

2025

READY
TO HELP



Medicare Plus BlueSM Group PPO Prescription BlueSM Group PDP

Healthy Value Enhanced Comprehensive Formulary

(List of Covered Drugs or “Drug List”)

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

This formulary was updated on September 18, 2024. For more recent information or other questions, please contact us, Medicare Plus Blue Group PPO and Prescription Blue Group PDP Customer Service, at 1-866-684-8216 (TTY users should call 711), Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit www.bcbsm.com/medicare.

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

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

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

This document includes a Drug List (formulary) for our plan which is current as of September 18, 2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

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

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here:

<https://www.bcbsm.com/medicare/resources/for-ms-documents/drug-lists/>.

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

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

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of September 18, 2024. To get updated information about the drugs covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 70. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs,

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

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

<http://www.medicare.gov>.

Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 70.

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

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

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

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

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

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

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

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

Drug Notes Code Definitions

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

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule 200mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>celecoxib capsule 100mg</i>	3	QL(270 EA per 90 days)
<i>celecoxib capsule 50mg</i>	3	QL(540 EA per 90 days)
<i>diclofenac potassium tablet 50mg</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	4	
<i>diclofenac sodium gel 1%</i>	3	QL(1000 GM per 31 days)
<i>diclofenac sodium external solution 1.5%</i>	4	QL(600 ML per 30 days)
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	2	
<i>etodolac er</i>	3	
<i>etodolac capsule, tablet</i>	3	
<i>flurbiprofen tablet 100mg</i>	2	
<i>ibu</i>	2	
<i>ibuprofen suspension</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	2	
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium tablet 275mg, 550mg</i>	2	
<i>naproxen tablet delayed release 500mg</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin tablet</i>	3	
<i>piroxicam capsule</i>	3	
<i>salsalate tablet 750mg</i>	2	
<i>sulindac tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(15 EA per 30 days); NDS
METHADONE HCL SOLUTION 10MG/5ML	3	QL(1860 ML per 31 days); NDS
METHADONE HCL SOLUTION 5MG/5ML	3	QL(3720 ML per 31 days); NDS
<i>methadone hcl tablet 10mg</i>	3	QL(372 EA per 31 days); NDS
<i>methadone hcl tablet 5mg</i>	3	QL(496 EA per 31 days); NDS
MORPHINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 20MG, 50MG, 80MG	4	QL(62 EA per 31 days); NDS
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL(31 EA per 31 days); NDS
<i>morphine sulfate er tablet extended release 100mg, 15mg, 30mg, 60mg</i>	4	QL(93 EA per 31 days); NDS

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

Drug Name	Drug Tier	Requirements/Limits
OXYMORPHONE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	4	QL(62 EA per 31 days); NDS
OXYMORPHONE HYDROCHLORIDEER	4	QL(62 EA per 31 days); NDS
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR	4	QL(31 EA per 31 days); NDS
<i>tramadol hydrochloride er</i>	3	QL(31 EA per 31 days); NDS
Opioid Analgesics, Short-acting		
ACETAMINOPHEN/CODEINE SOLUTION	3	QL(5167 ML per 31 days); NDS
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	3	QL(186 EA per 31 days); NDS
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>	3	QL(372 EA per 31 days); NDS
<i>butorphanol tartrate solution</i>	3	QL(5 ML per 30 days); NDS
CODEINE SULFATE TABLET 15MG	2	QL(186 EA per 31 days); NDS
CODEINE SULFATE TABLET 30MG, 60MG	3	QL(186 EA per 31 days); NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(372 EA per 31 days); NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	QL(124 EA per 31 days); PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(124 EA per 31 days); PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	QL(5735 ML per 31 days); NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	3	QL(372 EA per 31 days); NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	3	QL(372 EA per 31 days); NDS
HYDROCODONE/IBUPROFEN TABLET 10MG; 200MG, 5MG; 200MG	3	QL(155 EA per 31 days); NDS
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	3	QL(155 EA per 31 days); NDS
<i>hydromorphone hcl liquid</i>	4	QL(2480 ML per 31 days); NDS
HYDROMORPHONE HCL INJECTION 4MG/ML	4	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 8mg</i>	3	QL(248 EA per 31 days); NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	3	QL(372 EA per 31 days); NDS
HYDROMORPHONE HYDROCHLORIDE INJECTION 2MG/ML	4	NDS
<i>hydromorphone hydrochloride injection 2mg/ml, 50mg/5ml</i>	4	NDS
<i>morphine sulfate tablet</i>	3	QL(186 EA per 31 days); NDS
MORPHINE SULFATE SOLUTION 20MG/5ML	3	QL(1550 ML per 31 days); NDS
<i>morphine sulfate solution 10mg/5ml</i>	3	QL(3100 ML per 31 days); NDS
<i>morphine sulfate solution 100mg/5ml</i>	3	QL(930 ML per 31 days); NDS
<i>oxycodone hydrochloride capsule, tablet</i>	3	QL(372 EA per 31 days); NDS
<i>oxycodone hydrochloride solution</i>	4	QL(1860 ML per 31 days); NDS
<i>oxycodone hydrochloride concentrate</i>	4	QL(279 ML per 31 days); NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(372 EA per 31 days); NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(372 EA per 31 days); NDS
<i>tramadol hydrochloride tablet 50mg</i>	2	QL(248 EA per 31 days); NDS
Anesthetics		
<i>Local Anesthetics</i>		
CETACAINE AEROSOL 14%; 2%; 2%	4	EX
CRYODOSE TA	4	EX
<i>lidocaine hydrochloride injection 1%</i>	2	
<i>lidocaine/prilocaine cream</i>	4	PA
<i>lidocaine patch 5%</i>	3	QL(270 EA per 90 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	3	
<i>disulfiram tablet</i>	4	
<i>naltrexone hcl tablet</i>	3	
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl</i>	1	QL(270 EA per 90 days)
<i>buprenorphine hcl tablet sublingual</i>	1	QL(270 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	2	QL(180 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	2	QL(270 EA per 90 days)
<i>Opioid Reversal Agents</i>		
KLOXXADO	3	QL(12 EA per 90 days)
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
OPVEE	3	QL(12 EA per 90 days)
REXTOVY	3	
<i>Smoking Cessation Agents</i>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	3	QL(180 EA per 90 days)
NICOTROL INHALER	4	
NICOTROL NS	4	
TYRVAYA	4	QL(8.4 ML per 30 days)
<i>varenicline starting month</i>	4	
<i>varenicline tartrate</i>	4	
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
ARIKAYCE	5	PA

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Drug Name	Drug Tier	Requirements/Limits
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%, 2MG/ML; 0.9%	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	3	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
<i>neomycin sulfate</i>	2	
STREPTOMYCIN SULFATE INJECTION 1GM	5	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	3	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
FEM PH	2	EX
FIRVANQ SOLUTION RECONSTITUTED 50MG/ML	4	
IMPAVIDO	5	QL(84 EA per 28 days)
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1680 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole vaginal</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	
<i>polymyxin b sulfate injection</i>	4	
SILVER NITRATE SOLUTION 0.5%	4	EX
<i>tigecycline</i>	5	

Effective Date: 01/01/2025

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

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TABLET	5	QL(62 EA per 31 days); PA
BRIVIACT SOLUTION	5	QL(620 ML per 31 days); PA
EPIDIOLEX	5	QL(600 ML per 30 days); PA
EPRONTIA	4	PA
<i>felbamate</i>	4	
FINTEPLA	5	QL(360 ML per 30 days); PA
FYCOMPA SUSPENSION	5	QL(720 ML per 30 days); PA
FYCOMPA TABLET 2MG	4	QL(540 EA per 90 days); PA
FYCOMPA TABLET 10MG, 12MG, 4MG, 8MG	5	QL(30 EA per 30 days); PA
FYCOMPA TABLET 6MG	5	QL(60 EA per 30 days); PA
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine tablet</i>	2	
<i>lamotrigine tablet chewable</i>	3	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL(10 EA per 30 days); PA; NDS
<i>rowepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL(1080 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL(270 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL(360 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(540 EA per 90 days); PA
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate capsule sprinkle, tablet</i>	2	
<i>valproic acid</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	4	
<i>methsuximide</i>	3	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam suspension</i>	4	QL(480 ML per 30 days); PA; NDS
<i>clobazam tablet</i>	4	QL(60 EA per 30 days); PA; NDS
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL(120 EA per 30 days); NDS
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL(300 EA per 30 days); NDS

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL(120 EA per 30 days); NDS
<i>clonazepam tablet 2mg</i>	2	QL(300 EA per 30 days); NDS
DIACOMIT CAPSULE 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT CAPSULE 250MG	5	QL(372 EA per 31 days); PA
DIACOMIT PACKET 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT PACKET 250MG	5	QL(372 EA per 31 days); PA
DIAZEPAM RECTAL GEL GEL 2.5MG	4	QL(5 EA per 30 days); NDS
<i>diazepam rectal gel gel 10mg, 20mg</i>	4	QL(5 EA per 30 days); NDS
<i>divalproex sodium dr tablet delayed release</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	4	
<i>gabapentin capsule</i>	2	QL(810 EA per 90 days)
<i>gabapentin solution</i>	3	QL(6480 ML per 90 days)
<i>gabapentin tablet 800mg</i>	2	QL(360 EA per 90 days)
<i>gabapentin tablet 600mg</i>	2	QL(540 EA per 90 days)
LIBERVANT	4	QL(10 EA per 30 days); PA; NDS
<i>phenobarbital elixir 20mg/5ml</i>	2	QL(4500 ML per 90 days); PA
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	3	QL(360 EA per 90 days); PA
PRIMIDONE TABLET 125MG	2	
<i>primidone tablet 250mg, 50mg</i>	2	
SYMPAZAN FILM 5MG	4	QL(60 EA per 30 days); PA; NDS
SYMPAZAN FILM 10MG, 20MG	5	QL(60 EA per 30 days); PA; NDS
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
<i>vigabatrin</i>	5	QL(186 EA per 31 days); PA
ZTALMY	5	QL(1116 ML per 31 days); PA
Sodium Channel Agents		
APTIOM	5	QL(62 EA per 31 days); PA
<i>carbamazepine er</i>	4	
<i>carbamazepine tablet chewable, suspension, tablet</i>	4	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	4	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	
<i>lacosamide solution</i>	4	QL(3600 ML per 90 days)
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL(180 EA per 90 days)
<i>lacosamide tablet 50mg</i>	4	QL(360 EA per 90 days)
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL(124 EA per 31 days); PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	5	QL(62 EA per 31 days); PA

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine</i>	4	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	PA
<i>rufinamide tablet 200mg</i>	4	QL(496 EA per 31 days); PA
<i>rufinamide tablet 400mg</i>	5	QL(248 EA per 31 days); PA
XCOPRI TABLET THERAPY PACK 0	4	QL(84 EA per 84 days); PA; 12.5MG-25MG
XCOPRI TABLET THERAPY PACK 0	5	QL(168 EA per 84 days); PA; 250MG DAILY DOSE
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA; 150MG-200MG
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA; 50MG- 100MG
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA; 350MG DAILY DOSE
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL(31 EA per 31 days); PA
XCOPRI TABLET 150MG, 200MG	5	QL(62 EA per 31 days); PA
ZONISADE	4	QL(2700 ML per 90 days); PA
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
ERGOLOID MESYLATES TABLET	2	
NAMZARIC	4	
<i>Cholinesterase Inhibitors</i>		
ADLARITY	4	QL(12 EA per 84 days); PA
<i>donepezil hcl tablet disintegrating</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 23mg</i>	4	QL(90 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>galantamine hydrobromide er</i>	3	QL(90 EA per 90 days)
GALANTAMINE HYDROBROMIDE SOLUTION	4	QL(600 ML per 90 days)
<i>galantamine hydrobromide tablet</i>	3	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 4.5mg, 6mg</i>	4	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 1.5mg, 3mg</i>	4	QL(270 EA per 90 days)
<i>rivastigmine transdermal system</i>	4	QL(90 EA per 90 days)
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	3	QL(49 EA per 28 days); PA
<i>memantine hydrochloride er</i>	4	QL(90 EA per 90 days); PA
<i>memantine hydrochloride tablet</i>	2	QL(180 EA per 90 days); PA
<i>memantine hydrochloride solution</i>	4	QL(1080 ML per 90 days); PA
Antidepressants		
<i>Antidepressants, Other</i>		

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
AUVELITY	5	QL(62 EA per 31 days); PA
<i>bupropion hcl tablet 100mg</i>	3	QL(540 EA per 90 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	3	QL(180 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	3	QL(270 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	3	QL(90 EA per 90 days)
<i>bupropion hydrochloride tablet 75mg</i>	3	QL(540 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 15mg, 30mg</i>	3	QL(180 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 45mg</i>	3	QL(90 EA per 90 days)
<i>mirtazapine tablet 15mg, 7.5mg</i>	2	QL(180 EA per 90 days)
<i>mirtazapine tablet 30mg, 45mg</i>	2	QL(90 EA per 90 days)
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(31 EA per 31 days); PA
MARPLAN	4	QL(540 EA per 90 days)
PHENELZINE SULFATE	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution</i>	3	QL(1800 ML per 90 days)
<i>citalopram hydrobromide tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>citalopram hydrobromide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>citalopram hydrobromide tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	3	QL(360 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	3	QL(90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(180 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(270 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(360 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(540 EA per 90 days); PA
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	QL(180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	2	QL(180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg</i>	2	QL(270 EA per 90 days)
<i>escitalopram oxalate solution</i>	4	QL(1800 ML per 90 days)
<i>escitalopram oxalate tablet 10mg</i>	2	QL(180 EA per 90 days)
<i>escitalopram oxalate tablet 5mg</i>	2	QL(360 EA per 90 days)

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl concentrate</i>	3	PA
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	PA
<i>imipramine hcl tablet 25mg, 50mg</i>	3	PA
<i>imipramine hydrochloride tablet 10mg</i>	3	PA
<i>imipramine pamoate</i>	4	PA
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	PA
<i>nortriptyline hcl solution</i>	4	PA
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	PA
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	PA
<i>meclizine hcl 12.5mg, 25mg tablet</i>	2	PA
<i>prochlorperazine maleate tablet</i>	2	PA
<i>prochlorperazine suppository 25mg</i>	4	PA
<i>promethazine hcl injection 50mg/ml</i>	2	
<i>promethazine hcl suppository 25mg</i>	4	PA
<i>promethazine hcl tablet 12.5mg</i>	2	PA
<i>promethazine hydrochloride plain</i>	2	PA
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	PA
<i>promethegan suppository 25mg</i>	4	PA
<i>scopolamine</i>	4	QL(30 EA per 30 days)
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule 40mg, 80mg</i>	4	QL(12 EA per 90 days); B/D
<i>aprepitant capsule 0</i>	4	QL(180 EA per 90 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(6 EA per 90 days); B/D
<i>dronabinol capsule 10mg</i>	4	QL(180 EA per 90 days); B/D
<i>dronabinol capsule 5mg</i>	4	QL(360 EA per 90 days); B/D
<i>dronabinol capsule 2.5mg</i>	4	QL(720 EA per 90 days); B/D
<i>granisetron hydrochloride tablet</i>	3	QL(60 EA per 30 days); B/D
<i>ondansetron hcl solution</i>	4	QL(2700 ML per 90 days); B/D
ONDANSETRON HCL TABLET 24MG	2	B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	4	B/D
AMPHOTERICIN B INJECTION	4	B/D
<i>caspofungin acetate</i>	4	
<i>clotrimazole cream, troche</i>	2	
<i>clotrimazole solution</i>	3	

Effective Date: 01/01/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate cream</i>	3	QL(255 GM per 90 days)
<i>fluconazole in sodium chloride</i>	4	
FLUCONAZOLE/SODIUM CHLORIDE	4	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>hydrocortisone/iodoquinol</i>	2	EX
<i>itraconazole capsule</i>	4	
<i>ketoconazole tablet</i>	2	PA
<i>ketoconazole shampoo</i>	2	QL(360 ML per 90 days)
<i>ketoconazole cream</i>	3	QL(270 GM per 90 days)
<i>klayesta</i>	2	QL(180 GM per 90 days)
MICONAZOLE 3 SUPPOSITORY	3	
NAFTIFINE HCL	4	
<i>naftifine hydrochloride cream</i>	4	
<i>nyamyc</i>	2	QL(180 GM per 90 days)
<i>nystatin cream, ointment, suspension</i>	2	
<i>nystatin powder</i>	2	QL(180 GM per 90 days)
<i>nystatin tablet</i>	4	
<i>nystop</i>	2	QL(180 GM per 90 days)
<i>posaconazole dr</i>	5	QL(93 EA per 31 days); PA
<i>terbinafine hcl tablet</i>	2	
<i>terbinafine hydrochloride tablet</i>	2	
<i>terconazole cream</i>	3	
<i>terconazole suppository</i>	4	
<i>voriconazole tablet</i>	4	PA
<i>voriconazole injection, suspension reconstituted</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	4	QL(360 EA per 90 days)
<i>febuxostat</i>	3	QL(90 EA per 90 days); ST
<i>probenecid/colchicine</i>	3	
<i>probenecid tablet</i>	3	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG INJECTION 140MG/ML	3	QL(3 ML per 84 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(6 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(5 ML per 84 days); PA
EMGALITY INJECTION 100MG/ML	3	QL(9 ML per 84 days); PA
QULIPTA TABLET 10MG	5	QL(186 EA per 31 days); PA
QULIPTA TABLET 60MG	5	QL(31 EA per 31 days); PA

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
QULIPTA TABLET 30MG	5	QL(62 EA per 31 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
Ergot Alkaloids		
<i>dihydroergotamine mesylate solution</i>	3	QL(24 ML per 90 days); PA
MIGERGOT	5	
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl tablet 2.5mg</i>	3	QL(24 EA per 90 days)
<i>naratriptan hcl tablet 1mg</i>	3	QL(60 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	3	QL(162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	3	QL(81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	3	QL(162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	3	QL(81 EA per 90 days)
SUMATRIPTAN SUCCINATE REFILL	4	QL(27 ML per 90 days)
<i>sumatriptan succinate injection</i>	4	QL(27 ML per 90 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(108 EA per 90 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(216 EA per 90 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(54 EA per 90 days)
<i>sumatriptan solution</i>	4	QL(36 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	3	QL(108 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	3	QL(54 EA per 90 days)
<i>zolmitriptan tablet 2.5mg</i>	4	QL(108 EA per 90 days)
<i>zolmitriptan tablet 5mg</i>	4	QL(54 EA per 90 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet</i>	3	
PRETOMANID	4	QL(90 EA per 90 days); PA
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hydrochloride</i>	3	
<i>isoniazid syrup</i>	4	
ISONIAZID TABLET 100MG	2	
<i>isoniazid tablet 300mg</i>	2	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	4	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	PA
TRECTOR	4	
Antineoplastics		
Alkylating Agents		

