT
FOLIC ACID 20 MG CAPSULE	\$0 (Tier 3) NT
<i>folic acid 400 mcg tablet (rx)</i>	\$0 (Tier 3) NT
<i>folic acid 400 mcg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>folic acid 400 mcg tablet p/f, lactose free (rx)</i>	\$0 (Tier 3) NT
<i>folic acid 400 mcg tablet p/f, gluten-free (rx)</i>	\$0 (Tier 3) NT
FOLIC ACID 5 MG CAPSULE	\$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
FOLIC ACID 800 MCG CAPSULE 0.8 MG	\$0 (Tier 3) NT
<i>folic acid 800 mcg tablet (rx)</i>	\$0 (Tier 3) NT
<i>folic acid 800 mcg tablet maximum strength (rx)</i>	\$0 (Tier 3) NT
<i>folic acid 800 mcg tablet p/f, gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>folic acid 800 mcg tablet pure, gluten-free (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.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FOLIC ACID POWDER (RX) 100 %	\$0 (Tier 3) NT
FOLITE TABLET 1-200-50-100 MG-MG-MCG-MG	\$0 (Tier 3) NT
<i>folivane-f capsule 125-1-40-3 mg</i>	\$0 (Tier 3) NT
FOLTRATE TABLET (RX) 0.5-1 MG	\$0 (Tier 3) NT
FUSION PLUS CAPSULE 130 MG IRON- 1,250 MCG	\$0 (Tier 3) NT
GNP B-COMPLEX PLUS VIT C TAB 300 MG-150 MG CALCIUM	\$0 (Tier 3) NT
<i>gnp biotin 5,000 mcg capsule (rx) 5 mg</i>	\$0 (Tier 3) NT
<i>gnp calcium 600-d3-minerals tb p/f, gluten-f (rx) 600 mg calcium- 20 mcg-50 mg</i>	\$0 (Tier 3) NT
<i>gnp folic acid 400 mcg tablet (rx)</i>	\$0 (Tier 3) NT
<i>gnp hair, skin and nails tab vitamins & minerals 3.3 mg iron- 25 mcg</i>	\$0 (Tier 3) NT
<i>gnp healthy eyes tablet advanced antioxidant (rx) 300 mcg- 200 mg-27 mg-2 mg</i>	\$0 (Tier 3) NT
<i>gnp iron 45 mg tablet 159 mg (45 mg iron)</i>	\$0 (Tier 3) NT
<i>gnp iron 65 mg tablet (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>gnp mega multi for men tablet high potency (rx) 200-175- 250 mcg</i>	\$0 (Tier 3) NT
<i>gnp vit c-rose hips 500 mg tab (rx)</i>	\$0 (Tier 3) NT
<i>gnp vit d3 10 mcg(400 unit) chw (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin a 3,000 mcg softgl (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin b-6 100 mg tablet gluten free (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin c 1,000 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin c 1,000 mg tablet with rose hips (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin c 250 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin d3 1,000 unit tab extra strength (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>gnp vitamin d3 2,000 unit tab maximum strength (rx) 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>gnp vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>gnp vitamin d3 25 mcg(1000 unt) (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin d3 5,000 unit tab super strength (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
gnp vitamin e 180 mg softgel (rx) 400 unit	\$0 (Tier 3) NT
gnp vitamin e 400 unit softgel softgel (rx) 180 mg (400 unit)	\$0 (Tier 3) NT
gnp vitamin e 90 mg softgel softgel 90 mg (200 unit)	\$0 (Tier 3) NT
gummi bear multivit tab chew multivit & minerals (rx)	\$0 (Tier 3) NT
HAIR, SKIN AND NAILS SOFTGEL 133.3 MCG- 1,666.7 MCG	\$0 (Tier 3) NT
HAIR, SKIN AND NAILS TABLET 400-2,000 MCG	\$0 (Tier 3) NT
HEALTHY EYES LUTEIN-ZEAXTHN CP 60 MG-13.5 MG- 15 MG-2 MG-6 MG	\$0 (Tier 3) NT
HEMATEX 100 MG/5 ML LIQUID 100 MG IRON/5 ML	\$0 (Tier 3) NT
hematogen fa softgel 200-250-0.01-1 mg	\$0 (Tier 3) NT
honey bears chewable tablet	\$0 (Tier 3) NT
hydroxocobalamin 1,000 mcg/ml	\$0 (Tier 3) NT
HYDROXOCOBALAMIN POWDER USP (RX)	\$0 (Tier 3) NT
icaps areds softgel softgel (rx) 4,296 mcg-226 mg-90 mg	\$0 (Tier 3) NT
ICAPS AREDS2 SOFTGEL 250 MG-200 UNIT -12.5 MG-1 MG	\$0 (Tier 3) NT
I-CAPS WITH LUTEIN-OMEGA 3 SFG 280-10-2 MG	\$0 (Tier 3) NT
ifex 150 forte capsule 150-25-1 mg-mcg-mg	\$0 (Tier 3) NT
INFED 100 MG/2 ML VIAL INNER,SUV 50 MG/ML	\$0 (Tier 3) NT
INFED 100 MG/2 ML VIAL OUTER,SUV 50 MG/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
INJECTAFER 750 MG/15 ML VIAL SUV 50 MG IRON/ML	\$0 (Tier 3) NT
INTEGRA PLUS CAPSULE 125 MG IRON- 1 MG	\$0 (Tier 3) NT
