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MDHHS Michigan Department of Health & Human Services
MI Health Link

2025

HAP CareSource™ MI Health Link (Medicare-Medicaid Plan)

Formulary

For more recent information or other questions, contact us at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m., Monday through Friday. Or visit **HAPCareSource.com**.

Formulary ID: 00025364, Version #: 20
Updated on 12/01/2025

HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) | 2025 *List of Covered Drugs* (Drug List or Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which prescription drugs and over-the-counter drugs and items are covered by HAP CareSource MI Health Link. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by HAP CareSource MI Health Link. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a list of drugs that members can get in HAP CareSource MI Health Link.

- HAP CareSource MI Health Link is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

- You can also get this document for free in other formats, such as large print, braille, or audio. Call **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

- You can also get this document, now and in the future, for free in other languages or other formats such as large print or audio. You only have to make this request one time. You can also change your request. Call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. The call is free.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* on page 2 are the drugs covered by HAP CareSource MI Health Link. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

- HAP CareSource MI Health Link will cover all medically necessary drugs on the *Drug List* if:
    - your doctor or other prescriber says you need them to get better or stay healthy, **and**
    - you fill the prescription at a HAP CareSource MI Health Link network pharmacy.
- HAP CareSource MI Health Link may have additional steps to access certain drugs (refer to question B4 below).
- You can also find an up-to-date list of drugs that we cover on our website at **HAPCareSource.com**, ask your Care Coordinator for help, or call Member Services toll-

free at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday.

B2. Does the *Drug List* ever change?

Yes, and HAP CareSource MI Health Link must follow Medicare and Michigan Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

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

- Decide to require or not require prior approval (PA) for a drug. (PA is permission from HAP CareSource MI Health Link before you can get a drug.)
- Add or change the amount of a drug you can get (called "quantity limits").
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless**:**

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check HAP CareSource MI Health Link's up to date *Drug List* online at **HAPCareSource.com**. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services to check the current *Drug List* at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday.

B3. What happens when there is a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- We can make these changes only if the drug we are adding:
  - Is a new generic version of a brand name drug, or
  - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).

    Some of these drug types may be new to you. For more information, refer to Section B14.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.

- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. Please contact your prescribing doctor if you are notified.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug and replace a brand name drug currently on the *Drug List*, or
- we add a new biosimilar to replace an original biological product currently on the *Drug List,* or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to question B10.

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

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

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from HAP CareSource MI Health Link before you fill your prescription. If you don't get approval, HAP CareSource MI Health Link may not cover the drug.
- **Quantity limits:** Sometimes HAP CareSource MI Health Link limits the amount of a drug you can get.
- **Step therapy:** Sometimes HAP CareSource MI Health Link requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on page 2-119. You can also get more information by visiting our website at **HAPCareSource.com**. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

You can also ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table of drugs on page 2 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if HAP CareSource MI Health Link changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change PA, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it in the Index section at the end of the document.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" on page xi. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, CARDIOVASCULAR, HYPERTENSION/LIPIDS. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m., Monday through Friday and ask about it. If you learn that HAP CareSource MI Health Link will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new HAP CareSource MI Health Link member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first *90* days you are a member of HAP CareSource MI Health Link. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

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

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

- you are taking a drug that is not on our *Drug List*, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by HAP CareSource MI Health Link, **or**
- you are taking a drug that is part of a step therapy restriction.

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

- We will cover one *31-day* supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new HAP CareSource MI Health Link member.

- This is in addition to the temporary supply during the first *90* days you are a member of HAP CareSource MI Health Link.

An Emergency Supply is defined by CMS as a one-time fill of a drug that is not on the list but is necessary for a current member in a long-term care setting. Current members that need an emergency supply or are prescribed a drug that is not on the list as a result of a level of care change, are placed in transition. Our claims processor will put an override in the system to allow the one-time fill. Level of care changes include the following changes from one treatment setting to another:

- Enter a long-term care (LTC) facility from a hospital or other setting,
- Leave a LTC facility and return to the community,
- Discharge from a hospital to a home,
- End a skilled nursing facility stay covered under Medicare Part A (including pharmacy charges) and refer to coverage under Medicare Part D, and
- Discharge from a psychiatric hospital with medication regimens that are highly individualized.

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

Yes. You can ask HAP CareSource MI Health Link to make an exception to cover a drug that is not on the *Drug List*.

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

- For example, HAP CareSource MI Health Link may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.

- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

B11. How can I ask for an exception?

To ask for an exception, call *Member Services*. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9, Section F, of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. We will work with you and your provider to help you ask for an exception. You can also read Chapter 9, Section F of the Member Handbook to learn more about exceptions.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

HAP CareSource MI Health Link covers both brand name drugs and generic drugs.

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

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilars alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to Chapter 5 of the *Member Handbook.*

B15. What are OTC drugs?

OTC stands for "over-the-counter." HAP CareSource MI Health Link covers some OTC drugs when they are written as prescriptions by your provider.

You can read the HAP CareSource MI Health Link *Drug List* to find out what OTC drugs are covered.

B16. Does HAP CareSource MI Health Link cover non-drug OTC products?

HAP CareSource MI Health Link covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include vitamin d2 oral capsule 1,250 mcg (50,000 unit) and folic acid 1 mg tablet.

You can read the HAP CareSource MI Health Link *Drug List* to find out what non-drug OTC products are covered.

B17. What is my copay?

As a HAP CareSource MI Health Link member, you have no copays for prescription and OTC drugs as long as you follow HAP CareSource MI Health Link's rules.

B18. What are drug tiers?

Tiers are groups of drugs.

Every drug on the plan's Drug List is in one of two tiers. A tier is a group of drugs of generally the same type (for example, brand name, generic, or over-the counter drugs).

- Tier 1 includes mostly generic drugs, some brand drugs (lower tier).
- Tier 2 includes mostly brand drugs, some generic drugs (higher tier).

An OTC drug may fall into Tier 1 or Tier 2. There is no copay for drugs in Tier 1 or Tier 2.

C. Overview of the List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by HAP CareSource MI Health Link. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 120. The index alphabetically lists all drugs covered by HAP CareSource MI Health Link.

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

The information in the necessary actions, restrictions, or limits on use column tells you if HAP CareSource MI Health Link has any rules for covering your drug.

Note: The the word "ADD" next to a drug means the drug is not a "Part D drug."

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Michigan Medicaid.

- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. You can also read Chapter 9 Section E3, *Non-Part D drugs*, and Section F5, *Part D drugs*, in the *Member Handbook* to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

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

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

ADD: Non-Part D drugs or OTC items that are covered by Medicaid only. 'The amount you pay when you fill a prescription for this drug does not count towards your total drug costs' (that is, the amount you pay does not help you qualify for catastrophic coverage).

B/D PA: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

NDS: NDS indicates that the drug is limited to 30 days' supply at retail or mail-order.

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 prescriptions. 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 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, 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.

V: This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC Advisory Committee on Immunization Practices (ACIP).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
amphotericin b	1	B/D PA; MO
caspofungin	1	
clotrimazole mucous membrane	1	MO
CRESEMBA ORAL	2	PA; NDS
fluconazole	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	PA
flucytosine	1	MO; NDS
griseofulvin microsize	1	MO
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	MO
itraconazole oral capsule	1	MO; QL (120 per 30 days)
itraconazole oral solution	1	MO
ketoconazole oral	1	MO
micafungin	1	MO
nystatin oral	1	MO
posaconazole oral tablet,delayed release (dr/ec)	1	PA; MO; QL (96 per 30 days); NDS
terbinafine hcl oral	1	MO
voriconazole intravenous	1	PA; MO; NDS
voriconazole oral suspension for reconstitution	1	PA; MO; NDS
voriconazole oral tablet	1	PA; MO
voriconazole-hpbcd	1	PA; NDS
ANTIVIRALS		
abacavir	1	MO
abacavir-lamivudine	1	MO
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral suspension 200 mg/5 ml (5 ml)	1	
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	1	B/D PA; MO
adefovir	1	MO
amantadine hcl	1	MO
APTIVUS	2	MO; NDS
atazanavir	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BARACLUDE ORAL SOLUTION	2	MO; NDS
BIKTARVY	2	MO; NDS
CABENUVA	2	MO; NDS
cidofovir	1	B/D PA; MO; NDS
CIMDUO	2	MO; NDS
COMPLERA	2	MO; NDS
darunavir	1	MO; NDS
DELSTRIGO	2	MO; NDS
DESCOVY	2	MO; NDS
DOVATO	2	MO; NDS
EDURANT	2	MO; NDS
EDURANT PED	2	MO; NDS
efavirenz oral tablet	1	MO
efavirenz-emtricitabin-tenofov	1	MO; NDS
efavirenz-lamivu-tenofov disop	1	MO; NDS
emtricitabine	1	MO
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg	1	MO; NDS
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg	1	MO
emtricita-rilpivirine-tenof df	1	MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EMTRIVA ORAL SOLUTION	2	MO
entecavir	1	MO
etravirine	1	MO; NDS
EVOTAZ	2	MO; NDS
famciclovir	1	MO
fosamprenavir	1	MO
ganciclovir sodium intravenous recon soln	1	B/D PA; MO
ganciclovir sodium intravenous solution	1	B/D PA
GENVOYA	2	MO; NDS
INTELENCE ORAL TABLET 25 MG	2	MO
ISENTRESS HD	2	MO; NDS
ISENTRESS ORAL POWDER IN PACKET	2	MO; NDS
ISENTRESS ORAL TABLET	2	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	2	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA	2	MO; NDS
KALETRA ORAL SOLUTION	2	MO
lamivudine	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
lamivudine-zidovudine	1	MO
LEDIPASVIR-SOFOSBUVIR	2	PA; MO; QL (28 per 28 days); NDS
LIVTENCITY	2	PA; LA; QL (120 per 30 days); NDS
lopinavir-ritonavir oral tablet	1	MO
maraviroc	1	MO; NDS
MAVYRET ORAL PELLETS IN PACKET	2	PA; MO; QL (168 per 28 days); NDS
MAVYRET ORAL TABLET	2	PA; MO; QL (84 per 28 days); NDS
nevirapine oral suspension	1	
nevirapine oral tablet	1	MO
nevirapine oral tablet extended release 24 hr 400 mg	1	MO
NORVIR ORAL POWDER IN PACKET	2	MO
ODEFSEY	2	MO; NDS
oseltamivir	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	1	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)-100 MG (5)	1	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 30 days)
PIFELTRO	2	MO; NDS
PREVYMIS INTRAVENOUS	2	PA; NDS
PREVYMIS ORAL TABLET	2	PA; MO; QL (30 per 30 days); NDS
PREZCOBIX ORAL TABLET 675-150 MG	2	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	MO; NDS
PREZISTA ORAL SUSPENSION	2	MO; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	2	MO
RELENZA DISKHALER	2	MO
RETROVIR INTRAVENOUS	2	MO
REYATAZ ORAL POWDER IN PACKET	2	MO; NDS
ribavirin oral capsule	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ribavirin oral tablet 200 mg	1	MO
rimantadine	1	MO
ritonavir	1	MO
RUKOBIA	2	MO; NDS
SELZENTRY ORAL SOLUTION	2	MO
SOFOSBUVIR-VELPATASVIR	2	PA; MO; QL (28 per 28 days); NDS
STRIBILD	2	MO; NDS
SUNLENCA	2	NDS
SYMTUZA	2	MO; NDS
SYNAGIS	2	MO; LA; NDS
tenofovir disoproxil fumarate	1	MO
TIVICAY ORAL TABLET 50 MG	2	MO; NDS
TIVICAY PD	2	MO; NDS
TRIUMEQ	2	MO; NDS
TRIUMEQ PD	2	MO
TROGARZO	2	MO; LA; NDS
valacyclovir oral tablet 1 gram	1	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QL (60 per 30 days)
valganciclovir oral recon soln	1	MO; NDS
valganciclovir oral tablet	1	MO
VEMLIDY	2	MO; NDS
VIRACEPT ORAL TABLET	2	MO; NDS
VIREAD ORAL POWDER	2	MO; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO
VOSEVI	2	PA; MO; QL (28 per 28 days); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
zidovudine	1	MO
CEPHALOSPORINS		
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml	1	
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
cefazolin injection recon soln 10 gram, 100 gram, 300 gram	1	
cefazolin intravenous recon soln 1 gram	1	
cefdinir	1	MO
cefepime in dextrose,iso-osm	1	
cefepime injection	1	MO
cefixime	1	MO
cefoxitin in dextrose, iso-osm	1	PA
cefoxitin intravenous recon soln 1 gram, 2 gram	1	PA; MO
cefoxitin intravenous recon soln 10 gram	1	PA
cefpodoxime	1	MO
cefprozil	1	MO
ceftazidime injection recon soln 1 gram, 2 gram	1	PA; MO
ceftazidime injection recon soln 6 gram	1	PA
ceftriaxone in dextrose,iso-os	1	MO
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone injection recon soln 10 gram	1	
ceftriaxone intravenous	1	MO
cefuroxime axetil oral tablet	1	MO
cefuroxime sodium injection recon soln 750 mg	1	PA; MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	PA; MO
cefuroxime sodium intravenous recon soln 7.5 gram	1	PA
cephalexin oral capsule 250 mg, 500 mg	1	MO
cephalexin oral suspension for reconstitution	1	MO
tazicef injection	1	PA; MO
tazicef intravenous	1	PA
TEFLARO	2	PA; MO; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	1	PA; MO
azithromycin oral packet	1	MO
azithromycin oral suspension for reconstitution	1	MO

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	MO
clarithromycin	1	MO
DIFICID ORAL TABLET	2	MO; QL (20 per 10 days); NDS
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral tablet	1	
erythromycin oral	1	MO
fidaxomicin	1	QL (20 per 10 days); NDS
MISCELLANEOUS ANTIINFECTIVES		
albendazole	1	MO; NDS
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	PA; MO
ARIKAYCE	2	PA; LA; NDS
atovaquone	1	MO
atovaquone-proguanil	1	MO
aztreonam	1	PA; MO
CAYSTON	2	PA; MO; LA; QL (84 per 56 days); NDS
chloramphenicol sod succinate	1	
chloroquine phosphate	1	MO
clindamycin hcl	1	MO
clindamycin in 5 % dextrose	1	PA; MO
clindamycin phosphate injection	1	PA; MO
COARTEM	2	MO
colistin (colistimethate na)	1	PA; MO; QL (30 per 10 days); NDS
dapsone oral	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO; NDS
daptomycin intravenous recon soln 500 mg	1	MO; NDS
EMVERM	2	MO; NDS
ertapenem	1	PA; MO; QL (14 per 14 days)
ethambutol	1	MO

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	1	PA; MO
gentamicin injection	1	PA; MO
gentamicin sulfate (ped) (pf)	1	PA; MO
hydroxychloroquine oral tablet 200 mg	1	MO
imipenem-cilastatin	1	PA; MO
isoniazid injection	1	
isoniazid oral	1	MO
ivermectin oral tablet 3 mg	1	PA; MO; QL (20 per 30 days)
ivermectin oral tablet 6 mg	1	PA; QL (8 per 30 days)
lincomycin	1	PA
linezolid in dextrose 5%	1	PA; MO
linezolid oral suspension for reconstitution	1	MO; NDS
linezolid oral tablet	1	MO
linezolid-0.9% sodium chloride	1	PA
mefloquine	1	MO
meropenem intravenous recon soln 1 gram, 2 gram	1	PA; QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	1	PA; QL (10 per 10 days)
metro i.v.	1	PA; MO
metronidazole in nacl (iso-os)	1	PA; MO
metronidazole oral tablet 250 mg, 500 mg	1	MO
neomycin	1	MO
nitazoxanide	1	MO; QL (12 per 30 days); NDS
pentamidine inhalation	1	B/D PA; MO; QL (1 per 28 days)
pentamidine injection	1	MO
praziquantel	1	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
pyrazinamide	1	MO
pyrimethamine	1	PA; MO; NDS
quinine sulfate	1	MO
rifabutin	1	MO
rifampin	1	MO
SIRTURO	2	PA; LA; NDS
STREPTOMYCIN	2	PA; MO; QL (60 per 30 days); NDS
tigecycline	1	PA; MO; NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
tinidazole	1	MO
TOBI PODHALER	2	MO; QL (224 per 56 days); NDS
tobramycin in 0.225 % nacl	1	PA; MO; QL (280 per 28 days); NDS
tobramycin inhalation	1	PA; MO; QL (224 per 28 days); NDS
tobramycin sulfate injection recon soln	1	PA; QL (9 per 14 days)
tobramycin sulfate injection solution	1	PA; MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	2	PA; QL (4050 per 10 days)
vancomycin intravenous recon soln 1,000 mg	1	PA; MO; QL (20 per 10 days)
vancomycin intravenous recon soln 10 gram	1	PA; QL (2 per 10 days)
vancomycin intravenous recon soln 5 gram	1	PA; QL (4 per 10 days)
vancomycin intravenous recon soln 500 mg	1	PA; MO; QL (10 per 10 days)
vancomycin intravenous recon soln 750 mg	1	PA; MO; QL (27 per 10 days)
vancomycin oral capsule 125 mg	1	PA; MO; QL (40 per 10 days)
vancomycin oral capsule 250 mg	1	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	PA; NDS
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; MO; QL (90 per 30 days); NDS
PENICILLINS		
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
amoxicillin oral tablet	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution	1	MO
amoxicillin-pot clavulanate oral tablet	1	MO
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	MO
amoxicillin-pot clavulanate oral tablet,chewable	1	
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	PA; MO
ampicillin sodium intravenous	1	PA
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	PA; MO
ampicillin-sulbactam injection recon soln 15 gram	1	PA
ampicillin-sulbactam intravenous	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO
BICILLIN L-A	2	PA
dicloxacillin	1	MO
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	1	PA
nafcillin injection recon soln 1 gram, 2 gram	1	PA; MO
nafcillin injection recon soln 10 gram	1	PA; NDS
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	PA
oxacillin injection recon soln 1 gram, 10 gram	1	PA
oxacillin injection recon soln 2 gram	1	PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	PA
penicillin g potassium	1	PA; MO
penicillin g sodium	1	PA; MO
penicillin v potassium	1	MO
pfizerpen-g	1	PA
piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1	MO
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	MO
ciprofloxacin in 5 % dextrose	1	PA; MO
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	1	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	1	PA
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	PA; MO
levofloxacin intravenous	1	PA
levofloxacin oral	1	MO
moxifloxacin oral	1	MO
moxifloxacin-sod.chloride(iso)	1	PA; MO
SULFA'S / RELATED AGENTS		
sulfadiazine	1	MO
sulfamethoxazole-trimethoprim intravenous	1	PA; MO
sulfamethoxazole-trimethoprim oral	1	MO
TETRACYCLINES		
demeclocycline	1	MO
doxy-100	1	PA; MO
doxycycline hyclate intravenous	1	PA
doxycycline hyclate oral capsule	1	MO
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1	MO

