

EmblemHealth

2025 HMO Formulary

(List of Covered Drugs)

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

25285, V19

This formulary was updated on 09/01/2025. For more recent information or other questions, please contact EmblemHealth Medicare HMO at **877-344-7364** (TTY users should call **711**). From Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Saturday from 8 a.m. to 8 p.m., or visit emblemhealth.com/medicare.

List of Covered Drugs for:

- EmblemHealth HMO Employer Group 4 Tier



EmblemHealth®

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 Health Insurance Plan of Greater New York (HIP). When it refers to “plan” or “our plan,” it means EmblemHealth Medicare HMO Employer Group.

This document includes a Drug List (formulary) for our plan, which is current as of 09/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the EmblemHealth Medicare HMO Employer Group 4-Tier 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 our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but our plan 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: emblemhealth.com/medicare.

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 version 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 EmblemHealth Medicare HMO Employer Group 4-Tier 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 any 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 30 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 EmblemHealth Medicare HMO Employer Group 4-Tier 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 09/01/2025. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

Note: In the event of a mid-year, non-maintenance formulary change, the change is added to a comprehensive list of changes that have been made since the formulary was printed. The list of changes is included with the formulary booklet that is available online. New members receive a notice in the welcome kit with information on how to access the formulary or how to request one. Existing members can view the updated formulary by visiting us on the web at emblemhealth.com/medicare. The formulary that is posted on our website is updated.

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 Hypertensive/Lipids.” 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 Index 1. 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?

Our plan covers 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:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for JANUVIA®. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 documents that explain 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 our plan 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 EmblemHealth Medicare HMO Employer Group 4-Tier Formulary?” on page v for information about how to request an exception.

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 our plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us 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 EmblemHealth Medicare HMO Employer Group 4-Tier Formulary?

You can ask our plan 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, 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, our plan limits 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, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

You or your prescriber should contact us to ask for a tiering, or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get 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 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 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 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 90 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 are a current member in our plan and you experience a change in the level of care, such as an admission or discharge from the long-term care facility, we will provide you with one-time temporary supply of your medications, as needed, to assist with your transition to the new level of care.

For more information

For more detailed information about your EmblemHealth Medicare HMO Employer Group 4-Tier prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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>.

EmblemHealth Medicare HMO Employer Group 4-Tier Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page Index 1.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

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

List of Abbreviations

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

ED: Enhanced Drug. 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 towards 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.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or please call Customer Service at **877-344-7364** (TTY users should call **711**). From Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Saturday from 8 a.m. to 8 p.m., or visit emblemhealth.com/medicare.

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

PA: Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat

your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

LDS: Limited Day Supply. For certain drugs, the plan limits the days' supply we will cover to one month at a time.

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

Please refer to the below for information about the different tier levels listed in this formulary:

Copay Tier-Type of drug	Includes
Tier 1- Generic	Lowest-cost tier. Most generic drugs on the formulary are included in this tier.
Tier 2 - Preferred Drugs	This tier contains a combination of preferred brand drugs and certain generics.
Tier 3- Non-Preferred Drug	This is your highest-cost tier that includes non-preferred and specialty generic and brand drugs. Some drugs on this tier may require special handling.
Tier 4- Select Care Drugs	Zero-dollar (\$0) cost tier. This tier includes limited drug categories (i.e., certain high blood pressure, high cholesterol, vaccines, and oral diabetic drugs).

Please refer to your plan Benefit Summary about how the plan's cost-sharing relates to the different tier levels listed in this formulary for a one-month supply of a drug. If you are eligible for "Extra Help" or "Low-Income Subsidy" (LIS), some of the information in these tables about the cost of Part D prescription drugs may not apply to you. We will send you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS rider), which tells you about your drug coverage. If you don't have this insert, please call Customer Service at the numbers listed above and ask for the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS rider).

This drug list is applicable to EmblemHealth VIP Premier (HMO) Group plans with prescription drug coverage that has 6 tiers. Please see your Cost Sharing Guide for more information.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **877-344-7364** (TTY: **711**; Oct. 1 through March 31: 8 a.m. to 8 p.m., seven days a week; April 1 through Sept. 30: 8 a.m. to 8 p.m., Monday through Saturday) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **877-344-7364** (TTY: **711**) o hable con su proveedor.