IRON 18 MG TABLET	\$0 (Tier 3) NT
iron 27 mg tablet (rx) 236 mg (27 mg iron), 240 mg (27 mg iron)	\$0 (Tier 3) NT
iron 45 mg tablet 159 mg (45 mg iron)	\$0 (Tier 3) NT
iron 65 mg tablet (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT
iron 65 mg tablet (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT
iron 65 mg tablet gluten-free (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT
iron 65 mg tablet p/f (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT

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Name of Drug	What the drug will cost you (tier level)
iron 65 mg tablet p/f, gluten-free (rx) 325 mg (65 mg iron)	\$0 (Tier 3) NT
iron chews 15 mg tablet chew	\$0 (Tier 3) NT
IRONUP 15 MG/0.5 ML DROPS 15 MG IRON/0.5 ML	\$0 (Tier 3) NT
IROSPAN 24/6 TABLET 65 MG-65 MG- 1,000 MCG (24)	\$0 (Tier 3) NT
kids vitamin d3 tab chew 10 mcg (400 unit)	\$0 (Tier 3) NT
liquid multivitamin 15 ml cup inner 9 mg iron/ 15 ml (15 ml)	\$0 (Tier 3) NT
lysiplex plus liquid	\$0 (Tier 3) NT
MACULAR HEALTH FORMULA CAPSULE 5-1-7.5 MG	\$0 (Tier 3) NT
macuvite eye care tablet 7,160 unit- 113 mg-1 mg	\$0 (Tier 3) NT
MAXIMIN PACK 500-30-300 MCG	\$0 (Tier 3) NT
MAXIMUM D3 325 MCG(13,000 UNIT 325 MCG (13,000 UNIT)	\$0 (Tier 3) NT
mega multi for women tab 13.5-200-250 mg-mcg-mcg	\$0 (Tier 3) NT
MEN'S DAILY FORMULA CAPSULE 0.4-600 MG-MCG	\$0 (Tier 3) NT
MEN'S DAILY PACK 0.4-250 MG-MCG	\$0 (Tier 3) NT
MEN'S MULTIVITAMIN GUMMIES 200 MCG	\$0 (Tier 3) NT
MONOFERRIC 1,000 MG/10 ML VIAL 100 MG IRON/ML	\$0 (Tier 3) NT
MULTI FOR HER 50 PLUS SOFTGEL (RX) 400-80 MCG	\$0 (Tier 3) NT
MULTI FOR HER SOFTGEL (RX) 18 MG IRON-600 MCG-40 MCG	\$0 (Tier 3) NT
multi for her tablet 18 mg iron-600 mcg-80 mcg	\$0 (Tier 3) NT
multiple vitamin with iron tab (rx)	\$0 (Tier 3) NT
multiple vitamin w-minerals tb	\$0 (Tier 3) NT
multiple vitamins tablet	\$0 (Tier 3) NT
multiple vitamins tablet one daily	\$0 (Tier 3) NT
multiple vitamins tablet p/f,n,lactose fre	\$0 (Tier 3) NT
multivit with iron tab chew	\$0 (Tier 3) NT
MULTIVITAMIN GUMMIES 200 MCG	\$0 (Tier 3) NT
MULTI-VITAMIN GUMMIES 200-137.5 MCG	\$0 (Tier 3) NT
MULTIVITAMIN LIQUID 9 MG IRON/15 ML	\$0 (Tier 3) NT
multivitamin tablet (rx)	\$0 (Tier 3) NT
multivitamin women 50 plus tab 8 mg iron-400 mcg-50 mcg	\$0 (Tier 3) NT
multivitamin-mineral liquid 9 mg iron/15 ml	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
multivitamin-minerals tablet p/f 7.5 mg iron-400 mcg	\$0 (Tier 3) NT
multivitamins tablet (rx)	\$0 (Tier 3) NT
MVW COMPLETE FORM MULTIVIT CHW 1,500-1,000 UNIT-MCG	\$0 (Tier 3) NT
MVW COMPLETE FORMUL D3000 CHEW	\$0 (Tier 3) NT
MVW COMPLETE FORMUL D5000 CHEW	\$0 (Tier 3) NT
MVW COMPLETE FORMUL PEDIA DRPS 750-500 UNIT-MCG/0.5 ML	\$0 (Tier 3) NT
NANO VM 1-3 POWDER 3.5-75 MG-MCG	\$0 (Tier 3) NT
NANO VM 4-8 POWDER 5-100 MG-MCG	\$0 (Tier 3) NT
NANOV M 9-18 POWDER 2 MG IRON/ 2.6 GRAM	\$0 (Tier 3) NT
NANOV M T-F POWDER 2.75 MG IRON/ 5.4 GRAM	\$0 (Tier 3) NT
NASCOBAL 500 MCG NASAL SPRAY 500 MCG/SPRAY	\$0 (Tier 3) NT
nephplex rx tablet 1-60-300-12.5 mg-mg-mcg-mg	\$0 (Tier 3) NT
NEPHRON FA TABLET 66 MG IRON- 1,000 MCG	\$0 (Tier 3) NT
nephronex liquid 900 mcg/5 ml	\$0 (Tier 3) NT
nicotinamide tablet 500 mcg- 750 mg	\$0 (Tier 3) NT
NIFEREX TABLET 150 MG IRON- 60 MG-1 MG	\$0 (Tier 3) NT
NOVAFERRUM ALL GOOD 50 MG CAP 50 MG IRON	\$0 (Tier 3) NT
NOVAFERRUM WOW 125 MG/5 ML LIQ 125 MG IRON/5 ML	\$0 (Tier 3) NT
NOVAFERRUM YUMMY PED 15 MG/ML 15 MG IRON/ML	\$0 (Tier 3) NT
NOVAMV MMM PED MULTIVIT DROP 750 UNIT-35 MG- 400 UNIT/ML	\$0 (Tier 3) NT
ocutabs tablet (rx)	\$0 (Tier 3) NT
OCUVITE EYE HEALTH GUMMIES 50 MG-15 UNIT- 4.5 MG-2.5 MG	\$0 (Tier 3) NT
omnicap tablet 0.4 mg	\$0 (Tier 3) NT
one daily essential tablet (rx)	\$0 (Tier 3) NT
one daily for men 50+ adv tab 400-600-120 mcg-mcg-mg	\$0 (Tier 3) NT
one daily for men tablet 0.4-600 mg-mcg	\$0 (Tier 3) NT
one daily for women 50+ adv tb w/ginkgo,50+advanced 400-120 mcg-mg	\$0 (Tier 3) NT
one daily maximum tablet (rx) 18-0.4 mg	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