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide capsule</i>	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	QL(60 GM per 30 days); PA
ZEPZELCA	5	PA
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	4	QL(124 EA per 31 days)
<i>bicalutamide</i>	3	
ERLEADA TABLET 60MG	5	QL(124 EA per 31 days); PA
ERLEADA TABLET 240MG	5	QL(31 EA per 31 days); PA
EULEXIN	5	QL(186 EA per 31 days); PA
<i>nilutamide</i>	5	
NUBEQA	5	QL(124 EA per 31 days); PA
XTANDI CAPSULE	5	QL(124 EA per 31 days); PA
XTANDI TABLET 40MG	5	QL(124 EA per 31 days); PA
XTANDI TABLET 80MG	5	QL(62 EA per 31 days); PA
YONSA	5	PA
Antiangiogenic Agents		
<i>lenalidomide</i>	5	QL(31 EA per 31 days); PA
POMALYST	5	QL(31 EA per 31 days); PA
THALOMID CAPSULE 100MG, 50MG	5	QL(31 EA per 31 days); PA
THALOMID CAPSULE 150MG, 200MG	5	QL(62 EA per 31 days); PA
Antiestrogens/Modifiers		
EMCYT	5	
ORSERDU TABLET 345MG	5	QL(31 EA per 31 days); PA
ORSERDU TABLET 86MG	5	QL(93 EA per 31 days); PA
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 200MG/2ML, 2GM/20ML	3	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	5	PA
Antineoplastics, Other		
ADRIAMYCIN INJECTION 10MG	4	
AKEEGA	5	QL(62 EA per 31 days); PA
DOCETAXEL INJECTION 160MG/8ML, 20MG/2ML, 80MG/8ML	5	

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Drug Name	Drug Tier	Requirements/Limits
DOXORUBICIN HYDROCHLORIDE INJECTION 10MG	4	
INREBIC	5	QL(120 EA per 30 days); PA
IWILFIN	5	QL(248 EA per 31 days); PA
IXEMPRA KIT	5	
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LAZCLUZE TABLET 240MG	5	QL(31 EA per 31 days); PA
LAZCLUZE TABLET 80MG	5	QL(62 EA per 31 days); PA
<i>leucovorin calcium tablet</i>	3	
<i>leucovorin calcium injection 500mg, 50mg</i>	4	
LONSURF	5	PA
LYSODREN	3	
OGSIVEO TABLET 50MG	5	QL(186 EA per 31 days); PA
OGSIVEO TABLET 100MG, 150MG	5	QL(62 EA per 31 days); PA
OJEMDA TABLET	5	QL(24 EA per 28 days); PA
OJEMDA SUSPENSION RECONSTITUTED	5	QL(96 ML per 28 days); PA
ONUREG	5	QL(14 EA per 28 days); PA
RYLAZE	5	PA
TICE BCG	3	
<i>valrubicin</i>	3	
VONJO	5	QL(124 EA per 31 days); PA
ZOLINZA	5	PA
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
<i>Molecular Target Inhibitors</i>		
ALECENSA	5	QL(248 EA per 31 days); PA
ALUNBRIG	5	PA
AUGTYRO	5	QL(248 EA per 31 days); PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA
BOSULIF CAPSULE 100MG	5	QL(150 EA per 25 days); PA
BOSULIF CAPSULE 50MG	5	QL(360 EA per 30 days); PA
BOSULIF TABLET 100MG	5	QL(180 EA per 30 days); PA
BOSULIF TABLET 400MG, 500MG	5	QL(30 EA per 30 days); PA
BRAFTOVI CAPSULE 75MG	5	QL(180 EA per 30 days); PA
BRUKINSA	5	QL(120 EA per 30 days); PA
CABOMETYX TABLET 20MG, 60MG	5	QL(31 EA per 31 days); PA
CABOMETYX TABLET 40MG	5	QL(62 EA per 31 days); PA
CALQUENCE	5	QL(124 EA per 31 days); PA

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

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA	5	PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
<i>dasatinib tablet 100mg, 140mg, 70mg</i>	5	QL(31 EA per 31 days); PA
<i>dasatinib tablet 80mg</i>	5	QL(62 EA per 31 days); PA
<i>dasatinib tablet 20mg, 50mg</i>	5	QL(93 EA per 31 days); PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	5	QL(31 EA per 31 days); PA
<i>erlotinib hydrochloride tablet 25mg</i>	5	QL(93 EA per 31 days); PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(31 EA per 31 days); PA
EXKIVITY	5	QL(124 EA per 31 days); PA
FOTIVDA	5	QL(21 EA per 28 days); PA
FRUZAQLA CAPSULE 5MG	5	QL(21 EA per 28 days); PA
FRUZAQLA CAPSULE 1MG	5	QL(84 EA per 28 days); PA
GAVRETO	5	QL(124 EA per 31 days); PA
<i>gefitinib</i>	5	PA
GILOTRIF	5	QL(31 EA per 31 days); PA
IBRANCE	5	QL(21 EA per 28 days); PA
ICLUSIG	5	PA
IDHIFA	5	QL(31 EA per 31 days); PA
<i>imatinib mesylate tablet 100mg</i>	3	QL(186 EA per 31 days)
<i>imatinib mesylate tablet 400mg</i>	4	QL(62 EA per 31 days)
IMBRUVICA SUSPENSION	5	QL(248 ML per 31 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(124 EA per 31 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(31 EA per 31 days); PA
IMBRUVICA TABLET 420MG	5	QL(31 EA per 31 days); PA
INLYTA TABLET 5MG	5	QL(124 EA per 31 days); PA
INLYTA TABLET 1MG	5	QL(186 EA per 31 days); PA
INQOVI	5	QL(5 EA per 28 days); PA
JAKAFI	5	QL(62 EA per 31 days); PA
JAYPIRCA TABLET 50MG	5	QL(31 EA per 31 days); PA
JAYPIRCA TABLET 100MG	5	QL(62 EA per 31 days); PA
KISQALI	5	PA
KOSELUGO	5	PA
KRAZATI	5	QL(180 EA per 30 days); PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA TABLET 100MG	5	QL(31 EA per 31 days); PA
LORBRENA TABLET 25MG	5	QL(93 EA per 31 days); PA
LUMAKRAS TABLET 120MG	5	QL(240 EA per 30 days); PA
LUMAKRAS TABLET 320MG	5	QL(90 EA per 30 days); PA
LYNPARZA TABLET	5	QL(124 EA per 31 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(112 EA per 28 days); PA; 16MG
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(140 EA per 28 days); PA; 20MG
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(84 EA per 28 days); PA; 12MG
MEKINIST SOLUTION RECONSTITUTED	5	QL(1200 ML per 30 days); PA
MEKINIST TABLET 0.5MG	5	QL(120 EA per 30 days); PA
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA
MEKTOVI	5	QL(186 EA per 31 days); PA
NERLYNX	5	PA
NINLARO	5	QL(93 EA per 31 days); PA
ODOMZO	5	PA
OJJAARA TABLET 150MG, 200MG	5	QL(31 EA per 31 days); PA
OJJAARA TABLET 100MG	5	QL(62 EA per 31 days); PA
<i>pazopanib hydrochloride</i>	5	QL(124 EA per 31 days); PA
PEMAZYRE	5	QL(14 EA per 21 days); PA
PIQRAY 200MG DAILY DOSE	5	QL(30 EA per 30 days); PA
PIQRAY 250MG DAILY DOSE	5	QL(60 EA per 30 days); PA
PIQRAY 300MG DAILY DOSE	5	QL(60 EA per 30 days); PA
QINLOCK	5	QL(90 EA per 30 days); PA
RETEVMO CAPSULE 80MG	5	QL(124 EA per 31 days); PA
RETEVMO CAPSULE 40MG	5	QL(186 EA per 31 days); PA
RETEVMO TABLET 120MG, 160MG, 80MG	5	QL(62 EA per 31 days); PA
RETEVMO TABLET 40MG	5	QL(93 EA per 31 days); PA
REZLIDHIA	5	QL(60 EA per 30 days); PA
ROZLYTREK PACKET	5	QL(372 EA per 31 days); PA
ROZLYTREK CAPSULE 100MG	5	QL(186 EA per 31 days); PA
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA
RUBRACA	5	QL(124 EA per 31 days); PA
RYDAPT	5	QL(248 EA per 31 days); PA
SCEMBLIX TABLET 100MG	5	QL(124 EA per 31 days); PA
SCEMBLIX TABLET 40MG	5	QL(310 EA per 31 days); PA
SCEMBLIX TABLET 20MG	5	QL(62 EA per 31 days); PA
<i>sorafenib</i>	5	QL(124 EA per 31 days); PA
<i>sorafenib tosylate</i>	5	QL(124 EA per 31 days); PA
SPRYCEL TABLET 100MG, 140MG, 70MG	5	QL(31 EA per 31 days); PA
SPRYCEL TABLET 80MG	5	QL(62 EA per 31 days); PA
SPRYCEL TABLET 20MG, 50MG	5	QL(93 EA per 31 days); PA

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Last Updated: 09/18/2025

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

Drug Name	Drug Tier	Requirements/Limits
STIVARGA	5	PA
<i>sunitinib malate capsule 12.5mg, 25mg, 50mg</i>	5	QL(31 EA per 31 days); PA
<i>sunitinib malate capsule 37.5mg</i>	5	QL(62 EA per 31 days); PA
TABRECTA	5	QL(112 EA per 28 days); PA
TAFINLAR TABLET SOLUBLE	5	QL(900 EA per 30 days); PA
TAFINLAR CAPSULE 75MG	5	QL(120 EA per 30 days); PA
TAFINLAR CAPSULE 50MG	5	QL(180 EA per 30 days); PA
TAGRISSE	5	QL(31 EA per 31 days); PA
TALZENNA	5	PA
TASIGNA CAPSULE 200MG	5	QL(124 EA per 31 days); PA
TASIGNA CAPSULE 150MG	5	QL(155 EA per 31 days); PA
TASIGNA CAPSULE 50MG	5	QL(434 EA per 31 days); PA
TAZVERIK	5	QL(240 EA per 30 days); PA
TEPMETKO	5	QL(62 EA per 31 days); PA
TIBSOVO	5	PA
<i>torpenz</i>	5	QL(31 EA per 31 days); PA
TRUQAP TABLET	5	QL(64 EA per 28 days); PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
TURALIO CAPSULE 125MG	5	QL(120 EA per 30 days); PA
VANFLYTA	5	QL(62 EA per 31 days); PA
VENCLEXTA STARTING PACK	5	QL(42 EA per 28 days); PA
VENCLEXTA TABLET 10MG, 50MG	4	QL(28 EA per 28 days); PA
VENCLEXTA TABLET 100MG	5	QL(186 EA per 31 days); PA
VERZENIO	5	QL(60 EA per 30 days); PA
VITRAKVI SOLUTION	5	PA
VITRAKVI CAPSULE 25MG	5	QL(186 EA per 31 days); PA
VITRAKVI CAPSULE 100MG	5	QL(82 EA per 31 days); PA
VIZIMPRO	5	PA
XALKORI CAPSULE	5	QL(62 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 20MG, 50MG	5	QL(124 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 150MG	5	QL(186 EA per 31 days); PA
XOSPATA	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	QL(24 EA per 30 days); PA
XPOVIO 80 MG TWICE WEEKLY	5	QL(32 EA per 30 days); PA
XPOVIO TABLET THERAPY PACK 40MG, 60MG	5	QL(4 EA per 30 days); PA
XPOVIO TABLET THERAPY PACK 40MG, 50MG	5	QL(8 EA per 30 days); PA
ZEJULA CAPSULE	5	QL(90 EA per 30 days); PA
ZEJULA TABLET 200MG, 300MG	5	QL(30 EA per 30 days); PA
ZEJULA TABLET 100MG	5	QL(90 EA per 30 days); PA
ZELBORAF	5	QL(248 EA per 31 days); PA
ZYDELIG	5	QL(62 EA per 31 days); PA
ZYKADIA TABLET	5	PA
Monoclonal Antibodies/Antibody-Drug Conjugates		

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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

Drug Name	Drug Tier	Requirements/Limits
DANYELZA	5	PA
ENHERTU	5	PA
HERCEPTIN HYLECTA	5	
LIBTAYO	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
PADCEV	5	PA
POLIVY	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
Retinoids		
<i>bexarotene capsule</i>	5	PA
<i>bexarotene gel</i>	5	QL(60 GM per 30 days); PA
PANRETIN	5	QL(60 GM per 30 days); PA
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
MESNEX TABLET	3	
VORANIGO TABLET 40MG	5	QL(31 EA per 31 days); PA
VORANIGO TABLET 10MG	5	QL(62 EA per 31 days); PA
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	3	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl tablet 250mg; 100mg</i>	4	
<i>chloroquine phosphate tablet</i>	4	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 200mg</i>	4	
<i>mefloquine hcl</i>	2	
NITAZOXANIDE	5	
<i>pentamidine isethionate injection</i>	4	
PRIMAQUINE PHOSPHATE TABLET	3	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	PA
TRIHXYPHENIDYL HCL SOLUTION	2	PA
<i>trihexyphenidyl hydrochloride</i>	2	PA
Antiparkinson Agents, Other		

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
Dopamine Agonists		
<i>bromocriptine mesylate capsule, tablet</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	3	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
CARBIDOPA/LEVODOPA ODT	4	
<i>carbidopa tablet</i>	4	
RYTARY CAPSULE EXTENDED RELEASE 61.25MG; 245MG	4	QL(300 EA per 30 days); ST
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG	4	QL(360 EA per 30 days); ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	PA
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	PA
<i>chlorpromazine hydrochloride tablet</i>	4	PA
<i>fluphenazine decanoate injection</i>	4	
FLUPHENAZINE HCL CONCENTRATE	2	
<i>fluphenazine hcl tablet 1mg</i>	2	
FLUPHENAZINE HYDROCHLORIDE ELIXIR, INJECTION	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate, tablet</i>	2	
<i>loxapine</i>	4	
MOLINDONE HYDROCHLORIDE	4	
<i>perphenazine tablet</i>	4	PA
PIMOZIDE	3	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL(2.4 ML per 56 days); ST
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL(3.2 ML per 56 days); ST
ABILIFY MAINTENA	5	QL(1 EA per 28 days); ST
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(180 EA per 90 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(270 EA per 90 days)
<i>aripiprazole solution</i>	4	QL(2700 ML per 90 days)
<i>aripiprazole tablet 20mg</i>	3	QL(135 EA per 90 days)
<i>aripiprazole tablet 10mg, 15mg, 2mg, 5mg</i>	3	QL(180 EA per 90 days)
<i>aripiprazole tablet 30mg</i>	3	QL(90 EA per 90 days)
ARISTADA INITIO	5	QL(2.4 ML per 31 days); ST
ARISTADA INJECTION 441MG/1.6ML	5	QL(1.6 ML per 30 days); ST
ARISTADA INJECTION 662MG/2.4ML	5	QL(2.4 ML per 30 days); ST
ARISTADA INJECTION 882MG/3.2ML	5	QL(3.2 ML per 30 days); ST
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 56 days); ST
<i>asenapine maleate sl</i>	4	QL(180 EA per 90 days)
CAPLYTA	5	QL(30 EA per 30 days); ST
FANAPT TITRATION PACK	4	QL(8 EA per 31 days); PA
FANAPT TABLET 1MG, 2MG, 4MG	5	QL(180 EA per 90 days); PA
FANAPT TABLET 10MG, 12MG, 6MG, 8MG	5	QL(62 EA per 31 days); PA
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL(3.5 ML per 180 days); ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL(5 ML per 180 days); ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL(0.25 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL(0.5 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL(0.75 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL(1 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL(1.5 ML per 28 days); ST
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL(0.88 ML per 90 days); ST
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL(1.32 ML per 90 days); ST
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL(1.75 ML per 90 days); ST
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL(2.63 ML per 90 days); ST
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	3	QL(31 EA per 31 days)
<i>lurasidone hydrochloride tablet 80mg</i>	3	QL(62 EA per 31 days)
LYBALVI	5	QL(30 EA per 30 days); PA
NUPLAZID CAPSULE	5	QL(31 EA per 31 days); PA
NUPLAZID TABLET 10MG	5	QL(31 EA per 31 days); PA
<i>olanzapine odt tablet disintegrating 10mg, 5mg</i>	4	QL(180 EA per 90 days); PA
<i>olanzapine odt tablet disintegrating 15mg, 20mg</i>	4	QL(90 EA per 90 days); PA
<i>olanzapine injection</i>	3	
<i>olanzapine tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	3	QL(180 EA per 90 days); PA
<i>olanzapine tablet 15mg, 20mg</i>	3	QL(90 EA per 90 days); PA
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(180 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
PERSERIS	5	QL(1 EA per 30 days); ST
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	3	QL(270 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	3	QL(360 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	3	QL(90 EA per 90 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(180 EA per 90 days)
<i>quetiapine fumarate tablet 100mg</i>	2	QL(270 EA per 90 days)
<i>quetiapine fumarate tablet 200mg, 25mg, 50mg</i>	2	QL(360 EA per 90 days)
<i>quetiapine fumarate tablet 150mg</i>	2	QL(450 EA per 90 days)
REXULTI TABLET 3MG, 4MG	5	QL(31 EA per 31 days); ST
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL(62 EA per 31 days); ST
<i>risperidone er injection 25mg</i>	4	QL(2 EA per 28 days); ST
<i>risperidone er injection 12.5mg</i>	4	QL(6 EA per 84 days); ST
<i>risperidone er injection 37.5mg, 50mg</i>	5	QL(2 EA per 28 days); ST
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	4	QL(270 EA per 90 days)
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg, 4mg</i>	4	QL(180 EA per 90 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	4	QL(360 EA per 90 days)
<i>risperidone solution</i>	2	QL(720 ML per 90 days)
<i>risperidone tablet 1mg, 2mg, 3mg, 4mg</i>	2	QL(180 EA per 90 days)
<i>risperidone tablet 0.5mg</i>	2	QL(270 EA per 90 days)
<i>risperidone tablet 0.25mg</i>	2	QL(360 EA per 90 days)
RYKINDO	5	QL(2 EA per 28 days); ST
SECUADO	5	QL(31 EA per 31 days); PA
VRAYLAR CAPSULE THERAPY PACK	4	QL(7 EA per 31 days); ST
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL(31 EA per 31 days); ST
VRAYLAR CAPSULE 1.5MG	5	QL(62 EA per 31 days); ST
<i>ziprasidone hcl</i>	4	QL(180 EA per 90 days)
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	QL(6 EA per 90 days); ST
ZYPREXA RELPREVV INJECTION 405MG	5	QL(1 EA per 30 days); ST
ZYPREXA RELPREVV INJECTION 300MG	5	QL(2 EA per 30 days); ST
Treatment-Resistant		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	3	PA
<i>clozapine odt tablet disintegrating 25mg</i>	3	PA
<i>clozapine odt tablet disintegrating 100mg</i>	3	QL(810 EA per 90 days); PA
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(135 EA per 30 days); PA
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(540 EA per 90 days); PA
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	PA
VERSACLOZ	5	QL(540 ML per 30 days); PA
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium capsule</i>	3	
SOHONOS CAPSULE 1.5MG, 1MG	5	QL(124 EA per 31 days); PA
SOHONOS CAPSULE 10MG	5	QL(62 EA per 31 days); PA
SOHONOS CAPSULE 2.5MG, 5MG	5	QL(93 EA per 31 days); PA
<i>tizanidine hcl capsule 4mg</i>	3	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	3	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
LIVTENCITY	5	PA
PREVYMIS TABLET	5	QL(28 EA per 28 days); PA
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	4	
<i>entecavir</i>	4	QL(90 EA per 90 days)
<i>lamivudine tablet 100mg</i>	3	
<i>Anti-hepatitis C (HCV) Agents</i>		
EPCLUSA PACKET 150MG; 37.5MG	5	QL(31 EA per 31 days); PA
EPCLUSA PACKET 200MG; 50MG	5	QL(62 EA per 31 days); PA
EPCLUSA TABLET 400MG; 100MG	5	QL(31 EA per 31 days); PA
EPCLUSA TABLET 200MG; 50MG	5	QL(62 EA per 31 days); PA
HARVONI TABLET	5	QL(31 EA per 31 days); PA
HARVONI PACKET 33.75MG; 150MG	5	QL(31 EA per 31 days); PA
HARVONI PACKET 45MG; 200MG	5	QL(62 EA per 31 days); PA
RIBAVIRIN CAPSULE	3	
RIBAVIRIN TABLET 200MG	3	
VOSEVI	5	QL(31 EA per 31 days); PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY	5	QL(31 EA per 31 days)
CABENUVA	5	
DOVATO	5	
GENVOYA	5	QL(31 EA per 31 days)
ISENTRESS HD	5	QL(62 EA per 31 days)
ISENTRESS PACKET, TABLET	5	QL(62 EA per 31 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(186 EA per 31 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(186 EA per 31 days)
JULUCA	5	QL(31 EA per 31 days)
STRIBILD	5	
TIVICAY PD	5	QL(372 EA per 31 days)
TIVICAY TABLET 10MG	4	QL(31 EA per 31 days)
TIVICAY TABLET 25MG	5	QL(31 EA per 31 days)
TIVICAY TABLET 50MG	5	QL(62 EA per 31 days)

