

2025

**READY
TO HELP**



Medicare Plus BlueSM Group PPO Prescription BlueSM Group PDP

Healthy Value Enhanced Comprehensive Formulary

(List of Covered Drugs or "Drug List")

PLEASE READ: This document contains information about the drugs we cover in this plan.

This formulary was updated on May 1, 2025. For more recent information or other questions, please contact us, Medicare Plus Blue Group PPO and Prescription Blue Group PDP Customer Service, at 1-866-684-8216 (TTY users should call 711), Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit www.bcbsm.com/medicare.

When visiting your doctor(s), please bring your personal drug list and this 2025 Blue Cross Drug List with you.

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to "we," "us," or "our," it means Blue Cross Blue Shield of Michigan. When it refers to "plan" or "our plan," it means Medicare Plus Blue Group PPO or Prescription Blue Group PDP.

This document includes a Drug List (formulary) for our plan which is current as of May 1, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Medicare Plus Blue Group PPO and Prescription Blue Group PDP formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Medicare Plus Blue Group PPO and Prescription Blue Group PDP in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Medicare Plus Blue Group PPO and Prescription Blue Group PDP will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare Plus Blue Group PPO and Prescription Blue Group PDP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*. For a complete listing of all prescription drugs covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <https://www.bcbsm.com/medicare/resources/for-ms-documents/drug-lists/>.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide

to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary?"

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product,

or move it to a different cost-sharing tier, or both.

We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 31-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary?"

Changes that will not affect you if you are currently taking the drug: Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of May 1, 2025. To get updated information about the drugs covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 71. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Medicare Plus Blue Group PPO and Prescription Blue Group PDP cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, 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 alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Medicare Plus Blue Group PPO and Prescription Blue Group PDP require you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Medicare Plus Blue Group PPO and Prescription Blue Group PDP before you fill your prescriptions. If you don't get approval, Medicare Plus Blue Group PPO and Prescription Blue Group PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Medicare Plus Blue Group PPO and Prescription Blue Group PDP limit the amount of the drug that Medicare Plus Blue Group PPO and Prescription Blue Group PDP will cover. For example, Medicare Plus Blue Group PPO and Prescription Blue Group PDP provide 31 tablets per prescription for pioglitazone. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Medicare Plus Blue Group PPO and Prescription Blue Group PDP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Medicare Plus Blue Group PPO and Prescription Blue Group PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medicare Plus

Blue Group PPO and Prescription Blue Group PDP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Medicare Plus Blue Group PPO and Prescription Blue Group PDP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary?" on page iv for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Medicare Plus Blue Group PPO and Prescription Blue Group PDP pay for certain OTC drugs. The list of OTC drugs we cover begins on page 68. Medicare Plus Blue Group PPO and Prescription Blue Group PDP will provide these OTC drugs at no cost to you. The cost to Medicare Plus Blue Group PPO and Prescription Blue Group PDP of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that Medicare Plus Blue Group PPO and Prescription Blue Group PDP do not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP. When you receive the list, show it to your doctor and ask them to prescribe a similar

drug that is covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP.

- You can ask Medicare Plus Blue Group PPO and Prescription Blue Group PDP to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary?

You can ask Medicare Plus Blue Group PPO and Prescription Blue Group PDP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level (Tier 4) and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Medicare Plus Blue Group PPO and Prescription Blue Group PDP limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

Generally, Medicare Plus Blue Group PPO and Prescription Blue Group PDP will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously

harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as a prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

If you are a new member in the plan, for each of your drugs that is not on our formulary or has coverage restrictions, we will cover a temporary 31-day supply. If you were in the plan last year and your drug is no longer on our formulary or is now restricted in some way, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. If coverage is not approved, after your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or

from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to Chapter 5, Section 5.2 of your *Evidence of Coverage* or visit our website at

www.bcbsm.com/medicare/help/using-your-plan/rx-restrictions-no-coverage.

We will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

For more detailed information about your Medicare Plus Blue Group PPO and Prescription Blue Group PDP prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Medicare Plus Blue Group PPO and Prescription Blue Group PDP, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 71.

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

The information in the Requirements/Limits column tells you if Medicare Plus Blue Group PPO or Prescription Blue Group PDP have any special requirements for coverage of your drug.

Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Drug Tier Costs
(Up to a 31-day supply)

Tier	Drug Description	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)	Long-term care (LTC) cost sharing	Out-of-network cost sharing
Tier 1	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details.			
Tier 2	Generic				
Tier 3	Preferred Brand				
Tier 4	Non-Preferred Drug				
Tier 5	Specialty Tier	See your Medical or Prescription Benefits Chart for member cost-share details.			

Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Drug Tier Costs
(32- to 90-day supply*)

Tier	Drug Description	Standard retail cost sharing (in-network)	Preferred retail cost sharing (in-nework)	Standard mail-order cost sharing (in-network)	Preferred mail-order cost sharing (in-network)
Tier 1	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details.			
Tier 2	Generic				
Tier 3	Preferred Brand				
Tier 4	Non-Preferred Drug				
Tier 5	Specialty Tier	90-day supply is not available.			

Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

*Most pharmacies will fill a 90-day supply of most medications available on Tier 1 through Tier 4. Check with your pharmacist. Medications on Tier 5 are available for a maximum of 31 days' supply per fill.

Drug Notes Code Definitions

Symbol	Definition
B/D	This prescription drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EX	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the <u>amount you pay does not help you qualify for catastrophic coverage</u>). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
NDS	Non-extended Day Supply. Most opioid analgesics are available for up to a 31-day supply and benzodiazepines are available for up to a 30-day supply through retail and mail.
OVM	Oncology Value Management. Prior authorization for antineoplastics and oncology supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth. Your physician is required to submit more information to determine coverage.
PA	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
ST	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule 200mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>celecoxib capsule 100mg</i>	3	QL(270 EA per 90 days)
<i>celecoxib capsule 50mg</i>	3	QL(540 EA per 90 days)
<i>diclofenac potassium tablet 50mg</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	4	
<i>diclofenac sodium external solution 1.5%</i>	4	QL(600 ML per 30 days)
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	2	
<i>etodolac er</i>	3	
<i>etodolac capsule, tablet</i>	3	
<i>flurbiprofen tablet 100mg</i>	2	
<i>ibu</i>	2	
<i>ibuprofen suspension</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	2	
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium tablet 275mg, 550mg</i>	2	
<i>naproxen tablet delayed release 500mg</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin tablet</i>	3	
<i>piroxicam capsule</i>	3	
<i>salsalate tablet 750mg</i>	2	
<i>sulindac tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(15 EA per 30 days); NDS
<i>METHADONE HCL SOLUTION 10MG/5ML</i>	3	QL(1860 ML per 31 days); NDS
<i>METHADONE HCL SOLUTION 5MG/5ML</i>	3	QL(3720 ML per 31 days); NDS
<i>methadone hcl tablet 10mg</i>	3	QL(372 EA per 31 days); NDS
<i>methadone hcl tablet 5mg</i>	3	QL(496 EA per 31 days); NDS
<i>MORPHINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 20MG, 50MG, 80MG</i>	4	QL(62 EA per 31 days); NDS
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL(31 EA per 31 days); NDS
<i>morphine sulfate er tablet extended release 100mg, 15mg, 30mg, 60mg</i>	4	QL(93 EA per 31 days); NDS
<i>OXYMORPHONE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG</i>	4	QL(62 EA per 31 days); NDS

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
OXYMORPHONE HYDROCHLORIDEER	4	QL(62 EA per 31 days); NDS
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR	4	QL(31 EA per 31 days); NDS
tramadol hydrochloride er	3	QL(31 EA per 31 days); NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine phosphate tablet 300mg; 60mg	3	QL(186 EA per 31 days); NDS
ACETAMINOPHEN/CODEINE SOLUTION	3	QL(5167 ML per 31 days); NDS
acetaminophen/codeine tablet 300mg; 60mg	3	QL(186 EA per 31 days); NDS
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg	3	QL(372 EA per 31 days); NDS
butorphanol tartrate solution	3	QL(5 ML per 30 days); NDS
CODEINE SULFATE TABLET 15MG	2	QL(186 EA per 31 days); NDS
CODEINE SULFATE TABLET 30MG, 60MG	3	QL(186 EA per 31 days); NDS
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL(372 EA per 31 days); NDS
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	4	QL(124 EA per 31 days); PA; NDS
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	5	QL(124 EA per 31 days); PA; NDS
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	3	QL(5735 ML per 31 days); NDS
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg	3	QL(372 EA per 31 days); NDS
hydrocodone/acetaminophen tablet 325mg; 7.5mg	3	QL(372 EA per 31 days); NDS
HYDROCODONE/IBUPROFEN TABLET 10MG; 200MG, 5MG; 200MG	3	QL(155 EA per 31 days); NDS
hydrocodone(ibuprofen tablet 7.5mg; 200mg	3	QL(155 EA per 31 days); NDS
hydromorphone hcl liquid	4	QL(2480 ML per 31 days); NDS
HYDROMORPHONE HCL INJECTION 4MG/ML	4	NDS
hydromorphone hcl injection 10mg/ml, 1mg/ml	4	NDS
hydromorphone hcl tablet 8mg	3	QL(248 EA per 31 days); NDS
hydromorphone hcl tablet 2mg, 4mg	3	QL(372 EA per 31 days); NDS
HYDROMORPHONE HYDROCHLORIDE INJECTION 2MG/ML	4	NDS
hydromorphone hydrochloride injection 2mg/ml, 50mg/5ml	4	NDS
morphine sulfate tablet	3	QL(186 EA per 31 days); NDS
morphine sulfate solution 20mg/5ml	3	QL(1550 ML per 31 days); NDS
morphine sulfate solution 10mg/5ml	3	QL(3100 ML per 31 days); NDS
morphine sulfate solution 100mg/5ml	3	QL(930 ML per 31 days); NDS
oxycodone hydrochloride capsule, tablet	3	QL(372 EA per 31 days); NDS
oxycodone hydrochloride solution	4	QL(1860 ML per 31 days); NDS
oxycodone hydrochloride concentrate	4	QL(279 ML per 31 days); NDS
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL(372 EA per 31 days); NDS
tramadol hydrochloride/acetaminophen	2	QL(372 EA per 31 days); NDS

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hydrochloride tablet 50mg</i>	2	QL(248 EA per 31 days); NDS
Anesthetics		
Local Anesthetics		
CETACAINE AEROSOL 14%; 2%; 2%	4	EX
CRYODOSE TA	4	EX
<i>lidocaine hydrochloride injection 1%</i>	2	
<i>lidocaine/prilocaine cream</i>	4	PA
<i>lidocaine patch 5%</i>	3	QL(270 EA per 90 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	3	
<i>disulfiram tablet</i>	4	
<i>naltrexone hydrochloride tablet</i>	3	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	1	QL(270 EA per 90 days)
<i>buprenorphine hcl tablet sublingual</i>	1	QL(270 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	2	QL(180 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	2	QL(270 EA per 90 days)
Opioid Reversal Agents		
KLOXXADO	3	QL(12 EA per 90 days)
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
OPVEE	3	QL(12 EA per 90 days)
REXTOVY	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	3	QL(180 EA per 90 days)
NICOTROL INHALER	4	
NICOTROL NS	4	
TYRVAYA	4	QL(8.4 ML per 30 days)
<i>varenicline starting month</i>	4	
<i>varenicline tartrate</i>	4	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
ARIKAYCE	5	PA
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%, 2MG/ML; 0.9%	4	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	3	
<i>ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%</i>	4	
<i>neomycin sulfate</i>	2	
<i>STREPTOMYCIN SULFATE INJECTION 1GM</i>	5	
<i>TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML</i>	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>clindacin etz pledges</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	3	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
FEM PH	2	EX
FIRVANQ SOLUTION RECONSTITUTED 50MG/ML	4	
IMPAVIDO	5	QL(84 EA per 28 days)
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1680 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole vaginal</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	
<i>polymyxin b sulfate injection</i>	4	
<i>silver nitrate solution 0.5%</i>	4	EX
<i>tigecycline</i>	5	
<i>tinidazole</i>	4	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	4	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJECTION 5%; 1GM/200ML	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(360 EA per 90 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(720 EA per 90 days)
<i>vancomycin hydrochloride oral solution reconstituted</i>	4	
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	4	
Beta-lactam, Cephalosporins		
CEFACLOR CAPSULE 250MG	2	
CEFADROXIL TABLET	2	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
<i>cefeprime injection 1gm</i>	4	
<i>ceftizime</i>	4	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
CEFPODOXIME PROXETIL SUSPENSION RECONSTITUTED	4	
<i>cefpodoxime proxetil tablet</i>	4	
<i>cefrizole</i>	3	
CEFTAZIDIME INJECTION 6GM	4	
<i>ceftazidime injection 1gm, 2gm</i>	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	4	
CEFTRIAXONE SODIUM INJECTION 100GM	4	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
CEFTRIAXONE/DEXTROSE	4	
<i>cefuroxime axetil tablet</i>	3	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
<i>tazicef injection 1gm, 2gm</i>	4	
TEFLARO	5	
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	4	
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
<i>amoxicillin/clavulanate potassium tablet</i>	2	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/clavulanate potassium suspension reconstituted</i>	3	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	1	
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	
<i>ampicillin sodium injection 1gm, 250mg, 500mg</i>	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN	4	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 0; 20000UNIT/ML	4	
PENICILLIN G SODIUM	5	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	2	
<i>penicillin v potassium tablet</i>	2	
<i>pfiberpen injection 5000000unit</i>	4	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
MEROPENEM/SODIUM CHLORIDE	3	
MEROPENEM INJECTION 2GM	3	
<i>meropenem injection 1gm, 500mg</i>	3	
Macrolides		
AZITHROMYCIN PACKET	3	
<i>azithromycin suspension reconstituted, tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	3	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	4	
<i>clarithromycin tablet</i>	3	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
DIFICID SUSPENSION RECONSTITUTED	5	QL(136 ML per 10 days)
DIFICID TABLET	5	QL(20 EA per 10 days)
ery-tab tablet delayed release 250mg, 333mg	4	
erythromycin base tablet	4	
ERYTHROMYCIN DR CAPSULE DELAYED RELEASE PARTICLES	4	
erythromycin dr tablet delayed release 250mg, 333mg	4	
erythromycin ethylsuccinate suspension reconstituted 200mg/5ml	4	
Quinolones		
ciprofloxacin hcl tablet 750mg	1	
ciprofloxacin hydrochloride tablet 250mg, 500mg	1	
CIPROFLOXACIN I.V.-IN D5W INJECTION 200MG/100ML; 5%	4	
levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml	4	
levofloxacin injection 25mg/ml	4	
levofloxacin oral solution 25mg/ml	4	
levofloxacin tablet 250mg, 500mg, 750mg	2	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	4	
moxifloxacin hydrochloride tablet 400mg	3	
OFLOXACIN TABLET 300MG	2	
ofloxacin tablet 400mg	2	
Sulfonamides		
sulfacetamide sodium lotion 10%	3	
sulfadiazine tablet	4	
sulfamethoxazole(trimethoprim ds	1	
sulfamethoxazole(trimethoprim tablet	1	
sulfamethoxazole(trimethoprim suspension	2	
Tetracyclines		
demecclocycline hcl tablet	4	
doxy 100	4	
doxycycline hyclate capsule 100mg, 50mg	3	
doxycycline hyclate tablet 100mg, 75mg	3	
doxycycline hyclate tablet 150mg	4	
doxycycline monohydrate capsule 100mg, 50mg	2	
doxycycline monohydrate tablet 100mg, 50mg, 75mg	3	
doxycycline suspension reconstituted	4	
minocycline hcl capsule 75mg	2	
minocycline hcl tablet 100mg, 75mg	3	
minocycline hydrochloride capsule 100mg, 50mg	2	
minocycline hydrochloride tablet 50mg	3	
tetracycline hydrochloride capsule	4	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT TABLET	5	QL(62 EA per 31 days); PA
BRIVIACT SOLUTION	5	QL(620 ML per 31 days); PA
EPIDIOLEX	5	QL(600 ML per 30 days); PA
EPRONTIA	4	PA
<i>felbamate</i>	4	
FINTEPLA	5	QL(360 ML per 30 days); PA
FYCOMPA SUSPENSION	5	QL(720 ML per 30 days); PA
FYCOMPA TABLET 2MG	4	QL(540 EA per 90 days); PA
FYCOMPA TABLET 10MG, 12MG, 4MG, 8MG	5	QL(30 EA per 30 days); PA
FYCOMPA TABLET 6MG	5	QL(60 EA per 30 days); PA
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine tablet</i>	2	
<i>lamotrigine tablet chewable</i>	3	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL(10 EA per 30 days); PA; NDS
<i>roweepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL(1080 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL(270 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL(360 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(540 EA per 90 days); PA
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate capsule sprinkle, tablet</i>	2	
<i>valproic acid</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	4	
<i>methsuximide</i>	3	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam suspension</i>	4	QL(480 ML per 30 days); PA; NDS
<i>clobazam tablet</i>	4	QL(60 EA per 30 days); PA; NDS

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL(120 EA per 30 days); NDS
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL(300 EA per 30 days); NDS
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL(120 EA per 30 days); NDS
<i>clonazepam tablet 2mg</i>	2	QL(300 EA per 30 days); NDS
DIACOMIT CAPSULE 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT CAPSULE 250MG	5	QL(372 EA per 31 days); PA
DIACOMIT PACKET 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT PACKET 250MG	5	QL(372 EA per 31 days); PA
DIAZEPAM RECTAL GEL GEL 2.5MG	4	QL(5 EA per 30 days); NDS
<i>diazepam rectal gel gel 10mg, 20mg</i>	4	QL(5 EA per 30 days); NDS
<i>divalproex sodium dr tablet delayed release</i>	2	
<i>divalproex sodium dr capsule delayed release sprinkle</i>	4	
<i>divalproex sodium er</i>	2	
<i> gabapentin capsule</i>	2	QL(810 EA per 90 days)
<i> gabapentin solution</i>	3	QL(6480 ML per 90 days)
<i> gabapentin tablet 800mg</i>	2	QL(360 EA per 90 days)
<i> gabapentin tablet 600mg</i>	2	QL(540 EA per 90 days)
LIBERVANT	4	QL(10 EA per 30 days); PA; NDS
<i>phenobarbital elixir 20mg/5ml</i>	2	QL(4500 ML per 90 days); PA
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	3	QL(360 EA per 90 days); PA
PRIMIDONE TABLET 125MG	2	
<i>primidone tablet 250mg, 50mg</i>	2	
SYMPAZAN FILM 5MG	4	QL(60 EA per 30 days); PA; NDS
SYMPAZAN FILM 10MG, 20MG	5	QL(60 EA per 30 days); PA; NDS
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
<i>vigabatrin</i>	5	QL(186 EA per 31 days); PA
ZTALMY	5	QL(1116 ML per 31 days); PA
Sodium Channel Agents		
APTIOM	5	QL(62 EA per 31 days); PA
<i>carbamazepine er</i>	4	
<i>carbamazepine suspension, tablet</i>	4	
<i>carbamazepine tablet chewable 100mg</i>	4	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	4	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	
<i>lacosamide solution</i>	4	QL(3600 ML per 90 days)
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL(180 EA per 90 days)
<i>lacosamide tablet 50mg</i>	4	QL(360 EA per 90 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL(124 EA per 31 days); PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	5	QL(62 EA per 31 days); PA
<i>oxcarbazepine</i>	4	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	PA
<i>rufinamide tablet 200mg</i>	4	QL(496 EA per 31 days); PA
<i>rufinamide tablet 400mg</i>	5	QL(248 EA per 31 days); PA
XCOPRI TABLET THERAPY PACK 0	4	QL(84 EA per 84 days); PA; 12.5MG-25MG
XCOPRI TABLET THERAPY PACK 0	5	QL(168 EA per 84 days); PA; 250MG DAILY DOSE
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA; 150MG-200MG
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA; 50MG-100MG
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA; 350MG DAILY DOSE
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL(31 EA per 31 days); PA
XCOPRI TABLET 150MG, 200MG	5	QL(62 EA per 31 days); PA
ZONISADE	4	QL(2700 ML per 90 days); PA
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
ERGOLOID MESYLATES TABLET	2	
<i>memantine/donepezil hydrochloride er</i>	3	
NAMZARIC	3	
Cholinesterase Inhibitors		
ADLARITY	4	QL(12 EA per 84 days); PA
<i>donepezil hcl tablet disintegrating 10mg</i>	2	QL(180 EA per 90 days)
<i>donepezil hcl tablet disintegrating 5mg</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL(180 EA per 90 days)
<i>donepezil hcl tablet 23mg</i>	4	QL(90 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>galantamine hydrobromide er</i>	3	QL(90 EA per 90 days)
GALANTAMINE HYDROBROMIDE SOLUTION	4	QL(600 ML per 90 days)
<i>galantamine hydrobromide tablet</i>	3	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 4.5mg, 6mg</i>	4	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 1.5mg, 3mg</i>	4	QL(270 EA per 90 days)
<i>rivastigmine transdermal system</i>	4	QL(90 EA per 90 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl titration pak</i>	3	QL(49 EA per 28 days); PA
<i>memantine hydrochloride er</i>	4	QL(90 EA per 90 days); PA
<i>memantine hydrochloride tablet</i>	2	QL(180 EA per 90 days); PA
<i>memantine hydrochloride solution</i>	4	QL(1080 ML per 90 days); PA
Antidepressants		
Antidepressants, Other		
AUVELITY	5	QL(62 EA per 31 days); PA
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	3	QL(180 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	3	QL(270 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	3	QL(90 EA per 90 days)
<i>bupropion hydrochloride tablet</i>	3	QL(540 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 15mg, 30mg</i>	3	QL(180 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 45mg</i>	3	QL(90 EA per 90 days)
<i>mirtazapine tablet 15mg, 7.5mg</i>	2	QL(180 EA per 90 days)
<i>mirtazapine tablet 30mg, 45mg</i>	2	QL(90 EA per 90 days)
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(31 EA per 31 days); PA
MARPLAN	4	QL(540 EA per 90 days)
PHENELZINE SULFATE	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution</i>	3	QL(1800 ML per 90 days)
<i>citalopram hydrobromide tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>citalopram hydrobromide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>citalopram hydrobromide tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	3	QL(360 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	3	QL(90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(180 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(270 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(360 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(540 EA per 90 days); PA
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	QL(180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	2	QL(180 EA per 90 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
duloxetine hydrochloride capsule delayed release particles 20mg, 30mg	2	QL(270 EA per 90 days)
escitalopram oxalate solution	4	QL(1800 ML per 90 days)
escitalopram oxalate tablet 10mg	2	QL(180 EA per 90 days)
escitalopram oxalate tablet 5mg	2	QL(360 EA per 90 days)
escitalopram oxalate tablet 20mg	2	QL(90 EA per 90 days)
FETZIMA TITRATION PACK	4	QL(28 EA per 28 days); PA
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL(180 EA per 90 days); PA
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL(90 EA per 90 days); PA
FLUOXETINE DR	4	QL(12 EA per 84 days)
fluoxetine hydrochloride capsule 40mg	2	QL(180 EA per 90 days)
fluoxetine hydrochloride capsule 20mg	2	QL(360 EA per 90 days)
fluoxetine hydrochloride capsule 10mg	2	QL(720 EA per 90 days)
fluoxetine hydrochloride solution	4	QL(1800 ML per 90 days)
fluoxetine hydrochloride tablet 10mg, 20mg	2	
fluvoxamine maleate	3	
NEFAZODONE HYDROCHLORIDE	3	
paroxetine	4	PA
paroxetine hcl er tablet extended release 24 hour 37.5mg	3	QL(180 EA per 90 days)
paroxetine hcl er tablet extended release 24 hour 25mg	3	QL(270 EA per 90 days)
paroxetine hcl er tablet extended release 24 hour 12.5mg	3	QL(540 EA per 90 days)
paroxetine hcl tablet 30mg, 40mg	2	QL(180 EA per 90 days); PA
paroxetine hydrochloride suspension	4	QL(2700 ML per 90 days); PA
paroxetine hydrochloride tablet 10mg, 20mg	2	QL(270 EA per 90 days); PA
RALDESY	4	QL(1200 ML per 30 days); PA
sertraline hcl concentrate	3	
sertraline hcl tablet 50mg	2	QL(360 EA per 90 days)
sertraline hydrochloride tablet 100mg	2	QL(180 EA per 90 days)
sertraline hydrochloride tablet 25mg	2	QL(720 EA per 90 days)
trazodone hydrochloride	1	
TRINTELLIX TABLET 10MG	4	QL(180 EA per 90 days); ST
TRINTELLIX TABLET 5MG	4	QL(360 EA per 90 days); ST
TRINTELLIX TABLET 20MG	4	QL(90 EA per 90 days); ST
venlafaxine hydrochloride	2	
venlafaxine hydrochloride er capsule extended release 24 hour 150mg	2	QL(180 EA per 90 days)
venlafaxine hydrochloride er capsule extended release 24 hour 75mg	2	QL(270 EA per 90 days)
venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg	2	QL(540 EA per 90 days)
vilazodone hydrochloride	4	QL(90 EA per 90 days)
Tricyclics		

