



HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) 2024 List of Covered Drugs (Formulary)

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

CMS Approved Formulary File Submission ID: 00024255 Version 12

We have made no changes to this formulary since 04/01/2024. 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](https://www.HAPCareSource.com).

The formulary may change at any time. You will receive notice when necessary.

Important Message About What You Pay for Vaccines - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

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.



If you have questions, please call HAP CareSource MI Health Link 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. For more information, visit [HAPCareSource.com](https://www.HAPCareSource.com).

HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) 2024 List of Covered Drugs (Drug List or Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List or Formulary). It tells you which prescription drugs and over-the-counter drugs 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*.

Important Message About What You Pay for Vaccines -Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

For more recent information or other questions, contact us at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**. Help with prescription drug benefit questions is available 24 hours a day, 7 days a week. For all other calls, 8 a.m. to 8 p.m. Monday through Friday. The call is free. For more information, visit **HAPCareSource.com**.



If you have questions, please call HAP CareSource MI Health Link 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. For more information, visit **HAPCareSource.com**.

Table of Contents

A. Disclaimers.....	4
B. Frequently Asked Questions (FAQ).....	4
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.)	4
B2. Does the Drug List ever change?.....	5
B3. What happens when there is change to the Drug List?	6
B4. Are there any restrictions or limits on drug coverage? Or any required actions to take to get certain drugs?	7
B5. How will you know if the drug you want has limits or if there are required actions to take to get the drug?	8
B6. What happens if HAP CareSource MI Health Link changes their rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?	8
B7. How can I find a drug on the Drug List?	8
B8. What if the drug I want to take is not on the Drug List?	9
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?	9
B10. Can I ask for an exception to cover my drug?	10
B11. How can I ask for an exception?	11
B12. How long does it take to get an exception?.....	11
B13. What are generic drugs?.....	11
B14. What are OTC drugs?.....	11
B15. What is my copay?	12
B16. What are drug tiers?	12
C. Overview of the <i>List of Covered Drugs</i>	12
C1. Drugs Grouped by Medical Condition	13
D. Index of Covered Drugs.....	157



If you have questions, please call HAP CareSource MI Health Link 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. For more information, visit **HAPCareSource.com**.

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 in other formats, such as large print, braille, or audio. Call HAP CareSource MI Health Link Member Service 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.

- ❖ 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 HAP CareSource MI Health Link Member Service 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* that starts on page 15 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**



If you have questions, please call HAP CareSource MI Health Link 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. For more information, visit **HAPCareSource.com**.

- 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](https://www.hapcare.com), ask your Care Coordinator for help, or call Member Service 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.



If you have questions, please call HAP CareSource MI Health Link 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. For more information, visit **HAPCareSource.com**.

- You can always check HAP CareSource MI Health Link’s up-to-date Drug List online at HAPCareSource.com.
- You can also call Customer Service to check the current Drug List **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 change to the Drug List?

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the brand name drug 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.
 - 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 the drug’s manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. We will also tell your doctor about the change. You can work with your doctor to find another drug for your condition.

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 that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.



If you have questions, please call HAP CareSource MI Health Link 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. For more information, visit HAPCareSource.com.

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 doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 15-156. 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.



If you have questions, please call HAP CareSource MI Health Link 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. For more information, visit **HAPCareSource.com**.

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 15 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. See 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 starting on page 157. Search using the brand or generic name of the drug. Look in the Index and find your drug. Next to your drug you will see the page number where you can find coverage information. Go to that page and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” on page 13. 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. That is where you will find drugs that treat heart conditions.



If you have questions, please call HAP CareSource MI Health Link 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. For more information, visit **HAPCareSource.com**.

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

If you don't see 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 Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she 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 see 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:



If you have questions, please call HAP CareSource MI Health Link 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. For more information, visit **HAPCareSource.com**.

- 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.



If you have questions, please call HAP CareSource MI Health Link 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. For more information, visit **HAPCareSource.com**.

B11. How can I ask for an exception?

To ask for an exception, call Member Service at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. A Customer Service 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 Service at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. A Customer Service 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.

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 usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

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

B14. 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.



If you have questions, please call HAP CareSource MI Health Link 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. For more information, visit **HAPCareSource.com**.

B15. 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.

B16. 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 generic drugs (lower tier).
- Tier 2 includes brand-name drugs (higher tier).

An OTC drug may fall into Tier 1 or Tier 2 (if it is a generic drug or a brand drug). 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 157. 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 (for example, VENTOLIN HFA), and generic drugs are listed in lower-case italics (for example, *gabapentin*).

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.

Information on what the symbols and abbreviations in this table mean is listed on page 14.

Note: 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



If you have questions, please call HAP CareSource MI Health Link 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. For more information, visit **HAPCareSource.com**.

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 disagree 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. That is where you will find drugs that treat heart conditions.



If you have questions, please call HAP CareSource MI Health Link 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. For more information, visit **HAPCareSource.com**.

List of Abbreviations

ADD: Additional Demonstration Drug.

Non-Part D drugs or over-the-counter products that are covered by Medicaid.

B/D: Part B vs Part D.

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.

OP: Opioid Drugs.

Each new fill or refill for prescriptions for opioid medications are limited to a 30-day supply dispensed for members who received authorization for greater than a 7-day supply.

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.



If you have questions, please call HAP CareSource MI Health Link 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. For more information, visit **HAPCareSource.com**.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ANTI - INFECTIVES			
ANTIFUNGAL AGENTS			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	\$0	B/D
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	\$0	B/D
<i>amphotericin b injection recon soln 50 mg</i>	1	\$0	B/D
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	1	\$0	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	\$0	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	\$0	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	\$0	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	\$0	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	\$0	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	\$0	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	\$0	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	\$0	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	\$0	
<i>itraconazole oral capsule 100 mg</i>	1	\$0	
<i>itraconazole oral solution 10 mg/ml</i>	1	\$0	
<i>ketoconazole oral tablet 200 mg</i>	1	\$0	
<i>miconazole intravenous recon soln 100 mg, 50 mg</i>	1	\$0	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	2	\$0	PA
<i>nystatin oral suspension 100,000 unit/ml</i>	1	\$0	QL (700 per 28 days)
<i>nystatin oral tablet 500,000 unit</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	1	\$0	PA
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i>	1	\$0	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	\$0	
<i>voriconazole intravenous recon soln 200 mg</i>	1	\$0	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	\$0	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	\$0	
ANTIVIRALS			
<i>abacavir oral solution 20 mg/ml</i>	1	\$0	
<i>abacavir oral tablet 300 mg</i>	1	\$0	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	\$0	
<i>acyclovir oral capsule 200 mg</i>	1	\$0	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	\$0	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	\$0	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	\$0	B/D
<i>adefovir oral tablet 10 mg</i>	1	\$0	
<i>amantadine hcl oral capsule 100 mg</i>	1	\$0	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	\$0	
<i>amantadine hcl oral tablet 100 mg</i>	1	\$0	
APTIVUS ORAL CAPSULE 250 MG	2	\$0	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	\$0	
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	2	\$0	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	\$0	
CIMDUO ORAL TABLET 300-300 MG	2	\$0	
COMPLERA ORAL TABLET 200-25-300 MG	2	\$0	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	\$0	
DELSTRIGO ORAL TABLET 100-300-300 MG	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	2	\$0	
DOVATO ORAL TABLET 50-300 MG	2	\$0	
EDURANT ORAL TABLET 25 MG	2	\$0	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	\$0	
<i>efavirenz oral tablet 600 mg</i>	1	\$0	
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	1	\$0	
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	\$0	
<i>emtricitabine oral capsule 200 mg</i>	1	\$0	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	\$0	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	\$0	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	\$0	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	\$0	
EVOTAZ ORAL TABLET 300-150 MG	2	\$0	QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	\$0	
<i>fosamprenavir oral tablet 700 mg</i>	1	\$0	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	\$0	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	\$0	
INTELENCE ORAL TABLET 25 MG	2	\$0	
ISENTRESS HD ORAL TABLET 600 MG	2	\$0	QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	\$0	
ISENTRESS ORAL TABLET 400 MG	2	\$0	QL (60 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	\$0	
JULUCA ORAL TABLET 50-25 MG	2	\$0	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	2	\$0	QL (40 per 180 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>lamivudine oral solution 10 mg/ml</i>	1	\$0	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	\$0	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	\$0	
LEXIVA ORAL SUSPENSION 50 MG/ML	2	\$0	
LIVTENCITY ORAL TABLET 200 MG	2	\$0	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	\$0	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	\$0	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	\$0	
MAVYRET ORAL TABLET 100-40 MG	2	\$0	PA
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	\$0	
<i>nevirapine oral tablet 200 mg</i>	1	\$0	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	\$0	
NORVIR ORAL POWDER IN PACKET 100 MG	2	\$0	
ODEFSEY ORAL TABLET 200-25-25 MG	2	\$0	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	\$0	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	\$0	QL (30 per 180 days)
PIFELTRO ORAL TABLET 100 MG	2	\$0	
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	\$0	QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	\$0	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	2	\$0	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	\$0	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	\$0	
REYATAZ ORAL POWDER IN PACKET 50 MG	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>ribavirin oral capsule 200 mg</i>	1	\$0	
<i>ribavirin oral tablet 200 mg</i>	1	\$0	
<i>rimantadine oral tablet 100 mg</i>	1	\$0	
<i>ritonavir oral tablet 100 mg</i>	1	\$0	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	2	\$0	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	\$0	
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	\$0	
STRIBILD ORAL TABLET 150-150-200-300 MG	2	\$0	QL (30 per 30 days)
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	2	\$0	
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	\$0	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	\$0	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	\$0	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	\$0	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	\$0	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	\$0	
TRIZIVIR ORAL TABLET 300-150-300 MG	2	\$0	
TYBOST ORAL TABLET 150 MG	2	\$0	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	\$0	
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	\$0	
<i>valganciclovir oral tablet 450 mg</i>	1	\$0	
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	\$0	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	\$0	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	\$0	
<i>zidovudine oral capsule 100 mg</i>	1	\$0	
<i>zidovudine oral syrup 10 mg/ml</i>	1	\$0	
<i>zidovudine oral tablet 300 mg</i>	1	\$0	
CEPHALOSPORINS			
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	\$0	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	\$0	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	\$0	
<i>cefadroxil oral capsule 500 mg</i>	1	\$0	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	\$0	
<i>cefadroxil oral tablet 1 gram</i>	1	\$0	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	1	\$0	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg</i>	1	\$0	
<i>cefazolin intravenous recon soln 1 gram</i>	1	\$0	
<i>cefdinir oral capsule 300 mg</i>	1	\$0	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	\$0	
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	\$0	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	\$0	
<i>cefixime oral capsule 400 mg</i>	1	\$0	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	\$0	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>cefcoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	\$0	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	\$0	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	\$0	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	\$0	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	\$0	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	\$0	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	1	\$0	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	\$0	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	\$0	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	\$0	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	\$0	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	\$0	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	2	\$0	
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	2	\$0	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	\$0	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ERYTHROMYCINS / OTHER MACROLIDES			
<i>azithromycin intravenous recon soln 500 mg</i>	1	\$0	
<i>azithromycin oral packet 1 gram</i>	1	\$0	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	\$0	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	\$0	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	\$0	
DIFICID ORAL TABLET 200 MG	2	\$0	PA; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet 400 mg</i>	1	\$0	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	\$0	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	\$0	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	\$0	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	\$0	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i>	1	\$0	
MISCELLANEOUS ANTIINFECTIVES			
<i>albendazole oral tablet 200 mg</i>	1	\$0	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	\$0	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	\$0	QL (300 per 30 days)
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	\$0	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	\$0	
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	\$0	LA
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	\$0	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	\$0	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	\$0	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	1	\$0	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	\$0	
COARTEM ORAL TABLET 20-120 MG	2	\$0	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	\$0	
CYCLOSERINE ORAL CAPSULE 250 MG	1	\$0	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	\$0	
<i>daptomycin intravenous recon soln 500 mg</i>	1	\$0	
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	\$0	
<i>ertapenem injection recon soln 1 gram</i>	1	\$0	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	\$0	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	\$0	
<i>gentamicin injection solution 40 mg/ml</i>	1	\$0	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	\$0	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	\$0	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	\$0	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>ivermectin oral tablet 3 mg</i>	1	\$0	PA
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	\$0	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	\$0	QL (1680 per 28 days)
<i>linezolid oral tablet 600 mg</i>	1	\$0	QL (56 per 28 days)
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	\$0	
<i>mefloquine oral tablet 250 mg</i>	1	\$0	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	\$0	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	1	\$0	
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	\$0	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	\$0	
<i>metronidazole oral capsule 375 mg</i>	1	\$0	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>neomycin oral tablet 500 mg</i>	1	\$0	
<i>nitazoxanide oral tablet 500 mg</i>	1	\$0	
<i>paromomycin oral capsule 250 mg</i>	1	\$0	
<i>pentamidine inhalation recon soln 300 mg</i>	1	\$0	B/D
<i>pentamidine injection recon soln 300 mg</i>	1	\$0	
<i>praziquantel oral tablet 600 mg</i>	1	\$0	
PRIFTIN ORAL TABLET 150 MG	2	\$0	
PRIMAQUINE ORAL TABLET 26.3 MG	2	\$0	
<i>pyrazinamide oral tablet 500 mg</i>	1	\$0	
<i>pyrimethamine oral tablet 25 mg</i>	1	\$0	
<i>quinine sulfate oral capsule 324 mg</i>	1	\$0	
<i>rifabutin oral capsule 150 mg</i>	1	\$0	
<i>rifampin intravenous recon soln 600 mg</i>	1	\$0	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
SIRTURO ORAL TABLET 100 MG, 20 MG	2	\$0	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	\$0	
<i>tigecycline intravenous recon soln 50 mg</i>	1	\$0	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	\$0	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	\$0	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	\$0	B/D
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	\$0	B/D
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	\$0	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	\$0	
TRECTOR ORAL TABLET 250 MG	2	\$0	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	\$0	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	\$0	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	\$0	
<i>vancomycin oral recon soln 50 mg/ml</i>	1	\$0	QL (450 per 30 days)
XIFAXAN ORAL TABLET 200 MG	2	\$0	PA; QL (120 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	\$0	PA
PENICILLINS			
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	\$0	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	\$0	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	\$0	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	\$0	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	\$0	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	\$0	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	\$0	
<i>ampicillin oral capsule 500 mg</i>	1	\$0	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	\$0	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	\$0	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	\$0	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	\$0	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	\$0	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	\$0	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	\$0	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	\$0	
<i>nafcillin intravenous recon soln 2 gram</i>	1	\$0	
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	\$0	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	\$0	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	\$0	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	\$0	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	\$0	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	\$0	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	\$0	
QUINOLONES			
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	\$0	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	\$0	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	\$0	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	\$0	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	\$0	
<i>moxifloxacin oral tablet 400 mg</i>	1	\$0	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	\$0	
MOXIFLOXACIN-SOD.CHLORIDE(ISO) INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	\$0	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	\$0	
SULFA'S / RELATED AGENTS			
<i>sulfadiazine oral tablet 500 mg</i>	1	\$0	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	\$0	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	\$0	
TETRACYCLINES			
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	\$0	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	\$0	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	\$0	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	\$0	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	\$0	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	\$0	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	\$0	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	\$0	
<i>minocycline oral tablet extended release 24 hr 105 mg, 135 mg, 45 mg, 80 mg, 90 mg</i>	1	\$0	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	\$0	
URINARY TRACT AGENTS			
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	\$0	
<i>methenamine hippurate oral tablet 1 gram</i>	1	\$0	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i>	1	\$0	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	\$0	
<i>trimethoprim oral tablet 100 mg</i>	1	\$0	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS			
ADJUNCTIVE AGENTS			
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	\$0	
MESNEX ORAL TABLET 400 MG	2	\$0	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS			
<i>abiraterone oral tablet 250 mg</i>	1	\$0	QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	\$0	
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	2	\$0	PA; LA; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	2	\$0	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	2	\$0	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	2	\$0	PA
<i>anastrozole oral tablet 1 mg</i>	1	\$0	QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	2	\$0	PA; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	2	\$0	PA; LA; QL (30 per 30 days)
AZASAN ORAL TABLET 100 MG, 75 MG	2	\$0	B/D
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	\$0	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	2	\$0	PA; LA
<i>bexarotene oral capsule 75 mg</i>	1	\$0	
<i>bexarotene topical gel 1%</i>	1	\$0	PA; QL (60 per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	\$0	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	\$0	B/D
BOSULIF ORAL CAPSULE 100 MG	2	\$0	PA; QL (90 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	2	\$0	PA; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	2	\$0	PA; QL (150 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	2	\$0	PA; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	2	\$0	PA; LA
BRUKINSA ORAL CAPSULE 80 MG	2	\$0	PA; LA; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	\$0	PA; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	2	\$0	PA; LA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
CALQUENCE ORAL CAPSULE 100 MG	2	\$0	PA; LA
CAPRELSA ORAL TABLET 100 MG	2	\$0	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	\$0	PA; LA; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	2	\$0	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	2	\$0	PA; LA; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	2	\$0	PA; LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	\$0	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	\$0	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	\$0	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	\$0	B/D
DAURISMO ORAL TABLET 100 MG	2	\$0	PA; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	2	\$0	PA; QL (60 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	\$0	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	\$0	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	\$0	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	\$0	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	\$0	
EMCYT ORAL CAPSULE 140 MG	2	\$0	
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	2	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	2	\$0	B/D
ERIVEDGE ORAL CAPSULE 150 MG	2	\$0	PA; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	2	\$0	PA; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	2	\$0	PA; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	1	\$0	PA; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	\$0	PA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	1	\$0	PA
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	\$0	B/D
<i>exemestane oral tablet 25 mg</i>	1	\$0	
EXKIVITY ORAL CAPSULE 40 MG	2	\$0	PA; LA; QL (120 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	2	\$0	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	2	\$0	PA; LA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	2	\$0	PA
GAVRETO ORAL CAPSULE 100 MG	2	\$0	PA; LA
<i>gefitinib oral tablet 250 mg</i>	1	\$0	PA; QL (60 per 30 days)
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	\$0	B/D
<i>gengraf oral solution 100 mg/ml</i>	1	\$0	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	\$0	PA; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	\$0	PA
<i>hydroxyurea oral capsule 500 mg</i>	1	\$0	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	\$0	PA; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	\$0	PA; QL (21 per 28 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	2	\$0	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	2	\$0	PA; LA; QL (30 per 30 days)
<i>imatinib oral tablet 100 mg</i>	1	\$0	QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	1	\$0	QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	2	\$0	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	2	\$0	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	2	\$0	PA; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	\$0	PA; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	2	\$0	PA; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	2	\$0	PA; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	2	\$0	PA
INREBIC ORAL CAPSULE 100 MG	2	\$0	PA; LA
IWILFIN ORAL TABLET 192 MG	2	\$0	PA; LA; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	\$0	PA; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG	2	\$0	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	2	\$0	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	2	\$0	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	2	\$0	PA
KRAZATI ORAL TABLET 200 MG	2	\$0	PA; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i>	1	\$0	PA; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	\$0	PA; QL (28 per 28 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	2	\$0	PA
<i>letrozole oral tablet 2.5 mg</i>	1	\$0	
LEUKERAN ORAL TABLET 2 MG	2	\$0	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	\$0	
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	2	\$0	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	\$0	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	2	\$0	PA
LUMAKRAS ORAL TABLET 120 MG, 320 MG	2	\$0	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	2	\$0	
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	\$0	
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	2	\$0	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	2	\$0	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	\$0	
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	2	\$0	
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	\$0	PA
LYSODREN ORAL TABLET 500 MG	2	\$0	
LYTGOBI ORAL TABLET 4 MG, 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB)	2	\$0	PA; LA
MATULANE ORAL CAPSULE 50 MG	2	\$0	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	\$0	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	\$0	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	2	\$0	PA; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	2	\$0	PA; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	\$0	PA; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	2	\$0	PA; LA
<i>mercaptopurine oral tablet 50 mg</i>	1	\$0	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	\$0	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	\$0	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	\$0	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	\$0	B/D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	\$0	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	\$0	B/D
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i>	1	\$0	B/D
NERLYNX ORAL TABLET 40 MG	2	\$0	PA; LA
<i>nilutamide oral tablet 150 mg</i>	1	\$0	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	\$0	PA
NUBEQA ORAL TABLET 300 MG	2	\$0	PA; LA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ODOMZO ORAL CAPSULE 200 MG	2	\$0	PA; LA
OGSIVEO ORAL TABLET 50 MG	2	\$0	PA; QL (180 per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	2	\$0	PA
ONUREG ORAL TABLET 200 MG, 300 MG	2	\$0	PA
ORGOVYX ORAL TABLET 120 MG	2	\$0	PA; LA; QL (32 per 30 days)
ORSERDU ORAL TABLET 345 MG, 86 MG	2	\$0	PA
<i>pazopanib oral tablet 200 mg</i>	1	\$0	PA; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	2	\$0	PA; LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	\$0	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	\$0	PA; LA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	\$0	B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	2	\$0	PA
QINLOCK ORAL TABLET 50 MG	2	\$0	PA; LA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	2	\$0	PA; LA
<i>revlimid oral capsule 2.5 mg, 20 mg</i>	1	\$0	LA
REZLIDHIA ORAL CAPSULE 150 MG	2	\$0	PA
REZUROCK ORAL TABLET 200 MG	2	\$0	PA
ROZLYTREK ORAL CAPSULE 100 MG	2	\$0	PA; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	2	\$0	PA; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	\$0	PA; LA
RYDAPT ORAL CAPSULE 25 MG	2	\$0	PA
SCEMBLIX ORAL TABLET 20 MG	2	\$0	PA; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	2	\$0	PA; QL (300 per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>sirolimus oral solution 1 mg/ml</i>	1	\$0	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	2	\$0	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 90 MG/0.3 ML	2	\$0	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	2	\$0	QL (1 per 7 days)
<i>sorafenib oral tablet 200 mg</i>	1	\$0	QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	\$0	PA
STIVARGA ORAL TABLET 40 MG	2	\$0	PA; QL (120 per 30 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	\$0	PA
TABLOID ORAL TABLET 40 MG	2	\$0	
TABRECTA ORAL TABLET 150 MG, 200 MG	2	\$0	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	\$0	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	\$0	PA; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	2	\$0	PA; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	\$0	PA; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	2	\$0	PA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	\$0	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	\$0	PA; QL (120 per 30 days)
TASIGNA ORAL CAPSULE 50 MG	2	\$0	PA
TAZVERIK ORAL TABLET 200 MG	2	\$0	PA; LA
TEPMETKO ORAL TABLET 225 MG	2	\$0	PA; LA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	\$0	
TIBSOVO ORAL TABLET 250 MG	2	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>toremifene oral tablet 60 mg</i>	1	\$0	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	2	\$0	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	\$0	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	\$0	
TRUQAP ORAL TABLET 160 MG, 200 MG	2	\$0	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	2	\$0	PA; LA
TURALIO ORAL CAPSULE 125 MG	2	\$0	PA; LA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	2	\$0	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	\$0	PA; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	\$0	PA; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	\$0	PA; LA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	2	\$0	PA; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	2	\$0	PA; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	\$0	PA
VONJO ORAL CAPSULE 100 MG	2	\$0	PA; QL (120 per 30 days)
WELIREG ORAL TABLET 40 MG	2	\$0	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	\$0	PA; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG	2	\$0	PA; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	2	\$0	PA; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	2	\$0	PA
XERMELO ORAL TABLET 250 MG	2	\$0	PA; LA
XOSPATA ORAL TABLET 40 MG	2	\$0	PA; LA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	2	\$0	PA; LA
XTANDI ORAL CAPSULE 40 MG	2	\$0	PA; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG, 80 MG	2	\$0	PA
ZEJULA ORAL CAPSULE 100 MG	2	\$0	PA; LA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	2	\$0	PA; LA
ZELBORAF ORAL TABLET 240 MG	2	\$0	PA; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	2	\$0	PA; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	\$0	PA
ZYKADIA ORAL TABLET 150 MG	2	\$0	PA