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

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA TABLET THERAPY PACK	5	QL(10 EA per 365 days)
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir tablet 800mg</i>	5	QL(31 EA per 31 days)
<i>darunavir tablet 600mg</i>	5	QL(62 EA per 31 days)
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET	4	
PREZCOBIX	5	QL(31 EA per 31 days)
PREZISTA SUSPENSION	5	QL(414 ML per 31 days)
PREZISTA TABLET 75MG	4	QL(1440 EA per 84 days)
PREZISTA TABLET 150MG	5	QL(720 EA per 84 days)
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl capsule, solution, tablet</i>	3	
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	3	QL(84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1050 ML per 180 days)
RELENZA DISKHALER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	4	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	3	QL(90 EA per 30 days)
<i>valacyclovir hydrochloride</i>	3	
Antiviral, Coronavirus Agents		
LAGEVRIO	3	QL(40 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(40 EA per 30 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(60 EA per 30 days); \$0 Copay
Anxiolytics		

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Drug Name	Drug Tier	Requirements/Limits
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	
<i>meprobamate</i>	4	PA
Benzodiazepines		
<i>alprazolam</i>	2	QL(150 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 15mg</i>	3	QL(180 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 7.5mg</i>	3	QL(360 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 3.75mg</i>	3	QL(720 EA per 30 days); NDS
<i>diazepam solution</i>	2	QL(1200 ML per 30 days); NDS
<i>diazepam tablet</i>	3	QL(120 EA per 30 days); NDS
<i>lorazepam intensol</i>	2	QL(150 ML per 30 days); NDS
<i>lorazepam tablet</i>	2	QL(150 EA per 30 days); NDS
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	4	
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE CAPSULE 600MG	1	
<i>lithium carbonate capsule 150mg, 300mg</i>	1	
<i>lithium carbonate tablet</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	1	
BYDUREON BCISE	3	QL(10.2 ML per 84 days); PA
CYCLOSET	4	QL(540 EA per 90 days)
<i>glimepiride tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>glimepiride tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>glimepiride tablet 1mg</i>	1	QL(720 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(180 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL(270 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(360 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL(720 EA per 90 days)
<i>glipizide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>glipizide tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>glipizide tablet 2.5mg</i>	2	QL(90 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 6MG	2	QL(180 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 3MG	2	QL(360 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 1.5MG	2	QL(720 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(360 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	1	QL(720 EA per 90 days)
<i>glyburide tablet 1.25mg</i>	1	QL(1440 EA per 90 days)
<i>glyburide tablet 5mg</i>	1	QL(360 EA per 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tablet 2.5mg</i>	1	QL(720 EA per 90 days)
GLYXAMBI	3	QL(90 EA per 90 days)
JANUMET	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(90 EA per 90 days)
JANUVIA	3	QL(90 EA per 90 days)
JENTADUETO	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(90 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	1	QL(180 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(360 EA per 90 days)
<i>metformin hydrochloride tablet 1000mg</i>	1	QL(230 EA per 90 days)
<i>metformin hydrochloride tablet 850mg</i>	1	QL(270 EA per 90 days)
<i>metformin hydrochloride tablet 500mg</i>	1	QL(459 EA per 90 days)
MIGLITOL	4	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg</i>	1	QL(270 EA per 90 days)
<i>nateglinide tablet 60mg</i>	1	QL(540 EA per 90 days)
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl-glimepiride</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hcl/metformin hcl</i>	1	QL(270 EA per 90 days)
<i>pioglitazone hcl tablet 45mg</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL(90 EA per 90 days)
<i>repaglinide tablet 1mg</i>	1	QL(1440 EA per 90 days)
<i>repaglinide tablet 0.5mg</i>	1	QL(2880 EA per 90 days)
<i>repaglinide tablet 2mg</i>	1	QL(720 EA per 90 days)
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA
RYBELSUS TABLET 14MG	3	QL(90 EA per 90 days); PA
SOLIQUA 100/33	3	QL(60 ML per 90 days)
SYMLINPEN 120	5	QL(10.8 ML per 30 days); PA
SYMLINPEN 60	5	QL(12 ML per 30 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(360 EA per 90 days)
TRADJENTA	3	QL(90 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(180 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(90 EA per 90 days)
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL(180 EA per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL(90 EA per 90 days)
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Insulins</i>		
HUMALOG KWIKPEN INJECTION 200UNIT/ML	4	ST
HUMULIN R U-500 (CONCENTRATED)	5	PA
HUMULIN R U-500 KWIKPEN	5	PA
LANTUS	3	
LANTUS SOLOSTAR	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	

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Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	QL(180 EA per 90 days)
ELIQUIS STARTER PACK	3	QL(74 EA per 30 days)
ELIQUIS TABLET 2.5MG	3	QL(180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL(194 EA per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(51 EA per 31 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL(2700 ML per 90 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL(90 EA per 90 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	3	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	4	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	5	PA
NEULASTA	5	QL(1.2 ML per 28 days); PA
NEULASTA ONPRO KIT	5	QL(1.2 ML per 28 days); PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET 12.5MG, 25MG	5	QL(31 EA per 31 days); PA

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABLET 50MG, 75MG	5	QL(62 EA per 31 days); PA
VOYDEYA	5	QL(180 EA per 30 days); PA
ZARXIO	5	PA
Hemostasis Agents		
ASTRINGYN	4	EX
<i>tranexamic acid tablet</i>	3	QL(90 EA per 63 days)
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	4	QL(180 EA per 90 days)
BRILINTA TABLET 60MG	4	QL(180 EA per 90 days)
BRILINTA TABLET 90MG	4	QL(182 EA per 90 days)
CABLIVI	5	PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	QL(90 EA per 90 days)
DOPTELET	5	PA
<i>prasugrel hydrochloride</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	4	QL(12 EA per 84 days)
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa capsule 200mg, 300mg</i>	5	QL(186 EA per 31 days); PA
<i>droxidopa capsule 100mg</i>	5	QL(93 EA per 31 days); PA
<i>guanfacine hydrochloride</i>	3	
<i>midodrine hcl</i>	3	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tablet</i>	2	
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg</i>	1	QL(180 EA per 90 days)
<i>candesartan cilexetil tablet 8mg</i>	1	QL(360 EA per 90 days)
<i>candesartan cilexetil tablet 4mg</i>	1	QL(720 EA per 90 days)
<i>candesartan cilexetil tablet 32mg</i>	1	QL(90 EA per 90 days)
EDARBI TABLET 40MG	4	QL(180 EA per 90 days)
EDARBI TABLET 80MG	4	QL(90 EA per 90 days)
<i>irbesartan tablet 150mg</i>	1	QL(180 EA per 90 days)
<i>irbesartan tablet 75mg</i>	1	QL(360 EA per 90 days)
<i>irbesartan tablet 300mg</i>	1	QL(90 EA per 90 days)
<i>losartan potassium tablet 100mg, 50mg</i>	1	QL(180 EA per 90 days)
<i>losartan potassium tablet 25mg</i>	1	QL(270 EA per 90 days)
<i>olmesartan medoxomil tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>olmesartan medoxomil tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>olmesartan medoxomil tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>telmisartan tablet 40mg</i>	1	QL(180 EA per 90 days)

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Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>telmisartan tablet 80mg</i>	1	QL(90 EA per 90 days)
VALSARTAN SOLUTION	4	QL(7200 ML per 90 days)
<i>valsartan tablet 160mg</i>	1	QL(180 EA per 90 days)
<i>valsartan tablet 80mg</i>	1	QL(360 EA per 90 days)
<i>valsartan tablet 40mg</i>	1	QL(720 EA per 90 days)
<i>valsartan tablet 320mg</i>	1	QL(90 EA per 90 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 5mg</i>	1	QL(1440 EA per 90 days)
<i>benazepril hcl tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>benazepril hcl tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>benazepril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>captopril tablet 25mg</i>	1	QL(1620 EA per 90 days)
<i>captopril tablet 12.5mg</i>	1	QL(3240 EA per 90 days)
<i>captopril tablet 100mg</i>	1	QL(405 EA per 90 days)
<i>captopril tablet 50mg</i>	1	QL(810 EA per 90 days)
<i>enalapril maleate tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>enalapril maleate tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>enalapril maleate tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>enalapril maleate tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>fosinopril sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>fosinopril sodium tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>fosinopril sodium tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>lisinopril tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>lisinopril tablet 20mg, 30mg, 40mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>lisinopril tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>moexipril hcl tablet 15mg</i>	1	QL(180 EA per 90 days)
<i>moexipril hcl tablet 7.5mg</i>	1	QL(360 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 8MG	2	QL(180 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 2MG	2	QL(720 EA per 90 days)
<i>perindopril erbumine tablet 4mg</i>	2	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 5mg</i>	1	QL(1440 EA per 90 days)
<i>quinapril hydrochloride tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>quinapril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>ramipril capsule 1.25mg</i>	1	QL(1440 EA per 90 days)
<i>ramipril capsule 10mg</i>	1	QL(180 EA per 90 days)
<i>ramipril capsule 5mg</i>	1	QL(360 EA per 90 days)
<i>ramipril capsule 2.5mg</i>	1	QL(720 EA per 90 days)
<i>trandolapril tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>trandolapril tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>trandolapril tablet 1mg</i>	1	QL(720 EA per 90 days)
Antiarrhythmics		

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Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hydrochloride tablet</i>	2	
DIGOXIN SOLUTION	3	
<i>digoxin tablet 125mcg, 250mcg</i>	2	QL(90 EA per 90 days)
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	3	
MULTAQ	4	QL(180 EA per 90 days)
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG	4	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	
<i>propafenone hcl</i>	4	
<i>propafenone hydrochloride er</i>	4	
<i>propafenone hydrochloride tablet 300mg</i>	4	
QUINIDINE SULFATE TABLET	2	
<i>sorine tablet 120mg, 160mg, 80mg</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	QL(90 EA per 90 days)
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg</i>	2	QL(180 EA per 90 days)
<i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(270 EA per 90 days)
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hydrochloride tablet 20mg</i>	4	QL(180 EA per 90 days); ST
<i>nebivolol hydrochloride tablet 10mg</i>	4	QL(360 EA per 90 days); ST
<i>nebivolol hydrochloride tablet 2.5mg, 5mg</i>	4	QL(90 EA per 90 days); ST
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	3	
PROPRANOLOL HCL SOLUTION 40MG/5ML	3	
<i>propranolol hcl solution 20mg/5ml</i>	3	
<i>propranolol hcl tablet 40mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	3	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	3	
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	2	

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	QL(90 EA per 90 days)
<i>isradipine</i>	2	
<i>nicardipine hcl capsule</i>	4	
<i>nifedipine er</i>	3	QL(180 EA per 90 days)
<i>nimodipine capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	2	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	4	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	4	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	4	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	4	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	4	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	4	
<i>verapamil hydrochloride injection</i>	4	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren</i>	4	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE	2	
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 10mg, 2.5mg; 20mg</i>	1	QL(360 EA per 90 days)

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 5mg; 80mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	1	QL(360 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine/olmesartan medoxomil tablet 5mg; 20mg</i>	4	QL(180 EA per 90 days)
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	4	QL(90 EA per 90 days)
<i>amlodipine/valsartan/hydrochlorothiazide tablet 5mg; 12.5mg; 160mg</i>	4	QL(180 EA per 90 days)
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	4	QL(90 EA per 90 days)
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	QL(180 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg</i>	1	QL(360 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg</i>	1	QL(90 EA per 90 days)
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL(180 EA per 90 days)
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL(90 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 25MG, 50MG; 25MG	1	QL(180 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 50MG; 15MG	1	QL(270 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 15MG	1	QL(300 EA per 90 days)
CORLANOR SOLUTION	4	QL(1350 ML per 90 days)
CORLANOR TABLET	4	QL(180 EA per 90 days)
EDARBYCLOR	4	QL(90 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	1	QL(180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	1	QL(360 EA per 90 days)
ENTRESTO TABLET	3	QL(180 EA per 90 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	1	QL(360 EA per 90 days)

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Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL(180 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL(90 EA per 90 days)
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	
<i>ivabradine hydrochloride</i>	4	QL(180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL(360 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	QL(180 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg</i>	1	QL(90 EA per 90 days)
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 5mg; 12.5mg; 20mg</i>	4	QL(180 EA per 90 days)
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	4	QL(90 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg</i>	1	QL(90 EA per 90 days)
<i>pentoxifylline er</i>	2	
QUINAPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 20MG	2	QL(90 EA per 90 days)
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	2	QL(180 EA per 90 days)
<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	2	
TELMISARTAN/AMLODIPINE TABLET 5MG; 40MG	1	QL(180 EA per 90 days)
TELMISARTAN/AMLODIPINE TABLET 10MG; 40MG, 10MG; 80MG, 5MG; 80MG	1	QL(90 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg</i>	1	QL(180 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	1	QL(90 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 2MG; 180MG	4	QL(120 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 1MG; 240MG, 2MG; 240MG, 4MG; 240MG	4	QL(90 EA per 90 days)
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg</i>	1	QL(180 EA per 90 days)

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Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>	1	QL(90 EA per 90 days)
VYNDAMAX	5	QL(31 EA per 31 days); PA
Diuretics, Loop		
<i>bumetanide tablet</i>	3	
<i>bumetanide injection</i>	4	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	2	
<i>furosemide oral solution 10mg/ml</i>	2	
<i>torseamide tablet</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	3	
<i>triamterene capsule</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	2	
<i>metolazone</i>	3	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	3	QL(90 EA per 90 days)
<i>fenofibrate capsule 130mg, 43mg</i>	3	QL(90 EA per 90 days)
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	QL(90 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 45mg</i>	3	QL(270 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 135mg</i>	3	QL(90 EA per 90 days)
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>atorvastatin calcium tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>atorvastatin calcium tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>atorvastatin calcium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>fluvastatin sodium er</i>	1	QL(90 EA per 90 days)
<i>fluvastatin capsule 40mg</i>	1	QL(180 EA per 90 days)
<i>fluvastatin capsule 20mg</i>	1	QL(360 EA per 90 days)
LIVALO TABLET 2MG	3	QL(180 EA per 90 days)
LIVALO TABLET 1MG	3	QL(360 EA per 90 days)
LIVALO TABLET 4MG	3	QL(90 EA per 90 days)
<i>lovastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>lovastatin tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>pravastatin sodium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>rosuvastatin calcium tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	1	QL(360 EA per 90 days)

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>simvastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>simvastatin tablet 80mg</i>	1	QL(90 EA per 90 days)
Dyslipidemics, Other		
<i>cholestyramine light</i>	3	
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl tablet</i>	3	
<i>colestipol hcl granules, packet</i>	4	
<i>ezetimibe</i>	2	QL(90 EA per 90 days)
<i>ezetimibe/simvastatin</i>	4	QL(90 EA per 90 days)
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL(90 EA per 90 days); PA
NEXLIZET	4	QL(90 EA per 90 days); PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	QL(360 EA per 90 days)
<i>prevalite</i>	3	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
Mineralocorticoid Receptor Antagonists		
<i>eplerenone</i>	3	
KERENDIA	4	QL(90 EA per 90 days); PA
<i>spironolactone tablet</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA	3	QL(90 EA per 90 days)
JARDIANCE	3	QL(90 EA per 90 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	3	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	3	
VERQUVO TABLET 10MG	4	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG, 5MG	4	QL(60 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		

Effective Date: 01/01/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	4	QL(180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	3	QL(270 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(360 EA per 90 days)
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	3	QL(540 EA per 90 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 18mg, 40mg, 60mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 100mg, 80mg</i>	4	QL(90 EA per 90 days)
<i>clonidine hydrochloride er</i>	3	QL(360 EA per 90 days)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	2	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	2	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er</i>	3	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride cd capsule extended release 30mg</i>	2	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg</i>	2	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride cd capsule extended release 50mg, 60mg</i>	2	QL(90 EA per 90 days)
<i>methylphenidate hydrochloride er capsule extended release 40mg</i>	2	QL(90 EA per 90 days)
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 18MG	4	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 54mg</i>	4	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	4	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	4	QL(450 EA per 90 days)
<i>methylphenidate hydrochloride tablet</i>	3	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	4	QL(2700 ML per 90 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	QL(5400 ML per 90 days)

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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

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

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoridex enhanced whitening</i>	4	
<i>fluorimax 5000</i>	4	
<i>just right 5000 paste</i>	4	
<i>kourzeq</i>	4	
<i>lidocaine hydrochloride viscous</i>	2	
<i>oralone dental paste</i>	4	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride</i>	4	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT FLUORIDE	4	
<i>sf</i>	2	
<i>sodium fluoride 5000 ppm dry mouth</i>	2	
<i>sodium fluoride 5000 ppm paste</i>	2	
<i>sodium fluoride gel</i>	2	
<i>triamcinolone acetonide dental paste</i>	4	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>accutane</i>	4	PA
<i>acitretin</i>	4	PA
<i>adapalene gel 0.1%</i>	3	PA
<i>adapalene cream</i>	4	PA
<i>amnesteem</i>	4	PA
<i>azelaic acid</i>	4	QL(150 GM per 90 days)
<i>claravis</i>	4	PA
<i>clindamycin/benzoyl peroxide</i>	3	
<i>erythromycin/benzoyl peroxide</i>	4	
<i>isotretinoin capsule</i>	4	PA
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%, 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
<i>tazarotene gel 0.05%</i>	4	QL(180 GM per 90 days); PA
<i>tazarotene cream</i>	4	QL(180 GM per 90 days); PA
TAZORAC CREAM 0.05%	4	QL(180 GM per 90 days); PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL(45 GM per 30 days); PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL(45 GM per 30 days); PA
<i>zenatane</i>	4	PA
<i>Dermatitis and Pruritus Agents</i>		
<i>ala-cort cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>alclometasone dipropionate</i>	3	
AMCINONIDE	4	
<i>ammonium lactate cream, lotion</i>	3	