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	PA
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	2	PA
<i>amoxapine</i>	3	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	PA
<i>doxepin hcl concentrate</i>	3	PA
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	PA
<i>imipramine hcl tablet 25mg, 50mg</i>	3	PA
<i>imipramine hydrochloride tablet 10mg</i>	3	PA
<i>imipramine pamoate</i>	4	PA
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	PA
<i>nortriptyline hcl solution</i>	4	PA
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	PA
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	PA
<i>meclizine hcl 12.5mg, 25mg tablet</i>	2	PA
<i>prochlorperazine maleate tablet</i>	2	PA
<i>prochlorperazine suppository 25mg</i>	4	PA
<i>promethazine hcl injection 50mg/ml</i>	2	
<i>promethazine hydrochloride plain</i>	2	PA
<i>promethazine hydrochloride tablet</i>	2	PA
<i>promethazine hydrochloride suppository 25mg</i>	4	PA
<i>promethegan suppository 25mg</i>	4	PA
<i>scopolamine</i>	4	QL(30 EA per 30 days)
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule 0, 80mg</i>	4	B/D
<i>aprepitant capsule 40mg</i>	4	QL(12 EA per 90 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(6 EA per 90 days); B/D
<i>dronabinol</i>	4	B/D
<i>gransetron hydrochloride tablet</i>	3	B/D
<i>ondansetron hcl solution</i>	4	B/D
ONDANSETRON HCL TABLET 24MG	2	B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
Antifungals		
<i>ABELCET</i>	4	B/D
<i>amphotericin b liposome</i>	4	B/D
AMPHOTERICIN B INJECTION	4	B/D

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>caspofungin acetate</i>	4	
<i>clotrimazole cream, troche</i>	2	
<i>clotrimazole solution</i>	3	
<i>econazole nitrate cream</i>	3	QL(255 GM per 90 days)
<i>fluconazole in sodium chloride</i>	4	
FLUCONAZOLE/SODIUM CHLORIDE	4	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>hydrocortisone/iodoquinol</i>	2	EX
<i>itraconazole capsule</i>	4	
<i>ketoconazole tablet</i>	2	PA
<i>ketoconazole shampoo</i>	2	QL(360 ML per 90 days)
<i>ketoconazole cream</i>	3	QL(270 GM per 90 days)
<i>klayesta</i>	2	QL(180 GM per 90 days)
MICONAZOLE 3 SUPPOSITORY	3	
NAFTIFINE HYDROCHLORIDE CREAM 1%	4	
<i>naftifine hydrochloride cream 2%</i>	4	
<i>nyamyc</i>	2	QL(180 GM per 90 days)
<i>nystatin cream, ointment, suspension</i>	2	
<i>nystatin powder</i>	2	QL(180 GM per 90 days)
<i>nystatin tablet</i>	4	
<i>nystop</i>	2	QL(180 GM per 90 days)
<i>posaconazole dr</i>	5	QL(93 EA per 31 days); PA
<i>terbinafine hcl tablet</i>	2	
<i>terbinafine hydrochloride tablet</i>	2	
<i>terconazole cream</i>	3	
<i>terconazole suppository</i>	4	
<i>voriconazole tablet</i>	4	PA
<i>voriconazole injection, suspension reconstituted</i>	5	PA

Antigout Agents

Antigout Agents		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	4	QL(360 EA per 90 days)
<i>febuxostat</i>	3	QL(90 EA per 90 days); ST
<i>probenecid/colchicine</i>	3	
<i>probenecid tablet</i>	3	

Antimigraine Agents

Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML	3	QL(3 ML per 84 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(6 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(5 ML per 84 days); PA

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
EMGALITY INJECTION 100MG/ML	3	QL(9 ML per 84 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
QULIPTA TABLET 10MG	5	QL(186 EA per 31 days); PA
QULIPTA TABLET 60MG	5	QL(31 EA per 31 days); PA
QULIPTA TABLET 30MG	5	QL(62 EA per 31 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
Ergot Alkaloids		
<i>dihydroergotamine mesylate solution</i>	3	QL(24 ML per 90 days); PA
MIGERGOT	5	
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl tablet 2.5mg</i>	3	QL(24 EA per 90 days)
<i>naratriptan hcl tablet 1mg</i>	3	QL(60 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	3	QL(162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	3	QL(81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	3	QL(162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	3	QL(81 EA per 90 days)
SUMATRIPTAN SUCCINATE REFILL	4	QL(27 ML per 90 days)
<i>sumatriptan succinate injection</i>	4	QL(27 ML per 90 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(108 EA per 90 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(216 EA per 90 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(54 EA per 90 days)
<i>sumatriptan solution</i>	4	QL(36 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	3	QL(108 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	3	QL(54 EA per 90 days)
<i>zolmitriptan tablet 2.5mg</i>	4	QL(108 EA per 90 days)
<i>zolmitriptan tablet 5mg</i>	4	QL(54 EA per 90 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet</i>	3	
PRETOMANID	4	QL(90 EA per 90 days); PA
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hydrochloride</i>	3	
<i>isoniazid tablet</i>	2	
<i>isoniazid syrup</i>	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	4	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	PA

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide capsule</i>	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA; OVM
ZEPZELCA	5	PA
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	4	
<i>abirtega</i>	4	
<i>bicalutamide</i>	3	
ERLEADA	5	PA; OVM
EULEXIN	5	PA; OVM
<i>nilutamide</i>	5	
NUBEQA	5	PA; OVM
XTANDI	5	PA; OVM
YONSA	5	PA; OVM
Antiangiogenic Agents		
<i>lenalidomide</i>	5	PA
POMALYST	5	PA; OVM
THALOMID	5	PA; OVM
Antiestrogens/Modifiers		
EMCYT	5	
ORSERDU	5	PA; OVM
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 200MG/2ML, 2GM/20ML	3	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
<i>mercaptopurine suspension</i>	5	
PURIXAN	5	
TABLOID	5	PA; OVM
Antineoplastics, Other		
ADRIAMYCIN INJECTION 10MG	4	
AKEEGA	5	PA; OVM
DOCETAXEL INJECTION 160MG/8ML, 20MG/2ML, 80MG/8ML	5	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
DOXORUBICIN HYDROCHLORIDE INJECTION 10MG	4	
INREBIC	5	PA; OVM
ITOVEBI	5	PA; OVM
IWLFIN	5	PA; OVM
IXEMPRA KIT	5	
KISQALI FEMARA 200 DOSE	5	PA; OVM
KISQALI FEMARA 400 DOSE	5	PA; OVM
KISQALI FEMARA 600 DOSE	5	PA; OVM
LAZCLUZE	5	PA; OVM
<i>leucovorin calcium tablet</i>	3	
<i>leucovorin calcium injection 500mg, 50mg</i>	4	
LONSURF	5	PA; OVM
LYSODREN	3	
OGSIVEO	5	PA; OVM
OJEMDA	5	PA; OVM
ONUREG	5	PA; OVM
REVUFORJ	5	PA; OVM
RYLAZE	5	PA
TICE BCG	3	
<i>valrubicin</i>	3	
VONJO	5	PA; OVM
ZOLINZA	5	PA; OVM
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Molecular Target Inhibitors		
ALECENSA	5	PA; OVM
ALUNBRIG	5	PA; OVM
AUGTYRO	5	PA; OVM
AYVAKIT	5	PA; OVM
BALVERSA	5	PA; OVM
BOSULIF	5	PA; OVM
BRAFTOVI CAPSULE 75MG	5	PA; OVM
BRUKINSA	5	PA; OVM
CABOMETYX	5	PA; OVM
CALQUENCE TABLET	5	PA; OVM
CALQUENCE CAPSULE	5	QL(124 EA per 31 days); PA
CAPRELSA	5	PA; OVM
COMETRIQ	5	PA; OVM
COPIKTRA	5	PA; OVM
COTELLIC	5	PA; OVM
<i>dasatinib</i>	5	PA; OVM
DAURISMO	5	PA; OVM

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	5	PA; OVM
<i>erlotinib hydrochloride tablet</i>	5	PA; OVM
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA; OVM
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA; OVM
EXKIVITY	5	QL(124 EA per 31 days); PA
FOTIVDA	5	PA; OVM
FRUZAQLA	5	PA; OVM
GAVRETO	5	PA; OVM
<i>gefitinib</i>	5	PA; OVM
GILOTrif	5	PA; OVM
IBRANCE	5	PA; OVM
ICLUSIG	5	PA; OVM
IDHIFA	5	PA; OVM
<i>imatinib mesylate tablet 100mg</i>	3	
<i>imatinib mesylate tablet 400mg</i>	4	
IMBRUVICA CAPSULE, SUSPENSION	5	PA; OVM
IMBRUVICA TABLET 420MG	5	PA; OVM
IMKELDI	5	PA; OVM
INLYTA	5	PA; OVM
INQOVI	5	PA; OVM
JAKAFI	5	PA; OVM
JAYPIRCA	5	PA; OVM
KISQALI	5	PA; OVM
KOSELUGO	5	PA; OVM
KRAZATI	5	PA; OVM
<i>lapatinib ditosylate</i>	5	PA; OVM
LENVIMA 10 MG DAILY DOSE	5	PA; OVM
LENVIMA 12MG DAILY DOSE	5	PA; OVM
LENVIMA 14 MG DAILY DOSE	5	PA; OVM
LENVIMA 18 MG DAILY DOSE	5	PA; OVM
LENVIMA 20 MG DAILY DOSE	5	PA; OVM
LENVIMA 24 MG DAILY DOSE	5	PA; OVM
LENVIMA 4 MG DAILY DOSE	5	PA; OVM
LENVIMA 8 MG DAILY DOSE	5	PA; OVM
LORBRENA	5	PA; OVM
LUMAKRAS	5	PA; OVM
LYNPARZA TABLET	5	PA; OVM
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; OVM; 12MG
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; OVM; 16MG
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; OVM; 20MG
MEKINIST	5	PA; OVM
MEKTOVI	5	PA; OVM
NERLYNX	5	PA; OVM
NINLARO	5	PA; OVM

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ODOMZO	5	PA; OVM
OJJAARA	5	PA; OVM
<i>pazopanib hydrochloride</i>	5	PA; OVM
PEMAZYRE	5	PA; OVM
PIQRAY 200MG DAILY DOSE	5	PA; OVM
PIQRAY 250MG DAILY DOSE	5	PA; OVM
PIQRAY 300MG DAILY DOSE	5	PA; OVM
QINLOCK	5	PA; OVM
RETEVMO	5	PA; OVM
REZLIDHIA	5	PA; OVM
ROZLYTREK	5	PA; OVM
RUBRACA	5	QL(124 EA per 31 days); PA
RYDAPT	5	PA; OVM
SCEMBLIX	5	PA; OVM
<i>sorafenib</i>	5	PA; OVM
<i>sorafenib tosylate</i>	5	PA; OVM
SPRYCEL	5	PA; OVM
STIVARGA	5	PA; OVM
<i>sunitinib malate</i>	5	PA; OVM
TABRECTA	5	PA; OVM
TAFINLAR	5	PA; OVM
TAGRISSO	5	PA; OVM
TALZENNA	5	PA; OVM
TASIGNA	5	PA; OVM
TAZVERIK	5	PA; OVM
TEPMETKO	5	PA; OVM
TIBSOVO	5	PA; OVM
<i>torpez</i>	5	PA; OVM
TRUQAP	5	PA; OVM
TUKYSA	5	PA; OVM
TURALIO CAPSULE 125MG	5	PA; OVM
VANFLYTA	5	PA; OVM
VENCLEXTA STARTING PACK	5	PA; OVM
VENCLEXTA TABLET 10MG, 50MG	4	PA; OVM
VENCLEXTA TABLET 100MG	5	PA; OVM
VERZENIO	5	PA; OVM
VITRAKVI	5	PA; OVM
VIZIMPRO	5	PA; OVM
XALKORI	5	PA; OVM
XOSPATA	5	PA; OVM
XPOVIO	5	PA; OVM
XPOVIO 60 MG TWICE WEEKLY	5	PA; OVM
XPOVIO 80 MG TWICE WEEKLY	5	PA; OVM
ZEJULA	5	PA; OVM

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ZELBORAF	5	PA; OVM
ZYDELIG	5	PA; OVM
ZYKADIA TABLET	5	PA; OVM
<i>Monoclonal Antibodies/Antibody-Drug Conjugates</i>		
DANYELZA	5	PA
ENHERTU	5	PA
HERCEPTIN HYLECTA	5	
LIBTAYO	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
PADCEV	5	PA
POLIVY	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
<i>Retinoids</i>		
<i>bexarotene</i>	5	PA; OVM
PANRETIN	5	QL(60 GM per 30 days); PA
<i>tretinooin capsule 10mg</i>	5	
<i>Treatment Adjuncts</i>		
<i>mesna tablet</i>	3	
MESNEX TABLET	3	
VORANIGO	5	PA; OVM
Antiparasitics		
<i>Anthelmintics</i>		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet 3mg</i>	3	PA
<i>praziquantel tablet</i>	4	
<i>Antiprotozoals</i>		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hydrochloride</i>	4	
<i>chloroquine phosphate tablet</i>	4	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 200mg</i>	4	
<i>mefloquine hydrochloride</i>	2	
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate injection</i>	4	
PRIMAQUINE PHOSPHATE TABLET	3	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	4	PA
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate tablet</i>	2	PA

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
TRIHEXYPHENIDYL HCL SOLUTION <i>trihexyphenidyl hydrochloride</i>	2	PA
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
Dopamine Agonists		
<i>bromocriptine mesylate capsule, tablet</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	3	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
CARBIDOPA/LEVODOPA ODT	4	
<i>carbidopa tablet</i>	4	
RYTARY CAPSULE EXTENDED RELEASE 61.25MG; 245MG	4	QL(300 EA per 30 days); ST
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG	4	QL(360 EA per 30 days); ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	PA
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	PA
<i>chlorpromazine hydrochloride tablet</i>	4	PA
<i>fluphenazine decanoate injection</i>	4	
FLUPHENAZINE HCL CONCENTRATE	2	
FLUPHENAZINE HYDROCHLORIDE ELIXIR, INJECTION	4	
<i>fluphenazine hydrochloride tablet</i>	2	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate, tablet</i>	2	
<i>loxpipime</i>	4	
MOLINDONE HYDROCHLORIDE	4	
<i>perphenazine tablet</i>	4	PA
PIMOZIDE	3	
<i>thioridazine hydrochloride</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL(2.4 ML per 56 days); ST
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL(3.2 ML per 56 days); ST
ABILIFY MAINTENA	5	QL(1 EA per 28 days); ST
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(180 EA per 90 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(270 EA per 90 days)
<i>aripiprazole solution</i>	4	QL(2700 ML per 90 days)
<i>aripiprazole tablet 20mg</i>	3	QL(135 EA per 90 days)
<i>aripiprazole tablet 10mg, 15mg, 2mg, 5mg</i>	3	QL(180 EA per 90 days)
<i>aripiprazole tablet 30mg</i>	3	QL(90 EA per 90 days)
ARISTADA INITIO	5	QL(2.4 ML per 31 days); ST
ARISTADA INJECTION 441MG/1.6ML	5	QL(1.6 ML per 30 days); ST
ARISTADA INJECTION 662MG/2.4ML	5	QL(2.4 ML per 30 days); ST
ARISTADA INJECTION 882MG/3.2ML	5	QL(3.2 ML per 30 days); ST
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 56 days); ST
<i>asenapine maleate sl</i>	4	QL(180 EA per 90 days)
CAPLYTA	5	QL(30 EA per 30 days); ST
FANAPT TITRATION PACK	4	QL(8 EA per 31 days); PA
FANAPT TABLET 1MG, 2MG, 4MG	5	QL(180 EA per 90 days); PA
FANAPT TABLET 10MG, 12MG, 6MG, 8MG	5	QL(62 EA per 31 days); PA
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL(3.5 ML per 180 days); ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL(5 ML per 180 days); ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL(0.25 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL(0.5 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL(0.75 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL(1 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL(1.5 ML per 28 days); ST
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL(0.88 ML per 90 days); ST
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL(1.32 ML per 90 days); ST
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL(1.75 ML per 90 days); ST
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL(2.63 ML per 90 days); ST
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	3	QL(31 EA per 31 days)
<i>lurasidone hydrochloride tablet 80mg</i>	3	QL(62 EA per 31 days)
LYBALVI	5	QL(30 EA per 30 days); PA
NUPLAZID CAPSULE	5	QL(31 EA per 31 days); PA
NUPLAZID TABLET 10MG	5	QL(31 EA per 31 days); PA
<i>olanzapine odt tablet disintegrating 10mg, 5mg</i>	4	QL(180 EA per 90 days); PA
<i>olanzapine odt tablet disintegrating 15mg, 20mg</i>	4	QL(90 EA per 90 days); PA
<i>olanzapine injection</i>	3	
<i>olanzapine tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	3	QL(180 EA per 90 days); PA
<i>olanzapine tablet 15mg, 20mg</i>	3	QL(90 EA per 90 days); PA
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(180 EA per 90 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(90 EA per 90 days)
PERSERIS	5	QL(1 EA per 30 days); ST
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	3	QL(270 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	3	QL(360 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	3	QL(90 EA per 90 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(180 EA per 90 days)
<i>quetiapine fumarate tablet 100mg</i>	2	QL(270 EA per 90 days)
<i>quetiapine fumarate tablet 200mg, 25mg, 50mg</i>	2	QL(360 EA per 90 days)
<i>quetiapine fumarate tablet 150mg</i>	2	QL(450 EA per 90 days)
REXULTI TABLET 3MG, 4MG	5	QL(31 EA per 31 days); ST
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL(62 EA per 31 days); ST
<i>risperidone er injection 25mg</i>	4	QL(2 EA per 28 days); ST
<i>risperidone er injection 12.5mg</i>	4	QL(6 EA per 84 days); ST
<i>risperidone er injection 37.5mg, 50mg</i>	5	QL(2 EA per 28 days); ST
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	4	QL(270 EA per 90 days)
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg, 4mg</i>	4	QL(180 EA per 90 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	4	QL(360 EA per 90 days)
<i>risperidone solution</i>	2	QL(720 ML per 90 days)
<i>risperidone tablet 1mg, 2mg, 3mg, 4mg</i>	2	QL(180 EA per 90 days)
<i>risperidone tablet 0.5mg</i>	2	QL(270 EA per 90 days)
<i>risperidone tablet 0.25mg</i>	2	QL(360 EA per 90 days)
RYKINDO	5	QL(2 EA per 28 days); ST
SECUADO	5	QL(31 EA per 31 days); PA
VRAYLAR CAPSULE THERAPY PACK	4	QL(7 EA per 31 days); ST
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL(31 EA per 31 days); ST
VRAYLAR CAPSULE 1.5MG	5	QL(62 EA per 31 days); ST
<i>ziprasidone hcl</i>	4	QL(180 EA per 90 days)
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	QL(6 EA per 90 days); ST
ZYPREXA RELPREVV INJECTION 405MG	5	QL(1 EA per 30 days); ST
ZYPREXA RELPREVV INJECTION 300MG	5	QL(2 EA per 30 days); ST
Treatment-Resistant		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	3	PA
<i>clozapine odt tablet disintegrating 25mg</i>	3	PA
<i>clozapine odt tablet disintegrating 100mg</i>	3	QL(810 EA per 90 days); PA
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(135 EA per 30 days); PA
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(540 EA per 90 days); PA
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	PA
VERSACLOZ	5	QL(540 ML per 30 days); PA
Antispasticity Agents		
Antispasticity Agents		