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	2	\$0	
BRIVIACT ORAL SOLUTION 10 MG/ML	2	\$0	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	\$0	PA
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	\$0	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	\$0	
<i>carbamazepine oral tablet 200 mg</i>	1	\$0	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	\$0	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	\$0	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	\$0	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	\$0	QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	2	\$0	PA; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	2	\$0	PA; LA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	\$0	
DILANTIN 30 MG ORAL CAPSULE 30 MG	2	\$0	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	\$0	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	\$0	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	1	\$0	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	\$0	PA; LA
<i>epitol oral tablet 200 mg</i>	1	\$0	
EPRONTIA ORAL SOLUTION 25 MG/ML	2	\$0	PA
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	2	\$0	
<i>ethosuximide oral capsule 250 mg</i>	1	\$0	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	\$0	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	\$0	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	\$0	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	2	\$0	PA; LA
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	\$0	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	\$0	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	\$0	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	\$0	
<i>gabapentin oral solution 250 mg/5 ml</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	\$0	
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	1	\$0	PA
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	2	\$0	PA
<i>lacosamide oral solution 10 mg/ml</i>	1	\$0	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	\$0	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	\$0	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 50 mg (42) -100 mg (14)</i>	1	\$0	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	2	\$0	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	\$0	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	\$0	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	\$0	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	\$0	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	\$0	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	\$0	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	\$0	
<i>methsuximide oral capsule 300 mg</i>	1	\$0	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	\$0	PA; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	\$0	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	\$0	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	\$0	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	\$0	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	\$0	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	\$0	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 300 mg</i>	1	\$0	QL (60 per 30 days)
<i>pregabalin oral capsule 25 mg, 50 mg, 75 mg</i>	1	\$0	QL (90 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	\$0	QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	\$0	
<i>roweepra oral tablet 500 mg</i>	1	\$0	
<i>rufinamide oral suspension 40 mg/ml</i>	1	\$0	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	\$0	PA
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	2	\$0	PA
SYMPAZAN ORAL FILM 10 MG	2	\$0	PA; QL (120 per 30 days)
SYMPAZAN ORAL FILM 20 MG	2	\$0	PA; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	2	\$0	PA; QL (240 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	\$0	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	\$0	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	\$0	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	\$0	
<i>valproic acid oral capsule 250 mg</i>	1	\$0	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	\$0	PA; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	1	\$0	LA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>vigabatrin oral tablet 500 mg</i>	1	\$0	LA
<i>vigadrone oral powder in packet 500 mg</i>	1	\$0	LA
<i>vigadrone oral tablet 500 mg</i>	1	\$0	LA
<i>vigpoder oral powder in packet 500 mg</i>	1	\$0	LA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	\$0	QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	2	\$0	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	\$0	PA
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	2	\$0	PA
ZONISADE ORAL SUSPENSION 100 MG/5 ML	2	\$0	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	
ZTALMY ORAL SUSPENSION 50 MG/ML	2	\$0	PA; LA
ANTIPARKINSONISM AGENTS			
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	1	\$0	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<i>bromocriptine oral capsule 5 mg</i>	1	\$0	
<i>bromocriptine oral tablet 2.5 mg</i>	1	\$0	
<i>carbidopa oral tablet 25 mg</i>	1	\$0	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	\$0	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	\$0	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	\$0	
<i>entacapone oral tablet 200 mg</i>	1	\$0	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	2	\$0	PA; QL (300 per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	2	\$0	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	\$0	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	\$0	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	\$0	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	\$0	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	\$0	
<i>selegiline hcl oral capsule 5 mg</i>	1	\$0	
<i>selegiline hcl oral tablet 5 mg</i>	1	\$0	
<i>tolcapone oral tablet 100 mg</i>	1	\$0	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	\$0	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	\$0	
MIGRAINE / CLUSTER HEADACHE THERAPY			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	\$0	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	\$0	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	\$0	QL (18 per 30 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	\$0	PA; QL (8 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	\$0	QL (18 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	\$0	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	2	\$0	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	\$0	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	\$0	QL (18 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	\$0	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	\$0	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	\$0	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	\$0	QL (9 per 30 days)
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	2	\$0	QL (12 per 30 days)
<i>ubrelvy oral tablet 100 mg, 50 mg</i>	2	\$0	PA; QL (16 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY			
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	2	\$0	PA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	\$0	
DAYBUE ORAL SOLUTION 200 MG/ML	2	\$0	PA; LA
<i>dimethyl fumarate oral capsule,delayed release(drlec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	\$0	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1	\$0	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	2	\$0	PA
<i>fingolimod oral capsule 0.5 mg</i>	1	\$0	
FIRDAPSE ORAL TABLET 10 MG	2	\$0	PA; LA
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	\$0	
<i>galantamine oral solution 4 mg/ml</i>	1	\$0	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	\$0	
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	\$0	
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	\$0	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; LA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; LA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; LA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; LA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; LA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; LA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	2	\$0	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	2	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	2	\$0	PA
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	\$0	
<i>memantine oral solution 2 mg/ml</i>	1	\$0	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	\$0	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	2	\$0	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	\$0	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	2	\$0	PA; QL (70 per 28 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	2	\$0	PA; QL (70 per 28 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	\$0	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	\$0	
SKYCLARYS ORAL CAPSULE 50 MG	2	\$0	PA; LA
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	2	\$0	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	\$0	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	\$0	QL (120 per 30 days)
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	2	\$0	PA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY			
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	\$0	
BACLOFEN ORAL TABLET 5 MG	1	\$0	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	\$0	QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	\$0	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	\$0	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	\$0	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	\$0	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	\$0	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	\$0	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	\$0	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	\$0	
ZILBRYSQ SUBCUTANEOUS SYRINGE 23 MG/0.574 ML, 32.4 MG/0.81 ML	2	\$0	PA
NARCOTIC ANALGESICS			
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	\$0	OP; QL (240 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	\$0	OP; QL (400 per 30 days)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	\$0	QL (180 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	\$0	QL (180 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	\$0	QL (90 per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	\$0	OP; QL (4 per 28 days)
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	\$0	QL (180 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	\$0	QL (180 per 30 days)
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	\$0	QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	\$0	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	\$0	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	\$0	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	\$0	QL (180 per 30 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	\$0	OP; QL (180 per 30 days)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	\$0	QL (180 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	\$0	OP
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	\$0	OP; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	\$0	PA; OP; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 87.5 mcg/hour</i>	1	\$0	OP; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	\$0	OP; QL (5520 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	\$0	OP; QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	\$0	OP; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	\$0	OP; QL (240 per 7 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	1	\$0	OP
<i>hydromorphone oral liquid 1 mg/ml</i>	1	\$0	OP; QL (2400 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	\$0	OP; QL (180 per 30 days)
<i>meperidine oral tablet 50 mg</i>	1	\$0	OP; QL (180 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	\$0	OP; QL (1200 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	\$0	OP; QL (600 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	\$0	OP; QL (240 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	\$0	OP; QL (120 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	\$0	OP; QL (400 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	\$0	OP; QL (90 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	\$0	OP; QL (90 per 30 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	\$0	OP; QL (1500 per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	1	\$0	OP; QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	\$0	OP; QL (90 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	\$0	OP; QL (2400 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	\$0	OP; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	\$0	OP; QL (360 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	\$0	OP; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	\$0	OP; QL (60 per 30 days)
<i>prolone oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	\$0	OP; QL (360 per 30 days)
<i>tencon oral tablet 50-325 mg</i>	1	\$0	QL (180 per 30 days)
NON-NARCOTIC ANALGESICS			
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	1	\$0	ADD
<i>8hr muscle aches-pain oral tablet extended release 650 mg</i>	1	\$0	ADD
<i>acetaminophen extra strength oral tablet 500 mg</i>	1	\$0	ADD
<i>acetaminophen oral liquid 160 mg/5 ml, 500 mg/15 ml</i>	1	\$0	ADD
<i>acetaminophen oral solution 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml</i>	1	\$0	ADD
<i>acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)</i>	1	\$0	ADD
<i>acetaminophen oral suspension 325 mg/10.15 ml</i>	2	\$0	ADD
ACETAMINOPHEN ORAL SUSPENSION 650 MG/20.3 ML	2	\$0	ADD
ACETAMINOPHEN ORAL SYRINGE 32 MG/ML	2	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	1	\$0	ADD
<i>acetaminophen oral tablet extended release 650 mg</i>	1	\$0	ADD
<i>acetaminophen oral tablet, chewable 160 mg</i>	1	\$0	ADD
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	1	\$0	ADD
<i>addaprin oral tablet 200 mg</i>	1	\$0	ADD
ADULT ASPIRIN REGIMEN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	1	\$0	ADD
<i>advil junior strength oral tablet, chewable 100 mg</i>	1	\$0	ADD
<i>all day pain relief oral tablet 220 mg</i>	1	\$0	ADD
<i>all day relief oral tablet 220 mg</i>	1	\$0	ADD
<i>aphen oral tablet 325 mg</i>	1	\$0	ADD
<i>arthritis pain relief (acetam) oral tablet extended release 650 mg</i>	1	\$0	ADD
<i>arthritis pain reliever oral tablet extended release 650 mg</i>	1	\$0	ADD
<i>aspirin childrens oral tablet, chewable 81 mg</i>	1	\$0	ADD
<i>aspirin oral tablet 325 mg</i>	1	\$0	ADD
<i>aspirin oral tablet, chewable 81 mg</i>	1	\$0	ADD
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i>	1	\$0	ADD
<i>aspirin rectal suppository 300 mg</i>	1	\$0	ADD
<i>aspirin, buffd-calcium carb-mag oral tablet 325 mg</i>	1	\$0	ADD
<i>aspir-trin oral tablet, delayed release (dr/ec) 325 mg</i>	1	\$0	ADD
<i>athenol oral tablet 325 mg</i>	1	\$0	ADD
<i>bayer advanced oral tablet 500 mg</i>	1	\$0	ADD
<i>bayer aspirin oral tablet 325 mg</i>	1	\$0	ADD
<i>bayer aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>bayer low dose aspirin oral tablet, delayed release (drlec) 81 mg</i>	1	\$0	ADD
<i>betatemp oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>bufferin oral tablet 325 mg</i>	1	\$0	ADD
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	\$0	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	\$0	QL (120 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	\$0	QL (90 per 30 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	\$0	OP; QL (5 per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	\$0	QL (60 per 30 days)
<i>child fever reducer-pain relvr oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>child pain rel-fever reducer rectal suppository 120 mg</i>	1	\$0	ADD
CHILDREN'S ACETAMINOPHEN ORAL LIQUID 160 MG/5 ML	1	\$0	ADD
<i>children's acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)</i>	1	\$0	ADD
<i>children's acetaminophen oral tablet, chewable 160 mg, 80 mg</i>	1	\$0	ADD
<i>children's advil oral suspension 100 mg/5 ml</i>	1	\$0	ADD
<i>children's aspirin oral tablet, chewable 81 mg</i>	1	\$0	ADD
<i>children's fever reducing rectal suppository 120 mg</i>	1	\$0	ADD
<i>children's ibuprofen oral suspension 100 mg/5 ml</i>	1	\$0	ADD
<i>children's mapap oral tablet, chewable 160 mg</i>	1	\$0	ADD
CHILDREN'S MAPAP ORAL TABLET, CHEWABLE 80 MG	1	\$0	ADD
<i>children's motrin jr strength oral tablet, chewable 100 mg</i>	1	\$0	ADD
<i>children's non-aspirin oral suspension 160 mg/5 ml</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>children's pain relief oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>children's pain relief oral tablet, chewable 160 mg</i>	1	\$0	ADD
<i>children's pain reliever oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>children's pain-fever relief oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>children's pain-fever relief oral tablet, chewable 160 mg</i>	1	\$0	ADD
<i>children's profen ib oral suspension 100 mg/5 ml</i>	1	\$0	ADD
<i>children's tylenol oral tablet, chewable 160 mg</i>	1	\$0	ADD
<i>diclofenac potassium oral tablet 50 mg</i>	1	\$0	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	\$0	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	1	\$0	
<i>diclofenac sodium topical drops 1.5 %</i>	1	\$0	QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	\$0	QL (1000 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	\$0	
<i>diflunisal oral tablet 500 mg</i>	1	\$0	
<i>ecotrin low strength oral tablet, delayed release (drlec) 81 mg</i>	1	\$0	ADD
<i>ecotrin oral tablet, delayed release (drlec) 325 mg</i>	1	\$0	ADD
ED-APAP ORAL LIQUID 160 MG/5 ML	1	\$0	ADD
<i>enteric coated aspirin oral tablet, delayed release (drlec) 81 mg</i>	1	\$0	ADD
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	\$0	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	\$0	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	\$0	
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG	2	\$0	ADD
<i>extra strength bayer oral tablet 500 mg</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
FEVERALL RECTAL SUPPOSITORY 120 MG, 325 MG, 650 MG	1	\$0	ADD
FEVERALL RECTAL SUPPOSITORY 80 MG	2	\$0	ADD
<i>flanax (naproxen) oral tablet 220 mg</i>	1	\$0	ADD
<i>flurbiprofen oral tablet 100 mg</i>	1	\$0	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	\$0	
<i>ibu-200 oral tablet 200 mg</i>	1	\$0	ADD
<i>ibuprofen ib oral tablet, chewable 100 mg</i>	1	\$0	ADD
<i>ibuprofen jr strength oral tablet, chewable 100 mg</i>	1	\$0	ADD
<i>ibuprofen oral capsule 200 mg</i>	1	\$0	ADD
<i>ibuprofen oral drops, suspension 50 mg/1.25 ml</i>	1	\$0	ADD
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	\$0	
<i>ibuprofen oral tablet 200 mg</i>	1	\$0	ADD
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	\$0	
<i>ibuprofen oral tablet, chewable 100 mg</i>	1	\$0	ADD
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	\$0	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	\$0	
<i>infant fever reducer-pain relief oral suspension 160 mg/5 ml</i>	1	\$0	ADD
INFANT PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML	1	\$0	ADD
<i>infant's acetaminophen oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>infant's advil oral drops, suspension 50 mg/1.25 ml</i>	1	\$0	ADD
<i>infant's ibuprofen oral drops, suspension 50 mg/1.25 ml</i>	1	\$0	ADD
<i>infant's motrin oral drops, suspension 50 mg/1.25 ml</i>	1	\$0	ADD
<i>infants' pain and fever oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>infants' pain relief oral suspension 160 mg/5 ml</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>infants profenib oral drops,suspension 50 mg/1.25 ml</i>	1	\$0	ADD
<i>i-prin oral tablet 200 mg</i>	1	\$0	ADD
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	\$0	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	\$0	
<i>ketorolac oral tablet 10 mg</i>	1	\$0	
<i>kindermed infants pain-fever oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>kindermed kids pain-fever oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>little remedies fever and pain oral liquid 160 mg/5 ml</i>	1	\$0	ADD
MAPAP (ACETAMINOPHEN) ORAL CAPSULE 500 MG	1	\$0	ADD
<i>mapap (acetaminophen) oral liquid 500 mg/15 ml</i>	1	\$0	ADD
<i>masophen oral tablet 325 mg, 500 mg</i>	1	\$0	ADD
<i>mediproxen oral tablet 220 mg</i>	1	\$0	ADD
<i>mefenamic acid oral capsule 250 mg</i>	1	\$0	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	\$0	
<i>motrin ib oral capsule 200 mg</i>	1	\$0	ADD
<i>m-pap oral liquid 160 mg/5 ml</i>	1	\$0	ADD
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	\$0	
<i>naloxone injection solution 0.4 mg/ml</i>	1	\$0	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	\$0	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	1	\$0	
<i>naltrexone oral tablet 50 mg</i>	1	\$0	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	\$0	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	\$0	
<i>naproxen sodium oral capsule 220 mg</i>	1	\$0	ADD
<i>naproxen sodium oral tablet 220 mg</i>	1	\$0	ADD
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>non-aspirin extra strength oral tablet 500 mg</i>	1	\$0	ADD
<i>non-aspirin oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>non-aspirin oral tablet 325 mg</i>	1	\$0	ADD
<i>non-aspirin oral tablet, chewable 80 mg</i>	1	\$0	ADD
<i>non-aspirin pain relief oral tablet 500 mg</i>	1	\$0	ADD
<i>oxaprozin oral tablet 600 mg</i>	1	\$0	
<i>pain relief (acetaminophen) oral liquid 160 mg/5 ml</i>	1	\$0	ADD
<i>pain relief (acetaminophen) oral tablet 325 mg, 500 mg</i>	1	\$0	ADD
<i>pain relief (acetaminophen) oral tablet extended release 650 mg</i>	1	\$0	ADD
<i>pain relief adult oral liquid 500 mg/15 ml</i>	1	\$0	ADD
<i>pain relief es (acetaminophen) oral tablet 500 mg</i>	1	\$0	ADD
<i>pain reliever (acetaminophen) oral tablet 325 mg, 500 mg</i>	1	\$0	ADD
<i>pain reliever es (acetaminophen) oral tablet 500 mg</i>	1	\$0	ADD
<i>pharbetol oral tablet 325 mg, 500 mg</i>	1	\$0	ADD
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	\$0	
<i>shake that ache oral tablet 500 mg</i>	1	\$0	ADD
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	\$0	ADD
<i>st. joseph aspirin oral tablet, delayed release (drlec) 81 mg</i>	1	\$0	ADD
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	\$0	
<i>tactinal oral tablet 325 mg</i>	1	\$0	ADD
TENSION HEADACHE ORAL TABLET 500-65 MG	2	\$0	ADD
TENSION HEADACHE PAIN RELIEVER ORAL TABLET 500-65 MG	2	\$0	ADD
<i>tramadol oral tablet 50 mg</i>	1	\$0	OP; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	\$0	OP; QL (90 per 30 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	\$0	OP; QL (90 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	\$0	OP; QL (240 per 30 days)
<i>tri-buffered aspirin oral tablet 325 mg</i>	1	\$0	ADD
<i>tylophen oral capsule 500 mg</i>	1	\$0	ADD
<i>wal-profen oral capsule 200 mg</i>	1	\$0	ADD
<i>wal-profen oral tablet 200 mg</i>	1	\$0	ADD
<i>wal-proxen oral tablet 220 mg</i>	1	\$0	ADD
PSYCHOTHERAPEUTIC DRUGS			
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	\$0	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	\$0	PA
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	\$0	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	\$0	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	\$0	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	2	\$0	
<i>aripiprazole oral solution 1 mg/ml</i>	1	\$0	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	\$0	QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	\$0	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	\$0	PA; QL (30 per 30 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	\$0	PA
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	\$0	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	2	\$0	PA; QL (60 per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	\$0	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	\$0	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	\$0	
<i>buspironone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	\$0	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	2	\$0	PA
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	\$0	
<i>chlorpromazine injection solution 25 mg/ml</i>	1	\$0	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	\$0	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	\$0	
<i>citalopram oral solution 10 mg/5 ml</i>	1	\$0	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	\$0	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	\$0	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	\$0	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	\$0	QL (180 per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	\$0	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	\$0	QL (270 per 30 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	2	\$0	QL (270 per 30 days)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	\$0	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	\$0	QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	1	\$0	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg, 5 mg</i>	1	\$0	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	\$0	QL (1800 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	\$0	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	\$0	QL (120 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	\$0	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	\$0	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	\$0	QL (60 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	\$0	
<i>diazepam injection syringe 5 mg/ml</i>	1	\$0	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	\$0	
<i>diazepam oral concentrate 5 mg/ml</i>	1	\$0	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	\$0	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	\$0	
<i>doxepin oral concentrate 10 mg/ml</i>	1	\$0	
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	1	\$0	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	1	\$0	QL (90 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	2	\$0	
<i>ergoloid oral tablet 1 mg</i>	1	\$0	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	\$0	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	\$0	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	\$0	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	\$0	PA
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	2	\$0	PA
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	\$0	PA
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	\$0	PA
<i>fluoxetine (pmd) oral tablet 10 mg, 20 mg</i>	1	\$0	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	\$0	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	1	\$0	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	\$0	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	\$0	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	\$0	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	\$0	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	\$0	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	\$0	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	\$0	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	1	\$0	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	\$0	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	\$0	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	\$0	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	\$0	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	\$0	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	2	\$0	PA
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	\$0	PA
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	2	\$0	PA
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	\$0	
<i>lithium carbonate oral tablet 300 mg</i>	1	\$0	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	\$0	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	\$0	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	\$0	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	\$0	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	\$0	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	2	\$0	PA
MARPLAN ORAL TABLET 10 MG	2	\$0	
<i>methamphetamine oral tablet 5 mg</i>	1	\$0	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	\$0	
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	\$0	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	\$0	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	\$0	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	\$0	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	1	\$0	
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	\$0	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	\$0	
<i>modafinil oral tablet 100 mg</i>	1	\$0	QL (90 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	\$0	QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	\$0	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	\$0	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	\$0	
NUPLAZID ORAL CAPSULE 34 MG	2	\$0	PA; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	2	\$0	PA; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	\$0	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	\$0	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	\$0	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	\$0	QL (30 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	\$0	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	1	\$0	QL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	1	\$0	QL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	\$0	QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	1	\$0	QL (30 per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	\$0	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	\$0	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	\$0	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	\$0	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	\$0	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	2	\$0	QL (1 per 30 days)
<i>phenelzine oral tablet 15 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	\$0	
<i>procentra oral solution 5 mg/5 ml</i>	1	\$0	QL (1800 per 30 days)
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	\$0	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	\$0	QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1	\$0	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	\$0	PA; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	1	\$0	
<i>risperidone oral solution 1 mg/ml</i>	1	\$0	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	\$0	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	\$0	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	2	\$0	PA; QL (30 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	\$0	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>sodium oxybate oral solution 500 mg/ml</i>	1	\$0	PA; LA
SUNOSI ORAL TABLET 150 MG, 75 MG	2	\$0	PA
<i>tasimelteon oral capsule 20 mg</i>	1	\$0	PA; QL (30 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	\$0	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	\$0	
<i>tranlycypromine oral tablet 10 mg</i>	1	\$0	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	\$0	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	\$0	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	\$0	PA
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	\$0	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	\$0	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	2	\$0	PA
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	\$0	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	\$0	PA; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	2	\$0	PA; QL (7 per 30 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	2	\$0	PA; QL (60 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	2	\$0	PA; LA
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	\$0	
<i>zenzedi oral tablet 10 mg</i>	1	\$0	QL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	1	\$0	QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 60 mg</i>	1	\$0	QL (60 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	1	\$0	QL (120 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	\$0	QL (60 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	\$0	PA; QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	\$0	PA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	2	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
CARDIOVASCULAR, HYPERTENSION / LIPIDS			
ANTIARRHYTHMIC AGENTS			
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	\$0	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	\$0	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	\$0	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	\$0	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	\$0	
MULTAQ ORAL TABLET 400 MG	2	\$0	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	\$0	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	\$0	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	\$0	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	\$0	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	\$0	
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	\$0	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	\$0	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	\$0	
ANTIHYPERTENSIVE THERAPY			
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	\$0	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	\$0	
<i>amiloride oral tablet 5 mg</i>	1	\$0	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	\$0	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	\$0	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	\$0	
<i>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	\$0	QL (60 per 30 days)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	\$0	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	\$0	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	\$0	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	\$0	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	\$0	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	\$0	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	\$0	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	\$0	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	\$0	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	\$0	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	\$0	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	\$0	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	\$0	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	\$0	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	\$0	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	\$0	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	\$0	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	\$0	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	\$0	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	\$0	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	\$0	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	\$0	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	\$0	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	\$0	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	\$0	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	\$0	
<i>ethacrynic acid oral tablet 25 mg</i>	1	\$0	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	\$0	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	\$0	
<i>furosemide injection solution 10 mg/ml</i>	1	\$0	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	\$0	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	\$0	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	\$0	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	\$0	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	\$0	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	\$0	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	\$0	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	\$0	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	\$0	PA; QL (30 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	\$0	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	\$0	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	\$0	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	\$0	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	\$0	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	\$0	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	\$0	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>metyrosine oral capsule 250 mg</i>	1	\$0	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	\$0	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	\$0	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	\$0	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	\$0	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	\$0	
<i>nimodipine oral capsule 30 mg</i>	1	\$0	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	\$0	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	\$0	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	\$0	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	2	\$0	PA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	\$0	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	\$0	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	\$0	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	\$0	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	\$0	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	\$0	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	\$0	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	\$0	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	\$0	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	\$0	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	\$0	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	\$0	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	\$0	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	\$0	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	\$0	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	\$0	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	\$0	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	\$0	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	\$0	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	2	\$0	PA; LA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	\$0	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	\$0	QL (30 per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	\$0	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	\$0	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	\$0	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	\$0	
COAGULATION THERAPY			
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	\$0	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	\$0	
<i>clopidogrel oral tablet 75 mg</i>	1	\$0	QL (30 per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	\$0	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	2	\$0	PA; LA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	2	\$0	PA; LA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	2	\$0	PA; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	\$0	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	\$0	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	\$0	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	\$0	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1	\$0	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	\$0	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1	\$0	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	1	\$0	QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	\$0	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	1	\$0	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	1	\$0	QL (18 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	\$0	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	\$0	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	\$0	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	\$0	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	\$0	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	\$0	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	\$0	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	\$0	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	\$0	
MULPLETA ORAL TABLET 3 MG	2	\$0	PA; QL (7 per 30 days)
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	\$0	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	\$0	ADD
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	\$0	ADD
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	2	\$0	ADD
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	\$0	ADD
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	\$0	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	2	\$0	PA; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	\$0	PA; LA
TAVALISSE ORAL TABLET 100 MG, 150 MG	2	\$0	PA
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	1	\$0	ADD
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	\$0	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	\$0	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	\$0	
LIPID/CHOLESTEROL LOWERING AGENTS			
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	\$0	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	\$0	
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	\$0	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	\$0	
<i>cholestyramine light oral powder 4 gram</i>	1	\$0	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	\$0	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	1	\$0	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	\$0	
<i>colesevelam oral tablet 625 mg</i>	1	\$0	
<i>colestipol oral granules 5 gram</i>	1	\$0	
<i>colestipol oral packet 5 gram</i>	1	\$0	
<i>colestipol oral tablet 1 gram</i>	1	\$0	
<i>ezetimibe oral tablet 10 mg</i>	1	\$0	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	\$0	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	\$0	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	2	\$0	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	\$0	
<i>fenofibric acid (choline) oral capsule, delayed release (drlec) 135 mg</i>	1	\$0	
<i>fenofibric acid oral tablet 35 mg</i>	1	\$0	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	\$0	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	\$0	
<i>gemfibrozil oral tablet 600 mg</i>	1	\$0	
<i>icosapent ethyl oral capsule 0.5 gram</i>	1	\$0	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i>	1	\$0	QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	2	\$0	PA; LA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	\$0	
NEXLETOL ORAL TABLET 180 MG	2	\$0	PA
NEXLIZET ORAL TABLET 180-10 MG	2	\$0	PA
<i>niacin oral tablet 500 mg</i>	1	\$0	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	\$0	
NIACOR ORAL TABLET 500 MG	2	\$0	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	\$0	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	\$0	
<i>prevalite oral powder 4 gram</i>	1	\$0	
<i>prevalite oral powder in packet 4 gram</i>	1	\$0	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	\$0	PA; QL (3.5 per 28 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	2	\$0	PA; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	\$0	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	\$0	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	\$0	
MISCELLANEOUS CARDIOVASCULAR AGENTS			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	2	\$0	PA; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	\$0	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	\$0	PA
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	\$0	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	\$0	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	\$0	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	\$0	QL (60 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	\$0	
VYNDAMAX ORAL CAPSULE 61 MG	2	\$0	PA
VYNDAQEL ORAL CAPSULE 20 MG	2	\$0	PA
NITRATES			
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	\$0	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	\$0	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	\$0	
<i>nitro-bid transdermal ointment 2 %</i>	1	\$0	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	\$0	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	\$0	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	\$0	
<i>calcipotriene scalp solution 0.005 %</i>	1	\$0	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	1	\$0	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	\$0	QL (120 per 30 days)
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	\$0	QL (400 per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	2	\$0	PA; QL (10 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	\$0	PA; QL (8 per 28 days)
COSENTYX SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	\$0	PA; QL (8 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	2	\$0	PA; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	\$0	PA; QL (5 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	2	\$0	PA; QL (2 per 28 days)
<i>selenium sulfide topical lotion 2.5 %</i>	1	\$0	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	\$0	PA; QL (1 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	\$0	PA; QL (1 per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	\$0	PA; QL (0.5 per 28 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	\$0	PA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	\$0	PA; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS			
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	2	\$0	PA; QL (8 per 30 days)
<i>ammonium lactate topical cream 12 %</i>	1	\$0	
<i>ammonium lactate topical lotion 12 %</i>	1	\$0	
ASPERFLEX (LIDOCAINE) TOPICAL CREAM 4 %	2	\$0	PA; ADD
<i>diclofenac sodium topical gel 3 %</i>	1	\$0	PA; QL (100 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	\$0	PA; QL (3.42 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	\$0	PA; QL (6 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	\$0	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	\$0	PA; QL (3.42 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	\$0	PA; QL (6 per 28 days)
<i>fluorouracil topical cream 5 %</i>	1	\$0	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	\$0	
<i>imiquimod topical cream in packet 5 %</i>	1	\$0	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	\$0	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	\$0	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	1	\$0	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	\$0	PA; QL (90 per 30 days)
LIDOCAINE TOPICAL CREAM 3 %, 4 %, 5 %	2	\$0	PA; ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>lidocaine topical ointment 5 %</i>	1	\$0	QL (100 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	\$0	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	\$0	
LMX 4 TOPICAL CREAM 4 %	2	\$0	PA; ADD
LMX 5 TOPICAL CREAM 5 %	2	\$0	PA; ADD
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	\$0	
PANRETIN TOPICAL GEL 0.1 %	2	\$0	PA
<i>pimecrolimus topical cream 1 %</i>	1	\$0	QL (30 per 30 days)
<i>podofilox topical solution 0.5 %</i>	1	\$0	
<i>rectasmoothe topical cream 5 %</i>	1	\$0	PA; ADD
RECTICARE TOPICAL CREAM 5 %	2	\$0	PA; ADD
REGRANEX TOPICAL GEL 0.01 %	2	\$0	PA; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	\$0	QL (90 per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	1	\$0	
<i>ssd topical cream 1 %</i>	1	\$0	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	\$0	QL (90 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	2	\$0	PA
THERAPY FOR ACNE			
<i>acutane oral capsule 20 mg, 30 mg, 40 mg</i>	1	\$0	
<i>acne control cleanser topical cleanser 10 %</i>	1	\$0	ADD
<i>acne foaming wash topical cleanser 10 %</i>	1	\$0	ADD
<i>acne medication topical gel 10 %</i>	1	\$0	ADD
ACNE MEDICATION TOPICAL GEL 2.5 %	1	\$0	ADD
ACNE MEDICATION TOPICAL GEL 5 %	2	\$0	ADD
ACNE MEDICATION TOPICAL LOTION 10 %, 5 %	2	\$0	ADD
<i>acne treatment (benzoyl perox) topical gel 10 %</i>	1	\$0	ADD
<i>acne-clear topical gel 10 %</i>	1	\$0	ADD
<i>adapalene topical cream 0.1 %</i>	1	\$0	PA
<i>adapalene topical gel 0.1 %</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>adapalene topical gel 0.3 %</i>	1	\$0	PA
<i>adapalene topical gel with pump 0.3 %</i>	1	\$0	PA
<i>adapalene topical solution 0.1 %</i>	1	\$0	PA
<i>adapalene topical swab 0.1 %</i>	1	\$0	PA
<i>advanced exfoliating cleanser topical cleanser 5 %</i>	1	\$0	ADD
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	\$0	
<i>azelaic acid topical gel 15 %</i>	1	\$0	
<i>benzoyl peroxide topical cleanser 10 %, 5 %, 6 %</i>	1	\$0	ADD
<i>benzoyl peroxide topical gel 10 %, 2.5 %, 5 %</i>	1	\$0	ADD
<i>bp topical gel 10 %, 5 %</i>	1	\$0	ADD
<i>bp wash topical cleanser 10 %, 5 %</i>	1	\$0	ADD
<i>brimonidine topical gel with pump 0.33 %</i>	1	\$0	PA
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	\$0	
<i>clindacin p topical swab 1 %</i>	1	\$0	
<i>clindamycin phosphate topical gel 1 %</i>	1	\$0	QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	\$0	QL (120 per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	1	\$0	QL (120 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	\$0	QL (120 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	1	\$0	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i>	1	\$0	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	\$0	
<i>creamy acne face topical cleanser 4 %</i>	1	\$0	ADD
<i>daylogic acne foaming wash topical cleanser 10 %</i>	1	\$0	ADD
DIFFERIN TOPICAL GEL 0.1 %	2	\$0	ADD
<i>ery pads topical swab 2 %</i>	1	\$0	
<i>erythromycin with ethanol topical gel 2 %</i>	1	\$0	
<i>erythromycin with ethanol topical solution 2 %</i>	1	\$0	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>foaming acne face wash topical cleanser 10 %</i>	1	\$0	ADD
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	\$0	
<i>ivermectin topical cream 1 %</i>	1	\$0	
<i>metronidazole topical cream 0.75 %</i>	1	\$0	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	\$0	
<i>metronidazole topical gel with pump 1 %</i>	1	\$0	
<i>metronidazole topical lotion 0.75 %</i>	1	\$0	
<i>neuac topical gel 1.2 % (1 % base) -5 %</i>	1	\$0	
<i>panoxyl topical cleanser 10 %, 4 %</i>	1	\$0	ADD
<i>persa-gel topical gel 10 %</i>	1	\$0	ADD
RENOVA TOPICAL CREAM 0.02 %	2	\$0	ADD
<i>tazarotene topical cream 0.1 %</i>	1	\$0	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	\$0	PA
TAZORAC TOPICAL CREAM 0.05 %	2	\$0	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	\$0	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	\$0	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	\$0	
TOPICAL ANTIBACTERIALS			
<i>antibiotic (neomy-bacit-polym) topical ointment 3.5mg-400 unit- 5,000 unit/gram</i>	1	\$0	ADD
<i>antiseptic topical solution 10 %</i>	1	\$0	ADD
BETADINE SURGICAL SCRUB TOPICAL SOLUTION 7.5 %	2	\$0	ADD
BETADINE TOPICAL SOLUTION 10 %	2	\$0	ADD
FIRST AID ANTIBIOTIC TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT, 3.5MG-400 UNIT- 5,000 UNIT/GRAM	2	\$0	ADD
FIRST AID ANTISEPTIC(POVIDONE) TOPICAL OINTMENT 10 %	2	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>first aid antiseptic(povidone) topical solution 10 %</i>	1	\$0	ADD
<i>gentamicin topical cream 0.1 %</i>	1	\$0	
<i>gentamicin topical ointment 0.1 %</i>	1	\$0	
<i>mupirocin topical ointment 2 %</i>	1	\$0	QL (30 per 30 days)
<i>povidone-iodine topical solution 10 %, 7.5 %</i>	1	\$0	ADD
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	\$0	
<i>triple antibiotic topical ointment 3.5mg-400 unit-5,000 unit/gram</i>	1	\$0	ADD
TOPICAL ANTIFUNGALS			
<i>antifungal (clotrimazole) topical cream 1 %</i>	1	\$0	ADD
<i>antifungal (tolnaftate) topical cream 1 %</i>	1	\$0	ADD
<i>antifungal topical cream 2 %</i>	1	\$0	ADD
<i>athlete's foot (clotrimazole) topical cream 1 %</i>	1	\$0	ADD
<i>athlete's foot (tolnaftate) topical cream 1 %</i>	1	\$0	ADD
<i>athletic foot cream topical cream 1 %</i>	1	\$0	ADD
<i>azolen topical tincture 2 %</i>	1	\$0	ADD
<i>baza antifungal topical cream 2 %</i>	1	\$0	ADD
<i>ciclodan topical solution 8 %</i>	1	\$0	QL (6.6 per 30 days)
<i>ciclopirox topical cream 0.77 %</i>	1	\$0	QL (90 per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	1	\$0	QL (100 per 30 days)
<i>ciclopirox topical shampoo 1 %</i>	1	\$0	QL (120 per 30 days)
<i>ciclopirox topical solution 8 %</i>	1	\$0	QL (6.6 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	1	\$0	QL (60 per 30 days)
<i>clotrimazole af topical cream 1 %</i>	1	\$0	ADD
<i>clotrimazole topical cream 1 %</i>	1	\$0	
<i>clotrimazole topical solution 1 %</i>	1	\$0	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	\$0	QL (45 per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>econazole topical cream 1 %</i>	1	\$0	
FUNGOID TINCTURE TOPICAL TINCTURE 2 %	1	\$0	ADD
<i>inzo antifungal topical cream 2 %</i>	1	\$0	ADD
<i>itch relief (clotrimazole) topical cream 1 %</i>	1	\$0	ADD
<i>jock itch (clotrimazole) topical cream 1 %</i>	1	\$0	ADD
<i>ketoconazole topical cream 2 %</i>	1	\$0	QL (60 per 28 days)
<i>ketoconazole topical foam 2 %</i>	1	\$0	QL (100 per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	1	\$0	QL (120 per 28 days)
<i>micatin topical cream 2 %</i>	1	\$0	ADD
<i>miconazole nitrate topical cream 2 %</i>	1	\$0	ADD
MICOTRIN AC TOPICAL CREAM 1 %	1	\$0	ADD
MYCOZYL AC TOPICAL CREAM 1 %	1	\$0	ADD
<i>naftifine topical cream 1 %, 2 %</i>	1	\$0	
<i>naftifine topical gel 2 %</i>	1	\$0	
NAFTIN TOPICAL GEL 2 %	2	\$0	
<i>nyamyc topical powder 100,000 unit/gram</i>	1	\$0	
<i>nystatin topical cream 100,000 unit/gram</i>	1	\$0	QL (30 per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	\$0	QL (30 per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	1	\$0	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	\$0	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	\$0	
<i>nystop topical powder 100,000 unit/gram</i>	1	\$0	
<i>oxiconazole topical cream 1 %</i>	1	\$0	QL (60 per 28 days)
<i>ringworm topical cream 1 %</i>	1	\$0	ADD
<i>tolnaftate topical cream 1 %</i>	1	\$0	ADD
TOPICAL ANTIVIRALS			
<i>acyclovir topical ointment 5 %</i>	1	\$0	QL (30 per 30 days)
<i>penciclovir topical cream 1 %</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
TOPICAL CORTICOSTEROIDS			
<i>ala-cort topical cream 1 %</i>	1	\$0	
<i>alclometasone topical cream 0.05 %</i>	1	\$0	
<i>alclometasone topical ointment 0.05 %</i>	1	\$0	
<i>anti-itch (hc) topical cream 1 %</i>	1	\$0	ADD
<i>anti-itch (hc) topical ointment 1 %</i>	1	\$0	ADD
<i>anti-itch(hydrocortisone)-aloe topical cream 1 %</i>	1	\$0	ADD
<i>aquaphor itch relief topical ointment 1 %</i>	1	\$0	ADD
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	\$0	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	\$0	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	\$0	
<i>betamethasone valerate topical cream 0.1 %</i>	1	\$0	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	\$0	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	\$0	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	\$0	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	\$0	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	\$0	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	\$0	
<i>clobetasol scalp solution 0.05 %</i>	1	\$0	
<i>clobetasol topical cream 0.05 %</i>	1	\$0	
<i>clobetasol topical ointment 0.05 %</i>	1	\$0	QL (120 per 30 days)
<i>clobetasol topical shampoo 0.05 %</i>	1	\$0	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	\$0	
<i>clobetasol-emollient topical foam 0.05 %</i>	1	\$0	QL (100 per 30 days)
CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2	2	\$0	
<i>cortisone (hydrocortisone) topical cream 1 %</i>	1	\$0	ADD
<i>cortisone with aloe topical cream 1 %</i>	1	\$0	ADD
<i>cortizone-10 feminine itch topical cream 1 %</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>cortizone-10 topical cream 1 %</i>	1	\$0	ADD
<i>cortizone-10 topical ointment 1 %</i>	1	\$0	ADD
<i>cortizone-10 with aloe topical cream 1 %</i>	1	\$0	ADD
<i>desonide topical cream 0.05 %</i>	1	\$0	
<i>desonide topical lotion 0.05 %</i>	1	\$0	
<i>desonide topical ointment 0.05 %</i>	1	\$0	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	\$0	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	\$0	
<i>fluocinolone topical oil 0.01 %</i>	1	\$0	
<i>fluocinolone topical ointment 0.025 %</i>	1	\$0	
<i>fluocinolone topical solution 0.01 %</i>	1	\$0	
<i>fluocinonide topical cream 0.05 %</i>	1	\$0	QL (120 per 30 days)
<i>fluocinonide topical cream 0.1 %</i>	1	\$0	
<i>fluocinonide topical gel 0.05 %</i>	1	\$0	QL (120 per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	1	\$0	QL (120 per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	1	\$0	
<i>fluocinonide-e topical cream 0.05 %</i>	1	\$0	
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	\$0	
<i>fluticasone propionate topical cream 0.05 %</i>	1	\$0	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	\$0	
<i>halobetasol propionate topical cream 0.05 %</i>	1	\$0	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	\$0	
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	1	\$0	ADD
<i>hydrocortisone plus topical cream 1 %</i>	1	\$0	ADD
<i>hydrocortisone topical cream 0.5 %</i>	1	\$0	ADD
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	\$0	
<i>hydrocortisone topical lotion 2.5 %</i>	1	\$0	
<i>hydrocortisone topical ointment 0.5 %, 1 %</i>	1	\$0	ADD
<i>hydrocortisone topical ointment 2.5 %</i>	1	\$0	
<i>hydrocortisone-aloe vera topical cream 0.5 %, 1 %</i>	1	\$0	ADD
<i>hydrocream topical cream 1 %</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>mometasone topical cream 0.1 %</i>	1	\$0	
<i>mometasone topical ointment 0.1 %</i>	1	\$0	
<i>mometasone topical solution 0.1 %</i>	1	\$0	
<i>monistat care (hydrocortisone) topical cream 1 %</i>	1	\$0	ADD
<i>noble formula hc topical cream 1 %</i>	1	\$0	ADD
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	\$0	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	\$0	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	\$0	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	\$0	
<i>vanicream hc topical cream 1 %</i>	1	\$0	ADD
TOPICAL SCABICIDES / PEDICULICIDES			
LICE KILLING (PERMETHRIN) TOPICAL LIQUID 1 %	1	\$0	ADD
<i>lice killing topical shampoo 0.33-4 %</i>	1	\$0	ADD
<i>lice pyrinyil shampoo topical shampoo 0.33-4 %</i>	1	\$0	ADD
<i>lice treatment (permethrin) topical liquid 1 %</i>	1	\$0	ADD
<i>lice treatment topical liquid 1 %</i>	1	\$0	ADD
<i>lice treatment topical shampoo 0.33-4 %</i>	1	\$0	ADD
<i>malathion topical lotion 0.5 %</i>	1	\$0	
<i>permethrin topical cream 5 %</i>	1	\$0	
<i>rid lice killing topical shampoo 0.33-4 %</i>	1	\$0	ADD
DIAGNOSTICS / MISCELLANEOUS AGENTS			
ANOREXIANTS			
ADIPEX-P ORAL TABLET 37.5 MG	2	\$0	ADD
<i>benzphetamine oral tablet 50 mg</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	2	\$0	PA; ADD
<i>diethylpropion oral tablet 25 mg</i>	1	\$0	ADD
<i>diethylpropion oral tablet extended release 75 mg</i>	1	\$0	ADD
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	2	\$0	ADD
LOMAIRA ORAL TABLET 8 MG	2	\$0	ADD
<i>orlistat oral capsule 120 mg</i>	2	\$0	ADD
<i>phendimetrazine tartrate oral tablet 35 mg</i>	1	\$0	ADD
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	\$0	ADD
<i>phentermine oral tablet 37.5 mg</i>	1	\$0	ADD
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	2	\$0	PA; ADD
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	2	\$0	PA; ADD
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	2	\$0	PA; ADD
XENICAL ORAL CAPSULE 120 MG	2	\$0	PA; ADD
MISCELLANEOUS AGENTS			
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	1	\$0	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	\$0	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	2	\$0	PA; LA
AURYXIA ORAL TABLET 210 MG IRON	2	\$0	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	1	\$0	
<i>cevimeline oral capsule 30 mg</i>	1	\$0	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	\$0	B/D