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Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	4	
<i>betamethasone dipropionate augmented cream</i>	3	
<i>betamethasone dipropionate augmented ointment</i>	4	
<i>betamethasone dipropionate augmented lotion</i>	4	QL(360 ML per 90 days)
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	3	
<i>clobetasol propionate e</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate solution</i>	3	QL(150 ML per 90 days)
<i>clobetasol propionate cream, ointment</i>	3	QL(180 GM per 90 days)
<i>clobetasol propionate gel</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate foam</i>	4	QL(300 GM per 90 days)
<i>clobetasol propionate shampoo</i>	4	QL(354 ML per 90 days)
<i>clodan</i>	4	QL(354 ML per 90 days)
<i>desonide cream, ointment</i>	4	QL(180 GM per 90 days)
<i>desoximetasone cream 0.25%</i>	4	
<i>desoximetasone gel</i>	4	
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinolone acetonide topical</i>	4	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	4	QL(360 GM per 90 days)
<i>fluocinolone acetonide ointment 0.025%</i>	4	QL(360 GM per 90 days)
<i>fluocinolone acetonide solution 0.01%</i>	4	QL(360 ML per 90 days)
<i>fluocinonide emulsified base</i>	3	QL(360 GM per 90 days)
FLUOCINONIDE GEL	4	QL(180 GM per 90 days)
<i>fluocinonide cream 0.05%</i>	3	QL(360 GM per 90 days)
<i>fluocinonide solution</i>	3	QL(180 ML per 90 days)
<i>fluocinonide ointment</i>	4	QL(180 GM per 90 days)
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream, ointment</i>	4	QL(150 GM per 90 days)
<i>hydrocortisone butyrate ointment</i>	4	
<i>hydrocortisone valerate</i>	4	QL(180 GM per 90 days)
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
HYDROCORTISONE LOTION 2.5%	2	QL(354 ML per 90 days)
<i>hydrocortisone ointment 1%, 2.5%</i>	2	QL(90 GM per 90 days)
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus</i>	4	QL(100 GM per 90 days)
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL(300 GM per 90 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	3	

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>Dermatological Agents, Other</i>		
ANALPRAM HC	4	EX
<i>anucort-hc</i>	4	EX
CALCIPOTRIENE SOLUTION	3	QL(180 ML per 90 days); PA
<i>calcipotriene cream</i>	3	QL(360 GM per 90 days); PA
<i>calcipotriene ointment</i>	4	QL(360 GM per 90 days); PA
CALCITRIOL OINTMENT 3MCG/GM	4	
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTION	4	QL(90 ML per 90 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	3	QL(135 GM per 90 days)
<i>fluorouracil cream 5%</i>	4	QL(120 GM per 90 days)
FLUOROURACIL SOLUTION 2%	3	QL(30 ML per 90 days)
<i>fluorouracil solution 5%</i>	3	QL(10 ML per 30 days)
<i>hydrocortisone acetate</i>	2	EX
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 2.5%; 1%	2	EX
<i>hydrocortisone acetate/pramoxine cream 2.5%; 1%</i>	2	EX
<i>imiquimod cream 5%</i>	3	QL(72 EA per 90 days)
METHOXSALEN CAPSULE	5	
<i>nystatin/triamcinolone</i>	3	
<i>nystatin/triamcinolone acetonide ointment</i>	3	
OTEZLA TABLET 20MG	5	QL(62 EA per 31 days); PA
PODOFILOX SOLUTION	4	
PRAMOSONE CREAM 2.5%; 1%	4	EX
PROCORT	4	EX
RENOVA CREAM 0.02%	4	EX
<i>salicylic acid wart remover</i>	2	EX
SALVAX DUO PLUS	4	EX
SANTYL	4	QL(180 GM per 90 days)
SCALACORT DK	4	EX
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
TRI-LUMA	4	EX
VIRASAL	4	EX
<i>Pediculicides/Scabicides</i>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	4	QL(90 GM per 90 days)
<i>ciclodan solution</i>	2	QL(19.8 ML per 90 days)
<i>ciclopirox nail lacquer</i>	2	QL(19.8 ML per 90 days)
<i>ciclopirox olamine</i>	3	QL(270 GM per 90 days)

Effective Date: 01/01/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox suspension</i>	3	QL(180 ML per 90 days)
<i>ciclopirox gel</i>	3	QL(300 GM per 90 days)
<i>ciclopirox shampoo</i>	3	QL(360 ML per 90 days)
<i>clindamycin phosphate gel 1%</i>	3	QL(225 GM per 90 days)
<i>clindamycin phosphate gel 1%</i>	3	QL(225 ML per 90 days)
<i>clindamycin phosphate lotion 1%</i>	3	QL(180 ML per 90 days)
<i>clindamycin phosphate external solution 1%</i>	3	QL(180 ML per 90 days)
ERY	3	
<i>erythromycin gel 2%</i>	2	QL(180 GM per 90 days)
<i>erythromycin solution 2%</i>	2	QL(180 ML per 90 days)
<i>mupirocin ointment</i>	2	QL(90 GM per 90 days)
<i>mupirocin cream</i>	4	QL(90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
<i>carglumic acid</i>	5	
<i>dextrose 10%</i>	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/sodium chloride 0.2%</i>	4	
<i>dextrose 5%/sodium chloride 0.3%</i>	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	4	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
<i>dextrose 50%</i>	4	
<i>dextrose 70%</i>	4	
<i>dextrose/sodium chloride</i>	4	
GALZIN	4	EX
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg, 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>penicillamine tablet</i>	5	
<i>tolvaptan</i>	5	PA
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	5	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
XPHOZAH	5	QL(62 EA per 31 days); PA
Phosphate Binders		
AURYXIA	5	PA
<i>calcium acetate capsule</i>	3	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate tablet</i>	4	QL(1620 EA per 90 days)
<i>sevelamer carbonate packet 0.8gm</i>	4	QL(180 EA per 90 days)
<i>sevelamer carbonate packet 2.4gm</i>	4	QL(270 EA per 90 days)
Potassium Binders		
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i>	3	
VELTASSA PACKET 8.4GM	4	QL(270 EA per 90 days)
VELTASSA PACKET 16.8GM, 25.2GM	4	QL(90 EA per 90 days)
Vitamins		
DRISDOL CAPSULE	4	EX
<i>folic acid tablet 1mg</i>	2	EX
HYDROXOCOBALAMIN INJECTION	2	EX
PRENATAL TABLET 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	
<i>vitamin d capsule 50000unit</i>	2	EX
WESTAB PLUS	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS	3	QL(90 EA per 90 days)
<i>lubiprostone</i>	4	QL(180 EA per 90 days)
MOVANTIK TABLET 12.5MG	4	QL(180 EA per 90 days); PA
MOVANTIK TABLET 25MG	4	QL(90 EA per 90 days); PA
Anti-Diarrheal Agents		
<i>alosetron hydrochloride</i>	4	QL(62 EA per 31 days); PA
<i>difenoxylate hydrochloride/atropine sulfate</i>	3	PA

Effective Date: 01/01/2025

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

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(180 EA per 90 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	2	QL(180 EA per 90 days)
<i>pantoprazole sodium tablet delayed release</i>	1	QL(180 EA per 90 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ENDARI	5	QL(180 EA per 30 days); PA
JOENJA	5	QL(60 EA per 30 days); PA
<i>l-glutamine</i>	5	QL(180 EA per 30 days); PA
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	PA
OPFOLDA	4	QL(24 EA per 90 days); PA
OXBRYTA	5	PA
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	4	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	5	ST
RAVICTI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
VYNDAQEL	5	QL(124 EA per 31 days); PA
WELIREG	5	QL(93 EA per 31 days); PA
<i>yargesa</i>	5	PA
ZEMAIRA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>fesoterodine fumarate er</i>	3	QL(90 EA per 90 days)
<i>flavoxate hcl</i>	3	
GEMTESA	4	QL(90 EA per 90 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
<i>oxybutynin chloride er</i>	3	QL(180 EA per 90 days); PA
<i>oxybutynin chloride solution</i>	2	PA
<i>oxybutynin chloride tablet 5mg</i>	2	PA
<i>solifenacin succinate tablet 5mg</i>	4	QL(180 EA per 90 days); PA
<i>solifenacin succinate tablet 10mg</i>	4	QL(90 EA per 90 days); PA
<i>tolterodine tartrate</i>	4	QL(180 EA per 90 days); PA
<i>tolterodine tartrate er</i>	4	QL(90 EA per 90 days); PA
<i>tropium chloride</i>	4	QL(180 EA per 90 days); PA
<i>tropium chloride er</i>	2	QL(90 EA per 90 days); PA
<i>urelle</i>	4	EX
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	QL(90 EA per 90 days)
<i>dutasteride capsule</i>	3	QL(90 EA per 90 days)
<i>finasteride tablet</i>	2	QL(90 EA per 90 days)
<i>tadalafil tablet 2.5mg</i>	3	QL(180 EA per 90 days); PA
<i>tadalafil tablet 5mg</i>	3	QL(90 EA per 90 days); PA
<i>tamsulosin hydrochloride</i>	2	QL(180 EA per 90 days)
Genitourinary Agents, Other		
<i>bethanechol chloride tablet</i>	3	
CAVERJECT INJECTION 20MCG, 40MCG	3	QL(6 EA per 30 days); EX
CIALIS TABLET 10MG, 20MG	3	QL(6 EA per 30 days); EX
EDEX INJECTION 10MCG, 20MCG, 40MCG	4	QL(6 EA per 30 days); EX
ELMIRON	5	
MUSE PELLETT 1000MCG, 250MCG, 500MCG	3	QL(6 EA per 30 days); EX
<i>sildenafil citrate tablet 100mg, 25mg, 50mg</i>	2	QL(6 EA per 30 days); EX
<i>tadalafil tablet 10mg, 20mg</i>	3	QL(6 EA per 30 days); EX
<i>vardefafil hydrochloride</i>	4	QL(6 EA per 30 days); EX
<i>vardefafil hydrochloride odt</i>	4	QL(6 EA per 30 days); EX
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DEXAMETHASONE INTENSOL	3	

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Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE SODIUM PHOSPHATE +RFID	2	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML	2	
<i>dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml</i>	2	
DEXAMETHASONE SOLUTION	2	
<i>dexamethasone elixir</i>	2	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	3	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	4	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone sodium succinate</i>	4	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	4	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone solution</i>	2	
PREDNISONO INTENSOL	2	
PREDNISONO SOLUTION	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
<i>triamcinolone acetate injection 40mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	4	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
FOLLISTIM AQ INJECTION 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	4	EX
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
GONAL-F RFF	4	EX
GONAL-F RFF REDIJECT	4	EX
GONAL-F INJECTION 1050UNIT, 450UNIT	4	EX
INCRELEX	5	PA
MENOPUR	4	EX
OVIDREL INJECTION 250MCG/0.5ML	4	EX
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	
TESTOSTERONE ENANTHATE INJECTION	3	
<i>testosterone pump gel 1.62%</i>	4	QL(450 GM per 90 days); PA
<i>testosterone gel 20.25mg/1.25gm</i>	4	QL(225 GM per 90 days); PA
<i>testosterone gel 40.5mg/2.5gm</i>	4	QL(450 GM per 90 days); PA
<i>testosterone gel 25mg/2.5gm</i>	4	QL(900 GM per 90 days); PA
Estrogens		
<i>altavera</i>	2	
<i>amabelz</i>	3	
<i>amethia</i>	2	QL(91 EA per 91 days)
<i>apri</i>	2	
<i>ashlyna</i>	2	QL(91 EA per 91 days)
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>camrese</i>	2	QL(91 EA per 91 days)
<i>camrese lo</i>	3	QL(91 EA per 91 days)
<i>covaryx hs</i>	2	EX
<i>cyred eq</i>	2	
<i>daysee</i>	2	QL(91 EA per 91 days)
DEPO-ESTRADIOL INJECTION 5MG/ML	3	
<i>desogestrel/ethinyl estradiol tablet 0.15mg; 30mcg</i>	2	
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg</i>	2	
<i>eemt</i>	2	EX
<i>eemt hs</i>	2	EX
<i>eluryng</i>	3	QL(3 EA per 84 days)
<i>enilloring</i>	3	QL(3 EA per 84 days)
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>esterified estrogens/methyltestosterone</i>	2	EX
<i>esterified estrogens/methyltestosterone hs tablet 0.625mg; 1.25mg</i>	2	EX
<i>estradiol valerate injection 10mg/ml, 20mg/ml</i>	3	
<i>estradiol/norethindrone acetate</i>	3	
<i>estradiol oral tablet</i>	3	
<i>estradiol cream, vaginal tablet</i>	4	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol</i>	3	QL(3 EA per 84 days)
<i>fyavolv</i>	3	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	3	QL(3 EA per 84 days)

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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

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

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tablet</i>	3	
NP THYROID 120	2	
NP THYROID 15	2	
NP THYROID 30	2	
NP THYROID 60	2	
NP THYROID 90	2	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	2	
<i>unithroid</i>	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
<i>lanreotide acetate</i>	5	PA
<i>leuprolide acetate injection</i>	4	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
<i>mifepristone tablet 300mg</i>	5	PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	QL(30 EA per 28 days); PA
RECORLEV	5	QL(248 EA per 31 days); PA
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT	4	PA
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
CETROTIDE	4	EX
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
Immunological Agents		
<i>Angioedema Agents</i>		
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	QL(27 ML per 30 days); PA
<i>sajazir</i>	5	QL(27 ML per 30 days); PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HYPERHEP B	4	
NABI-HB INJECTION 312UNIT/ML	4	
SYNAGIS INJECTION 100MG/ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	3	
<i>Immunological Agents, Other</i>		
ARCALYST	5	PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(8 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(8 ML per 28 days); PA
COSENTYX INJECTION 75MG/0.5ML	5	QL(4 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
KEVZARA	5	QL(2.28 ML per 28 days); PA
KINERET	5	QL(18.8 ML per 28 days); PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
OTEZLA TABLET 30MG	5	QL(62 EA per 31 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(31 EA per 31 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(93 EA per 31 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML, 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(20 ML per 28 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
TAVNEOS	5	QL(180 EA per 30 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(720 ML per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 10MG	5	QL(62 EA per 31 days); PA
XOLAIR	5	PA
ZILBRYSQ INJECTION 16.6MG/0.416ML	5	QL(12.48 ML per 30 days); PA
ZILBRYSQ INJECTION 23MG/0.574ML	5	QL(17.22 ML per 30 days); PA
ZILBRYSQ INJECTION 32.4MG/0.81ML	5	QL(24.3 ML per 30 days); PA
Immunostimulants		
ACTIMMUNE	5	PA
BESREMI	5	QL(2 ML per 28 days); PA
Immunosuppressants		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 100mg, 50mg</i>	2	B/D
<i>cyclosporine modified</i>	3	B/D
<i>cyclosporine capsule</i>	3	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(16 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(2 EA per 28 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(3 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
JYLAMVO	4	PA
<i>leflunomide</i>	2	QL(90 EA per 90 days)
<i>methotrexate sodium tablet</i>	4	
METHOTREXATE SODIUM INJECTION 250MG/10ML	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
PEGASYS	5	QL(4 ML per 28 days)
PROGRAF PACKET	4	B/D
RASUVO INJECTION 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	ST
REZUROCK	5	QL(31 EA per 31 days); PA
<i>sirolimus tablet</i>	4	B/D
<i>sirolimus solution</i>	5	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	3	B/D
XATMEP	4	PA
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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

Drug Name	Drug Tier	Requirements/Limits
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	QL(2 EA per 999 days)
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr capsule delayed release</i>	4	QL(1080 EA per 90 days)
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	QL(360 EA per 90 days)
<i>mesalamine dr tablet delayed release 800mg</i>	4	QL(540 EA per 90 days)
<i>mesalamine er capsule extended release 24 hour</i>	4	QL(360 EA per 90 days)
<i>mesalamine kit</i>	4	

Effective Date: 01/01/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine enema</i>	4	QL(5400 ML per 90 days)
<i>mesalamine suppository</i>	4	QL(90 EA per 90 days)
<i>sulfasalazine tablet, tablet delayed release</i>	2	
Glucocorticoids		
<i>anusol-hc suppository 25mg</i>	4	EX
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	QL(90 GM per 90 days)
PROCTOCORT SUPPOSITORY	4	EX
<i>proctosol hc</i>	2	QL(90 GM per 90 days)
<i>proctozone-hc</i>	2	QL(90 GM per 90 days)
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	2	QL(900 ML per 84 days)
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL(12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	1	QL(90 EA per 90 days)
<i>calcitonin-salmon solution</i>	3	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL(124 EA per 31 days)
<i>cinacalcet hydrochloride tablet 30mg</i>	4	QL(360 EA per 90 days)
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL(62 EA per 31 days)
FORTEO INJECTION 600MCG/2.4ML	5	QL(2.4 ML per 28 days); PA
<i>ibandronate sodium tablet</i>	2	QL(3 EA per 84 days)
<i>paricalcitol capsule</i>	4	
PROLIA	4	QL(1 ML per 180 days); PA
<i>risedronate sodium tablet 35mg</i>	3	QL(12 EA per 84 days)
<i>risedronate sodium tablet 150mg</i>	3	QL(3 EA per 84 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	3	QL(90 EA per 90 days)
TERIPARATIDE INJECTION 620MCG/2.48ML	5	QL(2.48 ML per 28 days); PA
TYMLOS	5	PA
XGEVA	5	PA
ZOLEDRONIC ACID INJECTION 4MG/100ML	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	1	ST
ARIDOL	4	EX
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	
BARIUM SULFATE	4	EX
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	
CEQR SIMPLICITY 2U	3	
CEQR SIMPLICITY INSERTER	3	
COAL TAR SOLUTION	4	EX
CURITY GAUZE PADS 2"X2" 12 PLY	2	ST
CYANOKIT	4	EX
CYSTO-CONRAY II	4	EX
E-Z-HD	4	EX
E-Z-PAQUE SUSPENSION RECONSTITUTED	4	EX
E-Z-PASTE	4	EX
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	1	
GASTROGRAFIN	4	EX
HISTATROL INJECTION 0.275MG/ML	4	EX
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
IODINE STRONG	2	EX
IODOFLEX	4	EX
IODOSORB	4	EX
<i>levocarnitine tablet</i>	3	
<i>levocarnitine solution</i>	4	
LIQUID E-Z-PAQUE	4	EX
LIQUID POLIBAR PLUS	4	EX
LUGOLS STRONG IODINE	2	EX
NEULUMEX	4	EX
NOVOPEN ECHO	2	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 PLUS G6	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
PROPECIA	4	EX
PROVOCHOLINE SOLUTION RECONSTITUTED 100MG	4	EX
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SITZMARKS	4	EX
<i>sodium chloride 0.9%</i>	3	

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
SSKI	4	EX
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
CYCLOMYDRIL	4	EX
CYSTARAN	5	PA
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	4	
<i>flucaine</i>	2	EX
<i>fluorescein/proparacaine</i>	2	EX
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	3	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	4	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
RESTASIS	3	QL(180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL(180 ML per 90 days)
ROCKLATAN	3	ST
SIMBRINZA	3	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	3	
CROMOLYN SODIUM SOLUTION 4%	2	
<i>epinastine hcl</i>	3	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
<i>Ophthalmic Anti-Infectives</i>		
AZASITE	4	
BACITRACIN	4	

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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