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	3	
SOHONOS CAPSULE 1.5MG, 1MG	5	QL(124 EA per 31 days); PA
SOHONOS CAPSULE 10MG	5	QL(62 EA per 31 days); PA
SOHONOS CAPSULE 2.5MG, 5MG	5	QL(93 EA per 31 days); PA
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride capsule</i>	3	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	5	PA
PREVYMIS PACKET	5	QL(112 EA per 28 days); PA
PREVYMIS TABLET	5	QL(28 EA per 28 days); PA
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
<i>entecavir</i>	4	QL(90 EA per 90 days)
<i>lamivudine tablet 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
EPCLUSUSA PACKET 150MG; 37.5MG	5	QL(31 EA per 31 days); PA
EPCLUSUSA PACKET 200MG; 50MG	5	QL(62 EA per 31 days); PA
EPCLUSUSA TABLET 400MG; 100MG	5	QL(31 EA per 31 days); PA
EPCLUSUSA TABLET 200MG; 50MG	5	QL(62 EA per 31 days); PA
HARVONI TABLET	5	QL(31 EA per 31 days); PA
HARVONI PACKET 33.75MG; 150MG	5	QL(31 EA per 31 days); PA
HARVONI PACKET 45MG; 200MG	5	QL(62 EA per 31 days); PA
RIBAVIRIN CAPSULE	3	
RIBAVIRIN TABLET 200MG	3	
VOSEVI	5	QL(31 EA per 31 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL(31 EA per 31 days)
CABENUVA	5	
DOVATO	5	
GENVOYA	5	QL(31 EA per 31 days)
ISENTRESS HD	5	QL(62 EA per 31 days)
ISENTRESS PACKET, TABLET	5	QL(62 EA per 31 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(186 EA per 31 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(186 EA per 31 days)
JULUCA	5	QL(31 EA per 31 days)
STRIBILD	5	
TIVICAY PD	5	QL(372 EA per 31 days)
TIVICAY TABLET 10MG	4	QL(31 EA per 31 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABLET 25MG	5	QL(31 EA per 31 days)
TIVICAY TABLET 50MG	5	QL(62 EA per 31 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
EFAVIRENZ CAPSULE	4	
<i>efavirenz tablet</i>	4	
<i>etravirine</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	
NEVIRAPINE SUSPENSION	4	
<i>nevirapine tablet</i>	3	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
CIMDUO	5	
DESCOVY	5	QL(31 EA per 31 days)
<i>emtricitabine</i>	4	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	4	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	5	QL(31 EA per 31 days)
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	3	
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	4	
ODEFSEY	5	
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL(31 EA per 31 days)
TRIUMEQ PD	4	QL(180 EA per 30 days)
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine tablet</i>	3	
<i>zidovudine capsule, syrup</i>	4	
Anti-HIV Agents, Other		
FUZEON	5	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc</i>	5	
RUKOBIA	5	QL(62 EA per 31 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA TABLET THERAPY PACK	5	QL(10 EA per 365 days)
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	
atazanavir	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir tablet 800mg</i>	5	QL(31 EA per 31 days)
<i>darunavir tablet 600mg</i>	5	QL(62 EA per 31 days)
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET	4	
PREZCOBIX	5	QL(31 EA per 31 days)
PREZISTA SUSPENSION	5	QL(414 ML per 31 days)
PREZISTA TABLET 75MG	4	QL(1440 EA per 84 days)
PREZISTA TABLET 150MG	5	QL(720 EA per 84 days)
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl capsule, solution, tablet</i>	3	
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	3	QL(84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1050 ML per 180 days)
RELENZA DISKHALER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	4	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	3	QL(90 EA per 30 days)
<i>valacyclovir hydrochloride</i>	3	
Antiviral, Coronavirus Agents		
LAGEVRIO	3	QL(40 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(40 EA per 30 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(60 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg</i>	2	
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	
<i>meprobamate</i>	4	PA
Benzodiazepines		
<i>alprazolam</i>	2	QL(150 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 15mg</i>	3	QL(180 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 7.5mg</i>	3	QL(360 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 3.75mg</i>	3	QL(720 EA per 30 days); NDS
<i>diazepam solution</i>	2	QL(1200 ML per 30 days); NDS
<i>diazepam tablet</i>	3	QL(120 EA per 30 days); NDS
<i>lorazepam intensol</i>	2	QL(150 ML per 30 days); NDS
<i>lorazepam tablet</i>	2	QL(150 EA per 30 days); NDS
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	4	
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE CAPSULE 600MG	1	
<i>lithium carbonate capsule 150mg, 300mg</i>	1	
<i>lithium carbonate tablet</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	1	
BYDUREON BCISE	3	QL(10.2 ML per 84 days); PA
CYCLOSET	4	QL(540 EA per 90 days)
<i>glimepiride tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>glimepiride tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>glimepiride tablet 1mg</i>	1	QL(720 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(180 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL(270 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(360 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL(720 EA per 90 days)
<i>glipizide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>glipizide tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>glipizide tablet 2.5mg</i>	2	QL(90 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 6MG	2	QL(180 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 3MG	2	QL(360 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 1.5MG	2	QL(720 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(360 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	1	QL(720 EA per 90 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
glyburide tablet 1.25mg	1	QL(1440 EA per 90 days)
glyburide tablet 5mg	1	QL(360 EA per 90 days)
glyburide tablet 2.5mg	1	QL(720 EA per 90 days)
GLYXAMBI	3	QL(90 EA per 90 days)
JANUMET	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(90 EA per 90 days)
JANUVIA	3	QL(90 EA per 90 days)
JENTADUETO	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(90 EA per 90 days)
metformin hydrochloride er tablet extended release 24 hour 750mg	1	QL(180 EA per 90 days)
metformin hydrochloride er tablet extended release 24 hour 500mg	1	QL(360 EA per 90 days)
metformin hydrochloride tablet 1000mg	1	QL(230 EA per 90 days)
metformin hydrochloride tablet 850mg	1	QL(270 EA per 90 days)
metformin hydrochloride tablet 500mg	1	QL(459 EA per 90 days)
MIGLITOL	4	
MOUNJARO	3	QL(2 ML per 28 days); PA
nateglinide tablet 120mg	1	QL(270 EA per 90 days)
nateglinide tablet 60mg	1	QL(540 EA per 90 days)
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
pioglitazone hcl-glimepiride	1	QL(90 EA per 90 days)
pioglitazone hcl/metformin hcl	1	QL(270 EA per 90 days)
pioglitazone hcl tablet 45mg	1	QL(90 EA per 90 days)
pioglitazone hydrochloride tablet 15mg, 30mg	1	QL(90 EA per 90 days)
repaglinide tablet 1mg	1	QL(1440 EA per 90 days)
repaglinide tablet 0.5mg	1	QL(2880 EA per 90 days)
repaglinide tablet 2mg	1	QL(720 EA per 90 days)
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA
RYBELSUS TABLET 1.5MG	3	QL(540 EA per 90 days); PA
RYBELSUS TABLET 14MG, 4MG, 9MG	3	QL(90 EA per 90 days); PA
SOLIQUA 100/33	3	QL(60 ML per 90 days)
SYMLINPEN 120	5	QL(10.8 ML per 30 days); PA
SYMLINPEN 60	5	QL(12 ML per 30 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(180 EA per 90 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(90 EA per 90 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(360 EA per 90 days)
TRADJENTA	3	QL(90 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(180 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(90 EA per 90 days)
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL(180 EA per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL(90 EA per 90 days)
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOOPEN 1-PACK	3	
GVOKE HYPOOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMALOG TEMPO PEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
<i>humulin n</i>	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	5	PA
HUMULIN R U-500 KWIKPEN	5	PA

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO	3	
INSULIN LISPRO JUNIOR KWIKPEN	3	
INSULIN LISPRO KWIKPEN	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
LYUMJEV TEMPO PEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	

Blood Products and Modifiers

<i>Anticoagulants</i>		
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	QL(180 EA per 90 days)
<i>ELIQUIS STARTER PACK</i>	3	QL(74 EA per 30 days)
<i>ELIQUIS TABLET 2.5MG</i>	3	QL(180 EA per 90 days)
<i>ELIQUIS TABLET 5MG</i>	3	QL(194 EA per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(51 EA per 31 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL(2700 ML per 90 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL(90 EA per 90 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	3	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	4	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	5	PA
NEULASTA	5	PA; OVM
NEULASTA ONPRO KIT	5	PA; OVM
PROCRI INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRI INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET 12.5MG, 25MG	5	QL(31 EA per 31 days); PA
PROMACTA TABLET 50MG, 75MG	5	QL(62 EA per 31 days); PA
VOYDEYA	5	QL(180 EA per 30 days); PA
ZARXIO	5	PA; OVM
Hemostasis Agents		
ASTRINGYN	4	EX
<i>tranexamic acid tablet</i>	3	QL(90 EA per 63 days)
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	4	QL(180 EA per 90 days)
BRILINTA TABLET 60MG	4	QL(180 EA per 90 days)
BRILINTA TABLET 90MG	4	QL(182 EA per 90 days)
CABLIVI	5	PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	QL(90 EA per 90 days)
DOPTELET	5	PA
<i>prasugrel hydrochloride</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	4	QL(12 EA per 84 days)
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa capsule 200mg, 300mg</i>	5	QL(186 EA per 31 days); PA
<i>droxidopa capsule 100mg</i>	5	QL(93 EA per 31 days); PA

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hydrochloride</i>	3	
<i>midodrine hydrochloride</i>	3	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tablet</i>	2	
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg</i>	1	QL(180 EA per 90 days)
<i>candesartan cilexetil tablet 8mg</i>	1	QL(360 EA per 90 days)
<i>candesartan cilexetil tablet 4mg</i>	1	QL(720 EA per 90 days)
<i>candesartan cilexetil tablet 32mg</i>	1	QL(90 EA per 90 days)
<i>EDARBI TABLET 40MG</i>	4	QL(180 EA per 90 days)
<i>EDARBI TABLET 80MG</i>	4	QL(90 EA per 90 days)
<i>irbesartan tablet 150mg</i>	1	QL(180 EA per 90 days)
<i>irbesartan tablet 75mg</i>	1	QL(360 EA per 90 days)
<i>irbesartan tablet 300mg</i>	1	QL(90 EA per 90 days)
<i>losartan potassium tablet 100mg, 50mg</i>	1	QL(180 EA per 90 days)
<i>losartan potassium tablet 25mg</i>	1	QL(270 EA per 90 days)
<i>olmesartan medoxomil tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>olmesartan medoxomil tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>olmesartan medoxomil tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>telmisartan tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>telmisartan tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>telmisartan tablet 80mg</i>	1	QL(90 EA per 90 days)
VALSARTAN SOLUTION	4	QL(7200 ML per 90 days)
<i>valsartan tablet 160mg</i>	1	QL(180 EA per 90 days)
<i>valsartan tablet 80mg</i>	1	QL(360 EA per 90 days)
<i>valsartan tablet 40mg</i>	1	QL(720 EA per 90 days)
<i>valsartan tablet 320mg</i>	1	QL(90 EA per 90 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tablet 5mg</i>	1	QL(1440 EA per 90 days)
<i>benazepril hydrochloride tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>benazepril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>benazepril hydrochloride tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>captopril tablet 25mg</i>	1	QL(1620 EA per 90 days)
<i>captopril tablet 12.5mg</i>	1	QL(3240 EA per 90 days)
<i>captopril tablet 100mg</i>	1	QL(405 EA per 90 days)
<i>captopril tablet 50mg</i>	1	QL(810 EA per 90 days)
<i>enalapril maleate tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>enalapril maleate tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>enalapril maleate tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>enalapril maleate tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>fosinopril sodium tablet 40mg</i>	1	QL(180 EA per 90 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>fosinopril sodium tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>lisinopril tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>lisinopril tablet 20mg, 30mg, 40mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>lisinopril tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>moexipril hydrochloride tablet 15mg</i>	1	QL(180 EA per 90 days)
<i>moexipril hydrochloride tablet 7.5mg</i>	1	QL(360 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 8MG	2	QL(180 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 2MG	2	QL(720 EA per 90 days)
<i>perindopril erbumine tablet 4mg</i>	2	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 5mg</i>	1	QL(1440 EA per 90 days)
<i>quinapril hydrochloride tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>quinapril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>ramipril capsule 1.25mg</i>	1	QL(1440 EA per 90 days)
<i>ramipril capsule 10mg</i>	1	QL(180 EA per 90 days)
<i>ramipril capsule 5mg</i>	1	QL(360 EA per 90 days)
<i>ramipril capsule 2.5mg</i>	1	QL(720 EA per 90 days)
<i>trandolapril tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>trandolapril tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>trandolapril tablet 1mg</i>	1	QL(720 EA per 90 days)
Antiarrhythmics		
<i>amiodarone hydrochloride tablet</i>	2	
DIGOXIN SOLUTION	3	
<i>digoxin tablet 125mcg, 250mcg</i>	2	QL(90 EA per 90 days)
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	
<i>mexiletine hydrochloride capsule</i>	3	
MULTAQ	4	QL(180 EA per 90 days)
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG	4	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	
<i>propafenone hcl</i>	4	
<i>propafenone hydrochloride er</i>	4	
<i>propafenone hydrochloride tablet 300mg</i>	4	
QUINIDINE SULFATE TABLET	2	
<i>sorine tablet 120mg, 160mg, 80mg</i>	2	
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	2	
<i>sotalol hydrochloride (af)</i>	4	
<i>sotalol hydrochloride tablet 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	QL(90 EA per 90 days)
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg</i>	2	QL(180 EA per 90 days)
<i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(270 EA per 90 days)
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hydrochloride tablet 20mg</i>	4	QL(180 EA per 90 days)
<i>nebivolol hydrochloride tablet 10mg</i>	4	QL(360 EA per 90 days)
<i>nebivolol hydrochloride tablet 2.5mg, 5mg</i>	4	QL(90 EA per 90 days)
<i>pindolol tablet</i>	3	
PROPRANOLOL HCL SOLUTION 40MG/5ML	3	
<i>propranolol hcl tablet 40mg</i>	3	
<i>propranolol hydrochloride er</i>	3	
PROPRANOLOL HYDROCHLORIDE SOLUTION	3	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	3	
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	QL(90 EA per 90 days)
<i>isradipine</i>	2	
<i>nicardipine hcl capsule</i>	4	
<i>nifedipine er</i>	3	QL(180 EA per 90 days)
<i>nimodipine capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	2	
<i>diltiazem hcl tablet 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	4	
<i>verapamil hcl er tablet extended release 120mg</i>	4	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	4	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	4	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	4	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	4	
<i>verapamil hydrochloride injection</i>	4	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren</i>	4	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE	2	
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 10mg, 2.5mg; 20mg</i>	1	QL(360 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 5mg; 80mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	1	QL(360 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine/olmesartan medoxomil tablet 5mg; 20mg</i>	4	QL(180 EA per 90 days)
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	4	QL(90 EA per 90 days)
<i>amlodipine/valsartan/hydrochlorothiazide tablet 5mg; 12.5mg; 160mg</i>	4	QL(180 EA per 90 days)
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	4	QL(90 EA per 90 days)
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	QL(180 EA per 90 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg</i>	1	QL(360 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg</i>	1	QL(90 EA per 90 days)
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL(180 EA per 90 days)
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL(90 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 25MG, 50MG; 25MG	1	QL(180 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 50MG; 15MG	1	QL(270 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 15MG	1	QL(300 EA per 90 days)
CORLANOR SOLUTION	4	QL(1350 ML per 90 days)
CORLANOR TABLET	4	QL(180 EA per 90 days)
EDARBYCLOR	4	QL(90 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	1	QL(180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	1	QL(360 EA per 90 days)
ENTRESTO TABLET	3	QL(180 EA per 90 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	1	QL(360 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL(180 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL(90 EA per 90 days)
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	
<i>ivabradine hydrochloride</i>	4	QL(180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL(360 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	QL(180 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg</i>	1	QL(90 EA per 90 days)
metoprolol/hydrochlorothiazide	2	
metyrosine	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 5mg; 12.5mg; 20mg</i>	4	QL(180 EA per 90 days)
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	4	QL(90 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg</i>	1	QL(90 EA per 90 days)
pentoxifylline er	2	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
QUINAPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 20MG <i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	2	QL(90 EA per 90 days)
<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	2	
TELMISARTAN/AMLODIPINE TABLET 5MG; 40MG TELMISARTAN/AMLODIPINE TABLET 10MG; 40MG, 10MG; 80MG, 5MG; 80MG <i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg</i>	1	QL(180 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	1	QL(90 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 2MG; 180MG TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 1MG; 240MG, 2MG; 240MG, 4MG; 240MG <i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	4	QL(120 EA per 90 days)
<i>triamterene/hydrochlorothiazide tablet</i>	4	QL(90 EA per 90 days)
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg</i>	1	QL(180 EA per 90 days)
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>	1	QL(90 EA per 90 days)
VYNDAMAX	5	QL(31 EA per 31 days); PA
Diuretics, Loop		
<i>bumetanide tablet</i>	3	
<i>bumetanide injection</i>	4	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	2	
<i>furosemide oral solution 10mg/ml</i>	2	
<i>torsemide tablet</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	3	
<i>triamterene capsule</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	2	
<i>metolazone</i>	3	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	3	QL(90 EA per 90 days)
<i>fenofibrate capsule 130mg, 43mg</i>	3	QL(90 EA per 90 days)
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	QL(90 EA per 90 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibric acid dr capsule delayed release 45mg</i>	3	QL(270 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 135mg</i>	3	QL(90 EA per 90 days)
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>atorvastatin calcium tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>atorvastatin calcium tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>atorvastatin calcium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>fluvastatin sodium er</i>	1	QL(90 EA per 90 days)
<i>fluvastatin capsule 40mg</i>	1	QL(180 EA per 90 days)
<i>fluvastatin capsule 20mg</i>	1	QL(360 EA per 90 days)
<i>LIVALO TABLET 2MG</i>	3	QL(180 EA per 90 days)
<i>LIVALO TABLET 1MG</i>	3	QL(360 EA per 90 days)
<i>LIVALO TABLET 4MG</i>	3	QL(90 EA per 90 days)
<i>lovastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>lovastatin tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>pravastatin sodium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>rosuvastatin calcium tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>rosuvastatin calcium tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>simvastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>simvastatin tablet 80mg</i>	1	QL(90 EA per 90 days)
Dyslipidemics, Other		
<i>cholestyramine light</i>	3	
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl tablet</i>	3	
<i>colestipol hcl granules, packet</i>	4	
<i>ezetimibe</i>	2	QL(90 EA per 90 days)
<i>ezetimibe/simvastatin</i>	4	QL(90 EA per 90 days)
<i>icosapent ethyl</i>	4	
<i>NEXLETOL</i>	4	QL(90 EA per 90 days); PA
<i>NEXLIZET</i>	4	QL(90 EA per 90 days); PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	QL(360 EA per 90 days)
<i>prevalite</i>	3	
<i>REPATHA</i>	3	QL(3 ML per 28 days); PA
<i>REPATHA PUSHTRONEX SYSTEM</i>	3	QL(3.5 ML per 28 days); PA
<i>REPATHA SURECLICK</i>	3	QL(3 ML per 28 days); PA
Mineralocorticoid Receptor Antagonists		
<i>eplerenone</i>	3	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
KERENDIA <i>spironolactone tablet</i>	4 1	QL(90 EA per 90 days); PA
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA	3	QL(90 EA per 90 days)
JARDIANCE	3	QL(90 EA per 90 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	3	
ISOSORBIDE MONONITRATE	1	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	3	
VERQUVO TABLET 10MG	4	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG, 5MG	4	QL(60 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hydrochloride tablet</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(180 EA per 90 days); 10MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(180 EA per 90 days); 15MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	QL(180 EA per 90 days); 20MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL(180 EA per 90 days); 25MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL(180 EA per 90 days); 30MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL(180 EA per 90 days); 5MG ER Oral Capsule
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(180 EA per 90 days); 30MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	3	QL(270 EA per 90 days); 20MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg</i>	3	QL(360 EA per 90 days); 10MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	3	QL(360 EA per 90 days); 12.5MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(360 EA per 90 days); 15MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(360 EA per 90 days); 5MG Oral Tablet

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	3	QL(360 EA per 90 days); 7.5MG Oral Tablet
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	3	QL(540 EA per 90 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 10mg, 18mg, 25mg, 40mg, 60mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 100mg, 80mg</i>	4	QL(90 EA per 90 days)
<i>clonidine hydrochloride er</i>	3	QL(360 EA per 90 days)
<i>dexamphetamine hcl er capsule extended release 24 hour 20mg, 35mg</i>	2	QL(30 EA per 30 days)
<i>dexamphetamine hcl tablet 10mg, 5mg</i>	2	QL(60 EA per 30 days)
<i>dexamphetamine hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>dexamphetamine hydrochloride capsule extended release 24 hour</i>	2	QL(30 EA per 30 days)
<i>dexamphetamine hydrochloride tablet 2.5mg</i>	2	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er</i>	3	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride cd capsule extended release 30mg</i>	2	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg</i>	2	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride cd capsule extended release 50mg, 60mg</i>	2	QL(90 EA per 90 days)
<i>methylphenidate hydrochloride er capsule extended release 40mg</i>	2	QL(90 EA per 90 days)
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 18MG	4	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 54mg</i>	4	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	4	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	4	QL(450 EA per 90 days)
<i>methylphenidate hydrochloride tablet</i>	3	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	4	QL(2700 ML per 90 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	QL(5400 ML per 90 days)
Central Nervous System, Other		
<i>ADIPEX-P TABLET</i>	4	EX
<i>benzphetamine hcl tablet 50mg</i>	2	EX
<i>COBENFY</i>	5	QL(62 EA per 31 days); PA
<i>COBENFY STARTER PACK</i>	5	QL(62 EA per 31 days); PA
<i>diethylpropion hcl</i>	2	EX
<i>DIETHYLPROMION HCL ER</i>	2	EX