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	2	\$0	B/D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	\$0	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	\$0	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	\$0	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	\$0	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	\$0	
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	\$0	
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	1	\$0	PA
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	\$0	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	\$0	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	\$0	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	\$0	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	\$0	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	\$0	
ENDARI ORAL POWDER IN PACKET 5 GRAM	2	\$0	PA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	2	\$0	PA; LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	\$0	PA; LA
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	\$0	ST

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	\$0	
<i>levocarnitine oral solution 100 mg/ml</i>	1	\$0	
<i>levocarnitine oral tablet 330 mg</i>	1	\$0	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	\$0	PA
METOPIRONE ORAL CAPSULE 250 MG	2	\$0	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	1	\$0	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	2	\$0	PA
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	\$0	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	2	\$0	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	2	\$0	PA; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 5 MG (4-WEEK PACK), 50 MG	2	\$0	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	2	\$0	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	\$0	PA
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	2	\$0	PA; LA
<i>riluzole oral tablet 50 mg</i>	1	\$0	
<i>risedronate oral tablet 30 mg</i>	1	\$0	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	\$0	ST; QL (540 per 30 days)
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	\$0	ST
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	\$0	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	\$0	
<i>sodium chloride irrigation solution 0.9 %</i>	1	\$0	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>sodium polystyrene sulfonate oral powder</i>	1	\$0	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	\$0	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	\$0	
TAVNEOS ORAL CAPSULE 10 MG	2	\$0	PA; LA; QL (180 per 30 days)
<i>tiopronin oral tablet 100 mg</i>	1	\$0	
<i>trientine oral capsule 250 mg</i>	1	\$0	PA
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	\$0	PA
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	\$0	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	2	\$0	PA; LA
SMOKING DETERRENTS			
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	\$0	
<i>nicorette buccal gum 4 mg</i>	1	\$0	ADD
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	\$0	ADD
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	\$0	ADD
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	\$0	ADD
<i>nicotine (polacrilex) buccal lozenge 2 mg</i>	1	\$0	ADD
NICOTINE (POLACRILEX) BUCCAL LOZENGE 4 MG	2	\$0	ADD
NICOTINE (POLACRILEX) BUCCAL MINI LOZENGE 2 MG	2	\$0	ADD
<i>nicotine (polacrilex) buccal mini lozenge 4 mg</i>	1	\$0	ADD
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	\$0	ADD
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
NICOTROL INHALATION CARTRIDGE 10 MG	2	\$0	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	2	\$0	
<i>quit 2 buccal gum 2 mg</i>	1	\$0	ADD
<i>quit 2 buccal lozenge 2 mg</i>	1	\$0	ADD
<i>quit 4 buccal gum 4 mg</i>	1	\$0	ADD
<i>quit 4 buccal lozenge 4 mg</i>	1	\$0	ADD
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	\$0	ADD
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	\$0	
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	\$0	

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	\$0	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	\$0	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	\$0	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	\$0	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	\$0	
<i>kourzeq dental paste 0.1 %</i>	1	\$0	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	\$0	
<i>oralone dental paste 0.1 %</i>	1	\$0	
<i>perio gard mucous membrane mouthwash 0.12 %</i>	1	\$0	
<i>sf 5000 plus dental cream 1.1 %</i>	1	\$0	
<i>sf dental gel 1.1 %</i>	1	\$0	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	\$0	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
MISCELLANEOUS OTIC PREPARATIONS			
<i>acetic acid otic (ear) solution 2 %</i>	1	\$0	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	\$0	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	\$0	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	\$0	
OTIC STEROID / ANTIBIOTIC			
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	2	\$0	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	\$0	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	1	\$0	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	\$0	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5- 10,000-1 mg/ml-unit/ml-%</i>	1	\$0	
ENDOCRINE/DIABETES			
ADRENAL HORMONES			
<i>cortisone oral tablet 25 mg</i>	1	\$0	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	\$0	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	\$0	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	\$0	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1	\$0	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	\$0	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	\$0	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	\$0	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
HEMADY ORAL TABLET 20 MG	2	\$0	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	\$0	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	\$0	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	\$0	B/D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	\$0	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	\$0	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	1	\$0	
<i>millipred oral tablet 5 mg</i>	1	\$0	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	\$0	
<i>prednisolone oral tablet 5 mg</i>	1	\$0	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	\$0	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	\$0	
<i>prednisone oral solution 5 mg/5 ml</i>	1	\$0	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	\$0	
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	\$0	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML	2	\$0	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	2	\$0	
ANTITHYROID AGENTS			
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>propylthiouracil oral tablet 50 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
DIABETES THERAPY			
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>alcohol pads topical pads, medicated</i>	1	\$0	
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	\$0	
<i>diazoxide oral suspension 50 mg/ml</i>	1	\$0	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	\$0	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	\$0	
<i>glipizide oral tablet 10 mg</i>	1	\$0	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	\$0	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	\$0	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	\$0	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	\$0	QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	\$0	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	\$0	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	\$0	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	\$0	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	\$0	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	\$0	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	\$0	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	\$0	QL (30 per 30 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	\$0	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	\$0	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	\$0	
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	2	\$0	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	\$0	
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	\$0	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	\$0	
<i>metformin oral solution 500 mg/5 ml</i>	1	\$0	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	\$0	
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	\$0	QL (150 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	\$0	QL (90 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	\$0	PA; QL (2 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	\$0	QL (90 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	\$0	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	\$0	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	\$0	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	\$0	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	\$0	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	\$0	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	\$0	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	\$0	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	\$0	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	\$0	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	\$0	QL (1 per 30 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	\$0	QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	\$0	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	\$0	QL (1 per 30 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	\$0	QL (10 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	\$0	PA; QL (3 per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	\$0	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	\$0	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	\$0	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	\$0	PA; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	\$0	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	\$0	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	\$0	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	\$0	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	\$0	
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	\$0	
TRADJENTA ORAL TABLET 5 MG	2	\$0	QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	\$0	PA; QL (2 per 30 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	\$0	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	2	\$0	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	2	\$0	
MISCELLANEOUS HORMONES			
<i>cabergoline oral tablet 0.5 mg</i>	1	\$0	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/lactuation</i>	1	\$0	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	\$0	
<i>calcitriol oral solution 1 mcg/ml</i>	1	\$0	
CERDELGA ORAL CAPSULE 84 MG	2	\$0	PA
<i>cinacalcet oral tablet 30 mg</i>	1	\$0	QL (360 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	1	\$0	QL (180 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	1	\$0	QL (120 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	\$0	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	\$0	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	\$0	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	\$0	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	\$0	
GALAFOLD ORAL CAPSULE 123 MG	2	\$0	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	2	\$0	PA
KORLYM ORAL TABLET 300 MG	2	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>methyltestosterone oral capsule 10 mg</i>	1	\$0	
<i>miglustat oral capsule 100 mg</i>	1	\$0	PA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	2	\$0	PA; LA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	2	\$0	PA; LA
ORILISSA ORAL TABLET 150 MG, 200 MG	2	\$0	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	2	\$0	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	\$0	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	\$0	PA
<i>sapropterin oral tablet, soluble 100 mg</i>	1	\$0	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	\$0	
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	\$0	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	\$0	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	\$0	
<i>testosterone transdermal gel 50 mg/5 gram (1%)</i>	1	\$0	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%), 20.25 mg/1.25 gram (1.62%)</i>	1	\$0	PA
<i>testosterone transdermal gel in packet 1% (25 mg/2.5 gram), 1% (50 mg/5 gram), 1.62% (20.25 mg/1.25 gram), 1.62% (40.5 mg/2.5 gram)</i>	1	\$0	PA
TOLVAPTAN ORAL TABLET 15 MG	2	\$0	PA
<i>tolvaptan oral tablet 30 mg</i>	1	\$0	PA
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	2	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
THYROID HORMONES			
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	\$0	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	\$0	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	\$0	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	\$0	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	\$0	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	\$0	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	\$0	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	\$0	
GASTROENTEROLOGY			
ANTIDIARRHEALS / ANTISPASMODICS			
<i>anti-diarrheal (loperamide) oral capsule 2 mg</i>	1	\$0	ADD
ANTI-DIARRHEAL (LOPERAMIDE) ORAL LIQUID 1 MG/7.5 ML	2	\$0	ADD
<i>anti-diarrheal (loperamide) oral tablet 2 mg</i>	1	\$0	ADD
<i>anti-diarrheal oral suspension 262 mg/15 ml</i>	1	\$0	ADD
<i>bismuth oral tablet, chewable 262 mg</i>	1	\$0	ADD
<i>bismuth subsalicylate oral tablet, chewable 262 mg</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>diamode oral tablet 2 mg</i>	1	\$0	ADD
<i>diarrhea relief (bismuth subs) oral suspension 262 mg/15 ml</i>	1	\$0	ADD
<i>dicyclomine oral capsule 10 mg</i>	1	\$0	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	\$0	
<i>dicyclomine oral tablet 20 mg</i>	1	\$0	
<i>digestive relief oral tablet 262 mg</i>	1	\$0	ADD
<i>diotame oral tablet, chewable 262 mg</i>	1	\$0	ADD
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	\$0	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	\$0	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	\$0	
IMODIUM A-D ORAL LIQUID 1 MG/7.5 ML	2	\$0	ADD
<i>kaopectate (bismuth subsalicy) oral suspension 262 mg/15 ml</i>	1	\$0	ADD
<i>kaopectate ex str (bismuth ss) oral suspension 525 mg/15 ml</i>	1	\$0	ADD
<i>k-pec antidiarrheal (bism sub) oral suspension 262 mg/15 ml</i>	1	\$0	ADD
<i>loperamide oral capsule 2 mg</i>	1	\$0	
LOPERAMIDE ORAL LIQUID 1 MG/7.5 ML	2	\$0	ADD
<i>loperamide oral tablet 2 mg</i>	1	\$0	ADD
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	\$0	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	2	\$0	PA
<i>pepto-bismol oral tablet, chewable 262 mg</i>	1	\$0	ADD
<i>pepto-bismol to-go oral tablet, chewable 262 mg</i>	1	\$0	ADD
<i>pink bismuth maximum strength oral suspension 525 mg/15 ml</i>	1	\$0	ADD
<i>pink bismuth oral suspension 262 mg/15 ml, 525 mg/15 ml</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>pink bismuth oral tablet 262 mg</i>	1	\$0	ADD
<i>pink bismuth oral tablet,chewable 262 mg</i>	1	\$0	ADD
<i>soothe (bismuth subsalicylate) oral tablet 262 mg</i>	1	\$0	ADD
<i>soothe (bismuth subsalicylate) oral tablet,chewable 262 mg</i>	1	\$0	ADD
<i>soothe regular strength oral suspension 262 mg/15 ml</i>	1	\$0	ADD
<i>stomach relief max strength oral suspension 525 mg/15 ml</i>	1	\$0	ADD
<i>stomach relief oral suspension 262 mg/15 ml, 525 mg/15 ml</i>	1	\$0	ADD
<i>stomach relief oral tablet 262 mg</i>	1	\$0	ADD
<i>stomach relief oral tablet,chewable 262 mg</i>	1	\$0	ADD
<i>stomach relief original oral suspension 262 mg/15 ml</i>	1	\$0	ADD
MISCELLANEOUS GASTROINTESTINAL AGENTS			
ACID GONE ANTACID ORAL SUSPENSION 95-358 MG/15 ML	1	\$0	ADD
<i>advanced antacid-antigas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	\$0	ADD
ALMACONE-2 ORAL SUSPENSION 400-400-40 MG/5 ML	1	\$0	ADD
<i>alophen (bisacodyl) oral tablet, delayed release (drlec) 5 mg</i>	1	\$0	ADD
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	\$0	
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml</i>	1	\$0	ADD
<i>alum-mag hydroxide-simeth oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>antacid anti-gas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>antacid m oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>antacid maximum strength oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>antacid oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
<i>antacid plus anti-gas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>antacid regular strength oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
<i>antacid ultra strength oral tablet, chewable 470 mg calcium (1,177 mg)</i>	1	\$0	ADD
ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML	2	\$0	ADD
<i>antacid-antigas oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	\$0	PA; QL (6 per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	\$0	PA; QL (6 per 30 days)
<i>balsalazide oral capsule 750 mg</i>	1	\$0	
<i>bisacodyl oral tablet, delayed release (drlec) 5 mg</i>	1	\$0	ADD
<i>bisacodyl rectal suppository 10 mg</i>	1	\$0	ADD
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	\$0	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	1	\$0	PA
<i>budesonide rectal foam 2 mg/lactation</i>	1	\$0	
CHENODAL ORAL TABLET 250 MG	2	\$0	LA
<i>children's pepto oral tablet, chewable 160 mg calcium (400 mg)</i>	1	\$0	ADD
<i>children's soothe oral tablet, chewable 160 mg calcium (400 mg)</i>	1	\$0	ADD
<i>clearlax oral powder in packet 17 gram</i>	1	\$0	ADD
COLACE ORAL CAPSULE 100 MG	2	\$0	ADD
<i>col-rite oral capsule 100 mg, 250 mg</i>	1	\$0	ADD
<i>comfort gel extra strength oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>comfort gel oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
<i>constulose oral solution 10 gram/15 ml</i>	1	\$0	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	\$0	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	\$0	
<i>docusate calcium oral capsule 240 mg</i>	1	\$0	ADD
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	1	\$0	ADD
<i>docusate sodium oral liquid 50 mg/5 ml</i>	1	\$0	ADD
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	\$0	PA
<i>dss oral capsule 250 mg</i>	1	\$0	ADD
<i>dulcolax stool softener (dss) oral capsule 100 mg</i>	1	\$0	ADD
<i>enema disposable rectal enema 19-7 gram/118 ml</i>	1	\$0	ADD
<i>enema rectal enema 19-7 gram/118 ml</i>	1	\$0	ADD
<i>enulose oral solution 10 gram/15 ml</i>	1	\$0	
<i>fiber (psyllium husk-sugar) oral powder 3.4 gram/12 gram</i>	1	\$0	ADD
FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/7 GRAM	1	\$0	ADD
<i>fleet enema rectal enema 19-7 gram/118 ml</i>	1	\$0	ADD
FLEET PEDIATRIC RECTAL ENEMA 9.5-3.5 GRAM/59 ML	2	\$0	ADD
<i>foaming antacid oral suspension 95-358 mg/15 ml</i>	1	\$0	ADD
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	2	\$0	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	2	\$0	PA
<i>gavilax oral powder in packet 17 gram, 8.5 gram</i>	1	\$0	ADD
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	\$0	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5 ML	2	\$0	ADD
GAVISCON ORAL SUSPENSION 95-358 MG/15 ML	2	\$0	ADD
<i>generlac oral solution 10 gram/15 ml</i>	1	\$0	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (drlec) 5 mg</i>	1	\$0	ADD
<i>gentle laxative (bisacodyl) rectal suppository 10 mg</i>	1	\$0	ADD
<i>geri-lanta oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>geri-mox antacid-antigas oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
<i>granisetron hcl oral tablet 1 mg</i>	1	\$0	B/D
<i>healthylax oral powder in packet 17 gram</i>	1	\$0	ADD
HEARTBURN RELIEF ORAL SUSPENSION 254-237.5 MG/5 ML	2	\$0	ADD
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	\$0	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	\$0	
<i>lactulose oral solution 10 gram/15 ml</i>	1	\$0	
<i>laxa basic oral capsule 100 mg</i>	1	\$0	ADD
<i>laxative (bisacodyl) oral tablet, delayed release (drlec) 5 mg</i>	1	\$0	ADD
<i>laxative (bisacodyl) rectal suppository 10 mg</i>	1	\$0	ADD
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	\$0	
<i>liquid antacid oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG	2	\$0	
MAG-AL ORAL SUSPENSION 200-200 MG/5 ML	2	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
MAG-AL PLUS EXTRA STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	1	\$0	ADD
MAG-AL PLUS ORAL SUSPENSION 200-200-20 MG/5 ML	1	\$0	ADD
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	\$0	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	\$0	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	\$0	
<i>mesalamine oral tablet,delayed release (drlec) 1.2 gram, 800 mg</i>	1	\$0	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	\$0	
<i>mesalamine rectal suppository 1,000 mg</i>	1	\$0	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	\$0	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	\$0	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>mintox maximum strength oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>mintox oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
<i>miralax oral powder in packet 17 gram</i>	1	\$0	ADD
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	\$0	
<i>mylanta maximum strength oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
OICALIVA ORAL TABLET 10 MG, 5 MG	2	\$0	PA; LA
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	\$0	B/D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	\$0	B/D
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	\$0	B/D
<i>onelax bisacodyl rectal suppository 10 mg</i>	1	\$0	ADD
<i>onelax docusate sodium oral liquid 50 mg/5 ml</i>	1	\$0	ADD
<i>pediatric enema rectal enema 9.5-3.5 gram/59 ml</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	\$0	
<i>peg-electrolyte oral recon soln 420 gram</i>	1	\$0	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	\$0	QL (240 per 30 days)
PHILLIPS' LIQUI-GELS ORAL CAPSULE 100 MG	2	\$0	ADD
<i>polyethylene glycol 3350 oral powder in packet 17 gram, 4 gram, 4.25 gram, 8.5 gram</i>	1	\$0	ADD
<i>powderlax oral powder in packet 17 gram</i>	1	\$0	ADD
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>prochlorperazine rectal suppository 25 mg</i>	1	\$0	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	\$0	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	\$0	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	\$0	
<i>psyllium husk (with sugar) oral powder 3 gram/7 gram</i>	1	\$0	ADD
<i>pure and gentle (saline) rectal enema 19-7 gram/118 ml</i>	1	\$0	ADD
<i>purelax oral powder in packet 17 gram</i>	1	\$0	ADD
<i>ready-to-use enema rectal enema 19-7 gram/118 ml</i>	1	\$0	ADD
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	\$0	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	\$0	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	2	\$0	PA; QL (1.2 per 28 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	2	\$0	PA; QL (2.4 per 28 days)
<i>smoothlax oral powder in packet 17 gram</i>	1	\$0	ADD
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)</i>	1	\$0	
<i>stool softener (docusate cal) oral capsule 240 mg</i>	1	\$0	ADD
<i>stool softener oral capsule 100 mg, 250 mg</i>	1	\$0	ADD
<i>stool softener oral liquid 50 mg/5 ml</i>	1	\$0	ADD
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	\$0	
<i>sulfasalazine oral tablet 500 mg</i>	1	\$0	
<i>sulfasalazine oral tablet,delayed release (drlec) 500 mg</i>	1	\$0	
<i>surfak oral capsule 240 mg</i>	1	\$0	ADD
SYMPROIC ORAL TABLET 0.2 MG	2	\$0	PA
<i>the magic bullet rectal suppository 10 mg</i>	1	\$0	ADD
<i>trimethobenzamide oral capsule 300 mg</i>	1	\$0	
<i>tums ultra oral tablet,chewable 470 mg calcium (1,177 mg)</i>	1	\$0	ADD
<i>ursodiol oral capsule 300 mg</i>	1	\$0	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>wal-mucil fiber (sugar) oral powder 3.4 gram/7 gram</i>	1	\$0	ADD
<i>wal-mucil natural fiber lax oral powder 3.4 gram/12 gram</i>	1	\$0	ADD
<i>women's gentle laxative(bisac) oral tablet,delayed release (drlec) 5 mg</i>	1	\$0	ADD
ULCER THERAPY			
<i>acid controller complete oral tablet,chewable 10-800-165 mg</i>	1	\$0	ADD
<i>acid controller oral tablet 10 mg, 20 mg</i>	1	\$0	ADD
<i>acid reducer (famotidine) oral tablet 10 mg, 20 mg</i>	1	\$0	ADD
<i>acid reducer (lansoprazole) oral capsule,delayed release(drlec) 15 mg</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>acid reducer (omeprazole) oral capsule, delayed release(drlec) 20 mg</i>	1	\$0	ADD
<i>acid reducer complete (famot) oral tablet, chewable 10-800-165 mg</i>	1	\$0	ADD
<i>acid reducer-antacid oral tablet, chewable 10-800-165 mg</i>	1	\$0	ADD
<i>acid-pep oral tablet 20 mg</i>	1	\$0	ADD
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	\$0	
<i>complete oral tablet, chewable 10-800-165 mg</i>	1	\$0	ADD
<i>dual action complete oral tablet, chewable 10-800-165 mg</i>	1	\$0	ADD
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg, 40 mg</i>	1	\$0	QL (60 per 30 days)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	\$0	
<i>famotidine oral tablet 10 mg</i>	1	\$0	ADD
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	\$0	
<i>heartburn prevention oral tablet 10 mg, 20 mg</i>	1	\$0	ADD
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG	1	\$0	ADD
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg, 30 mg</i>	1	\$0	QL (30 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	\$0	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	\$0	
<i>omeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i>	1	\$0	ADD
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	1	\$0	
<i>omeprazole oral tablet, delayed release (drlec) 20 mg</i>	1	\$0	ADD
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i>	1	\$0	
<i>pepcid ac oral tablet 20 mg</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i>	1	\$0	
<i>sucralfate oral suspension 100 mg/ml</i>	1	\$0	
<i>sucralfate oral tablet 1 gram</i>	1	\$0	
<i>tums dual action (famotidine) oral tablet, chewable 10-800-165 mg</i>	1	\$0	ADD
<i>zantac-360 (famotidine) oral tablet 20 mg</i>	1	\$0	ADD