one daily multivitamin tablet 400 mcg	\$0 (Tier 3) NT
one daily multivitamin-iron tb 18-400 mg-mcg	\$0 (Tier 3) NT
one daily multivit-mineral tab 4.5 mg iron	\$0 (Tier 3) NT
one daily with iron-calcium tb	\$0 (Tier 3) NT
one daily womens 50 plus tab (rx) 0.4 mg	\$0 (Tier 3) NT
ONE-A-DAY VITACRAVES OMEGA-3 200-16 MCG-MG	\$0 (Tier 3) NT
ONE-A-DAY WOMEN'S TABLET 18 MG IRON-400 MCG-500 MG CA	\$0 (Tier 3) NT
one-daily multi-vitamin tab (rx)	\$0 (Tier 3) NT
ONE-DAILY MULTI-VIT-IRON TAB 18 MG IRON	\$0 (Tier 3) NT
optimal d3 50,000 unit capsule 1,250 mcg (50,000 unit)	\$0 (Tier 3) NT
OPTIMAL D3 M 14,000 UNIT CAP 350 MCG (14,000 UNIT)	\$0 (Tier 3) NT
OPTIMAL D3M 350 MCG(14,000 UNIT 350 MCG (14,000 UNIT)	\$0 (Tier 3) NT
OSTEO-VIT3 1,250 MCG/3 ML DROP	\$0 (Tier 3) NT
pedia d-vite 400 unit/ml liq 10 mcg/ml (400 unit/ml)	\$0 (Tier 3) NT
pedia iron 15 mg/ml drop 15 mg iron (75 mg)/ml	\$0 (Tier 3) NT
PEDIA POLY-VITE DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML	\$0 (Tier 3) NT
PEDIA POLY-VITE WITH IRON DROP 11 MG IRON/ML	\$0 (Tier 3) NT
PEDIA TRI-VITE DROP 250 MCG-50 MG- 10 MCG/ML	\$0 (Tier 3) NT
pharm chc ped iron 15 mg/ml drp (rx) 15 mg iron (75 mg)/ml	\$0 (Tier 3) NT
pharm choice d3 400 unit/ml (rx) 10 mcg/ml (400 unit/ml)	\$0 (Tier 3) NT
PHARM CHOICE POLY-VIT-IRON DRP 10 MG IRON/ML	\$0 (Tier 3) NT
PHARMACIST CHOICE PED POLY-VIT 750 UNIT-35 MG- 400 UNIT/ML	\$0 (Tier 3) NT
PHARMACIST CHOICE PED TRI-VIT 750 UNIT-35 MG -400 UNIT/ML	\$0 (Tier 3) NT
phlexy-vits powder packet 15 mg- 700 mcg	\$0 (Tier 3) NT
poly-iron 150 mg capsule 150 mg iron	\$0 (Tier 3) NT
polysaccharide iron 150 mg cap (rx) 150 mg iron	\$0 (Tier 3) NT
POLY-VI-FLOR 0.25 MG/ML DRP 0.25 MG FLUORIDE/ML	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
POLY-VI-SOL 250 MCG-50 MG/ML DRP 250 MCG-50 MG- 10 MCG/ML	\$0 (Tier 3) NT
POLY-VI-SOL WITH IRON DROPS 11 MG IRON/ML	\$0 (Tier 3) NT
POLY-VITA DROPS 750 UNIT-35 MG- 400 UNIT/ML	\$0 (Tier 3) NT
POLY-VITA WITH IRON DROPS 10 MG/ML	\$0 (Tier 3) NT
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	\$0 (Tier 2)
PRO FE 180 MG CAPSULE 180 MG IRON	\$0 (Tier 3) NT
<i>prosight tablet 5,000-60-30 unit-mg-unit</i>	\$0 (Tier 3) NT
PROTECT IRON LIQUID 100 MG IRON-250 MG/5 ML	\$0 (Tier 3) NT
PROXEED PLUS POWDER PACKET 200 MCG-1 GRAM -0.5 GRAM-50 MG	\$0 (Tier 3) NT
<i>purevit dualfe plus capsule 162-115.2-1 mg</i>	\$0 (Tier 3) NT
<i>pyridoxine 100 mg/ml vial muv, outer</i>	\$0 (Tier 3) NT
<i>pyridoxine 50 mg tablet (rx)</i>	\$0 (Tier 3) NT
PYRIDOXINE HCL CRYSTALS (RX)	\$0 (Tier 3) NT
PYRIDOXINE HCL POWDER (RX) 100 %	\$0 (Tier 3) NT
QUFLORA FE 0.25 MG CHEW TABLET 9-0.25 MG	\$0 (Tier 3) NT
<i>ra b-complex with vit c tab sa (rx)</i>	\$0 (Tier 3) NT
<i>ra b-complex-vitamin b-12 tab p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra biotin 2,500 mcg capsule p/f, d/f</i>	\$0 (Tier 3) NT
<i>ra calcium 600-minerals tab (rx) 600 mg calcium- 200 unit</i>	\$0 (Tier 3) NT
RA CHILD COMPLETE CHEWABLE VIT 18 MG IRON	\$0 (Tier 3) NT
RA ESSENCE C 1,000 MG PACKET ORANGE FLAVOR (RX)	\$0 (Tier 3) NT
RA ESSENCE C 1,000 MG PACKET RASPBERRY FLAVOR (RX)	\$0 (Tier 3) NT
RA ESSENCE C 1,000 MG PACKET TANGERINE FLAVOR (RX)	\$0 (Tier 3) NT
<i>ra folic acid 0.4 mg tablet p/f (rx) 400 mcg</i>	\$0 (Tier 3) NT
<i>ra folic acid 800 mcg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra high potency iron 27 mg tab 134 mg (27 mg iron)</i>	\$0 (Tier 3) NT
RA HIGH POTENCY IRON 27 MG TAB 27 MG IRON	\$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 a 10,000 unit sftgl p/f,softgel (rx) 3,000 mcg (10,000 unit)</i>	\$0 (Tier 3) NT
<i>ra vitamin b-6 100 mg tablet 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.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ra vitamin b-6 50 mg tablet p/f (rx)	\$0 (Tier 3) NT
ra vitamin c 1,000 mg tablet p/f,natural (rx)	\$0 (Tier 3) NT
ra vitamin c 1,000 mg tablet w/rose hips,p/f (rx)	\$0 (Tier 3) NT
ra vitamin c 250 mg tablet p/f (rx)	\$0 (Tier 3) NT
ra vitamin c 500 mg tablet p/f (rx)	\$0 (Tier 3) NT