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
FIRDAPSE	5	PA
NUEDEXTA	5	QL(180 EA per 90 days); PA
<i>phendimetrazine tartrate</i>	2	EX
PHENDIMETRAZINE TARTRATE ER	2	EX
<i>phentermine hcl tablet 37.5mg</i>	2	EX
<i>phentermine hydrochloride capsule</i>	2	EX
<i>riluzole</i>	3	
<i>tetrabenazine tablet 12.5mg</i>	4	QL(248 EA per 31 days); PA
<i>tetrabenazine tablet 25mg</i>	5	QL(124 EA per 31 days); PA
VEOZAH	4	QL(90 EA per 90 days); PA
Fibromyalgia Agents		
<i>pregabalin capsule 225mg, 300mg</i>	4	QL(180 EA per 90 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 50mg</i>	4	QL(270 EA per 90 days)
<i>pregabalin capsule 25mg, 75mg</i>	4	QL(360 EA per 90 days)
<i>pregabalin solution</i>	4	QL(2700 ML per 90 days)
SAVELLA	3	QL(180 EA per 90 days); PA
SAVELLA TITRATION PACK	3	QL(165 EA per 84 days); PA
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(14 EA per 28 days); PA
<i>dalfampridine er</i>	3	QL(62 EA per 31 days); PA
<i>dimethyl fumarate</i>	3	QL(62 EA per 31 days); PA
<i>dimethyl fumarate starterpack</i>	5	QL(62 EA per 31 days); PA
<i>fingolimod hydrochloride</i>	5	QL(31 EA per 31 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
<i>glatopa injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatopa injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
<i>teriflunomide tablet 14mg</i>	4	QL(31 EA per 31 days); PA
<i>teriflunomide tablet 7mg</i>	4	QL(62 EA per 31 days); PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hydrochloride</i>	4	
<i>chlorhexidine gluconate solution</i>	2	
<i>clinpro 5000</i>	4	
<i>dentagel</i>	4	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>fluoridex daily defense paste</i>	4	
<i>fluoridex enhanced whitening</i>	4	
<i>fluorimax 5000</i>	4	
<i>just right 5000 paste</i>	4	
<i>kourzeq</i>	4	
<i>lidocaine hydrochloride viscous</i>	2	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>oralone dental paste</i>	4	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT FLUORIDE	4	
<i>sf</i>	2	
<i>sodium fluoride 5000 ppm dry mouth</i>	2	
<i>sodium fluoride 5000 ppm paste</i>	2	
<i>sodium fluoride gel</i>	2	
<i>triamcinolone acetonide dental paste</i>	4	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>accutane</i>	4	PA
<i>acitretin</i>	4	PA
<i>adapalene gel 0.1%</i>	3	PA
<i>adapalene cream</i>	4	PA
<i>amnesteem capsule 10mg, 20mg, 40mg</i>	4	PA
<i>azelaic acid</i>	4	QL(150 GM per 90 days)
<i>claravis</i>	4	PA
<i>clindamycin/benzoyl peroxide</i>	3	
<i>erythromycin/benzoyl peroxide</i>	4	
<i>isotretinoin capsule</i>	4	PA
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%, 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
<i>tazarotene gel 0.05%</i>	4	QL(180 GM per 90 days); PA
<i>tazarotene cream</i>	4	QL(180 GM per 90 days); PA
TAZORAC CREAM 0.05%	4	QL(180 GM per 90 days); PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL(45 GM per 30 days); PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL(45 GM per 30 days); PA
<i>zenatane</i>	4	PA
<i>Dermatitis and Pruritus Agents</i>		
<i>ala-cort cream 2.5%</i>	2	QL(90 GM per 90 days)
ALCLOMETASONE DIPROPIONATE OINTMENT	3	
<i>alclometasone dipropionate cream</i>	3	
AMCINONIDE	4	
<i>ammonium lactate cream, lotion</i>	3	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	4	
<i>betamethasone dipropionate augmented cream</i>	3	
<i>betamethasone dipropionate augmented ointment</i>	4	
<i>betamethasone dipropionate augmented lotion</i>	4	QL(360 ML per 90 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	3	
<i>clobetasol propionate e</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate cream 0.05%</i>	3	QL(180 GM per 90 days)
<i>clobetasol propionate solution</i>	3	QL(150 ML per 90 days)
<i>clobetasol propionate ointment</i>	3	QL(180 GM per 90 days)
<i>clobetasol propionate gel</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate foam</i>	4	QL(300 GM per 90 days)
<i>clobetasol propionate shampoo</i>	4	QL(354 ML per 90 days)
<i>clodan</i>	4	QL(354 ML per 90 days)
<i>desonide cream, ointment</i>	4	QL(180 GM per 90 days)
<i>desoximetasone cream 0.25%</i>	4	
<i>desoximetasone gel</i>	4	
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinolone acetonide topical</i>	4	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	4	QL(360 GM per 90 days)
<i>fluocinolone acetonide ointment 0.025%</i>	4	QL(360 GM per 90 days)
<i>fluocinolone acetonide solution 0.01%</i>	4	QL(360 ML per 90 days)
<i>fluocinonide emulsified base</i>	3	QL(360 GM per 90 days)
<i>fluocinonide cream 0.05%</i>	3	QL(360 GM per 90 days)
<i>fluocinonide solution</i>	3	QL(180 ML per 90 days)
<i>fluocinonide gel, ointment</i>	4	QL(180 GM per 90 days)
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream, ointment</i>	4	QL(150 GM per 90 days)
HYDROCORTISONE BUTYRATE OINTMENT	4	
<i>hydrocortisone valerate</i>	4	QL(180 GM per 90 days)
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
HYDROCORTISONE LOTION 2.5%	2	QL(354 ML per 90 days)
<i>hydrocortisone ointment 1%, 2.5%</i>	2	QL(90 GM per 90 days)
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus</i>	4	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL(300 GM per 90 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
Dermatological Agents, Other		
ANALPRAM HC	4	EX

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>anucort-hc</i>	4	EX
CALCIPOTRIENE SOLUTION	3	QL(180 ML per 90 days); PA
<i>calcipotriene cream</i>	3	QL(360 GM per 90 days); PA
<i>calcipotriene ointment</i>	4	QL(360 GM per 90 days); PA
CALCITRIOL OINTMENT 3MCG/GM	4	
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTION	4	QL(90 ML per 90 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	3	QL(135 GM per 90 days)
<i>fluorouracil cream 5%</i>	4	
FLUOROURACIL SOLUTION 2%	3	QL(30 ML per 90 days)
<i>fluorouracil solution 5%</i>	3	QL(10 ML per 30 days)
<i>hydrocortisone acetate</i>	2	EX
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 2.5%; 1%	2	EX
<i>hydrocortisone acetate/pramoxine cream 2.5%; 1%</i>	2	EX
<i>imiquimod cream 5%</i>	3	
METHOXSALEN CAPSULE	5	
<i>nystatin/triamcinolone</i>	3	
<i>nystatin/triamcinolone acetonide ointment</i>	3	
OTEZLA TABLET 20MG	5	QL(62 EA per 31 days); PA
PODOFILOX SOLUTION	4	
PRAMOSONE CREAM 2.5%; 1%	4	EX
PROCORT	4	EX
RENOVA CREAM 0.02%	4	EX
<i>salicylic acid wart remover</i>	2	EX
SALVAX DUO PLUS	4	EX
SANTYL	4	QL(180 GM per 90 days)
SCALACORT DK	4	EX
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
TRI-LUMA	4	EX
VIRASAL	4	EX
Pediculicides/Scabicides		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	4	QL(90 GM per 90 days)
<i>ciclodan solution</i>	2	QL(19.8 ML per 90 days)
<i>ciclopirox nail lacquer</i>	2	QL(19.8 ML per 90 days)
<i>ciclopirox olamine</i>	3	QL(270 GM per 90 days)
<i>ciclopirox suspension</i>	3	QL(180 ML per 90 days)
<i>ciclopirox gel</i>	3	QL(300 GM per 90 days)
<i>ciclopirox shampoo</i>	3	QL(360 ML per 90 days)
<i>clindamycin phosphate gel 1%</i>	3	QL(225 GM per 90 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate gel 1%</i>	3	QL(225 ML per 90 days)
<i>clindamycin phosphate lotion 1%</i>	3	QL(180 ML per 90 days)
<i>clindamycin phosphate external solution 1%</i>	3	QL(180 ML per 90 days)
ERY	3	
<i>erythromycin gel 2%</i>	2	QL(180 GM per 90 days)
<i>erythromycin solution 2%</i>	2	QL(180 ML per 90 days)
<i>mupirocin ointment</i>	2	QL(90 GM per 90 days)
<i>mupirocin cream</i>	4	QL(90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>carglumic acid</i>	5	
DEXTROSE 10%	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4	
<i>dextrose 5%</i>	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	4	
<i>dextrose 5%/sodium chloride 0.3%</i>	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
DEXTROSE 50%	4	
DEXTROSE 70%	4	
<i>dextrose/sodium chloride</i>	4	
GALZIN	4	EX
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate injection 50%</i>	4	
MULTIPLE ELECTROLYTES INJECTION TYPE 1 INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride er</i>	2	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	4	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride packet</i>	3	
<i>potassium chloride oral solution</i>	4	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium citrate er</i>	4	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROSOL	4	B/D
<i>sodium chloride 0.45% injection</i>	4	
<i>sodium chloride injection 0.9%, 3%, 5%</i>	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg, 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>penicillamine tablet</i>	5	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan</i>	5	PA
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	5	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
XPHOZAH	5	QL(62 EA per 31 days); PA
Phosphate Binders		
AURYXIA	5	PA
<i>calcium acetate capsule</i>	3	
<i>calcium acetate tablet 667mg</i>	3	
FERRIC CITRATE	5	PA
<i>sevelamer carbonate tablet</i>	4	QL(1620 EA per 90 days)
<i>sevelamer carbonate packet 0.8gm</i>	4	QL(180 EA per 90 days)
<i>sevelamer carbonate packet 2.4gm</i>	4	QL(270 EA per 90 days)
Potassium Binders		
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i>	3	
VELTASSA PACKET 8.4GM	4	QL(270 EA per 90 days)
VELTASSA PACKET 16.8GM, 25.2GM	4	QL(90 EA per 90 days)
Vitamins		
DRISDOL CAPSULE	4	EX
<i>folic acid tablet 1mg</i>	2	EX
HYDROXOCOBALAMIN INJECTION	2	EX
PRENATAL TABLET 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	
<i>vitamin d capsule 50000unit</i>	2	EX
WESTAB PLUS	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL(90 EA per 90 days)
<i>lubiprostone</i>	4	QL(180 EA per 90 days)
MOVANTIK TABLET 12.5MG	4	QL(180 EA per 90 days); PA
MOVANTIK TABLET 25MG	4	QL(90 EA per 90 days); PA
Anti-Diarrheal Agents		
<i>alosetron hydrochloride</i>	4	QL(62 EA per 31 days); PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	PA
DIPHENOXYLATE/ATROPINE LIQUID	4	PA
<i>loperamide hydrochloride capsule</i>	2	
XERMELO	5	PA; OVM

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
Antispasmodics, Gastrointestinal		
dicyclomine hcl solution	3	PA
dicyclomine hydrochloride capsule, tablet	2	PA
DONNATAL ELIXIR 0.0194MG/5ML; 0.1037MG/5ML; 16.2MG/5ML; 0.0065MG/5ML	4	EX
DONNATAL TABLET 0.0194MG; 0.1037MG; 16.2MG; 0.0065MG	4	EX
glycopyrrolate tablet 1mg, 2mg	3	
hyosyne	2	EX
methscopolamine bromide tablet	3	
phenobarbital/hyoscymine sulfate/atropine sulfate/scopolami	2	EX
Gastrointestinal Agents, Other		
GATTEX	5	PA
GAVILYTE-C	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THERAPY PACK	4	
metoclopramide hcl solution	2	
metoclopramide hydrochloride tablet	2	
MYALEPT	5	PA
nitroglycerin ointment 0.4%	4	QL(90 GM per 90 days)
peg-3350/electrolytes	2	
peg-3350/nacl/na bicarbonate/kcl	2	
RECTIV	4	QL(90 GM per 90 days)
sodium sulfate/potassium sulfate/magnesium sulfate	4	
ursodiol capsule 300mg	3	
ursodiol tablet	4	
VOWST	5	QL(12 EA per 30 days); PA
XIFAXAN TABLET 550MG	5	QL(93 EA per 31 days); PA
Histamine2 (H2) Receptor Antagonists		
famotidine suspension reconstituted	4	
famotidine tablet 20mg, 40mg	2	
NIZATIDINE CAPSULE 300MG	2	
nizatidine capsule 150mg	2	
Protectants		
misoprostol	3	
sucralfate tablet	2	
Proton Pump Inhibitors		
esomeprazole magnesium capsule delayed release	3	QL(180 EA per 90 days)
lansoprazole capsule delayed release 15mg	2	QL(180 EA per 90 days)
lansoprazole capsule delayed release 30mg	2	QL(90 EA per 90 days)
omeprazole dr capsule delayed release 10mg	2	QL(180 EA per 90 days)
omeprazole capsule delayed release 20mg, 40mg	2	QL(180 EA per 90 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium tablet delayed release</i>	1	QL(180 EA per 90 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ENDARI	5	QL(180 EA per 30 days); PA
JOENJA	5	QL(60 EA per 30 days); PA
<i>l-glutamine</i>	5	QL(180 EA per 30 days); PA
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	PA
OPFOLDA	4	QL(24 EA per 90 days); PA
OXBRYTA	5	PA
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	4	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	5	ST
RAVICTI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
VYNDAQEL	5	QL(124 EA per 31 days); PA
WELIREG	5	PA; OVM
<i>yargesa</i>	5	PA
ZEMAIRA	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>fesoterodine fumarate er</i>	3	QL(90 EA per 90 days)
<i>flavoxate hcl</i>	3	
<i>GEMTESA</i>	4	QL(90 EA per 90 days)
<i>MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR</i>	3	QL(90 EA per 90 days)
<i>oxybutynin chloride er</i>	3	QL(180 EA per 90 days); PA
<i>oxybutynin chloride solution</i>	2	PA
<i>oxybutynin chloride tablet 5mg</i>	2	PA
<i>solifenacin succinate tablet 5mg</i>	4	QL(180 EA per 90 days); PA
<i>solifenacin succinate tablet 10mg</i>	4	QL(90 EA per 90 days); PA
<i>tolterodine tartrate</i>	4	QL(180 EA per 90 days); PA
<i>tolterodine tartrate er</i>	4	QL(90 EA per 90 days); PA
<i>trospium chloride</i>	4	QL(180 EA per 90 days); PA
<i>trospium chloride er</i>	2	QL(90 EA per 90 days); PA
<i>urelle</i>	4	EX
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	1	QL(90 EA per 90 days)
<i>dutasteride capsule</i>	3	QL(90 EA per 90 days)
<i>finasteride tablet</i>	2	QL(90 EA per 90 days)
<i>tadalafil tablet 2.5mg</i>	3	QL(180 EA per 90 days); PA
<i>tadalafil tablet 5mg</i>	3	QL(90 EA per 90 days); PA
<i>tamsulosin hydrochloride</i>	2	QL(180 EA per 90 days)
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride tablet</i>	3	
<i>CAVERJECT INJECTION 20MCG, 40MCG</i>	3	QL(6 EA per 30 days); EX
<i>CIALIS TABLET 10MG, 20MG</i>	3	QL(6 EA per 30 days); EX
<i>EDEX INJECTION 10MCG, 20MCG, 40MCG</i>	4	QL(6 EA per 30 days); EX
<i>ELMIRON</i>	5	
<i>MUSE PELLET 1000MCG, 250MCG, 500MCG</i>	3	QL(6 EA per 30 days); EX
<i>sildenafil citrate tablet 100mg, 25mg, 50mg</i>	2	QL(6 EA per 30 days); EX
<i>tadalafil tablet 10mg, 20mg</i>	3	QL(6 EA per 30 days); EX
<i>vardenafil hydrochloride</i>	4	QL(6 EA per 30 days); EX
<i>vardenafil hydrochloride odt</i>	4	QL(6 EA per 30 days); EX
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>DEXAMETHASONE INTENSOL</i>	3	
<i>DEXAMETHASONE SODIUM PHOSPHATE +RFID</i>	2	
<i>DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML</i>	2	
<i>dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml</i>	2	
<i>DEXAMETHASONE SOLUTION</i>	2	
<i>dexamethasone elixir</i>	2	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	3	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	4	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone sodium succinate</i>	4	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	4	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone solution</i>	2	
PREDNISONE INTENSOL	2	
PREDNISONE SOLUTION	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
<i>triamcinolone acetonide injection 40mg/ml</i>	4	

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	4	
DESMOPRESSIN ACETATE NASAL SOLUTION 0.01%	4	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
<i>FOLLISTIM AQ INJECTION 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML</i>	4	EX
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
GONAL-F RFF	4	EX
GONAL-F RFF REDIRECT	4	EX
GONAL-F INJECTION 1050UNIT, 450UNIT	4	EX
INCRELEX	5	PA
MENOPUR	4	EX
OVIDREL INJECTION 250MCG/0.5ML	4	EX

Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Androgens		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	
TESTOSTERONE ENANTHATE INJECTION	3	
<i>testosterone pump gel 1.62%</i>	4	QL(450 GM per 90 days); PA
<i>testosterone pump gel 1%</i>	4	QL(900 GM per 90 days); PA
<i>testosterone gel 20.25mg/1.25gm</i>	4	QL(225 GM per 90 days); PA

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone gel 40.5mg/2.5gm</i>	4	QL(450 GM per 90 days); PA
<i>testosterone gel 25mg/2.5gm</i>	4	QL(900 GM per 90 days); PA
Estrogens		
<i>altavera</i>	2	
<i>amabelz</i>	3	
<i>amethia</i>	2	QL(91 EA per 91 days)
<i>apri</i>	2	
<i>ashlyna</i>	2	QL(91 EA per 91 days)
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>camrese</i>	2	QL(91 EA per 91 days)
<i>camrese lo</i>	3	QL(91 EA per 91 days)
<i>covaryx hs</i>	2	EX
<i>cyred eq</i>	2	
<i>daysee</i>	2	QL(91 EA per 91 days)
DEPO-ESTRADIOL INJECTION 5MG/ML	3	
<i>desogestrel/ethinyl estradiol tablet 0.15mg; 30mcg</i>	2	
<i>drosipренone/ethinyl estradiol tablet 3mg; 0.02mg</i>	2	
<i>eemt</i>	2	EX
<i>eemt hs</i>	2	EX
<i>eluryng</i>	3	QL(3 EA per 84 days)
<i>enilloring</i>	3	QL(3 EA per 84 days)
<i>enskyce</i>	2	
<i>estarrylla</i>	2	
<i>esterified estrogens/methyltestosterone</i>	2	EX
<i>esterified estrogens/methyltestosterone hs tablet 0.625mg; 1.25mg</i>	2	EX
<i>estradiol valerate injection 10mg/ml, 20mg/ml</i>	3	
<i>estradiol/norethindrone acetate</i>	3	
<i>estradiol oral tablet</i>	3	
<i>estradiol cream, vaginal tablet</i>	4	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol</i>	3	QL(3 EA per 84 days)
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>fyavolv</i>	3	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	3	QL(3 EA per 84 days)
<i>isibloom</i>	2	
<i>jaimiess</i>	2	QL(91 EA per 91 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>jasmiel</i>	2	
<i>jinteli</i>	3	
<i>juleber</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kalliga</i>	2	
<i>kelnor 1/50</i>	4	
<i>kurvelo</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	3	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	2	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	2	
<i>lo-zumandimine</i>	2	
<i>lojaimess</i>	3	QL(91 EA per 91 days)
<i>loryna</i>	2	
<i>lutera</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	3	
<i>mono-linyah</i>	2	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	3	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 1/35</i>	2	
<i>nymyo</i>	2	
<i>portia-28</i>	2	
PREMARIN CREAM	4	
<i>reclipsen</i>	2	
<i>simpesse</i>	2	QL(91 EA per 91 days)
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarrylla</i>	2	
<i>tri-linyah</i>	2	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-estarrylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>valtya 1/50</i>	4	
VELIVET	2	
<i>vestura</i>	2	
<i>vienna</i>	2	
<i>vylibra</i>	2	
<i>xulane</i>	3	
<i>yuvafem</i>	4	
<i>zafemy</i>	3	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
<i>errin</i>	3	
<i>gallifrey</i>	2	
<i>heather</i>	3	
<i>incassia</i>	3	
LILETTA	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection</i>	3	
<i>megestrol acetate tablet</i>	3	
MEGESTROL ACETATE SUSPENSION 625MG/5ML	4	
<i>megestrol acetate suspension 40mg/ml</i>	4	
NEXPLANON	3	
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>progesterone capsule</i>	3	
<i>sharobel</i>	3	
Selective Estrogen Receptor Modifying Agents		
<i>clomid</i>	2	PA
<i>clomiphene citrate tablet</i>	2	PA
DUAVEE	4	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hydrochloride</i>	3	QL(90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tablet</i>	3	
<i>NP THYROID 120</i>	2	
<i>NP THYROID 15</i>	2	
<i>NP THYROID 30</i>	2	
<i>NP THYROID 60</i>	2	
<i>NP THYROID 90</i>	2	
<i>THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG</i>	2	
<i>unithroid</i>	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline</i>	3	
<i>FIRMAGON INJECTION 80MG</i>	4	
<i>FIRMAGON INJECTION 120MG/VIAL</i>	5	
<i>lanreotide acetate</i>	5	PA
<i>leuprolide acetate injection</i>	4	PA
<i>LUPRON DEPOT (1-MONTH)</i>	5	PA
<i>LUPRON DEPOT (3-MONTH)</i>	5	PA
<i>LUPRON DEPOT (4-MONTH)</i>	5	PA
<i>LUPRON DEPOT (6-MONTH)</i>	5	PA
<i>mifepristone tablet 300mg</i>	5	PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA; OVM
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA; OVM
<i>ORGOVYX</i>	5	PA; OVM
<i>RECORLEV</i>	5	QL(248 EA per 31 days); PA
<i>SIGNIFOR</i>	5	PA
<i>SOMATULINE DEPOT</i>	5	PA
<i>SOMAVERT</i>	5	PA
<i>SYNAREL</i>	5	
<i>TRELSTAR MIXJECT</i>	4	PA; OVM
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>CETROTIDE</i>	4	EX
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole tablet 10mg, 5mg</i>	2	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil tablet</i>	3	
Immunological Agents		
Angioedema Agents		
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	QL(27 ML per 30 days); PA
<i>sajazir</i>	5	QL(27 ML per 30 days); PA
Immunoglobulins		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HYPERHEP B	4	
NABI-HB INJECTION 312UNIT/ML	4	
SYNAGIS INJECTION 100MG/ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	3	
Immunological Agents, Other		
ARCALYST	5	PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(8 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(8 ML per 28 days); PA
COSENTYX INJECTION 75MG/0.5ML	5	QL(4 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
KEVZARA	5	QL(2.28 ML per 28 days); PA
KINERET	5	QL(18.8 ML per 28 days); PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
OTEZLA TABLET 30MG	5	QL(62 EA per 31 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(31 EA per 31 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(93 EA per 31 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML, 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(20 ML per 28 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
STELARA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
TAVNEOS	5	QL(180 EA per 30 days); PA
WEZLANA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
WEZLANA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(720 ML per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 10MG	5	QL(62 EA per 31 days); PA
XOLAIR	5	PA
YESINTEK INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
YESINTEK INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
ZILBRYSQ INJECTION 16.6MG/0.416ML	5	QL(12.48 ML per 30 days); PA
ZILBRYSQ INJECTION 23MG/0.574ML	5	QL(17.22 ML per 30 days); PA
ZILBRYSQ INJECTION 32.4MG/0.81ML	5	QL(24.3 ML per 30 days); PA
Immunostimulants		
ACTIMMUNE	5	PA
BESREMI	5	PA; OVM
Immunosuppressants		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 100mg, 50mg</i>	2	B/D
<i>cyclosporine modified</i>	3	B/D
<i>cyclosporine capsule</i>	3	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(16 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(2 EA per 28 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(3 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
JYLAMVO	4	PA; OVM
<i>leflunomide</i>	2	QL(90 EA per 90 days)
<i>methotrexate sodium tablet</i>	4	
METHOTREXATE SODIUM INJECTION 250MG/10ML, 50MG/2ML	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
PEGASYS	5	
PROGRAF PACKET	4	B/D
RASUVO INJECTION 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	ST
REZUROCK	5	PA; OVM
<i>sirolimus tablet</i>	4	B/D
<i>sirolimus solution</i>	5	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	3	B/D
XATMEP	4	PA; OVM
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBARIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	QL(2 EA per 999 days)
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
VIVOTIF	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide disodium</i>	4	
<i>mesalamine dr capsule delayed release</i>	4	QL(1080 EA per 90 days)
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	QL(360 EA per 90 days)
<i>mesalamine dr tablet delayed release 800mg</i>	4	QL(540 EA per 90 days)
<i>mesalamine er capsule extended release 24 hour</i>	4	QL(360 EA per 90 days)
<i>mesalamine kit</i>	4	
<i>mesalamine enema</i>	4	QL(5400 ML per 90 days)
<i>mesalamine suppository</i>	4	QL(90 EA per 90 days)
<i>sulfasalazine tablet, tablet delayed release</i>	2	
Glucocorticoids		
<i>anusol-hc suppository 25mg</i>	4	EX
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	QL(90 GM per 90 days)
PROCTOCORT SUPPOSITORY	4	EX
<i>proctosol hc</i>	2	QL(90 GM per 90 days)
<i>proctozone-hc</i>	2	QL(90 GM per 90 days)
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium solution</i>	2	QL(900 ML per 84 days)
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL(12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	1	QL(90 EA per 90 days)
<i>calcitonin-salmon solution</i>	3	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL(124 EA per 31 days)
<i>cinacalcet hydrochloride tablet 30mg</i>	4	QL(360 EA per 90 days)
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL(62 EA per 31 days)
FORTEO INJECTION 560MCG/2.24ML	5	QL(2.4 ML per 28 days); PA
<i>ibandronate sodium tablet</i>	2	QL(3 EA per 84 days)
<i>paricalcitol capsule</i>	4	
PROLIA	4	QL(1 ML per 180 days); PA
<i>risedronate sodium tablet 35mg</i>	3	QL(12 EA per 84 days)
<i>risedronate sodium tablet 150mg</i>	3	QL(3 EA per 84 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	3	QL(90 EA per 90 days)
TERIPARATIDE INJECTION 620MCG/2.48ML	5	QL(2.48 ML per 28 days); PA
TYMLOS	5	PA
XGEVA	5	PA
ZOLEDRONIC ACID INJECTION 4MG/100ML	1	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	1	ST