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	\$0	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	\$0	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	2	\$0	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	2	\$0	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	\$0	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	\$0	PA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	2	\$0	PA; LA
EPOGEN 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	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	2	\$0	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	2	\$0	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	\$0	
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	\$0	
LEUKINE INJECTION RECON SOLN 250 MCG	2	\$0	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	\$0	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	\$0	
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	\$0	
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	\$0	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	2	\$0	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	\$0	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	\$0	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	2	\$0	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	\$0	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	\$0	
VACCINES / MISCELLANEOUS IMMUNOLOGICALS			
ABRYSCO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	\$0	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	\$0	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	\$0	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	\$0	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	\$0	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	\$0	V
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	\$0	V
BIVIGAM INTRAVENOUS SOLUTION 10 %	2	\$0	PA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	\$0	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	\$0	V
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	\$0	B/D; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	\$0	B/D; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	\$0	B/D; V
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	2	\$0	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	\$0	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	\$0	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	2	\$0	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	2	\$0	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	2	\$0	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	\$0	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	\$0	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	\$0	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	\$0	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	\$0	B/D; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	\$0	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	\$0	B/D; V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	\$0	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	\$0	V
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	\$0	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	\$0	V
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	\$0	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	\$0	V
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	\$0	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	\$0	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	2	\$0	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	\$0	V
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	2	\$0	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	\$0	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	\$0	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	\$0	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	2	\$0	B/D; V
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	\$0	V
PRIVIGEN INTRAVENOUS SOLUTION 10 %	2	\$0	PA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	\$0	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	2	\$0	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	\$0	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	\$0	B/D; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	\$0	B/D; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	\$0	B/D; V
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	\$0	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	\$0	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	\$0	V; QL (2 per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	\$0	V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	\$0	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	\$0	V
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	\$0	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	\$0	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	\$0	V
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	\$0	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	\$0	V
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	\$0	V
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	\$0	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	\$0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2	\$0	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	\$0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	2	\$0	V

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	\$0	V
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	2	\$0	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

BINAXNOW COVD AG CARD HOME TST KIT	2	\$0	ADD; QL (30 per 30 days)
BINAXNOW COVID-19 AG SELF TEST KIT	2	\$0	ADD; QL (30 per 30 days)
CARESTART COVID-19 AG HOME TST KIT	2	\$0	ADD; QL (30 per 30 days)
CELLTRION DIATRUST COV-19 HOME KIT	2	\$0	ADD; QL (30 per 30 days)
CLINITEST COVID-19 HOME TEST KIT	2	\$0	ADD; QL (30 per 30 days)
COVID-19 AT-HOME TEST KIT	2	\$0	ADD; QL (30 per 30 days)
ELLUME COVID-19 HOME TEST KIT	2	\$0	ADD; QL (30 per 30 days)
FLOWFLEX COVID-19 AG HOME TEST KIT	2	\$0	ADD; QL (30 per 30 days)
GAUZE PADS 2 X 2	2	\$0	
GENABIO COVID-19 RAPID AT-HOME KIT	2	\$0	ADD; QL (30 per 30 days)
IHEALTH COVID-19 AG HOME TEST KIT	2	\$0	ADD; QL (30 per 30 days)
INDICAID COVID-19 AG HOME TEST KIT	2	\$0	ADD; QL (30 per 30 days)
INSULIN PEN NEEDLE	2	\$0	QL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	\$0	QL (200 per 30 days)
INTELISWAB COVID-19 HOME TEST KIT	2	\$0	ADD; QL (30 per 30 days)
LUCIRA CHECK-IT COVID HOME TST KIT	2	\$0	ADD; QL (30 per 30 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
NEEDLES, INSULIN DISP.,SAFETY	2	\$0	QL (200 per 30 days)
ON-GO COVID-19 AG AT HOME TEST KIT	2	\$0	ADD; QL (30 per 30 days)
PILOT COVID-19 AT-HOME TEST KIT	2	\$0	ADD; QL (30 per 30 days)
QUICKVUE AT-HOME COVID-19 TEST KIT	2	\$0	ADD; QL (30 per 30 days)
SPEEDYSWAB COVID-19 HOME TEST KIT	2	\$0	ADD; QL (30 per 30 days)
MUSCULOSKELETAL / RHEUMATOLOGY			
GOUT THERAPY			
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	\$0	
COLCHICINE ORAL CAPSULE 0.6 MG	2	\$0	
<i>colchicine oral tablet 0.6 mg</i>	1	\$0	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	\$0	
<i>probenecid oral tablet 500 mg</i>	1	\$0	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	\$0	
OSTEOPOROSIS THERAPY			
<i>alendronate oral tablet 10 mg</i>	1	\$0	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	\$0	QL (4 per 28 days)
<i>ibandronate oral tablet 150 mg</i>	1	\$0	QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	2	\$0	PA; QL (1 per 180 days)
<i>raloxifene oral tablet 60 mg</i>	1	\$0	
<i>risedronate oral tablet 150 mg</i>	1	\$0	QL (1 per 28 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	\$0	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	\$0	QL (30 per 30 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	2	\$0	PA
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	2	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	\$0	PA
OTHER RHEUMATOLOGICALS			
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML -	2	\$0	PA; QL (6 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	2	\$0	PA; QL (6 per 28 days)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	2	\$0	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	\$0	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	\$0	PA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	\$0	PA; QL (8 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	\$0	PA; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	\$0	PA; QL (8 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	2	\$0	PA; QL (6.4 per 30 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	2	\$0	PA; QL (6.4 per 30 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	2	\$0	PA; QL (3.2 per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	\$0	PA; QL (3.2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML	2	\$0	PA; QL (2 per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	\$0	QL (30 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	2	\$0	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	\$0	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	\$0	PA; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	\$0	PA; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 30 MG	2	\$0	PA; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	\$0	PA
<i>penicillamine oral capsule 250 mg</i>	1	\$0	
<i>penicillamine oral tablet 250 mg</i>	1	\$0	
RIDAURA ORAL CAPSULE 3 MG	2	\$0	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	2	\$0	PA; QL (30 per 30 days)
XELJANZ ORAL SOLUTION 1 MG/ML	2	\$0	PA; QL (300 per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	2	\$0	PA; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	\$0	PA; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY			
ESTROGENS / PROGESTINS			
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	\$0	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	2	\$0	
<i>camila oral tablet 0.35 mg</i>	1	\$0	
<i>deblitane oral tablet 0.35 mg</i>	1	\$0	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	\$0	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	\$0	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	\$0	
DUAVEE ORAL TABLET 0.45-20 MG	2	\$0	
<i>errin oral tablet 0.35 mg</i>	1	\$0	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	\$0	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	\$0	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	\$0	
<i>estradiol vaginal tablet 10 mcg</i>	1	\$0	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	\$0	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	\$0	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	\$0	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	2	\$0	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	\$0	
<i>heather oral tablet 0.35 mg</i>	1	\$0	
<i>incassia oral tablet 0.35 mg</i>	1	\$0	
<i>jencycla oral tablet 0.35 mg</i>	1	\$0	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	\$0	
<i>lyleq oral tablet 0.35 mg</i>	1	\$0	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>lyza oral tablet 0.35 mg</i>	1	\$0	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	\$0	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	\$0	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	\$0	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	2	\$0	
<i>mimvey oral tablet 1-0.5 mg</i>	1	\$0	
<i>nora-be oral tablet 0.35 mg</i>	1	\$0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	\$0	
<i>norethindrone acetate oral tablet 5 mg</i>	1	\$0	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	\$0	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	\$0	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	\$0	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	\$0	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	\$0	
<i>sharobel oral tablet 0.35 mg</i>	1	\$0	
<i>yuvafem vaginal tablet 10 mcg</i>	1	\$0	QL (18 per 28 days)
MISCELLANEOUS OB/GYN			
1-DAY VAGINAL OINTMENT 6.5 %	2	\$0	ADD
3-DAY VAGINAL VAGINAL CREAM 2 %	1	\$0	ADD
<i>clindamycin phosphate vaginal cream 2 %</i>	1	\$0	
<i>clotrimazole 3 day vaginal cream 2 %</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>clotrimazole vaginal cream 1 %</i>	1	\$0	ADD
<i>clotrimazole-3 vaginal cream 2 %</i>	1	\$0	ADD
<i>clotrimazole-7 vaginal cream 1 %</i>	1	\$0	ADD
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	\$0	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	\$0	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	\$0	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	\$0	
<i>miconazole nitrate vaginal cream 2 %</i>	1	\$0	ADD
MICONAZOLE NITRATE VAGINAL KIT 1,200-2 MG-%	2	\$0	ADD
<i>miconazole nitrate vaginal suppository 100 mg</i>	1	\$0	ADD
<i>miconazole-3 vaginal cream 200 mg/5 gram (4 %)</i>	1	\$0	ADD
<i>miconazole-3 vaginal kit 200 mg- 2 % (9 gram)</i>	1	\$0	ADD
<i>miconazole-3 vaginal suppository 200 mg</i>	1	\$0	
<i>miconazole-7 vaginal cream 2 %</i>	1	\$0	ADD
<i>miconazole-7 vaginal suppository 100 mg</i>	1	\$0	ADD
MONISTAT 1 COMBO PACK VAGINAL KIT 1,200-2 MG-%	2	\$0	ADD
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	\$0	PA
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	\$0	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	\$0	
<i>terconazole vaginal suppository 80 mg</i>	1	\$0	
<i>tioconazole vaginal ointment 6.5 %</i>	1	\$0	ADD
TIOCONAZOLE-1 VAGINAL OINTMENT 6.5 %	2	\$0	ADD
<i>tranexamic acid oral tablet 650 mg</i>	1	\$0	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	\$0	
VEOZAH ORAL TABLET 45 MG	2	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	\$0	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	\$0	
ORAL CONTRACEPTIVES / RELATED AGENTS			
<i>after pill oral tablet 1.5 mg</i>	1	\$0	ADD
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	\$0	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	\$0	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	\$0	
<i>apri oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	\$0	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	\$0	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	\$0	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	\$0	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	\$0	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	\$0	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	\$0	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	\$0	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	\$0	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	\$0	
<i>curae oral tablet 1.5 mg</i>	1	\$0	ADD
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	\$0	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	\$0	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	\$0	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	\$0	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	\$0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	\$0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	\$0	
ECONTRA EZ ORAL TABLET 1.5 MG	1	\$0	ADD
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	1	\$0	ADD
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	\$0	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	\$0	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	\$0	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	\$0	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	\$0	
<i>her style oral tablet 1.5 mg</i>	1	\$0	ADD
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	\$0	
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	\$0	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>juleber oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	\$0	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	\$0	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	\$0	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	\$0	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	\$0	
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	\$0	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	\$0	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	\$0	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	1	\$0	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>l norgestle.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	\$0	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	\$0	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	\$0	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	\$0	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	\$0	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	\$0	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	\$0	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	\$0	
<i>levonorgestrel oral tablet 1.5 mg</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	\$0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	\$0	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	\$0	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	\$0	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	\$0	
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	\$0	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	\$0	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	\$0	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	\$0	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	\$0	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	\$0	
<i>my choice oral tablet 1.5 mg</i>	1	\$0	ADD
<i>my way oral tablet 1.5 mg</i>	1	\$0	ADD
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	\$0	
NEW DAY ORAL TABLET 1.5 MG	1	\$0	ADD
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	\$0	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1	\$0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	\$0	
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	\$0	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	\$0	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	\$0	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	\$0	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	\$0	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	\$0	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	\$0	
<i>ocella oral tablet 3-0.03 mg</i>	1	\$0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	1	\$0	ADD
OPTION-2 ORAL TABLET 1.5 MG	1	\$0	ADD
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	\$0	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	\$0	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcgl 0.15 mg-25 mcg</i>	1	\$0	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	\$0	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	\$0	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>syeda oral tablet 3-0.03 mg</i>	1	\$0	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	\$0	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	\$0	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	\$0	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	\$0	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	\$0	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	\$0	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	\$0	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	\$0	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	\$0	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	\$0	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	\$0	
<i>velivet triphasic regimen (28) oral tablet 0.11.125/1.15-25 mg-mcg</i>	1	\$0	
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	\$0	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	\$0	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	\$0	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	\$0	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	\$0	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	\$0	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
OPHTHALMOLOGY			
ANTIBIOTICS			
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	\$0	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	\$0	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	\$0	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	\$0	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	\$0	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	\$0	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	\$0	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	\$0	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	\$0	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	\$0	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	\$0	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	\$0	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	\$0	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	\$0	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	\$0	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	\$0	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	\$0	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	\$0	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ANTIVIRALS			
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	\$0	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	2	\$0	
BETA-BLOCKERS			
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	\$0	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	\$0	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	\$0	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	\$0	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	\$0	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	\$0	
MISCELLANEOUS OPHTHALMOLOGICS			
ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	1	\$0	ADD
<i>allergy eye (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	\$0	ADD
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	2	\$0	
<i>artificial eye lubricant ophthalmic (eye) ointment 83-15 %</i>	1	\$0	ADD
ARTIFICIAL TEARS (CMC) OPHTHALMIC (EYE) DROPS 1 %	2	\$0	ADD
<i>artificial tears(pvalch-povid) ophthalmic (eye) drops 0.5-0.6 %</i>	1	\$0	ADD
<i>atropine ophthalmic (eye) drops 1 %</i>	1	\$0	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	1	\$0	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	\$0	
<i>carboxymethylcellulose sodium ophthalmic (eye) dropperette 0.5 %</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
CARBOXYMETHYLCELLULOSE SODIUM OPHTHALMIC (EYE) DROPPERETTE,GEL 1 %	2	\$0	ADD
CARBOXYMETHYLCELLULOSE SODIUM OPHTHALMIC (EYE) DROPS 0.5 %	2	\$0	ADD
CARBOXYMETHYLCELLULOSE SODIUM OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 %	2	\$0	ADD
CHILDREN'S ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	1	\$0	ADD
<i>clear eyes natural tears ophthalmic (eye) drops 0.5-0.6 %</i>	1	\$0	ADD
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	\$0	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	\$0	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	2	\$0	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	\$0	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	\$0	
<i>eye itch relief ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	\$0	ADD
<i>for sty relief ophthalmic (eye) ointment</i>	1	\$0	ADD
GENTEAL TEARS SEVERE GEL OPHTHALMIC (EYE) GEL 0.3 %	2	\$0	ADD
GENTEAL TEARS SEVERE(PETROLAT) OPHTHALMIC (EYE) OINTMENT 94-3 %	2	\$0	ADD
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	\$0	ADD
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	2	\$0	
<i>lubricant eye drops ophthalmic (eye) dropperette 0.5 %</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	2	\$0	ADD
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %, 57.7-31.9 %	2	\$0	ADD
LUBRICATING PLUS OPHTHALMIC (EYE) DROPPERETTE 0.5 %	1	\$0	ADD
LUBRIFRESH PM OPHTHALMIC (EYE) OINTMENT 83-15 %	1	\$0	ADD
MOISTURIZING LUBRICANT OPHTHALMIC (EYE) DROPS 0.25 %	2	\$0	ADD
NIGHTTIME DRY-EYE RELIEF OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	2	\$0	ADD
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	\$0	
OVERNIGHT LUBRICATING EYE OPHTHALMIC (EYE) OINTMENT 94-3 %	2	\$0	ADD
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	2	\$0	PA
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	\$0	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	\$0	
REFRESH CELLUVISC OPHTHALMIC (EYE) DROPPERETTE,GEL 1 %	2	\$0	ADD
REFRESH CONTACTS OPHTHALMIC (EYE) DROPS	2	\$0	ADD
REFRESH LACRI-LUBE OPHTHALMIC (EYE) OINTMENT 56.8-42.5 %	2	\$0	ADD
REFRESH LIQUIGEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 %	2	\$0	ADD
REFRESH P.M. OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	2	\$0	ADD
REFRESH PLUS OPHTHALMIC (EYE) DROPPERETTE 0.5 %	2	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
REFRESH TEARS OPHTHALMIC (EYE) DROPS 0.5 %	2	\$0	ADD
<i>restore plus (cmcellulose) ophthalmic (eye) dropperette 0.5 %</i>	1	\$0	ADD
RESTORE PM OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	2	\$0	ADD
RETAIN PM OPHTHALMIC (EYE) OINTMENT 80-20 %	2	\$0	ADD
SOOTHE NIGHT TIME LUBRICANT OPHTHALMIC (EYE) OINTMENT 80-20 %	2	\$0	ADD
STERILE LUBRICANT OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.7 %	2	\$0	ADD
<i>stye (pva-povidone) ophthalmic (eye) drops 0.5-0.6 %</i>	1	\$0	ADD
STYE LUBRICANT OPHTHALMIC (EYE) OINTMENT 57.7-31.9 %	2	\$0	ADD
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	\$0	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	\$0	
SYSTANE GEL OPHTHALMIC (EYE) GEL 0.3 %	2	\$0	ADD
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 %	2	\$0	ADD
THERATEARS OPHTHALMIC (EYE) DROPPERETTE 0.25 %	2	\$0	ADD
THERATEARS OPHTHALMIC (EYE) DROPPERETTE,GEL 1 %	2	\$0	ADD
THERATEARS OPHTHALMIC (EYE) DROPS 0.25 %	2	\$0	ADD
<i>ultra fresh ophthalmic (eye) drops 0.5 %</i>	1	\$0	ADD
VENTIVA TEARS OPHTHALMIC (EYE) DROPS 0.5 %	2	\$0	ADD
VENTIVA TEARS PLUS OPHTHALMIC (EYE) DROPS 0.6 %	2	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	2	\$0	PA; QL (2.5 per 28 days)
<i>wal-zyr (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	\$0	ADD
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	2	\$0	PA; QL (10 per 30 days)
ZADITOR OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	2	\$0	ADD
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS			
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	\$0	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	\$0	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	\$0	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	\$0	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	\$0	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	\$0	
ORAL DRUGS FOR GLAUCOMA			
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	\$0	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	\$0	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	\$0	
OTHER GLAUCOMA DRUGS			
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	\$0	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	\$0	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	\$0	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	2	\$0	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	\$0	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	\$0	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	\$0	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	\$0	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	2	\$0	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	2	\$0	ST; QL (2.5 per 30 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	\$0	
STEROID-ANTIBIOTIC COMBINATIONS			
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	\$0	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	\$0	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	\$0	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	\$0	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	\$0	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	\$0	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	\$0	
STERIODS			
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	2	\$0	ST
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	\$0	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	\$0	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	\$0	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	\$0	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	\$0	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	\$0	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	\$0	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	2	\$0	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	\$0	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	\$0	
SYMPATHOMIMETICS			
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	\$0	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	1	\$0	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	2	\$0	
RESPIRATORY AND ALLERGY			
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS			
<i>24hour allergy oral tablet 10 mg</i>	1	\$0	ADD
ALA-HIST IR ORAL TABLET 2 MG	1	\$0	ADD
<i>alavert oral tablet,disintegrating 10 mg</i>	1	\$0	ADD
<i>aler-cap oral capsule 25 mg</i>	1	\$0	ADD
<i>alka-seltzer plus allergy oral tablet 25 mg</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>all day allergy (cetirizine) oral solution 1 mg/ml</i>	1	\$0	ADD
<i>all day allergy (cetirizine) oral tablet 10 mg</i>	1	\$0	ADD
ALLER-CHLOR ORAL TABLET 4 MG	1	\$0	ADD
<i>allerclear oral tablet 10 mg</i>	1	\$0	ADD
<i>aller-ease oral tablet 180 mg</i>	1	\$0	ADD
<i>aller-fex oral tablet 180 mg</i>	1	\$0	ADD
ALLER-G-TIME ORAL TABLET 25 MG	1	\$0	ADD
<i>allergy (chlorpheniramine) oral tablet 4 mg</i>	1	\$0	ADD
<i>allergy (diphenhydramine) oral capsule 25 mg</i>	1	\$0	ADD
<i>allergy (diphenhydramine) oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>allergy (diphenhydramine) oral tablet 25 mg</i>	1	\$0	ADD
<i>allergy medication oral capsule 25 mg</i>	1	\$0	ADD
<i>allergy medicine oral tablet 25 mg</i>	1	\$0	ADD
<i>allergy oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>allergy relief (cetirizine) oral solution 1 mg/ml</i>	1	\$0	ADD
<i>allergy relief (cetirizine) oral tablet 10 mg</i>	1	\$0	ADD
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 5 MG	1	\$0	ADD
<i>allergy relief (fexofenadine) oral tablet 180 mg, 60 mg</i>	1	\$0	ADD
<i>allergy relief (loratadine) oral solution 5 mg/5 ml</i>	1	\$0	ADD
<i>allergy relief (loratadine) oral tablet 10 mg</i>	1	\$0	ADD
<i>allergy relief (loratadine) oral tablet, disintegrating 10 mg, 5 mg</i>	1	\$0	ADD
<i>allergy relief (chlorpheniramin) oral tablet 4 mg</i>	1	\$0	ADD
<i>allergy relief (diphenhydramin) oral capsule 25 mg</i>	1	\$0	ADD
<i>allergy relief (diphenhydramin) oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>allergy relief (diphenhydramin) oral tablet 25 mg</i>	1	\$0	ADD
<i>allergy-time oral tablet 4 mg</i>	1	\$0	ADD
<i>aller-tec oral tablet 10 mg</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>banophen oral capsule 25 mg, 50 mg</i>	1	\$0	ADD
BANOPHEN ORAL TABLET 25 MG	1	\$0	ADD
<i>benadryl allergy oral tablet 25 mg</i>	1	\$0	ADD
<i>cetirizine oral solution 1 mg/ml</i>	1	\$0	
<i>cetirizine oral solution 5 mg/5 ml</i>	1	\$0	ADD
<i>cetirizine oral tablet 10 mg, 5 mg</i>	1	\$0	ADD
<i>cetirizine oral tablet, chewable 10 mg, 5 mg</i>	1	\$0	ADD
<i>child allergy relf(cetirizine) oral solution 1 mg/ml</i>	1	\$0	ADD
<i>children's allegra allergy oral suspension 30 mg/5 ml</i>	1	\$0	ADD
<i>children's allergy (diphenhyd) oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>children's allergy relief(fex) oral suspension 30 mg/5 ml</i>	1	\$0	ADD
<i>children's allergy relief(lor) oral solution 5 mg/5 ml</i>	1	\$0	ADD
<i>children's allergy(cetirizine) oral solution 1 mg/ml</i>	1	\$0	ADD
<i>children's aller-tec oral solution 1 mg/ml</i>	1	\$0	ADD
<i>children's cetirizine oral solution 1 mg/ml</i>	1	\$0	ADD
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 10 MG	1	\$0	ADD
<i>children's cetirizine oral tablet, chewable 5 mg</i>	1	\$0	ADD
<i>children's wal-dryl allergy oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>children's wal-fex oral suspension 30 mg/5 ml</i>	1	\$0	ADD
<i>children's wal-zyr oral solution 1 mg/ml</i>	1	\$0	ADD
<i>children's wal-zyr oral tablet, chewable 10 mg</i>	1	\$0	ADD
<i>child's all day allergy(cetir) oral solution 1 mg/ml</i>	1	\$0	ADD
<i>chlorhist oral tablet 4 mg</i>	1	\$0	ADD
<i>chlorpheniramine maleate oral tablet 4 mg</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>chlortabs oral tablet 4 mg</i>	1	\$0	ADD
<i>claritin oral tablet 10 mg</i>	1	\$0	ADD
<i>clemastine oral tablet 2.68 mg</i>	1	\$0	
<i>complete allergy medicine oral capsule 25 mg</i>	1	\$0	ADD
<i>complete allergy medicine oral tablet 25 mg</i>	1	\$0	ADD
COMPLETE ALLERGY ORAL CAPSULE 25 MG	1	\$0	ADD
<i>complete allergy oral tablet 25 mg</i>	1	\$0	ADD
<i>cyproheptadine oral tablet 4 mg</i>	1	\$0	
<i>desloratadine oral tablet 5 mg</i>	1	\$0	
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	\$0	
<i>diphenhydramine oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>diphenhydramine oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>diphenhydramine oral tablet 25 mg</i>	1	\$0	ADD
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	\$0	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	\$0	ADD
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	\$0	ADD
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML	1	\$0	ADD
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	2	\$0	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	\$0	
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	1	\$0	ADD
<i>geri-dryl oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>geri-dryl oral tablet 25 mg</i>	1	\$0	ADD
HISTEX (TRIPROLIDINE) ORAL LIQUID 2.5 MG/5 ML	2	\$0	ADD
HISTEX PD ORAL DROPS 0.938 MG/ML, 1.25 MG/ML	2	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
HISTEX PDX ORAL DROPS 1.25 MG/ML	2	\$0	ADD
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	\$0	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	\$0	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	\$0	
<i>levocetirizine oral tablet 5 mg</i>	1	\$0	
<i>loradamed oral tablet 10 mg</i>	1	\$0	ADD
<i>loratadine oral solution 5 mg/5 ml</i>	1	\$0	ADD
<i>loratadine oral tablet 10 mg</i>	1	\$0	ADD
<i>loratadine oral tablet, disintegrating 10 mg</i>	1	\$0	ADD
<i>m-dryl oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>nighttime sleep oral capsule 50 mg</i>	1	\$0	ADD
<i>nighttime allergy relief oral tablet 25 mg</i>	1	\$0	ADD
<i>nighttime sleep aid (diphen) oral capsule 50 mg</i>	1	\$0	ADD
<i>nighttime sleep aid (diphen) oral tablet 25 mg</i>	1	\$0	ADD
<i>nytol oral tablet 25 mg</i>	1	\$0	ADD
PEDIACLEAR PD ORAL DROPS 0.625 MG/ML	2	\$0	ADD
<i>pharbechlor oral tablet 4 mg</i>	1	\$0	ADD
<i>pharbedryl oral capsule 25 mg, 50 mg</i>	1	\$0	ADD
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	\$0	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	\$0	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	\$0	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	1	\$0	
<i>rest simply nighttime sleep oral tablet 25 mg</i>	1	\$0	ADD
<i>siladryl sa oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>simply sleep oral tablet 25 mg</i>	1	\$0	ADD
<i>sleep aid (diphenhydramine) oral capsule 50 mg</i>	1	\$0	ADD
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i>	1	\$0	ADD
<i>sleep ii oral tablet 25 mg</i>	1	\$0	ADD
<i>sleep tablet (diphenhydramine) oral tablet 25 mg</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>sleep-tabs oral tablet 25 mg</i>	1	\$0	ADD
<i>sominex oral tablet 25 mg</i>	1	\$0	ADD
<i>total allergy medicine oral tablet 25 mg</i>	1	\$0	ADD
TRIPROLIDINE HCL ORAL DROPS 0.625 MG/ML, 0.938 MG/ML	2	\$0	ADD
<i>unisom sleepgels oral capsule 50 mg</i>	1	\$0	ADD
<i>wal-dryl allergy oral capsule 25 mg</i>	1	\$0	ADD
<i>wal-dryl allergy oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>wal-dryl allergy oral tablet 25 mg</i>	1	\$0	ADD
<i>wal-fex allergy oral tablet 180 mg, 60 mg</i>	1	\$0	ADD
<i>wal-finatate oral tablet 4 mg</i>	1	\$0	ADD
<i>wal-itin oral solution 5 mg/5 ml</i>	1	\$0	ADD
<i>wal-itin oral tablet 10 mg</i>	1	\$0	ADD
<i>wal-som (diphenhydramine) oral capsule 50 mg</i>	1	\$0	ADD
<i>wal-zyr (cetirizine) oral solution 1 mg/ml</i>	1	\$0	ADD
<i>wal-zyr (cetirizine) oral tablet 10 mg</i>	1	\$0	ADD
PULMONARY AGENTS			
<i>24 hour allergy relief nasal spray,suspension 50 mcg/actuation</i>	1	\$0	ADD
<i>acetylcysteine solution 100 mg/ml (10%), 200 mg/ml (20%)</i>	1	\$0	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	\$0	PA; LA
ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	\$0	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083%), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	\$0	B/D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	\$0	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	\$0	
<i>aller-flo nasal spray,suspension 50 mcg/actuation</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>allergy relief (fluticasone) nasal spray,suspension 50 mcg/actuation</i>	1	\$0	ADD
<i>alyq oral tablet 20 mg</i>	1	\$0	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	\$0	PA; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	\$0	
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	\$0	B/D
ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION	2	\$0	
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	1	\$0	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	\$0	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	\$0	
<i>breyana inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	\$0	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	\$0	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	2	\$0	PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	\$0	B/D
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>	1	\$0	ADD
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	\$0	
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	2	\$0	PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	\$0	B/D
<i>cromolyn nasal spray,non-aerosol 5.2 mg/spray (4 %)</i>	1	\$0	ADD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	\$0	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	\$0	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	\$0	PA
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	\$0	
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	1	\$0	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	\$0	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	\$0	QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	2	\$0	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	\$0	
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	\$0	B/D