ra vitamin c 500 mg tablet p/f,natural (rx)	\$0 (Tier 3) NT
ra vitamin d3 1,000 unit tab (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
ra vitamin d3 2,000 unit sfgl (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
ra vitamin d3 2,000 unit sfgl softgel (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
ra vitamin d3 2,000 unit sftgl (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
ra vitamin d3 5,000 unit sftgl softgel (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
ra vitamin e 268 mg softgel (rx) 268 mg (400 unit)	\$0 (Tier 3) NT
renal caps softgel 1 mg	\$0 (Tier 3) NT
rena-vite rx tablet (rx) 1-60-300 mg-mg-mcg	\$0 (Tier 3) NT
rena-vite tablet (rx) 0.8 mg	\$0 (Tier 3) NT
replesta 50,000 units wafer 1,250 mcg (50,000 unit)	\$0 (Tier 3) NT
REPLESTA NX 14,000 UNITS WAFER 350 MCG (14,000 UNIT)	\$0 (Tier 3) NT
risacal-d tablet 100 mg calcium- 3 mcg	\$0 (Tier 3) NT
se-tan plus capsule 162-115.2-1 mg	\$0 (Tier 3) NT
SLOW FE 45 MG TABLET 137 MG (45 MG IRON)	\$0 (Tier 3) NT
slow release iron 160 mg tab p/f,gluten-free (rx) 160 mg (50 mg iron)	\$0 (Tier 3) NT
SLOW RELEASE IRON 45 MG TABLET (RX) 140 MG (45 MG IRON)	\$0 (Tier 3) NT
SLOW RELEASE IRON 45 MG TABLET 144 MG (45 MG IRON)	\$0 (Tier 3) NT
slow release iron 45 mg tablet gluten-free (rx) 142 mg (45 mg iron)	\$0 (Tier 3) NT
SLOW RELEASE IRON TABLET 168 MG (50 MG IRON)	\$0 (Tier 3) NT
sm b complex with vit c tablet (rx)	\$0 (Tier 3) NT
sm biotin 5,000 mcg capsule (rx) 5 mg	\$0 (Tier 3) NT
sm calcium 600-d3-minerals tab (rx) 600 mg calcium- 20 mcg-50 mg	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
sm folic acid 400 mcg tablet (rx)	\$0 (Tier 3) NT
sm vitamin b-6 100 mg tablet (rx)	\$0 (Tier 3) NT
sm vitamin d3 50 mcg softgel 50 mcg (2,000 unit)	\$0 (Tier 3) NT
soothing pureway-c 500 mg tab	\$0 (Tier 3) NT
stress b with zinc tablet	\$0 (Tier 3) NT
STRESS B-COMPLEX TABLET (RX) 500 MG-400 MCG- 23.9 MG-3 MG	\$0 (Tier 3) NT
stress formula tablet (rx)	\$0 (Tier 3) NT
stress formula with iron tab 500 mg-400 mcg- 27 mg iron	\$0 (Tier 3) NT
stress formula with zinc tab (rx)	\$0 (Tier 3) NT
super antioxidant capsule p/f (rx)	\$0 (Tier 3) NT
super antioxidant softgel sftgl,n,p/f	\$0 (Tier 3) NT
super b complex tablet (rx) 400 mcg	\$0 (Tier 3) NT
super b complex tablet p/f (rx) 400 mcg	\$0 (Tier 3) NT
super b complex-vit c caplet (rx) 400 mcg	\$0 (Tier 3) NT
super b with vit c capsule (rx)	\$0 (Tier 3) NT
SUPER DAILY D3 1,000 UNIT/DROP 25 MCG/DROP (1000 UNIT/DROP)	\$0 (Tier 3) NT
SUPER DAILY D3 2,000 UNIT/DROP 50 MCG/DROP (2, 000 UNIT/DROP)	\$0 (Tier 3) NT
super thera vite m tablet (rx)	\$0 (Tier 3) NT
SV BIOTIN 1,000 MCG SOFTGEL 1 MG	\$0 (Tier 3) NT
sv biotin 5,000 mcg softgel softgel (rx) 5 mg	\$0 (Tier 3) NT
sv folic acid 800 mcg tablet (rx)	\$0 (Tier 3) NT
sv vit c-rose hips 1,000 mg tb p/f,gluten-free (rx)	\$0 (Tier 3) NT
sv vit c-rose hips 500 mg tab (rx)	\$0 (Tier 3) NT
sv vit c-rose hips 500 mg tab p/f, gluten free (rx)	\$0 (Tier 3) NT
sv vitamin b-6 100 mg tablet (rx)	\$0 (Tier 3) NT
sv vitamin d3 1,000 unit gummy (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
sv vitamin d3 1,000 unit sftgl (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
sv vitamin d3 1,000 unit sftgl softgel, p/f (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
sv vitamin d3 2,000 unit softgel,gluten-f,p/f (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
sv vitamin d3 25 mcg(1000 unit) (rx)	\$0 (Tier 3) NT
sv vitamin d3 400 unit softgel softgel , p/f (rx) 10 mcg (400 unit)	\$0 (Tier 3) NT
sv vitamin d3 5,000 unit softgel softgel (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
sv vitamin d3 5,000 unit softgel, p/f (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
sv vitamin e 180 mg softgel (rx) 180 mg (400 unit)	\$0 (Tier 3) NT
sv vitamin e 450 mg softgel water soluble, p/f (rx) 450 mg (1,000 unit)	\$0 (Tier 3) NT
sv vitamin e 670 mg softgel p/f, gluten-free (rx) 670 mg (1,000 unit)	\$0 (Tier 3) NT
TAB-A-VITE MULTIVIT WITH IRON 15 MG IRON- 400 MCG	\$0 (Tier 3) NT