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ARIDOL	4	EX
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	
BARIUM SULFATE	4	EX
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	
CEQUR SIMPLICITY 2U	3	
CEQUR SIMPLICITY INSERTER	3	
COAL TAR SOLUTION	4	EX
CURITY GAUZE PADS 2"X2" 12 PLY	2	ST
CYANOKIT	4	EX
CYSTO-CONRAY II	4	EX
E-Z-HD	4	EX
E-Z-PAQUE SUSPENSION RECONSTITUTED	4	EX
E-Z-PASTE	4	EX
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	1	
GASTROGRAFIN	4	EX
HISTATROL INJECTION 0.275MG/ML	4	EX
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
IODINE STRONG	2	EX
IODOFLEX	4	EX
<i>levocarnitine tablet</i>	3	
<i>levocarnitine solution</i>	4	
LIQUID E-Z-PAQUE	4	EX
LIQUID POLIBAR PLUS	4	EX
LUGOLS STRONG IODINE	2	EX
NEULUMEX	4	EX
NOVOPEN ECHO	2	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 PLUS G6	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
PROPECIA	4	EX
PROVOCHOLINE SOLUTION RECONSTITUTED 100MG	4	EX

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SITZMARKS	4	EX
sodium chloride 0.9%	3	
SSKI	4	EX
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
atropine sulfate solution 1%	3	
bacitracin/polymyxin b	2	
brimonidine tartrate/timolol maleate	3	
CYCLOMYDRIL	4	EX
CYSTARAN	5	PA
dorzolamide hcl/timolol maleate	2	
dorzolamide hydrochloride/timolol maleate pf	4	
fluocaine	2	EX
fluorescein/proparacaine	2	EX
neo-polycin	3	
neo-polycin hc	3	
neomycin/bacitracin/polymyxin	3	
neomycin/polymyxin/bacitracin/hydrocortisone	3	
neomycin/polymyxin/dexamethasone	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	3	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	4	
polycin	2	
polymyxin b sulfate(trimethoprim sulfate	2	
RESTASIS	3	QL(180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL(180 ML per 90 days)
ROCKLATAN	3	ST
SIMBRINZA	3	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
tobramycin/dexamethasone	4	
<i>Ophthalmic Anti-allergy Agents</i>		
azelastine hcl ophthalmic solution 0.05%	3	
CROMOLYN SODIUM SOLUTION 4%	2	
epinastine hcl	3	
olopatadine hydrochloride	3	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-Infectives		
AZASITE	4	
BACITRACIN	4	
BESIVANCE	4	
BETADINE OPHTHALMIC PREP	4	EX
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	QL(5 ML per 30 days)
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%, 1.5%	3	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	3	
<i>sulfacetamide sodium solution 10%</i>	2	QL(30 ML per 30 days)
<i>tobramycin solution 0.3%</i>	2	
TRIFLURIDINE	3	
XDEMVY	5	QL(10 ML per 31 days); PA
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%	2	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
<i>fluorometholone</i>	3	
FLURBIPROFEN SODIUM	3	
FML FORTE	4	
ILEVRO	4	
<i>ketorolac tromethamine solution 0.5%</i>	2	
<i>loteprednol etabonate suspension 0.5%</i>	4	
NEVANAC	4	
<i>prednisolone acetate</i>	3	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
BETAXOLOL HCL SOLUTION 0.5%	3	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	4	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
APRACLONIDINE	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brimonidine tartrate solution 0.1%</i>	3	
<i>brimonidine tartrate solution 0.15%</i>	4	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	ST
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost</i>	4	
<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	3	
VYZULTA	4	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
CIPRO HC	4	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>flac</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D
<i>flunisolide solution 0.025%</i>	3	QL(225 ML per 90 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	QL(360 EA per 90 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT	3	QL(720 EA per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL(64 GM per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(72 GM per 90 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL(48 GM per 90 days)
<i>mometasone furoate suspension 50mcg/act</i>	3	QL(102 GM per 90 days)
<i>QVAR REDIHALER</i>	3	QL(64 GM per 90 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	3	
<i>azelastine hydrochloride solution 0.1%</i>	3	
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	QL(900 ML per 90 days)
<i>desloratadine</i>	3	QL(90 EA per 90 days)
<i>diphenhydramine hydrochloride injection</i>	3	
<i>hydroxyzine hcl tablet 50mg</i>	3	PA
<i>hydroxyzine hydrochloride syrup</i>	3	PA
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	PA
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	3	PA
<i>levocetirizine dihydrochloride tablet</i>	2	QL(90 EA per 90 days)
<i>olopatadine hcl</i>	4	QL(91.5 GM per 90 days)
Antileukotrienes		
<i>montelukast sodium tablet chewable, packet, tablet</i>	2	QL(90 EA per 90 days)
<i>zafirlukast</i>	4	QL(180 EA per 90 days)
Bronchodilators, Anticholinergic		
<i>ATROVENT HFA</i>	4	QL(77.4 GM per 90 days)
<i>INCRUSE ELLIPTA</i>	3	QL(90 EA per 90 days)
<i>ipratropium bromide inhalation solution</i>	2	B/D
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL(135 ML per 90 days)
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL(90 ML per 90 days)
<i>SPIRIVA HANDIHALER</i>	3	QL(90 EA per 90 days)
<i>SPIRIVA RESPIMAT</i>	3	QL(12 GM per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(102 GM per 90 days); 8.5 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(81 GM per 90 days); 6.7 GM INHALER
<i>albuterol sulfate syrup</i>	2	
<i>albuterol sulfate tablet</i>	4	
<i>ALBUTEROL SULFATE NEBULIZATION SOLUTION 2.5MG/0.5ML</i>	2	B/D
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D
<i>arformoterol tartrate</i>	3	QL(360 ML per 90 days); B/D
<i>EPINEPHRINE INJECTION 0.3MG/0.3ML</i>	3	QL(6 EA per 90 days)
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(6 EA per 90 days)
<i>levalbuterol hcl nebulization solution</i>	4	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	B/D
<i>LEVALBUTEROL TARTRATE HFA</i>	3	QL(90 GM per 90 days)
<i>levalbuterol nebulization solution</i>	4	B/D

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS	3	QL(180 EA per 90 days)
SYMJEPI	3	
Cystic Fibrosis Agents		
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
TOBI PODHALER	5	QL(224 EA per 28 days); PA
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	5	B/D
TRIKAFTA THERAPY PACK	5	QL(62 EA per 31 days); PA
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	4	PA
<i>theophylline er tablet extended release 24 hour</i>	3	
<i>theophylline er tablet extended release 12 hour 300mg</i>	3	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(93 EA per 31 days); PA
<i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
ambrisentan	5	QL(30 EA per 30 days); PA
bosentan tablet 62.5mg	5	QL(120 EA per 30 days); PA
bosentan tablet 125mg	5	QL(60 EA per 30 days); PA
OPSUMIT	5	QL(31 EA per 31 days); PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg</i>	3	QL(270 EA per 90 days); PA
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
TRACLEER TABLET SOLUBLE	5	QL(120 EA per 30 days); PA
TYVASO	5	B/D
TYVASO REFILL KIT	5	B/D
TYVASO STARTER KIT	5	B/D
VENTAVIS SOLUTION 10MCG/ML	5	QL(150 ML per 30 days); B/D
VENTAVIS SOLUTION 20MCG/ML	5	QL(90 ML per 30 days); B/D
WINREVAIR	5	QL(1 EA per 21 days); PA
Pulmonary Fibrosis Agents		
OFEV	5	QL(62 EA per 31 days); PA
<i>pirfenidone capsule</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 801mg</i>	5	QL(93 EA per 31 days); PA
Respiratory Tract Agents, Other		
<i>acetylcysteine injection</i>	2	
<i>acetylcysteine inhalation solution</i>	4	B/D
ADVAIR HFA	3	QL(36 GM per 90 days)
ANORO ELLIPTA	3	QL(180 EA per 90 days)

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate</i>	2	EX
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
<i>bromphen/pseudoephedrine hcl/dextromethorphan hbr</i>	4	EX
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	4	QL(24 GM per 90 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(39 GM per 90 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(52.8 GM per 90 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
HYCODAN TABLET	4	EX
<i>hydrocodone bitartrate/homatropine methylbromide solution, tablet</i>	2	EX
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	2	EX
<i>hydrocodone/homatropine solution</i>	2	EX
<i>hydromet solution</i>	2	EX
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D
NUCALA	5	PA
<i>promethazine dm</i>	2	EX
<i>promethazine/codeine solution</i>	2	EX
<i>promethazine/phenylephrine/codeine</i>	2	EX
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
SYMBICORT	3	QL(30.6 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
wixela inhub	3	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	PA
<i>cyclobenzaprine hydrochloride tablet 7.5mg</i>	4	PA
<i>methocarbamol tablet 500mg, 750mg</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
<i>tasimelteon</i>	5	QL(31 EA per 31 days); PA
<i>temazepam capsule 15mg, 30mg, 7.5mg</i>	3	QL(30 EA per 30 days); NDS
<i>triazolam tablet 0.25mg</i>	3	QL(60 EA per 30 days); NDS
<i>zaleplon</i>	3	QL(90 EA per 90 days)
<i>zolpidem tartrate tablet</i>	2	QL(90 EA per 90 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil</i>	3	QL(90 EA per 90 days); PA

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil tablet</i>	3	QL(180 EA per 90 days); PA
SODIUM OXYBATE	5	QL(558 ML per 31 days); PA
SUNOSI	4	QL(90 EA per 90 days); PA

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

OTC products

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
IODOSORB	4	EX
Respiratory Tract/Pulmonary Agents		
<i>Antihistamines</i>		
<i>alavert allergy/sinus</i>	No Copay	EX
<i>alavert d-12 hour allergy & congestion</i>	No Copay	EX
<i>alavert tablet disintegrating</i>	No Copay	EX
ALLEGRA ALLERGY	No Copay	EX
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	No Copay	EX
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	No Copay	EX
<i>allergy 24-hr</i>	No Copay	EX
<i>allergy relief 24hr tablet 180mg</i>	No Copay	EX
<i>allergy relief nasal decongestant</i>	No Copay	EX
<i>allergy relief/nasal decongestant</i>	No Copay	EX
<i>allergy relief capsule 10mg</i>	No Copay	EX
<i>allergy relief tablet 10mg, 180mg, 60mg</i>	No Copay	EX
<i>cetirizine hcl childrens allergy solution</i>	No Copay	EX
<i>cetirizine hcl tablet chewable 5mg</i>	No Copay	EX
<i>cetirizine hcl tablet 5mg</i>	No Copay	EX
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride</i>	No Copay	EX
<i>cetirizine hydrochloride tablet 10mg</i>	No Copay	EX
<i>cetirizine hydrochloride tablet chewable</i>	No Copay	EX
<i>childrens loratadine solution</i>	No Copay	EX

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
CLARITIN ALLERGY CHILDRENS	No Copay	EX
CLARITIN CHILDRENS	No Copay	EX
CLARITIN REDITABS	No Copay	EX
CLARITIN-D 12 HOUR	No Copay	EX
CLARITIN-D 24 HOUR	No Copay	EX
CLARITIN CAPSULE, TABLET	No Copay	EX
<i>fexofenadine hcl/pseudoephedrine hcl er</i>	No Copay	EX
<i>fexofenadine hydrochloride</i>	No Copay	EX
<i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er</i>	No Copay	EX
<i>loratadine-d 12hr</i>	No Copay	EX
<i>loratadine-d 24hr</i>	No Copay	EX
<i>loratadine solution, tablet</i>	No Copay	EX
ZYRTEC ALLERGY CAPSULE	No Copay	EX
ZYRTEC-D ALLERGY/CONGESTION	No Copay	EX
<i>Respiratory Tract Agents, Other</i>		
<i>guaifenesin/codeine solution 10mg/5ml; 100mg/5ml</i>	2	EX
RYDEX	2	EX

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Index of Drugs

Drug Name	Page #	Drug Name	Page #
abacavir	25	alendronate sodium	60
abacavir sulfate/lamivudine	25	alfuzosin hcl er	50
ABELCET	13	aliskiren	35
ABILIFY ASIMTUFII	22	ALLEGRA ALLERGY	69
ABILIFY MAINTENA	22	ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	69
abiraterone acetate	16	ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	69
abirtega	16	allergy 24-hr	69
ABRYSVO	58	allergy relief	69
acamprosate calcium dr	3	allergy relief 24hr	69
acarbose	27	allergy relief/nasal decongestant	69
accutane	42	allergy relief/nasal decongestant	69
acebutolol hydrochloride	33	allopurinol	14
ACETAMINOPHEN/CODEINE	2	alosetron hydrochloride	47
acetaminophen/codeine phosphate	2	alprazolam	27
acetazolamide	63	altavera	52
acetazolamide er	63	ALUNBRIG	17
acetic acid	64	alyq (pulmonary arterial hypertension) oral tablet 20mg	66
acetylcysteine	66	amabelz	52
acitretin	42	amantadine hcl	26
ACTHIB	58	ambrisentan	66
ACTIMMUNE	57	AMCINONIDE	42
acyclovir	26	amethia	52
acyclovir	44	amikacin sulfate	3
acyclovir sodium	26	amiloride hcl	37
ADACEL	58	AMILORIDE/HYDROCHLOROTHIAZID	35
adapalene	42	E	
adefovir dipivoxil	24	amiodarone hydrochloride	33
ADEMPAS	66	amitriptyline hcl	13
ADIPEX-P	40	amitriptyline hydrochloride	13
ADLARITY	10	amlodipine besylate	34
ADRIAMYCIN	16	amlodipine besylate/atorvastatin calcium	35
ADVAIR HFA	66	amlodipine besylate/benzephril	35
AIMOVIG	14	hydrochloride	
AKEEGA	16	amlodipine besylate/valsartan	35
ala-cort	42	amlodipine/olmesartan medoxomil	35
alavert	69	amlodipine/valsartan/hydrochlorothiazide	35
alavert allergy/sinus	69	ammonium lactate	42
alavert d-12 hour allergy & congestion	69	annesteem	42
albendazole	20	amoxapine	13
albuterol sulfate	65	amoxicillin	6
albuterol sulfate hfa	65	AMOXICILLIN/CLAVULANATE	5
ALCLOMETASONE DIPROPIONATE	42	POTASSIUM	
ALCOHOL PREP PADS	60	AMOXICILLIN/CLAVULANATE	5
ALECENSA	17	POTASSIUM ER	

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
<i>amphetamine/dextroamphetamine</i>	39	<i>aurovelafe 1.5/30</i>	52
AMPHOTERICIN B	13	<i>aurovelafe 1/20</i>	52
<i>amphotericin b liposome</i>	13	AURYXIA	47
<i>ampicillin</i>	6	AUVELITY	11
AMPICILLIN SODIUM	6	<i>aviane</i>	52
<i>ampicillin/sulbactam</i>	6	AVONEX	41
AMPICILLIN-SULBACTAM	6	AVONEX PEN	41
<i>anagrelide hydrochloride</i>	31	AYVAKIT	17
ANALPRAM HC	43	AZASITE	63
<i>anastrozole</i>	17	<i>azathioprine</i>	57
ANORO ELLIPTA	66	<i>azelaic acid</i>	42
<i>anucort-hc</i>	44	<i>azelastine hcl</i>	62
<i>anusol-hc</i>	60	<i>azelastine hcl</i>	65
APRACLONIDINE	64	<i>azelastine hydrochloride</i>	65
<i>aprepitant</i>	13	AZITHROMYCIN	6
<i>apri</i>	52	<i>aztreonam</i>	4
APTIOM	9	BACITRACIN	63
APTIVUS	26	<i>bacitracin/polymyxin b</i>	62
ARANESP ALBUMIN FREE	31	<i>baclofen</i>	24
ARCALYST	56	<i>balsalazide disodium</i>	60
AREXVY	58	BALVERSA	17
<i>arformoterol tartrate</i>	65	BAQSIMI ONE PACK	29
ARIDOL	61	BAQSIMI TWO PACK	29
ARIKAYCE	3	BARIUM SULFATE	61
<i>ariPIPRAZOLE</i>	22	BCG VACCINE	58
<i>ariPIPRAZOLE odt</i>	22	BD INSULIN SYRINGE	61
ARISTADA	22	SAFETYGLIDE/1ML/29G X 1/2"	
ARISTADA INITIO	22	B-D INSULIN SYRINGE ULTRAFINE	61
<i>armodafinil</i>	67	II/0.3ML/31G X 5/16"	
ARNUITY ELLIPTA	64	BD INSULIN SYRINGE ULTRA-	61
<i>asenapine maleate sl</i>	22	FINE/0.5ML/30G X 12.7MM	
<i>ashlynna</i>	52	BD INSULIN SYRINGE ULTRA-	61
<i>aspirin/dipyridamole er</i>	31	FINE/1ML/31G X 8MM	
ASTAGRAF XL	57	BD PEN NEEDLE/ORIGINAL/ULTRA-	61
ASTRINGYN	31	FINE/29G X 12.7MM	
<i>atazanavir</i>	26	<i>benazepril hydrochloride</i>	32
<i>atazanavir sulfate</i>	26	<i>benazepril</i>	35
<i>atenolol</i>	33	<i>hydrochloride/hydrochlorothiazide</i>	
<i>atenolol/chlorthalidone</i>	35	BENLYSTA	56
<i>atomoxetine</i>	40	<i>benzonatate</i>	67
<i>atomoxetine hydrochloride</i>	40	<i>benzphetamine hcl</i>	40
<i>atorvastatin calcium</i>	38	<i>benztropine mesylate</i>	20
<i>atovaquone</i>	20	BESIVANCE	63
<i>atovaquone/proguanil hydrochloride</i>	20	BESREMI	57
<i>atropine sulfate</i>	62	BETADINE OPHTHALMIC PREP	63
ATROVENT HFA	65	<i>betaine anhydrous</i>	49
AUGTYRO	17	<i>betamethasone dipropionate</i>	43