中文 (Simplified Chinese) 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **877-344-7364**（文本电话：**711**）或咨询您的服务提供商。

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **877-344-7364** (TTY: **711**) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan **877-344-7364** (TTY: **711**) oswa pale avèk founisè w la.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **877-344-7364** (TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **877-344-7364** (tty: **711**) o parla con il tuo fornitore.

(Yiddish) ייִדְישַׁ נאָטֵיךְ: אָוִיב אַיר רָעַדְתָּ יִדְישַׁ, שְׁפָרָאָךְ הַילְּפָן סֻעָּרוֹיְסָעָה זָעָנָעַן בָּאַרְעַכְתִּיגְטַּ פָּאָר דִּיר פֶּרֶי. צְנוּעָמָעַן אַיְדָס אָוּן בָּאַדְיָנוֹגָס פָּאָר פְּרָאָוּיְדִּינָג אַיְנְפָאַרְמָאַצִּיעַ אַיְן צְוָתְרִיטְלָעַר פָּאַרְמָאַטִּירְוָנָגָעַן זָעָנָעַן אָוּיר בְּנִימָצָא פֶּרֶי. רָופָן 877-344-7364 (TTY: **711**) אַדְעַר רָעַדְתָּ מִיטְ דִּין טְרָעָגָעַר.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

বাংলা (Bengali) মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলক্ষ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলক্ষ রয়েছে। **877-344-7364** (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **877-344-7364** (TTY: 711) lub porozmawiaj ze swoim dostawcą.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم **877-344-7364** (TTY: 711) أو تحدث إلى مقدم الخدمة.

Français (French) ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **877-344-7364** (TTY: 711) ou parlez à votre fournisseur.

اردو (Urdu)

توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: 711) **877-344-7364** پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyon tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **877-344-7364** (TTY: 711) o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **877-344-7364** (TTY: 711) ή απευθυνθείτε στον πάροχό σας.

SHQIP (Albanian) VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi **877-344-7364** (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

NOTICE OF NONDISCRIMINATION POLICY

Discrimination is Against the Law

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. EmblemHealth does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters.
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services contact the Civil Rights Coordinator by calling Medicare Connect Concierge at **877-344-7364** (TTY: **711**; Oct. 1 through March 31: 8 a.m. to 8 p.m., seven days a week; April 1 through Sept. 30: 8 a.m. to 8 p.m., Monday through Saturday).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by writing to the EmblemHealth Grievance and Appeals Department, P.O. Box 2807, New York, NY 10116-2807; faxing them at **866-854-2763**; or calling Medicare Connect Concierge at **877-344-7364**. (Dial **711** for TTY services.) You can file a grievance in person, by mail, by fax, or through your secure member portal. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 800-368-1019** (TTY: **800-537-7697**).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