tab-a-vite tablet 400 mcg	\$0 (Tier 3) NT
taron forte capsule 150-60-25-1 mg-mg-mcg-mg	\$0 (Tier 3) NT
thera tablet 400 mcg	\$0 (Tier 3) NT
thera-d 2000 tablet 50 mcg (2,000 unit)	\$0 (Tier 3) NT
THERA-D 4000 TABLET 100 MCG (4,000 UNIT)	\$0 (Tier 3) NT
thera-d rapid repletion tablet rapid repletion 50 mcg (2,000 unit)	\$0 (Tier 3) NT
therapeutic-m caplet 19 mg iron- 400 mcg	\$0 (Tier 3) NT
therapeutic-m tablet 9 mg iron-400 mcg	\$0 (Tier 3) NT
thera-tabs caplet	\$0 (Tier 3) NT
therems multivitamin tablet 400 mcg	\$0 (Tier 3) NT
thiamine 200 mg/2 ml vial 25's,mdv,outer 100 mg/ml	\$0 (Tier 3) NT
thiamine 200 mg/2 ml vial inner,muv 100 mg/ml	\$0 (Tier 3) NT
thiamine 200 mg/2 ml vial mdv, inner 100 mg/ml	\$0 (Tier 3) NT
thiamine 200 mg/2 ml vial mdv, outer 100 mg/ml	\$0 (Tier 3) NT
thiamine 200 mg/2 ml vial mdv,inner 100 mg/ml	\$0 (Tier 3) NT
thiamine 200 mg/2 ml vial muv 100 mg/ml	\$0 (Tier 3) NT
thiamine 200 mg/2 ml vial muv, inner 100 mg/ml	\$0 (Tier 3) NT
thiamine 200 mg/2 ml vial muv, outer 100 mg/ml	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
thiamine 200 mg/2 ml vial outer,muv 100 mg/ml	\$0 (Tier 3) NT
tricon capsule 110-0.5 mg	\$0 (Tier 3) NT
trigels-f forte softgel 460-60-0.01-1 mg	\$0 (Tier 3) NT
triphrocaps softgel softgel (rx) 1 mg	\$0 (Tier 3) NT
TRI-VI-SOL DROPS 250 MCG-50 MG- 10 MCG/ML	\$0 (Tier 3) NT
TROPICAL LIQUID NUTRITION	\$0 (Tier 3) NT
VENOFER 100 MG/5 ML VIAL 25'S,SDV,P/F 100 MG IRON/5 ML	\$0 (Tier 3) NT
VENOFER 100 MG/5 ML VIAL OUTER, SUV, P/F 100 MG IRON/5 ML	\$0 (Tier 3) NT
VENOFER 100 MG/5 ML VIAL SUV,P/F 100 MG IRON/5 ML	\$0 (Tier 3) NT
VENOFER 100 MG/5 ML VIAL SUV,P/F, OUTER 100 MG IRON/5 ML	\$0 (Tier 3) NT
VENOFER 200 MG/10 ML VIAL SUV,P/F,OUTER 200 MG IRON/10 ML	\$0 (Tier 3) NT
VENOFER 50 MG/2.5 ML VIAL 10'S,SDV,P/F, OUTER 50 MG IRON/2.5 ML	\$0 (Tier 3) NT
VENOFER 50 MG/2.5 ML VIAL 25'S,SUV,P/F 50 MG IRON/2.5 ML	\$0 (Tier 3) NT
VENOFER 50 MG/2.5 ML VIAL SUV,P/F,OUTER 50 MG IRON/2.5 ML	\$0 (Tier 3) NT
vit c-rose hips 1,000 mg cp lt caplet,p/f (rx)	\$0 (Tier 3) NT
vit c-rose hips 1,000 mg tab (rx)	\$0 (Tier 3) NT
vit c-rose hips 500 mg tablet (rx)	\$0 (Tier 3) NT
vit c-rose hips 500 mg tablet p/f (rx)	\$0 (Tier 3) NT
vit c-rose hips 500 mg tablet with rose hips,p/f (rx)	\$0 (Tier 3) NT
vit d3 125 mcg (5000 unit) tab	\$0 (Tier 3) NT
VIT D3 5,000 UNIT FAST DISSOLV 125 MCG (5,000 UNIT)	\$0 (Tier 3) NT
vitajoy daily d gummy 25 mcg (1,000 unit)	\$0 (Tier 3) NT
VITAL-D RX TABLET 1,750-60-1-12.5 UNIT-MG-MG-MG	\$0 (Tier 3) NT
vitalee tablet 0.4 mg	\$0 (Tier 3) NT
vitalets tablet chewable child, orange (rx)	\$0 (Tier 3) NT
vitalets tablet chewable child, raspberry 10 mg iron	\$0 (Tier 3) NT
vitalets tablet chewable child,unflavored 10 mg iron	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
VITAMIN A 10,000 UNIT SOFTGEL (RX) 3,000 MCG (10,000 UNIT)	\$0 (Tier 3) NT
vitamin a 10,000 unit softgel p/f,n,softgel (rx) 3,000 mcg (10,000 unit)	\$0 (Tier 3) NT
vitamin a 3,000 mcg softgel (rx)	\$0 (Tier 3) NT
vitamin a 8,000 unit capsule (rx) 2,400 mcg	\$0 (Tier 3) NT
VITAMIN A PALM 10,000 UNIT TAB 3,000 MCG (10,000 UNIT)	\$0 (Tier 3) NT
VITAMIN A PALM 15,000 UNIT TAB 4,500 MCG (15,000 UNIT)	\$0 (Tier 3) NT
vitamin b complex-vit c caplet (rx)	\$0 (Tier 3) NT
vitamin b complex-vitamin c tb (rx)	\$0 (Tier 3) NT
vitamin b complex-vitamin c tb (rx) 400 mcg	\$0 (Tier 3) NT
vitamin b-6 100 mg tablet (rx)	\$0 (Tier 3) NT
vitamin b-6 100 mg tablet (rx)	\$0 (Tier 3) NT
vitamin b-6 100 mg tablet p/f (rx)	\$0 (Tier 3) NT
vitamin b-6 100 mg tablet p/f,no lactose (rx)	\$0 (Tier 3) NT
vitamin b-6 100 mg tablet p/f,no-lactose (rx)	\$0 (Tier 3) NT
vitamin b-6 100 mg tablet y/f,gluten/f (rx)	\$0 (Tier 3) NT
vitamin b-6 50 mg tablet (rx)	\$0 (Tier 3) NT
vitamin b-6 50 mg tablet (rx)	\$0 (Tier 3) NT
vitamin b-6 50 mg tablet inner (rx)	\$0 (Tier 3) NT
vitamin b-6 50 mg tablet outer (rx)	\$0 (Tier 3) NT
vitamin b-6 50 mg tablet p/f (rx)	\$0 (Tier 3) NT
vitamin b-6 50 mg tablet y/f,gluten/f (rx)	\$0 (Tier 3) NT