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
BETAMETHASONE DIPROPIONATE	42	bupropion hydrochloride er (sr)	11
AUGMENTED		bupropion hydrochloride er (xl)	11
<i>betamethasone valerate</i>	43	buspirone hcl	27
BETASERON	41	buspirone hydrochloride	27
<i>betaxolol hcl</i>	34	butorphanol tartrate	2
BETAXOLOL HCL	63	BYDUREON BCISE	27
<i>bethanechol chloride</i>	50	CABENUVA	24
BETOPTIC-S	63	cabergoline	55
<i>bexarotene</i>	20	CABLIVI	31
BEXSERO	58	CABOMETYX	17
<i>bicalutamide</i>	16	CALCIPOTRIENE	44
BICILLIN C-R	6	calcitonin-salmon	60
BICILLIN L-A	6	CALCITRIOL	44
BIKTARVY	24	calcitriol	60
<i>bimatoprost</i>	64	calcium acetate	47
<i>bisoprolol fumarate</i>	34	CALQUENCE	17
<i>bisoprolol fumarate/hydrochlorothiazide</i>	36	camila	54
BIVIGAM	56	camrese	52
<i>blisovife 1.5/30</i>	52	camrese lo	52
<i>blisovife 1/20</i>	52	candesartan cilexetil	32
BOOSTRIX	58	candesartan cilexetil/hydrochlorothiazide	36
<i>bosentan</i>	66	CAPLYTA	22
BOSULIF	17	CAPRELSA	17
BRAFTOVI	17	captopril	32
BREO ELLIPTA	67	CAPTOPRIL/HYDROCHLOROTHIAZID	36
BREZTRI AEROSPHERE	67	E	
BRILINTA	31	carbamazepine	9
<i>brimonidine tartrate</i>	64	carbamazepine er	9
<i>brimonidine tartrate/timolol maleate</i>	62	carbidopa	21
<i>brinzolamide</i>	64	carbidopa/levodopa	21
BRIVIACT	8	carbidopa/levodopa er	21
<i>bromocriptine mesylate</i>	21	CARBIDOPA/LEVODOPA ODT	21
<i>bromphen/pseudoephedrine</i>	67	carbidopa/levodopa/entacapone	21
<i>hcl/dextromethorphan hbr</i>		carglumic acid	45
BRONCHITOL	67	CARTEOLOL HCL	63
BRUKINSA	17	cartia xt	34
<i>budesonide</i>	60	carvedilol	34
<i>budesonide</i>	64	carvedilol phosphate er	34
<i>budesonide er</i>	60	caspofungin acetate	14
<i>bumetanide</i>	37	CAVERJECT	50
<i>buprenorphine</i>	1	CAYSTON	66
<i>buprenorphine hcl</i>	3	CEFACLOR	5
<i>buprenorphine hcl/naloxone hcl</i>	3	CEFADROXIL	5
<i>buprenorphine hydrochloride/naloxone</i>	3	CEFAZOLIN SODIUM	5
<i>hydrochloride</i>		CEFAZOLIN SODIUM/DEXTROSE	5
<i>bupropion hydrochloride</i>	11	cefdinir	5
<i>bupropion hydrochloride er (sr)</i>	3	CEFEPIME	5

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
CEFEPIME/DEXTROSE	5	ciprofloxacin hydrochloride	7
<i>cefixime</i>	5	<i>ciprofloxacin hydrochloride</i>	63
CEFOXITIN SODIUM	5	CIPROFLOXACIN I.V.-IN D5W	7
CEFPODOXIME PROXETIL	5	<i>ciprofloxacin/dexamethasone</i>	64
<i>cefprozil</i>	5	<i>citalopram hydrobromide</i>	11
CEFTAZIDIME	5	<i>claravis</i>	42
CEFTRIAXONE IN ISO-OSMOTIC	5	CLARITHROMYCIN	6
DEXTROSE		<i>clarithromycin er</i>	6
CEFTRIAXONE SODIUM	5	CLARITIN	70
CEFTRIAXONE/DEXTROSE	5	CLARITIN ALLERGY CHILDRENS	70
<i>cefuroxime axetil</i>	5	CLARITIN CHILDRENS	70
<i>cefuroxime sodium</i>	5	CLARITIN REDITABS	70
<i>celecoxib</i>	1	CLARITIN-D 12 HOUR	70
<i>cephalexin</i>	5	CLARITIN-D 24 HOUR	70
CEQUR SIMPLICITY 2U	61	<i>clindacin etz pledges</i>	4
CEQUR SIMPLICITY INSERTER	61	<i>clindamycin hcl</i>	4
CERDELGA	49	<i>clindamycin hydrochloride</i>	4
CETACAINE	3	<i>clindamycin palmitate hydrochloride</i>	4
<i>cetirizine hcl</i>	69	<i>clindamycin phosphate</i>	4
<i>cetirizine hcl childrens allergy</i>	69	<i>clindamycin phosphate</i>	44
<i>cetirizine hydrochloride</i>	65	<i>clindamycin phosphate/dextrose</i>	4
<i>cetirizine hydrochloride</i>	69	<i>clindamycin/benzoyl peroxide</i>	42
<i>cetirizine hydrochloride/pseudoephedrine</i>	69	CLINDAMYCIN/SODIUM CHLORIDE	4
<i>hydrochloride</i>		<i>clinpro 5000</i>	41
CETROTIDE	55	<i>clobazam</i>	8
<i>cevimeline hydrochloride</i>	41	<i>clobetasol propionate</i>	43
CHEMET	46	<i>clobetasol propionate e</i>	43
<i>childrens loratadine</i>	69	<i>clodan</i>	43
<i>chlorhexidine gluconate</i>	41	<i>clomid</i>	54
<i>chloroquine phosphate</i>	20	<i>clomiphene citrate</i>	54
<i>chlorpromazine hcl</i>	21	<i>clomipramine hydrochloride</i>	13
CHLORPROMAZINE	21	<i>clonazepam</i>	9
HYDROCHLORIDE		<i>clonazepam odt</i>	9
<i>chlorthalidone</i>	37	<i>clonidine</i>	31
CHOLBAM	49	<i>clonidine hydrochloride</i>	31
<i>cholestyramine</i>	38	<i>clonidine hydrochloride er</i>	40
<i>cholestyramine light</i>	38	<i>clopidogrel</i>	31
CIALIS	50	<i>clorazepate dipotassium</i>	27
<i>ciclodan</i>	44	<i>clotrimazole</i>	14
<i>ciclopirox</i>	44	CLOTRIMAZOLE/BETAMETHASONE	44
<i>ciclopirox nail lacquer</i>	44	DIPROPIONATE	
<i>ciclopirox olamine</i>	44	<i>clozapine</i>	23
<i>cilstazol</i>	31	CLOZAPINE ODT	23
CIMDUO	25	<i>COAL TAR</i>	61
<i>cinacalcet hydrochloride</i>	60	<i>COARTEM</i>	20
CIPRO HC	64	<i>COBENFY</i>	40
<i>ciprofloxacin hcl</i>	7	COBENFY STARTER PACK	40

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
CODEINE SULFATE	2	deferasirox	46
<i>colchicine</i>	14	DELSTRIGO	25
<i>colesevelam hydrochloride</i>	38	<i>demeclizine hcl</i>	7
<i>colestipol hcl</i>	38	<i>DENGVAXIA</i>	58
<i>colistimethate sodium</i>	4	<i>dentagel</i>	41
COMBIVENT RESPIMAT	67	DEPO-ESTRADIOL	52
<i>COMETRIQ</i>	17	DEPO-SUBQ PROVERA 104	54
<i>COMPLERA</i>	25	DESCOVY	25
<i>compro</i>	13	<i>desipramine hydrochloride</i>	13
<i>constulose</i>	47	<i>desloratadine</i>	65
<i>COPIKTRA</i>	17	<i>desmopressin acetate</i>	51
<i>CORLANOR</i>	36	<i>desogestrel/ethinyl estradiol</i>	52
<i>COSENTYX</i>	56	<i>desonide</i>	43
COSENTYX SENSOREADY PEN	56	<i>desoximetasone</i>	43
COSENTYX UNOREADY	56	<i>desvenlafaxine er</i>	11
<i>COTELLIC</i>	17	DEXAMETHASONE	50
<i>covaryx hs</i>	52	DEXAMETHASONE INTENSOL	50
<i>CREON</i>	49	DEXAMETHASONE SODIUM	50
<i>cromolyn sodium</i>	49	PHOSPHATE	
<i>CROMOLYN SODIUM</i>	62	DEXAMETHASONE SODIUM	63
<i>cromolyn sodium</i>	66	PHOSPHATE	
<i>CRYODOSE TA</i>	3	DEXAMETHASONE SODIUM	50
CURITY GAUZE PADS 2"X2" 12 PLY	61	PHOSPHATE +RFID	
<i>CYANOKIT</i>	61	<i>dexmethylphenidate hcl</i>	40
<i>cyclobenzaprine hydrochloride</i>	67	<i>dexmethylphenidate hcl er</i>	40
<i>CYCLOMYDRIL</i>	62	<i>dexamethylphenidate hydrochloride</i>	40
<i>cyclophosphamide</i>	16	<i>dexamethylphenidate hydrochloride er</i>	40
<i>CYCLOSET</i>	27	<i>dextroamphetamine sulfate</i>	40
<i>cyclosporine</i>	57	DEXTROSE 10%	45
<i>cyclosporine modified</i>	57	DEXTROSE 10%/SODIUM CHLORIDE	45
<i>cyred eq</i>	52	0.45%	
<i>CYSTAGON</i>	49	DEXTROSE 2.5%/SODIUM CHLORIDE	45
<i>CYSTARAN</i>	62	0.45%	
CYSTO-CONRAY II	61	<i>dextrose 5%</i>	45
<i>dabigatran etexilate</i>	30	DEXTROSE 5%/SODIUM CHLORIDE	45
<i>dalfampridine er</i>	41	0.2%	
<i>danazol</i>	51	<i>dextrose 5%/sodium chloride 0.3%</i>	45
<i>dantrolene sodium</i>	24	DEXTROSE 5%/SODIUM CHLORIDE	45
<i>DANYELZA</i>	20	0.33%	
<i>dapsone</i>	15	DEXTROSE 5%/SODIUM CHLORIDE	45
<i>DAPTACEL</i>	58	0.45%	
<i>daptomycin</i>	4	<i>dextrose 5%/sodium chloride 0.9%</i>	45
<i>darunavir</i>	26	DEXTROSE 50%	45
<i>dasatinib</i>	17	DEXTROSE 70%	45
<i>DAURISMO</i>	17	<i>dextrose/sodium chloride</i>	45
<i>daysee</i>	52	DIACOMIT	9
<i>deblitane</i>	54	<i>diazepam</i>	27

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
DIAZEPAM RECTAL GEL	9	doxepin hcl	13
<i>diazoxide</i>	29	<i>doxepin hydrochloride</i>	13
<i>diclofenac potassium</i>	1	DOXORUBICIN HYDROCHLORIDE	17
<i>diclofenac sodium</i>	1	<i>doxy 100</i>	7
<i>diclofenac sodium</i>	63	<i>doxycycline</i>	7
<i>diclofenac sodium dr</i>	1	<i>doxycycline hyclate</i>	7
<i>diclofenac sodium er</i>	1	<i>doxycycline hyclate</i>	41
<i>diclofenac sodium/misoprostol</i>	1	<i>doxycycline monohydrate</i>	7
<i>dicloxacillin sodium</i>	6	DRISDOL	47
<i>dicyclomine hcl</i>	48	DRIZALMA SPRINKLE	11
<i>dicyclomine hydrochloride</i>	48	<i>dronabinol</i>	13
<i>diethylpropion hcl</i>	40	<i>drospirenone/ethinyl estradiol</i>	52
DIETHYLPROPION HCL ER	40	DROXIA	16
<i>DIFICID</i>	7	<i>droxidopa</i>	31
<i>diflunisal</i>	1	DUAVEE	54
<i>DIGOXIN</i>	33	DULERA	67
<i>dihydroergotamine mesylate</i>	15	<i>duloxetine hcl</i>	11
<i>DILANTIN</i>	9	<i>duloxetine hydrochloride</i>	11
<i>diltiazem hcl</i>	34	DUPIXENT	56
<i>diltiazem hcl cd</i>	34	<i>dutasteride</i>	50
<i>diltiazem hcl er</i>	34	EASY COMFORT INSULIN	61
<i>diltiazem hydrochloride</i>	34	SYRINGE/0.3ML/31G X 1/2"	
<i>diltiazem hydrochloride er</i>	34	<i>ec-naproxen</i>	1
<i>dilt-xr</i>	34	<i>econazole nitrate</i>	14
<i>dimethyl fumarate</i>	41	EDARBI	32
<i>dimethyl fumarate starterpack</i>	41	EDARBYCLOR	36
<i>diphenhydramine hydrochloride</i>	65	EDEX	50
<i>diphenoxylate hydrochloride/atropine sulfate</i>	47	EDURANT	25
DIPHENOXYLATE/ATROPINE	47	<i>eemt</i>	52
DIPHTHERIA/TETANUS TOXOIDS	58	<i>eemt hs</i>	52
ADSORBED PEDIATRIC		EFAVIRENZ	25
<i>disulfiram</i>	3	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	25
<i>divalproex sodium dr</i>	9	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	25
<i>divalproex sodium er</i>	9	ELIQUIS	30
DOCETAXEL	16	ELIQUIS STARTER PACK	30
<i>dofetilide</i>	33	ELMIRON	50
<i>donepezil hcl</i>	10	<i>eluryng</i>	52
<i>donepezil hydrochloride</i>	10	EMCYT	16
DONNATAL	48	EMGALITY	14
DOPTELET	31	EMSAM	11
<i>dorzolamide hcl/timolol maleate</i>	62	<i>emtricitabine</i>	25
<i>dorzolamide hydrochloride</i>	64	<i>emtricitabine/tenofovir disoproxil fumarate</i>	25
<i>dorzolamide hydrochloride/timolol maleate pf</i>	62	EMTRIVA	25
DOVATO	24	<i>enalapril maleate</i>	32
<i>doxazosin mesylate</i>	32		

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
<i>enalapril maleate/hydrochlorothiazide</i>	36	<i>ethynodiol diacetate/ethinyl estradiol</i>	52
ENBREL	57	<i>etodolac</i>	1
ENBREL MINI	57	<i>etodolac er</i>	1
ENBREL SURECLICK	57	<i>etonogestrel/ethinyl estradiol</i>	52
ENDARI	49	<i>etravirine</i>	25
<i>endocet</i>	2	EULEXIN	16
ENGERIX-B	58	<i>euthyrox</i>	55
ENHERTU	20	<i>everolimus</i>	18
<i>enilloring</i>	52	<i>everolimus</i>	57
<i>enoxaparin sodium</i>	30	EVOTAZ	26
<i>enskyce</i>	52	<i>exemestane</i>	17
<i>entacapone</i>	21	EXKIVITY	18
<i>entecavir</i>	24	<i>ezetimibe</i>	38
ENTRESTO	36	<i>ezetimibe/simvastatin</i>	38
<i>enulose</i>	47	E-Z-HD	61
EPCLUSA	24	E-Z-PAQUE	61
EPIDIOLEX	8	E-Z-PASTE	61
<i>epinastine hcl</i>	62	<i>famciclovir</i>	26
EPINEPHRINE	65	<i>famotidine</i>	48
<i>epitol</i>	9	FANAPT	22
<i>eplerenone</i>	38	FANAPT TITRATION PACK	22
EPRONTIA	8	FARXIGA	39
ERGOLOID MESYLATES	10	FASENRA	67
ERIVEDGE	18	FASENRA PEN	67
ERLEADA	16	<i>febuxostat</i>	14
<i>erlotinib hydrochloride</i>	18	<i>feirza 1.5/30</i>	52
<i>errin</i>	54	<i>feirza 1/20</i>	52
<i>ertapenem</i>	6	<i>felbamate</i>	8
<i>ertapenem sodium</i>	6	<i>felodipine er</i>	34
ERY	45	FEM PH	4
<i>ery-tab</i>	7	<i>fenofibrate</i>	37
<i>erythromycin</i>	45	<i>fenofibrate micronized</i>	37
<i>erythromycin</i>	63	<i>fenofibric acid dr</i>	38
<i>erythromycin base</i>	7	<i>fentanyl</i>	1
ERYTHROMYCIN DR	7	<i>fentanyl citrate oral transmucosal</i>	2
<i>erythromycin ethylsuccinate</i>	7	FERRIC CITRATE	47
<i>erythromycin/benzoyl peroxide</i>	42	<i>fesoterodine fumarate er</i>	50
<i>escitalopram oxalate</i>	12	FETZIMA	12
<i>esomeprazole magnesium</i>	48	FETZIMA TITRATION PACK	12
<i>estarrylla</i>	52	<i>fexofenadine hcl/pseudoephedrine hcl er</i>	70
<i>esterified estrogens/methyltestosterone</i>	52	<i>fexofenadine hydrochloride</i>	70
<i>esterified estrogens/methyltestosterone hs</i>	52	<i>fexofenadine</i>	70
<i>estradiol</i>	52	<i>hydrochloride/pseudoephedrine</i>	
<i>estradiol valerate</i>	52	<i>hydrochloride er</i>	
<i>estradiol/norethindrone acetate</i>	52	<i>finasteride</i>	50
<i>ethambutol hydrochloride</i>	15	<i> fingolimod hydrochloride</i>	41
<i>ethosuximide</i>	8	FINTEPLA	8

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
FIRDAPSE	41	FORTEO	60
FIRMAGON	55	<i>fosamprenavir calcium</i>	26
FIRVANQ	4	<i>fisinopril sodium</i>	32
<i>flac</i>	64	<i>fisinopril sodium/hydrochlorothiazide</i>	36
<i>flavoxate hcl</i>	50	<i>fosphénytoïn sodium</i>	9
FLEBOGAMMA DIF	56	FOTIVDA	18
<i>flecainide acetate</i>	33	FRUZAQLA	18
<i>flucaine</i>	62	<i>furosemide</i>	37
<i>fluconazole</i>	14	FUZEON	25
<i>fluconazole in sodium chloride</i>	14	<i>fyavolv</i>	52
FLUCONAZOLE/SODIUM CHLORIDE	14	FYCOMPRA	8
<i>flucytosine</i>	14	<i>gabapentin</i>	9
<i>fludrocortisone acetate</i>	51	GALANTAMINE HYDROBROMIDE	10
<i>flunisolide</i>	64	<i>galantamine hydrobromide er</i>	10
<i>fluocinolone acetonide</i>	43	<i>gallifrey</i>	54
<i>fluocinolone acetonide</i>	64	<i>GALZIN</i>	45
<i>fluocinolone acetonide body</i>	43	GAMUNEX-C	56
<i>fluocinolone acetonide scalp</i>	43	GARDASIL 9	58
<i>fluocinolone acetonide topical</i>	43	GASTROGRAFIN	61
<i>fluocinonide</i>	43	<i>gatifloxacin</i>	63
<i>fluocinonide emulsified base</i>	43	<i>GATTEX</i>	48
<i>fluorescein/proparacaine</i>	62	<i>GAVILYTE-C</i>	48
<i>fluoridex daily defense</i>	41	<i>gavilyte-g</i>	48
<i>fluoridex enhanced whitening</i>	41	<i>gavilyte-n/flavor pack</i>	48
<i>fluorimax 5000</i>	41	<i>GAVRETO</i>	18
<i>fluorometholone</i>	63	<i>gefitinib</i>	18
<i>fluorouracil</i>	44	GEMCITABINE HYDROCHLORIDE	16
FLUOXETINE DR	12	<i>gemfibrozil</i>	38
<i>fluoxetine hydrochloride</i>	12	GEMTESA	50
<i>fluphenazine decanoate</i>	21	<i>generlac</i>	47
FLUPHENAZINE HCL	21	<i>genograf</i>	57
FLUPHENAZINE HYDROCHLORIDE	21	GENOTROPIN	51
<i>flurbiprofen</i>	1	GENOTROPIN MINIQUICK	51
FLURBIPROFEN SODIUM	63	<i>gentamicin sulfate</i>	4
<i>fluticasone propionate</i>	43	<i>gentamicin sulfate</i>	63
<i>fluticasone propionate</i>	65	GENTAMICIN SULFATE/0.9% SODIUM	3
FLUTICASONE PROPIONATE DISKUS	64	<i>CHLORIDE</i>	
FLUTICASONE PROPIONATE HFA	64	<i>GENVOYA</i>	24
<i>fluticasone propionate/salmeterol</i>	67	<i>GILOTrif</i>	18
<i>fluticasone propionate/salmeterol diskus</i>	67	<i>glatiramer acetate</i>	41
<i>fluvastatin</i>	38	<i>glatopa</i>	41
<i>fluvastatin sodium er</i>	38	<i>GLEOSTINE</i>	16
<i>fluvoxamine maleate</i>	12	<i>glimepiride</i>	27
<i>FML FORTE</i>	63	<i>glipizide</i>	27
<i>folic acid</i>	47	<i>glipizide er</i>	27
<i>FOLLISTIM AQ</i>	51	<i>glipizide/metformin hydrochloride</i>	27
<i>fondaparinux sodium</i>	30	<i>GLUCAGEN HYPOKIT</i>	29