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	MO
minocycline oral capsule	1	MO
minocycline oral tablet	1	MO
mondoxyne nl oral capsule 100 mg	1	
tetracycline oral capsule	1	MO
URINARY TRACT AGENTS		
methenamine hippurate	1	MO
methenamine mandelate	1	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
trimethoprim	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BOMYNTRA	2	B/D PA; MO; NDS
dexrazoxane hcl	1	B/D PA; MO; NDS
ELITEK	2	MO; NDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	2	B/D PA; NDS
leucovorin calcium oral	1	MO
levoleucovorin calcium intravenous recon soln	1	B/D PA; MO; NDS
levoleucovorin calcium intravenous solution	1	B/D PA; NDS
mesna intravenous	1	B/D PA; MO
mesna oral	1	MO; NDS
MESNEX ORAL	2	MO; NDS
WYOST	2	B/D PA; MO; NDS
XGEVA	2	B/D PA; MO; NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
abiraterone oral tablet 250 mg	1	PA; MO; QL (120 per 30 days); NDS
abiraterone oral tablet 500 mg	1	PA; MO; QL (60 per 30 days); NDS
abirtega	1	PA; QL (120 per 30 days)
ABRAXANE	2	B/D PA; MO; NDS
ADCETRIS	2	B/D PA; MO; NDS
ADSTILADRIN	2	PA; NDS
AKEEGA	2	PA; LA; QL (60 per 30 days); NDS
ALECENSA	2	PA; MO; QL (240 per 30 days); NDS
ALIQOPA	2	B/D PA; LA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	2	PA; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	2	PA; QL (60 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	2	PA; QL (30 per 180 days); NDS
anastrozole	1	MO
ANKTIVA	2	PA; MO; NDS
arsenic trioxide intravenous solution 1 mg/ml	1	B/D PA; NDS
arsenic trioxide intravenous solution 2 mg/ml	1	B/D PA; MO; NDS
ASPARLAS	2	PA; NDS
AUGTYRO ORAL CAPSULE 160 MG	2	PA; QL (60 per 30 days); NDS
AUGTYRO ORAL CAPSULE 40 MG	2	PA; QL (240 per 30 days); NDS
AVMAPKI-FAKZYNJA	2	PA; QL (66 per 28 days); NDS
AYVAKIT	2	PA; LA; QL (30 per 30 days); NDS
azacitidine	1	B/D PA; MO; NDS
azathioprine oral tablet 50 mg	1	B/D PA; MO
azathioprine sodium	1	B/D PA; MO
BALVERSA	2	PA; LA; NDS
BAVENCIO	2	B/D PA; LA; NDS
BELEODAQ	2	B/D PA; NDS
bendamustine intravenous recon soln	1	B/D PA; MO; NDS
BENDEKA	2	B/D PA; MO; NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BESPONSA	2	B/D PA; MO; LA; NDS
bexarotene	1	PA; MO; NDS
bicalutamide	1	MO
BIZENGRI	2	PA; NDS
BLENREP INTRAVENOUS RECON SOLN 70 MG	2	PA; NDS
bleomycin	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	2	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	2	B/D PA; NDS
bortezomib injection recon soln 3.5 mg	1	B/D PA; MO; NDS
BOSULIF ORAL CAPSULE 100 MG	2	PA; MO; QL (180 per 30 days); NDS
BOSULIF ORAL CAPSULE 50 MG	2	PA; MO; QL (330 per 30 days); NDS
BOSULIF ORAL TABLET 100 MG	2	PA; MO; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA; MO; QL (30 per 30 days); NDS
BRAFTOVI	2	PA; MO; LA; QL (180 per 30 days); NDS
BRUKINSA ORAL CAPSULE	2	PA; LA; QL (120 per 30 days); NDS
BRUKINSA ORAL TABLET	2	PA; LA; QL (60 per 30 days); NDS
busulfan	1	B/D PA; NDS
CABOMETYX	2	PA; MO; LA; QL (30 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL)	2	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG	2	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	2	PA; LA; QL (30 per 30 days); NDS
carboplatin intravenous solution	1	B/D PA; MO
carmustine intravenous recon soln 100 mg	1	B/D PA; MO; NDS
cisplatin intravenous solution	1	B/D PA; MO
cladribine	1	B/D PA; MO; NDS
clofarabine	1	B/D PA; NDS
COLUMVI	2	PA; MO; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA; MO; QL (56 per 28 days); NDS

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	2	PA; MO; QL (112 per 28 days); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	2	PA; MO; QL (84 per 28 days); NDS
COPIKTRA	2	PA; LA; QL (60 per 30 days); NDS
COTELLIC	2	PA; MO; LA; QL (63 per 28 days); NDS
cyclophosphamide intravenous recon soln	1	B/D PA; MO
cyclophosphamide oral capsule	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	2	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	B/D PA; MO
cyclosporine modified oral capsule	1	B/D PA; MO
cyclosporine modified oral solution	1	B/D PA
cyclosporine oral capsule	1	B/D PA; MO
CYRAMZA	2	B/D PA; MO; NDS
cytarabine	1	B/D PA; MO
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	1	B/D PA; MO
cytarabine (pf) injection solution 20 mg/ml	1	B/D PA
dacarbazine	1	B/D PA; MO
dactinomycin	1	B/D PA; MO
DANYELZA	2	B/D PA; NDS
DANZITEN	2	PA; QL (112 per 28 days); NDS
DARZALEX	2	B/D PA; MO; LA; NDS
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	1	PA; MO; QL (30 per 30 days); NDS
dasatinib oral tablet 20 mg	1	PA; MO; QL (90 per 30 days); NDS
dasatinib oral tablet 70 mg	1	PA; MO; QL (60 per 30 days); NDS
DATROWAY	2	PA; MO; NDS
daunorubicin	1	B/D PA
DAURISMO ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	2	PA; MO; QL (60 per 30 days); NDS

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
decitabine	1	B/D PA; MO; NDS
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/8 ml (10 mg/ml)	1	B/D PA; NDS
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)	1	B/D PA; MO; NDS
doxorubicin intravenous recon soln	1	B/D PA; MO
doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml	1	B/D PA; MO
doxorubicin intravenous solution 2 mg/ml	1	B/D PA
doxorubicin, peg-liposomal	1	B/D PA; MO; NDS
DROXIA	2	MO
ELAHERE	2	PA; LA; NDS
ELIGARD	2	PA; MO
ELIGARD (3 MONTH)	2	PA; MO
ELIGARD (4 MONTH)	2	PA; MO
ELIGARD (6 MONTH)	2	PA; MO
ELREXFIO	2	PA; NDS
ELZONRIS	2	B/D PA; LA; NDS
EMPLICITI	2	B/D PA; MO; NDS
EMRELIS	2	PA; NDS
ENVARSUS XR	2	B/D PA; MO
epirubicin intravenous solution 200 mg/100 ml	1	B/D PA
EPKINLY	2	PA; NDS
ERBITUX	2	B/D PA; MO; NDS
eribulin	1	B/D PA; NDS
ERIVEDGE	2	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 240 MG	2	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	2	PA; MO; QL (120 per 30 days); NDS
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; QL (30 per 30 days); NDS
erlotinib oral tablet 25 mg	1	PA; MO; QL (60 per 30 days); NDS
ERWINASE	2	B/D PA; NDS
ETOPOPHOS	2	B/D PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
etoposide intravenous	1	B/D PA; MO
EULEXIN	2	NDS
everolimus (antineoplastic) oral tablet	1	PA; MO; QL (30 per 30 days); NDS
everolimus (antineoplastic) oral tablet for suspension 2 mg	1	PA; MO; QL (330 per 30 days); NDS
everolimus (antineoplastic) oral tablet for suspension 3 mg	1	PA; MO; QL (240 per 30 days); NDS
everolimus (antineoplastic) oral tablet for suspension 5 mg	1	PA; MO; QL (180 per 30 days); NDS
everolimus (immunosuppressive) oral tablet 0.25 mg	1	B/D PA; MO
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	1	B/D PA; MO; NDS
exemestane	1	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	2	PA; MO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	PA; MO
floxuridine	1	B/D PA
fludarabine intravenous recon soln	1	B/D PA; MO
fludarabine intravenous solution	1	B/D PA
fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml	1	B/D PA; MO
fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml	1	B/D PA
FOTIVDA	2	PA; LA; QL (21 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 1 MG	2	PA; QL (84 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	2	PA; QL (21 per 28 days); NDS
fulvestrant	1	B/D PA; MO; NDS
FYARRO	2	PA; NDS
GAVRETO	2	PA; LA; QL (120 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GAZYVA	2	B/D PA; MO; NDS
gefitinib	1	PA; MO; QL (30 per 30 days); NDS
gemcitabine intravenous recon soln 1 gram, 200 mg	1	B/D PA; MO
gemcitabine intravenous recon soln 2 gram	1	B/D PA
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D PA
gengraf	1	B/D PA; MO
GILOTRIF	2	PA; MO; QL (30 per 30 days); NDS
GLEOSTINE ORAL CAPSULE 10 MG	2	MO
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	2	MO; NDS
GOMEKLI ORAL CAPSULE 1 MG	2	PA; QL (126 per 28 days); NDS
GOMEKLI ORAL CAPSULE 2 MG	2	PA; QL (84 per 28 days); NDS
GOMEKLI ORAL TABLET FOR SUSPENSION	2	PA; QL (168 per 28 days); NDS
GRAFAPEX	2	B/D PA; NDS
HERNEXEOS	2	PA; MO; QL (90 per 30 days); NDS
hydroxyurea	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days); NDS
IBTROZI	2	PA; QL (90 per 30 days); NDS
ICLUSIG	2	PA; QL (30 per 30 days); NDS
idarubicin	1	B/D PA; MO
IDHIFA	2	PA; MO; LA; QL (30 per 30 days); NDS
ifosfamide intravenous recon soln	1	B/D PA; MO
ifosfamide intravenous solution 1 gram/20 ml	1	B/D PA; MO
ifosfamide intravenous solution 3 gram/60 ml	1	B/D PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
imatinib oral tablet 100 mg	1	PA; MO; QL (180 per 30 days); NDS
imatinib oral tablet 400 mg	1	PA; MO; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; QL (30 per 30 days); NDS
IMBRUVICA ORAL SUSPENSION	2	PA; QL (324 per 30 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA; QL (30 per 30 days); NDS
IMDELLTRA	2	PA; MO; NDS
IMFINZI	2	B/D PA; MO; LA; NDS
IMJUDO	2	PA; MO; NDS
IMKELDI	2	PA; MO; QL (280 per 28 days); NDS
INLYTA ORAL TABLET 1 MG	2	PA; MO; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days); NDS
INQOVI	2	PA; MO; QL (5 per 28 days); NDS
INREBIC	2	PA; MO; LA; QL (120 per 30 days); NDS
irinotecan intravenous solution 100 mg/5 ml	1	B/D PA; MO
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	1	B/D PA; NDS
irinotecan intravenous solution 40 mg/2 ml	1	B/D PA; MO; NDS
ISTODAX	2	B/D PA; MO; NDS
ITOVEBI ORAL TABLET 3 MG	2	PA; MO; QL (60 per 30 days); NDS
ITOVEBI ORAL TABLET 9 MG	2	PA; MO; QL (30 per 30 days); NDS
IWILFIN	2	PA; LA; QL (240 per 30 days); NDS
IXEMPRA	2	B/D PA; MO; NDS
JAKAFI	2	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	2	PA; MO; QL (60 per 30 days); NDS

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
JAYPIRCA ORAL TABLET 50 MG	2	PA; MO; QL (30 per 30 days); NDS
JEMPERLI	2	PA; MO; NDS
JEVTANA	2	B/D PA; MO; NDS
JYLAMVO	2	B/D PA; MO
KADCYLA	2	PA; MO; NDS
KEYTRUDA	2	PA; MO; NDS
KIMMTRAK	2	B/D PA; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	2	PA; QL (70 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	2	PA; QL (91 per 28 days); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; MO; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	2	PA; MO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA; MO; QL (63 per 28 days); NDS
KOSELUGO ORAL CAPSULE	2	PA; NDS
KRAZATI	2	PA; QL (180 per 30 days); NDS
KYPROLIS	2	B/D PA; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml	1	PA; MO; NDS
lapatinib	1	PA; MO; QL (180 per 30 days); NDS
LAZCLUZE ORAL TABLET 240 MG	2	PA; LA; QL (30 per 30 days); NDS
LAZCLUZE ORAL TABLET 80 MG	2	PA; LA; QL (60 per 30 days); NDS
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	1	PA; MO; QL (28 per 28 days); NDS
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA; QL (28 per 28 days); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	2	PA; MO; QL (30 per 30 days); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	2	PA; MO; QL (90 per 30 days); NDS

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	2	PA; MO; QL (60 per 30 days); NDS
letrozole	1	MO
LEUKERAN	2	MO; NDS
leuprolide subcutaneous kit	1	PA; MO
LIBTAYO	2	PA; LA; NDS
LONSURF	2	PA; MO; NDS
LOQTORZI	2	PA; MO; NDS
LORBRENA ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	2	PA; MO; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET 120 MG	2	PA; MO; QL (240 per 30 days); NDS
LUMAKRAS ORAL TABLET 240 MG	2	PA; MO; QL (120 per 30 days); NDS
LUMAKRAS ORAL TABLET 320 MG	2	PA; MO; QL (90 per 30 days); NDS
LUNSUMIO	2	PA; MO; NDS
LUPRON DEPOT	2	PA; MO; NDS
LYNOZYFIC	2	PA; NDS
LYNPARZA	2	PA; MO; QL (120 per 30 days); NDS
LYSODREN	2	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	2	PA; LA; QL (84 per 28 days); NDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	2	PA; LA; QL (112 per 28 days); NDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	2	PA; LA; QL (140 per 28 days); NDS
MATULANE	2	NDS
megestrol oral suspension 400 mg/10 ml (10 ml)	1	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	PA; MO
megestrol oral tablet	1	PA; MO
MEKINIST ORAL RECON SOLN	2	PA; MO; QL (1260 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MEKTOVI	2	PA; MO; LA; QL (180 per 30 days); NDS
melphalan hcl	1	B/D PA; NDS
mercaptopurine oral suspension	1	MO; NDS
mercaptopurine oral tablet	1	MO
methotrexate sodium	1	B/D PA; MO
methotrexate sodium (pf) injection recon soln	1	B/D PA
methotrexate sodium (pf) injection solution	1	B/D PA; MO
mitomycin intravenous recon soln 20 mg, 5 mg	1	B/D PA; MO
mitomycin intravenous recon soln 40 mg	1	B/D PA; MO; NDS
mitoxantrone	1	B/D PA; MO
MODEYSO	2	PA; QL (20 per 28 days); NDS
MONJUVI	2	PA; LA; NDS
mycophenolate mofetil (hcl)	1	B/D PA; MO
mycophenolate mofetil oral capsule	1	B/D PA; MO
mycophenolate mofetil oral suspension for reconstitution	1	B/D PA; MO; NDS
mycophenolate mofetil oral tablet	1	B/D PA; MO
mycophenolate sodium	1	B/D PA; MO
MYHIBBIN	2	B/D PA; MO; NDS
MYLOTARG	2	B/D PA; MO; LA; NDS
nelarabine	1	B/D PA; MO; NDS
NERLYNX	2	PA; MO; LA; NDS
nilotinib hcl oral capsule 150 mg, 200 mg	1	PA; MO; QL (112 per 28 days); NDS
nilotinib hcl oral capsule 50 mg	1	PA; MO; QL (120 per 30 days); NDS
nilutamide	1	PA; MO; NDS
NINLARO	2	PA; MO; QL (3 per 28 days); NDS
NUBEQA	2	PA; MO; LA; QL (120 per 30 days); NDS
NULOJIX	2	B/D PA; MO; NDS
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	1	PA; MO; NDS