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	2	\$0	PA; LA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	\$0	PA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	\$0	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	\$0	B/D
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	\$0	B/D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	2	\$0	PA; QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	2	\$0	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	2	\$0	PA; QL (60 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	\$0	B/D
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	2	\$0	ST; QL (30 per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	1	\$0	
<i>montelukast oral granules in packet 4 mg</i>	1	\$0	
<i>montelukast oral tablet 10 mg</i>	1	\$0	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	\$0	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	\$0	PA; LA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	\$0	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	2	\$0	PA; LA
OFEV ORAL CAPSULE 100 MG, 150 MG	2	\$0	
OPSUMIT ORAL TABLET 10 MG	2	\$0	PA; LA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	\$0	PA; QL (56 per 28 days)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	2	\$0	PA; QL (112 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	\$0	PA; QL (112 per 28 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	2	\$0	PA; LA
<i>pirfenidone oral capsule 267 mg</i>	1	\$0	QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	\$0	QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	1	\$0	QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	\$0	
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	\$0	B/D
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	\$0	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	\$0	QL (30 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	1	\$0	PA; QL (18 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	\$0	
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	\$0	PA; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	\$0	PA; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	\$0	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	\$0	QL (4 per 30 days)

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	2	\$0	PA; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	\$0	PA; QL (60 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	2	\$0	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	2	\$0	PA
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	\$0	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	\$0	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	\$0	
<i>theophylline oral solution 80 mg/15 ml</i>	1	\$0	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	\$0	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	\$0	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	1	\$0	QL (90 per 90 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	\$0	PA; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	\$0	
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	\$0	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	\$0	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	\$0	PA

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	\$0	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	2	\$0	PA
VENTOLIN HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	2	\$0	
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	\$0	
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	\$0	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	\$0	PA; LA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	\$0	B/D
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	\$0	

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	\$0	
<i>flavoxate oral tablet 100 mg</i>	1	\$0	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	\$0	QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	\$0	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	\$0	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	\$0	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	\$0	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>trosipium oral capsule,extended release 24hr 60 mg</i>	1	\$0	
<i>trosipium oral tablet 20 mg</i>	1	\$0	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY			
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	\$0	
<i>dutasteride oral capsule 0.5 mg</i>	1	\$0	
<i>finasteride oral tablet 5 mg</i>	1	\$0	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	\$0	
<i>tamsulosin oral capsule 0.4 mg</i>	1	\$0	
MISCELLANEOUS UROLOGICALS			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	\$0	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	\$0	LA
ELMIRON ORAL CAPSULE 100 MG	2	\$0	QL (90 per 30 days)
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	\$0	ADD
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	\$0	
VITAMINS, HEMATINICS / ELECTROLYTES			
ELECTROLYTES			
<i>alcalak oral tablet,chewable 168 mg calcium (420 mg)</i>	1	\$0	ADD
<i>alka-seltzer heartburn chew oral tablet,chewable 300 mg (750 mg)</i>	1	\$0	ADD
<i>antacid (calcium carbonate) oral tablet,chewable 200 mg calcium (500 mg)</i>	1	\$0	ADD
<i>antacid ext str (calcium carb) oral tablet,chewable 300 mg (750 mg)</i>	1	\$0	ADD
<i>antacid extra-strength oral tablet,chewable 168 mg calcium (420 mg), 300 mg (750 mg)</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>antacid ultra strength oral tablet, chewable 400 mg calcium (1,000 mg), 430 mg calcium (1,000 mg)</i>	1	\$0	ADD
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	\$0	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	\$0	
<i>calcium antacid oral tablet, chewable 200 mg calcium (500 mg), 300 mg (750 mg), 320 mg calcium (750 mg), 400 mg calcium (1,000 mg)</i>	1	\$0	ADD
<i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i>	1	\$0	ADD
<i>calcium carbonate oral tablet, chewable 200 mg calcium (500 mg), 400 mg calcium (1,000 mg)</i>	1	\$0	ADD
CAL-GEST ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)	1	\$0	ADD
<i>chromium chloride intravenous solution 4 mcg/ml</i>	1	\$0	ADD
COPPER CHLORIDE INTRAVENOUS SOLUTION 0.4 MG/ML	1	\$0	ADD
<i>cupric chloride intravenous solution 0.4 mg/ml</i>	1	\$0	ADD
<i>flavor chews antacid oral tablet, chewable 300 mg (750 mg)</i>	1	\$0	ADD
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	\$0	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	\$0	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	1	\$0	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	1	\$0	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	1	\$0	
<i>klor-con oral packet 20 meq</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
MAGNESIUM OXIDE ORAL TABLET 200 MG MAGNESIUM, 300 MG MAGNESIUM, 400 MG (241.3 MG MAGNESIUM), 500 MG MAGNESIUM	2	\$0	ADD
<i>magnesium oxide oral tablet 250 mg magnesium, 400 mg magnesium, 420 mg</i>	1	\$0	ADD
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4%), 40 gram/1,000 ml (4%)</i>	1	\$0	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4%), 4 gram/100 ml (4%), 4 gram/50 ml (8%)</i>	1	\$0	
<i>magnesium sulfate injection solution 500 mg/ml (50%)</i>	1	\$0	
<i>magnesium sulfate injection syringe 500 mg/ml (50%)</i>	1	\$0	
<i>manganese chloride intravenous solution 0.1 mg/ml</i>	1	\$0	ADD
<i>mgo oral tablet 400 mg (241.3 mg magnesium)</i>	1	\$0	ADD
PHILLIPS ORAL TABLET 500 MG MAGNESIUM	2	\$0	ADD
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	\$0	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	\$0	
<i>potassium chloride in 5% dex intravenous parenteral solution 20 meq/l</i>	1	\$0	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	\$0	
<i>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</i>	1	\$0	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	\$0	

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	\$0	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	\$0	
<i>potassium chloride oral packet 20 meq</i>	1	\$0	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	\$0	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	\$0	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	\$0	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	\$0	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	\$0	
<i>smooth antacid oral tablet, chewable 300 mg (750 mg)</i>	1	\$0	ADD
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	\$0	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	\$0	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	\$0	
<i>tums ultra oral tablet, chewable 400 mg calcium (1,000 mg)</i>	1	\$0	ADD
<i>ultra strength antacid oral tablet, chewable 400 mg calcium (1,000 mg)</i>	1	\$0	ADD
MISCELLANEOUS NUTRITION PRODUCTS			
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	\$0	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	\$0	B/D

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	2	\$0	B/D
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	\$0	B/D
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	\$0	B/D
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	\$0	B/D
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	\$0	B/D
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	2	\$0	B/D
<i>intralipid intravenous emulsion 20 %</i>	1	\$0	B/D
INTRALIPID INTRAVENOUS EMULSION 30 %	2	\$0	B/D
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	2	\$0	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	\$0	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	2	\$0	B/D
<i>premasol 10 % intravenous parenteral solution 10 %</i>	1	\$0	B/D
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	2	\$0	B/D
<i>travasol 10 % intravenous parenteral solution 10 %</i>	1	\$0	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	\$0	B/D

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
VITAMINS / HEMATINICS			
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	1	\$0	ADD
BACMIN ORAL TABLET 27 MG IRON- 1 MG	2	\$0	ADD
CORVITA ORAL TABLET 1.25-2.5-7 MG	1	\$0	ADD
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	\$0	ADD
DIALYVITE 3000 ORAL TABLET 3-70-15 MG-MCG-MG	2	\$0	ADD
DIALYVITE 5000 ORAL TABLET 5 MG	2	\$0	ADD
<i>dialyvite 800 oral tablet 0.8 mg</i>	1	\$0	ADD
DIALYVITE ORAL TABLET 1-100-300-50 MG-MG-MCG-MG, 100-1 MG	1	\$0	ADD
DIALYVITE SUPREME D ORAL TABLET 3-2,000 MG-UNIT	2	\$0	ADD
<i>dodex injection solution 1,000 mcg/ml</i>	1	\$0	ADD
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT)	2	\$0	ADD
ENLYTE ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG	2	\$0	ADD
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	\$0	ADD
FLORIVA ORAL TABLET,CHEWABLE 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG)	2	\$0	ADD
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	\$0	
<i>fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	\$0	
<i>folbee oral tablet 2.5-25-1 mg</i>	1	\$0	ADD
<i>folbee plus oral tablet 5 mg</i>	1	\$0	ADD
<i>folbic oral tablet 2.5-25-2 mg</i>	1	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>folic acid injection solution 5 mg/ml</i>	1	\$0	ADD
<i>folic acid oral tablet 1 mg</i>	1	\$0	ADD
FOLIC ACID-VIT B6-VIT B12 ORAL TABLET 0.5-5-0.2 MG	2	\$0	ADD
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	1	\$0	ADD
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	1	\$0	ADD
FOLTRATE ORAL TABLET 0.5-1 MG	2	\$0	ADD
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	1	\$0	ADD
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	\$0	ADD
INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/10 ML	2	\$0	ADD
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION 80 MG-400 UNIT- 200 MCG/5 ML	2	\$0	ADD
MTX SUPPORT ORAL TABLET 0.5-1 MG	2	\$0	ADD
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	1	\$0	ADD
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	1	\$0	ADD
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	\$0	ADD
MULTIVIT-FLUORIDE (METAFOLIN) ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE	2	\$0	ADD
<i>mynephrocaps oral capsule 1 mg</i>	1	\$0	ADD
<i>mynephron oral capsule 1 mg</i>	1	\$0	ADD
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	2	\$0	ADD
NEPHPLEX RX ORAL TABLET 1-60-300-12.5 MG-MG-MCG-MG	1	\$0	ADD
NIVA-FOL ORAL TABLET 2.5-25-2 MG	2	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
POLY-VI-FLOR DROPS ORAL DROPS 0.25 MG FLUORIDE/ML	2	\$0	ADD
<i>prenatal vitamin oral tablet</i>	1	\$0	
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	1	\$0	ADD
QUFLORA FE (FERROUS SULFATE) ORAL DROPS 9.5-0.25 MG/ML	2	\$0	ADD
QUFLORA FE ORAL TABLET,CHEWABLE 9-0.25 MG	2	\$0	ADD
QUFLORA PEDIATRIC DROPS ORAL DROPS 0.25MG FLUORIDE (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	2	\$0	ADD
QUFLORA PEDIATRIC ORAL TABLET,CHEWABLE 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG)	2	\$0	ADD
RENAL CAPS ORAL CAPSULE 1 MG	1	\$0	ADD
<i>rena-vite oral tablet 0.8 mg</i>	1	\$0	ADD
<i>reno caps oral capsule 1 mg</i>	1	\$0	ADD
STROVITE ONE ORAL TABLET 1-1,000-15-5 MG-UNIT-MG-MG	2	\$0	ADD
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	1	\$0	ADD
TRIPHROCAPS ORAL CAPSULE 1 MG	1	\$0	ADD
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	\$0	ADD
TRI-VITE WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML	1	\$0	ADD
<i>tri-vite with fluoride oral drops 0.5 mg fluoride (1.1 mg)/ml</i>	1	\$0	ADD
VIRT-CAPS ORAL CAPSULE 1 MG	2	\$0	ADD
VIT 3 ORAL CAPSULE 500 MG-500 MCG -1 MG-12.5 MG	1	\$0	ADD
VITAL-D RX ORAL TABLET 1,750-60-1-12.5 UNIT-MG-MG-MG	2	\$0	ADD

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 03/20/2024.

NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
VITAMIN B12-FOLIC ACID ORAL TABLET 500-400 MCG	2	\$0	ADD
<i>vitamin d2 oral capsule 1,250 mcg (50,000 unit)</i>	1	\$0	ADD
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	1	\$0	ADD
WESCAPS ORAL CAPSULE 1 MG	1	\$0	ADD
<i>westab max oral tablet 2.5-25-2 mg</i>	1	\$0	ADD
<i>westab one oral tablet 2.5-25-1 mg</i>	1	\$0	ADD

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 03/20/2024.

Index

1-DAY.....	121	ADACEL(TDAP	<i>aller-flo</i>	141
24 hour allergy relief.....	141	ADOLESN/ADULT)(PF)...	ALLER-G-TIME.....	137
24hour allergy.....	136	ADALIMUMAB-FKJP.....	allergy.....	137
3-DAY VAGINAL.....	121	<i>adapalene</i>	allergy (chlorpheniramine) ...	137
8 hour pain reliever.....	49	ADBRY.....	allergy (diphenhydramine) ..	137
8hr muscle aches-pain.....	49	<i>addaprin</i>	allergy eye (ketotifen)	130
<i>abacavir</i>	16	<i>adefovir</i>	allergy medication.....	137
<i>abacavir-lamivudine</i>	16	ADEMPAS.....	allergy medicine.....	137
ABELCET.....	15	ADIPEX-P.....	allergy relief (cetirizine)	137
ABILIFY MAINTENA.....	56	ADLARITY.....	ALLERGY RELIEF	
<i>abiraterone</i>	29	ADULT ASPIRIN	(CETIRIZINE).....	137
ABRYSVO.....	111	REGIMEN.....	allergy relief (fexofenadine) .	137
<i>acamprosate</i>	86	ADVAIR HFA.....	allergy relief (fluticasone)	142
<i>acarbose</i>	93	<i>advanced antacid-antigas</i>	allergy relief (loratadine)	137
<i>accutane</i>	78	<i>advanced exfoliating cleanser</i> ..	allergy	
<i>acebutolol</i>	65	<i>advil junior strength</i>	relief(chlorpheniramn)	137
<i>acetaminophen</i>	49, 50	<i>after pill</i>	allergy	
ACETAMINOPHEN.....	49	AIMOVIG	relief(diphenhydramin)	137
<i>acetaminophen extra strength</i> ..	49	AUTOINJECTOR.....	allergy-time.....	137
<i>acetaminophen-codeine</i>	47	AJOVY AUTOINJECTOR..	<i>aller-tec</i>	137
<i>acetazolamide</i>	134	AJOVY SYRINGE.....	<i>allopurinol</i>	117
<i>acetic acid</i>	91	AKEEGA.....	ALMACONE-2.....	101
<i>acetylcysteine</i>	141	<i>ala-cort</i>	<i>almotriptan malate</i>	44
<i>acid controller</i>	107	ALA-HIST IR.....	ALOCRIL.....	130
<i>acid controller complete</i>	107	<i>alavert</i>	<i>alophen (bisacodyl)</i>	101
ACID GONE ANTACID... 101		ALAWAY.....	<i>alose tron</i>	101
<i>acid reducer (famotidine)</i>	107	<i>albendazole</i>	<i>alprazolam</i>	56
<i>acid reducer (lansoprazole)</i> ..	107	<i>albuterol sulfate</i>	ALREX.....	135
<i>acid reducer (omeprazole)</i> ...	108	<i>alcalak</i>	<i>aluminum hydroxide gel</i>	101
<i>acid reducer complete</i>		<i>alclometasone</i>	<i>alum-mag hydroxide-simeth</i> ..	101
(<i>famot</i>).....	108	<i>alcohol pads</i>	ALUNBRIG.....	29
<i>acid reducer-antacid</i>	108	ALECENSA.....	<i>alyacen 1/35 (28)</i>	123
<i>acid-pep</i>	108	<i>alendronate</i>	<i>alyacen 7/7/7 (28)</i>	123
<i>acitretin</i>	76	<i>aler-cap</i>	<i>alyq</i>	142
<i>acne control cleanser</i>	78	<i>alfuzosin</i>	<i>amabelz</i>	119
<i>acne foaming wash</i>	78	<i>aliskiren</i>	<i>amantadine hcl</i>	16
<i>acne medication</i>	78	<i>alka-seltzer heartburn chew</i> ..	AMBISOME.....	15
ACNE MEDICATION.....	78	<i>alka-seltzer plus allergy</i>	<i>ambrisentan</i>	142
<i>acne treatment (benzoyl</i>		<i>all day allergy (cetirizine)</i>	<i>amethia</i>	123
<i>perox</i>).....	78	<i>all day pain relief</i>	<i>amikacin</i>	22
<i>acne-clear</i>	78	<i>all day relief</i>	<i>amiloride</i>	65
ACTHIB (PF).....	111	ALLER-CHLOR.....	<i>amiloride-hydrochlorothiazide</i>	65
ACTIMMUNE.....	109	<i>allerclear</i>	<i>amiodarone</i>	65
<i>acyclovir</i>	16, 82	<i>aller-ease</i>	<i>amitriptyline</i>	56
<i>acyclovir sodium</i>	16	<i>aller-fex</i>		

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 03/20/2024.