vitamin b-complex & c caplet p/f, caplet 400-500 mcg-mg	\$0 (Tier 3) NT
vitamin b-complex & c caplet p/f,lactose free 400-500 mcg-mg	\$0 (Tier 3) NT
vitamin b-complex & c caplet p/f,no lactose,cplt 400-500 mcg-mg	\$0 (Tier 3) NT
vitamin c 1,000 mg caplet (rx)	\$0 (Tier 3) NT
vitamin c 1,000 mg caplet (rx)	\$0 (Tier 3) NT
vitamin c 1,000 mg caplet n, caplet (rx)	\$0 (Tier 3) NT
vitamin c 1,000 mg tablet (rx)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
vitamin c 1,000 mg tablet (rx)	\$0 (Tier 3) NT
vitamin c 1,000 mg tablet n,caplet (rx)	\$0 (Tier 3) NT
vitamin c 1,000 mg tablet p/f (rx)	\$0 (Tier 3) NT
vitamin c 100 mg tablet (rx)	\$0 (Tier 3) NT
vitamin c 250 mg tablet (rx)	\$0 (Tier 3) NT
vitamin c 250 mg tablet (rx)	\$0 (Tier 3) NT
vitamin c 250 mg tablet gluten-free (rx)	\$0 (Tier 3) NT
vitamin c 250 mg tablet p/f (rx)	\$0 (Tier 3) NT
vitamin c 500 mg tablet (rx)	\$0 (Tier 3) NT
vitamin c 500 mg tablet (rx)	\$0 (Tier 3) NT
vitamin c 500 mg tablet gluten-free (rx)	\$0 (Tier 3) NT
vitamin c 500 mg tablet p/f (rx)	\$0 (Tier 3) NT
vitamin c 500 mg tablet p/f,gluten-free (rx)	\$0 (Tier 3) NT
vitamin c 500 mg tablet u-d (rx)	\$0 (Tier 3) NT
vitamin c 500 mg tablet y/f,gluten/f (rx)	\$0 (Tier 3) NT
vitamin c tr 1,000 mg tablet timed release (rx)	\$0 (Tier 3) NT
vitamin c-rose hip 1,000 mg tb (rx)	\$0 (Tier 3) NT
vitamin d2 1.25 mg(50,000 unit)	\$0 (Tier 3) NT
vitamin d2 1.25 mg(50,000 unit) capsule	\$0 (Tier 3) NT
vitamin d2 1.25 mg(50,000 unit) softgel	\$0 (Tier 3) NT
VITAMIN D2 2,000 UNIT TABLET 50 MCG (2,000 UNIT)	\$0 (Tier 3) NT
vitamin d2 400 unit tablet y/f,gluten/f (rx) 10 mcg (400 unit)	\$0 (Tier 3) NT
VITAMIN D2 50 MCG (2,000 UNIT)	\$0 (Tier 3) NT
vitamin d3 1,000 unit gummies adult gummies 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit gummies gluten-free, gummies (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit gummy (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit softgel (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit softgel (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit softgel p/f, n,sftgl (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
vitamin d3 1,000 unit softgel p/f,gluten-free (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit softgel p/f,gluten-free (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit softgel sftgl,p/f,no lactose (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit softgel softgel (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit softgel softgel (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit softgel softgel, p/f (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit softgel softgel,p/f (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit softgel softgel,p/f,n (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
VITAMIN D3 1,000 UNIT SPRAY 25 MCG/SPRAY 1,000UNIT/SPRAY	\$0 (Tier 3) NT
vitamin d3 1,000 unit tab chew p/f, gluten-free 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit tab chew p/f, peach vanilla 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit tablet (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit tablet (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit tablet gluten-free (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit tablet p/f (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit tablet p/f, gluten-free (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 1,000 unit tablet p/f,gluten free (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
VITAMIN D3 1,000 UNIT/10 ML LQ 12.5 MCG/5 ML (500 UNIT/5 ML)	\$0 (Tier 3) NT
vitamin d3 1,250 mcg capsule (rx)	\$0 (Tier 3) NT
vitamin d3 1.25 mg softgel (rx)	\$0 (Tier 3) NT
vitamin d3 10 mcg/ml liquid w/dropper (rx) 10 mcg/ml (400 unit/ml)	\$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)
vitamin d3 10,000 unit softgel (rx) 250 mcg (10,000 unit)	\$0 (Tier 3) NT
vitamin d3 10,000 unit softgel softgel,p/f (rx) 250 mcg (10,000 unit)	\$0 (Tier 3) NT
VITAMIN D3 10,000 UNIT TABLET 250 MCG (10,000 UNIT)	\$0 (Tier 3) NT