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA; MO
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	1	PA; MO
octreotide acetate injection syringe 500 mcg/ml (1 ml)	1	PA; MO; NDS
octreotide,microspheres	1	PA; NDS
ODOMZO	2	PA; MO; LA; QL (30 per 30 days); NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	2	PA; QL (56 per 28 days); NDS
OGSIVEO ORAL TABLET 50 MG	2	PA; QL (180 per 30 days); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	2	PA; QL (96 per 28 days); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	2	PA; QL (16 per 28 days); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	2	PA; QL (20 per 28 days); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	2	PA; QL (24 per 28 days); NDS
OJJAARA	2	PA; QL (30 per 30 days); NDS
ONCASPAR	2	B/D PA; NDS
ONIVYDE	2	B/D PA; NDS
ONUREG	2	PA; MO; QL (14 per 28 days); NDS
OPDIVO	2	PA; MO; NDS
OPDIVO QVANTIG	2	PA; MO; NDS
OPDUALAG	2	PA; MO; NDS
ORGOVYX	2	PA; LA; QL (30 per 28 days); NDS
ORSERDU ORAL TABLET 345 MG	2	PA; QL (30 per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	2	PA; QL (90 per 30 days); NDS
oxaliplatin intravenous recon soln 100 mg	1	B/D PA
oxaliplatin intravenous recon soln 50 mg	1	B/D PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	1	B/D PA; MO
oxaliplatin intravenous solution 200 mg/40 ml	1	B/D PA
paclitaxel	1	B/D PA; MO
paclitaxel protein-bound	1	B/D PA; MO; NDS
PADCEV	2	PA; MO; NDS
pazopanib oral tablet 200 mg	1	PA; MO; QL (120 per 30 days); NDS
PEMAZYRE	2	PA; LA; QL (28 per 28 days); NDS
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg	1	B/D PA; MO; NDS
pemetrexed disodium intravenous recon soln 100 mg	1	B/D PA; MO
pemetrexed disodium intravenous recon soln 750 mg	1	B/D PA; NDS
PERJETA	2	B/D PA; MO; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; QL (28 per 28 days); NDS
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	PA; QL (56 per 28 days); NDS
POLIVY	2	PA; MO; NDS
POMALYST	2	PA; MO; LA; QL (21 per 28 days); NDS
POTELIGEO	2	PA; NDS
PRALATREXATE	2	B/D PA; MO; NDS
PROGRAF INTRAVENOUS	2	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	2	B/D PA; MO
PURIXAN	2	NDS
QINLOCK	2	PA; LA; QL (90 per 30 days); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	2	PA; MO; LA; QL (60 per 30 days); NDS
RETEVMO ORAL TABLET 40 MG	2	PA; MO; LA; QL (90 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
REVLIMID	2	PA; MO; LA; QL (28 per 28 days); NDS
REVUFORJ ORAL TABLET 110 MG	2	PA; QL (120 per 30 days); NDS
REVUFORJ ORAL TABLET 160 MG	2	PA; QL (60 per 30 days); NDS
REVUFORJ ORAL TABLET 25 MG	2	PA; QL (240 per 30 days); NDS
REZLIDHIA	2	PA; QL (60 per 30 days); NDS
REZUROCK	2	PA; LA; QL (30 per 30 days); NDS
romidepsin intravenous recon soln	1	B/D PA; NDS
ROMVIMZA	2	PA; LA; QL (8 per 28 days); NDS
ROZLYTREK ORAL CAPSULE 100 MG	2	PA; MO; QL (150 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	2	PA; MO; QL (90 per 30 days); NDS
ROZLYTREK ORAL PELLETS IN PACKET	2	PA; MO; QL (336 per 28 days); NDS
RUBRACA	2	PA; MO; LA; QL (120 per 30 days); NDS
RUXIENCE	2	PA; MO; NDS
RYBREVANT	2	PA; MO; NDS
RYDAPT	2	PA; MO; QL (224 per 28 days); NDS
RYLAZE	2	B/D PA; NDS
RYTELO	2	PA; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	PA; MO; NDS
SARCLISA	2	PA; LA; NDS
SCEMBLIX ORAL TABLET 100 MG	2	PA; QL (120 per 30 days); NDS
SCEMBLIX ORAL TABLET 20 MG	2	PA; QL (600 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	2	PA; QL (300 per 30 days); NDS
SIGNIFOR	2	PA; NDS
SIMULECT	2	B/D PA; MO
sirolimus oral solution	1	B/D PA; MO; NDS
sirolimus oral tablet	1	B/D PA; MO
SOLTAMOX	2	MO; NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	2	PA; MO; NDS
sorafenib	1	PA; MO; QL (120 per 30 days); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	2	PA; MO; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG	2	PA; MO; QL (90 per 30 days); NDS
SPRYCEL ORAL TABLET 70 MG	2	PA; MO; QL (60 per 30 days); NDS
STIVARGA	2	PA; MO; QL (84 per 28 days); NDS
sunitinib malate	1	PA; MO; QL (30 per 30 days); NDS
SYLVANT	2	B/D PA; MO; NDS
TABLOID	2	MO
TABRECTA	2	PA; MO; NDS
tacrolimus oral capsule	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	2	PA; MO; QL (120 per 30 days); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	2	PA; MO; QL (840 per 28 days); NDS
TAGRISSO	2	PA; MO; LA; QL (30 per 30 days); NDS
TALVEY	2	PA; NDS
TALZENNA	2	PA; MO; QL (30 per 30 days); NDS
tamoxifen	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA; MO; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days); NDS
TAZVERIK	2	PA; LA; NDS
TECENTRIQ	2	B/D PA; MO; LA; NDS
TECENTRIQ HYBREZA	2	B/D PA; MO; LA; NDS
TECVAYLI	2	PA; NDS
TEMODAR INTRAVENOUS	2	B/D PA; MO; NDS
temsirolimus	1	B/D PA; MO; NDS
TEPMETKO	2	PA; LA; NDS
TEVIMBRA	2	PA; NDS
THALOMID ORAL CAPSULE 100 MG	2	PA; MO; QL (112 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
THALOMID ORAL CAPSULE 50 MG	2	PA; MO; QL (28 per 28 days); NDS
thiotepa injection recon soln 100 mg	1	B/D PA; NDS
thiotepa injection recon soln 15 mg	1	B/D PA; MO; NDS
TIBSOVO	2	PA; NDS
TIVDAK	2	PA; MO; NDS
topotecan	1	B/D PA; MO; NDS
toremifene	1	MO; NDS
torpenz	1	PA; QL (30 per 30 days); NDS
TRAZIMERA	2	B/D PA; MO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	PA; MO
tretinoin (antineoplastic)	1	MO; NDS
TRODELVY	2	PA; LA; NDS
TRUQAP	2	PA; QL (64 per 28 days); NDS
TUKYSA ORAL TABLET 150 MG	2	PA; LA; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	2	PA; LA; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 125 MG	2	PA; LA; QL (120 per 30 days); NDS
UNITUXIN	2	B/D PA; NDS
valrubicin	1	B/D PA; MO; NDS
VANFLYTA	2	PA; QL (56 per 28 days); NDS
VECTIBIX	2	B/D PA; MO; NDS
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	2	PA; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	2	PA; LA; QL (30 per 30 days); NDS
VENCLEXTA STARTING PACK	2	PA; LA; QL (42 per 180 days); NDS
VERZENIO	2	PA; MO; LA; QL (60 per 30 days); NDS
vinblastine	1	B/D PA; MO
vincristine	1	B/D PA; MO
vinorelbine	1	B/D PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITRAKVI ORAL CAPSULE 100 MG	2	PA; MO; LA; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	2	PA; MO; LA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION	2	PA; MO; LA; QL (300 per 30 days); NDS
VIZIMPRO	2	PA; MO; QL (30 per 30 days); NDS
VONJO	2	PA; QL (120 per 30 days); NDS
VORANIGO ORAL TABLET 10 MG	2	PA; QL (60 per 30 days); NDS
VORANIGO ORAL TABLET 40 MG	2	PA; QL (30 per 30 days); NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG	2	PA; LA; NDS
VYLOY INTRAVENOUS RECON SOLN 300 MG	2	PA; NDS
VYXEOS	2	B/D PA; NDS
WELIREG	2	PA; LA; NDS
XALKORI ORAL CAPSULE	2	PA; MO; QL (60 per 30 days); NDS
XALKORI ORAL PELLET 150 MG	2	PA; MO; QL (180 per 30 days); NDS
XALKORI ORAL PELLET 20 MG, 50 MG	2	PA; MO; QL (120 per 30 days); NDS
XERMELO	2	PA; LA; QL (84 per 28 days); NDS
XOSPATA	2	PA; LA; QL (90 per 30 days); NDS
XPOVIO	2	PA; LA; NDS
XTANDI ORAL CAPSULE	2	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	2	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	2	PA; MO; QL (60 per 30 days); NDS
YERVOY	2	B/D PA; MO; NDS
YONDELIS	2	B/D PA; NDS
ZALTRAP	2	B/D PA; MO; NDS
ZANOSAR	2	B/D PA; MO
ZEJULA ORAL TABLET	2	PA; MO; LA; QL (30 per 30 days); NDS
ZELBORAF	2	PA; MO; QL (224 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ZEPZELCA	2	PA; NDS
ZIIHERA	2	PA; NDS
ZIRABEV	2	B/D PA; MO; NDS
ZOLADEX	2	PA; MO
ZOLINZA	2	PA; MO; QL (120 per 30 days); NDS
ZYDELIG	2	PA; MO; QL (60 per 30 days); NDS
ZYKADIA	2	PA; MO; QL (90 per 30 days); NDS
ZYNLONTA	2	PA; LA; NDS
ZYNYZ	2	PA; MO; NDS
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	2	MO; QL (180 per 30 days); NDS
APTIOM ORAL TABLET 400 MG	2	MO; QL (90 per 30 days); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	2	MO; QL (60 per 30 days); NDS
BRIVIACT INTRAVENOUS	2	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	2	MO; QL (600 per 30 days); NDS
BRIVIACT ORAL TABLET	2	MO; QL (60 per 30 days); NDS
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml	1	
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	1	MO
carbamazepine oral tablet,chewable 100 mg	1	MO
clobazam oral suspension	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DIACOMIT	2	PA; LA; NDS
diazepam rectal	1	MO
DILANTIN 30 MG	2	MO
divalproex	1	MO
EPIDIOLEX	2	PA; MO; LA; NDS
EPRONTIA	2	PA; MO
eslicarbazepine oral tablet 200 mg	1	MO; QL (180 per 30 days); NDS
eslicarbazepine oral tablet 400 mg	1	MO; QL (90 per 30 days); NDS
eslicarbazepine oral tablet 600 mg, 800 mg	1	MO; QL (60 per 30 days); NDS
ethosuximide	1	MO
felbamate	1	MO
FINTEPLA	2	PA; LA; QL (360 per 30 days); NDS
fosphenytoin	1	MO
FYCOMPA ORAL SUSPENSION	2	MO; QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	2	MO; QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	2	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	2	MO; QL (60 per 30 days); NDS
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	1	PA; MO; QL (30 per 30 days)
gabapentin oral tablet extended release 24 hr 450 mg, 750 mg, 900 mg	1	PA; MO; QL (60 per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg	1	PA; MO; QL (90 per 30 days)

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
lacosamide intravenous	1	MO; QL (1200 per 30 days)
lacosamide oral solution	1	MO; QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	1	MO; QL (60 per 30 days)
lacosamide oral tablet 50 mg	1	MO; QL (120 per 30 days)
lamotrigine oral tablet	1	MO
lamotrigine oral tablet, chewable dispersible	1	MO
lamotrigine oral tablet,disintegrating	1	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml	1	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml	1	
levetiracetam intravenous	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet	1	MO
levetiracetam oral tablet extended release 24 hr	1	MO
methsuximide	1	MO
NAYZILAM	2	PA; MO; QL (10 per 30 days)
oxcarbazepine oral suspension	1	MO
oxcarbazepine oral tablet	1	MO
perampanel oral tablet 10 mg, 12 mg, 8 mg	1	MO; QL (30 per 30 days); NDS
perampanel oral tablet 2 mg	1	MO; QL (60 per 30 days)
perampanel oral tablet 4 mg, 6 mg	1	MO; QL (60 per 30 days); NDS
phenobarbital oral elixir	1	PA; MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	1	PA
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	PA; MO
phenobarbital sodium injection solution 130 mg/ml	1	MO
phenobarbital sodium injection solution 65 mg/ml	1	

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
phenytoin oral suspension 125 mg/5 ml	1	MO
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended oral capsule 100 mg	1	MO
phenytoin sodium extended oral capsule 200 mg, 300 mg	1	
phenytoin sodium intravenous solution	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)
pregabalin oral solution	1	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	2	MO
primidone oral tablet 250 mg, 50 mg	1	MO
roweepra oral tablet 500 mg	1	MO
rufinamide oral suspension	1	PA; MO; NDS
rufinamide oral tablet 200 mg	1	PA; MO
rufinamide oral tablet 400 mg	1	PA; MO; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG	2	
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	2	MO
subvenite	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	2	PA; MO; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	2	PA; MO; QL (60 per 30 days)
tiagabine	1	MO
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	PA; MO
topiramate oral solution	1	PA; MO
topiramate oral tablet	1	PA; MO
valproate sodium	1	MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	1	
VALTOCO	2	PA; MO; QL (10 per 30 days)
vigabatrin	1	PA; MO; LA; NDS
vigadrone	1	PA; LA; NDS
vigpoder	1	PA; LA; NDS
XCOPRI MAINTENANCE PACK	2	MO; QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	2	MO; QL (30 per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	2	MO; QL (60 per 30 days); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	2	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	2	MO; QL (28 per 180 days); NDS
ZONISADE	2	PA; MO; NDS
zonisamide	1	PA; MO
ZTALMY	2	PA; LA; QL (1100 per 30 days); NDS
ANTIPARKINSONISM AGENTS		
benztropine injection	1	MO
benztropine oral	1	PA; MO
bromocriptine oral capsule	1	
bromocriptine oral tablet	1	MO
carbidopa	1	MO
carbidopa-levodopa oral tablet	1	MO
carbidopa-levodopa oral tablet extended release	1	MO
carbidopa-levodopa oral tablet,disintegrating	1	MO
carbidopa-levodopa-entacapone	1	MO
entacapone	1	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	2	PA; QL (300 per 30 days); NDS
NEUPRO	2	MO
pramipexole oral tablet	1	MO

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
rasagiline	1	MO
ropinirole	1	MO
selegiline hcl	1	MO
trihexyphenidyl oral tablet	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
dihydroergotamine injection	1	NDS
dihydroergotamine nasal	1	QL (8 per 28 days); NDS
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
ergotamine-caffeine	1	MO
naratriptan	1	MO; QL (18 per 28 days)
NURTEC ODT	2	PA; QL (16 per 30 days)
QULIPTA	2	PA; MO; QL (30 per 30 days)
rizatriptan	1	MO; QL (24 per 28 days)
sumatriptan nasal	1	MO; QL (18 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (8 per 28 days)
UBRELVY	2	PA; QL (20 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	2	PA; MO; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	2	PA; MO; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	2	PA; MO; QL (90 per 30 days); NDS

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	2	PA; MO; QL (30 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	2	PA; MO; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	2	PA; MO; QL (210 per 30 days); NDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	2	PA; MO; QL (28 per 180 days); NDS
BRIUMVI	2	PA; MO; QL (24 per 180 days); NDS
dalfampridine	1	PA; MO; QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; MO; QL (56 per 28 days); NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; MO; QL (120 per 180 days); NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; MO; QL (60 per 30 days); NDS
donepezil	1	MO
fingolimod	1	PA; MO; QL (30 per 30 days); NDS
galantamine	1	MO
glatiramer subcutaneous syringe 20 mg/ml	1	PA; QL (30 per 30 days); NDS
glatiramer subcutaneous syringe 40 mg/ml	1	PA; QL (12 per 28 days); NDS
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days); NDS
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days); NDS
INGREZZA	2	PA; LA; QL (30 per 30 days); NDS
INGREZZA INITIATION PK(TARDIV)	2	PA; LA; QL (28 per 180 days); NDS
INGREZZA SPRINKLE	2	PA; LA; QL (30 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
KESIMPTA PEN	2	PA; MO; QL (1.6 per 28 days); NDS
memantine oral capsule,sprinkle,er 24hr	1	PA; MO
memantine oral solution	1	PA; MO
memantine oral tablet	1	PA; MO
memantine-donepezil	1	PA; MO
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	PA; MO
NUEDEXTA	2	PA; MO; NDS
RADICAVA ORS	2	PA; MO; NDS
RADICAVA ORS STARTER KIT SUSP	2	PA; MO; NDS
rivastigmine	1	MO
rivastigmine tartrate	1	MO
teriflunomide	1	PA; MO; QL (30 per 30 days); NDS
tetrabenazine oral tablet 12.5 mg	1	PA; MO; QL (240 per 30 days); NDS
tetrabenazine oral tablet 25 mg	1	PA; MO; QL (120 per 30 days); NDS
VUMERITY	2	PA; MO; QL (120 per 30 days); NDS
ZEPOSIA	2	PA; MO; QL (30 per 30 days); NDS
ZEPOSIA STARTER KIT (28-DAY)	2	PA; MO; QL (28 per 180 days); NDS
ZEPOSIA STARTER PACK (7-DAY)	2	PA; MO; QL (7 per 180 days); NDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet	1	MO
cyclobenzaprine oral tablet 10 mg, 5 mg	1	PA; MO
dantrolene intravenous	1	
dantrolene oral	1	MO
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release 180 mg	1	MO
revonto	1	
tizanidine oral tablet	1	MO
VYVGART	2	PA; MO; LA; NDS
VYVGART HYTRULO	2	PA; MO; LA; NDS
NARCOTIC ANALGESICS		

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml	1	QL (4500 per 30 days); NDS
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; QL (4500 per 30 days); NDS
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days); NDS
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days); NDS
BELBUCA	2	PA; MO; QL (60 per 30 days); NDS
buprenorphine hcl injection syringe	1	NDS
buprenorphine hcl sublingual	1	MO
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days); NDS
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1	QL (360 per 30 days); NDS
endocet oral tablet 5-325 mg	1	MO; QL (360 per 30 days); NDS
fentanyl citrate (pf) injection solution	1	NDS
fentanyl citrate (pf) injection syringe 100 mcg/2 ml (50 mcg/ml)	1	NDS
fentanyl citrate buccal lozenge on a handle 200 mcg	1	PA; MO; QL (120 per 30 days); NDS
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; MO; QL (10 per 30 days); NDS
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml	1	QL (5550 per 30 days); NDS
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days); NDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days); NDS
hydrocodone-acetaminophen oral tablet 2.5-325 mg	1	QL (360 per 30 days); NDS
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	MO; QL (50 per 30 days); NDS
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml	1	NDS