This notice is available on EmblemHealth's website at emblemhealth.com/legal/nondiscrimination.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	3	B/D PA
<i>amphotericin b injection recon soln</i>	3	B/D PA; MO
<i>caspofungin intravenous recon soln</i>	3	
<i>clotrimazole mucous membrane troche</i>	1	MO
CRESEMBA ORAL CAPSULE	3	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	3	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	3	PA
<i>fluconazole oral suspension for reconstitution</i>	1	MO
<i>fluconazole oral tablet</i>	1	MO
<i>flucytosine oral capsule</i>	3	MO
<i>griseofulvin microsize oral suspension</i>	3	MO
<i>griseofulvin microsize oral tablet</i>	3	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	MO
<i>itraconazole oral capsule</i>	3	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	3	MO
<i>ketoconazole oral tablet</i>	1	MO
<i>micafungin intravenous recon soln</i>	3	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	3	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral tablet</i>	1	MO
<i>voriconazole intravenous recon soln</i>	3	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	3	PA; MO
<i>voriconazole oral tablet</i>	3	PA; MO
<i>voriconazole-hpbcid intravenous recon soln</i>	3	PA
ANTIVIRALS		
<i>abacavir oral solution</i>	2	MO
<i>abacavir oral tablet</i>	2	MO
<i>abacavir-lamivudine oral tablet</i>	2	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO
<i>acyclovir oral suspension 200 mg/5 ml (5 ml)</i>	3	
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	3	B/D PA; MO
<i>adefovir oral tablet</i>	3	MO
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
APTIVUS ORAL CAPSULE	3	MO
<i>atazanavir oral capsule</i>	3	MO
BARACLUDE ORAL SOLUTION	3	MO
BIKTARVY ORAL TABLET	3	MO
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	3	MO
<i>cidofovir intravenous solution</i>	3	B/D PA; MO
CIMDUO ORAL TABLET	3	MO
COMPLERA ORAL TABLET	3	MO
<i>darunavir oral tablet</i>	3	MO
DELSTRIGO ORAL TABLET	3	MO
DESCOVY ORAL TABLET	3	MO
DOVATO ORAL TABLET	3	MO
EDURANT ORAL TABLET	3	MO
EDURANT PED ORAL TABLET FOR SUSPENSION	3	MO
<i>efavirenz oral tablet</i>	3	MO
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	3	MO
<i>efavirenz-lamivu-tenofovir disop oral tablet</i>	3	MO
<i>emtricitabine oral capsule</i>	3	MO
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	3	MO
<i>emtricitabine-rilpivirine-tenof df oral tablet</i>	3	
EMTRIVA ORAL SOLUTION	2	MO
<i>entecavir oral tablet</i>	3	MO
<i>etravirine oral tablet</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
EVOTAZ ORAL TABLET	3	MO
<i>famciclovir oral tablet</i>	1	MO
<i>fosamprenavir oral tablet</i>	3	MO
FUZEON SUBCUTANEOUS RECON SOLN	3	
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
GENVOYA ORAL TABLET	3	MO
INTELENCE ORAL TABLET 25 MG	3	MO
ISENTRESS HD ORAL TABLET	3	MO
ISENTRESS ORAL POWDER IN PACKET	3	MO
ISENTRESS ORAL TABLET	3	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	3	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA ORAL TABLET	3	MO
KALETRA ORAL SOLUTION	3	MO
LAGEVRIO (EUA) ORAL CAPSULE	1	QL (40 per 30 days)
<i>lamivudine oral solution</i>	2	MO
<i>lamivudine oral tablet</i>	2	MO
<i>lamivudine-zidovudine oral tablet</i>	2	MO
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	3	PA; MO; QL (28 per 28 days)
LIVTENCITY ORAL TABLET	3	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral tablet</i>	2	MO
<i>maraviroc oral tablet</i>	3	MO
MAVYRET ORAL PELLETS IN PACKET	3	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	3	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	3	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	3	MO
NORVIR ORAL POWDER IN PACKET	3	MO
ODEFSEY ORAL TABLET	3	MO
<i>oseltamivir oral capsule</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir oral suspension for reconstitution</i>	2	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	1	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	1	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 30 days)
PIFELTRO ORAL TABLET	3	MO
PREVYMIS INTRAVENOUS SOLUTION	3	PA
PREVYMIS ORAL TABLET	3	PA; MO; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	MO
PREZISTA ORAL SUSPENSION	3	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	MO
RETROVIR INTRAVENOUS SOLUTION	2	MO
REYATAZ ORAL POWDER IN PACKET	3	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine oral tablet</i>	3	MO
<i>ritonavir oral tablet</i>	2	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	3	MO
SELZENTRY ORAL SOLUTION	2	MO
SOFOSBUVIR-VELPATASVIR ORAL TABLET	3	PA; MO; QL (28 per 28 days)
STRIBILD ORAL TABLET	3	MO
SUNLENCA ORAL TABLET	3	
SUNLENCA SUBCUTANEOUS SOLUTION	3	
SYMTUZA ORAL TABLET	3	MO
SYNAGIS INTRAMUSCULAR SOLUTION	3	MO; LA
<i>tenofovir disoproxil fumarate oral tablet</i>	3	MO
TIVICAY ORAL TABLET 50 MG	3	MO
TIVICAY PD ORAL TABLET FOR SUSPENSION	3	MO
TRIUMEQ ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	3	MO