<i>amitriptyline-</i>	<i>anti-itch (hydrocortisone)-</i>	<i>atomoxetine</i>	57
<i>chlordiazepoxide</i>	<i>aloe</i>	<i>atorvastatin</i>	73
<i>amlodipine</i>	<i>antiseptic</i>	<i>atovaquone</i>	22
<i>amlodipine-atorvastatin</i>	<i>aphen</i>	<i>atovaquone-proguanil</i>	22
<i>amlodipine-benazepril</i>	APLENZIN	<i>atropine</i>	130
<i>amlodipine-olmesartan</i>	<i>apomorphine</i>	ATROPINE SULFATE	
<i>amlodipine-valsartan</i>	<i>apraclonidine</i>	(PF).....	130
<i>amlodipine-valsartan-</i>	<i>aprepitant</i>	ATROVENT HFA	142
<i>hcthiaqid</i>	<i>apri</i>	<i>aubra eq</i>	123
<i>ammonium lactate</i>	APTIOM	AUGTYRO	29
<i>amnestem</i>	APTIVUS	AURYXIA	86
<i>amoxapine</i>	<i>aquaphor itch relief</i>	AUVELITY	57
<i>amoxicillin</i>	ARALAST NP	<i>aviane</i>	123
<i>amoxicillin-pot clavulanate</i> 25, 26	<i>aranelle (28)</i>	AVONEX	109
<i>amphotericin b</i>	ARANESP (IN	AYVAKIT	29
<i>ampicillin</i>	POLYSORBATE)	AZASAN	29
<i>ampicillin sodium</i>	ARCALYST	AZASITE	129
<i>ampicillin-sulbactam</i>	AREXVY (PF)	<i>azathioprine</i>	29
<i>anagrelide</i>	<i>arformoterol</i>	<i>azelaic acid</i>	79
<i>anastrozole</i>	<i>aripiprazole</i>	<i>azelastine</i>	90, 130
ANGELIQ	<i>armodafinil</i>	<i>azelastine-fluticasone</i>	142
ANORO ELLIPTA	ARMOUR THYROID	<i>azithromycin</i>	22
<i>antacid</i>	<i>arthritis pain relief (acetam)</i> ..	<i>azolen</i>	81
<i>antacid (calcium carbonate)</i> ..	<i>arthritis pain reliever</i>	<i>aztreonam</i>	22
<i>antacid anti-gas</i>	<i>artificial eye lubricant</i>	<i>azurette (28)</i>	123
<i>antacid ext str (calcium carb)</i>	ARTIFICIAL TEARS	<i>b complex-vitamin c-folic acid</i>	
.....	(CMC).....	.....	153
<i>antacid extra-strength</i>	<i>artificial tears(pvalch-povid)</i>	<i>bacitracin</i>	129
<i>antacid m</i>	<i>ascomp with codeine</i>	<i>bacitracin-polymyxin b</i>	129
<i>antacid maximum strength</i>	<i>asenapine maleate</i>	<i>baclofen</i>	46
<i>antacid plus anti-gas</i>	<i>ashlyna</i>	BACLOFEN	46
<i>antacid regular strength</i>	ASPERFLEX	BACMIN	153
<i>antacid ultra strength</i>	(LIDOCAINE).....	<i>balsalazide</i>	102
ANTACID-ANTIGAS	<i>aspirin</i>	BALVERSA	29
<i>antacid-antigas</i>	<i>aspirin childrens</i>	<i>balziva (28)</i>	123
<i>antibiotic (neomy-bacit-</i>	<i>aspirin,buffd-calcium carb-</i>	<i>banophen</i>	138
<i>polym)</i>	<i>mag</i>	BANOPHEN	138
<i>anti-diarrheal</i>	<i>aspirin-dipyridamole</i>	BAQSIMI	93
<i>anti-diarrheal (loperamide)</i> ...	<i>aspir-trin</i>	BARACLUDE	16
ANTI-DIARRHEAL	<i>atazanavir</i>	<i>bayer advanced</i>	50
(LOPERAMIDE).....	<i>atenolol</i>	<i>bayer aspirin</i>	50
<i>antifungal</i>	<i>atenolol-chlorthalidone</i>	<i>bayer low dose aspirin</i>	51
<i>antifungal (clotrimazole)</i>	<i>athenol</i>	<i>baza antifungal</i>	81
<i>antifungal (tolnaftate)</i>	<i>athlete's foot (clotrimazole)</i> ...	BCG VACCINE, LIVE (PF)	
<i>anti-itch (hc)</i>	<i>athlete's foot (tolnaftate)</i>.....	.....	111
	<i>athletic foot cream</i>	<i>benadryl allergy</i>	138

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 03/20/2024.

<i>benazepril</i>	66	<i>breyna</i>	142	CAMZYOS.....	75
<i>benazepril-</i>		BREZTRI AEROSPHERE.....	142	<i>candesartan</i>	66
<i>hydrochlorothiazide</i>	66	<i>briellyn</i>	123	<i>candesartan-</i>	
BENLYSTA.....	118	BRILINTA.....	70	<i>hydrochlorothiazid</i>	66
BENZNIDAZOLE.....	22	<i>brimonidine</i>	79, 136	CAPLYTA.....	57
<i>benzoyl peroxide</i>	79	<i>brimonidine-timolol</i>	134	CAPRELSA.....	30
<i>benzphetamine</i>	85	<i>brinzolamide</i>	134	<i>captopril</i>	66
<i>benztropine</i>	42	BRIVIACT.....	38	<i>captopril-hydrochlorothiazide</i>	66
BESREMI.....	109	<i>bromfenac</i>	134	<i>carbamazepine</i>	38
BETADINE.....	80	<i>bromocriptine</i>	42	<i>carbidopa</i>	42
BETADINE SURGICAL		BRONCHITOL.....	142	<i>carbidopa-levodopa</i>	42
SCRUB.....	80	BRUKINSA.....	29	<i>carbidopa-levodopa-</i>	
<i>betamethasone dipropionate</i>	83	<i>budesonide</i>	102, 142	<i>entacapone</i>	43
<i>betamethasone valerate</i>	83	<i>budesonide-formoterol</i>	142	<i>carboxymethylcellulose</i>	
<i>betamethasone, augmented</i>	83	<i>bufferin</i>	51	<i>sodium</i>	130
<i>betatemp</i>	51	<i>bumetanide</i>	66	CARBOXYMETHYLCELL	
<i>betaxolol</i>	66, 130	<i>buprenorphine</i>	47	ULOSE SODIUM.....	131
<i>bethanechol chloride</i>	148	<i>buprenorphine hcl</i>	47	CARESTART COVID-19	
<i>bexarotene</i>	29	<i>buprenorphine-naloxone</i>	51	AG HOME TST.....	116
BEXSERO.....	111	<i>bupropion hcl</i>	57	<i>carglumic acid</i>	86
<i>bicalutamide</i>	29	<i>bupropion hcl (smoking</i>		<i>carisoprodol</i>	46
BICILLIN L-A.....	26	<i>deter)</i>	89	<i>carteolol</i>	130
BIKTARVY.....	16	<i>buserone</i>	57	<i>cartia xt</i>	66
<i>bimatoprost</i>	134	<i>butalbital compound</i>		<i>carvedilol</i>	66
BINAXNOW COVD AG		<i>w/codeine</i>	47	<i>carvedilol phosphate</i>	66
CARD HOME TST.....	116	<i>butalbital-acetaminop-caf-cod</i>	47	<i>caspofungin</i>	15
BINAXNOW COVID-19		<i>butalbital-acetaminophen</i>	47	CAYSTON.....	23
AG SELF TEST.....	116	<i>butalbital-acetaminophen-caff</i>	47	<i>cefaclor</i>	20
<i>bisacodyl</i>	102	<i>butalbital-aspirin-caffeine</i>	47	<i>cefadroxil</i>	20
<i>bismuth</i>	99	<i>butorphanol</i>	51	<i>cefazolin</i>	20
<i>bismuth subsalicylate</i>	99	<i>cabergoline</i>	97	<i>cefazolin in dextrose (iso-os)</i> ..	20
<i>bisoprolol fumarate</i>	66	CABOMETYX.....	29	<i>cefdinir</i>	20
<i>bisoprolol-</i>		<i>calcipotriene</i>	76	<i>cefepime</i>	20
<i>hydrochlorothiazide</i>	66	<i>calcipotriene-betamethasone</i> ...	76	CEFEPIME IN	
BIVIGAM.....	111	<i>calcitonin (salmon)</i>	97	DEXTROSE 5 %.....	20
<i>bleomycin</i>	29	<i>calcitriol</i>	97	<i>cefepime in dextrose,iso-osm</i> ...	20
<i>blisovi 24 fe</i>	123	<i>calcium acetate (phosphat</i>		<i>cefixime</i>	20
<i>blisovi fe 1.5/30 (28)</i>	123	<i>bind)</i>	149	<i>cefoxitin</i>	21
<i>blisovi fe 1/20 (28)</i>	123	<i>calcium antacid</i>	149	<i>cefoxitin in dextrose, iso-osm</i> ..	20
BOOSTRIX TDAP.....	111	<i>calcium carbonate</i>	149	<i>cefpodoxime</i>	21
<i>bosentan</i>	142	CAL-GEST ANTACID.....	149	<i>cefprozil</i>	21
BOSULIF.....	29	CALQUENCE.....	30	<i>ceftazidime</i>	21
<i>bp</i>	79	CALQUENCE		<i>ceftriaxone</i>	21
<i>bp wash</i>	79	(ACALABRUTINIB MAL). 29		CEFTRIAOXONE.....	21
BRAFTOVI.....	29	<i>camila</i>	119	<i>ceftriaxone in dextrose,iso-os</i> ..	21
BREO ELLIPTA.....	142	<i>camrese lo</i>	123	<i>cefuroxime axetil</i>	21

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 03/20/2024.

<i>cefuroxime sodium</i>.....21	<i>chlorhexidine gluconate</i> 90	CLINIMIX 5%-
<i>celecoxib</i> 51	<i>chlorhist</i> 138	D20W(SULFITE-FREE).... 152
CELLTRION DIATRUST	<i>chloroquine phosphate</i> 23	CLINIMIX E 2.75%/D5W
COV-19 HOME.....116	<i>chlorpheniramine maleate</i> 138	SULF FREE..... 87
<i>cephalexin</i> 21	<i>chlorpromazine</i>.....57	CLINIMIX E 4.25%/D10W
CERDELGA.....97	<i>chlortabs</i> 139	SUL FREE.....152
<i>cetirizine</i>.....138	<i>chlorthalidone</i>.....66	CLINIMIX E 4.25%/D5W
<i>cevimeline</i>.....86	<i>chlorzoxazone</i> 46	SULF FREE..... 152
CHENODAL..... 102	<i>cholestyramine (with sugar) ...</i> 73	CLINIMIX E 5%/D15W
<i>child allergy relf(cetirizine) ..</i> 138	<i>cholestyramine light</i>.....73	SULFIT FREE..... 152
<i>child fever reducer-pain relvr ...</i> 51	<i>cholestyramine-aspartame</i> 73	CLINIMIX E 5%/D20W
<i>child pain rel-fever reducer</i>.....51	<i>chromium chloride</i> 149	SULFIT FREE..... 152
CHILDREN'S	<i>ciclodan</i>.....81	CLINISOL SF 15 %..... 152
ACETAMINOPHEN..... 51	<i>ciclopirox</i>.....81	CLINITEST COVID-19
<i>children's acetaminophen</i> 51	<i>cilostazol</i>.....71	HOME TEST..... 116
<i>children's advil</i> 51	CIMDUO.....16	<i>clobazam</i>.....38
CHILDREN'S ALAWAY .. 131	<i>cimetidine</i> 108	<i>clobetasol</i> 83
<i>children's allegra allergy</i> 138	<i>cinacalcet</i> 97	<i>clobetasol-emollient</i> 83
<i>children's allergy (diphenhyd)</i>	CINQAIR..... 142	<i>clomipramine</i>.....57
.....138	CIPRO HC.....91	<i>clonazepam</i>.....38, 39
<i>children's allergy relief(fex) .</i> 138	<i>ciprofloxacin hcl</i> 27, 129	<i>clonidine</i>.....67
<i>children's allergy relief(lor) ..</i> 138	<i>ciprofloxacin in 5 % dextrose ..</i> 27	<i>clonidine hcl</i>.....57, 66
<i>children's allergy(cetirizine) .</i> 138	<i>ciprofloxacin-dexamethasone ..</i> 91	<i>clopidogrel</i> 71
<i>children's aller-tec</i> 138	<i>citalopram</i>.....57	<i>clorazepate dipotassium</i>.....57
<i>children's aspirin</i> 51	<i>claravis</i>.....79	<i>clotrimazole</i> 15, 81, 122
<i>children's cetirizine</i> 138	<i>clarithromycin</i>.....22	<i>clotrimazole 3 day</i> 121
CHILDREN'S	<i>claritin</i>.....139	<i>clotrimazole af</i> 81
CETIRIZINE..... 138	<i>clear eyes natural tears</i> 131	<i>clotrimazole-3</i>.....122
<i>children's fever reducing</i>.....51	<i>clearlax</i> 102	<i>clotrimazole-7</i>.....122
<i>children's ibuprofen</i>.....51	<i>clemastine</i> 139	<i>clotrimazole-betamethasone</i>....81
<i>children's mapap</i> 51	<i>clindacin p</i>.....79	<i>clozapine</i> 57
CHILDREN'S MAPAP..... 51	<i>clindamycin hcl</i>.....23	CLOZAPINE..... 58
<i>children's motrin jr strength</i> 51	CLINDAMYCIN IN 0.9 %	COARTEM.....23
<i>children's non-aspirin</i> 51	SOD CHLOR.....23	<i>codeine sulfate</i>.....48
<i>children's pain relief</i> 52	<i>clindamycin in 5 % dextrose</i>....23	<i>codeine-butalbital-asa-caff</i>....48
<i>children's pain reliever</i> 52	<i>clindamycin palmitate hcl</i> 23	COLACE.....102
<i>children's pain-fever relief</i> 52	<i>clindamycin pediatric</i>.....23	COLCHICINE..... 117
<i>children's pepto</i> 102	<i>clindamycin phosphate</i> 79, 121	<i>colchicine</i>.....117
<i>children's profen ib</i>.....52	<i>clindamycin-benzoyl peroxide .</i> 79	<i>colesevelam</i> 73
<i>children's soothe</i>.....102	CLINIMIX 5%/D15W	<i>colestipol</i>.....73
<i>children's tylenol</i> 52	SULFITE FREE..... 151	<i>colistin (colistimethate na)</i> ....23
<i>children's wal-dryl allergy</i> 138	CLINIMIX 4.25%/D10W	<i>col-rite</i>.....102
<i>children's wal-fex</i> 138	SULF FREE..... 151	COMBIGAN.....134
<i>children's wal-zyr</i> 138	CLINIMIX 4.25%/D5W	COMBIVENT RESPIMAT 142
<i>child's all day allergy(cetir) ..</i> 138	SULFIT FREE..... 86	COMETRIQ..... 30
<i>chlordiazepoxide hcl</i> 57		<i>comfort gel</i> 103

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 03/20/2024.

<i>comfort gel extra strength</i>	102	<i>cyred eq</i>	123	<i>dexamethasone sodium</i>
COMPLERA.....	16	CYSTADROPS.....	131	<i>phosphate</i>
<i>complete</i>	108	CYSTAGON.....	148	<i>dexmethylphenidate</i>
COMPLETE ALLERGY... ..	139	CYSTARAN.....	131	<i>dextroamphetamine sulfate</i>
<i>complete allergy</i>	139	<i>d10 %-0.45 % sodium chloride</i>	87	<i>dextroamphetamine-</i>
<i>complete allergy medicine</i>	139	<i>d2.5 %-0.45 % sodium</i>		<i>amphetamine</i>
<i>constulose</i>	103	<i>chloride</i>	87	<i>dextrose 10 % and 0.2 % nacl.</i>
CONTRAVE.....	86	<i>d5 % and 0.9 % sodium</i>		<i>dextrose 10 % in water</i>
COPIKTRA.....	30	<i>chloride</i>	87	<i>(d10w)</i>
COPPER CHLORIDE.....	149	<i>d5 %-0.45 % sodium chloride</i> ..	87	<i>dextrose 5 % in water (d5w)</i> ...87
CORDRAN TAPE LARGE		<i>dalfampridine</i>	44	<i>dextrose 5%-0.2 % sod</i>
ROLL.....	83	<i>danazol</i>	97	<i>chloride</i>
CORLANOR.....	75	<i>dantrolene</i>	46	DIACOMIT.....
<i>cortisone</i>	91	<i>dapsone</i>	23	DIALYVITE.....
<i>cortisone (hydrocortisone)</i>	83	DAPTACEL (DTAP		DIALYVITE 3000.....
<i>cortisone with aloe</i>	83	PEDIATRIC) (PF).....	111	DIALYVITE 5000.....
CORTISPORIN-TC.....	91	<i>daptomycin</i>	23	<i>dialyvite 800</i>
<i>cortizone-10</i>	84	<i>darifenacin</i>	147	DIALYVITE SUPREME D153
<i>cortizone-10 feminine itch</i>	83	<i>darunavir</i>	16	<i>diamode</i>
<i>cortizone-10 with aloe</i>	84	<i>dasetta 1/35 (28)</i>	124	<i>diarrhea relief (bismuth subs)</i>
CORVITA.....	153	<i>dasetta 7/7 (28)</i>	124	.....
COSENTYX.....	76	DAURISMO.....	30	<i>diazepam</i>
COSENTYX (2		DAYBUE.....	44	<i>diazepam intensol</i>
SYRINGES).....	76	<i>daylogic acne foaming wash</i>	79	<i>diazoxide</i>
COSENTYX PEN.....	76	<i>daysee</i>	124	<i>diclofenac potassium</i>
COSENTYX PEN (2 PENS).....	76	<i>deblitane</i>	119	<i>diclofenac sodium</i>
COSENTYX UNOREADY		<i>deferasirox</i>	87	<i>diclofenac-misoprostol</i>
PEN.....	76	<i>deferiprone</i>	87	<i>dicloxacillin</i>
COTELLIC.....	30	DELESTROGEN.....	119	<i>dicyclomine</i>
COVID-19 AT-HOME		DELSTRIGO.....	16	<i>diethylpropion</i>
TEST.....	116	<i>demeclocycline</i>	27	DIFFERIN.....
<i>creamy acne face</i>	79	DEPO-ESTRADIOL.....	119	DIFICID.....
CREON.....	103	DEPO-SUBQ PROVERA		<i>diflunisal</i>
<i>cromolyn</i>	103, 131, 143	104.....	120	<i>difluprednate</i>
<i>cryselle (28)</i>	123	DESCOVY.....	17	<i>digestive relief</i>
<i>cupric chloride</i>	149	<i>desipramine</i>	58	<i>digoxin</i>
<i>curae</i>	123	<i>desloratadine</i>	139	<i>dihydroergotamine</i>
<i>cyanocobalamin (vitamin b-</i>		<i>desmopressin</i>	97	DILANTIN 30 MG.....
<i>12)</i>	153	<i>desog-e.estradiolle.estradiol</i> ..	124	<i>diltiazem hcl</i>
<i>cyclobenzaprine</i>	46	<i>desogestrel-ethinyl estradiol</i> ..	124	<i>dilt-xr</i>
<i>cyclophosphamide</i>	30	<i>desonide</i>	84	<i>dimethyl fumarate</i>
CYCLOPHOSPHAMIDE... ..	30	<i>desvenlafaxine succinate</i>	58	<i>diotame</i>
CYCLOSERINE.....	23	<i>dexamethasone</i>	91	<i>diphedryl</i>
<i>cyclosporine</i>	30, 131	<i>dexamethasone sodium phos</i>		<i>diphedryl allergy</i>
<i>cyclosporine modified</i>	30	<i>(pf)</i>	91	<i>diphen</i>
<i>cyproheptadine</i>	139			<i>diphenhydramine hcl</i>

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 03/20/2024.

<i>diphenoxylate-atropine</i>	100	<i>econazole</i>	82	ENSPRYNG.....	30
<i>dipyridamole</i>	71	ECONTRA EZ.....	124	<i>entacapone</i>	43
<i>disopyramide phosphate</i>	65	ECONTRA ONE-STEP.....	124	<i>entecavir</i>	17
<i>disulfiram</i>	87	<i>ecotrin</i>	52	<i>enteric coated aspirin</i>	52
<i>divalproex</i>	39	<i>ecotrin low strength</i>	52	ENTRESTO.....	75
<i>docusate calcium</i>	103	ED CHLORPED JR.....	139	<i>enulose</i>	103
<i>docusate sodium</i>	103	ED-APAP.....	52	ENVARUSUS XR.....	31
<i>dodex</i>	153	EDURANT.....	17	EPIDIOLEX.....	39
<i>dofetilide</i>	65	<i>efavirenz</i>	17	<i>epinastine</i>	131
<i>dolishale</i>	124	<i>efavirenz-emtricitabin-tenofov</i>	17	EPINEPHRINE.....	139
<i>donepezil</i>	45	<i>efavirenz-lamivu-tenofov</i>		<i>epinephrine</i>	139
DOPTELET (10 TAB		<i>disop</i>	17	<i>epitol</i>	39
PACK).....	71	ELIGARD.....	30	<i>eplerenone</i>	67
DOPTELET (15 TAB		ELIGARD (3 MONTH).....	30	EPOGEN.....	109
PACK).....	71	ELIGARD (4 MONTH).....	30	EPRONTIA.....	39
DOPTELET (30 TAB		ELIGARD (6 MONTH).....	30	EQUETRO.....	39
PACK).....	71	<i>elimest</i>	124	ERAXIS(WATER	
<i>dorzolamide</i>	134	ELIQUIS.....	71	DILUENT).....	15
<i>dorzolamide-timolol</i>	135	ELIQUIS DVT-PE TREAT		<i>ergocalciferol (vitamin d2)</i> ...	153
<i>dorzolamide-timolol (pf)</i>	135	30D START.....	71	<i>ergoloid</i>	59
<i>dotti</i>	120	ELLUME COVID-19		ERIVEDGE.....	31
DOVATO.....	17	HOME TEST.....	116	ERLEADA.....	31
<i>doxazosin</i>	67	ELMIRON.....	148	<i>erlotinib</i>	31
<i>doxepin</i>	59	<i>eluryng</i>	122	<i>errin</i>	120
<i>doxercalciferol</i>	97	EMCYT.....	30	<i>ertapenem</i>	23
<i>doxy-100</i>	27	EMSAM.....	59	<i>ery pads</i>	79
<i>doxycycline hyclate</i>	28	<i>emtricitabine</i>	17	ERYTHROCIN.....	22
<i>doxycycline monohydrate</i>	28	<i>emtricitabine-tenofov (tdf)</i> ..	17	<i>erythrocin (as stearate)</i>	22
DRISDOL.....	153	EMTRIVA.....	17	<i>erythromycin</i>	22, 129
<i>dronabinol</i>	103	EMVERM.....	23	<i>erythromycin ethylsuccinate</i> ...	22
<i>drospirenone-e.estradiol-lm.fa</i>		<i>enalapril maleate</i>	67	<i>erythromycin with ethanol</i>	79
.....	124	<i>enalapril-hydrochlorothiazide</i> ..	67	<i>erythromycin-benzoyl</i>	
<i>drospirenone-ethinyl estradiol</i>	124	ENBREL.....	118	<i>peroxide</i>	79
DROXIA.....	30	ENBREL MINI.....	118	<i>escitalopram oxalate</i>	59
<i>droxidopa</i>	87	ENBREL SURECLICK.....	118	<i>esomeprazole magnesium</i>	108
<i>dss</i>	103	ENDARI.....	87	<i>estarylla</i>	124
<i>dual action complete</i>	108	<i>endocet</i>	48	<i>estradiol</i>	120
DUAVEE.....	120	<i>enema</i>	103	<i>estradiol valerate</i>	120
<i>dulcolax stool softener (dss)</i> ..	103	<i>enema disposable</i>	103	<i>estradiol-norethindrone acet</i> ..	120
DULERA.....	143	ENGERIX-B (PF).....	112	ESTRING.....	120
<i>duloxetine</i>	59	ENGERIX-B PEDIATRIC		<i>eszopiclone</i>	59
DUPIXENT PEN.....	77	(PF).....	112	<i>ethacrynic acid</i>	67
DUPIXENT SYRINGE.....	77	ENLYTE.....	153	<i>ethambutol</i>	23
<i>duramorph (pf)</i>	48	<i>enoxaparin</i>	71	<i>ethosuximide</i>	39
<i>dutasteride</i>	148	<i>enpresse</i>	124	<i>ethynodiol diac-eth estradiol</i> ..	124
<i>e.e.s. 400</i>	22	<i>enskyce</i>	124	<i>etodolac</i>	52

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 03/20/2024.

<i>etonogestrel-ethinyl estradiol</i> 122	FIRMAGON KIT W	<i>foaming acne face wash</i> 80
<i>etravirine</i>.....17	DILUENT SYRINGE..... 31	<i>foaming antacid</i> 103
<i>euthyrox</i>.....99	FIRST AID ANTIBIOTIC... 80	<i>folbee</i> 153
<i>everolimus (antineoplastic) ...</i> 31	FIRST AID	<i>folbee plus</i> 153
<i>everolimus</i>	ANTISEPTIC(POVIDONE) 80	<i>folbic</i> 153
<i>(immunosuppressive)</i> 31	<i>first aid antiseptic (povidone)</i> ..81	<i>folic acid</i>.....154
EVOTAZ.....17	<i>flanax (naproxen)</i> .....53	FOLIC ACID-VIT B6-VIT
EVRYSDI.....45	<i>flavor chews antacid</i> 149	B12..... 154
EXCEDRIN TENSION	<i>flavoxate</i> 147	<i>folplex 2.2</i> 154
HEADACHE..... 52	FLEBOGAMMA DIF 112	<i>foltabs 800</i>.....154
<i>exemestane</i>.....31	<i>flecainide</i>.....65	FOLTRATE.....154
EXKIVITY 31	<i>fleet enema</i> 103	<i>fondaparinux</i> 71
EXTAVIA..... 110	FLEET PEDIATRIC 103	<i>for sty relief</i>.....131
<i>extra strength bayer</i> 52	FLORIVA..... 153	<i>formoterol fumarate</i> 143
<i>eye itch relief</i> 131	FLOWFLEX COVID-19	<i>fosamprenavir</i> .....17
<i>ezetimibe</i> 73	AG HOME TEST 116	<i>fosfomycin tromethamine</i> .....28
<i>ezetimibe-simvastatin</i> 73	<i>fluconazole</i> 15	<i>fosinopril</i>.....67
<i>falmina (28)</i> .....124	<i>fluconazole in nacl (iso-osm)</i> ..15	<i>fosinopril-hydrochlorothiazide</i> 67
<i>famciclovir</i> 17	<i>flucytosine</i> 15	<i>fosphenytoin</i> 39
<i>famotidine</i> 108	<i>fludrocortisone</i> 91	FOTIVDA.....31
FANAPT 59	<i>flunisolide</i> 143	FRUZAQLA.....31
FARXIGA..... 93	<i>fluocinolone</i> 84	<i>full spectrum b-vitamin c</i> 154
FASENRA..... 143	<i>fluocinolone acetone oil</i>.....91	FUNGOID TINCTURE..... 82
FASENRA PEN..... 143	<i>fluocinolone and shower cap</i> ...84	<i>furosemide</i> .....67
<i>febuxostat</i> 117	<i>fluocinonide</i> 84	FUZEON..... 17
<i>felbamate</i> 39	<i>fluocinonide-e</i> 84	<i>fyavolv</i>.....120
<i>felodipine</i>.....67	<i>fluocinonide-emollient</i> .....84	FYCOMPA..... 39
FEMRING.....120	<i>fluoride (sodium)</i> .....90, 153	<i>gabapentin</i> 39, 40
FENOFIBRATE.....74	<i>fluorometholone</i> 136	GALAFOLD..... 97
<i>fenofibrate</i> .....74	<i>fluorouracil</i> 77	<i>galantamine</i> .....45
<i>fenofibrate micronized</i> 74	<i>fluoxetine</i> 59	GAMMAGARD LIQUID..112
<i>fenofibrate nanocrystallized</i> ... 74	<i>fluoxetine (pmd)</i> 59	GAMMAGARD S-D (IGA
<i>fenofibric acid</i> 74	<i>fluphenazine decanoate</i> 59	< 1 MCG/ML).....112
<i>fenofibric acid (choline)</i> 74	<i>fluphenazine hcl</i> 59, 60	GAMMAKED..... 112
<i>fentanyl</i>.....48	<i>flurbiprofen</i> 53	GAMMAPLEX..... 112
<i>fentanyl citrate</i>.....48	<i>flurbiprofen sodium</i>.....134	GAMMAPLEX (WITH
FETZIMA.....59	<i>fluticasone propionate</i> 84, 143	SORBITOL)..... 112
FEVERALL..... 53	FLUTICASONE	GAMUNEX-C.....112
<i>fexofenadine</i> 139	PROPIONATE 143	GARDASIL 9 (PF)..... 112
<i>fiber (psyllium husk-sugar)</i> .. 103	FLUTICASONE	<i>gatifloxacin</i> 129
FIBER THERAPY	PROPION-SALMETEROL143	GATTEX 30-VIAL..... 103
(PSYLLIUM-SUCRO)..... 103	<i>fluticasone propion-salmeterol</i>	GATTEX ONE-VIAL.....103
<i>finasteride</i> 148	..... 143	GAUZE PAD.....116
<i>fingolimod</i> 45	<i>fluvastatin</i> 74	<i>gavilax</i> 103
FINTEPLA..... 39	<i>fluvoxamine</i> .....60	<i>gavilyte-c</i>.....103
FIRDAPSE..... 45	FML FORTE..... 136	<i>gavilyte-g</i> 103

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 03/20/2024.