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
hydromorphone injection solution 2 mg/ml	1	MO; NDS
hydromorphone injection syringe 1 mg/ml, 4 mg/ml	1	MO; NDS
hydromorphone injection syringe 2 mg/ml	1	NDS
hydromorphone oral liquid	1	MO; QL (2400 per 30 days); NDS
hydromorphone oral tablet	1	MO; QL (180 per 30 days); NDS
hydromorphone oral tablet extended release 24 hr	1	PA; MO; QL (60 per 30 days); NDS
methadone injection solution	1	NDS
methadone intensol	1	PA; MO; QL (90 per 30 days); NDS
methadone oral concentrate	1	PA; QL (90 per 30 days); NDS
methadone oral solution 10 mg/5 ml	1	PA; MO; QL (600 per 30 days); NDS
methadone oral solution 5 mg/5 ml	1	PA; MO; QL (1200 per 30 days); NDS
methadone oral tablet 10 mg	1	PA; MO; QL (120 per 30 days); NDS
methadone oral tablet 5 mg	1	PA; MO; QL (240 per 30 days); NDS
methadose oral concentrate	1	PA; MO; QL (90 per 30 days); NDS
morphine (pf) injection solution 0.5 mg/ml	1	NDS
morphine (pf) injection solution 1 mg/ml	1	MO; NDS
morphine concentrate oral solution	1	MO; QL (900 per 30 days); NDS
morphine injection syringe 4 mg/ml	1	MO; NDS
morphine intravenous solution 10 mg/ml, 4 mg/ml	1	MO; NDS
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	1	NDS
morphine oral solution	1	MO; QL (900 per 30 days); NDS
morphine oral tablet	1	MO; QL (180 per 30 days); NDS
morphine oral tablet extended release	1	PA; MO; QL (120 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
oxycodone oral capsule	1	MO; QL (360 per 30 days); NDS
oxycodone oral concentrate	1	MO; QL (180 per 30 days); NDS
oxycodone oral solution	1	MO; QL (1200 per 30 days); NDS
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	MO; QL (180 per 30 days); NDS
oxycodone oral tablet 5 mg	1	MO; QL (360 per 30 days); NDS
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days); NDS
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days); NDS
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	2	PA; MO; QL (60 per 30 days); NDS
SUBLOCADE	2	MO; NDS
NON-NARCOTIC ANALGESICS		
8 hour acetaminophen er 650 mg	1	MO; ADD
8hr arthritis pain er 650 mg	1	MO; ADD
acetaminophen 120 mg suppos	1	MO; ADD
acetaminophen 120 mg suppos outer	1	MO; ADD
acetaminophen 160 mg/5 ml solution cup outer	1	ADD
acetaminophen 160 mg/5 ml suspension cup inner	1	ADD
acetaminophen 160 mg/5 ml suspension cup outer	1	ADD
acetaminophen 160 mg/5 ml syr outer	1	ADD
acetaminophen 325 mg gelcap	1	MO; ADD
acetaminophen 325 mg tablet	1	MO; ADD
acetaminophen 325 mg/10.15 ml cup outer	1	ADD
ACETAMINOPHEN 325 MG/10.15 ML CUP OUTER	2	ADD
acetaminophen 500 mg caplet	1	MO; ADD
acetaminophen 500 mg gelcap	1	MO; ADD
acetaminophen 500 mg tablet	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
acetaminophen 650 mg suppos	1	MO; ADD
acetaminophen 650 mg suppos outer	1	MO; ADD
acetaminophen 650 mg/20.3 ml cup outer	1	ADD
ACETAMINOPHEN 650 MG/20.3 ML CUP OUTER	2	ADD
ACETAMINOPHEN 80 MG/2.5 ML SYR OUTER	2	ADD
acetaminophen er 650 mg caplet	1	ADD
acetaminophen er 650 mg tablet	1	ADD
all day pain relief 220 mg tab	1	ADD
all day pain rlf 220 mg caplet	1	ADD
all day relief 220 mg caplet	1	MO; ADD
all day relief 220 mg caplet caplet, gluten-free	1	MO; ADD
all day relief 220 mg tablet	1	MO; ADD
all day relief 220 mg tablet gluten-free	1	MO; ADD
arthritis pain er 650 mg caplt	1	ADD
arthritis pain er 650 mg tab outer	1	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
aspirin 300 mg suppository	1	MO; ADD
aspirin 325 mg tablet	1	MO; ADD
aspirin 81 mg chewable tablet	1	MO; ADD
aspirin 81 mg chewable tablet gluten-free, orange	1	MO; ADD
aspirin 81 mg chewable tablet low dose	1	MO; ADD
aspirin 81 mg chewable tablet low dose, cherry	1	MO; ADD
aspirin ec 325 mg tablet	1	MO; ADD
aspirin ec 81 mg tablet	1	MO; ADD
aspirin regimen 81 mg ec tab	1	ADD
buffered aspirin 325 mg tb	1	ADD
buprenorphine-naloxone sublingual film 12-3 mg	1	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)
butorphanol injection	1	MO; NDS
butorphanol nasal	1	MO; QL (10 per 28 days); NDS
celecoxib	1	MO
child ibuprofen 100 mg/5 ml cup inner, d/f	1	ADD
child ibuprofen 100 mg/5 ml cup outer	1	ADD
child ibuprofen 100 mg/5 ml cup outer, d/f	1	ADD
child ibuprofen 100 mg/5 ml cup u-d	1	ADD
child ibuprofen 100 mg/5 ml cup u-d,100's,hosp use	1	ADD
child ibuprofen 100 mg/5 ml cup u-d,30's,hosp use	1	ADD
child ibuprofen 100 mg/5 ml syrg	1	ADD
child ibuprofen 200 mg/10 ml cup outer	1	ADD
child pain-fever 160 mg/5 ml	1	MO; ADD
child pain-fever 160 mg/5 ml as, ibu/f	1	MO; ADD
child pain-fever 160 mg/5 ml gluten-f, grape	1	MO; ADD
children ibuprofen 100 mg/5 ml	1	ADD
children ibuprofen 100 mg/5 ml berry flavor	1	ADD
children ibuprofen 100 mg/5 ml d/f	1	ADD
children ibuprofen 100 mg/5 ml gluten/f, berry	1	ADD
children ibuprofen 100 mg/5 ml gluten/f, grape	1	ADD
children ibuprofen 100 mg/5 ml gluten/f,bubble	1	ADD
children ibuprofen 100 mg/5 ml grape	1	ADD
children's mapap 80 mg tab chw	1	MO; ADD
chld acetaminophen 160 mg/5 ml	1	ADD
chld acetaminophen 160 mg/5 ml	1	MO; ADD
chld acetaminophen 160 mg/5 ml cup inner	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
chld acetaminophen 160 mg/5 ml cup outer	1	ADD
chld acetaminophen 160 mg/5 ml gluten/f, grape	1	MO; ADD
clonidine (pf) epidural solution 5,000 mcg/10 ml	1	
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical gel 1 %	1	MO; QL (1000 per 28 days)
diclofenac sodium topical solution in metered-dose pump	1	MO; QL (224 per 28 days); NDS
diclofenac-misoprostol	1	MO
diflunisal	1	MO
ed-apap 160 mg/5 ml liquid	1	ADD
etodolac	1	MO
feverall 120 mg suppository childrens, outer	1	MO; ADD
feverall 120 mg suppository children's, outer	1	MO; ADD
feverall 325 mg suppository junior str, outer	1	MO; ADD
feverall 650 mg suppository adult, outer	1	ADD
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER	2	MO; ADD
flurbiprofen oral tablet 100 mg	1	MO
ft 8 hour pain rlf er 650 mg	1	MO; ADD
ft child ibuprofen 100 mg/5 ml	1	ADD
ft naproxen sodium 220 mg cap	1	MO; ADD
ft pain relief 325 mg tablet	1	ADD
ft pain relief 500 mg gelcap	1	ADD
ft pain relief 500 mg tablet	1	ADD
gnp 8 hour pain relief 650 mg	1	MO; ADD
gnp 8hr arthrit pain er 650 mg	1	MO; ADD
gnp aspirin 325 mg tablet	1	MO; ADD
gnp aspirin ec 81 mg tablet	1	MO; ADD
gnp ibuprofen 100 mg chew tab	1	ADD
gnp ibuprofen 200 mg mini sfgl	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
gnp ibuprofen 200 mg softgel	1	MO; ADD
gnp ibuprofen 200 mg tablet	1	MO; ADD
gnp naproxen sod 220 mg caplet	1	ADD
gnp naproxen sod 220 mg tablet	1	ADD
gnp pain relief 500 mg caplet	1	ADD
gnp pain relief 500 mg caplet	1	ADD
gnp pain relief 500 mg gelcap	1	ADD
gs arthritis pain er 650 mg	1	ADD
gs aspirin 81 mg chewable tab	1	MO; ADD
gs child fever-pain 160 mg/5 ml	1	MO; ADD
gs child ibuprofen 100 mg/5 ml	1	ADD
gs child pain-fever 160 mg/5 ml	1	MO; ADD
gs ibuprofen 100 mg chew tab	1	ADD
gs ibuprofen 200 mg caplet	1	MO; ADD
gs ibuprofen 200 mg liquid gel	1	MO; ADD
gs ibuprofen 200 mg tablet	1	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
gs inf ibuprofen 50 mg/1.25 ml	1	MO; ADD
gs infant pain-fever 160 mg/5	1	ADD
gs naproxen sod 220 mg caplet	1	ADD
gs naproxen sod 220 mg tablet	1	ADD
gs pain relief 325 mg tablet	1	ADD
gs pain relief 500 mg caplet	1	ADD
ibu	1	MO
ibuprofen 200 mg caplet	1	MO; ADD
ibuprofen 200 mg caplet	1	MO; ADD
ibuprofen 200 mg coated caplet	1	MO; ADD
ibuprofen 200 mg capsule	1	MO; ADD
ibuprofen 200 mg softgel	1	MO; ADD
ibuprofen 200 mg tablet	1	MO; ADD
ibuprofen 200 mg tablet coated	1	MO; ADD
ibuprofen 200 mg/10 ml suspension cup 100's, u-d cups (otc)	1	MO; ADD
ibuprofen 200 mg/10 ml suspension cup 30's, u-d cups (otc)	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ibuprofen 200 mg/10 ml suspension cup u-d (otc)	1	MO; ADD
ibuprofen jr str 100 mg tb chw	1	ADD
ibuprofen oral suspension 100 mg/5 ml	1	MO
ibuprofen oral tablet 400 mg, 800 mg	1	MO
ibuprofen oral tablet 600 mg	1	
infant ibuprofen 50 mg/1.25 ml	1	MO; ADD
infant ibuprofen 50 mg/1.25 ml berry	1	MO; ADD
infant ibuprofen 50 mg/1.25 ml d/f,non-staining	1	MO; ADD
infant pain-fever 160 mg/5 ml	1	ADD
infant pain-fever 160 mg/5 ml w/syringe, grape	1	ADD
JOURNAVX	2	MO; QL (30 per 90 days)
lurbiro	1	
mapap 500 mg capsule	1	MO; ADD
meloxicam oral tablet	1	MO; QL (30 per 30 days)
nabumetone	1	MO
nalbuphine	1	NDS
naloxone hcl 4 mg nasal spray outer (otc)	1	MO; ADD
naloxone injection solution	1	MO
naloxone injection syringe 0.4 mg/ml (prefilled syringe)	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	MO
naloxone nasal spray,non-aerosol 4 mg/actuation	1	MO
naltrexone	1	MO
naproxen oral tablet	1	MO
naproxen oral tablet,delayed release (dr/ec)	1	MO
naproxen sodium 220 mg capsule	1	MO; ADD
naproxen sodium 220 mg tablet	1	ADD
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
oxaprozin oral tablet	1	MO
pain relief 325 mg tablet	1	ADD
piroxicam	1	MO
salsalate	1	MO
sm aspirin 81 mg chewable tab	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
sm child ibuprofen 100 mg/5 ml	1	ADD
sulindac	1	MO
TENSION HEADACHE CAPLET	2	ADD
tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days); NDS
tramadol-acetaminophen	1	MO; QL (240 per 30 days); NDS
tri-buffered aspirin 325 mg tb boxed	1	MO; ADD
VIVITROL	2	MO; NDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	2	MO; QL (2.4 per 56 days); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	MO; QL (3.2 per 56 days); NDS
ABILIFY MAINTENA	2	MO; QL (1 per 28 days); NDS
amitriptyline	1	MO
amoxapine	1	MO
aripiprazole oral solution	1	MO
aripiprazole oral tablet	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	1	MO; QL (60 per 30 days)
ARISTADA INITIO	2	MO; QL (4.8 per 365 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	MO; QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	MO; QL (1.6 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	MO; QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	MO; QL (3.2 per 28 days); NDS
armodafinil	1	PA; MO; QL (30 per 30 days)
asenapine maleate	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)
AUVELITY	2	ST; QL (60 per 30 days); NDS
BELSOMRA	2	PA; QL (30 per 30 days)
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	1	MO; QL (60 per 30 days)
buspirone	1	MO
CAPLYTA	2	MO; QL (30 per 30 days)
chlorpromazine	1	MO
citalopram oral solution	1	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine	1	MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium oral tablet 15 mg	1	PA; MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	PA; MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	PA; MO; QL (360 per 30 days)
clozapine	1	
COBENFY	2	MO; QL (60 per 30 days)
COBENFY STARTER PACK	2	MO; QL (56 per 180 days)
desipramine	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
desvenlafaxine succinate	1	MO; QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	MO
dextroamphetamine-amphetamine oral tablet	1	MO
diazepam injection	1	PA
diazepam intensol	1	PA; MO; QL (240 per 30 days)
diazepam oral concentrate	1	PA; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	PA; MO; QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)	1	PA; QL (1200 per 30 days)
diazepam oral tablet	1	PA; MO; QL (120 per 30 days)
doxepin oral capsule	1	MO
doxepin oral concentrate	1	MO
doxepin oral tablet	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	2	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	2	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
EMSAM	2	MO; NDS
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone	1	MO; QL (30 per 30 days)
FANAPT	2	ST; MO; QL (60 per 30 days)
FANAPT TITRATION PACK A	2	ST; MO; QL (8 per 180 days)
FANAPT TITRATION PACK B	2	ST; QL (12 per 180 days)
FANAPT TITRATION PACK C	2	ST; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	QL (28 per 180 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	QL (30 per 30 days)
flumazenil	1	
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QL (120 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral solution	1	MO
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
haloperidol	1	MO
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	MO
haloperidol lactate injection	1	MO
haloperidol lactate intramuscular	1	
haloperidol lactate oral	1	MO
imipramine hcl	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	MO; QL (3.5 per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	MO; QL (5 per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	MO; QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	MO; QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	MO; QL (1.5 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	MO; QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	MO; QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	MO; QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	MO; QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	MO; QL (2.63 per 90 days); NDS
lithium carbonate	1	MO
lithium citrate	1	
lorazepam injection	1	PA; MO
lorazepam intensol	1	PA; QL (150 per 30 days)
lorazepam oral concentrate	1	PA; MO; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	PA; MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	PA; MO; QL (150 per 30 days)
loxapine succinate	1	MO
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	MO; QL (30 per 30 days)
lurasidone oral tablet 80 mg	1	MO; QL (60 per 30 days)
MARPLAN	2	MO
methylphenidate hcl oral capsule,er biphasic 50-50	1	MO
methylphenidate hcl oral solution	1	MO
methylphenidate hcl oral tablet	1	MO
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	MO
methylphenidate hcl oral tablet,chewable	1	MO
mirtazapine	1	MO
modafinil oral tablet 100 mg	1	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; QL (60 per 30 days)
molindone oral tablet 10 mg, 25 mg	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
molindone oral tablet 5 mg	1	MO
nefazodone	1	MO
nortriptyline	1	MO
NUPLAZID	2	PA; MO; QL (30 per 30 days)
olanzapine intramuscular	1	MO
olanzapine oral	1	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	2	ST; MO; QL (90 per 30 days); NDS
OPIPZA ORAL FILM 2 MG	2	ST; MO; QL (30 per 30 days); NDS
OPIPZA ORAL FILM 5 MG	2	ST; MO; QL (180 per 30 days); NDS
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral suspension	1	MO
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	MO; QL (60 per 30 days)
pentobarbital sodium injection solution	1	
perphenazine	1	MO
phenelzine	1	MO
pimozide	1	MO
protriptyline	1	MO
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)
RALDESY	2	MO; NDS
ramelteon	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	2	MO; QL (30 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	1	MO; QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	1	MO; QL (2 per 28 days); NDS
risperidone oral solution	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
SECUADO	2	MO; QL (30 per 30 days); NDS
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	2	PA; LA; QL (540 per 30 days); NDS
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	2	PA; MO; NDS
thioridazine	1	MO
thiothixene	1	MO
tranylcypromine	1	MO
trazodone	1	MO
trifluoperazine	1	MO
trimipramine	1	MO
TRINTELLIX	2	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	2	MO; QL (0.28 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	2	MO; QL (0.35 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	2	MO; QL (0.42 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	2	MO; QL (0.56 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	2	MO; QL (0.7 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	2	MO; QL (0.14 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	2	MO; QL (0.21 per 28 days); NDS
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet	1	MO; QL (90 per 30 days)
VERSACLOZ	2	NDS
vilazodone	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	2	MO; QL (30 per 30 days)
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
ziprasidone hcl	1	MO; QL (60 per 30 days)
ziprasidone mesylate	1	MO
zolpidem oral tablet	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	2	PA; MO; QL (28 per 365 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG	2	PA; MO; QL (14 per 365 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	QL (2 per 28 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	2	QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	QL (1 per 28 days); NDS
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
adenosine	1	
amiodarone intravenous solution	1	B/D PA; MO
amiodarone oral	1	MO
dofetilide	1	MO
flecainide	1	MO
ibutilide fumarate	1	
lidocaine (pf) intravenous	1	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	1	
mexiletine	1	MO
MULTAQ	2	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
procainamide injection	1	
propafenone	1	MO
quinidine sulfate oral tablet	1	MO
sotalol af	1	
sotalol oral	1	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol	1	MO
aliskiren	1	MO
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazid	1	MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
benazepril	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
benazepril-hydrochlorothiazide	1	MO
betaxolol oral	1	MO
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide	1	MO
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO
captopril	1	MO
captopril-hydrochlorothiazide	1	
cartia xt	1	MO
carvedilol	1	MO
chlorothiazide sodium	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine transdermal patch	1	MO; QL (4 per 28 days)
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	1	
clonidine hcl oral tablet	1	MO
diltiazem hcl intravenous	1	
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24 hr	1	MO
diltiazem hcl oral capsule,extended release 24hr	1	MO
diltiazem hcl oral tablet	1	MO
diltiazem hcl oral tablet extended release 24 hr 120 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg	1	
dilt-xr	1	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
EDARBI	2	MO
EDARBYCLOR	2	MO
enalapril maleate oral tablet	1	MO
enalaprilat intravenous solution	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
enalapril-hydrochlorothiazide	1	MO
eplerenone	1	MO
esmolol intravenous solution	1	
ethacrynate sodium	1	NDS
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection solution	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
hydralazine	1	MO
hydrochlorothiazide	1	MO
indapamide	1	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isosorbide-hydralazine	1	MO; QL (180 per 30 days)
isradipine	1	
KERENDIA	2	PA; QL (30 per 30 days)
labetalol intravenous solution	1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
mannitol 20 %	1	
mannitol 25 % intravenous solution	1	MO
matzim la	1	MO
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate intravenous	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO
metyrosine	1	PA; MO; NDS
minoxidil oral	1	MO
moexipril	1	MO
nadolol	1	MO
nebivolol	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
nicardipine intravenous solution	1	
nicardipine oral	1	MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine oral capsule	1	MO
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	1	MO
olmesartan-hydrochlorothiazide	1	MO
osmitrol 20 %	1	
perindopril erbumine	1	MO
phentolamine	1	
pindolol	1	MO
prazosin	1	MO
propranolol intravenous	1	
propranolol oral	1	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO
ramipril	1	MO
spironolactone oral tablet	1	MO
spironolacton-hydrochlorothiaz	1	MO
telmisartan	1	MO
telmisartan-amlodipine	1	MO
telmisartan-hydrochlorothiazid	1	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
tiadylt er	1	MO
timolol maleate oral	1	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil	1	MO
treprostinil sodium	1	PA; MO; LA; NDS
triamterene-hydrochlorothiazid	1	MO
UPTRAVI ORAL TABLET	2	PA; MO; LA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLETS,DOSE PACK	2	PA; MO; LA; QL (200 per 180 days); NDS
valsartan oral tablet	1	MO
valsartan-hydrochlorothiazide	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
veletri	1	B/D PA; MO
verapamil intravenous	1	
verapamil oral	1	MO
COAGULATION THERAPY		
aminocaproic acid intravenous	1	MO
aminocaproic acid oral	1	MO; NDS
aspirin-dipyridamole	1	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	2	PA; LA; NDS
CEPROTIN (BLUE BAR)	2	PA; MO
CEPROTIN (GREEN BAR)	2	PA; MO
cilostazol	1	MO
clopidogrel oral tablet 300 mg	1	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dabigatran etexilate	1	MO; QL (60 per 30 days)
dipyridamole intravenous	1	
dipyridamole oral	1	MO
DOPTELET (10 TAB PACK)	2	PA; MO; LA; NDS
DOPTELET (15 TAB PACK)	2	PA; MO; LA; NDS
DOPTELET (30 TAB PACK)	2	PA; MO; LA; NDS
ELIQUIS DVT-PE TREAT 30D START	2	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET	2	MO; QL (60 per 30 days)
eltrombopag olamine	1	PA; MO; NDS
enoxaparin subcutaneous solution	1	MO; QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO; QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO; QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	1	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	MO; QL (11.2 per 28 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	1	MO; NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml	1	
heparin (porcine) injection cartridge	1	
heparin (porcine) injection solution	1	MO
heparin (porcine) injection syringe 5,000 unit/ml	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	MO
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE	2	MO
jantoven	1	MO
pentoxifylline	1	MO
PHYTONADIONE 1 MG/0.5 ML SYR P/F,SDV	2	MO; ADD
PHYTONADIONE 1 MG/0.5 ML VIAL OUTER, SUV	2	ADD
phytonadione 10 mg/ml ampul suv,outer	1	ADD
phytonadione 10 mg/ml vial outer, suv	1	ADD