vitamin d3 125 mcg (5000 unit) (rx)	\$0 (Tier 3) NT
vitamin d3 125 mcg capsule (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
vitamin d3 125 mcg softgel (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
vitamin d3 125 mcg tablet 125 mcg (5,000 unit)	\$0 (Tier 3) NT
VITAMIN D3 125 MCG/0.5 ML DROP 125 MCG/0.5 ML (5K UNIT/0.5ML)	\$0 (Tier 3) NT
vitamin d3 2,000 unit softgel 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 2,000 unit softgel p/f, color-free (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 2,000 unit softgel p/f,softgel (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 2,000 unit softgel p/f,n,softgel (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 2,000 unit softgel p/f,n,softgel 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 2,000 unit softgel softgel (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 2,000 unit softgel softgel 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 2,000 unit softgel softgel, p/f (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 2,000 unit softgel soy-free,softgel (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 2,000 unit softgel ultra-str,softgel (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
VITAMIN D3 2,000 UNIT TAB CHEW 50 MCG (2,000 UNIT)	\$0 (Tier 3) NT
vitamin d3 2,000 unit tablet (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 2,000 unit tablet (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 2,000 unit tablet gluten-free (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 2,000 unit tablet p/f (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 2,000 unit tablet p/f, gluten-free (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the drug will cost you (tier level)
vitamin d3 2,000 unit tablet super strength (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 2,000 unit tablet w/ calcium carbonate (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 25 mcg (1,000 unit) (rx)	\$0 (Tier 3) NT
vitamin d3 25 mcg gummy (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 25 mcg tablet bonus 10 tb,max str (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 25 mcg tablet p/f, ex-strength (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
vitamin d3 25 mcg tablet y/f,p/f (rx) 25 mcg (1,000 unit)	\$0 (Tier 3) NT
VITAMIN D3 250 MCG TABLET 250 MCG (10,000 UNIT)	\$0 (Tier 3) NT
VITAMIN D3 3,000 UNIT TABLET 75 MCG (3,000 UNIT)	\$0 (Tier 3) NT
vitamin d3 400 unit softgel (rx) 10 mcg (400 unit)	\$0 (Tier 3) NT
vitamin d3 400 unit softgel p/f,n,softgel (rx) 10 mcg (400 unit)	\$0 (Tier 3) NT
vitamin d3 400 unit softgel softgel (rx) 10 mcg (400 unit)	\$0 (Tier 3) NT
vitamin d3 400 unit softgel softgel, p/f (rx) 10 mcg (400 unit)	\$0 (Tier 3) NT
vitamin d3 400 unit softgel softgel,p/f (rx) 10 mcg (400 unit)	\$0 (Tier 3) NT
vitamin d3 400 unit tab chew (rx) 10 mcg (400 unit)	\$0 (Tier 3) NT
vitamin d3 400 unit tab chew orange, p/f (rx) 10 mcg (400 unit)	\$0 (Tier 3) NT
vitamin d3 400 unit tab chew vanilla 10 mcg (400 unit)	\$0 (Tier 3) NT
vitamin d3 400 unit tablet 10 mcg (400 unit)	\$0 (Tier 3) NT
vitamin d3 400 unit tablet gluten-free (rx) 10 mcg (400 unit)	\$0 (Tier 3) NT
vitamin d3 400 unit tablet inner 10 mcg (400 unit)	\$0 (Tier 3) NT
vitamin d3 400 unit tablet outer 10 mcg (400 unit)	\$0 (Tier 3) NT
vitamin d3 400 unit tablet p/f (rx) 10 mcg (400 unit)	\$0 (Tier 3) NT
VITAMIN D3 400 UNIT/5 ML LIQ 10 MCG/5 ML (400 UNIT/5 ML)	\$0 (Tier 3) NT
vitamin d3 400 unit/ml liquid (rx) 10 mcg/ml (400 unit/ml)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
vitamin d3 5,000 unit capsule gluten-free (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
vitamin d3 5,000 unit capsule veggie caps (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
vitamin d3 5,000 unit softgel (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
vitamin d3 5,000 unit softgel p/f, softgel, glut-f (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
vitamin d3 5,000 unit softgel softgel (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