Drug Name	Drug Tier	Requirements/Limits
BESIVANCE	4	
BETADINE OPHTHALMIC PREP	4	EX
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	QL(5 ML per 30 days)
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%, 1.5%	3	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	3	
<i>sulfacetamide sodium solution 10%</i>	2	QL(30 ML per 30 days)
<i>tobramycin solution 0.3%</i>	2	
TRIFLURIDINE	3	
XDEMVI	5	QL(10 ML per 31 days); PA
ZIRGAN	4	
<i>Ophthalmic Anti-inflammatories</i>		
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%	2	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
<i>fluorometholone</i>	3	
FLURBIPROFEN SODIUM	3	
FML FORTE	4	
ILEVRO	4	
<i>ketorolac tromethamine solution 0.5%</i>	2	
<i>loteprednol etabonate suspension 0.5%</i>	4	
NEVANAC	4	
<i>prednisolone acetate</i>	3	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
BETAXOLOL HCL SOLUTION 0.5%	3	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	4	
APRACLONIDINE	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brimonidine tartrate solution 0.1%</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate solution 0.15%</i>	4	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	ST
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>bimatoprost</i>	4	
<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	3	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
CIPRO HC	4	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>flac</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatory, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D
<i>flunisolide solution 0.025%</i>	3	QL(225 ML per 90 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	QL(360 EA per 90 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT	3	QL(720 EA per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL(64 GM per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(72 GM per 90 days)
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL(48 GM per 90 days)
<i>mometasone furoate suspension 50mcg/act</i>	3	QL(102 GM per 90 days)
QVAR REDHALER	3	QL(64 GM per 90 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	3	

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hydrochloride solution 0.1%</i>	3	
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	QL(900 ML per 90 days)
<i>desloratadine</i>	3	QL(90 EA per 90 days)
<i>diphenhydramine hcl injection 50mg/ml</i>	3	
<i>hydroxyzine hcl tablet 50mg</i>	3	PA
<i>hydroxyzine hydrochloride syrup</i>	3	PA
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	PA
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	3	PA
<i>levocetirizine dihydrochloride tablet</i>	2	QL(90 EA per 90 days)
<i>olopatadine hcl nasal solution 0.6%</i>	4	QL(91.5 GM per 90 days)
Antileukotrienes		
<i>montelukast sodium tablet chewable, packet, tablet</i>	2	QL(90 EA per 90 days)
<i>zafirlukast</i>	4	QL(180 EA per 90 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	3	QL(90 EA per 90 days)
<i>ipratropium bromide inhalation solution</i>	2	B/D
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL(135 ML per 90 days)
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL(90 ML per 90 days)
SPIRIVA HANDIHALER	3	QL(90 EA per 90 days)
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(102 GM per 90 days); 8.5 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(81 GM per 90 days); 6.7 GM INHALER
<i>albuterol sulfate syrup</i>	2	
<i>albuterol sulfate nebulization solution</i>	2	B/D
<i>albuterol sulfate tablet</i>	4	
<i>arformoterol tartrate</i>	3	QL(360 ML per 90 days); B/D
EPINEPHRINE INJECTION 0.3MG/0.3ML	3	QL(6 EA per 90 days)
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(6 EA per 90 days)
<i>levalbuterol hcl nebulization solution</i>	4	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	B/D
LEVALBUTEROL TARTRATE HFA	3	QL(90 GM per 90 days)
<i>levalbuterol nebulization solution</i>	4	B/D
SEREVENT DISKUS	3	QL(180 EA per 90 days)
SYMJEPI	3	
Cystic Fibrosis Agents		
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
TOBI PODHALER	5	QL(224 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	5	B/D
TRIKAFTA THERAPY PACK	5	QL(62 EA per 31 days); PA
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	3	
<i>theophylline er tablet extended release 12 hour 300mg</i>	3	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(93 EA per 31 days); PA
<i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(120 EA per 30 days); PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
OPSUMIT	5	QL(31 EA per 31 days); PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg</i>	3	QL(270 EA per 90 days); PA
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
TRACLEER TABLET SOLUBLE	5	QL(120 EA per 30 days); PA
TYVASO	5	B/D
TYVASO REFILL KIT	5	B/D
TYVASO STARTER KIT	5	B/D
VENTAVIS SOLUTION 10MCG/ML	5	QL(150 ML per 30 days); B/D
VENTAVIS SOLUTION 20MCG/ML	5	QL(90 ML per 30 days); B/D
WINREVAIR	5	QL(1 EA per 21 days); PA
Pulmonary Fibrosis Agents		
OFEV	5	QL(62 EA per 31 days); PA
<i>pirfenidone capsule</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 801mg</i>	5	QL(93 EA per 31 days); PA
Respiratory Tract Agents, Other		
<i>acetylcysteine injection</i>	2	
<i>acetylcysteine inhalation solution</i>	4	B/D
ADVAIR HFA	3	QL(36 GM per 90 days)
ANORO ELLIPTA	3	QL(180 EA per 90 days)
<i>benzonatate</i>	2	EX
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
<i>bromphen/pseudoephedrine hcl/dextromethorphan hbr</i>	4	EX
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	4	QL(24 GM per 90 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(39 GM per 90 days); PA

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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

Drug Name	Drug Tier	Requirements/Limits
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(52.8 GM per 90 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
HYCODAN TABLET	4	EX
<i>hydrocodone bitartrate/homatropine methylbromide solution, tablet</i>	2	EX
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	2	EX
<i>hydrocodone/homatropine solution</i>	2	EX
<i>hydromet solution</i>	2	EX
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D
NUCALA	5	PA
<i>promethazine dm</i>	2	EX
<i>promethazine/codeine solution</i>	2	EX
<i>promethazine/phenylephrine/codeine</i>	2	EX
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
SYMBICORT	3	QL(30.6 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
<i>wixela inhub</i>	3	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	PA
<i>cyclobenzaprine hydrochloride tablet 7.5mg</i>	4	PA
<i>methocarbamol tablet 500mg, 750mg</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
<i>tasimelteon</i>	5	QL(31 EA per 31 days); PA
<i>temazepam capsule 15mg, 30mg, 7.5mg</i>	3	QL(30 EA per 30 days); NDS
<i>triazolam tablet 0.25mg</i>	3	QL(60 EA per 30 days); NDS
<i>zaleplon</i>	3	QL(90 EA per 90 days)
<i>zolpidem tartrate tablet</i>	2	QL(90 EA per 90 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil</i>	3	QL(90 EA per 90 days); PA
<i>modafinil tablet</i>	3	QL(180 EA per 90 days); PA
SODIUM OXYBATE	5	QL(558 ML per 31 days); PA
SUNOSI	4	QL(90 EA per 90 days); PA

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OTC products

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

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

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

Effective Date: 01/01/2025

Last Updated: 09/18/2025

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

Index of Drugs

	Drug Name	Page #
	ALLEGRA ALLERGY	68
	ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	68
	ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	68
	<i>allergy 24-hr</i>	68
	<i>allergy relief</i>	68
	<i>allergy relief 24hr</i>	68
	<i>allergy relief nasal decongestant</i>	68
	<i>allergy relief/indoor/outdoor</i>	68
	<i>allergy relief/nasal decongestant</i>	68
	<i>allopurinol</i>	14
	<i>alosetron hydrochloride</i>	47
	<i>alprazolam</i>	28
	<i>altavera</i>	52
	ALUNBRIG	17
	<i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	66
	<i>amabelz</i>	52
	<i>amantadine hcl</i>	27
	<i>ambrisentan</i>	66
	AMCINONIDE	42
	<i>amethia</i>	52
	<i>amikacin sulfate</i>	3
	<i>amiloride hcl</i>	38
	AMILORIDE/HYDROCHLOROTHIAZID E	35
	<i>amiodarone hydrochloride</i>	34
	<i>amitriptyline hcl</i>	12
	<i>amitriptyline hydrochloride</i>	12
	<i>amlodipine besylate</i>	35
	<i>amlodipine besylate/atorvastatin calcium</i>	35
	<i>amlodipine besylate/benazepril hydrochloride</i>	36
	<i>amlodipine besylate/valsartan</i>	36
	<i>amlodipine/olmesartan medoxomil</i>	36
	<i>amlodipine/valsartan/hydrochlorothiazide</i>	36
	<i>ammonium lactate</i>	42
	<i>amnesteem</i>	42
	<i>amoxapine</i>	12
	<i>amoxicillin</i>	6
	AMOXICILLIN/CLAVULANATE POTASSIUM	5
	AMOXICILLIN/CLAVULANATE POTASSIUM ER	5
	<i>amphetamine/dextroamphetamine</i>	40
	AMPHOTERICIN B	13
	<i>amphotericin b liposome</i>	13
Drug Name	Page #	
<i>abacavir</i>	26	
<i>abacavir sulfate/lamivudine</i>	26	
ABELCET	13	
ABILIFY ASIMTUFII	23	
ABILIFY MAINTENA	23	
<i>abiraterone acetate</i>	16	
ABRYSVO	58	
<i>acamprosate calcium dr</i>	3	
<i>acarbose</i>	28	
<i>accutane</i>	42	
<i>acebutolol hydrochloride</i>	34	
ACETAMINOPHEN/CODEINE	2	
<i>acetazolamide</i>	63	
<i>acetazolamide er</i>	63	
<i>acetic acid</i>	64	
<i>acetylcysteine</i>	66	
<i>acitretin</i>	42	
ACTHIB	58	
ACTIMMUNE	57	
<i>acyclovir</i>	27	
<i>acyclovir</i>	44	
<i>acyclovir sodium</i>	27	
ADACEL	58	
<i>adapalene</i>	42	
<i>adefovir dipivoxil</i>	25	
ADEMPAS	66	
ADIPEX-P	41	
ADLARITY	10	
ADRIAMYCIN	16	
ADVAIR HFA	66	
AIMOVIG	14	
AKEEGA	16	
<i>ala-cort</i>	42	
<i>alavert</i>	68	
<i>alavert allergy/sinus</i>	68	
<i>alavert d-12 hour allergy & congestion</i>	68	
<i>albendazole</i>	21	
<i>albuterol sulfate</i>	65	
<i>albuterol sulfate hfa</i>	65	
<i>alclometasone dipropionate</i>	42	
ALCOHOL PREP PADS	60	
ALECENSA	17	
<i>alendronate sodium</i>	60	
<i>alfuzosin hcl er</i>	50	
<i>aliskiren</i>	35	

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
<i>ampicillin</i>	6	<i>aviane</i>	52
AMPICILLIN SODIUM	6	AVONEX	41
<i>ampicillin/sulbactam</i>	6	AVONEX PEN	41
AMPICILLIN-SULBACTAM	6	AYVAKIT	17
<i>anagrelide hydrochloride</i>	31	AZASITE	62
ANALPRAM HC	44	<i>azathioprine</i>	57
<i>anastrozole</i>	17	<i>azelaic acid</i>	42
ANORO ELLIPTA	66	<i>azelastine hcl</i>	62
<i>anucort-hc</i>	44	<i>azelastine hcl</i>	64
<i>anusol-hc</i>	60	<i>azelastine hydrochloride</i>	65
APRACLONIDINE	63	AZITHROMYCIN	6
<i>aprepitant</i>	13	<i>aztreonam</i>	4
<i>apri</i>	52	BACITRACIN	62
APTIOM	9	<i>bacitracin/polymyxin b</i>	62
APTIVUS	27	<i>baclofen</i>	24
ARANESP ALBUMIN FREE	31	<i>balsalazide disodium</i>	59
ARCALYST	56	BALVERSA	17
AREXVY	58	BAQSIMI ONE PACK	30
<i>arformoterol tartrate</i>	65	BAQSIMI TWO PACK	30
ARIDOL	60	BARIUM SULFATE	60
ARIKAYCE	3	BCG VACCINE	58
<i>aripiprazole</i>	23	BD INSULIN SYRINGE	60
<i>aripiprazole odt</i>	23	SAFETYGLIDE/1ML/29G X 1/2"	
ARISTADA	23	B-D INSULIN SYRINGE ULTRAFINE	60
ARISTADA INITIO	23	II/0.3ML/31G X 5/16"	
<i>armodafinil</i>	67	BD INSULIN SYRINGE ULTRA-	61
ARNUITY ELLIPTA	64	FINE/0.5ML/30G X 12.7MM	
<i>asenapine maleate sl</i>	23	BD INSULIN SYRINGE ULTRA-	61
<i>ashlyna</i>	52	FINE/1ML/31G X 8MM	
<i>aspirin/dipyridamole er</i>	32	BD PEN NEEDLE/ORIGINAL/ULTRA-	61
ASTAGRAF XL	57	FINE/29G X 12.7MM	
ASTRINGYN	32	<i>benazepril hcl</i>	33
<i>atazanavir</i>	27	<i>benazepril hydrochloride</i>	33
<i>atazanavir sulfate</i>	27	<i>benazepril</i>	36
<i>atenolol</i>	34	<i>hydrochloride/hydrochlorothiazide</i>	
<i>atenolol/chlorthalidone</i>	36	BENLYSTA	56
<i>atomoxetine</i>	40	<i>benzonatate</i>	66
<i>atomoxetine hydrochloride</i>	40	<i>benzphetamine hcl</i>	41
<i>atorvastatin calcium</i>	38	<i>benztropine mesylate</i>	21
<i>atovaquone</i>	21	BESIVANCE	63
<i>atovaquone/proguanil hcl</i>	21	BESREMI	57
<i>atropine sulfate</i>	62	BETADINE OPHTHALMIC PREP	63
ATROVENT HFA	65	<i>betaine anhydrous</i>	49
AUGTYRO	17	<i>betamethasone dipropionate</i>	43
<i>aurovela fe 1.5/30</i>	52	BETAMETHASONE DIPROPIONATE	43
<i>aurovela fe 1/20</i>	52	AUGMENTED	
AURYXIA	47	<i>betamethasone valerate</i>	43
AUVELITY	11	BETASERON	41

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
<i>betaxolol hcl</i>	34	<i>butorphanol tartrate</i>	2
BETAXOLOL HCL	63	BYDUREON BCISE	28
<i>bethanechol chloride</i>	50	CABENUVA	25
BETOPTIC-S	63	<i>cabergoline</i>	55
<i>bexarotene</i>	21	CABLIVI	32
BEXSERO	58	CABOMETYX	17
<i>bicalutamide</i>	16	CALCIPOTRIENE	44
BICILLIN C-R	6	<i>calcitonin-salmon</i>	60
BICILLIN L-A	6	CALCITRIOL	44
BIKTARVY	25	<i>calcitriol</i>	60
<i>bimatoprost</i>	64	<i>calcium acetate</i>	47
<i>bisoprolol fumarate</i>	34	CALQUENCE	17
<i>bisoprolol fumarate/hydrochlorothiazide</i>	36	<i>camila</i>	54
BIVIGAM	56	<i>camrese</i>	52
<i>blisovi fe 1.5/30</i>	52	<i>camrese lo</i>	52
<i>blisovi fe 1/20</i>	52	<i>candesartan cilexetil</i>	32
BOOSTRIX	58	<i>candesartan cilexetil/hydrochlorothiazide</i>	36
<i>bosentan</i>	66	CAPLYTA	23
BOSULIF	17	CAPRELSA	18
BRAFTOVI	17	<i>captopril</i>	33
BREO ELLIPTA	66	CAPTOPRIL/HYDROCHLOROTHIAZID	36
BREZTRI AEROSPHERE	66	E	
BRILINTA	32	<i>carbamazepine</i>	9
<i>brimonidine tartrate</i>	63	<i>carbamazepine er</i>	9
<i>brimonidine tartrate/timolol maleate</i>	62	<i>carbidopa</i>	22
<i>brinzolamide</i>	64	<i>carbidopa/levodopa</i>	22
BRIVIACT	8	<i>carbidopa/levodopa er</i>	22
<i>bromocriptine mesylate</i>	22	CARBIDOPA/LEVODOPA ODT	22
<i>bromphen/pseudoephedrine hcl/dextromethorphan hbr</i>	66	<i>carbidopa/levodopa/entacapone</i>	22
BRONCHITOL	66	<i>carglumic acid</i>	45
BRUKINSA	17	CARTEOLOL HCL	63
<i>budesonide</i>	60	<i>cartia xt</i>	35
<i>budesonide</i>	64	<i>carvedilol</i>	34
<i>budesonide er</i>	60	<i>carvedilol phosphate er</i>	34
<i>bumetanide</i>	38	<i>caspofungin acetate</i>	13
<i>buprenorphine</i>	1	CAVERJECT	50
<i>buprenorphine hcl</i>	3	CAYSTON	65
<i>buprenorphine hcl/naloxone hcl</i>	3	CEFACLOR	5
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	3	CEFADROXIL	5
<i>bupropion hcl</i>	11	CEFAZOLIN SODIUM	5
<i>bupropion hydrochloride</i>	11	CEFAZOLIN SODIUM/DEXTROSE	5
<i>bupropion hydrochloride er (sr)</i>	3	<i>cefdinir</i>	5
<i>bupropion hydrochloride er (sr)</i>	11	CEFEPIME	5
<i>bupropion hydrochloride er (xl)</i>	11	CEFEPIME/DEXTROSE	5
<i>buspironone hcl</i>	28	<i>cefixime</i>	5
<i>buspironone hydrochloride</i>	28	CEFOXITIN SODIUM	5
		<i>cefpodoxime proxetil</i>	5
		<i>cefprozil</i>	5

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
<i>ceftazidime</i>	5	CLARITHROMYCIN	6
CEFTRIAZONE IN ISO-OSMOTIC	5	<i>clarithromycin er</i>	6
DEXTROSE		CLARITIN	69
CEFTRIAZONE SODIUM	5	CLARITIN ALLERGY CHILDRENS	69
CEFTRIAZONE/DEXTROSE	5	CLARITIN CHILDRENS	69
<i>cefuroxime axetil</i>	5	CLARITIN REDITABS	69
<i>cefuroxime sodium</i>	5	CLARITIN-D 12 HOUR	69
<i>celecoxib</i>	1	CLARITIN-D 24 HOUR	69
<i>cephalexin</i>	5	<i>clindacin etz pledgets</i>	4
CEQUR SIMPLICITY 2U	61	<i>clindamycin hcl</i>	4
CEQUR SIMPLICITY INSERTER	61	<i>clindamycin hydrochloride</i>	4
CERDELGA	49	<i>clindamycin palmitate hydrochloride</i>	4
CETACAINE	3	<i>clindamycin phosphate</i>	4
<i>cetirizine hcl</i>	68	<i>clindamycin phosphate</i>	45
<i>cetirizine hcl childrens allergy</i>	68	<i>clindamycin phosphate/dextrose</i>	4
<i>cetirizine hydrochloride</i>	65	<i>clindamycin/benzoyl peroxide</i>	42
<i>cetirizine hydrochloride</i>	68	CLINDAMYCIN/SODIUM CHLORIDE	4
<i>cetirizine hydrochloride/pseudoephedrine</i>	68	<i>clinpro 5000</i>	41
<i>hydrochloride</i>		<i>clobazam</i>	8
CETROTIDE	55	<i>clobetasol propionate</i>	43
<i>cevimeline hydrochloride</i>	41	<i>clobetasol propionate e</i>	43
CHEMET	46	<i>clodan</i>	43
<i>childrens loratadine</i>	68	CLOMID	54
<i>chlorhexidine gluconate</i>	41	<i>clomipramine hydrochloride</i>	12
<i>chloroquine phosphate</i>	21	<i>clonazepam</i>	9
<i>chlorpromazine hcl</i>	22	<i>clonazepam odt</i>	8
CHLORPROMAZINE	22	<i>clonidine</i>	32
HYDROCHLORIDE		<i>clonidine hydrochloride</i>	32
<i>chlorthalidone</i>	38	<i>clonidine hydrochloride er</i>	40
CHOLBAM	49	<i>clopidogrel</i>	32
<i>cholestyramine</i>	39	<i>clorazepate dipotassium</i>	28
<i>cholestyramine light</i>	39	<i>clotrimazole</i>	13
CIALIS	50	CLOTRIMAZOLE/BETAMETHASONE	44
<i>ciclodan</i>	44	DIPROPIONATE	
<i>ciclopirox</i>	45	<i>clozapine</i>	24
<i>ciclopirox nail lacquer</i>	44	CLOZAPINE ODT	24
<i>ciclopirox olamine</i>	44	COAL TAR	61
<i>cilostazol</i>	32	COARTEM	21
CIMDUO	26	CODEINE SULFATE	2
<i>cinacalcet hydrochloride</i>	60	<i>colchicine</i>	14
CIPRO HC	64	<i>colesevelam hydrochloride</i>	39
<i>ciprofloxacin hcl</i>	7	<i>colestipol hcl</i>	39
<i>ciprofloxacin hydrochloride</i>	7	<i>colistimethate sodium</i>	4
<i>ciprofloxacin hydrochloride</i>	63	COMBIVENT RESPIMAT	66
<i>ciprofloxacin i.v.-in d5w</i>	7	COMETRIQ	18
<i>ciprofloxacin/dexamethasone</i>	64	COMPLERA	26
<i>citalopram hydrobromide</i>	11	<i>compro</i>	13
<i>claravis</i>	42	<i>constulose</i>	47