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
GLUCAGON EMERGENCY KIT	29	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	57
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR <i>glyburide</i>	29	HUMIRA PEN	57
GLYBURIDE MICRONIZED <i>glyburide/metformin hydrochloride</i>	27	HUMIRA PEN-CD/UC/HS STARTER	57
<i>glycopyrrolate</i>	27	HUMIRA PEN-PEDIATRIC UC STARTER PACK	57
GLYXAMBI	28	HUMIRA PEN-PS/UV STARTER	57
GONAL-F	51	HUMULIN 70/30	29
GONAL-F RFF	51	HUMULIN 70/30 KWIKPEN <i>humulin n</i>	29
GONAL-F RFF REDIRECT <i>granisetron hydrochloride</i>	51	HUMULIN N KWIKPEN	29
<i>griseofulvin microsize</i>	13	HUMULIN R	29
<i>griseofulvin ultramicrosize</i>	14	HUMULIN R U-500 (CONCENTRATED)	29
<i>guaifenesin/codeine</i>	14	HUMULIN R U-500 KWIKPEN	29
<i>guanfacine hydrochloride</i>	70	HYCODAN	67
<i>guanfacine hydrochloride er</i>	32	<i>hydralazine hydrochloride</i>	39
GVOKE HYPOOPEN 1-PACK	29	<i>hydrochlorothiazide</i>	37
GVOKE HYPOOPEN 2-PACK	29	hydrocodone bitartrate/acetaminophen	2
GVOKE KIT	29	hydrocodone bitartrate/homatropine	67
GVOKE PFS	29	<i>methylbromide</i>	
HAEGARDA	56	HYDROCODONE	67
<i>hailey fe 1.5/30</i>	52	POLISTIREX/CHLORPHENIRAMINE POLISTIREX	
<i>hailey fe 1/20</i>	52	<i>hydrocodone/acetaminophen</i>	2
halobetasol propionate	43	<i>hydrocodone/homatropine</i>	67
<i>haloette</i>	52	HYDROCODONE/IBUPROFEN	2
<i>haloperidol</i>	21	<i>hydrocortisone</i>	43
<i>haloperidol decanoate</i>	21	<i>hydrocortisone</i>	51
<i>haloperidol lactate</i>	21	<i>hydrocortisone</i>	60
HARVONI	24	<i>hydrocortisone acetate</i>	44
HAVRIX	59	HYDROCORTISONE	44
<i>heather</i>	54	ACETATE/PRAMOXINE	
heparin sodium	31	HYDROCORTISONE BUTYRATE	43
HEPLISAV-B	59	<i>hydrocortisone valerate</i>	43
HERCEPTIN HYLECTA	20	<i>hydrocortisone/acetic acid</i>	64
HIBERIX	59	<i>hydrocortisone/iodoquinol</i>	14
HISTATROL	61	<i>hydromet</i>	67
HUMALOG	29	<i>hydromorphone hcl</i>	2
HUMALOG JUNIOR KWIKPEN	29	HYDROMORPHONE	2
HUMALOG KWIKPEN	29	HYDROCHLORIDE	
HUMALOG MIX 50/50	29	HYDROXOCOBALAMIN	47
HUMALOG MIX 50/50 KWIKPEN	29	<i>hydroxychloroquine sulfate</i>	20
HUMALOG MIX 75/25	29	<i>hydroxyurea</i>	16
HUMALOG MIX 75/25 KWIKPEN	29	<i>hydroxyzine hcl</i>	65
HUMALOG TEMPO PEN	29	<i>hydroxyzine hydrochloride</i>	65
HUMIRA	58	<i>hydroxyzine pamoate</i>	65
		<i>hyosyne</i>	48

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
HYPERHEP B	56	ISENTRESS	24
<i>ibandronate sodium</i>	60	ISENTRESS HD	24
IBRANCE	18	<i>isibloom</i>	52
<i>ibu</i>	1	ISOLYTE-P/DEXTROSE 5%	45
<i>ibuprofen</i>	1	ISOLYTE-S	45
<i>icatibant acetate</i>	56	ISOLYTE-S PH 7.4	45
ICLUSIG	18	<i>isoniazid</i>	15
<i>icosapent ethyl</i>	38	<i>isosorbide dinitrate</i>	39
IDHIFA	18	<i>isosorbide dinitrate/hydralazine hydrochloride</i>	36
ILEVRO	63	ISOSORBIDE MONONITRATE	39
<i>imatinib mesylate</i>	18	<i>isosorbide mononitrate er</i>	39
IMBRUVICA	18	ISOTONIC GENTAMICIN	4
IMIPENEM/CILASTATIN	6	<i>isotretinoin</i>	42
<i>imipramine hcl</i>	13	<i>isradipine</i>	34
<i>imipramine hydrochloride</i>	13	ITOVEBI	17
<i>imipramine pamoate</i>	13	<i>itraconazole</i>	14
<i>imiquimod</i>	44	<i>ivabradine hydrochloride</i>	36
IMKELDI	18	<i>ivermectin</i>	20
IMOVAX RABIES (H.D.C.V.)	59	IWILFIN	17
IMPAVIDO	4	IXCHIQ	59
<i>incassia</i>	54	IXEMPRA KIT	17
INCRELEX	51	IXIARO	59
INCRUSE ELLIPTA	65	<i>jaimiess</i>	52
<i>indapamide</i>	37	JAKAFI	18
INFANRIX	59	<i>jantoven</i>	31
INLYTA	18	JANUMET	28
INQOVI	18	JANUMET XR	28
INREBIC	17	JANUVIA	28
INSULIN LISPRO	30	JARDIANE	39
INSULIN LISPRO JUNIOR KWIKPEN	30	<i>jasmiel</i>	53
INSULIN LISPRO KWIKPEN	30	JAYPIRCA	18
INSULIN LISPRO	30	JENTADUETO	28
PROTAMINE/INSULIN LISPRO KWIKPEN		JENTADUETO XR	28
INTELENCE	25	<i>jinteli</i>	53
INTRALIPID	61	JOENJA	49
INVEGA HAFYERA	22	<i>juleber</i>	53
INVEGA SUSTENNA	22	JULUCA	24
INVEGA TRINZA	22	<i>junel fe 1.5/30</i>	53
IODINE STRONG	61	<i>junel fe 1/20</i>	53
IODOFLEX	61	<i>just right 5000</i>	41
IODOSORB	69	JYLAMVO	58
IPOL INACTIVATED IPV	59	JYNNEOS	59
<i>ipratropium bromide</i>	65	<i>kalliga</i>	53
<i>ipratropium bromide/albuterol sulfate</i>	67	KALYDECO	66
<i>irbesartan</i>	32	<i>kcl 0.075%/d5w/nacl 0.45%</i>	45
<i>irbesartan/hydrochlorothiazide</i>	36	<i>kcl 0.15%/d5w/nacl 0.2%</i>	45

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
<i>kcl 0.15%/d5w/nacl 0.45%</i>	45	<i>larin fe 1/20</i>	53
<i>kcl 0.15%/d5w/nacl 0.9%</i>	45	<i>latanoprost</i>	64
<i>kcl 0.3%/d5w/nacl 0.45%</i>	45	LAZCLUZE	17
KCL 0.3%/D5W/NACL 0.9%	45	<i>leflunomide</i>	58
<i>kelnor 1/50</i>	53	<i>lenalidomide</i>	16
KERENDIA	39	LENVIMA 10 MG DAILY DOSE	18
<i>ketococonazole</i>	14	LENVIMA 12MG DAILY DOSE	18
<i>ketorolac tromethamine</i>	63	LENVIMA 14 MG DAILY DOSE	18
KEVZARA	56	LENVIMA 18 MG DAILY DOSE	18
KINERET	56	LENVIMA 20 MG DAILY DOSE	18
KINRIX	59	LENVIMA 24 MG DAILY DOSE	18
KISQALI	18	LENVIMA 4 MG DAILY DOSE	18
KISQALI FEMARA 200 DOSE	17	LENVIMA 8 MG DAILY DOSE	18
KISQALI FEMARA 400 DOSE	17	<i>lessina</i>	53
KISQALI FEMARA 600 DOSE	17	<i>letrozole</i>	17
<i>klayesta</i>	14	<i>leucovorin calcium</i>	17
<i>klor-con 10</i>	45	LEUKERAN	16
<i>klor-con 8</i>	45	<i>leuprolide acetate</i>	55
<i>klor-con m10</i>	45	<i>levalbuterol</i>	65
<i>klor-con m15</i>	45	<i>levalbuterol hcl</i>	65
<i>klor-con m20</i>	45	<i>levalbuterol hydrochloride</i>	65
KLOXXADO	3	LEVALBUTEROL TARTRATE HFA	65
KOSELUGO	18	<i>levetiracetam</i>	8
<i>kourzeq</i>	41	<i>levetiracetam er</i>	8
KRAZATI	18	LEVOBUNOLOL HCL	63
<i>kurvelo</i>	53	<i>levocarnitine</i>	61
<i>labetalol hydrochloride</i>	34	<i>levocetirizine dihydrochloride</i>	65
<i>lacosamide</i>	9	<i>levofloxacin</i>	7
<i>lactulose</i>	47	LEVOFLOXACIN	63
LAGEVRIO	26	<i>levofloxacin in d5w</i>	7
<i>lamivudine</i>	24	levonorgestrel and ethinyl estradiol	53
<i>lamivudine</i>	25	<i>levonorgestrel/ethinyl estradiol</i>	53
<i>lamivudine/zidovudine</i>	25	<i>levora 0.15/30-28</i>	53
<i>lamotrigine</i>	8	<i>levo-t</i>	55
<i>lamotrigine er</i>	8	<i>levothyroxine sodium</i>	55
<i>lamotrigine odt</i>	8	<i>levoxyl</i>	55
<i>lamotrigine starter kit/blue</i>	8	LEXIVA	26
<i>lamotrigine starter kit/green</i>	8	<i>l-glutamine</i>	49
<i>lamotrigine starter kit/orange</i>	8	LIBERVANT	9
<i>lanreotide acetate</i>	55	LIBTAYO	20
<i>lansoprazole</i>	48	<i>lidocaine</i>	3
LANSOPRAZOLE/AMOXICILLIN/CLAR	48	<i>lidocaine hydrochloride</i>	3
ITHROMYCIN		<i>lidocaine hydrochloride viscous</i>	41
LANTUS	30	<i>lidocaine/prilocaine</i>	3
LANTUS SOLOSTAR	30	LILETTA	54
<i>lapatinib ditosylate</i>	18	<i>linezolid</i>	4
<i>larin fe 1.5/30</i>	53	LINZESS	47

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
<i>liothyronine sodium</i>	55	<i>magnesium sulfate</i>	45
LIQUID E-Z-PAQUE	61	<i>malathion</i>	44
LIQUID POLIBAR PLUS	61	<i>maraviroc</i>	26
<i>lisinopril</i>	33	MARGENZA	20
<i>lisinopril/hydrochlorothiazide</i>	36	MARPLAN	11
<i>lithium</i>	27	MATULANE	16
LITHIUM CARBONATE	27	<i>matzim la</i>	34
<i>lithium carbonate er</i>	27	<i>meclizine hcl 12.5mg, 25mg</i>	13
LIVALO	38	<i>medroxyprogesterone acetate</i>	54
LIVTENCITY	24	<i>mefloquine hydrochloride</i>	20
<i>lojaimiess</i>	53	<i>megestrol acetate</i>	54
LOKELMA	47	MEKINIST	18
LONSURF	17	MEKTOVI	18
<i>loperamide hydrochloride</i>	47	<i>meloxicam</i>	1
<i>lopinavir/ritonavir</i>	26	<i>memantine hcl titration pak</i>	11
<i>loratadine</i>	70	<i>memantine hydrochloride</i>	11
<i>loratadine-d 12hr</i>	70	<i>memantine hydrochloride er</i>	11
<i>loratadine-d 24hr</i>	70	<i>memantine/donepezil hydrochloride er</i>	10
<i>lorazepam</i>	27	MENACTRA	59
<i>lorazepam intensol</i>	27	MENOPUR	51
LORBRENA	18	MENQUADFI	59
<i>loryna</i>	53	MENVEO	59
<i>losartan potassium</i>	32	<i>meprobamate</i>	27
<i>losartan potassium/hydrochlorothiazide</i>	36	<i>mercaptopurine</i>	16
<i>loteprednol etabonate</i>	63	MEROPENEM	6
<i>lovastatin</i>	38	MEROPENEM/SODIUM CHLORIDE	6
<i>loxapine</i>	21	<i>mesalamine</i>	60
<i>lo-zumandimine</i>	53	<i>mesalamine dr</i>	60
<i>lubiprostone</i>	47	<i>mesalamine er</i>	60
LUGOLS STRONG IODINE	61	<i>mesna</i>	20
LUMAKRAS	18	MESNEX	20
LUMIGAN	64	<i>metformin hydrochloride</i>	28
LUPRON DEPOT (1-MONTH)	55	<i>metformin hydrochloride er</i>	28
LUPRON DEPOT (3-MONTH)	55	METHADONE HCL	1
LUPRON DEPOT (4-MONTH)	55	<i>methazolamide</i>	64
LUPRON DEPOT (6-MONTH)	55	<i>methenamine hippurate</i>	4
<i>lurasidone hydrochloride</i>	22	<i>methimazole</i>	55
<i>lutera</i>	53	<i>methocarbamol</i>	67
LYBALVI	22	<i>methotrexate</i>	58
<i>lyleq</i>	54	<i>methotrexate sodium</i>	58
LYNPARZA	18	METHOXSALEN	44
LYSODREN	17	<i>methscopolamine bromide</i>	48
LYTGOBI	18	<i>methsuximide</i>	8
LYUMJEV	30	<i>methylphenidate hydrochloride</i>	40
LYUMJEV KWIKPEN	30	<i>methylphenidate hydrochloride cd</i>	40
LYUMJEV TEMPO PEN	30	<i>methylphenidate hydrochloride er</i>	40
<i>lyza</i>	54	<i>methylprednisolone</i>	51

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
<i>methylprednisolone acetate</i>	51	MOXIFLOXACIN	7
<i>methylprednisolone dose pack</i>	51	HYDROCHLORIDE/SODIUM	
<i>methylprednisolone sodium succinate</i>	51	HYDROCHLORIDE	
<i>methylprednisolone sodiumsuccinate</i>	51	<i>moxifloxacin hydrochloride</i>	7
<i>metoclopramide hcl</i>	48	MOXIFLOXACIN HYDROCHLORIDE	63
<i>metoclopramide hydrochloride</i>	48	MRESVIA	59
<i>metolazone</i>	37	MULTAQ	33
<i>metoprolol succinate er</i>	34	MULTIPLE ELECTROLYTES	
<i>metoprolol tartrate</i>	34	INJECTION TYPE 1	
<i>metoprolol/hydrochlorothiazide</i>	36	<i>mupirocin</i>	45
<i>metronidazole</i>	4	MUSE	50
<i>metronidazole</i>	42	MYALEPT	48
<i>metronidazole vaginal</i>	4	<i>mycophenolate mofetil</i>	58
<i>methyrosine</i>	36	<i>mycophenolic acid dr</i>	58
<i>mexiletine hydrochloride</i>	33	MYRBETRIQ	50
<i>MICONAZOLE 3</i>	14	NABI-HB	56
<i>microgestin fe 1.5/30</i>	53	<i>nabumetone</i>	1
<i>microgestin fe 1/20</i>	53	<i>nadolol</i>	34
<i>midodrine hydrochloride</i>	32	NAFCILLIN	6
<i>mifepristone</i>	55	<i>nafcillin sodium</i>	6
<i>MIGERGOT</i>	15	NAFTIFINE HYDROCHLORIDE	14
<i>MIGLITOL</i>	28	<i>naloxone hcl</i>	3
<i>miglustat</i>	49	<i>naloxone hydrochloride</i>	3
<i>mili</i>	53	<i>naltrexone hydrochloride</i>	3
<i>mimvey</i>	53	NAMZARIC	10
<i>minocycline hcl</i>	7	<i>naproxen</i>	1
<i>minocycline hydrochloride</i>	7	<i>naproxen dr</i>	1
<i>minoxidil</i>	39	<i>naproxen sodium</i>	1
<i>mirtazapine</i>	11	<i>naratriptan hcl</i>	15
<i>mirtazapine odt</i>	11	NATACYN	63
<i>misoprostol</i>	48	<i>nateglinide</i>	28
<i>M-M-R II</i>	59	NAYZILAM	8
<i>modafinil</i>	68	<i>nebivolol hydrochloride</i>	34
<i>moexipril hydrochloride</i>	33	NEFAZODONE HYDROCHLORIDE	12
MOLINDONE HYDROCHLORIDE	21	<i>neomycin sulfate</i>	4
<i>mometasone furoate</i>	43	<i>neomycin/bacitracin/polymyxin</i>	62
<i>mometasone furoate</i>	65	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	62
MONJUVI	20	<i>one</i>	
<i>mono-linyah</i>	53	<i>neomycin/polymyxin/dexamethasone</i>	62
<i>montelukast sodium</i>	65	NEOMYCIN/POLYMYXIN/GRAMICIDI	62
<i>morpheine sulfate</i>	2	N	
MORPHINE SULFATE ER	1	<i>neomycin/polymyxin/hc</i>	64
<i>MOTPOLY XR</i>	10	NEOMYCIN/POLYMYXIN/HYDROCOR	62
<i>MOUNJARO</i>	28	TISONE	
<i>MOVANTIK</i>	47	<i>neomycin/polymyxin/hydrocortisone</i>	64
		<i>neo-polycin</i>	62
		<i>neo-polycin hc</i>	62

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
NERLYNX	18	NOVOLIN N FLEXPEN RELION	30
NEULASTA	31	NOVOLIN N RELION	30
NEULASTA ONPRO KIT	31	NOVOLIN R	30
NEULUMEX	61	NOVOLIN R FLEXPEN	30
NEVANAC	63	NOVOLIN R FLEXPEN RELION	30
NEVIRAPINE	25	NOVOLIN R RELION	30
<i>nevirapine er</i>	25	NOVOLOG	30
NEXLETOL	38	NOVOLOG FLEXPEN	30
NEXLIZET	38	NOVOLOG FLEXPEN RELION	30
NEXPLANON	54	NOVOLOG MIX 70/30	30
<i>niacin er</i>	38	NOVOLOG MIX 70/30 PREFILLED	30
<i>nicardipine hcl</i>	34	FLEXPEN	
NICOTROL INHALER	3	NOVOLOG MIX 70/30 PREFILLED	30
NICOTROL NS	3	FLEXPEN RELION	
<i>nifedipine er</i>	34	NOVOLOG MIX 70/30 RELION	30
<i>nikki</i>	53	NOVOLOG PENFILL	30
<i>nilutamide</i>	16	NOVOLOG RELION	30
<i>nimodipine</i>	34	NOVOPEN ECHO	61
NINLARO	18	NP THYROID 120	55
<i>nitazoxanide</i>	20	NP THYROID 15	55
<i>nitisinone</i>	49	NP THYROID 30	55
NITRO-BID	39	NP THYROID 60	55
<i>nitrofurantoin macrocrystals</i>	4	NP THYROID 90	55
<i>nitrofurantoin monohydrate/macocrystals</i>	4	NUBEQA	16
<i>nitroglycerin</i>	39	NUCALA	67
<i>nitroglycerin</i>	48	NUEDEXTA	41
<i>nitroglycerin transdermal</i>	39	NUPLAZID	22
NIZATIDINE	48	NURTEC	15
<i>nora-be</i>	54	<i>nyamyc</i>	14
<i>norelgestromin/ethinyl estradiol</i>	53	<i>nymyo</i>	53
<i>norethindrone</i>	54	<i>nystatin</i>	14
<i>norethindrone acetate</i>	54	<i>nystatin/triamcinolone</i>	44
<i>norethindrone acetate/ethinyl estradiol</i>	53	<i>nystatin/triamcinolone acetonide</i>	44
<i>norethindrone acetate/ethinyl</i>	53	<i>nystop</i>	14
<i>estradiol/ferrous fumarate</i>	53	<i>octreotide acetate</i>	55
<i>norgestimate/ethinyl estradiol</i>	53	ODEFSEY	25
NORPACE CR	33	ODOMZO	19
<i>nortrel 1/35</i>	53	OFEV	66
<i>nortriptyline hcl</i>	13	OFLOXACIN	7
<i>nortriptyline hydrochloride</i>	13	<i>ofloxacin</i>	63
NORVIR	26	<i>ofloxacin</i>	64
NOVOLIN 70/30	30	OGSIVEO	17
NOVOLIN 70/30 FLEXPEN	30	OJEMDA	17
NOVOLIN 70/30 FLEXPEN RELION	30	OJJAARA	19
NOVOLIN 70/30 RELION	30	<i>olanzapine</i>	22
NOVOLIN N	30	<i>olanzapine odt</i>	22
NOVOLIN N FLEXPEN	30	<i>olmesartan medoxomil</i>	32

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
<i>olmesartan</i>	36	OXYMORPHONE HYDROCHLORIDE	1
<i>medoxomil/amlo地平/盐酸氯噻嗪</i>	36	ER	
<i>olmesartan medoxomil/盐酸氯噻嗪</i>	36	OXYMORPHONE	2
<i>olopatadine hcl</i>	65	HYDROCHLORIDE	
<i>olopatadine hydrochloride</i>	62	DEER	
<i>omega-3-acid ethyl esters</i>	38	OZEMPIC	28
<i>omeprazole</i>	48	<i>pacerone</i>	33
<i>omeprazole dr</i>	48	PADCEV	20
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	61	<i>paliperidone er</i>	22
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	61	PANCREAZE	49
OMNIPOD 5 G7 INTRO KIT (GEN 5)	61	PANRETIN	20
OMNIPOD 5 G7 PODS (GEN 5)	61	<i>pantoprazole sodium</i>	49
OMNIPOD 5 LIBRE2 PLUS G6	61	<i>paricalcitol</i>	60
OMNIPOD 5 LIBRE2 PLUS G6 PODS	61	<i>paroxetine</i>	12
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	61	<i>paroxetine hcl</i>	12
OMNIPOD CLASSIC PODS (GEN 3)	61	<i>paroxetine hcl er</i>	12
OMNIPOD DASH INTRO KIT (GEN 4)	61	<i>paroxetine hydrochloride</i>	12
OMNIPOD DASH PODS (GEN 4)	61	PAXLOVID	26
<i>ondansetron hcl</i>	13	<i>pazopanib hydrochloride</i>	19
<i>ondansetron hydrochloride</i>	13	PEDIARIX	59
<i>ondansetron odt</i>	13	PEDVAX HIB	59
ONUREG	17	<i>peg-3350/electrolytes</i>	48
OPFOLDA	49	<i>peg-3350/nacl/na bicarbonate/kcl</i>	48
OPSUMIT	66	PEGASYS	58
OPVEE	3	PEMAZYRE	19
<i>oralone dental paste</i>	42	PENBRAYA	59
ORENCIA	56	<i>penicillamine</i>	46
ORENCIA CLICKJECT	56	PENICILLIN G POTASSIUM IN ISO-	6
ORGOVYX	55	OSMOTIC DEXTROSE	
ORKAMBI	66	PENICILLIN G SODIUM	6
ORSERDU	16	PENICILLIN V POTASSIUM	6
<i>oseltamivir phosphate</i>	26	PENTACEL	59
OTEZLA	44	<i>pentamidine isethionate</i>	20
OTEZLA	56	<i>pentoxifylline er</i>	36
OVIDREL	51	PERINDOPRIL ERBUMINE	33
OXACILLIN SODIUM	6	<i>periogard</i>	42
<i>oxaprozin</i>	1	<i>permethrin</i>	44
OXBRYTA	49	<i>perphenazine</i>	21
<i>oxcarbazepine</i>	10	PERSERIS	23
<i>oxybutynin chloride</i>	50	<i>pfizerpen</i>	6
<i>oxybutynin chloride er</i>	50	<i>phendimetrazine tartrate</i>	41
<i>oxycodone hydrochloride</i>	2	PHENDIMETRAZINE TARTRATE ER	41
<i>oxycodone/acetaminophen</i>	2	PHENELZINE SULFATE	11