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
phytonadione 5 mg tablet	1	MO; ADD
phytonadione 5 mg tablet outer	1	MO; ADD
prasugrel hcl	1	MO
PROMACTA	2	PA; MO; LA; NDS
protamine	1	
rivaroxaban oral suspension for reconstitution	1	MO; QL (775 per 28 days)
rivaroxaban oral tablet	1	MO; QL (60 per 30 days)
ticagrelor	1	MO
vitamin k-1 1 mg/0.5 ml ampul suv, outer	1	MO; ADD
vitamin k-1 10 mg/ml ampul suv, outer	1	MO; ADD
warfarin	1	MO
XARELTO DVT-PE TREAT 30D START	2	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	2	MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin	1	MO; QL (30 per 30 days)
atorvastatin	1	MO; QL (30 per 30 days)
cholestyramine (with sugar)	1	MO
cholestyramine light	1	MO
colesevelam	1	MO
colestipol oral granules	1	MO
colestipol oral packet	1	
colestipol oral tablet	1	MO
ezetimibe	1	MO
ezetimibe-simvastatin	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate nanocrystallized	1	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid	1	
fenofibric acid (choline)	1	MO
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
gemfibrozil	1	MO
icosapent ethyl	1	MO
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
niacin oral tablet 500 mg	1	MO
niacin oral tablet extended release 24 hr	1	MO
omega-3 acid ethyl esters	1	MO
pitavastatin calcium	1	MO; QL (30 per 30 days)
pravastatin	1	MO; QL (30 per 30 days)
prevalite	1	MO
REPATHA	2	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	2	PA; QL (7 per 28 days)
REPATHA SURECLICK	2	PA; QL (6 per 28 days)
rosuvastatin	1	MO; QL (30 per 30 days)
simvastatin	1	MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	2	PA; MO; QL (30 per 30 days); NDS
digoxin oral solution	1	MO
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	MO
dobutamine	1	B/D PA
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	1	B/D PA
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	1	B/D PA
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	1	B/D PA; MO
dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	1	B/D PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	1	B/D PA; MO
ENTRESTO	2	QL (60 per 30 days)
ENTRESTO SPRINKLE	2	QL (240 per 30 days)
ivabradine	1	MO; QL (60 per 30 days)
milrinone	1	B/D PA
milrinone in 5 % dextrose	1	B/D PA
norepinephrine bitartrate	1	
ranolazine	1	MO
sacubitril-valsartan	1	MO; QL (60 per 30 days)
sodium nitroprusside	1	B/D PA
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	2	PA; MO; NDS
VYNDAQEL	2	PA; MO
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO
isosorbide mononitrate	1	MO
nitro-bid	1	MO
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)	1	B/D PA
nitroglycerin intravenous	1	B/D PA
nitroglycerin sublingual	1	MO
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	MO
calcipotriene scalp	1	MO; QL (120 per 30 days)
calcipotriene topical cream	1	MO; QL (120 per 30 days)
calcipotriene topical ointment	1	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	2	PA; MO; QL (10 per 28 days); NDS
COSENTYX INTRAVENOUS	2	PA; QL (20 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COSENTYX PEN	2	PA; MO; QL (5 per 28 days); NDS
COSENTYX PEN (2 PENS)	2	PA; MO; QL (10 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; QL (5 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; MO; QL (2.5 per 28 days); NDS
COSENTYX UNOREADY PEN	2	PA; MO; QL (10 per 28 days); NDS
SELARSDI INTRAVENOUS	2	PA; MO; QL (104 per 180 days); NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; MO; QL (1 per 28 days); NDS
selenium sulfide topical lotion	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 28 days); NDS
SKYRIZI SUBCUTANEOUS SYRINGE	2	PA; MO; QL (2 per 28 days); NDS
SOTYKTU	2	PA; MO; QL (30 per 30 days); NDS
STELARA INTRAVENOUS	2	PA; MO; QL (104 per 180 days); NDS
STELARA SUBCUTANEOUS SOLUTION	2	PA; MO; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; MO; QL (1 per 28 days); NDS
TREMFYA INTRAVENOUS	2	PA; MO; QL (20 per 28 days); NDS
TREMFYA ONE-PRESS	2	PA; MO; QL (2 per 28 days); NDS
TREMFYA PEN	2	PA; MO; QL (2 per 28 days); NDS
TREMFYA PEN INDUCTION PK(2PEN)	2	PA; MO; QL (12 per 180 days); NDS
TREMFYA SUBCUTANEOUS SYRINGE	2	PA; MO; QL (2 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
YESINTEK INTRAVENOUS	2	PA; MO; QL (104 per 180 days); NDS
YESINTEK SUBCUTANEOUS SOLUTION	2	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; QL (1 per 28 days); NDS
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	2	PA; MO; QL (6 per 28 days); NDS
ammonium lactate	1	MO
chloroprocaine (pf)	1	
CIBINQO	2	PA; MO; QL (30 per 30 days); NDS
dermacinrx lidocan	1	PA; QL (90 per 30 days)
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; MO; QL (8 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; MO; QL (8 per 28 days); NDS
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
glydo	1	MO; QL (60 per 30 days)
imiquimod topical cream in packet 5 %	1	MO
lidocaine (pf) injection solution	1	
lidocaine 4% cream	1	PA; MO; ADD
lidocaine hcl injection solution	1	
lidocaine hcl laryngotracheal	1	
lidocaine hcl mucous membrane jelly	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane jelly in applicator	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	1	MO; QL (36 per 30 days)
lidocaine viscous	1	
lidocaine-epinephrine	1	
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	1	
lidocaine-prilocaine topical cream	1	MO; QL (30 per 30 days)
lidocan iii	1	PA; QL (90 per 30 days)
lidocan iv	1	PA; QL (90 per 30 days)
lidocan v	1	PA; QL (90 per 30 days)
methoxsalen	1	MO; NDS
PANRETIN	2	PA; MO; NDS
pimecrolimus	1	PA; MO; QL (100 per 30 days)
podofilox topical solution	1	MO
polocaine injection solution 1 % (10 mg/ml)	1	
polocaine-mpf	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SANTYL	2	MO; QL (180 per 30 days)
silver sulfadiazine	1	MO
ssd	1	MO
tacrolimus topical	1	PA; MO; QL (100 per 30 days)
tridacaine ii	1	PA; QL (90 per 30 days)
VALCHLOR	2	PA; MO; NDS
THERAPY FOR ACNE		
accutane	1	
acne medication 10% gel	1	ADD
ACNE MEDICATION 5% GEL	2	ADD
amnesteem	1	
azelaic acid	1	MO
benzoyl peroxide 10% gel (otc)	1	MO; ADD
benzoyl peroxide 10% gel aqueous (otc)	1	MO; ADD
benzoyl peroxide 2.5% gel (otc)	1	MO; ADD
benzoyl peroxide 5% gel (otc)	1	MO; ADD
benzoyl peroxide 5% gel aqueous (otc)	1	MO; ADD
benzoyl peroxide 5% wash (otc)	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
claravis	1	
clindamycin phosphate topical gel	1	MO; QL (120 per 30 days)
clindamycin phosphate topical gel, once daily	1	MO; QL (150 per 30 days)
clindamycin phosphate topical lotion	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	1	MO; QL (120 per 30 days)
ery pads	1	MO
erythromycin with ethanol topical solution	1	MO
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
metronidazole topical	1	MO
RENOVA 0.02% CREAM	2	MO; ADD
RENOVA PUMP 0.02% CREAM	2	MO; ADD
tazarotene topical cream	1	PA; MO
tazarotene topical gel	1	PA; MO
tretinoin topical	1	PA; MO
zenatane	1	
TOPICAL ANTIBACTERIALS		
BETADINE 10% SOLUTION	2	MO; ADD
BETADINE 10% SOLUTION ANTISEPTIC	2	MO; ADD
BETADINE 10% SOLUTION HOSP.SIZE,ANTISEPTIC	2	MO; ADD
FIRST AID ANTISEPTIC 10% OINT	2	MO; ADD
gentamicin topical	1	MO; QL (60 per 30 days)
GS FIRST AID ANTIBIOTIC OINT	2	ADD
mupirocin	1	MO; QL (44 per 30 days)
povidone-iodine 10% solution	1	ADD
sulfacetamide sodium (acne)	1	MO
triple antibiotic ointment	1	MO; ADD
TOPICAL ANTIFUNGALS		
antifungal 1% topical cream	1	ADD
ciclodan topical solution	1	QL (6.6 per 28 days)
ciclopirox topical cream	1	MO; QL (90 per 28 days)
ciclopirox topical gel	1	MO; QL (100 per 28 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ciclopirox topical shampoo	1	MO; QL (120 per 28 days)
ciclopirox topical solution	1	MO; QL (6.6 per 28 days)
ciclopirox topical suspension	1	MO; QL (60 per 28 days)
clotrimazole 1% topical cream (otc)	1	MO; ADD
clotrimazole topical cream 1 %	1	MO; QL (45 per 28 days)
clotrimazole topical solution	1	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	1	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	1	MO; QL (60 per 28 days)
econazole nitrate topical cream	1	MO; QL (85 per 28 days)
fungoid 2% tincture	1	MO; ADD
gnp athlete's foot 1% cream	1	ADD
ketoconazole topical cream	1	MO; QL (60 per 28 days)
ketoconazole topical shampoo	1	MO; QL (120 per 28 days)
klayesta	1	MO; QL (180 per 30 days)
miconazole 2% topical cream	1	MO; ADD
MICONAZOLE NITRATE 2% SOLUTION	2	ADD
micotrin ac 1% topical cream	1	ADD
mycozyl ac 1% topical cream	1	ADD
naftifine topical gel	1	MO; QL (60 per 28 days)
nyamyc	1	MO; QL (180 per 30 days)
nystatin topical cream	1	MO; QL (30 per 28 days)
nystatin topical ointment	1	MO; QL (30 per 28 days)
nystatin topical powder	1	MO; QL (180 per 30 days)
nystatin-triamcinolone	1	MO; QL (60 per 28 days)
nystop	1	MO; QL (180 per 30 days)
sm antifungal 1% cream	1	ADD
sm miconazole 2% topical cream	1	MO; ADD
tm-clotrimazole 1% top cream (otc)	1	MO; ADD
tolnaftate 1% cream	1	MO; ADD
TOPICAL ANTIVIRALS		
acyclovir topical ointment	1	PA; MO; QL (30 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
penciclovir	1	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO
alclometasone	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate topical cream	1	MO
betamethasone valerate topical lotion	1	MO
betamethasone valerate topical ointment	1	MO
betamethasone, augmented	1	MO
clobetasol scalp	1	MO; QL (100 per 28 days)
clobetasol topical cream 0.05 %	1	MO; QL (120 per 28 days)
clobetasol topical foam	1	MO; QL (100 per 28 days)
clobetasol topical gel	1	MO; QL (120 per 28 days)
clobetasol topical lotion	1	MO; QL (118 per 28 days)
clobetasol topical ointment	1	MO; QL (120 per 28 days)
clobetasol topical shampoo	1	MO; QL (236 per 28 days)
clobetasol-emollient topical cream	1	MO; QL (120 per 28 days)
desonide topical cream	1	MO
desonide topical ointment	1	MO
fluocinolone	1	MO
fluocinolone and shower cap	1	MO
fluocinonide topical cream 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide topical gel	1	MO; QL (120 per 30 days)
fluocinonide topical ointment	1	MO; QL (120 per 30 days)
fluocinonide topical solution	1	MO; QL (120 per 30 days)
fluocinonide-emollient	1	MO; QL (120 per 30 days)
fluticasone propionate topical cream	1	MO
fluticasone propionate topical ointment	1	MO
gs anti-itch 1% cream	1	ADD
halobetasol propionate topical cream	1	MO
halobetasol propionate topical ointment	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
hydrocortisone 0.5% cream	1	ADD
hydrocortisone 0.5% cream (otc)	1	MO; ADD
hydrocortisone 1% cream	1	ADD
hydrocortisone 1% cream (otc)	1	MO; ADD
hydrocortisone 1% cream max str, w/aloe (otc)	1	MO; ADD
hydrocortisone 1% cream maximum strength (otc)	1	MO; ADD
hydrocortisone 1% cream moisturizer,max. str (otc)	1	MO; ADD
hydrocortisone 1% ointment (otc)	1	MO; ADD
hydrocortisone 1% ointment maximum strength (otc)	1	MO; ADD
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone-aloe 1% cream	1	MO; ADD
mometasone topical	1	MO
sm hydrocortisone 1% ointment maximum strength (otc)	1	MO; ADD
sm hydrocortisone plus 1% crm	1	ADD
sm hydrocortisone-aloe 1% crm	1	MO; ADD
triamcinolone acetonide topical cream	1	MO
triamcinolone acetonide topical lotion	1	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	MO
triderm topical cream 0.5 %	1	
TOPICAL SCABICIDES / PEDICULICIDES		
gs lice killing 1 % crm rinse	1	ADD
lice treatment 1% creme rinse 1 nit removal comb	1	ADD
malathion	1	MO
permethrin	1	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
acetylcysteine intravenous	1	
IRRIGATING SOLUTIONS		
lactated ringers irrigation	1	
neomycin-polymyxin b gu	1	
ringer's irrigation	1	MO
MISCELLANEOUS AGENTS		
acamprosate	1	MO
acetic acid irrigation	1	MO
anagrelide	1	MO
caffeine citrate intravenous	1	
caffeine citrate oral	1	MO
carglumic acid	1	PA; MO; NDS
cevimeline	1	MO
CHEMET	2	PA
CLINIMIX 4.25%/D5W SULFIT FREE	2	B/D PA
d10 %-0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
deferasirox oral granules in packet	1	PA; MO; NDS
deferasirox oral tablet	1	PA; MO
deferasirox oral tablet, dispersible 125 mg	1	PA; MO
deferasirox oral tablet, dispersible 250 mg, 500 mg	1	PA; MO; NDS
deferiprone	1	PA; MO; NDS
deferoxamine	1	B/D PA; MO
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	
dextrose 25 % in water (d25w)	1	
dextrose 5 % in water (d5w)	1	MO
dextrose 5 %-lactated ringers	1	MO
dextrose 5%-0.2 % sod chloride	1	
dextrose 5%-0.3 % sod.chloride	1	
dextrose 50 % in water (d50w)	1	
dextrose 70 % in water (d70w)	1	
disulfiram oral tablet 250 mg	1	MO
disulfiram oral tablet 500 mg	1	
droxidopa	1	PA; MO; NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
glutamine (sickle cell)	1	PA; MO; NDS
INCRELEX	2	LA; NDS
kionex (with sorbitol)	1	
levocarnitine (with sugar)	1	MO
levocarnitine oral solution 100 mg/ml	1	MO
levocarnitine oral tablet	1	MO
LOKELMA	2	MO
midodrine	1	MO
nitisinone	1	PA; MO; NDS
pilocarpine hcl oral	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION	2	PA; MO; LA; NDS
REZDIFFRA	2	PA; MO; QL (30 per 30 days); NDS
riluzole	1	PA; MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
sevelamer carbonate oral tablet	1	PA; MO
sodium benzoate-sod phenylacet	1	NDS
sodium chloride 0.9 % intravenous	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate	1	PA; MO; NDS
sodium polystyrene sulfonate oral powder	1	MO
sps (with sorbitol) oral	1	MO
sps (with sorbitol) rectal	1	
trientine oral capsule 250 mg	1	PA; MO; NDS
VELPHORO	2	PA; MO; NDS
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	2	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	2	
water for irrigation, sterile	1	MO
XIAFLEX	2	PA; NDS
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PA; MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
benzphetamine hcl 50 mg tablet (rx)	1	MO; ADD

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
diethylpropion 25 mg tablet	1	MO; ADD
diethylpropion er 75 mg tablet	1	MO; ADD
IMCIVREE 10 MG/ML VIAL	2	ADD
LOMAIRA 8 MG TABLET	2	MO; ADD
ORLISTAT 120 MG CAPSULE	2	MO; ADD
phendimetrazine 35 mg tablet	1	MO; ADD
phendimetrazine er 105 mg cap	1	MO; ADD
phentermine 15 mg capsule	1	MO; ADD
phentermine 30 mg capsule	1	MO; ADD
phentermine 37.5 mg capsule	1	MO; ADD
phentermine 37.5 mg tablet	1	MO; ADD
SAXENDA 18 MG/3 ML PEN	2	PA; ADD
WEGOVY 0.25 MG/0.5 ML PEN OUTER,SUV	2	PA; ADD; NDS
WEGOVY 0.5 MG/0.5 ML PEN OUTER,SUV	2	PA; ADD; NDS
WEGOVY 1 MG/0.5 ML PEN OUTER,SUV	2	PA; ADD; NDS
WEGOVY 1.7 MG/0.75 ML PEN OUTER,SUV	2	PA; ADD; NDS
WEGOVY 2.4 MG/0.75 ML PEN OUTER,SUV	2	PA; ADD; NDS
XENICAL 120 MG CAPSULE	2	PA; MO; ADD
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
gnp nicotine 2 mg chewing gum	1	MO; ADD
GNP NICOTINE 2 MG LOZENGE OUTER	2	MO; ADD
gnp nicotine 2 mg mini lozenge	1	MO; ADD
GNP NICOTINE 2 MG MINI LOZENGE	2	MO; ADD
GNP NICOTINE 2 MG MINI LOZENGE OUTER	2	MO; ADD
gnp nicotine 21 mg/24hr patch (otc)	1	MO; ADD
gnp nicotine 4 mg chewing gum	1	MO; ADD
GNP NICOTINE 4 MG LOZENGE OUTER	2	MO; ADD
gnp nicotine 4 mg mini lozenge	1	MO; ADD