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
COPIKTRA	18	<i>desogestrel/ethinyl estradiol</i>	52
CORLANOR	36	<i>desonide</i>	43
COSENTYX	56	<i>desoximetasone</i>	43
COSENTYX SENSOREADY PEN	56	<i>desvenlafaxine er</i>	11
COSENTYX UNOREADY	56	DEXAMETHASONE	51
COTELLIC	18	DEXAMETHASONE INTENSOL	50
<i>covaryx hs</i>	52	DEXAMETHASONE SODIUM	51
CREON	49	PHOSPHATE	
<i>cromolyn sodium</i>	49	DEXAMETHASONE SODIUM	63
CROMOLYN SODIUM	62	PHOSPHATE	
<i>cromolyn sodium</i>	66	DEXAMETHASONE SODIUM	51
CRYODOSE TA	3	PHOSPHATE +RFID	
CURITY GAUZE PADS 2"X2" 12 PLY	61	<i>dexmethylphenidate hcl</i>	40
CYANOKIT	61	<i>dexmethylphenidate hcl er</i>	40
<i>cyclobenzaprine hydrochloride</i>	67	<i>dexmethylphenidate hydrochloride</i>	40
CYCLOMYDRIL	62	<i>dexmethylphenidate hydrochloride er</i>	40
<i>cyclophosphamide</i>	16	<i>dextroamphetamine sulfate</i>	40
CYCLOSET	28	<i>dextrose 10%</i>	45
<i>cyclosporine</i>	57	DEXTROSE 10%/SODIUM CHLORIDE	45
<i>cyclosporine modified</i>	57	0.45%	
<i>cyred eq</i>	52	DEXTROSE 2.5%/SODIUM CHLORIDE	45
CYSTAGON	49	0.45%	
CYSTARAN	62	<i>dextrose 5%</i>	45
CYSTO-CONRAY II	61	<i>dextrose 5%/sodium chloride 0.2%</i>	45
<i>dabigatran etexilate</i>	31	<i>dextrose 5%/sodium chloride 0.3%</i>	45
<i>dalfampridine er</i>	41	DEXTROSE 5%/SODIUM CHLORIDE	45
<i>danazol</i>	51	0.33%	
<i>dantrolene sodium</i>	25	<i>dextrose 5%/sodium chloride 0.45%</i>	45
DANYELZA	21	<i>dextrose 5%/sodium chloride 0.9%</i>	45
<i>dapsone</i>	15	<i>dextrose 50%</i>	45
DAPTACEL	58	<i>dextrose 70%</i>	45
<i>daptomycin</i>	4	<i>dextrose/sodium chloride</i>	45
<i>darunavir</i>	27	DIACOMIT	9
<i>dasatinib</i>	18	<i>diazepam</i>	28
DAURISMO	18	DIAZEPAM RECTAL GEL	9
<i>daysee</i>	52	<i>diazoxide</i>	30
<i>deblitane</i>	54	<i>diclofenac potassium</i>	1
<i>deferasirox</i>	46	<i>diclofenac sodium</i>	1
DELSTRIGO	26	<i>diclofenac sodium</i>	63
<i>demeclocycline hcl</i>	7	<i>diclofenac sodium dr</i>	1
DENGVAXIA	58	<i>diclofenac sodium er</i>	1
<i>dentagel</i>	41	<i>diclofenac sodium/misoprostol</i>	1
DEPO-ESTRADIOL	52	<i>dicloxacillin sodium</i>	6
DEPO-SUBQ PROVERA 104	54	<i>dicyclomine hcl</i>	48
DESCOVY	26	<i>dicyclomine hydrochloride</i>	48
<i>desipramine hydrochloride</i>	12	<i>diethylpropion hcl</i>	41
<i>desloratadine</i>	65	DIETHYLPROPION HCL ER	41
<i>desmopressin acetate</i>	51	DIFICID	7

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
<i>diflunisal</i>	1	DUAVEE	54
DIGOXIN	34	DULERA	66
<i>dihydroergotamine mesylate</i>	15	<i>duloxetine hcl</i>	11
DILANTIN	9	<i>duloxetine hydrochloride</i>	11
<i>diltiazem hcl</i>	35	DUPIXENT	56
<i>diltiazem hcl cd</i>	35	<i>dutasteride</i>	50
<i>diltiazem hcl er</i>	35	EASY COMFORT INSULIN	61
<i>diltiazem hydrochloride</i>	35	SYRINGE/0.3ML/31G X 1/2"	
<i>diltiazem hydrochloride er</i>	35	<i>ec-naproxen</i>	1
<i>dilt-xr</i>	35	<i>econazole nitrate</i>	14
<i>dimethyl fumarate</i>	41	EDARBI	32
<i>dimethyl fumarate starterpack</i>	41	EDARBYCLOR	36
<i>diphenhydramine hcl</i>	65	EDEX	50
<i>diphenoxylate hydrochloride/atropine</i>	47	EDURANT	26
<i>sulfate</i>		<i>eemt</i>	52
DIPHENOXYLATE/ATROPINE	48	<i>eemt hs</i>	52
DIPHThERIA/TETANUS TOXOIDS	58	EFAVIRENZ	26
ADSORBED PEDIATRIC		<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	26
<i>disulfiram</i>	3	<i>fumarate</i>	
<i>divalproex sodium</i>	9	<i>efavirenz/lamivudine/tenofovir disoproxil</i>	26
<i>divalproex sodium dr</i>	9	<i>fumarate</i>	
<i>divalproex sodium er</i>	9	ELIQUIS	31
DOCETAXEL	16	ELIQUIS STARTER PACK	31
<i>dofetilide</i>	34	ELMIRON	50
<i>donepezil hcl</i>	10	<i>eluryng</i>	52
<i>donepezil hydrochloride</i>	10	EMCYT	16
DONNATAL	48	EMGALITY	14
DOPTELET	32	EMSAM	11
<i>dorzolamide hcl/timolol maleate</i>	62	<i>emtricitabine</i>	26
<i>dorzolamide hydrochloride</i>	64	<i>emtricitabine/tenofovir disoproxil</i>	26
<i>dorzolamide hydrochloride/timolol maleate</i>	62	<i>emtricitabine/tenofovir disoproxil fumarate</i>	26
<i>pf</i>		EMTRIVA	26
DOVATO	25	<i>enalapril maleate</i>	33
<i>doxazosin mesylate</i>	32	<i>enalapril maleate/hydrochlorothiazide</i>	36
<i>doxepin hcl</i>	12	ENBREL	57
<i>doxepin hydrochloride</i>	13	ENBREL MINI	57
DOXORUBICIN HYDROCHLORIDE	17	ENBREL SURECLICK	57
<i>doxy 100</i>	7	ENDARI	49
<i>doxycycline</i>	7	<i>endocet</i>	2
<i>doxycycline hyclate</i>	7	ENGERIX-B	58
<i>doxycycline hyclate</i>	41	ENHERTU	21
<i>doxycycline monohydrate</i>	7	<i>enilloring</i>	52
DRISDOL	47	<i>enoxaparin sodium</i>	31
DRIZALMA SPRINKLE	11	<i>enskyce</i>	52
<i>dronabinol</i>	13	<i>entacapone</i>	22
<i>drospirenone/ethinyl estradiol</i>	52	<i>entecavir</i>	25
DROXIA	16	ENTRESTO	36
<i>droxidopa</i>	32	<i>enulose</i>	47

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
EPCLUSA	25	<i>famciclovir</i>	27
EPIDIOLEX	8	<i>famotidine</i>	48
<i>epinastine hcl</i>	62	FANAPT	23
EPINEPHRINE	65	FANAPT TITRATION PACK	23
<i>epitol</i>	9	FARXIGA	39
<i>eplerenone</i>	39	FASENRA	67
EPRONTIA	8	FASENRA PEN	67
ERGOLOID MESYLATES	10	<i>febuxostat</i>	14
ERIVEDGE	18	<i>felbamate</i>	8
ERLEADA	16	<i>felodipine er</i>	35
<i>erlotinib hydrochloride</i>	18	FEM PH	4
<i>errin</i>	54	<i>fenofibrate</i>	38
<i>ertapenem</i>	6	<i>fenofibrate micronized</i>	38
<i>ertapenem sodium</i>	6	<i>fenofibric acid dr</i>	38
ERY	45	<i>fentanyl</i>	1
<i>ery-tab</i>	7	<i>fentanyl citrate oral transmucosal</i>	2
<i>erythromycin</i>	45	<i>fesoterodine fumarate er</i>	50
<i>erythromycin</i>	63	FETZIMA	12
<i>erythromycin base</i>	7	FETZIMA TITRATION PACK	12
ERYTHROMYCIN DR	7	<i>fexofenadine hcl/pseudoephedrine hcl er</i>	69
<i>erythromycin ethylsuccinate</i>	7	<i>fexofenadine hydrochloride</i>	69
<i>erythromycin/benzoyl peroxide</i>	42	<i>fexofenadine</i>	69
<i>escitalopram oxalate</i>	11	<i>hydrochloride/pseudoephedrine</i>	
<i>estarylla</i>	52	<i>hydrochloride er</i>	
<i>esterified estrogens/methyltestosterone</i>	52	<i>finasteride</i>	50
<i>esterified estrogens/methyltestosterone hs</i>	52	<i>fingolimod hydrochloride</i>	41
<i>estradiol</i>	52	FINTEPLA	8
<i>estradiol valerate</i>	52	FIRDAPSE	41
<i>estradiol/norethindrone acetate</i>	52	FIRMAGON	55
<i>ethambutol hydrochloride</i>	15	FIRVANQ	4
<i>ethosuximide</i>	8	<i>flac</i>	64
<i>ethynodiol diacetate/ethinyl estradiol</i>	52	<i>flavoxate hcl</i>	50
<i>etodolac</i>	1	FLEBOGAMMA DIF	56
<i>etodolac er</i>	1	<i>flecainide acetate</i>	34
<i>etonogestrel/ethinyl estradiol</i>	52	<i>flucaine</i>	62
<i>etravirine</i>	26	<i>fluconazole</i>	14
EULEXIN	16	<i>fluconazole in sodium chloride</i>	14
<i>euthyrox</i>	55	FLUCONAZOLE/SODIUM CHLORIDE	14
<i>everolimus</i>	18	<i>flucytosine</i>	14
<i>everolimus</i>	57	<i>fludrocortisone acetate</i>	51
EVOTAZ	27	<i>flunisolide</i>	64
<i>exemestane</i>	17	<i>fluocinolone acetonide</i>	43
EXKIVITY	18	<i>fluocinolone acetonide</i>	64
<i>ezetimibe</i>	39	<i>fluocinolone acetonide body</i>	43
<i>ezetimibe/simvastatin</i>	39	<i>fluocinolone acetonide scalp</i>	43
E-Z-HD	61	<i>fluocinolone acetonide topical</i>	43
E-Z-PAQUE	61	FLUOCINONIDE	43
E-Z-PASTE	61	<i>fluocinonide emulsified base</i>	43

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
<i>fluorescein/proparacaine</i>	62	<i>gavilyte-n/flavor pack</i>	48
<i>fluoridex daily defense</i>	41	GAVRETO	18
<i>fluoridex enhanced whitening</i>	42	<i>gefitinib</i>	18
<i>fluorimax 5000</i>	42	GEMCITABINE HYDROCHLORIDE	16
<i>fluorometholone</i>	63	<i>gemfibrozil</i>	38
<i>fluorouracil</i>	44	GEMTESA	50
FLUOXETINE DR	12	<i>generlac</i>	47
<i>fluoxetine hydrochloride</i>	12	<i>gengraf</i>	57
<i>fluphenazine decanoate</i>	22	GENOTROPIN	51
FLUPHENAZINE HCL	22	GENOTROPIN MINIQUICK	51
FLUPHENAZINE HYDROCHLORIDE	22	<i>gentamicin sulfate</i>	4
<i>flurbiprofen</i>	1	<i>gentamicin sulfate</i>	63
FLURBIPROFEN SODIUM	63	GENTAMICIN SULFATE/0.9% SODIUM	4
<i>fluticasone propionate</i>	43	CHLORIDE	
<i>fluticasone propionate</i>	64	GENVOYA	25
FLUTICASONE PROPIONATE DISKUS	64	GILOTRIF	18
FLUTICASONE PROPIONATE HFA	64	<i>glatiramer acetate</i>	41
<i>fluticasone propionate/salmeterol</i>	67	<i>glatopa</i>	41
<i>fluticasone propionate/salmeterol diskus</i>	67	GLEOSTINE	16
<i>fluvastatin</i>	38	<i>glimepiride</i>	28
<i>fluvastatin sodium er</i>	38	<i>glipizide</i>	28
<i>fluvoxamine maleate</i>	12	<i>glipizide er</i>	28
FML FORTE	63	<i>glipizide/metformin hydrochloride</i>	28
<i>folic acid</i>	47	GLUCAGEN HYPOKIT	30
FOLLISTIM AQ	51	GLUCAGON EMERGENCY KIT	30
<i>fondaparinux sodium</i>	31	GLUCAGON EMERGENCY KIT FOR	30
FORTEO	60	LOW BLOOD SUGAR	
<i>fosamprenavir calcium</i>	27	<i>glyburide</i>	28
<i>fosinopril sodium</i>	33	GLYBURIDE MICRONIZED	28
<i>fosinopril sodium/hydrochlorothiazide</i>	36	<i>glyburide/metformin hydrochloride</i>	28
<i>fosphenytoin sodium</i>	9	<i>glycopyrrolate</i>	48
FOTIVDA	18	GLYXAMBI	29
FRUZAQLA	18	GONAL-F	51
<i>furosemide</i>	38	GONAL-F RFF	51
FUZEON	26	GONAL-F RFF REDIJECT	51
<i>fyavolv</i>	52	<i>granisetron hydrochloride</i>	13
FYCOMPA	8	<i>griseofulvin microsize</i>	14
<i>gabapentin</i>	9	<i>griseofulvin ultramicrosize</i>	14
GALANTAMINE HYDROBROMIDE	10	<i>guaifenesin/codeine</i>	69
<i>galantamine hydrobromide er</i>	10	<i>guanfacine hydrochloride</i>	32
GALZIN	45	<i>guanfacine hydrochloride er</i>	40
GAMUNEX-C	56	GVOKE HYPOPEN 1-PACK	30
GARDASIL 9	58	GVOKE HYPOPEN 2-PACK	30
GASTROGRAFIN	61	GVOKE KIT	30
<i>gatifloxacin</i>	63	GVOKE PFS	30
GATTEX	48	HAEGARDA	56
GAVILYTE-C	48	<i>hailey fe 1.5/30</i>	52
<i>gavilyte-g</i>	48	<i>hailey fe 1/20</i>	52

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
<i>halobetasol propionate</i>	43	<i>hydromorphone hcl</i>	2
<i>haloette</i>	52	HYDROMORPHONE	2
<i>haloperidol</i>	22	HYDROCHLORIDE	
<i>haloperidol decanoate</i>	22	HYDROXOCOBALAMIN	47
<i>haloperidol lactate</i>	22	<i>hydroxychloroquine sulfate</i>	21
HARVONI	25	<i>hydroxyurea</i>	16
HAVRIX	58	<i>hydroxyzine hcl</i>	65
<i>heather</i>	54	<i>hydroxyzine hydrochloride</i>	65
<i>heparin sodium</i>	31	<i>hydroxyzine pamoate</i>	65
HEPLISAV-B	58	<i>hyosyne</i>	48
HERCEPTIN HYLECTA	21	HYPERHEP B	56
HIBERIX	58	<i>ibandronate sodium</i>	60
HISTATROL	61	IBRANCE	18
HUMALOG KWIKPEN	30	<i>ibu</i>	1
HUMIRA	57	<i>ibuprofen</i>	1
HUMIRA PEDIATRIC CROHNS	57	<i>icatibant acetate</i>	56
DISEASE STARTER PACK		ICLUSIG	18
HUMIRA PEN	57	<i>icosapent ethyl</i>	39
HUMIRA PEN-CD/UC/HS STARTER	57	IDHIFA	18
HUMIRA PEN-PEDIATRIC UC	57	ILEVRO	63
STARTER PACK		<i>imatinib mesylate</i>	18
HUMIRA PEN-PS/UV STARTER	57	IMBRUVICA	18
HUMULIN R U-500 (CONCENTRATED)	30	IMIPENEM/CILASTATIN	6
HUMULIN R U-500 KWIKPEN	30	<i>imipramine hcl</i>	13
HYCODAN	67	<i>imipramine hydrochloride</i>	13
<i>hydralazine hcl</i>	39	<i>imipramine pamoate</i>	13
<i>hydralazine hydrochloride</i>	39	<i>imiquimod</i>	44
<i>hydrochlorothiazide</i>	38	IMOVAX RABIES (H.D.C.V.)	58
<i>hydrocodone bitartrate/acetaminophen</i>	2	IMPAVIDO	4
<i>hydrocodone bitartrate/homatropine</i>	67	<i>incassia</i>	54
<i>methylbromide</i>		INCRELEX	51
HYDROCODONE	67	INCRUSE ELLIPTA	65
POLISTIREX/CHLORPHENIRAMINE		<i>indapamide</i>	38
POLISTIREX		INFANRIX	58
<i>hydrocodone/acetaminophen</i>	2	INLYTA	18
<i>hydrocodone/homatropine</i>	67	INQOVI	18
HYDROCODONE/IBUPROFEN	2	INREBIC	17
<i>hydrocortisone</i>	43	INTELENCE	26
<i>hydrocortisone</i>	51	INTRALIPID	61
<i>hydrocortisone</i>	60	INVEGA HAFYERA	23
<i>hydrocortisone acetate</i>	44	INVEGA SUSTENNA	23
HYDROCORTISONE	44	INVEGA TRINZA	23
ACETATE/PRAMOXINE		IODINE STRONG	61
<i>hydrocortisone butyrate</i>	43	IODOFLEX	61
<i>hydrocortisone valerate</i>	43	IODOSORB	61
<i>hydrocortisone/acetic acid</i>	64	IPOL INACTIVATED IPV	59
<i>hydrocortisone/iodoquinol</i>	14	<i>ipratropium bromide</i>	65
<i>hydromet</i>	67	<i>ipratropium bromide/albuterol sulfate</i>	67