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
<i>phenytek</i>	10	<i>prednisolone</i>	51
<i>phenytoin</i>	10	<i>prednisolone acetate</i>	63
<i>phenytoin sodium extended</i>	10	<i>prednisolone sodium phosphate</i>	51
PIFELTRO	25	PREDNISOLONE SODIUM PHOSPHATE	63
<i>pilocarpine hcl</i>	64	PREDNISONE	51
<i>pilocarpine hydrochloride</i>	42	PREDNISONE INTENSOL	51
<i>pilocarpine hydrochloride</i>	64	<i>pregabalin</i>	41
<i>pimecrolimus</i>	43	PREHEVBARIO	59
PIMOZIDE	21	PREMARIN	53
<i>pindolol</i>	34	PREMASOL	46
<i>pioglitazone hcl</i>	28	PRENATAL	47
<i>pioglitazone hcl/metformin hcl</i>	28	PRETOMANID	15
<i>pioglitazone hcl-glimepiride</i>	28	<i>prevalite</i>	38
<i>pioglitazone hydrochloride</i>	28	PREVIDENT 5000 BOOSTER PLUS	42
<i>piperacillin sodium/tazobactam sodium</i>	6	PREVIDENT 5000 DRY MOUTH	42
PIQRAY 200MG DAILY DOSE	19	PREVIDENT 5000 KIDS	42
PIQRAY 250MG DAILY DOSE	19	PREVIDENT 5000 ORTHO DEFENSE	42
PIQRAY 300MG DAILY DOSE	19	PREVIDENT FLUORIDE	42
<i>pirfenidone</i>	66	PREVYMIS	24
<i>piroxicam</i>	1	PREZCOBIX	26
PLASMA-LYTE A	46	PREZISTA	26
PLASMA-LYTE-148	46	PRIFTIN	15
<i>plenamine</i>	46	PRIMAQUINE PHOSPHATE	20
PODOFILOX	44	PRIMIDONE	9
POLIVY	20	PRIORIX	59
<i>polycin</i>	62	<i>probenecid</i>	14
<i>polymyxin b sulfate</i>	4	<i>probenecid/colchicine</i>	14
<i>polymyxin b sulfate(trimethoprim sulfate</i>	62	<i>prochlorperazine</i>	13
POMALYST	16	<i>prochlorperazine maleate</i>	13
<i>portia-28</i>	53	PROCORT	44
<i>posaconazole dr</i>	14	PROCRIT	31
<i>potassium chloride</i>	46	PROCTOCORT	60
<i>potassium chloride er</i>	46	<i>procto-med hc</i>	60
<i>potassium chloride/dextrose</i>	46	<i>procosol hc</i>	60
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	46	<i>protozone-hc</i>	60
<i>potassium chloride/dextrose/sodium chloride</i>	46	<i>progesterone</i>	54
<i>potassium chloride/sodium chloride</i>	46	PROGRAF	58
<i>potassium citrate er</i>	46	PROLIA	60
<i>pramipexole dihydrochloride</i>	21	PROMACTA	31
PRAMOSONE	44	<i>promethazine dm</i>	67
<i>prasugrel hydrochloride</i>	31	<i>promethazine hcl</i>	13
<i>pravastatin sodium</i>	38	<i>promethazine hydrochloride</i>	13
<i>praziquantel</i>	20	<i>promethazine hydrochloride plain</i>	13
<i>prazosin hydrochloride</i>	32	<i>promethazine/codeine</i>	67
		<i>promethazine/phenylephrine/codeine</i>	67
		<i>promethegan</i>	13
		<i>propafenone hcl</i>	33

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
<i>propafenone hydrochloride</i>	33	RESTASIS MULTIDOSE	62
<i>propafenone hydrochloride er</i>	33	RETEVMO	19
PROPECIA	61	REVUFORJ	17
PROPRANOLOL HCL	34	REXTOVY	3
PROPRANOLOL HYDROCHLORIDE	34	REXULTI	23
<i>propranolol hydrochloride er</i>	34	REYATAZ	26
<i>propylthiouracil</i>	56	REZLIDHIA	19
PROQUAD	59	REZUROCK	58
PROSOL	46	RHOPRESSA	64
<i>protriptyline hcl</i>	13	RIBAVIRIN	24
PROVOCHOLINE	61	<i>rifabutin</i>	15
PULMOZYME	66	<i>rifampin</i>	15
PURIXAN	16	<i>riluzole</i>	41
<i>pyrazinamide</i>	15	RIMANTADINE HYDROCHLORIDE	26
<i>pyridostigmine bromide</i>	15	RINVOQ	56
<i>pyridostigmine bromide er</i>	15	RINVOQ LQ	56
<i>pyrimethamine</i>	20	<i>risedronate sodium</i>	60
QINLOCK	19	<i>risperidone</i>	23
QUADRACEL	59	<i>risperidone er</i>	23
<i>quetiapine fumarate</i>	23	RISPERIDONE ODT	23
<i>quetiapine fumarate er</i>	23	<i>ritonavir</i>	26
<i>quinapril hydrochloride</i>	33	<i>rivastigmine tartrate</i>	10
QUINAPRIL/HYDROCHLOROTHIAZID	37	<i>rivastigmine transdermal system</i>	10
E		RIVFLOZA	62
QUINIDINE SULFATE	33	<i>rizatriptan benzoate</i>	15
<i>quinine sulfate</i>	20	<i>rizatriptan benzoate odt</i>	15
QULIPTA	15	ROCKLATAN	62
QVAR REDIHALER	65	<i>roflumilast</i>	66
RABAVERT	59	<i>ropinirole er</i>	21
RALDESY	12	<i>ropinirole hcl</i>	21
<i>raloxifene hydrochloride</i>	55	<i>ropinirole hydrochloride</i>	21
<i>ramipril</i>	33	<i>rosuvastatin calcium</i>	38
<i>ranolazine er</i>	37	ROTARIX	59
<i>rasagiline mesylate</i>	21	ROTATEQ	59
RASUVO	58	<i>roweepra</i>	8
RAVICTI	49	ROZLYTREK	19
<i>reclipsen</i>	53	RUBRACA	19
RECOMBIVAX HB	59	<i>rufinamide</i>	10
RECORLEV	55	RUKOBIA	26
RECTIV	48	RYBELSUS	28
RELENZA DISKHALER	26	RYBREVANT	20
RENOVA	44	RYDAPT	19
<i>repaglinide</i>	28	RYDEX	70
REPATHA	38	RYKINDO	23
REPATHA PUSHTRONEX SYSTEM	38	RYLAZE	17
REPATHA SURECLICK	38	RYTARY	21
RESTASIS	62	<i>sajazir</i>	56

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
<i>salicylic acid wart remover</i>	44	SOHONOS	24
<i>salsalate</i>	1	<i>solifenacin succinate</i>	50
SALVAX DUO PLUS	44	<i>SOLIQUA 100/33</i>	28
<i>SANTYL</i>	44	<i>SOLTAMOX</i>	16
<i>sapropterin dihydrochloride</i>	49	<i>SOMATULINE DEPOT</i>	55
<i>SARCLISA</i>	20	<i>SOMAVERT</i>	55
<i>SAVELLA</i>	41	<i>sorafenib</i>	19
SAVELLA TITRATION PACK	41	<i>sorafenib tosylate</i>	19
<i>SCALACORT DK</i>	44	<i>sorine</i>	33
<i>SCEMBLIX</i>	19	<i>sotalol hcl</i>	33
<i>scopolamine</i>	13	<i>sotalol hydrochloride</i>	33
<i>SECUADO</i>	23	<i>sotalol hydrochloride (af)</i>	33
<i>selegiline hcl</i>	21	<i>SPIRIVA HANDIHALER</i>	65
<i>selenium sulfide</i>	43	<i>SPIRIVA RESPIMAT</i>	65
<i>SELZENTRY</i>	26	<i>spironolactone</i>	39
SEREVENT DISKUS	66	<i>spironolactone/hydrochlorothiazide</i>	37
<i>sertraline hcl</i>	12	<i>sprintec</i>	53
<i>sertraline hydrochloride</i>	12	<i>SPRITAM</i>	8
<i>sevelamer carbonate</i>	47	<i>SPRYCEL</i>	19
<i>sf</i>	42	<i>sps</i>	47
<i>sharobel</i>	54	<i>sronyx</i>	53
<i>SHINGRIX</i>	59	<i>ssd</i>	44
<i>SIGNIFOR</i>	55	<i>SSKI</i>	62
<i>sildenafil citrate</i>	50	<i>STAMARIL</i>	59
<i>sildenafil citrate (pulmonary arterial hypertension) oral</i>	66	<i>STELARA</i>	56
<i>silver nitrate</i>	4	<i>STIOLTO RESPIMAT</i>	67
<i>silver sulfadiazine</i>	44	<i>STIVARGA</i>	19
<i>SIMBRINZA</i>	62	<i>STREPTOMYCIN SULFATE</i>	4
<i>simpesse</i>	53	<i>STRIBILD</i>	24
<i>simvastatin</i>	38	<i>subvenite</i>	8
<i>sirolimus</i>	58	<i>subvenite starter kit/blue</i>	8
<i>SIRTURO</i>	15	<i>subvenite starter kit/green</i>	8
<i>SITZMARKS</i>	62	<i>subvenite starter kit/orange</i>	8
<i>SKYRIZI</i>	56	<i>sucralfate</i>	48
<i>SKYRIZI PEN</i>	56	<i>sulfacetamide sodium</i>	7
<i>sodium chloride</i>	46	<i>SULFACETAMIDE SODIUM</i>	63
<i>sodium chloride 0.45%</i>	46	<i>SULFACETAMIDE</i>	62
<i>sodium chloride 0.9%</i>	62	SODIUM/PREDNISOLONE SODIUM PHOSPHATE	
<i>sodium fluoride</i>	42	<i>sulfadiazine</i>	7
<i>sodium fluoride 5000 ppm</i>	42	<i>sulfamethoxazole/trimethoprim</i>	7
<i>sodium fluoride 5000 ppm dry mouth</i>	42	<i>sulfamethoxazole/trimethoprim ds</i>	7
<i>SODIUM OXYBATE</i>	68	<i>sulfasalazine</i>	60
<i>sodium phenylbutyrate</i>	49	<i>sulindac</i>	1
<i>sodium polystyrene sulfonate</i>	47	<i>sumatriptan</i>	15
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	48	<i>sumatriptan succinate</i>	15
		SUMATRIPTAN SUCCINATE REFILL	15

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
<i>sunitinib malate</i>	19	<i>terbinafine hydrochloride</i>	14
SUNLENCA	26	<i>terconazole</i>	14
SUNOSI	68	<i>teriflunomide</i>	41
SYMBICORT	67	TERIPARATIDE	60
SYMJEPI	66	<i>testosterone</i>	51
SYMLINPEN 120	28	<i>testosterone cypionate</i>	51
SYMLINPEN 60	28	TESTOSTERONE ENANTHATE	51
SYMPAZAN	9	<i>testosterone pump</i>	51
SYMTUZA	26	<i>tetrabenazine</i>	41
SYNAGIS	56	<i>tetracycline hydrochloride</i>	7
SYNAREL	55	THALOMID	16
SYNJARDY	29	<i>theophylline er</i>	66
SYNJARDY XR	28	<i>thioridazine hydrochloride</i>	21
TABLOID	16	<i>thiothixene</i>	21
TABRECTA	19	THYROID	55
<i>tacrolimus</i>	43	<i>tiadylt er</i>	34
<i>tacrolimus</i>	58	<i>tiagabine hydrochloride</i>	9
<i>tadalafil</i>	50	TIBSOVO	19
<i>tadalafil</i>	50	TICE BCG	17
<i>tadalafil (pulmonary arterial hypertension)</i>	66	TICOVAC	59
<i>oral</i>		<i>tigecycline</i>	4
TAFINLAR	19	<i>timolol maleate</i>	34
TAGRISSO	19	<i>timolol maleate</i>	63
TALZENNA	19	<i>timolol maleate ophthalmic gel forming</i>	63
<i>tamoxifen citrate</i>	16	<i>tinidazole</i>	4
<i>tamsulosin hydrochloride</i>	50	TIVDAK	20
<i>tarina fe 1/20 eq</i>	53	TIVICAY	24
TASIGNA	19	TIVICAY PD	24
<i>tasimelteon</i>	67	<i>tizanidine hcl</i>	24
TAVNEOS	57	<i>tizanidine hydrochloride</i>	24
<i>tazarotene</i>	42	TOBI PODHALER	66
<i>tazicef</i>	5	TOBRADEX	62
TAZORAC	42	TOBRADEX ST	62
<i>taztia xt</i>	34	<i>tobramycin</i>	63
TAZVERIK	19	<i>tobramycin</i>	66
TDVAX	59	TOBRAMYCIN SULFATE	4
TEFLARO	5	<i>tobramycin/dexamethasone</i>	62
<i>telmisartan</i>	32	<i>tolterodine tartrate</i>	50
TELMISARTAN/AMLODIPINE	37	<i>tolterodine tartrate er</i>	50
<i>telmisartan/hydrochlorothiazide</i>	37	<i>tolvaptan</i>	47
<i>temazepam</i>	67	<i>topiramate</i>	8
TENIVAC	59	<i>toremifene citrate</i>	16
<i>tenofovir disoproxil fumarate</i>	25	<i>torpenz</i>	19
TEPMETKO	19	<i>torsemide</i>	37
<i>terazosin hcl</i>	32	TOUJEO MAX SOLOSTAR	30
<i>terazosin hydrochloride</i>	32	TOUJEO SOLOSTAR	30
<i>terbinafine hcl</i>	14	TRACLEER	66

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
TRADJENTA	29	TRIUMEQ	25
TRAMADOL HCL ER	2	TRIUMEQ PD	25
<i>tramadol hydrochloride</i>	3	<i>tri-vylibra</i>	54
<i>tramadol hydrochloride er</i>	2	<i>tri-vylibra lo</i>	54
<i>tramadol hydrochloride/acetaminophen</i>	2	TRIZIVIR	25
<i>trandolapril</i>	33	TRODELVY	20
TRANDOLAPRIL/VERAPAMIL HCL ER	37	TROGARZO	26
<i>tranexamic acid</i>	31	<i>trospium chloride</i>	50
<i>tranylcyprromine sulfate</i>	11	<i>trospium chloride er</i>	50
TRAVASOL	46	TRULICITY	29
<i>travoprost</i>	64	TRUMENBA	59
<i>trazodone hydrochloride</i>	12	TRUQAP	19
TRECATOR	16	TUKYSA	19
TRELEGY ELLIPTA	67	TURALIO	19
TRELSTAR MIXJECT	55	TWINRIX	59
<i>tretinoin</i>	20	TYBOST	26
<i>tretinoin</i>	42	TYMLOS	60
<i>tri femynor</i>	53	TYPHIM VI	59
<i>triamcinolone acetonide</i>	43	TYRVAYA	3
<i>triamcinolone acetonide</i>	51	TYVASO	66
<i>triamcinolone acetonide dental paste</i>	42	TYVASO REFILL KIT	66
<i>triamterene</i>	37	TYVASO STARTER KIT	66
<i>triamterene/hydrochlorothiazide</i>	37	UBRELVY	15
<i>triazolam</i>	67	<i>unithroid</i>	55
<i>triderm</i>	43	<i>urelle</i>	50
TRIENTINE HYDROCHLORIDE	47	<i>ursodiol</i>	48
<i>tri-estarryla</i>	53	<i>valacyclovir hydrochloride</i>	26
<i>trifluoperazine hcl</i>	22	VALCHLOR	16
<i>trifluoperazine hydrochloride</i>	22	<i>valganciclovir</i>	24
TRIFLURIDINE	63	<i>valganciclovir hydrochloride</i>	24
TRIHEXYPHENIDYL HCL	21	<i>valproic acid</i>	8
<i>trihexyphenidyl hydrochloride</i>	21	<i>valrubicin</i>	17
TRIJARDY XR	29	VALSARTAN	32
TRIKAFTA	66	<i>valsartan/hydrochlorothiazide</i>	37
<i>tri-linyah</i>	53	VALTOCO 10 MG DOSE	9
<i>tri-lo-estarryla</i>	54	VALTOCO 15 MG DOSE	9
<i>tri-lo-marzia</i>	54	VALTOCO 20 MG DOSE	9
<i>tri-lo-mili</i>	54	VALTOCO 5 MG DOSE	9
<i>tri-lo-sprintec</i>	54	<i>valtya 1/50</i>	54
TRI-LUMA	44	VANCOMYCIN	5
<i>trimethoprim</i>	4	<i>vancomycin hcl</i>	4
<i>tri-mili</i>	54	<i>vancomycin hydrochloride</i>	5
<i>trimipramine maleate</i>	13	VANCOMYCIN	5
TRINTELLIX	12	HYDROCHLORIDE/DEXTROSE	
<i>tri-nymyo</i>	54	VANFLYTA	19
<i>tri-previfem</i>	54	VAQTA	59
<i>tri-sprintec</i>	54	<i>vardenafil hydrochloride</i>	50

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
<i>vardenafil hydrochloride odt</i>	50	<i>warfarin sodium</i>	31
<i>varenicline starting month</i>	3	<i>WELIREG</i>	49
<i>varenicline tartrate</i>	3	<i>WESTAB PLUS</i>	47
<i>VARIVAX</i>	59	<i>WEZLANA</i>	57
<i>VARIZIG</i>	56	<i>WINREVAIR</i>	66
<i>VAXCHORA</i>	59	<i>wixela inhub</i>	67
<i>VELIVET</i>	54	<i>XALKORI</i>	19
<i>VELTASSA</i>	47	<i>XARELTO</i>	31
<i>VENCLEXTA</i>	19	XARELTO STARTER PACK	31
VENCLEXTA STARTING PACK	19	<i>XATMEP</i>	58
<i>venlafaxine hydrochloride</i>	12	<i>XCOPRI</i>	10
<i>venlafaxine hydrochloride er</i>	12	<i>XDEMVY</i>	63
<i>VENTAVIS</i>	66	<i>XELJANZ</i>	57
<i>VEOZAH</i>	41	<i>XELJANZ XR</i>	57
<i>verapamil hcl</i>	35	<i>XERMELO</i>	47
<i>VERAPAMIL HCL ER</i>	35	<i>XGEVA</i>	60
<i>VERAPAMIL HCL SR</i>	35	<i>XIFAXAN</i>	48
<i>verapamil hydrochloride</i>	35	<i>XIGDUO XR</i>	29
VERAPAMIL HYDROCHLORIDE ER	35	<i>XOLAIR</i>	57
<i>VERQUVO</i>	39	<i>XOSPATA</i>	19
<i>VERSACLOZ</i>	23	<i>XPHOZAH</i>	47
<i>VERZENIO</i>	19	<i>XPOVIO</i>	19
<i>vestura</i>	54	XPOVIO 60 MG TWICE WEEKLY	19
<i>V-GO 20</i>	62	XPOVIO 80 MG TWICE WEEKLY	19
<i>V-GO 30</i>	62	<i>XTANDI</i>	16
<i>V-GO 40</i>	62	<i>xulane</i>	54
<i>vienna</i>	54	<i>yargesa</i>	49
<i>vigabatrin</i>	9	YESINTEK	57
<i>vilazodone hydrochloride</i>	12	<i>YF-VAX</i>	59
<i>VIRACEPT</i>	26	<i>YONSA</i>	16
<i>VIRASAL</i>	44	<i>yuvafem</i>	54
<i>VIREAD</i>	25	<i>zafemy</i>	54
<i>vitamin d</i>	47	<i>zafirlukast</i>	65
<i>VITRAKVI</i>	19	<i>zaleplon</i>	67
<i>VIVOTIF</i>	59	<i>ZARXIO</i>	31
<i>VIZIMPRO</i>	19	<i>ZEJULA</i>	19
<i>VONJO</i>	17	ZELBORAF	20
<i>VORANIGO</i>	20	<i>ZEMAIRA</i>	49
<i>voriconazole</i>	14	<i>zenatane</i>	42
<i>VOSEVI</i>	24	<i>ZENPEP</i>	49
<i>VOWST</i>	48	ZEPZELCA	16
<i>VOYDEYA</i>	31	<i>zidovudine</i>	25
<i>VRAYLAR</i>	23	<i>ZILBRYSQ</i>	57
<i>vylibra</i>	54	<i>ziprasidone hcl</i>	23
<i>VYNDAMAX</i>	37	<i>ziprasidone mesylate</i>	23
<i>VYNDAQEL</i>	49	<i>ZIRGAN</i>	63
<i>VYZULTA</i>	64	ZOLEDRONIC ACID	60

Effective Date: 05/01/2025

Last Updated: 05/01/2025

Drug Name	Page #
ZOLINZA	17
<i>zolmitriptan</i>	15
<i>zolmitriptan odt</i>	15
<i>zolpidem tartrate</i>	67
ZONISADE	10
<i>zonisamide</i>	10
ZTALMY	9
ZURZUVAE	11
ZYDELIG	20
ZYKADIA	20
ZYPREXA RELPREVV	23
ZYRTEC ALLERGY	70
ZYRTEC-D ALLERGY/CONGESTION	70

Effective Date: 05/01/2025
 Last Updated: 05/01/2025

This formulary was updated on May 1, 2025. For more recent information or other questions, please contact us, Medicare Plus Blue Group PPO and Prescription Blue Group PDP Customer Service, at 1-866-684-8216 (TTY users should call 711), Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit www.bcbsm.com/medicare.

Medicare PLUS BlueSM Group PPO



Blue Cross
Blue Shield
of Michigan

Prescription BlueSM Group PDP



Blue Cross
Blue Shield
of Michigan

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross Blue Shield Association.

DB 16028 MAY 25

Y0074_Grp25StdEnhCmpFrm_C FVNR 0425