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GNP NICOTINE 4 MG MINI LOZENGE	2	MO; ADD
gs nicotine 2 mg chewing gum	1	MO; ADD
gs nicotine 2 mg chewing gum original	1	MO; ADD
gs nicotine 2 mg lozenge	1	MO; ADD
gs nicotine 2 mg mini lozenge	1	MO; ADD
gs nicotine 4 mg chewing gum	1	MO; ADD
gs nicotine 4 mg lozenge	1	MO; ADD
gs nicotine 4 mg mini lozenge	1	MO; ADD
nicotine 14 mg/24hr patch (otc)	1	MO; ADD
nicotine 14 mg/24hr patch clear, step 2, outer (otc)	1	MO; ADD
nicotine 14 mg/24hr patch outer (otc)	1	MO; ADD
nicotine 14 mg/24hr patch step 2 (otc)	1	MO; ADD
nicotine 2 mg chewing gum	1	MO; ADD
nicotine 2 mg chewing gum coated fruit	1	MO; ADD
nicotine 2 mg chewing gum coated, outer	1	MO; ADD
nicotine 2 mg chewing gum outer	1	MO; ADD
nicotine 2 mg lozenge	1	MO; ADD
nicotine 2 mg lozenge inner	1	MO; ADD
nicotine 2 mg lozenge outer	1	MO; ADD
NICOTINE 2 MG MINI LOZENGE	2	MO; ADD
nicotine 2 mg mini lozenge outer	1	MO; ADD
nicotine 21 mg/24hr patch (otc)	1	MO; ADD
nicotine 21 mg/24hr patch outer (otc)	1	MO; ADD
nicotine 21 mg/24hr patch outer, clear, step 1 (otc)	1	MO; ADD
nicotine 4 mg chewing gum	1	MO; ADD
nicotine 4 mg chewing gum coated	1	MO; ADD
nicotine 4 mg chewing gum coated fruit	1	MO; ADD
nicotine 4 mg chewing gum outer	1	MO; ADD
nicotine 4 mg chewing gum refill. outer	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
nicotine 4 mg chewing gum starter kit, outer	1	MO; ADD
NICOTINE 4 MG LOZENGE	2	MO; ADD
nicotine 4 mg lozenge inner	1	MO; ADD
nicotine 4 mg lozenge mint, 3 quittube	1	MO; ADD
nicotine 4 mg lozenge outer	1	MO; ADD
nicotine 4 mg mini lozenge	1	MO; ADD
NICOTINE 4 MG MINI LOZENGE	2	MO; ADD
nicotine 4 mg mini lozenge outer	1	MO; ADD
nicotine 7 mg/24hr patch (otc)	1	MO; ADD
nicotine 7 mg/24hr patch outer (otc)	1	MO; ADD
nicotine 7 mg/24hr patch outer, clear, step 3 (otc)	1	MO; ADD
nicotine 7 mg/24hr patch step 3 (otc)	1	MO; ADD
nicotine transdermal system step 1,2,3	1	MO; ADD
NICOTROL NS	2	MO
sm nicotine 14 mg/24hr patch (otc)	1	MO; ADD
sm nicotine 21 mg/24hr patch (otc)	1	MO; ADD
sm nicotine 7 mg/24hr patch (otc)	1	MO; ADD
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	MO
varenicline tartrate oral tablet 1 mg (56 pack)	1	
varenicline tartrate oral tablets,dose pack	1	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	MO; QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	1	QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
denta 5000 plus	1	MO
dentagel	1	MO
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
fraiche 5000	1	
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
kourzeq	1	MO
oralone	1	
periogard	1	MO
sf	1	MO
sf 5000 plus	1	MO
sodium fluoride 5000 dry mouth	1	MO
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	MO
triamcinolone acetonide dental	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	MO
ciprofloxacin hcl otic (ear)	1	MO
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone	1	MO; QL (7.5 per 7 days)
neomycin-polymyxin-hc otic (ear)	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	MO
dexamethasone oral solution	1	
dexamethasone oral tablet	1	MO
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	MO
dexamethasone sodium phosphate injection solution	1	MO
dexamethasone sodium phosphate injection syringe	1	
fludrocortisone	1	MO
hydrocortisone oral	1	MO
methylprednisolone acetate	1	MO
methylprednisolone oral tablet	1	B/D PA; MO
methylprednisolone oral tablets,dose pack	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
methylprednisolone sodium succ intravenous	1	MO
prednisolone oral solution	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)	1	
prednisone intensol	1	MO
prednisone oral solution	1	MO
prednisone oral tablet	1	MO
prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)	1	
prednisone oral tablets,dose pack 10 mg, 5 mg	1	MO
triamcinolone acetonide injection suspension 10 mg/ml	1	
triamcinolone acetonide injection suspension 40 mg/ml	1	MO
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	1	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
alcohol pads	2	PA; MO
BAQSIMI	2	MO
BYDUREON BCISE	2	PA; QL (4 per 28 days)
diazoxide	1	MO; NDS
DROPSAFE ALCOHOL PREP PADS	2	PA
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml	1	PA; QL (2.4 per 30 days)
exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml	1	PA; QL (1.2 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLYXAMBI	2	MO; QL (30 per 30 days)
GVOKE	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INPEFA	2	PA; MO; QL (30 per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	MO
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)
JENTADUETO	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-200 INSULIN	2	MO
LYUMJEV U-100 INSULIN	2	MO
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
MOUNJARO	2	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
pioglitazone	1	MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
RYBELSUS	2	PA; MO; QL (30 per 30 days)
saxagliptin	1	MO; QL (30 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	1	MO; QL (60 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	1	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SOLIQUA 100/33	2	QL (90 per 30 days)
STEGLATRO	2	MO; QL (30 per 30 days)
SYMLINPEN 120	2	PA; QL (10.8 per 30 days); NDS
SYMLINPEN 60	2	PA; QL (6 per 30 days); NDS
SYNJARDY	2	MO; QL (60 per 30 days)

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	MO; QL (60 per 30 days)
TRULICITY	2	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	2	PA; MO; NDS
cabergoline	1	MO
calcitonin (salmon) injection	1	MO; NDS
calcitonin (salmon) nasal	1	MO
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule	1	MO
calcitriol oral solution	1	
cinacalcet oral tablet 30 mg, 60 mg	1	PA; MO
cinacalcet oral tablet 90 mg	1	PA; MO; NDS
clomid	1	PA; MO
clomiphene citrate	1	PA; MO
CRYSVITA	2	PA; MO; LA; NDS
danazol	1	MO
desmopressin injection	1	MO
desmopressin nasal spray with pump	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral	1	MO
doxercalciferol	1	MO
ELAPRASE	2	PA; MO; NDS
FABRAZYME	2	PA; MO; NDS
KANUMA	2	PA; MO; NDS
LUMIZYME	2	PA; MO; NDS
MEPSEVII	2	PA; MO; NDS
mifepristone oral tablet 300 mg	1	PA; MO; NDS
milophene	1	PA
NAGLAZYME	2	PA; MO; LA; NDS
pamidronate intravenous solution	1	MO
paricalcitol intravenous	1	
paricalcitol oral	1	MO
sapropterin	1	PA; MO; NDS
SOMAVERT	2	PA; MO; NDS
STRENSIQ	2	PA; LA; NDS
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; MO
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	1	PA
testosterone enanthate	1	PA; MO
testosterone transdermal gel	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; QL (150 per 30 days)

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
testosterone transdermal solution in metered pump w/app	1	PA; MO; QL (180 per 30 days)
tolvaptan	1	PA; MO; NDS
tolvaptan (polycys kidney dis) oral tablet	1	PA; NDS
VIMIZIM	2	PA; MO; LA; NDS
zoledronic acid intravenous solution	1	B/D PA; MO
THYROID HORMONES		
levo-t	1	
levothyroxine intravenous recon soln	1	
levothyroxine oral tablet	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine	1	MO
unithroid	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
anti-diarrheal 1 mg/7.5 ml sol	1	ADD
anti-diarrheal 2 mg caplet	1	MO; ADD
anti-diarrheal 2 mg caplet	1	MO; ADD
anti-diarrheal 2 mg softgel	1	ADD
atropine injection solution 0.4 mg/ml	1	
atropine injection syringe 0.1 mg/ml	1	
atropine intravenous solution 0.4 mg/ml	1	
atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)	1	
bismuth 262 mg tablet chew	1	MO; ADD
dicyclomine intramuscular	1	MO
dicyclomine oral capsule	1	MO
dicyclomine oral solution	1	MO
dicyclomine oral tablet 20 mg	1	MO
diphenoxylate-atropine	1	MO
ft anti-diarrheal 2 mg softgel	1	ADD
ft stomach rlf 262 mg chew tab	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	1	
glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)	1	MO
glycopyrrolate injection	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
gnp anti-diarrheal 2 mg tablet	1	MO; ADD
gnp pink bismuth 525 mg/15 ml	1	ADD
gnp stomach rlf 525 mg/30 ml	1	MO; ADD
GS ANTI-DIARRHEAL 1 MG/7.5 ML	2	ADD
gs anti-diarrheal 2 mg caplet	1	MO; ADD
loperamide 1 mg/7.5 ml soln	1	MO; ADD
LOPERAMIDE 1 MG/7.5 ML SOLN	2	MO; ADD
LOPERAMIDE 2 MG/15 ML SOLUTION CUP INNER	2	MO; ADD
LOPERAMIDE 2 MG/15 ML SOLUTION CUP OUTER	2	MO; ADD
loperamide oral capsule	1	MO
opium tincture	1	MO
pink bismuth caplet	1	ADD
stomach relief 262 mg chew tab	1	ADD
stomach relief 525 mg/15 ml	1	MO; ADD
stomach rlf 525 mg/30 ml susp	1	MO; ADD
MISCELLANEOUS GASTROINTESTINAL AGENTS		
acid gone antacid liquid	1	MO; ADD
almacone-2 liquid	1	MO; ADD
alosetron oral tablet 0.5 mg	1	PA; MO
alosetron oral tablet 1 mg	1	PA; MO; NDS
aluminum hydroxide gel	1	MO; ADD
antacid anti-gas liquid	1	ADD
antacid anti-gas max str liq	1	ADD
antacid liquid	1	ADD
antacid-antigas liquid	1	MO; ADD
ANTACID-ANTIGAS LIQUID	2	MO; ADD
antacid-antigas suspension	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
aprepitant	1	B/D PA; MO
balsalazide	1	MO
betaine	1	MO; NDS
bisacodyl 10 mg suppository	1	ADD
bisacodyl ec 5 mg tablet	1	MO; ADD
budesonide oral capsule,delayed,extend.release	1	MO
budesonide oral tablet,delayed and ext.release	1	MO; NDS
CIMZIA POWDER FOR RECONST	2	PA; MO; QL (2 per 28 days); NDS
CIMZIA STARTER KIT	2	PA; MO; QL (3 per 180 days); NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	2	PA; QL (2 per 28 days); NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	PA; MO; QL (2 per 28 days); NDS
CINVANTI	2	MO
clearlax powder packet	1	ADD
COLACE 100 MG CAPSULE	2	MO; ADD
compro	1	MO
constulose	1	MO
CORTIFOAM	2	MO
CREON	2	MO
cromolyn oral	1	MO
dimenhydrinate injection solution	1	MO
docusate sod 100 mg/10 ml cup outer	1	MO; ADD
docusate sodium 100 mg softgel	1	MO; ADD
docusate sodium 100 mg outer, softgel	1	MO; ADD
docusate sodium 100 mg softgel	1	MO; ADD
docusate sodium 250 mg softgel	1	MO; ADD
docusate sodium 250 mg softgel outer	1	MO; ADD
docusate sodium 50 mg/5 ml cup outer	1	MO; ADD
docusate sodium 50 mg/5 ml liq	1	MO; ADD
dronabinol	1	B/D PA
droperidol injection solution	1	MO
enema ready to use	1	MO; ADD
ENTYVIO	2	PA; MO; QL (2 per 28 days); NDS
enulose	1	MO
fleet enema	1	MO; ADD

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
fleet enema 2x133ml, twin pack	1	MO; ADD
fleet enema 4x133ml	1	MO; ADD
FLEET PEDIA-LAX ENEMA	2	MO; ADD
fosaprepitant	1	MO
ft gentle laxative 10 mg supp	1	MO; ADD
ft laxative ec 5 mg tablet	1	ADD
ft stool softener 100 mg sftgl	1	ADD
ft stool softener 250 mg sftgl	1	ADD
GATTEX 30-VIAL	2	PA; MO; NDS
GATTEX ONE-VIAL	2	PA; MO; NDS
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-n	1	
generlac	1	MO
gentle laxative 10 mg supposit	1	MO; ADD
gentle laxative ec 5 mg tablet	1	ADD
gnp gentle laxative 10 mg supp	1	MO; ADD
gnp stool softener 100 mg sfgl	1	ADD
gnp stool softener 240 mg sfgl	1	ADD
gnp stool softener 250 mg sfgl	1	ADD
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	1	MO
granisetron hcl intravenous solution 1 mg/ml	1	MO
granisetron hcl intravenous solution 1 mg/ml (1 ml)	1	
granisetron hcl oral	1	B/D PA; MO
healthylax powder packet outer	1	MO; ADD
HEARTBURN RELIEF LIQUID	2	ADD
hydrocortisone rectal	1	MO
hydrocortisone topical cream with perineal applicator 1 %	1	MO
hydrocortisone topical cream with perineal applicator 2.5 %	1	
lactulose oral solution	1	MO
laxative ec 5 mg tablet	1	ADD
LINZESS	2	MO; QL (30 per 30 days)
lubiprostone	1	MO; QL (60 per 30 days)

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MAG-AL LIQUID 30 ML CUP	2	ADD
mag-al plus suspens 30 ml cup 100's,u-d,10x10	1	ADD
mag-al plus suspens 30 ml cup outer	1	ADD
mag-al plus xs susp 30 ml cup	1	ADD
magnesium oxide 400 mg tablet (otc)	1	MO; ADD
MAGNESIUM OXIDE 400 MG TABLET (OTC)	2	MO; ADD
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine oral capsule (with del rel tablets)	1	MO
mesalamine oral capsule, extended release	1	
mesalamine oral capsule,extended release 24hr	1	MO
mesalamine oral tablet,delayed release (dr/ec)	1	MO
mesalamine rectal	1	MO
mesalamine with cleansing wipe	1	MO
metoclopramide hcl injection solution	1	MO
metoclopramide hcl injection syringe	1	
metoclopramide hcl oral solution	1	MO
metoclopramide hcl oral tablet	1	MO
mintox maximum strength susp max str, lemon creme	1	MO; ADD
nitroglycerin rectal	1	MO
ondansetron hcl (pf) injection solution	1	MO
ondansetron hcl (pf) injection syringe	1	
ondansetron hcl intravenous	1	MO
ondansetron hcl oral solution	1	B/D PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; MO
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	B/D PA; MO
palonosetron intravenous solution 0.25 mg/5 ml	1	MO
palonosetron intravenous syringe	1	
peg 3350-electrolytes	1	
peg-electrolyte	1	MO

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
polyethylene glycol 3350 powd 17 grams pkts,outer (otc)	1	MO; ADD
polyethylene glycol 3350 powd outer (otc)	1	MO; ADD
prochlorperazine	1	MO
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	MO
prochlorperazine maleate oral	1	MO
procto-med hc	1	MO
proctosol hc topical	1	MO
proctozone-hc	1	
RELISTOR SUBCUTANEOUS SOLUTION	2	ST; MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	2	ST; MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	2	ST; MO; QL (12 per 30 days); NDS
REMICADE	2	PA; MO; QL (20 per 28 days); NDS
SANCUSO	2	MO; NDS
scopolamine base	1	MO
SKYRIZI INTRAVENOUS	2	PA; MO; QL (30 per 180 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	2	PA; MO; QL (1.2 per 56 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	2	PA; MO; QL (2.4 per 56 days); NDS
sm enema ready to use	1	MO; ADD
sodium bicarb 325 mg tablet	1	MO; ADD
sodium bicarb 650 mg tablet	1	MO; ADD
sodium bicarb 650 mg tablet 10 gr	1	MO; ADD
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	1	MO
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)	1	
stool softener 100 mg softgel	1	ADD
SUCRAID	2	PA; NDS

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
sulfasalazine	1	MO
SYMPROIC	2	MO; QL (30 per 30 days)
TRULANCE	2	QL (30 per 30 days)
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
VARUBI	2	B/D PA
VIBERZI	2	MO; QL (60 per 30 days); NDS
VOWST	2	PA; LA; NDS
women's gentle lax ec 5 mg tab	1	ADD
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600-252,600 UNIT	2	MO; NDS
ZYMFENTRA	2	PA; MO; QL (2 per 28 days); NDS
ULCER THERAPY		
acid reducer 10 mg tablet	1	ADD
acid reducer 20 mg tablet	1	ADD
acid reducer 20 mg tablet maximum strength	1	ADD
acid reducer 20 mg tablet max-str	1	ADD
acid reducer complete tab chew	1	ADD
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
esomeprazole sodium	1	MO
famotidine (pf)	1	MO
famotidine (pf)-nacl (iso-os)	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
famotidine 10 mg tablet	1	MO; ADD
famotidine 20 mg tablet (otc)	1	MO; ADD
famotidine intravenous	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
gnp acid reducer 10 mg tablet	1	ADD
gnp acid reducer 20 mg tablet	1	ADD
gnp lansoprazole dr 15 mg cap (otc)	1	MO; ADD
gnp omeprazole dr 20 mg tablet	1	MO; ADD
gs acid reducer 10 mg tablet	1	ADD
gs acid reducer 20 mg tablet	1	ADD
gs omeprazole dr 20 mg tablet	1	MO; ADD
gs omeprazole dr 20 mg tablet 14 day course	1	MO; ADD
heartburn relief 10 mg tablet	1	MO; ADD
heartburn relief 20 mg tablet	1	MO; ADD
lansoprazole dr 15 mg capsule (otc)	1	MO; ADD
lansoprazole dr 15 mg capsule outer (otc)	1	MO; ADD
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO; QL (60 per 30 days)
misoprostol	1	MO
nizatidine oral capsule	1	MO
omeprazole dr 20 mg tablet	1	MO; ADD
omeprazole dr 20 mg tablet 1x14 day course	1	MO; ADD
omeprazole dr 20 mg tablet 2x14 day course	1	MO; ADD
omeprazole dr 20 mg tablet 3x14 day course	1	MO; ADD
omeprazole mag dr 20.6 mg cap three 14-day course	1	MO; ADD
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
pantoprazole intravenous	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO; QL (60 per 30 days)
sucralfate	1	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	PA; MO; NDS
ARCALYST	2	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (1 per 28 days); NDS
BESREMI	2	PA; LA; NDS
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (14 per 28 days); NDS
FULPHILA	2	PA; MO; NDS
ILARIS (PF)	2	PA; MO; LA; QL (2 per 28 days); NDS
NIVESTYM	2	PA; MO; NDS
NYVEPRIA	2	PA; MO; NDS
OMNITROPE	2	PA; MO; NDS
PEGASYS SUBCUTANEOUS SOLUTION	2	MO; QL (4 per 28 days); NDS
PEGASYS SUBCUTANEOUS SYRINGE	2	MO; QL (2 per 28 days); NDS
PLEGRIDY INTRAMUSCULAR	2	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days); NDS
plerixafor	1	B/D PA; MO; NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO; NDS
RELEUKO SUBCUTANEOUS	2	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; MO; NDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
DENGVAXIA (PF)	2	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
fomepizole	1	
GAMASTAN	2	MO
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	2	
HIZENTRA	2	B/D PA; MO; NDS
HYPERHEP B	2	
HYPERHEP B NEONATAL	2	
IMOVAX RABIES VACCINE (PF)	1	V

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INFANRIX (DTAP) (PF)	2	
IPOL	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	2	
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	1	V
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
PENBRAYA (PF)	1	V
PENMENVY MEN A-B-C-W-Y (PF)	1	V
PENTACEL (PF)	2	
PRIORIX (PF)	1	V
PRIVIGEN	2	PA; MO; NDS
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	1	V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX ORAL SUSPENSION	2	
ROTATEQ VACCINE	2	
SHINGRIX (PF)	1	V; QL (2 per 720 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TENIVAC (PF)	1	V
TICE BCG	2	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	2	
VAXCHORA VACCINE	1	V
VIMKUNYA	1	V