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
<i>irbesartan</i>	32	<i>kcl 0.15%/d5w/nacl 0.45%</i>	45
<i>irbesartan/hydrochlorothiazide</i>	37	<i>kcl 0.15%/d5w/nacl 0.9%</i>	45
ISENTRESS	25	<i>kcl 0.3%/d5w/nacl 0.45%</i>	45
ISENTRESS HD	25	KCL 0.3%/D5W/NACL 0.9%	45
<i>isibloom</i>	53	<i>kelnor 1/50</i>	53
ISOLYTE-P/DEXTROSE 5%	45	KERENDIA	39
ISOLYTE-S	45	<i>ketoconazole</i>	14
ISOLYTE-S PH 7.4	45	<i>ketorolac tromethamine</i>	63
<i>isoniazid</i>	15	KEVZARA	56
<i>isosorbide dinitrate</i>	39	KINERET	56
<i>isosorbide dinitrate/hydralazine</i>	37	KINRIX	59
<i>hydrochloride</i>		KISQALI	18
<i>isosorbide mononitrate</i>	39	KISQALI FEMARA 200 DOSE	17
<i>isosorbide mononitrate er</i>	39	KISQALI FEMARA 400 DOSE	17
ISOTONIC GENTAMICIN	4	KISQALI FEMARA 600 DOSE	17
<i>isotretinoin</i>	42	<i>klayesta</i>	14
<i>isradipine</i>	35	<i>klor-con 10</i>	45
<i>itraconazole</i>	14	<i>klor-con 8</i>	45
<i>ivabradine hydrochloride</i>	37	<i>klor-con m10</i>	45
<i>ivermectin</i>	21	<i>klor-con m15</i>	45
IWILFIN	17	<i>klor-con m20</i>	45
IXCHIQ	59	KLOXXADO	3
IXEMPRA KIT	17	KOSELUGO	18
IXIARO	59	<i>kourzeq</i>	42
<i>jaimiess</i>	53	KRAZATI	18
JAKAFI	18	<i>kurvelo</i>	53
<i>jantoven</i>	31	<i>labetalol hydrochloride</i>	34
JANUMET	29	<i>lacosamide</i>	9
JANUMET XR	29	<i>lactulose</i>	47
JANUVIA	29	LAGEVRIO	27
JARDIANCE	39	<i>lamivudine</i>	25
<i>jasmiel</i>	53	<i>lamivudine</i>	26
JAYPIRCA	18	<i>lamivudine/zidovudine</i>	26
JENTADUETO	29	<i>lamotrigine</i>	8
JENTADUETO XR	29	<i>lamotrigine er</i>	8
<i>jinteli</i>	53	<i>lamotrigine odt</i>	8
JOENJA	49	<i>lamotrigine starter kit/blue</i>	8
<i>juleber</i>	53	<i>lamotrigine starter kit/green</i>	8
JULUCA	25	<i>lamotrigine starter kit/orange</i>	8
<i>junel fe 1.5/30</i>	53	<i>lanreotide acetate</i>	55
<i>junel fe 1/20</i>	53	<i>lansoprazole</i>	48
<i>just right 5000</i>	42	LANSOPRAZOLE/AMOXICILLIN/CLAR	48
JYLAMVO	58	ITHROMYCIN	
JYNNEOS	59	LANTUS	30
<i>kalliga</i>	53	LANTUS SOLOSTAR	30
KALYDECO	65	<i>lapatinib ditosylate</i>	18
<i>kcl 0.075%/d5w/nacl 0.45%</i>	45	<i>larin fe 1.5/30</i>	53
<i>kcl 0.15%/d5w/nacl 0.2%</i>	45	<i>larin fe 1/20</i>	53

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
<i>latanoprost</i>	64	LIQUID POLIBAR PLUS	61
LAZCLUZE	17	<i>lisinopril</i>	33
<i>leflunomide</i>	58	<i>lisinopril/hydrochlorothiazide</i>	37
<i>lenalidomide</i>	16	<i>lithium</i>	28
LENVIMA 10 MG DAILY DOSE	18	LITHIUM CARBONATE	28
LENVIMA 12MG DAILY DOSE	18	<i>lithium carbonate er</i>	28
LENVIMA 14 MG DAILY DOSE	18	LIVALO	38
LENVIMA 18 MG DAILY DOSE	18	LIVTENCITY	25
LENVIMA 20 MG DAILY DOSE	18	<i>lojaimiess</i>	53
LENVIMA 24 MG DAILY DOSE	19	LOKELMA	47
LENVIMA 4 MG DAILY DOSE	19	LONSURF	17
LENVIMA 8 MG DAILY DOSE	19	<i>loperamide hcl</i>	48
<i>lessina</i>	53	<i>lopinavir/ritonavir</i>	27
<i>letrozole</i>	17	<i>loratadine</i>	69
<i>leucovorin calcium</i>	17	<i>loratadine-d 12hr</i>	69
LEUKERAN	16	<i>loratadine-d 24hr</i>	69
<i>leuprolide acetate</i>	55	<i>lorazepam</i>	28
<i>levalbuterol</i>	65	<i>lorazepam intensol</i>	28
<i>levalbuterol hcl</i>	65	LORBRENA	19
<i>levalbuterol hydrochloride</i>	65	<i>loryna</i>	53
LEVALBUTEROL TARTRATE HFA	65	<i>losartan potassium</i>	32
<i>levetiracetam</i>	8	<i>losartan potassium/hydrochlorothiazide</i>	37
<i>levetiracetam er</i>	8	<i>loteprednol etabonate</i>	63
LEVOBUNOLOL HCL	63	<i>lovastatin</i>	38
<i>levocarnitine</i>	61	<i>loxapine</i>	22
<i>levocetirizine dihydrochloride</i>	65	<i>lo-zumandimine</i>	53
<i>levofloxacin</i>	7	<i>lubiprostone</i>	47
LEVOFLOXACIN	63	LUGOLS STRONG IODINE	61
<i>levofloxacin in d5w</i>	7	LUMAKRAS	19
<i>levonorgestrel and ethinyl estradiol</i>	53	LUMIGAN	64
<i>levonorgestrel/ethinyl estradiol</i>	53	LUPRON DEPOT (1-MONTH)	55
<i>levora 0.15/30-28</i>	53	LUPRON DEPOT (3-MONTH)	55
<i>levo-t</i>	55	LUPRON DEPOT (4-MONTH)	55
<i>levothyroxine sodium</i>	55	LUPRON DEPOT (6-MONTH)	55
<i>levoxyl</i>	55	<i>lurasidone hydrochloride</i>	23
LEXIVA	27	<i>lutra</i>	53
<i>l-glutamine</i>	49	LYBALVI	23
LIBERVANT	9	<i>lyleq</i>	54
LIBTAYO	21	LYNPARZA	19
<i>lidocaine</i>	3	LYSODREN	17
<i>lidocaine hydrochloride</i>	3	LYTGOBI	19
<i>lidocaine hydrochloride viscous</i>	42	<i>lyza</i>	54
<i>lidocaine/prilocaine</i>	3	<i>magnesium sulfate</i>	46
LILETTA	54	<i>malathion</i>	44
<i>linezolid</i>	4	<i>maraviroc</i>	26
LINZESS	47	MARGENZA	21
<i>liothyronine sodium</i>	55	MARPLAN	11
LIQUID E-Z-PAQUE	61	MATULANE	16

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
<i>matzim la</i>	35	<i>metoprolol/hydrochlorothiazide</i>	37
<i>meclizine hcl 12.5mg, 25mg</i>	13	<i>metronidazole</i>	4
<i>medroxyprogesterone acetate</i>	54	<i>metronidazole</i>	42
<i>mefloquine hcl</i>	21	<i>metronidazole vaginal</i>	4
<i>megestrol acetate</i>	54	<i>metyrosine</i>	37
MEKINIST	19	<i>mexiletine hcl</i>	34
MEKTOVI	19	MICONAZOLE 3	14
<i>meloxicam</i>	1	<i>microgestin fe 1.5/30</i>	53
<i>memantine hcl titration pak</i>	10	<i>microgestin fe 1/20</i>	53
<i>memantine hydrochloride</i>	10	<i>midodrine hcl</i>	32
<i>memantine hydrochloride er</i>	10	<i>mifepristone</i>	55
MENACTRA	59	MIGERGOT	15
MENOPUR	51	MIGLITOL	29
MENQUADFI	59	<i>miglustat</i>	49
MENVEO	59	<i>mili</i>	53
<i>meprobamate</i>	28	<i>mimvey</i>	53
<i>mercaptapurine</i>	16	<i>minocycline hcl</i>	7
MEROPENEM	6	<i>minocycline hydrochloride</i>	7
MEROPENEM/SODIUM CHLORIDE	6	<i>minoxidil</i>	39
<i>mesalamine</i>	59	<i>mirtazapine</i>	11
<i>mesalamine dr</i>	59	<i>mirtazapine odt</i>	11
<i>mesalamine er</i>	59	<i>misoprostol</i>	48
MESNEX	21	M-M-R II	59
<i>metformin hydrochloride</i>	29	<i>modafinil</i>	67
<i>metformin hydrochloride er</i>	29	<i>moexipril hcl</i>	33
METHADONE HCL	1	MOLINDONE HYDROCHLORIDE	22
<i>methazolamide</i>	64	<i>mometasone furoate</i>	43
<i>methenamine hippurate</i>	4	<i>mometasone furoate</i>	64
<i>methimazole</i>	55	MONJUVI	21
<i>methocarbamol</i>	67	<i>mono-lynyah</i>	53
<i>methotrexate</i>	58	<i>montelukast sodium</i>	65
<i>methotrexate sodium</i>	58	<i>morphine sulfate</i>	2
METHOXSALEN	44	MORPHINE SULFATE ER	1
<i>methscopolamine bromide</i>	48	MOTPOLY XR	9
<i>methsuximide</i>	8	MOUNJARO	29
<i>methylphenidate hydrochloride</i>	40	MOVANTIK	47
<i>methylphenidate hydrochloride cd</i>	40	MOXIFLOXACIN	7
<i>methylphenidate hydrochloride er</i>	40	HYDROCHLORIDE/SODIUM	
<i>methylprednisolone</i>	51	HYDROCHLORIDE	
<i>methylprednisolone acetate</i>	51	<i>moxifloxacin hydrochloride</i>	7
<i>methylprednisolone dose pack</i>	51	MOXIFLOXACIN HYDROCHLORIDE	63
<i>methylprednisolone sodium succinate</i>	51	MRESVIA	59
<i>methylprednisolone sodiumsuccinate</i>	51	MULTAQ	34
<i>metoclopramide hcl</i>	48	MULTIPLE ELECTROLYTES	46
<i>metoclopramide hydrochloride</i>	48	INJECTION TYPE 1	
<i>metolazone</i>	38	<i>mupirocin</i>	45
<i>metoprolol succinate er</i>	34	MUSE	50
<i>metoprolol tartrate</i>	34	MYALEPT	48

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
<i>mycophenolate mofetil</i>	58	NICOTROL INHALER	3
<i>mycophenolic acid dr</i>	58	NICOTROL NS	3
MYRBETRIQ	50	<i>nifedipine er</i>	35
NABI-HB	56	<i>nikki</i>	53
<i>nabumetone</i>	1	<i>nilutamide</i>	16
<i>nadolol</i>	34	<i>nimodipine</i>	35
NAFCILLIN	6	NINLARO	19
<i>nafcillin sodium</i>	6	NITAZOXANIDE	21
NAFTIFINE HCL	14	<i>nitisinone</i>	49
<i>naftifine hydrochloride</i>	14	NITRO-BID	39
<i>naloxone hcl</i>	3	<i>nitrofurantoin macrocrystals</i>	4
<i>naloxone hydrochloride</i>	3	<i>nitrofurantoin monohydrate/macrocrystals</i>	4
<i>naltrexone hcl</i>	3	<i>nitroglycerin</i>	39
NAMZARIC	10	<i>nitroglycerin</i>	48
<i>naproxen</i>	1	<i>nitroglycerin transdermal</i>	39
<i>naproxen dr</i>	1	NIZATIDINE	48
<i>naproxen sodium</i>	1	<i>nora-be</i>	54
<i>naratriptan hcl</i>	15	<i>norelgestromin/ethinyl estradiol</i>	53
NATACYN	63	<i>norethindrone</i>	54
<i>nateglinide</i>	29	<i>norethindrone acetate</i>	54
NAYZILAM	8	<i>norethindrone acetate/ethinyl estradiol</i>	53
<i>nebivolol hydrochloride</i>	34	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	53
NEFAZODONE HYDROCHLORIDE	12	<i>norgestimate/ethinyl estradiol</i>	53
<i>neomycin sulfate</i>	4	NORPACE CR	34
<i>neomycin/bacitracin/polymyxin</i>	62	<i>nortrel 1/35</i>	53
<i>neomycin/polymyxin/bacitracin/hydrocortis one</i>	62	<i>nortriptyline hcl</i>	13
<i>neomycin/polymyxin/dexamethasone</i>	62	<i>nortriptyline hydrochloride</i>	13
NEOMYCIN/POLYMYXIN/GRAMICIDI N	62	NORVIR	27
<i>neomycin/polymyxin/hc</i>	64	NOVOLIN 70/30	30
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	62	NOVOLIN 70/30 FLEXPEN	30
<i>neomycin/polymyxin/hydrocortisone</i>	64	NOVOLIN 70/30 FLEXPEN RELION	30
<i>neo-polycin</i>	62	NOVOLIN 70/30 RELION	30
<i>neo-polycin hc</i>	62	NOVOLIN N	30
NERLYNX	19	NOVOLIN N FLEXPEN	30
NEULASTA	31	NOVOLIN N FLEXPEN RELION	30
NEULASTA ONPRO KIT	31	NOVOLIN N RELION	30
NEULUMEX	61	NOVOLIN R	30
NEVANAC	63	NOVOLIN R FLEXPEN	30
NEVIRAPINE	26	NOVOLIN R FLEXPEN RELION	30
<i>nevirapine er</i>	26	NOVOLIN R RELION	30
NEXLETOL	39	NOVOLOG	30
NEXLIZET	39	NOVOLOG FLEXPEN	31
NEXPLANON	54	NOVOLOG FLEXPEN RELION	31
<i>niacin er</i>	39	NOVOLOG MIX 70/30	31
<i>nicardipine hcl</i>	35	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	31

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
NOVOLOG MIX 70/30 PREFILLED	31	OMNIPOD 5 G7 PODS (GEN 5)	61
FLEXPEN RELION		OMNIPOD 5 LIBRE2 PLUS G6	61
NOVOLOG MIX 70/30 RELION	31	OMNIPOD 5 LIBRE2 PLUS G6 PODS	61
NOVOLOG PENFILL	31	OMNIPOD CLASSIC PDM STARTER	61
NOVOLOG RELION	31	KIT (GEN 3)	
NOVOPEN ECHO	61	OMNIPOD CLASSIC PODS (GEN 3)	61
NP THYROID 120	55	OMNIPOD DASH INTRO KIT (GEN 4)	61
NP THYROID 15	55	OMNIPOD DASH PODS (GEN 4)	61
NP THYROID 30	55	<i>ondansetron hcl</i>	13
NP THYROID 60	55	<i>ondansetron hydrochloride</i>	13
NP THYROID 90	55	<i>ondansetron odt</i>	13
NUBEQA	16	ONUREG	17
NUCALA	67	OPFOLDA	49
NUEDEXTA	41	OPSUMIT	66
NUPLAZID	23	OPVEE	3
<i>nyamyc</i>	14	<i>oralone dental paste</i>	42
<i>nymyo</i>	53	ORENCIA	56
<i>nystatin</i>	14	ORENCIA CLICKJECT	56
<i>nystatin/triamcinolone</i>	44	ORGOVYX	55
<i>nystatin/triamcinolone acetonide</i>	44	ORKAMBI	65
<i>nystop</i>	14	ORSERDU	16
<i>octreotide acetate</i>	55	<i>oseltamivir phosphate</i>	27
ODEFSEY	26	OTEZLA	44
ODOMZO	19	OTEZLA	56
OFEV	66	OVIDREL	51
OFLOXACIN	7	OXACILLIN SODIUM	6
<i>ofloxacin</i>	63	<i>oxaprozin</i>	1
<i>ofloxacin</i>	64	OXBRYTA	49
OGSIVEO	17	<i>oxcarbazepine</i>	10
OJEMDA	17	<i>oxybutynin chloride</i>	50
OJJAARA	19	<i>oxybutynin chloride er</i>	50
<i>olanzapine</i>	23	<i>oxycodone hydrochloride</i>	2
<i>olanzapine odt</i>	23	<i>oxycodone/acetaminophen</i>	3
<i>olmesartan medoxomil</i>	32	OXYMORPHONE HYDROCHLORIDE	2
<i>olmesartan</i>	37	ER	
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		OXYMORPHONE	2
<i>olmesartan medoxomil/hydrochlorothiazide</i>	37	HYDROCHLORIDEER	
<i>olopatadine hcl</i>	62	OZEMPIC	29
<i>olopatadine hcl</i>	65	<i>pacerone</i>	34
<i>olopatadine hydrochloride</i>	62	PADCEV	21
<i>omega-3-acid ethyl esters</i>	39	<i>paliperidone er</i>	23
<i>omeprazole</i>	49	PANCREAZE	49
<i>omeprazole dr</i>	49	PANRETIN	21
OMNIPOD 5 DEXCOM G7G6 INTRO KIT	61	<i>pantoprazole sodium</i>	49
(GEN 5)		<i>paricalcitol</i>	60
OMNIPOD 5 DEXCOM G7G6 PODS	61	<i>paroxetine</i>	12
(GEN 5)		<i>paroxetine hcl</i>	12
OMNIPOD 5 G7 INTRO KIT (GEN 5)	61	<i>paroxetine hcl er</i>	12