GAVISCON.....	104	HADLIMA(CF)		<i>hydrocortisone-acetic acid</i>	91
GAVISCON EXTRA		PUSHTOUCH.....	118	<i>hydrocortisone-aloe vera</i>	84
STRENGTH.....	104	HAEGARDA.....	144	<i>hydrocream</i>	84
GAVRETO.....	31	<i>hailey 24 fe</i>	124	<i>hydromorphone</i>	48
<i>gefitinib</i>	31	<i>halobetasol propionate</i>	84	<i>hydromorphone (pf)</i>	48
<i>gemfibrozil</i>	74	<i>haloette</i>	122	<i>hydroxocobalamin</i>	154
GENABIO COVID-19		<i>haloperidol</i>	60	<i>hydroxychloroquine</i>	23
RAPID AT-HOME.....	116	<i>haloperidol decanoate</i>	60	<i>hydroxyurea</i>	31
<i>generlac</i>	104	<i>haloperidol lactate</i>	60	<i>hydroxyzine hcl</i>	140
<i>gengraf</i>	31	HAVRIX (PF).....	112	<i>hydroxyzine pamoate</i>	140
<i>gentamicin</i>	23, 81, 129	<i>healthylax</i>	104	<i>ibandronate</i>	117
<i>gentamicin in nacl (iso-osm)</i> ..	23	<i>heartburn prevention</i>	108	IBRANCE.....	31
GENTEAL TEARS		HEARTBURN RELIEF ...	104	<i>ibu</i>	53
SEVERE GEL.....	131	HEARTBURN RELIEF		<i>ibu-200</i>	53
GENTEAL TEARS		(FAMOTIDINE).....	108	<i>ibuprofen</i>	53
SEVERE(PETROLAT).....	131	<i>heather</i>	120	<i>ibuprofen ib</i>	53
<i>gentle laxative (bisacodyl)</i> ..	104	HEMADY.....	92	<i>ibuprofen jr strength</i>	53
GENVOYA.....	17	<i>heparin (porcine)</i>	71, 72	<i>icatibant</i>	144
<i>geri-dryl</i>	139	<i>heparin (porcine) in 5 % dex</i> ..	71	ICLUSIG.....	32
<i>geri-lanta</i>	104	<i>heparin (porcine) in nacl (pf)</i>	71	<i>icosapent ethyl</i>	74
<i>geri-mox antacid-antigas</i>	104	HEPARIN(PORCINE) IN		IDHIFA.....	32
GILOTRIF.....	31	0.45% NACL.....	72	IHEALTH COVID-19 AG	
GLASSIA.....	87	<i>heparin(porcine) in 0.45%</i>		HOME TEST.....	116
<i>glatiramer</i>	45	<i>nacl</i>	72	ILEVRO.....	134
<i>glatopa</i>	45	<i>heparin, porcine (pf)</i>	72	<i>imatinib</i>	32
GLEOSTINE.....	31	HEPLISAV-B (PF).....	113	IMBRUVICA.....	32
<i>glimepiride</i>	93	<i>her style</i>	124	IMCIVREE.....	86
<i>glipizide</i>	93	HIBERIX (PF).....	113	<i>imipenem-cilastatin</i>	23
<i>glipizide-metformin</i>	93	HISTEX (TRIPROLIDINE)		<i>imipramine hcl</i>	60
GLUCAGEN HYPOKIT.....	93	.....	139	<i>imipramine pamoate</i>	60
GLUCAGON (HCL)		HISTEX PD.....	139	<i>imiquimod</i>	77
EMERGENCY KIT.....	93	HISTEX PDX.....	140	IMODIUM A-D.....	100
GLUCAGON		HUMIRA(CF) (ONLY		IMOVAX RABIES	
EMERGENCY KIT		NDCS STARTING WITH		VACCINE (PF).....	113
(HUMAN).....	93	00074).....	118	INBRIJA.....	43
<i>glycopyrrolate</i>	100	HUMULIN R U-500		<i>incassia</i>	120
GRALISE.....	40	(CONC) INSULIN.....	93	INCRELEX.....	87
<i>granisetron hcl</i>	104	HUMULIN R U-500		INCRUSE ELLIPTA.....	144
GRANIX.....	110	(CONC) KWIKPEN.....	93	<i>indapamide</i>	68
<i>griseofulvin microsize</i>	15	<i>hydralazine</i>	68	INDICAID COVID-19 AG	
<i>griseofulvin ultramicrosize</i>	15	<i>hydrochlorothiazide</i>	68	HOME TEST.....	116
<i>guanfacine</i>	60, 67	<i>hydrocodone-acetaminophen</i> ...	48	<i>indomethacin</i>	53
HADLIMA.....	118	<i>hydrocodone-ibuprofen</i>	48	INFANRIX (DTAP) (PF)...	113
HADLIMA PUSHTOUCH	118	<i>hydrocortisone</i>	84, 92, 104	<i>infant fever reducer-pain relf</i> ..	53
HADLIMA(CF).....	118	<i>hydrocortisone acetate</i>	84	INFANT PAIN RELIEVER	53
		<i>hydrocortisone plus</i>	84	<i>infant's acetaminophen</i>	53

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 03/20/2024.

<i>infant's advil</i>	53	<i>jantoven</i>	72	<i>klor-con m10</i>	149
<i>infant's ibuprofen</i>	53	JANUMET.....	93	<i>klor-con m15</i>	149
<i>infant's motrin</i>	53	JANUMET XR.....	93, 94	<i>klor-con m20</i>	149
<i>infants' pain and fever</i>	53	JANUVIA.....	94	KORLYM.....	97
<i>infants' pain relief</i>	53	JARDIANCE.....	94	KOSELUGO.....	32
<i>infants profenib</i>	54	<i>jasmiel (28)</i>	124	<i>kourzeq</i>	90
INFUVITE ADULT.....	154	JAYPIRCA.....	32	<i>k-pec antidiarrheal (bism</i>	
INFUVITE PEDIATRIC...	154	<i>jencycla</i>	120	<i>sub)</i>	100
INLYTA.....	32	JENTADUETO.....	94	K-PHOS ORIGINAL.....	148
INQOVI.....	32	JENTADUETO XR.....	94	KRAZATI.....	32
INREBIC.....	32	<i>jinteli</i>	120	<i>kurvelo (28)</i>	125
INSULIN PEN NEEDLE...	116	<i>jock itch (clotrimazole)</i>	82	<i>l norgestle.estradiol-e.estrad.</i>	125
INSULIN SYRINGE		<i>jolessa</i>	124	<i>labetalol</i>	68
(DISP) U-100.....	116	<i>juleber</i>	125	<i>lacosamide</i>	40
INTELENCE.....	17	JULUCA.....	17	LACRISERT.....	131
INTELISWAB COVID-19		<i>junel 1.5/30 (21)</i>	125	<i>lactulose</i>	104
HOME TEST.....	116	<i>junel 1/20 (21)</i>	125	LAGEVRIO (EUA).....	17
<i>intralipid</i>	152	<i>junel fe 1.5/30 (28)</i>	125	<i>lamivudine</i>	18
INTRALIPID.....	152	<i>junel fe 1/20 (28)</i>	125	<i>lamivudine-zidovudine</i>	18
<i>introvale</i>	124	<i>junel fe 24</i>	125	<i>lamotrigine</i>	40
INVEGA HAFYERA.....	60	JUXTAPID.....	74	<i>lansoprazole</i>	108
INVEGA SUSTENNA.....	60	JYNARQUE.....	97	<i>lanthanum</i>	87
INVEGA TRINZA.....	60	JYNNEOS (PF).....	113	LANTUS SOLOSTAR U-	
<i>inzo antifungal</i>	82	<i>kaitlib fe</i>	125	100 INSULIN.....	94
IOPIDINE.....	136	KALYDECO.....	144	LANTUS U-100 INSULIN..	94
IPOL.....	113	<i>kaopectate (bismuth</i>		<i>lapatinib</i>	32
<i>ipratropium bromide</i>	90, 144	<i>subsality)</i>	100	<i>larin 1.5/30 (21)</i>	125
<i>ipratropium-albuterol</i>	144	<i>kaopectate ex str (bismuth</i>		<i>larin 1/20 (21)</i>	125
<i>i-prin</i>	54	<i>ss)</i>	100	<i>larin 24 fe</i>	125
<i>irbesartan</i>	68	<i>kariva (28)</i>	125	<i>larin fe 1.5/30 (28)</i>	125
<i>irbesartan-</i>		<i>kelnor 1/35 (28)</i>	125	<i>larin fe 1/20 (28)</i>	125
<i>hydrochlorothiazide</i>	68	<i>kelnor 1-50 (28)</i>	125	<i>latanoprost</i>	135
ISENTRESS.....	17	KERENDIA.....	68	<i>laxa basic</i>	104
ISENTRESS HD.....	17	<i>ketoconazole</i>	15, 82	<i>laxative (bisacodyl)</i>	104
<i>isibloom</i>	124	<i>ketorolac</i>	54, 134	<i>leena 28</i>	125
<i>isoniazid</i>	23	<i>ketotifen fumarate</i>	131	<i>leflunomide</i>	119
<i>isosorbide dinitrate</i>	75	<i>kindermid infants pain-fever</i> ...	54	<i>lenalidomide</i>	32
<i>isosorbide mononitrate</i>	75	<i>kindermid kids pain-fever</i>	54	LENVIMA.....	33
<i>isotretinoin</i>	80	KINERET.....	118	<i>lessina</i>	125
<i>isradipine</i>	68	KINRIX (PF).....	113	<i>letrozole</i>	33
<i>itch relief (clotrimazole)</i>	82	KISQALI.....	32	<i>leucovorin calcium</i>	28
<i>itraconazole</i>	15	KISQALI FEMARA CO-		LEUKERAN.....	33
<i>ivermectin</i>	24, 80	PACK.....	32	LEUKINE.....	110
IWILFIN.....	32	<i>klor-con</i>	149	<i>leuprolide</i>	33
IXIARO (PF).....	113	<i>klor-con 10</i>	149	<i>levalbuterol hcl</i>	144
JAKAFI.....	32	<i>klor-con 8</i>	149		

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 03/20/2024.

LEVALBUTEROL	LONSURF.....	33	MAG-AL.....	104
TARTRATE.....	<i>loperamide</i>	100	MAG-AL PLUS.....	105
<i>levetiracetam</i>	LOPERAMIDE.....	100	MAG-AL PLUS EXTRA	
<i>levobunolol</i>	<i>lopinavir-ritonavir</i>	18	STRENGTH.....	105
<i>levocarnitine</i>	<i>loradamed</i>	140	MAGNESIUM OXIDE.....	150
<i>levocarnitine (with sugar)</i>	<i>loratadine</i>	140	<i>magnesium oxide</i>	150
<i>levocetirizine</i>	<i>lorazepam</i>	60	<i>magnesium sulfate</i>	150
<i>levofloxacin</i>	LORBRENA.....	33	<i>magnesium sulfate in water</i> ...	150
<i>levofloxacin in d5w</i>	<i>loryna (28)</i>	126	<i>malathion</i>	85
<i>levonest (28)</i>	<i>losartan</i>	68	<i>manganese chloride</i>	150
<i>levonorgestrel</i>	<i>losartan-hydrochlorothiazide</i> ..	68	MAPAP	
<i>levonorgestrel-ethinyl estrad.</i>	LOTEMAX.....	136	(ACETAMINOPHEN).....	54
<i>levonorg-eth estrad triphasic.</i>	<i>loteprednol etabonate</i>	136	<i>mapap (acetaminophen)</i>	54
<i>levora-28</i>	<i>lovastatin</i>	74	<i>maraviroc</i>	18
<i>levothyroxine</i>	<i>low-ogestrel (28)</i>	126	<i>marlissa (28)</i>	126
<i>levoxyl</i>	<i>loxapine succinate</i>	61	MARPLAN.....	61
LEXIVA.....	LUBIPROSTONE.....	104	<i>masophen</i>	54
LIBTAYO.....	LUBRICANT EYE.....	132	MATULANE.....	34
<i>lice killing</i>	<i>lubricant eye drops</i>	131	<i>matzim la</i>	68
LICE KILLING	LUBRICANT EYE DROPS		MAVENCLAD (10	
(PERMETHRIN).....	.....	132	TABLET PACK).....	45
<i>lice pyrinyl shampoo</i>	LUBRICATING PLUS.....	132	MAVENCLAD (4 TABLET	
<i>lice treatment</i>	LUBRIFRESH PM.....	132	PACK).....	45
<i>lice treatment (permethrin)</i>	LUCIRA CHECK-IT		MAVENCLAD (5 TABLET	
<i>lidocaine</i>	COVID HOME TST.....	116	PACK).....	45
LIDOCAINE.....	LUMAKRAS.....	33	MAVENCLAD (6 TABLET	
<i>lidocaine hcl</i>	LUMIGAN.....	135	PACK).....	45
<i>lidocaine viscous</i>	LUPRON DEPOT.....	33	MAVENCLAD (7 TABLET	
<i>lidocaine-prilocaine</i>	LUPRON DEPOT (3		PACK).....	45
<i>linezolid</i>	MONTH).....	33	MAVENCLAD (8 TABLET	
<i>linezolid in dextrose 5%</i>	LUPRON DEPOT (4		PACK).....	45
<i>linezolid-0.9% sodium</i>	MONTH).....	33	MAVENCLAD (9 TABLET	
<i>chloride</i>	LUPRON DEPOT (6		PACK).....	45
LINZESS.....	MONTH).....	33	MAVYRET.....	18
<i>liothyronine</i>	LUPRON DEPOT-PED.....	33	MAXIDEX.....	136
<i>liquid antacid</i>	LUPRON DEPOT-PED (3		MAYZENT.....	45
<i>lisinopril</i>	MONTH).....	33	MAYZENT	
<i>lisinopril-hydrochlorothiazide.</i>	<i>lurasidone</i>	61	STARTER(FOR 1MG	
<i>lithium carbonate</i>	<i>lutera (28)</i>	126	MAINT).....	45
<i>lithium citrate</i>	LYBALVI.....	61	MAYZENT	
<i>little remedies fever and pain</i> ...54	<i>lyleq</i>	120	STARTER(FOR 2MG	
LIVTENCITY.....	<i>lyllana</i>	120	MAINT).....	46
LMX 4.....	LYNPARZA.....	34	<i>m-dryl</i>	140
LMX 5.....	LYSODREN.....	34	<i>meclizine</i>	105
LOKELMA.....	LYTGOBI.....	34	<i>mediproxen</i>	54
LOMAIRA.....	<i>lyza</i>	121	<i>medroxyprogesterone</i>	121

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 03/20/2024.

<i>mefenamic acid</i>	54	<i>metoprolol ta-</i>		<i>morphine</i>	48, 49
<i>mefloquine</i>	24	<i>hydrochlorothiaz</i>	68	<i>morphine concentrate</i>	48
<i>megestrol</i>	34	<i>metoprolol tartrate</i>	68	<i>motrin ib</i>	54
MEKINIST.....	34	<i>metro i.v.</i>	24	MOUNJARO.....	94
MEKTOVI.....	34	<i>metronidazole</i>	24, 80, 122	MOVANTIK.....	105
<i>meloxicam</i>	54	<i>metronidazole in nacl (iso-os)</i>	24	<i>moxifloxacin</i>	27, 129
<i>memantine</i>	46	<i>metyrosine</i>	68	MOXIFLOXACIN-	
MEMANTINE.....	46	<i>mexiletine</i>	65	SOD.ACE,SUL-WATER.....	27
MENACTRA (PF).....	113	<i>mgo</i>	150	MOXIFLOXACIN-	
MENEST.....	121	<i>micafungin</i>	15	SOD.CHLORIDE(ISO).....	27
MENOSTAR.....	121	<i>micatin</i>	82	<i>m-pap</i>	54
MENQUADFI (PF).....	113	<i>miconazole nitrate</i>	82, 122	MTX SUPPORT.....	154
MENVEO A-C-Y-W-135-		MICONAZOLE NITRATE	122	MULPLETA.....	72
DIP (PF).....	113	<i>miconazole-3</i>	122	MULTAQ.....	65
<i>meperidine</i>	48	<i>miconazole-7</i>	122	<i>multi-vit with fluoride-iron</i>	154
<i>mercaptapurine</i>	34	MICOTRIN AC.....	82	<i>multi-vitamin with fluoride</i>	154
<i>meropenem</i>	24	<i>microgestin 1.5/30 (21)</i>	126	MULTIVIT-FLUORIDE	
MEROPENEM-0.9%		<i>microgestin 1/20 (21)</i>	126	(METAFOLIN).....	154
SODIUM CHLORIDE.....	24	<i>microgestin fe 1.5/30 (28)</i>	126	<i>mupirocin</i>	81
<i>mesalamine</i>	105	<i>microgestin fe 1/20 (28)</i>	126	<i>my choice</i>	126
<i>mesalamine with cleansing</i>		<i>midodrine</i>	88	<i>my way</i>	126
<i>wipe</i>	105	<i>miglitol</i>	94	MYALEPT.....	98
MESNEX.....	28	<i>miglustat</i>	98	<i>mycophenolate mofetil</i>	34
<i>metformin</i>	94	<i>mili</i>	126	<i>mycophenolate sodium</i>	34
<i>methadone</i>	48	<i>millipred</i>	92	MYCOZYL AC.....	82
<i>methamphetamine</i>	61	<i>mimvey</i>	121	MYFEMBREE.....	122
<i>methazolamide</i>	134	<i>minocycline</i>	28	<i>mylanta maximum strength</i> ...105	
<i>methenamine hippurate</i>	28	<i>minoxidil</i>	68	<i>mynephrocaps</i>	154
<i>methimazole</i>	92	<i>mintox</i>	105	<i>mynephron</i>	154
<i>methocarbamol</i>	47	<i>mintox maximum strength</i>	105	MYRBETRIQ.....	147
<i>methotrexate sodium</i>	34	<i>miralax</i>	105	MYTESI.....	100
<i>methotrexate sodium (pf)</i>	34	<i>mirtazapine</i>	61	<i>nabumetone</i>	54
<i>methoxsalen</i>	78	<i>misoprostol</i>	108	<i>nadolol</i>	68
<i>methscopolamine</i>	100	M-M-R II (PF).....	113	<i>nafacillin</i>	26
<i>methsuximide</i>	40	<i>modafinil</i>	61	<i>nafacillin in dextrose iso-osm</i>	26
<i>methylphenidate hcl</i>	61	<i>moexipril</i>	68	<i>naftifine</i>	82
<i>methylprednisolone</i>	92	MOISTURIZING		NAFTIN.....	82
<i>methylprednisolone acetate</i>	92	LUBRICANT.....	132	<i>naloxone</i>	54
<i>methylprednisolone sodium</i>		<i>molindone</i>	61	<i>naltrexone</i>	54
<i>succ</i>	92	<i>mometasone</i>	85, 144	<i>naproxen</i>	54
<i>methyltestosterone</i>	98	MONISTAT 1 COMBO		<i>naproxen sodium</i>	54
<i>metoclopramide hcl</i>	105	PACK.....	122	<i>naratriptan</i>	44
<i>metolazone</i>	68	<i>monistat care</i>		NASCOBAL.....	154
METOPIRONONE.....	88	(<i>hydrocortisone</i>).....	85	NATACYN.....	129
<i>metoprolol succinate</i>	68	<i>mono-lynyah</i>	126	<i>nateglinide</i>	94
		<i>montelukast</i>	144	NATPARA.....	98

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 03/20/2024.

NAYZILAM.....	40	<i>nimodipine</i>	69	NOVOLIN R REGULAR	
<i>nebivolol</i>	68	NINLARO.....	34	U100 INSULIN.....	95
<i>necon 0.5/35 (28)</i>	126	<i>nitazoxanide</i>	24	NOVOLOG FLEXPEN U-	
NEEDLES, INSULIN		<i>nitisinone</i>	88	100 INSULIN.....	95
DISP.,SAFETY.....	117	<i>nitro-bid</i>	75	NOVOLOG MIX 70-30 U-	
<i>nefazodone</i>	61	<i>nitrofurantoin</i>	28	100 INSULN.....	95
<i>neomycin</i>	24	<i>nitrofurantoin macrocrystal</i>	28	NOVOLOG MIX 70-	
<i>neomycin-bacitracin-poly-hc</i>	135	<i>nitrofurantoin monohydlm-</i>		30FLEXPEN U-100.....	95
<i>neomycin-bacitracin-</i>		<i>cryst</i>	28	NOVOLOG PENFILL U-	
<i>polymyxin</i>	129	<i>nitroglycerin</i>	75, 76	100 INSULIN.....	95
<i>neomycin-polymyxin b-</i>		NIVA-FOL.....	154	NOVOLOG U-100	
<i>dexameth</i>	135	<i>nizatidine</i>	108	INSULIN ASPART.....	95
<i>neomycin-polymyxin-</i>		<i>noble formula hc</i>	85	NOXAFIL.....	15
<i>gramicidin</i>	129	<i>non-aspirin</i>	55	<i>np thyroid</i>	99
<i>neomycin-polymyxin-hc</i> ..	91, 135	<i>non-aspirin extra strength</i>	55	NUBEQA.....	34
<i>neo-polycin</i>	129	<i>non-aspirin pain relief</i>	55	NUCALA.....	144
<i>neo-polycin hc</i>	135	<i>nora-be</i>	121	NUEDEXTA.....	46
NEPHPLEX RX.....	154	NORDITROPIN		NUPLAZID.....	62
NERLYNX.....	34	FLEXPRO.....	110	NURTEC ODT.....	44
<i>neuac</i>	80	<i>norelgestromin-ethin.estradiol</i>		NUTROPIN AQ NUSPIN.....	110
NEULASTA ONPRO.....	110	.....	122	<i>nyamyc</i>	82
NEUPOGEN.....	110	<i>noreth-ethinyl estradiol-iron</i> ..	126	<i>nylia 7/7/7 (28)</i>	127
NEUPRO.....	43	<i>norethindrone (contraceptive)</i>		<i>nymyo</i>	127
NEVANAC.....	134	.....	121	<i>nystatin</i>	15, 82
<i>nevirapine</i>	18	<i>norethindrone acetate</i>	121	<i>nystatin-triamcinolone</i>	82
NEW DAY.....	126	<i>norethindrone ac-eth estradiol</i>		<i>nystop</i>	82
NEXLETOL.....	74	.....	121, 126	<i>nytol</i>	140
NEXLIZET.....	74	<i>norethindrone-e.estradiol-iron</i>		OICALIVA.....	105
<i>niacin</i>	74	.....	126	<i>ocella</i>	127
NIACOR.....	74	<i>norgestimate-ethinyl estradiol</i>		OCTAGAM.....	113
<i>nicorette</i>	89	.....	127	<i>octreotide acetate</i>	34
NICORETTE.....	89	<i>nortrel 0.5/35 (28)</i>	127	ODEFSEY.....	18
<i>nicotine</i>	89	<i>nortrel 1/35 (21)</i>	127	ODOMZO.....	35
<i>nicotine (polacrilex)</i>	89	<i>nortrel 1/35 (28)</i>	127	OFEV.....	144
NICOTINE		<i>nortrel 7/7/7 (28)</i>	127	<i>ofloxacin</i>	27, 91, 129
(POLACRILEX).....	89	<i>nortriptyline</i>	62	OGSIVEO.....	35
NICOTROL.....	90	NORVIR.....	18	OJJAARA.....	35
NICOTROL NS.....	90	NOVOLIN 70/30 U-100		<i>olanzapine</i>	62
<i>nifedipine</i>	69	INSULIN.....	94	<i>olanzapine-fluoxetine</i>	62
<i>nighttime sleep</i>	140	NOVOLIN 70-30		<i>olmesartan</i>	69
<i>nighttime allergy relief</i>	140	FLEXPEN U-100.....	95	<i>olmesartan-amlodipin-</i>	
NIGHTTIME DRY-EYE		NOVOLIN N FLEXPEN.....	95	<i>hcthiazid</i>	69
RELIEF.....	132	NOVOLIN N NPH U-100		<i>olmesartan-</i>	
<i>nighttime sleep aid (diphen)</i>	140	INSULIN.....	95	<i>hydrochlorothiazide</i>	69
<i>nikki (28)</i>	126	NOVOLIN R FLEXPEN.....	95	<i>olopatadine</i>	90, 132
<i>nilutamide</i>	34			<i>omega-3 acid ethyl esters</i>	74

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 03/20/2024.