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VIVOTIF	1	MO; V
YF-VAX (PF)	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	2	PA; MO
CEQUR SIMPLICITY	2	MO
CEQUR SIMPLICITY INSERTER	2	MO
GAUZE PADS 2 X 2	2	PA; MO
EMBECTA INSULIN SYRINGE	2	PA; MO
BD PEN NEEDLE	2	PA; MO
OMNIPOD 5 (G6/LIBRE 2 PLUS)	2	MO
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	MO
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	2	MO; QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	MO
EMBECTA PEN NEEDLE	2	PA; MO
BD INSULIN SYRINGE	2	PA; MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	MO
allopurinol sodium	1	
aloprim	1	
colchicine oral tablet	1	MO
febuxostat	1	MO
probenecid	1	MO
probenecid-colchicine	1	MO
OSTEOPOROSIS THERAPY		
alendronate oral solution	1	MO; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
BONSITY	2	PA; MO; QL (2.48 per 28 days); NDS
CONEXXENCE	2	PA; MO; QL (1 per 180 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ibandronate intravenous solution	1	PA
ibandronate intravenous syringe	1	PA; MO
ibandronate oral	1	MO; QL (1 per 30 days)
JUBBONTI	2	PA; MO; QL (1 per 180 days)
PROLIA	2	PA; MO; QL (1 per 180 days)
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	1	MO; QL (4 per 28 days)
teriparatide (only ndcs starting with 47781)	2	PA; MO; QL (2.48 per 28 days); NDS
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	2	PA; MO; QL (3.6 per 28 days); NDS
ACTEMRA INTRAVENOUS	2	PA; MO; QL (160 per 28 days); NDS
ACTEMRA SUBCUTANEOUS	2	PA; MO; QL (3.6 per 28 days); NDS
BENLYSTA	2	PA; MO; NDS
CYLTEZO(CF) PEN	2	PA; MO; QL (4 per 28 days); NDS
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; QL (6 per 180 days); NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; QL (4 per 180 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days); NDS
ENBREL MINI	2	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION	2	PA; MO; QL (8 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ENBREL SUBCUTANEOUS SYRINGE	2	PA; MO; QL (8 per 28 days); NDS
ENBREL SURECLICK	2	PA; MO; QL (8 per 28 days); NDS
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days); NDS
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	2	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS NDCS STARTING WITH 00074)	2	PA; MO; QL (3 per 180 days); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074)	2	PA; QL (3 per 180 days); NDS
leflunomide	1	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	2	PA; MO; QL (12 per 28 days); NDS
ORENCIA CLICKJECT	2	PA; MO; QL (4 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; MO; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA; MO; QL (1.6 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA; MO; QL (2.8 per 28 days); NDS
OTEZLA	2	PA; MO; QL (60 per 30 days); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; MO; QL (55 per 180 days); NDS
OTEZLA XR	2	PA; MO; QL (30 per 30 days); NDS
OTEZLA XR INITIATION	2	PA; MO; QL (41 per 180 days); NDS
penicillamine oral tablet	1	PA; MO; NDS
RIDAURA	2	MO; NDS
RINVOQ LQ	2	PA; MO; QL (360 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA; MO; QL (30 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	PA; MO; QL (84 per 180 days); NDS
SAVELLA ORAL TABLET	2	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	QL (55 per 180 days)
TYENNE AUTOINJECTOR	2	PA; MO; QL (3.6 per 28 days); NDS
TYENNE INTRAVENOUS	2	PA; MO; QL (160 per 28 days); NDS
TYENNE SUBCUTANEOUS	2	PA; MO; QL (3.6 per 28 days); NDS
XELJANZ ORAL SOLUTION	2	PA; MO; QL (480 per 24 days); NDS
XELJANZ ORAL TABLET	2	PA; MO; QL (60 per 30 days); NDS
XELJANZ XR	2	PA; MO; QL (30 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
YUFLYMA(CF) AI CROHN'S-UC-HS	2	PA; MO; QL (3 per 180 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	2	PA; MO; QL (2 per 28 days); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	2	PA; MO; QL (2 per 28 days); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days); NDS
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
abigale	1	PA; MO
abigale lo	1	PA; MO
camila	1	MO
deblitane	1	MO
DEPO-SUBQ PROVERA 104	2	MO
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr	1	PA; QL (8 per 28 days)
dotti transdermal patch semiweekly 0.0375 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	PA; MO; QL (8 per 28 days)
DUAVEE	2	MO
emzahh	1	MO
errin	1	MO
estradiol oral	1	PA; MO
estradiol transdermal patch semiweekly	1	PA; MO; QL (8 per 28 days)
estradiol transdermal patch weekly	1	PA; MO; QL (4 per 28 days)
estradiol vaginal	1	MO
estradiol valerate	1	MO
estradiol-norethindrone acet	1	PA; MO
fyavolv	1	PA; MO
gallifrey	1	MO
heather	1	MO
IMVEXXY MAINTENANCE PACK	2	MO
IMVEXXY STARTER PACK	2	MO
incassia	1	MO
jencycla	1	MO
jinteli	1	PA; MO
lyleq	1	MO

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	PA; MO; QL (8 per 28 days)
lyllana transdermal patch semiweekly 0.05 mg/24 hr	1	PA; QL (8 per 28 days)
lyza	1	
medroxyprogesterone	1	MO
meleya	1	MO
mimvey	1	PA; MO
nora-be	1	MO
norethindrone (contraceptive)	1	
norethindrone acetate	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	PA; MO
orquidea	1	MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
progesterone	1	MO
progesterone micronized oral	1	MO
sharobel	1	MO
yuvafem	1	
MISCELLANEOUS OB/GYN		
3-day vaginal cream	1	MO; ADD
clindamycin phosphate vaginal	1	MO
clotrimazole 1% vaginal cream	1	MO; ADD
clotrimazole-3 2% cream	1	ADD
eluryng	1	MO
etonogestrel-ethinyl estradiol	1	
GNP MICONAZOLE 1 COMBO PACK	2	ADD
gs miconazole 3 combo pack	1	MO; ADD
gs miconazole 7 cream	1	MO; ADD
LILETTA	2	MO
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	MO
miconazole 2% vaginal cream	1	ADD
miconazole 3 combo pack 3 supp w/9gm cream	1	MO; ADD
miconazole 7 cream	1	ADD
miconazole 7 cream	1	MO; ADD
miconazole-7 cream	1	ADD

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
mifepristone oral tablet 200 mg	1	LA
MYFEMBREE	2	PA; MO; NDS
NEXPLANON	2	
norelgestromin-ethin.estradiol	1	
sm 3-day vaginal cream	1	MO; ADD
sm miconazole 2% vaginal cream w/disp applicators	1	ADD
terconazole	1	MO
TIOCONAZOLE-1 6.5% OINTMENT	2	ADD
tranexamic acid oral	1	MO
xulane	1	
zafemy	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28)	1	MO
alyacen 1/35 (28)	1	MO
alyacen 7/7/7 (28)	1	MO
amethyst (28)	1	MO
apri	1	MO
aranelle (28)	1	MO
aubra eq	1	MO
aviane	1	MO
azurette (28)	1	MO
camrese	1	MO
cryselle (28)	1	MO
cyred eq	1	MO
dasetta 1/35 (28)	1	MO
dasetta 7/7/7 (28)	1	MO
daysee	1	MO
desog-e.estradiol/e.estradiol	1	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
econtra one-step 1.5 mg tablet inner	1	ADD
econtra one-step 1.5 mg tablet outer	1	ADD
elinest	1	MO
enpresse	1	
enskyce	1	MO
estarylla	1	MO
ethynodiol diac-eth estradiol	1	
falmina (28)	1	MO
introvale	1	MO
isibloom	1	MO
jasmiel (28)	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
jolessa	1	MO
juleber	1	MO
kalliga	1	
kariva (28)	1	
kelnor 1/35 (28)	1	MO
kurvelo (28)	1	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin 24 fe	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorgestrel 1.5 mg tablet (otc)	1	ADD
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	
levonorg-eth estrad triphasic	1	MO
levora-28	1	
loryna (28)	1	MO
low-ogestrel (28)	1	
lo-zumandimine (28)	1	MO
lutera (28)	1	
marlissa (28)	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
mili	1	MO
mono-linyah	1	MO
my choice 1.5 mg tablet	1	ADD
my way 1.5 mg tablet (otc)	1	ADD
new day 1.5 mg tablet	1	ADD
nikki (28)	1	MO
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO
norgestimate-ethinyl estradiol	1	
nortrel 0.5/35 (28)	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
opcicon one-step 1.5 mg tablet	1	ADD
option 2 1.5 mg tablet	1	ADD
philith	1	MO
pimtrea (28)	1	MO
portia 28	1	MO
reclipsen (28)	1	MO
setlakin	1	MO
sprintec (28)	1	MO
sronyx	1	
syeda	1	MO
tarina fe 1-20 eq (28)	1	MO
tilia fe	1	MO
tri-estarylla	1	MO
tri-legest fe	1	MO
tri-linyah	1	MO
tri-lo-estarylla	1	MO
tri-lo-marzia	1	MO
tri-lo-sprintec	1	
tri-sprintec (28)	1	MO
turqoz (28)	1	MO
velivet triphasic regimen (28)	1	MO
vestura (28)	1	MO
vienva	1	MO
viorele (28)	1	MO
wera (28)	1	MO
zovia 1-35 (28)	1	MO
zumandimine (28)	1	MO
OXYTOCICS		
methylergonovine oral	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
bacitracin ophthalmic (eye)	1	
bacitracin-polymyxin b	1	MO
ciprofloxacin hcl ophthalmic (eye)	1	MO
erythromycin ophthalmic (eye)	1	MO; QL (3.5 per 14 days)
gatifloxacin	1	MO
gentamicin ophthalmic (eye) drops	1	MO; QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops 0.5 %	1	MO
levofloxacin ophthalmic (eye) drops 1.5 %	1	
moxifloxacin ophthalmic (eye) drops	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
moxifloxacin ophthalmic (eye) drops, viscous	1	
NATACYN	2	
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
neo-polycin	1	
ofloxacin ophthalmic (eye)	1	MO
polycin	1	
polymyxin b sulf-trimethoprim	1	MO
tobramycin ophthalmic (eye)	1	MO; QL (10 per 14 days)
ANTIVIRALS		
trifluridine	1	MO
ZIRGAN	2	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	MO
carteolol	1	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO
timolol maleate ophthalmic (eye) drops (not single use)	1	MO
timolol maleate ophthalmic (eye) gel forming solution	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
alaway 0.025% eye drops	1	MO; ADD
artificial tears drops	1	ADD
atropine ophthalmic (eye) drops 1 %	1	MO
azelastine ophthalmic (eye)	1	MO
bss	1	
BYOOVIZ	2	PA; MO; NDS
carboxymethylcell 0.5% eye drp	1	ADD
carboxymethylcell 0.5% eye drp inner	1	ADD
child's alaway 0.025% eye drop	1	ADD
CIMERLI	2	PA; MO; NDS
cromolyn ophthalmic (eye)	1	MO
cyclosporine ophthalmic (eye)	1	MO; QL (60 per 30 days)
CYSTARAN	2	PA; NDS
epinastine	1	MO
eye itch relief 0.025% drops	1	MO; ADD
EYLEA	2	PA; MO; NDS
GENTEAL TEARS SEVERE 0.3% GEL	2	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GENTEAL TEARS SEVERE 3-94% OIN	2	MO; ADD
ketotifen 0.025% (0.035%) drop (otc)	1	MO; ADD
lubricant 0.5% eye drop	1	MO; ADD
lubricant 0.5% eye drops	1	MO; ADD
MIEBO (PF)	2	MO; QL (12 per 30 days)
OXERVATE	2	PA; MO; NDS
PAVBLU	2	PA; MO; NDS
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO
REFRESH CELLUVISC 1% EYE GEL	2	MO; ADD
REFRESH LACRI-LUBE OINTMENT	2	ADD
REFRESH LIQUIGEL 1% EYE DROP	2	MO; ADD
REFRESH PLUS 0.5% EYE DROPS 30X0.4ML	2	MO; ADD
REFRESH PLUS 0.5% EYE DROPS 70X0.4ML,U-D	2	MO; ADD
REFRESH PLUS 0.5% EYE DROPS U-D,50X.4ML	2	MO; ADD
REFRESH TEARS 0.5% EYE DROP	2	MO; ADD
sulfacetamide sodium ophthalmic (eye) drops	1	MO
sulfacetamide sodium ophthalmic (eye) ointment	1	
sulfacetamide-prednisolone	1	MO
XDEMVY	2	PA; QL (10 per 42 days); NDS
XIIDRA	2	MO; QL (60 per 30 days)
ZADITOR 0.025% (0.035%) DROPS UP TO 12 HRS (OTC)	2	MO; ADD
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac	1	MO
diclofenac sodium ophthalmic (eye)	1	MO
flurbiprofen sodium	1	MO
ketorolac ophthalmic (eye)	1	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO
acetazolamide sodium	1	MO
methazolamide	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OTHER GLAUCOMA DRUGS		
dorzolamide	1	MO
dorzolamide-timolol	1	MO
latanoprost	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
miostat	1	
RHOPRESSA	2	
ROCKLATAN	2	
SIMBRINZA	2	MO
travoprost	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic (eye)	1	MO
neo-polycin hc	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
tobramycin-dexamethasone	1	MO; QL (10 per 14 days)
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye)	1	MO
fluorometholone	1	MO
INVELTYS	2	MO
loteprednol etabonate	1	MO
OZURDEX	2	MO; NDS
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic (eye)	1	MO
SYMPATHOMIMETICS		
apraclonidine	1	MO
brimonidine ophthalmic (eye)	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection solution 1 mg/ml	1	
adrenalin injection solution 1 mg/ml (1 ml)	1	MO
ala-hist ir 2 mg tablet	1	MO; ADD
all day allergy 10 mg tablet	1	MO; ADD
all day allergy 10 mg tablet indoor/outdoor 24 hr	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
aller-chlor 4 mg tablet	1	MO; ADD
aller-g-time 25 mg caplet	1	ADD
allergy (loratadine) 10 mg tab	1	ADD
allergy 25 mg capsule	1	ADD
allergy 25 mg tablet	1	ADD
allergy 4 mg tablet	1	ADD
allergy relief 10 mg tablet	1	ADD
allergy relief 12.5 mg/5 ml	1	ADD
allergy relief 180 mg tablet	1	ADD
allergy relief 25 mg capsule	1	ADD
allergy relief 25 mg softgel	1	ADD
allergy relief 25 mg tablet	1	ADD
allergy relief 4 mg tablet	1	ADD
allergy relief 5 mg/5 ml soln	1	ADD
allergy rlf (cetrzn) 10 mg tab	1	ADD
allergy rlf (cetrzn) 5 mg tab	1	ADD
allergy rlf (fexo) 60 mg tab	1	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
banophen 25 mg tablet	1	MO; ADD
banophen 50 mg capsule	1	MO; ADD
cetirizine hcl 1 mg/ml soln children, grape (otc)	1	MO; ADD
cetirizine hcl 1 mg/ml soln children's (otc)	1	MO; ADD
cetirizine hcl 10 mg chew tab outer	1	MO; ADD
cetirizine hcl 10 mg tablet	1	MO; ADD
cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer	1	MO; ADD
cetirizine hcl 10 mg tablet indoor & outdoor	1	MO; ADD
cetirizine hcl 10 mg tablet indoor-outdoor,24hr	1	MO; ADD
cetirizine hcl 10 mg tablet outer	1	MO; ADD
cetirizine hcl 5 mg chew tab children's,outer,u-d	1	MO; ADD
cetirizine hcl 5 mg tablet	1	MO; ADD
cetirizine hcl 5 mg tablet indoor & outdoor	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
cetirizine hcl 5 mg/5 ml solution cup inner	1	ADD
cetirizine hcl 5 mg/5 ml solution cup outer	1	ADD
cetirizine oral solution 1 mg/ml	1	MO
child all day allergy 1 mg/ml	1	ADD
child all day allergy 1 mg/ml bubble gum	1	ADD
child allergy (fexo) 30 mg/5 ml	1	MO; ADD
child allergy 5 mg/5 ml soln	1	ADD
child allergy relief 1 mg/ml	1	MO; ADD
child allergy relief 5 mg/5 ml	1	ADD
child allergy rlf 12.5 mg/5 ml	1	ADD
child cetirizine 10 mg chew tb chewable, allergy	1	ADD
child cetirizine 5 mg chew tab	1	ADD
child cetirizine hcl 1 mg/ml	1	ADD
child loratadine 5 mg/5 ml sol	1	MO; ADD
child loratadine 5 mg/5 ml syr grape	1	MO; ADD
diphedryl 12.5 mg/5 ml elixir	1	ADD
diphenhydramine 12.5 mg/5 ml	1	ADD
diphenhydramine 12.5 mg/5 ml cup outer	1	ADD
diphenhydramine 25 mg capsule (otc)	1	MO; ADD
diphenhydramine 25 mg tablet	1	MO; ADD
diphenhydramine 25 mg tablet inner	1	MO; ADD
diphenhydramine 25 mg tablet outer	1	MO; ADD
diphenhydramine 25 mg/10 ml cup outer	1	ADD
diphenhydramine 50 mg capsule (otc)	1	ADD
diphenhydramine hcl injection solution 50 mg/ml	1	MO
diphenhydramine hcl injection syringe	1	MO
ed chlorped jr syrup	1	MO; ADD
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	1	MO; QL (4 per 30 days)
epinephrine injection solution	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
fexofenadine hcl 180 mg tablet (otc)	1	MO; ADD
fexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc)	1	MO; ADD
fexofenadine hcl 60 mg tablet (otc)	1	MO; ADD
ft ad allergy (cetrzn) 10 mg tb	1	MO; ADD
ft allergy (chlorphen) 4 mg tb	1	ADD
ft allergy (diphen) 25 mg cap	1	ADD
ft allergy (diphen) 25 mg tab	1	ADD
ft allergy (fexo) 60 mg tablet	1	ADD
gnp allergy relief 180 mg tab	1	ADD
gnp allergy relief 25 mg sfgl	1	ADD
gnp allergy relief 25 mg tab	1	ADD
gnp allergy relief 4 mg tablet	1	ADD
gnp allergy relief 50 mg/20 ml	1	ADD
gnp loratadine 10 mg odt	1	MO; ADD
gs all day allergy 10 mg tab	1	MO; ADD
gs aller-ease 180 mg tablet	1	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
gs allergy (diphen) 25 mg tab	1	ADD
gs allergy relief 10 mg tablet	1	ADD
gs allergy relief 10 mg tablet non-drowsy	1	ADD
gs child all day aller 1 mg/ml	1	ADD
gs child allergy 12.5 mg/5 ml	1	ADD
gs child allergy rlf 5 mg/5 ml	1	ADD
HISTEX 2.5 MG/5 ML SYRUP	2	ADD
HISTEX PD 0.938 MG/ML DROP	2	MO; ADD
hydroxyzine hcl oral tablet	1	PA; MO
levocetirizine oral solution	1	MO
levocetirizine oral tablet	1	MO; QL (30 per 30 days)
loratadine 10 mg odt	1	MO; ADD
loratadine 10 mg tablet	1	MO; ADD
loratadine 10 mg tablet outer	1	MO; ADD
loratadine 5 mg/5 ml syrup children's	1	MO; ADD
loratadine 5 mg/5 ml syrup children's, d/f	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
m-dryl 12.5 mg/5 ml solution	1	MO; ADD
PEDIACLEAR PD 0.625 MG/ML DROP	2	ADD
promethazine injection solution	1	MO
promethazine oral	1	PA; MO
sm child allergy 5 mg/5 ml sol	1	ADD
TRIPROLIDINE 0.938 MG/ML DROPS	2	MO; ADD
PULMONARY AGENTS		
acetylcysteine	1	B/D PA; MO
ADEMPAS	2	PA; MO; LA; QL (90 per 30 days); NDS
ADVAIR HFA	2	MO; QL (12 per 30 days)
albuterol sulfate (only ndcs starting with 00054, 00093, 00781, 17270, 45802, 60687, 68180, 69097, 76282) inhalation hfa aerosol inhaler 90 mcg/actuation	1	MO; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm	1	QL (13.4 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	B/D PA; MO
albuterol sulfate inhalation solution for nebulization 5 mg/ml	1	B/D PA
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (6.1 per 30 days)
alyq	1	PA; MO; QL (60 per 30 days); NDS
ambrisentan	1	PA; MO; LA; QL (30 per 30 days); NDS
arformoterol	1	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	QL (2 per 28 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
bosentan oral tablet	1	PA; MO; LA; QL (60 per 30 days); NDS
BREO ELLIPTA	2	MO; QL (60 per 30 days)
breyna	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
budesonide 32 mcg nasal spray (otc)	1	MO; ADD
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	B/D PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	B/D PA; MO; QL (60 per 30 days)
budesonide-formoterol	1	QL (10.2 per 30 days)
CINRYZE	2	PA; MO; NDS
COMBIVENT RESPIMAT	2	QL (8 per 30 days)
cromolyn inhalation	1	B/D PA; MO
cromolyn sodium nasal spray	1	MO; ADD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	2	QL (13 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	MO; QL (13 per 30 days)
FASENRA PEN	2	PA; MO; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; MO; QL (1 per 28 days); NDS
flunisolide	1	MO; QL (50 per 30 days)
fluticasone prop 50 mcg spray (otc)	1	MO; ADD
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	ST; MO; QL (10.6 per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	MO; QL (16 per 30 days)
fluticasone propion-salmeterol inhalation blister with device	1	MO; QL (60 per 30 days)
formoterol fumarate	1	B/D PA; MO; QL (120 per 30 days)
gs 24 hour allergy 50 mcg spry	1	ADD
icatibant	1	PA; MO; NDS
ipratropium bromide inhalation	1	B/D PA; MO
ipratropium-albuterol	1	B/D PA; MO
KALYDECO	2	PA; MO; QL (56 per 28 days); NDS
mometasone nasal	1	MO; QL (34 per 30 days)
montelukast	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; LA; QL (3 per 28 days); NDS