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
<i>paroxetine hydrochloride</i>	12	PIQRAY 300MG DAILY DOSE	19
PAXLOVID	27	<i>pirfenidone</i>	66
<i>pazopanib hydrochloride</i>	19	<i>piroxicam</i>	1
PEDIARIX	59	PLASMA-LYTE A	46
PEDVAX HIB	59	PLASMA-LYTE-148	46
<i>peg-3350/electrolytes</i>	48	<i>plenamine</i>	46
<i>peg-3350/nacl/na bicarbonate/kcl</i>	48	PODOFILOX	44
PEGASYS	58	POLIVY	21
PEMAZYRE	19	<i>polycin</i>	62
PENBRAYA	59	<i>polymyxin b sulfate</i>	4
<i>penicillamine</i>	47	<i>polymyxin b sulfate/trimethoprim sulfate</i>	62
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	6	POMALYST	16
PENICILLIN G SODIUM	6	<i>portia-28</i>	53
PENICILLIN V POTASSIUM	6	<i>posaconazole dr</i>	14
PENTACEL	59	<i>potassium chloride</i>	46
<i>pentamidine isethionate</i>	21	<i>potassium chloride er</i>	46
<i>pentoxifylline er</i>	37	<i>potassium chloride/dextrose</i>	46
PERINDOPRIL ERBUMINE	33	POTASSIUM	46
<i>perio gard</i>	42	CHLORIDE/DEXTROSE/LACTATED	
<i>permethrin</i>	44	RINGERS	
<i>perphenazine</i>	22	<i>potassium chloride/dextrose/sodium chloride</i>	46
PERSERIS	24	<i>potassium chloride/sodium chloride</i>	46
PFIZERPEN	6	<i>potassium citrate er</i>	46
<i>phendimetrazine tartrate</i>	41	<i>pramipexole dihydrochloride</i>	22
PHENDIMETRAZINE TARTRATE ER	41	PRAMOSONE	44
PHENELZINE SULFATE	11	<i>prasugrel hydrochloride</i>	32
<i>phenobarbital</i>	9	<i>pravastatin sodium</i>	38
<i>phenobarbital/hyoscyamine sulfate/atropine sulfate/scopolami</i>	48	<i>praziquantel</i>	21
<i>phentermine hcl</i>	41	<i>prazosin hydrochloride</i>	32
<i>phentermine hydrochloride</i>	41	<i>prednisolone</i>	51
<i>phenytek</i>	10	<i>prednisolone acetate</i>	63
<i>phenytoin</i>	10	<i>prednisolone sodium phosphate</i>	51
<i>phenytoin sodium extended</i>	10	PREDNISOLONE SODIUM PHOSPHATE	63
PIFELTRO	26	PREDNISONONE	51
<i>pilocarpine hcl</i>	64	PREDNISONONE INTENSOL	51
<i>pilocarpine hydrochloride</i>	42	<i>pregabalin</i>	41
<i>pimecrolimus</i>	43	PREHEVBRIO	59
PIMOZIDE	22	PREMARIN	53
<i>pindolol</i>	34	PREMASOL	46
<i>pioglitazone hcl</i>	29	PRENATAL	47
<i>pioglitazone hcl/metformin hcl</i>	29	PRETOMANID	15
<i>pioglitazone hcl-glimepiride</i>	29	<i>prevalite</i>	39
<i>pioglitazone hydrochloride</i>	29	PREVIDENT 5000 BOOSTER PLUS	42
<i>piperacillin sodium/tazobactam sodium</i>	6	PREVIDENT 5000 DRY MOUTH	42
PIQRAY 200MG DAILY DOSE	19	PREVIDENT 5000 KIDS	42
PIQRAY 250MG DAILY DOSE	19	PREVIDENT 5000 ORTHO DEFENSE	42
		PREVIDENT FLUORIDE	42

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
PREVYMIS	25	QUADRACEL	59
PREZCOBIX	27	<i>quetiapine fumarate</i>	24
PREZISTA	27	<i>quetiapine fumarate er</i>	24
PRIFTIN	15	<i>quinapril hydrochloride</i>	33
PRIMAQUINE PHOSPHATE	21	QUINAPRIL/HYDROCHLOROTHIAZID	37
PRIMIDONE	9	E	
PRIORIX	59	QUINIDINE SULFATE	34
<i>probenecid</i>	14	<i>quinine sulfate</i>	21
<i>probenecid/colchicine</i>	14	QULIPTA	14
<i>prochlorperazine</i>	13	QVAR REDIHALER	64
<i>prochlorperazine maleate</i>	13	RABAVERT	59
PROCORT	44	<i>raloxifene hydrochloride</i>	54
PROCRIT	31	<i>ramipril</i>	33
PROCTOCORT	60	<i>ranolazine er</i>	37
<i>procto-med hc</i>	60	<i>rasagiline mesylate</i>	22
<i>proctosol hc</i>	60	RASUVO	58
<i>proctozone-hc</i>	60	RAVICTI	49
<i>progesterone</i>	54	<i>reclipsen</i>	53
PROGRAF	58	RECOMBIVAX HB	59
PROLIA	60	RECORLEV	55
PROMACTA	31	RECTIV	48
<i>promethazine dm</i>	67	RELENZA DISKHALER	27
<i>promethazine hcl</i>	13	RENOVA	44
<i>promethazine hydrochloride</i>	13	<i>repaglinide</i>	29
<i>promethazine hydrochloride plain</i>	13	REPATHA	39
<i>promethazine/codeine</i>	67	REPATHA PUSHTRONEX SYSTEM	39
<i>promethazine/phenylephrine/codeine</i>	67	REPATHA SURECLICK	39
<i>promethegan</i>	13	RESTASIS	62
<i>propafenone hcl</i>	34	RESTASIS MULTIDOSE	62
<i>propafenone hydrochloride</i>	34	RETEVMO	19
<i>propafenone hydrochloride er</i>	34	REXTOVY	3
PROPECIA	61	REXULTI	24
PROPRANOLOL HCL	34	REYATAZ	27
<i>propranolol hcl er</i>	34	REZLIDHIA	19
<i>propranolol hydrochloride</i>	34	REZUROCK	58
<i>propranolol hydrochloride er</i>	34	RHOPRESSA	64
<i>propylthiouracil</i>	55	RIBAVIRIN	25
PROQUAD	59	<i>rifabutin</i>	15
PROSOL	46	<i>rifampin</i>	15
<i>protriptyline hcl</i>	13	<i>riluzole</i>	41
PROVOCHOLINE	61	RIMANTADINE HYDROCHLORIDE	27
PULMOZYME	65	RINVOQ	56
PURIXAN	16	RINVOQ LQ	56
<i>pyrazinamide</i>	15	<i>risedronate sodium</i>	60
<i>pyridostigmine bromide</i>	15	<i>risperidone</i>	24
<i>pyridostigmine bromide er</i>	15	<i>risperidone er</i>	24
<i>pyrimethamine</i>	21	RISPERIDONE ODT	24
QINLOCK	19	<i>ritonavir</i>	27

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
<i>rivastigmine tartrate</i>	10	SIGNIFOR	55
<i>rivastigmine transdermal system</i>	10	<i>sildenafil citrate</i>	50
RIVFLOZA	61	<i>sildenafil citrate (pulmonary arterial hypertension) oral</i>	66
<i>rizatriptan benzoate</i>	15	SILVER NITRATE	4
<i>rizatriptan benzoate odt</i>	15	<i>silver sulfadiazine</i>	44
ROCKLATAN	62	SIMBRINZA	62
<i>roflumilast</i>	66	<i>simpesse</i>	53
<i>ropinirole er</i>	22	<i>simvastatin</i>	39
<i>ropinirole hcl</i>	22	<i>sirolimus</i>	58
<i>ropinirole hydrochloride</i>	22	SIRTURO	15
<i>rosuvastatin calcium</i>	38	SITZMARKS	61
ROTARIX	59	SKYRIZI	56
ROTATEQ	59	SKYRIZI PEN	56
<i>roweepira</i>	8	<i>sodium chloride</i>	46
ROZLYTREK	19	<i>sodium chloride 0.45%</i>	46
RUBRACA	19	<i>sodium chloride 0.9%</i>	61
<i>rufinamide</i>	10	<i>sodium fluoride</i>	42
RUKOBIA	26	<i>sodium fluoride 5000 ppm</i>	42
RYBELSUS	29	<i>sodium fluoride 5000 ppm dry mouth</i>	42
RYBREVANT	21	SODIUM OXYBATE	67
RYDAPT	19	<i>sodium phenylbutyrate</i>	49
RYDEX	69	<i>sodium polystyrene sulfonate</i>	47
RYKINDO	24	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	48
RYLAZE	17	SOHONOS	25
RYTARY	22	<i>solifenacin succinate</i>	50
<i>sajazir</i>	56	SOLQUA 100/33	29
<i>salicylic acid wart remover</i>	44	SOLTAMOX	16
<i>salsalate</i>	1	SOMATULINE DEPOT	55
SALVAX DUO PLUS	44	SOMAVERT	55
SANTYL	44	<i>sorafenib</i>	19
<i>sapropterin dihydrochloride</i>	49	<i>sorafenib tosylate</i>	19
SARCLISA	21	<i>sorine</i>	34
SAVELLA	41	<i>sotalol hcl</i>	34
SAVELLA TITRATION PACK	41	<i>sotalol hydrochloride (af)</i>	34
SCALACORT DK	44	SPIRIVA HANDIHALER	65
SCEMBLIX	19	SPIRIVA RESPIMAT	65
<i>scopolamine</i>	13	<i>spironolactone</i>	39
SECUADO	24	<i>spironolactone/hydrochlorothiazide</i>	37
<i>selegiline hcl</i>	22	<i>sprintec 28</i>	53
<i>selenium sulfide</i>	43	SPRITAM	8
SELZENTRY	27	SPRYCEL	19
SEREVENT DISKUS	65	<i>sps</i>	47
<i>sertraline hcl</i>	12	<i>sronyx</i>	53
<i>sertraline hydrochloride</i>	12	<i>ssd</i>	44
<i>sevelamer carbonate</i>	47	SSKI	62
<i>sf</i>	42	STAMARIL	59
<i>sharobel</i>	54		
SHINGRIX	59		

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
STELARA	56	<i>tamsulosin hydrochloride</i>	50
STIOLTO RESPIMAT	67	<i>tarina fe 1/20 eq</i>	53
STIVARGA	20	TASIGNA	20
STREPTOMYCIN SULFATE	4	<i>tasimelteon</i>	67
STRIBILD	25	TAVNEOS	57
<i>subvenite</i>	8	<i>tazarotene</i>	42
<i>subvenite starter kit/blue</i>	8	<i>tazicef</i>	5
<i>subvenite starter kit/green</i>	8	TAZORAC	42
<i>subvenite starter kit/orange</i>	8	<i>taztia xt</i>	35
<i>sucralfate</i>	48	TAZVERIK	20
<i>sulfacetamide sodium</i>	7	TDVAX	59
SULFACETAMIDE SODIUM	63	TEFLARO	5
SULFACETAMIDE	62	<i>telmisartan</i>	32
SODIUM/PREDNISOLONE SODIUM		TELMISARTAN/AMLODIPINE	37
PHOSPHATE		<i>telmisartan/hydrochlorothiazide</i>	37
<i>sulfadiazine</i>	7	<i>temazepam</i>	67
<i>sulfamethoxazole/trimethoprim</i>	7	TENIVAC	59
<i>sulfamethoxazole/trimethoprim ds</i>	7	<i>tenofovir disoproxil fumarate</i>	26
<i>sulfasalazine</i>	60	TEPMETKO	20
<i>sulindac</i>	1	<i>terazosin hcl</i>	32
<i>sumatriptan</i>	15	<i>terazosin hydrochloride</i>	32
<i>sumatriptan succinate</i>	15	<i>terbinafine hcl</i>	14
SUMATRIPTAN SUCCINATE REFILL	15	<i>terbinafine hydrochloride</i>	14
<i>sunitinib malate</i>	20	<i>terconazole</i>	14
SUNLENCA	27	<i>teriflunomide</i>	41
SUNOSI	67	TERIPARATIDE	60
SYMBICORT	67	<i>testosterone</i>	52
SYMJEPI	65	<i>testosterone cypionate</i>	52
SYMLINPEN 120	29	TESTOSTERONE ENANTHATE	52
SYMLINPEN 60	29	<i>testosterone pump</i>	52
SYMPAZAN	9	<i>tetrabenazine</i>	41
SYMTUZA	27	<i>tetracycline hydrochloride</i>	7
SYNAGIS	56	THALOMID	16
SYNAREL	55	<i>theophylline er</i>	66
SYNJARDY	30	<i>thioridazine hcl</i>	22
SYNJARDY XR	29	<i>thiothixene</i>	22
TABLOID	16	THYROID	55
TABRECTA	20	<i>tiadylt er</i>	35
<i>tacrolimus</i>	43	<i>tiagabine hydrochloride</i>	9
<i>tacrolimus</i>	58	TIBSOVO	20
<i>tadalafil</i>	50	TICE BCG	17
<i>tadalafil</i>	50	TICOVAC	59
<i>tadalafil (pulmonary arterial hypertension)</i>	66	<i>tigecycline</i>	4
<i>oral</i>		<i>timolol maleate</i>	34
TAFINLAR	20	<i>timolol maleate</i>	63
TAGRISSO	20	<i>timolol maleate ophthalmic gel forming</i>	63
TALZENNA	20	<i>tinidazole</i>	5
<i>tamoxifen citrate</i>	16	TIVDAK	21

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
TIVICAY	25	<i>trifluoperazine hcl</i>	22
TIVICAY PD	25	<i>trifluoperazine hydrochloride</i>	22
<i>tizanidine hcl</i>	25	TRIFLURIDINE	63
<i>tizanidine hydrochloride</i>	25	TRIHEXYPHENIDYL HCL	21
TOBI PODHALER	65	<i>trihexyphenidyl hydrochloride</i>	21
TOBRADEX	62	TRIJARDY XR	30
TOBRADEX ST	62	TRIKAFTA	66
<i>tobramycin</i>	63	<i>tri-linyah</i>	54
<i>tobramycin</i>	66	<i>tri-lo-estarylla</i>	54
TOBRAMYCIN SULFATE	4	<i>tri-lo-marzia</i>	54
<i>tobramycin/dexamethasone</i>	62	<i>tri-lo-mili</i>	54
<i>tolterodine tartrate</i>	50	<i>tri-lo-sprintec</i>	54
<i>tolterodine tartrate er</i>	50	TRI-LUMA	44
<i>tolvaptan</i>	47	<i>trimethoprim</i>	5
<i>topiramate</i>	8	<i>tri-mili</i>	54
<i>toremifene citrate</i>	16	<i>trimipramine maleate</i>	13
<i>torpenz</i>	20	TRINTELLIX	12
<i>torseamide</i>	38	<i>tri-nymyo</i>	54
TOUJEO MAX SOLOSTAR	31	<i>tri-previfem</i>	54
TOUJEO SOLOSTAR	31	<i>tri-sprintec</i>	54
TRACLEER	66	TRIUMEQ	26
TRADJENTA	30	TRIUMEQ PD	26
TRAMADOL HCL ER	2	<i>tri-vylibra</i>	54
<i>tramadol hydrochloride</i>	3	<i>tri-vylibra lo</i>	54
<i>tramadol hydrochloride er</i>	2	TRIZIVIR	26
<i>tramadol hydrochloride/acetaminophen</i>	3	TRODELVY	21
<i>trandolapril</i>	33	TROGARZO	27
TRANDOLAPRIL/VERAPAMIL HCL ER	37	<i>trospium chloride</i>	50
<i>tranexamic acid</i>	32	<i>trospium chloride er</i>	50
<i>tranylcypromine sulfate</i>	11	TRULICITY	30
TRAVASOL	46	TRUMENBA	59
<i>travoprost</i>	64	TRUQAP	20
<i>trazodone hydrochloride</i>	12	TUKYSA	20
TRECTOR	15	TURALIO	20
TRELEGY ELLIPTA	67	TWINRIX	59
TRELSTAR MIXJECT	55	TYBOST	27
<i>tretinoin</i>	21	TYMLOS	60
<i>tretinoin</i>	42	TYPHIM VI	59
<i>tri femynor</i>	53	TYRVAYA	3
<i>triamcinolone acetonide</i>	43	TYVASO	66
<i>triamcinolone acetonide</i>	51	TYVASO REFILL KIT	66
<i>triamcinolone acetonide dental paste</i>	42	TYVASO STARTER KIT	66
<i>triamterene</i>	38	UBRELVY	15
<i>triamterene/hydrochlorothiazide</i>	37	<i>unithroid</i>	55
<i>triazolam</i>	67	<i>urelle</i>	50
<i>triderm</i>	44	<i>ursodiol</i>	48
TRIENTINE HYDROCHLORIDE	47	<i>valacyclovir hydrochloride</i>	27
<i>tri-estarylla</i>	54	VALCHLOR	16

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #	Drug Name	Page #
<i>valganciclovir</i>	25	VIRASAL	44
<i>valganciclovir hydrochloride</i>	25	VIREAD	26
<i>valproic acid</i>	8	<i>vitamin d</i>	47
<i>valrubicin</i>	17	VITRAKVI	20
VALSARTAN	33	VIZIMPRO	20
<i>valsartan/hydrochlorothiazide</i>	37	VONJO	17
VALTOCO 10 MG DOSE	9	VORANIGO	21
VALTOCO 15 MG DOSE	9	<i>voriconazole</i>	14
VALTOCO 20 MG DOSE	9	VOSEVI	25
VALTOCO 5 MG DOSE	9	VOWST	48
VANCOMYCIN	5	VOYDEYA	32
<i>vancomycin hcl</i>	5	VRAYLAR	24
<i>vancomycin hydrochloride</i>	5	<i>vylibra</i>	54
VANCOMYCIN	5	VYNDAMAX	38
HYDROCHLORIDE/DEXTROSE		VYNDAQEL	49
VANFLYTA	20	<i>warfarin sodium</i>	31
VAQTA	59	WELIREG	49
<i>ardenafil hydrochloride</i>	50	WESTAB PLUS	47
<i>ardenafil hydrochloride odt</i>	50	WINREVAIR	66
<i>varenicline starting month</i>	3	<i>wixela inhub</i>	67
<i>varenicline tartrate</i>	3	XALKORI	20
VARIVAX	59	XARELTO	31
VARIZIG	56	XARELTO STARTER PACK	31
VAXCHORA	59	XATMEP	58
VELIVET	54	XCOPRI	10
VELTASSA	47	XDEMVI	63
VENCLEXTA	20	XELJANZ	57
VENCLEXTA STARTING PACK	20	XELJANZ XR	57
<i>venlafaxine hydrochloride</i>	12	XERMELo	48
<i>venlafaxine hydrochloride er</i>	12	XGEVA	60
VENTAVIS	66	XIFAXAN	48
VEOZAH	41	XIGDUO XR	30
<i>verapamil hcl</i>	35	XOLAIR	57
VERAPAMIL HCL ER	35	XOSPATA	20
VERAPAMIL HCL SR	35	XPHOZAH	47
<i>verapamil hydrochloride</i>	35	XPOVIO	20
VERAPAMIL HYDROCHLORIDE ER	35	XPOVIO 60 MG TWICE WEEKLY	20
VERQUVO	39	XPOVIO 80 MG TWICE WEEKLY	20
VERSACLOZ	24	XTANDI	16
VERZENIO	20	<i>xulane</i>	54
<i>vestura</i>	54	<i>yargesa</i>	49
V-GO 20	62	YF-VAX	59
V-GO 30	62	YONSA	16
V-GO 40	62	<i>yuvafem</i>	54
<i>vienna</i>	54	<i>zafemy</i>	54
<i>vigabatrin</i>	9	<i>zafirlukast</i>	65
<i>vilazodone hydrochloride</i>	12	<i>zaleplon</i>	67
VIRACEPT	27	ZARXIO	32

Effective Date: 01/01/2025

Last Updated: 09/18/2025

Drug Name	Page #
ZEJULA	20
ZELBORAF	20
ZEMAIRA	49
<i>zenatane</i>	42
ZENPEP	50
ZEPZELCA	16
<i>zidovudine</i>	26
ZILBRYSQ	57
<i>ziprasidone hcl</i>	24
<i>ziprasidone mesylate</i>	24
ZIRGAN	63
ZOLEDRONIC ACID	60
ZOLINZA	17
<i>zolmitriptan</i>	15
<i>zolmitriptan odt</i>	15
<i>zolpidem tartrate</i>	67
ZONISADE	10
<i>zonisamide</i>	10
ZTALMY	9
ZURZUVAE	11
ZYDELIG	20
ZYKADIA	20
ZYPREXA RELPREVV	24
ZYRTEC ALLERGY	69
ZYRTEC-D ALLERGY/CONGESTION	69

This formulary was updated on September 18, 2024. For more recent information or other questions, please contact us, Medicare Plus Blue Group PPO and Prescription Blue Group PDP Customer Service, at 1-866-684-8216 (TTY users should call 711), Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit www.bcbsm.com/medicare.

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