<i>omeprazole</i>	108	<i>oxybutynin chloride</i>	147	<i>perindopril erbumine</i>	69
<i>omeprazole magnesium</i>	108	<i>oxycodone</i>	49	<i>periogard</i>	90
OMNIPOD 5 G6 INTRO		<i>oxycodone-acetaminophen</i>	49	<i>permethrin</i>	85
KIT (GEN 5).....	95	<i>oxymorphone</i>	49	<i>perphenazine</i>	62
OMNIPOD 5 G6 PODS		OZEMPIC.....	96	<i>perphenazine-amitriptyline</i>	62
(GEN 5).....	95	<i>pacerone</i>	65	<i>persa-gel</i>	80
OMNIPOD CLASSIC		<i>pain relief (acetaminophen)</i>	55	PERSERIS.....	62
PODS (GEN 3).....	95	<i>pain relief adult</i>	55	<i>pharbechlor</i>	140
OMNIPOD DASH INTRO		<i>pain relief es</i>		<i>pharbedryl</i>	140
KIT (GEN 4).....	95	<i>(acetaminophen)</i>	55	<i>pharbetol</i>	55
OMNIPOD DASH PODS		<i>pain reliever (acetaminophen)</i>	55	<i>phendimetrazine tartrate</i>	86
(GEN 4).....	96	<i>pain reliever</i>		<i>phenelzine</i>	62
<i>ondansetron</i>	105	<i>es (acetaminophn)</i>	55	<i>phenobarbital</i>	41
<i>ondansetron hcl</i>	105	<i>paliperidone</i>	62	<i>phentermine</i>	86
<i>onelax bisacodyl</i>	105	PALYNZIQ.....	98	<i>phenytoin</i>	41
<i>onelax docusate sodium</i>	105	<i>panoxyl</i>	80	<i>phenytoin sodium extended</i>	41
ON-GO COVID-19 AG AT		PANRETIN.....	78	<i>philith</i>	127
HOME TEST.....	117	<i>pantoprazole</i>	108	PHILLIPS.....	150
ONUREG.....	35	<i>paricalcitol</i>	98	PHILLIPS' LIQUI-GELS... 106	
OPCICON ONE-STEP.....	127	<i>paromomycin</i>	24	PHOSPHOLINE IODIDE.. 132	
OPSUMIT.....	144	<i>paroxetine hcl</i>	62	PHYTONADIONE	
OPTION-2.....	127	PAXLOVID.....	18	(VITAMIN K1).....	72
<i>oralone</i>	90	<i>pazopanib</i>	35	<i>phytonadione (vitamin k1)</i>	72
ORENCIA.....	119	PEDIACLEAR PD.....	140	PIFELTRO.....	18
ORENCIA CLICKJECT... 119		PEDIARIX (PF).....	113	<i>pilocarpine hcl</i>	88, 132
ORENITRAM.....	69	<i>pediatric enema</i>	105	PILOT COVID-19 AT-	
ORFADIN.....	88	PEDVAX HIB (PF).....	114	HOME TEST.....	117
ORGOVYX.....	35	<i>peg 3350-electrolytes</i>	106	<i>pimecrolimus</i>	78
ORLISSA.....	98	PEGASYS.....	110	<i>pimozide</i>	63
ORKAMBI.....	145	<i>peg-electrolyte</i>	106	<i>pimtrea (28)</i>	127
ORLADEYO.....	145	PEMAZYRE.....	35	<i>pindolol</i>	69
<i>orlistat</i>	86	PENBRAYA (PF).....	114	<i>pink bismuth</i>	100, 101
<i>orphenadrine citrate</i>	47	<i>penciclovir</i>	82	<i>pink bismuth maximum</i>	
ORSERDU.....	35	<i>penicillamine</i>	119	<i>strength</i>	100
<i>oseltamivir</i>	18	PENICILLIN G POT IN		<i>pioglitazone</i>	96
OTEZLA.....	119	DEXTROSE.....	26	<i>pioglitazone-glimepiride</i>	96
OTEZLA STARTER.....	119	<i>penicillin g potassium</i>	26	<i>pioglitazone-metformin</i>	96
OVERNIGHT		<i>penicillin g sodium</i>	26	PIPERACILLIN-	
LUBRICATING EYE.....	132	<i>penicillin v potassium</i>	27	TAZOBACTAM.....	27
<i>oxacillin</i>	26	PENTACEL (PF).....	114	<i>piperacillin-tazobactam</i>	27
<i>oxacillin in dextrose (iso-osm)</i>	26	<i>pentamidine</i>	24	PIQRAY.....	35
<i>oxaprozin</i>	55	PENTASA.....	106	<i>pirfenidone</i>	145
<i>oxazepam</i>	62	<i>pentoxifylline</i>	72	<i>piroxicam</i>	55
<i>oxcarbazepine</i>	40	<i>pepcid ac</i>	108	PLASMA-LYTE 148.....	152
OXERVATE.....	132	<i>pepto-bismol</i>	100	PLASMA-LYTE A.....	152
<i>oxiconazole</i>	82	<i>pepto-bismol to-go</i>	100	PLEGRIDY.....	110, 111

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 03/20/2024.

PLENAMINE.....	152	<i>prevalite</i>	74	QUADRACEL (PF).....	114
<i>podofilox</i>	78	PREVYMIS.....	18	<i>quetiapine</i>	63
<i>polycin</i>	129	PREZCOBIX.....	18	QUFLORA FE.....	155
<i>polyethylene glycol 3350</i>	106	PREZISTA.....	18	QUFLORA FE (FERROUS	
<i>polymyxin b sulf-</i>		PRIFTIN.....	24	SULFATE).....	155
<i>trimethoprim</i>	129	PRIMAQUINE.....	24	QUFLORA PEDIATRIC...	155
POLY-VI-FLOR DROPS...	155	<i>primidone</i>	41	QUFLORA PEDIATRIC	
POMALYST.....	35	PRIORIX (PF).....	114	DROPS.....	155
<i>portia 28</i>	127	PRIVIGEN.....	114	QUICKVUE AT-HOME	
<i>posaconazole</i>	16	<i>probenecid</i>	117	COVID-19 TEST.....	117
<i>potassium chlorid-d5-</i>		<i>probenecid-colchicine</i>	117	<i>quinapril</i>	69
<i>0.45%nacl</i>	150	<i>procentra</i>	63	<i>quinidine gluconate</i>	65
<i>potassium chloride</i>	150, 151	<i>prochlorperazine</i>	106	<i>quinidine sulfate</i>	65
<i>potassium chloride in</i>		<i>prochlorperazine maleate oral</i>		<i>quinine sulfate</i>	24
<i>0.9%nacl</i>	150	.....	106	<i>quit 2</i>	90
<i>potassium chloride in 5 % dex</i>	150	<i>procto-med hc</i>	106	<i>quit 4</i>	90
<i>potassium chloride in lr-d5</i>	150	<i>proctosol hc</i>	106	QVAR REDIHALER.....	145
<i>potassium chloride in water</i> ...	150	<i>proctozone-hc</i>	106	RABAVERT (PF).....	114
<i>potassium chloride-0.45 %</i>		<i>progesterone micronized</i>	121	<i>rabeprazole</i>	109
<i>nacl</i>	151	PROGRAF.....	35	RADICAVA ORS.....	46
<i>potassium chloride-d5-</i>		PROLASTIN-C.....	88	RADICAVA ORS	
<i>0.2%nacl</i>	151	<i>prolate</i>	49	STARTER KIT SUSP.....	46
<i>potassium chloride-d5-</i>		PROLIA.....	117	<i>raloxifene</i>	117
<i>0.9%nacl</i>	151	PROMACTA.....	72	<i>ramelteon</i>	63
<i>potassium citrate</i>	148	<i>promethazine</i>	140	<i>ramipril</i>	69
<i>povidone-iodine</i>	81	<i>promethegan</i>	140	<i>ranolazine</i>	75
<i>powderlax</i>	106	<i>propafenone</i>	65	<i>rasagiline</i>	43
<i>pramipexole</i>	43	<i>propranolol</i>	69	RAVICTI.....	88
<i>prasugrel</i>	72	<i>propylthiouracil</i>	92	<i>ready-to-use enema</i>	106
<i>pravastatin</i>	74	PROQUAD (PF).....	114	<i>reclipsen (28)</i>	127
<i>praziquantel</i>	24	PROSOL 20 %.....	152	RECOMBIVAX HB (PF)...	114
<i>prazosin</i>	69	<i>protriptyline</i>	63	<i>rectasmoothe</i>	78
PRED MILD.....	136	<i>psyllium husk (with sugar)</i> ...	106	RECTICARE.....	78
<i>prednisolone</i>	92	PULMICORT		RECTIV.....	106
<i>prednisolone acetate</i>	136	FLEXHALER.....	145	REFRESH CELLUVISC...	132
<i>prednisolone sodium</i>		PULMOZYME.....	145	REFRESH CONTACTS...	132
<i>phosphate</i>	92, 136	<i>pure and gentle (saline)</i>	106	REFRESH LACRI-LUBE..	132
<i>prednisone</i>	92	<i>purelax</i>	106	REFRESH LIQUIGEL.....	132
<i>prednisone intensol</i>	92	PURIXAN.....	35	REFRESH P.M.....	132
<i>pregabalin</i>	41	<i>pyrazinamide</i>	24	REFRESH PLUS.....	132
PREHEVBRIO (PF).....	114	<i>pyridostigmine bromide</i>	47	REFRESH TEARS.....	133
PREMARIN.....	121	<i>pyridoxine (vitamin b6)</i>	155	REGRANEX.....	78
<i>premasol 10 %</i>	152	<i>pyrimethamine</i>	24	RELENZA DISKHALER...	18
PREMPHASE.....	121	PYRUKYND.....	88	RENAL CAPS.....	155
PREMPRO.....	121	QINLOCK.....	35	<i>rena-vite</i>	155
<i>prenatal vitamin oral tablet</i> ...	155	QSYMIA.....	86	<i>reno caps</i>	155

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 03/20/2024.

RENOVA.....	80	RUKOBIA.....	19	<i>sodium chloride 3 %</i>	
<i>repaglinide</i>	96	RYBELSUS.....	96	<i>hypertonic</i>	151
REPATHA.....	75	RYDAPT.....	35	<i>sodium chloride 5 %</i>	
REPATHA		<i>sajazir</i>	145	<i>hypertonic</i>	151
PUSHTRONEX.....	74	SANTYL.....	78	<i>sodium fluoride 5000 plus</i>	90
REPATHA SURECLICK....	75	<i>sapropterin</i>	98	<i>sodium oxybate</i>	63
<i>rest simply nighttime sleep</i>	140	SAXENDA.....	86	<i>sodium phenylbutyrate</i>	88
<i>restore plus (cmcellulose)</i>	133	SCSEMBLIX.....	35	<i>sodium polystyrene sulfonate</i> ..	89
RESTORE PM.....	133	<i>scopolamine base</i>	106	<i>sodium,potassium,mag</i>	
RETAIN PM.....	133	SECUADO.....	63	<i>sulfates</i>	107
RETEVMO.....	35	<i>selegiline hcl</i>	43	<i>solifenacin</i>	147
REVCovi.....	88	<i>selenium sulfide</i>	76	SOLTAMOX.....	36
<i>revlimid</i>	35	SELZENTRY.....	19	SOLU-CORTEF.....	92
REXULTI.....	63	SEREVENT DISKUS.....	145	SOLU-CORTEF ACT-O-	
REYATAZ.....	18	<i>sertraline</i>	63	VIAL (PF).....	92
REYVOW.....	44	<i>setlakin</i>	127	SOMATULINE DEPOT.....	36
REZLIDHIA.....	35	<i>sevelamer carbonate</i>	88	SOMAVERT.....	98
REZUROCK.....	35	<i>sevelamer hcl</i>	88	<i>sominex</i>	141
RHOPRESSA.....	135	<i>sf</i>	90	<i>soothe (bismuth</i>	
<i>ribavirin</i>	19	<i>sf 5000 plus</i>	90	<i>subsalicylate)</i>	101
<i>rid lice killing</i>	85	<i>shake that ache</i>	55	SOOTHE NIGHT TIME	
RIDAURA.....	119	<i>sharobel</i>	121	LUBRICANT.....	133
<i>rifabutin</i>	24	SHINGRIX (PF).....	115	<i>soothe regular strength</i>	101
<i>rifampin</i>	24	SIGNIFOR.....	35	<i>sorafenib</i>	36
<i>riluzole</i>	88	<i>siladryl sa</i>	140	<i>sorine</i>	65
<i>rimantadine</i>	19	<i>sildenafil (pulmonary arterial</i>		<i>sotalol</i>	65
<i>ringworm</i>	82	<i>hypertension)</i>	145	<i>sotalol af</i>	65
RINVOQ.....	119	<i>silodosin</i>	148	SPEEDYSWAB COVID-19	
<i>risedronate</i>	88, 117	<i>silver sulfadiazine</i>	78	HOME TEST.....	117
<i>risperidone</i>	63	<i>simply sleep</i>	140	SPIRIVA RESPIMAT.....	145
<i>risperidone microspheres</i>	63	<i>simvastatin</i>	75	<i>spironolactone</i>	69
<i>ritonavir</i>	19	<i>sirolimus</i>	36	<i>spironolacton-</i>	
<i>rivastigmine</i>	46	SIRTURO.....	25	<i>hydrochlorothiaz</i>	69
<i>rivastigmine tartrate</i>	46	SKYCLARYS.....	46	<i>sprintec (28)</i>	127
<i>rivelsa</i>	127	SKYRIZI.....	76, 106	SPRITAM.....	41
<i>rizatriptan</i>	44	<i>sleep aid (diphenhydramine)</i>	140	SPRYCEL.....	36
ROCKLATAN.....	135	<i>sleep ii</i>	140	<i>sps (with sorbitol)</i>	89
<i>roflumilast</i>	145	<i>sleep tablet</i>		<i>sronyx</i>	127
<i>ropinirole</i>	43	<i>(diphenhydramine)</i>	140	<i>ssd</i>	78
<i>rosuvastatin</i>	75	<i>sleep-tabs</i>	141	<i>st joseph aspirin</i>	55
ROTARIX.....	114	<i>smooth antacid</i>	151	<i>st. joseph aspirin</i>	55
ROTATEQ VACCINE.....	115	<i>smoothlax</i>	106	STELARA.....	76, 77
<i>roweepra</i>	41	<i>sodium bicarbonate</i>	106	STERILE LUBRICANT....	133
ROZLYTREK.....	35	<i>sodium chloride</i>	88	STIOLTO RESPIMAT.....	145
RUBRACA.....	35	<i>sodium chloride 0.45 %</i>	151	STIVARGA.....	36
<i>rufinamide</i>	41	<i>sodium chloride 0.9 %</i>	88	<i>stomach relief</i>	101

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 03/20/2024.

<i>stomach relief max strength</i> ..	101	TAGRISSO	36	THALOMID	36
<i>stomach relief original</i>	101	TAKHZYRO	146	<i>the magic bullet</i>	107
<i>stool softener</i>	107	TALZENNA	36	THEO-24	146
<i>stool softener (docusate cal)</i> .	107	<i>tamoxifen</i>	36	<i>theophylline</i>	146
<i>stop smoking aid</i>	90	<i>tamsulosin</i>	148	THERATEARS.....	133
STREPTOMYCIN	25	<i>tarina 24 fe</i>	127	<i>thiamine hcl (vitamin b1)</i>	155
STRIBILD	19	<i>tarina fe 1-20 eq (28)</i>	127	<i>thioridazine</i>	63
STROVITE ONE.....	155	TASIGNA.....	36	<i>thiothixene</i>	63
<i>stye (pva-povidone)</i>	133	<i>tasimelteon</i>	63	<i>tiadylt er</i>	70
STYE LUBRICANT	133	TAVALISSE.....	72	<i>tiagabine</i>	41
SUCRAID	107	TAVNEOS.....	89	TIBSOVO	36
<i>sucralfate</i>	109	<i>tazarotene</i>	80	TICOVAC	115
<i>sulfacetamide sodium</i>	133	TAZICEF	21	<i>tigecycline</i>	25
<i>sulfacetamide sodium (acne)</i> ..	81	<i>tazicef</i>	21	<i>timolol maleate</i>	70, 130
<i>sulfacetamide-prednisolone</i> ..	133	TAZORAC.....	80	<i>tinidazole</i>	25
<i>sulfadiazine</i>	27	<i>taztia xt</i>	69	<i>tioconazole</i>	122
<i>sulfamethoxazole-</i>		TAZVERIK.....	36	TIOCONAZOLE-1	122
<i>trimethoprim</i>	27	TDVAX.....	115	<i>tiopronin</i>	89
<i>sulfasalazine</i>	107	TEFLARO	21	<i>tiotropium bromide</i>	146
<i>sulindac</i>	55	TEGSEDI	46	TIVICAY	19
<i>sumatriptan</i>	44	<i>telmisartan</i>	69	TIVICAY PD	19
<i>sumatriptan succinate</i>	44	<i>telmisartan-amlodipine</i>	69	<i>tizanidine</i>	47
<i>sunitinib malate</i>	36	<i>telmisartan-</i>		TOBI PODHALER.....	25
SUNLENCA.....	19	<i>hydrochlorothiazid</i>	70	TOBRADEX.....	135
SUNOSI.....	63	<i>temazepam</i>	63	<i>tobramycin</i>	25, 129
<i>surfak</i>	107	<i>tencon</i>	49	<i>tobramycin in 0.225 % nacl</i>	25
<i>syeda</i>	127	TENIVAC (PF).....	115	<i>tobramycin sulfate</i>	25
SYMDEKO	146	<i>tenofovir disoproxil fumarate</i> ..	19	<i>tobramycin-dexamethasone</i> ..	135
SYMLINPEN 120.....	96	TENSION HEADACHE.....	55	TOBREX.....	129
SYMLINPEN 60.....	96	TENSION HEADACHE		<i>tolcapone</i>	43
SYMPAZAN	41	PAIN RELIEVER.....	55	<i>tolnaftate</i>	82
SYMPROIC.....	107	TEPMETKO.....	36	<i>tolterodine</i>	147
SYMTUZA.....	19	<i>terazosin</i>	70	TOLVAPTAN.....	98
SYNAREL.....	98	<i>terbinafine hcl</i>	16	<i>tolvaptan</i>	98
SYNJARDY	96	<i>terbutaline</i>	146	<i>topiramate</i>	41
SYNJARDY XR.....	96	<i>terconazole</i>	122	<i>toremifene</i>	37
SYNTHROID.....	99	<i>teriflunomide</i>	46	<i>toremide</i>	70
SYSTANE GEL.....	133	<i>teriparatide</i>	117	TOSYMRA	44
SYSTANE NIGHTTIME...	133	TERIPARATIDE.....	117	<i>total allergy medicine</i>	141
TABLOID.....	36	<i>testosterone</i>	98	TOUJEO MAX U-300	
TABRECTA.....	36	<i>testosterone cypionate</i>	98	SOLOSTAR.....	96
<i>tacrolimus</i>	36, 78	<i>testosterone enanthate</i>	98	TOUJEO SOLOSTAR U-	
<i>tactinal</i>	55	TETANUS,DIPHThERIA		300 INSULIN.....	96
<i>tadalafil (pulm. hypertension)</i>		TOX PED(PF).....	115	TRACLEER.....	146
.....	146	<i>tetrabenazine</i>	46	TRADJENTA.....	96
TAFINLAR.....	36	<i>tetracycline</i>	28	<i>tramadol</i>	55, 56

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 03/20/2024.

<i>tramadol-acetaminophen</i>	56	TRIZIVIR.....	19	VELTASSA.....	89
<i>trandolapril</i>	70	TROPHAMINE 10 %.....	152	VENCLEXTA.....	37
<i>tranexamic acid</i>	122	<i>trospium</i>	148	VENCLEXTA STARTING	
<i>tranylcypromine</i>	63	TRULICITY.....	96	PACK.....	37
<i>travasol 10 %</i>	152	TRUMENBA.....	115	<i>venlafaxine</i>	64
<i>travoprost</i>	135	TRUQAP.....	37	VENTAVIS.....	147
<i>trazodone</i>	63	TUKYSA.....	37	VENTIVA TEARS.....	133
TRECTOR.....	25	<i>tums dual action (famotidine)</i>		VENTIVA TEARS PLUS...133	
TRELEGY ELLIPTA.....	146	.....	109	VENTOLIN HFA.....	147
TRELSTAR.....	37	<i>tums ultra</i>	107, 151	VEOZAH.....	122
<i>tretinoin (antineoplastic)</i>	37	TURALIO.....	37	<i>verapamil</i>	70
<i>tretinoin topical</i>	80	TWINRIX (PF).....	115	VERQUVO.....	75
TREXALL.....	37	TYBOST.....	19	VERSACLOZ.....	64
<i>triamcinolone acetonide</i>	85, 90	<i>tylophen</i>	56	VERZENIO.....	37
<i>triamterene</i>	70	TYMLOS.....	118	<i>vestura (28)</i>	128
<i>triamterene-</i>		TYPHIM VI.....	115	<i>vienna</i>	128
<i>hydrochlorothiazid</i>	70	TYVASO.....	146	<i>vigabatrin</i>	41, 42
<i>triazolam</i>	64	TYVASO		<i>vigadrone</i>	42
<i>tri-buffered aspirin</i>	56	INSTITUTIONAL START		<i>vigpoder</i>	42
<i>trientine</i>	89	KIT.....	146	<i>vilazodone</i>	64
<i>tri-estarylla</i>	127	TYVASO REFILL KIT.....	146	VIMPAT.....	42
<i>trifluoperazine</i>	64	TYVASO STARTER KIT..	147	<i>viorele (28)</i>	128
<i>trifluridine</i>	130	<i>ubrelvy</i>	44	VIRACEPT.....	19
<i>trihexyphenidyl</i>	43	<i>ultra fresh</i>	133	VIREAD.....	19
<i>tri-legest fe</i>	128	<i>ultra strength antacid</i>	151	VIRT-CAPS.....	155
<i>tri-lo-estarylla</i>	128	<i>unisom sleepgels</i>	141	VIT 3.....	155
<i>tri-lo-sprintec</i>	128	<i>unithroid</i>	99	VITAL-D RX.....	155
<i>trimethobenzamide</i>	107	UPTRAVI.....	70	VITAMIN B12-FOLIC	
<i>trimethoprim</i>	28	<i>ursodiol</i>	107	ACID.....	156
<i>tri-mili</i>	128	<i>valacyclovir</i>	19	<i>vitamin d2</i>	156
<i>trimipramine</i>	64	VALCHLOR.....	78	VITAMIN K.....	72
TRINTELLIX.....	64	<i>valganciclovir</i>	19	VITAMIN K1.....	73
<i>tri-nymyo</i>	128	<i>valproic acid</i>	41	VITAMINS A,C,D AND	
TRIPHROCAPS.....	155	<i>valproic acid (as sodium salt)</i> ..	41	FLUORIDE.....	156
<i>triple antibiotic</i>	81	<i>valsartan</i>	70	VITRAKVI.....	37
TRIPROLIDINE HCL.....	141	<i>valsartan-hydrochlorothiazide</i> ..	70	VIZIMPRO.....	37
<i>tri-sprintec (28)</i>	128	VALTOCO.....	41	VONJO.....	37
TRIUMEQ.....	19	VANCOMYCIN.....	25	<i>voriconazole</i>	16
TRIUMEQ PD.....	19	<i>vancomycin</i>	25	VOXZOGO.....	98
<i>tri-vitamin with fluoride</i>	155	<i>vandazole</i>	122	VRAYLAR.....	64
TRI-VITE WITH		VANFLYTA.....	37	VUITY.....	134
FLUORIDE.....	155	<i>vanicream hc</i>	85	<i>vyfemla (28)</i>	128
<i>tri-vite with fluoride</i>	155	VAQTA (PF).....	115	<i>vylibra</i>	128
<i>trivora (28)</i>	128	<i>varenicline</i>	90	VYNDAMAX.....	75
<i>tri-vylibra</i>	128	VARIVAX (PF).....	116	VYNDAQEL.....	75
<i>tri-vylibra lo</i>	128	<i>velivet triphasic regimen (28)</i> ..	128	WAINUA.....	46

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 03/20/2024.

WAKIX.....	64	<i>xulane</i>	123
wal-dryl allergy.....	141	XURIDEN.....	89
wal-fex allergy.....	141	XYREM.....	64
wal-finatone.....	141	YF-VAX (PF).....	116
wal-itin.....	141	YUPELRI.....	147
wal-mucil fiber (sugar).....	107	yuvafem.....	121
wal-mucil natural fiber lax....	107	ZADITOR.....	134
wal-profen.....	56	<i>zafemy</i>	123
wal-proxen.....	56	<i>zafirlukast</i>	147
wal-som (diphenhydramine) .	141	<i>zaleplon</i>	64
wal-zyr (cetirizine).....	141	<i>zantac-360 (famotidine)</i>	109
wal-zyr (ketotifen).....	134	ZARXIO.....	111
warfarin.....	73	ZEGALOGUE	
WEGOVIY.....	86	AUTOINJECTOR.....	97
WELIREG.....	37	ZEGALOGUE SYRINGE...	97
wera (28).....	128	ZEJULA.....	38
WESCAPS.....	156	ZELBORAF.....	38
westab max.....	156	ZEMAIRA.....	89
westab one.....	156	<i>zenatane</i>	80
wixela inhub.....	147	<i>zenzedi</i>	64
women's gentle		ZERBAXA.....	21
laxative (bisac).....	107	<i>zidovudine</i>	20
wymzya fe.....	128	ZILBRYSQ.....	47
XALKORI.....	37	<i>ziprasidone hcl</i>	64
XARELTO.....	73	<i>ziprasidone mesylate</i>	64
XARELTO DVT-PE		ZIRGAN.....	130
TREAT 30D START.....	73	ZOLINZA.....	38
XATMEP.....	37	<i>zolpidem</i>	64
XCOPRI.....	42	ZONISADE.....	42
XCOPRI MAINTENANCE		<i>zonisamide</i>	42
PACK.....	42	<i>zovia 1-35 (28)</i>	128
XCOPRI TITRATION		ZTALMY.....	42
PACK.....	42	ZURZUVAE.....	64
XDEMVIY.....	134	ZYDELIG.....	38
XELJANZ.....	119	ZYKADIA.....	38
XELJANZ XR.....	119		
XENICAL.....	86		
XERMELO.....	37		
XGEVA.....	28		
XIFAXAN.....	25		
XIGDUO XR.....	97		
XOFLUZA.....	20		
XOLAIR.....	147		
XOSPATA.....	37		
XPOVIO.....	38		
XTANDI.....	38		

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 03/20/2024.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-833-230-2057**. Someone who speaks your language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-230-2057. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-230-2057。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-230-2057。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-833-230-2057. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-230-2057. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-230-2057 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-230-2057. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-230-2057 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-230-2057. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-230-2057. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-230-2057 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-230-2057. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-230-2057. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-230-2057. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-230-2057. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-230-2057にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Notice of Non-Discrimination

HAP CareSource complies with applicable state and federal civil rights laws. We do not discriminate, exclude people, or treat them differently because of age, gender, gender identity, color, race, disability, national origin, ethnicity, marital status, sexual preference, sexual orientation, religious affiliation, health status, or public assistance status. HAP CareSource offers free aids and services to people with disabilities or those whose primary language is not English. We can get sign language interpreters or interpreters in other languages so they can communicate effectively with us or their providers. Printed materials are also available in large print, braille or audio at no charge. Please call Member Services at the number on your HAP CareSource ID card if you need any of these services. If you believe we have not provided these services to you or discriminated in another way, you may file a grievance.

Mail: HAP CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947
Dayton, Ohio 45401

Email: CivilRightsCoordinator@CareSource.com
Phone: 1-800-488-0134 (TTY: 711)
Fax: 1-844-417-6254

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Mail: U.S. Dept of Health and Human Services
200 Independence Ave, SW Room 509F HHH Building
Washington, D.C. 20201

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Phone: 1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are found at: <http://www.hhs.gov/ocr/office/file/index.html>.

This formulary was updated 04/01/2024

For more recent information or other questions, contact our Customer Service department at:

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

1-833-230-2057

Or, for TDD/TTY users

1-833-711-4711 or 711

Our business hours are:

8 a.m. to 8 p.m. Monday
through Friday.



[HAPCareSource.com](https://www.HAPCareSource.com)

P.O. Box 1025 Dayton, OH 45401

© 2024 HAP CareSource