TROGARZO INTRAVENOUS SOLUTION	3	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	3	MO
<i>valganciclovir oral tablet</i>	2	MO
VEMLIDY ORAL TABLET	3	MO
VIRACEPT ORAL TABLET	3	MO
VIREAD ORAL POWDER	3	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	MO
VOSEVI ORAL TABLET	3	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
<i>zidovudine oral capsule</i>	2	MO
<i>zidovudine oral syrup</i>	2	MO
<i>zidovudine oral tablet</i>	1	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	3	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	3	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i>	3	
<i>cefazolin intravenous recon soln 1 gram</i>	3	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	2	MO
<i>cefepime in dextrose (iso-osm) intravenous piggyback</i>	3	
<i>cefepime injection recon soln</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefixime oral capsule</i>	3	MO
<i>cefixime oral suspension for reconstitution</i>	3	MO
<i>cefoxitin in dextrose (iso-osm) intravenous piggyback</i>	3	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	3	PA
<i>cefpodoxime oral suspension for reconstitution</i>	3	MO
<i>cefpodoxime oral tablet</i>	3	MO
<i>cefprozil oral suspension for reconstitution</i>	1	MO
<i>cefprozil oral tablet</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	3	PA
<i>ceftriaxone in dextrose (iso-osm) intravenous piggyback</i>	3	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	3	MO
<i>ceftriaxone injection recon soln 10 gram</i>	3	
<i>ceftriaxone intravenous recon soln</i>	3	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	3	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	3	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	3	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>tazicef injection recon soln</i>	3	PA; MO
<i>tazicef intravenous recon soln</i>	3	PA
TEFLARO INTRAVENOUS RECON SOLN	3	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	3	PA; MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO
DIFICID ORAL TABLET	3	MO; QL (20 per 10 days)
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin oral capsule,delayed release(dr/ec)</i>	3	MO
<i>erythromycin oral tablet</i>	3	MO
<i>erythromycin oral tablet,delayed release (dr/ec)</i>	3	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	3	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	3	PA; MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	3	PA; LA
<i>atovaquone oral suspension</i>	3	MO
<i>atovaquone-proguanil oral tablet</i>	3	MO
<i>aztreonam injection recon soln</i>	3	PA; MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	3	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate intravenous recon soln</i>	3	
<i>chloroquine phosphate oral tablet</i>	1	MO
<i>clindamycin hcl oral capsule</i>	1	MO
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	3	PA; MO
<i>clindamycin phosphate injection solution</i>	3	PA; MO
COARTEM ORAL TABLET	3	MO
<i>colistin (colistimethate na) injection recon soln</i>	3	PA; MO; QL (30 per 10 days)
<i>dapsone oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO
<i>daptomycin intravenous recon soln 500 mg</i>	3	MO
EMVERM ORAL TABLET,CHEWABLE	3	MO
<i>ertapenem injection recon soln</i>	3	PA; MO; QL (14 per 14 days)
<i>ethambutol oral tablet</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	3	PA; MO
<i>gentamicin injection solution</i>	3	PA; MO
<i>gentamicin sulfate (ped) (pf) injection solution</i>	3	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin intravenous recon soln</i>	3	PA; MO
<i>isoniazid injection solution</i>	3	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral tablet 3 mg</i>	2	PA; MO; QL (20 per 30 days)
<i>ivermectin oral tablet 6 mg</i>	2	PA; QL (8 per 30 days)
<i>lincomycin injection solution</i>	3	PA
<i>linezolid in dextrose 5% intravenous piggyback</i>	3	PA; MO
<i>linezolid oral suspension for reconstitution</i>	3	MO
<i>linezolid oral tablet</i>	3	MO
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	3	PA
<i>mefloquine oral tablet</i>	1	MO
<i>meropenem intravenous recon soln 1 gram, 2 gram</i>	2	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	2	PA; QL (10 per 10 days)
<i>metro i.v. intravenous piggyback</i>	3	PA; MO
<i>metronidazole in nacl (iso-osm) intravenous piggyback</i>	3	PA; MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>neomycin oral tablet</i>	1	MO
<i>nitazoxanide oral tablet</i>	3	MO; QL (12 per 30 days)
<i>pentamidine inhalation recon soln</i>	3	B/D PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine injection recon soln</i>	3	MO
<i>praziquantel oral tablet</i>	3	MO
PRIFTIN ORAL TABLET	2	MO
PRIMAQUINE ORAL TABLET	3	MO
<i>pyrazinamide oral tablet</i>	3	MO
<i>pyrimethamine oral tablet</i>	3	PA; MO
<i>quinine sulfate oral capsule</i>	3	MO
<i>rifabutin oral capsule</i>	3	MO
<i>rifampin intravenous recon soln</i>	3	MO
<i>rifampin oral capsule</i>	2	MO