vitamin d3 5,000 unit softgel softgel, p/f (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
vitamin d3 5,000 unit softgel softgel,no lactose (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
vitamin d3 5,000 unit softgel softgel,p/f (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
vitamin d3 5,000 unit tablet 125 mcg (5,000 unit)	\$0 (Tier 3) NT
vitamin d3 5,000 unit tablet p/f (rx) 125 mcg (5,000 unit)	\$0 (Tier 3) NT
vitamin d3 5,000 unit tablet p/f,gluten-free 125 mcg (5,000 unit)	\$0 (Tier 3) NT
vitamin d3 5,000 unit tablet y/f,gluten/f 125 mcg (5,000 unit)	\$0 (Tier 3) NT
vitamin d3 5,000 unit/ml drops p/f, yeast-free 125 mcg/ml (5,000 unit/ml)	\$0 (Tier 3) NT
vitamin d3 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 50 mcg softgel 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 50 mcg tablet (rx) 50 mcg (2,000 unit)	\$0 (Tier 3) NT
vitamin d3 50,000 unit capsule (rx) 1,250 mcg (50,000 unit)	\$0 (Tier 3) NT
VITAMIN D3 62.5 MCG GUMMY 62.5 MCG (2,500 UNIT)	\$0 (Tier 3) NT
vitamin d-400 tablet easy to swallow (rx) 10 mcg (400 unit)	\$0 (Tier 3) NT
vitamin e 1,000 unit softgel p/f, blend, softgel (rx)	\$0 (Tier 3) NT
vitamin e 1,000 unit softgel p/f, gluten-f,sftgel (rx) 670 mg (1,000 unit)	\$0 (Tier 3) NT
vitamin e 1,000 unit softgel softgel, finest (rx)	\$0 (Tier 3) NT
vitamin e 1,000 unit softgel softgel, p/f (rx) 450 mg (1,000 unit)	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
vitamin e 100 unit softgel softgel (rx) 45 mg (100 unit)	\$0 (Tier 3) NT
VITAMIN E 100 UNIT TABLET	\$0 (Tier 3) NT
VITAMIN E 100 UNIT TABLET Y/F,GLUTEN/F (RX) 67 MG (100 UNIT)	\$0 (Tier 3) NT
vitamin e 15 unit/0.3 ml drop 22.5 mg (50 unit)/ml	\$0 (Tier 3) NT
vitamin e 180 mg softgel (rx) 180 mg (400 unit)	\$0 (Tier 3) NT
vitamin e 180 mg(400 unit) sfgl (rx)	\$0 (Tier 3) NT
vitamin e 180 mg(400 unit) sfgl inner (rx)	\$0 (Tier 3) NT
vitamin e 180 mg(400 unit) sfgl outer (rx)	\$0 (Tier 3) NT
vitamin e 200 unit softgel p/f, gluten-f,sftgel (rx) 134 mg (200 unit)	\$0 (Tier 3) NT
vitamin e 200 unit softgel p/f, no lactose (rx) 134 mg (200 unit)	\$0 (Tier 3) NT
vitamin e 400 unit capsule softgel, p/f (rx) 180 mg (400 unit)	\$0 (Tier 3) NT
vitamin e 400 unit softgel (rx) 180 mg (400 unit)	\$0 (Tier 3) NT
vitamin e 400 unit softgel economy size (rx) 268 mg (400 unit)	\$0 (Tier 3) NT
vitamin e 400 unit softgel p/f,softgel (rx) 180 mg (400 unit)	\$0 (Tier 3) NT
vitamin e 400 unit softgel p/f,softgel (rx)	\$0 (Tier 3) NT
vitamin e 400 unit softgel softgel (rx) 180 mg (400 unit)	\$0 (Tier 3) NT
vitamin e 400 unit softgel softgel, p/f (rx) 180 mg (400 unit)	\$0 (Tier 3) NT
vitamin e 400 unit softgel softgel,100% natural (rx) 268 mg (400 unit)	\$0 (Tier 3) NT
vitamin e 45 mg softgel (rx) 45 mg (100 unit)	\$0 (Tier 3) NT
vitamin e 450 mg softgel (rx) 450 mg (1,000 unit)	\$0 (Tier 3) NT
vitamin e 90 mg softgel 90 mg (200 unit)	\$0 (Tier 3) NT
VITAMIN E NATURAL OIL DROPS 100 UNIT/0.25 ML	\$0 (Tier 3) NT
VITAMIN E OIL DROPS 100 UNIT/0.25 ML	\$0 (Tier 3) NT
VITAMIN E OIL DROPS 45 MG/0.25ML 100 UNIT/0.25ML	\$0 (Tier 3) NT
wee care 15 mg/1.25 ml susp	\$0 (Tier 3) NT
weekly-d 1,250 mcg softgel	\$0 (Tier 3) NT
westab one tablet 2.5-25-1 mg	\$0 (Tier 3) NT
women's daily formula caplet 27-0.4 mg	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
WOMEN'S DAILY PACK 400 MCG-800 MG -10 MCG	\$0 (Tier 3) NT
WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F 200 MCG	\$0 (Tier 3) NT
WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F,N,FRUIT 200 MCG	\$0 (Tier 3) NT
XCELLENT E SOFTGEL 33.5-125-25 MG	\$0 (Tier 3) NT
<i>zinc 15 mg lozenges</i>	\$0 (Tier 3) NT
ZOO FRIENDS TABLET CHEWABLE (RX)	\$0 (Tier 3) NT

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

For more recent information or other questions, contact us at **1-866-549-8289** (TTY: **711**), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day or visit **mmp.buckeyehealthplan.com**.

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