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This drug list was last updated on 11/13/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NUCALA SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; MO; LA; QL (0.4 per 28 days); NDS
OFEV	2	PA; MO; QL (60 per 30 days); NDS
OPSUMIT	2	PA; MO; LA; QL (30 per 30 days); NDS
OPSYNVI	2	PA; MO; QL (30 per 30 days); NDS
ORKAMBI ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET	2	PA; MO; QL (112 per 28 days); NDS
pirfenidone oral capsule	1	PA; MO; QL (270 per 30 days); NDS
pirfenidone oral tablet 267 mg	1	PA; MO; QL (270 per 30 days); NDS
pirfenidone oral tablet 801 mg	1	PA; MO; QL (90 per 30 days); NDS
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME	2	B/D PA; MO; NDS
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (21.2 per 30 days)
roflumilast	1	PA; MO; QL (30 per 30 days)
sajazir	1	PA; MO; NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	1	NDS
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMDEKO	2	PA; MO; QL (56 per 28 days); NDS
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; QL (60 per 30 days); NDS
terbutaline	1	MO
theophylline oral elixir	1	MO
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	MO
theophylline oral tablet extended release 24 hr	1	
tiotropium bromide	1	QL (90 per 90 days)
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	2	PA; MO; QL (56 per 28 days); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	2	PA; MO; QL (84 per 28 days); NDS
TYVASO	2	B/D PA; MO; QL (81.2 per 28 days); NDS
TYVASO INSTITUTIONAL START KIT	2	B/D PA; QL (11.6 per 180 days); NDS
TYVASO REFILL KIT	2	B/D PA; MO; QL (81.2 per 28 days); NDS
TYVASO STARTER KIT	2	B/D PA; MO; QL (81.2 per 180 days); NDS
wixela inhub	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	2	PA; MO; LA; QL (8 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	2	PA; MO; LA; QL (1 per 28 days); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	2	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; MO; LA; QL (1 per 28 days); NDS
zafirlukast	1	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
mirabegron	1	MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
oxybutynin chloride oral syrup	1	MO
oxybutynin chloride oral tablet 5 mg	1	MO
oxybutynin chloride oral tablet extended release 24hr	1	MO
solifenacin	1	MO
tolterodine	1	MO
trospium oral tablet	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
dutasteride	1	MO
dutasteride-tamsulosin	1	MO
finasteride oral tablet 5 mg	1	MO
tamsulosin	1	MO
MISCELLANEOUS UROLOGICALS		
alprostadil	1	
bethanechol chloride	1	MO
CYSTAGON	2	PA; LA
ELMIRON	2	MO
glycine urologic	1	
glycine urologic solution	1	
K-PHOS NO 2	2	MO
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	MO
K-PHOS ORIGINAL TABLET	2	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
potassium citrate oral tablet extended release	1	MO
RENACIDIN	2	MO
tadalafil oral tablet 2.5 mg	1	PA; MO; QL (60 per 30 days)
tadalafil oral tablet 5 mg	1	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
albumin, human 25 %	1	
alburx (human) 25 %	1	
alburx (human) 5 %	1	
albutein 25 %	1	
albutein 5 %	1	
ELECTROLYTES		
antacid 500 mg chewable tablet outer	1	ADD
antacid 750 mg chewable tablet	1	ADD
antacid ex-str 750 mg tab chew	1	ADD
antacid ultra str 1,000 mg chw	1	ADD
antacid xtra strength chew tab	1	ADD
calcium acetate(phosphat bind)	1	PA; MO
calcium antacid 500 mg chw tab assorted fruit	1	MO; ADD
calcium antacid 500 mg chw tab gluten-f, peppermint	1	MO; ADD
calcium carb 1,250 mg/5 ml sus n (otc)	1	MO; ADD
calcium carbonate 1,250 mg/5 ml suspension cup 40's,u-d (otc)	1	MO; ADD
calcium chloride	1	
calcium gluconate intravenous	1	
cal-gest 500 mg tablet chew	1	MO; ADD
chromium cl 40 mcg/10 ml vial outer,sdv	1	ADD
chromium cl 40 mcg/10 ml vial p/f, suv, outer	1	ADD
copper chloride 4 mg/10 ml vl p/f, suv, outer	1	ADD
effer-k oral tablet, effervescent 25 meq	1	MO
ft antacid 500 mg chew tablet	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ft antacid ex-str 750 mg chew	1	ADD
gnp antacid ex-str 750 mg chew	1	ADD
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con oral packet 20	1	MO
klor-con/ef	1	
k-phos neutral tablet	1	MO; ADD
lactated ringers intravenous	1	MO
magnesium chloride injection	1	
magnesium oxide 420 mg tablet (rx)	1	MO; ADD
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
magnesium sulfate in water	1	
magnesium sulfate injection solution	1	MO
magnesium sulfate injection syringe	1	
manganese 1 mg/10 ml vial p/f, suv, outer	1	ADD
phospha 250 neutral tablet	1	MO; ADD
potassium acetate	1	
potassium chlorid-d5-0.45%nacl	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	1	
potassium chloride intravenous	1	
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
potassium chloride oral packet	1	MO
potassium chloride oral tablet extended release 10 meq, 8 meq	1	MO
potassium chloride oral tablet extended release 20 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	1	MO
potassium chloride oral tablet,er particles/crystals 15 meq	1	
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl	1	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	1	
ringer's intravenous	1	
smooth antacid 750 mg chew tab	1	ADD
sodium acetate	1	
sodium bicarbonate intravenous solution	1	
sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)	1	
sodium chloride 0.45 % intravenous	1	MO
sodium chloride 3 % hypertonic	1	
sodium chloride 5 % hypertonic	1	MO
sodium chloride intravenous	1	
sodium phosphate	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	2	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	2	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	2	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	2	B/D PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CLINIMIX 8%-D14W(SULFITE-FREE)	2	B/D PA
electrolyte-148	1	
electrolyte-48 in d5w	1	
electrolyte-a	1	
intralipid intravenous emulsion 20 %	1	B/D PA
ISOLYTE S PH 7.4	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
PLENAMINE	2	B/D PA
premasol 10 %	1	B/D PA
travasol 10 %	1	B/D PA
TROPHAMINE 10 %	2	B/D PA
VITAMINS / HEMATINICS		
BACMIN CAPLET	2	ADD
bp vit 3 capsule	1	MO; ADD
corvita tablet	1	MO; ADD
cyanocobalamin 1,000 mcg/ml vl inner, muv	1	MO; ADD
cyanocobalamin 1,000 mcg/ml vl mdv,inner	1	MO; ADD
cyanocobalamin 1,000 mcg/ml vl muv	1	MO; ADD
cyanocobalamin 1,000 mcg/ml vl muv, outer	1	MO; ADD
cyanocobalamin 1,000 mcg/ml vl outer	1	MO; ADD
cyanocobalamin 1,000 mcg/ml vl outer, muv	1	MO; ADD
cyanocobalamin 1,000 mcg/ml vl outer,mdv	1	MO; ADD
cyanocobalamin 10,000 mcg/10 ml mdv, outer	1	MO; ADD
cyanocobalamin 10,000 mcg/10 ml mdv,outer	1	MO; ADD
cyanocobalamin 10,000 mcg/10 ml outer, muv	1	MO; ADD
cyanocobalamin 10,000 mcg/10 ml outer,mdv	1	MO; ADD
cyanocobalamin 30,000 mcg/30 ml inner, muv	1	MO; ADD
cyanocobalamin 30,000 mcg/30 ml mdv, outer	1	MO; ADD
cyanocobalamin 30,000 mcg/30 ml muv	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
cyanocobalamin 30,000 mcg/30 ml muv, inner	1	MO; ADD
cyanocobalamin 30,000 mcg/30 ml muv, outer	1	MO; ADD
cyanocobalamin 30,000 mcg/30 ml outer, muv	1	MO; ADD
cyanocobalamin 30,000 mcg/30 ml outer,mdv	1	MO; ADD
cyanocobalamin 30,000 mcg/30 ml outer,muv	1	MO; ADD
DIALYVITE 3,000 TABLET	2	MO; ADD
DIALYVITE 5000 TABLET	2	MO; ADD
DIALYVITE SUPREME D TABLET	2	ADD
dialyvite tablet	1	ADD
dialyvite with zinc tablet	1	MO; ADD
ENLYTE SOFTGEL	2	MO; ADD
FLORIVA 0.25 MG CHEW TABLET	2	MO; ADD
FLORIVA 0.5 MG CHEWABLE TABLET	2	MO; ADD
FLORIVA 1 MG CHEWABLE TABLET	2	MO; ADD
fluoride (sodium) oral tablet	1	MO
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	MO
folic acid 1 mg tablet (rx)	1	MO; ADD
folic acid 1 mg tablet outer (rx)	1	MO; ADD
folic acid 5 mg/ml vial mdv	1	MO; ADD
folic acid 50 mg/10 ml vial muv	1	MO; ADD
FOLTRATE TABLET (RX)	2	MO; ADD
hydroxocobalamin 1,000 mcg/ml	1	MO; ADD
INFUVITE ADULT BULK VIAL P/F, MDV, OUTER	2	MO; ADD
INFUVITE ADULT BULK VIAL P/F, MUV	2	MO; ADD
INFUVITE ADULT VIAL P/F, SDV, OUTER	2	MO; ADD
INFUVITE ADULT VIAL P/F, SUV, OUTER	2	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INFUVITE PEDIATRIC BULK VIAL OUTER, MUV	2	ADD
INFUVITE PEDIATRIC BULK VIAL P/F, MDV, OUTER	2	ADD
INFUVITE PEDIATRIC VIAL P/F, SDV, OUTER	2	ADD
INFUVITE PEDIATRIC VIAL SUV	2	ADD
multivit-fluor 0.25 mg tab chw (rx)	1	MO; ADD
multivit-fluor 0.25 mg tab chw grape flavor (rx)	1	MO; ADD
multivit-fluor 0.25 mg/ml drop (rx)	1	MO; ADD
multivit-fluor 0.5 mg tab chew (rx)	1	MO; ADD
multivit-fluor 0.5 mg tab chew grape flavor (rx)	1	MO; ADD
multivit-fluor 0.5 mg/ml drop (rx)	1	MO; ADD
multivit-fluoride 1 mg tab chw (rx)	1	MO; ADD
multivit-fluoride 1 mg tab chw grape flavor (rx)	1	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
multivit-fluor-iron 0.25 mg/ml (rx)	1	MO; ADD
NASCOBAL 500 MCG NASAL SPRAY	2	MO; ADD
nephplex rx tablet	1	MO; ADD
NIVA-FOL TABLET	2	ADD
POLY-VI-FLOR 0.25 MG TAB CHEW	2	MO; ADD
POLY-VI-FLOR 0.25 MG/ML DRP	2	ADD
POLY-VI-FLOR 0.5 MG TAB CHEW	2	MO; ADD
POLY-VI-FLOR 1 MG TAB CHEW	2	MO; ADD
POLY-VI-FLOR-IRON 0.5-10 MG CHW	2	MO; ADD
prenatal vitamin oral tablet	1	MO
pyridoxine 100 mg/ml vial muv, outer	1	MO; ADD
QUFLORA FE 0.25 MG CHEW TABLET	2	ADD
QUFLORA FE PED 0.25 MG/ML DROP	2	ADD
QUFLORA PED 0.25 MG CHEW TAB	2	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
QUFLORA PED 0.25 MG/ML DROP	2	ADD
QUFLORA PED 0.5 MG CHEW TAB	2	ADD
QUFLORA PED 0.5 MG/ML DROP	2	ADD
QUFLORA PED 1 MG CHEW TAB	2	ADD
STROVITE ONE CAPLET	2	MO; ADD
thiamine 200 mg/2 ml vial 25's,mdv,outer	1	MO; ADD
thiamine 200 mg/2 ml vial mdv, outer	1	MO; ADD
thiamine 200 mg/2 ml vial muv	1	MO; ADD
thiamine 200 mg/2 ml vial muv, outer	1	MO; ADD
thiamine 200 mg/2 ml vial outer, muv	1	MO; ADD
thiamine 200 mg/2 ml vial outer,muv	1	MO; ADD
triphrocaps softgel (rx)	1	MO; ADD
tri-vite-fluoride 0.25 mg/ml	1	MO; ADD
tri-vite-fluoride 0.5 mg/ml	1	MO; ADD
VITAL-D RX TABLET	2	MO; ADD
vitamin d2 1.25 mg(50,000 unit)	1	MO; ADD
vitamin d2 1.25 mg(50,000 unit) capsule	1	ADD
vitamin d2 1.25 mg(50,000 unit) outer	1	MO; ADD
vitamin d2 1.25 mg(50,000 unit) softgel	1	MO; ADD
wescap-pn dha	1	MO
wescaps capsule	1	MO; ADD

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Grick Helfe mitaus Koscht in dei Schprooch mit Iwwersetzer un annere schriftliche Dinge. Grick Aids un Helfe mitaus Koscht wann du en Behinderung hoscht. Ruf **1-833-230-2057 (TTY: 1-833-711-4711 odder 711)**.

आपकी भाषा के इंटरप्रेटर तथा आपकी भाषा में अन्य लिखित सामग्रियों संबंधी फ्री मदद पाएं। यदि आपको कोई डिसएबिलिटी हो, तो मुफ्त सहायता और सपोर्ट प्राप्त करें। कॉल करें **1-833-230-2057 (TTY: 1-833-711-4711 या 711)**.

통역사와 기타 서면 자료의 도움을 귀하의 언어로 무료로 받으세요. 장애가 있을 경우, 보조와 지원을 무료로 받으세요. **1-833-230-2057 (TTY: 1-833-711-4711 또는 711)**. 로 문의하세요.

በአስተርጓሚዎች እና በሌሎች የጽሑፍ ቁሳቁሶች በቋንቋዎ ከክፍያ ነፃ እርዳታ ያግኙ። የአካል ጉዳት ካለብዎት ከክፍያ ነፃ እርዳታ እና ድጋፍ ያግኙ። ወደ **1-833-230-2057 (TTY: 1-833-711-4711 ወይም 711)** ይደውሉ።

Gba ìrànlọ́wọ́ ọ̀fẹ́ ní èdè rẹ pẹ̀lú àwọn ògbifọ̀ àti àwọn ohun èlò míràn tí a kọ sílẹ̀. Gba àwọn ìrànlọ́wọ́ àti àtìlẹ́yìn ọ̀fẹ́ bí o bá ní àìlera kan. Pe **1-833-230-2057 (TTY: 1-833-711-4711 tàbí 711)**.

Makakuha ng libreng tulong sa wika mo gamit ang mga interpreter at mga ibang nakasulat na materyales. Makakuha ng mga libreng pantulong at suporta kung may kapansanan ka. Tumawag sa **1-833-230-2057 (TTY: 1-833-711-4711 o 711)**.

په خپله ژبه کې د شفاهي ژباړونکو او نورو لیکل شویو موادو له لارې وړیا مرسته ترلاسه کړئ. که تاسو معلولیت لرئ نو وړیا ملاتړ او مرستې ترلاسه کړئ. دې شمیرې ته زنګ ووهئ **1-833-230-2057(TTY: 1-833-711-4711 یا 711)**.

दोभाषे र अन्य लिखित सामग्रीहरूको माध्यमद्वारा आफ्नो भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई अशक्तता छ भने निःशुल्क सहायता र समर्थन प्राप्त गर्नुहोस्। **1-833-230-2057 (TTY: 1-833-711-4711 वा 711)** मा फोन गर्नुहोस्।

သင့်ဘာသာစကားအတွက် စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ ဖုန်းခေါ်ရန် **1-833-230-2057 (TTY: 1-833-711-4711 သို့မဟုတ် 711)** သို့ ဖုန်းခေါ်ဆိုပါ။

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak lòt materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-833-230-2057 (TTY: 1-833-711-4711 oubyen 711)**.

Bōk jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bōk jerbalin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejin utamwe. Kall e **1-833-230-2057 (TTY: 1-833-711-4711 ak 711)**.

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Formulary ID: 00025364, Version #: 20

Updated on 12/01/2025.

For more recent information or other questions, contact us at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m., Monday through Friday. Or visit **HAPCareSource.com**.

H9712_MI-MMP-M-2813641-V.12; CMS/MDHHS Approved: 7/11/2024
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