SIRTURO ORAL TABLET	3	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	3	PA; MO; QL (60 per 30 days)
<i>tigecycline intravenous recon soln</i>	3	PA; MO
<i>tinidazole oral tablet</i>	2	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	3	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation solution for nebulization</i>	3	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	3	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	3	PA; MO
TRECATOR ORAL TABLET	3	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	2	PA; QL (4050 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	3	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	3	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	3	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	3	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	3	PA; MO; QL (27 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin oral capsule 125 mg</i>	3	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	3	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	PA
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	3	PA; MO
<i>ampicillin sodium intravenous recon soln</i>	3	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	3	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	3	PA
<i>ampicillin-sulbactam intravenous recon soln</i>	3	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML	3	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	PA
<i>dicloxacillin oral capsule</i>	1	MO
<i>nafcillin in dextrose (iso-osm) intravenous piggyback 2 gram/100 ml</i>	3	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml</i>	3	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	3	PA
<i>oxacillin injection recon soln 2 gram</i>	3	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	PA
<i>penicillin g potassium injection recon soln</i>	3	PA; MO
<i>penicillin g sodium injection recon soln</i>	3	PA; MO
<i>penicillin v potassium oral recon soln</i>	1	MO
<i>penicillin v potassium oral tablet</i>	1	MO
<i>pfiberpen-g injection recon soln</i>	3	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	3	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	3	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	3	PA; MO
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	3	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	3	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	3	PA; MO
<i>levofloxacin intravenous solution</i>	3	PA
<i>levofloxacin oral solution</i>	3	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral tablet</i>	2	MO
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	3	PA; MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	3	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	3	PA; MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclocycline oral tablet</i>	3	MO
<i>doxy-100 intravenous recon soln</i>	3	PA; MO
<i>doxycycline hyclate intravenous recon soln</i>	3	PA
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	3	MO
<i>monodoxine nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	3	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet</i>	2	MO
<i>methenamine mandelate oral tablet</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	2	MO
<i>trimethoprim oral tablet</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln</i>	3	B/D PA; MO
ELITEK INTRAVENOUS RECON SOLN	3	MO
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	3	B/D PA
<i>leucovorin calcium oral tablet</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln</i>	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium intravenous solution</i>	3	B/D PA
<i>mesna intravenous solution</i>	1	B/D PA; MO
<i>mesna oral tablet</i>	3	MO
MESNEX ORAL TABLET	3	MO
WYOST SUBCUTANEOUS SOLUTION	3	B/D PA; MO
XGEVA SUBCUTANEOUS SOLUTION	3	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	3	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>abirtega oral tablet</i>	3	PA; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	B/D PA; MO
ADCETRIS INTRAVENOUS RECON SOLN	3	B/D PA; MO
ADSTILADRIN INTRAVESICAL SUSPENSION	3	PA
AKEEGA ORAL TABLET	3	PA; LA; QL (60 per 30 days)
ALECENSA ORAL CAPSULE	3	PA; MO; QL (240 per 30 days)
ALIQOPA INTRAVENOUS RECON SOLN	3	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA; QL (30 per 180 days)
<i>anastrozole oral tablet</i>	1	MO
ANKTIVA INTRAVESICAL SOLUTION	3	PA; MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	3	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	3	B/D PA; MO
ASPARLAS INTRAVENOUS SOLUTION	3	PA
AUGTYRO ORAL CAPSULE 160 MG	3	PA; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	3	PA; QL (240 per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK	3	PA; QL (66 per 28 days)
AYVAKIT ORAL TABLET	3	PA; LA; QL (30 per 30 days)
<i>azacitidine injection recon soln</i>	3	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium injection recon soln</i>	1	B/D PA; MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
BALVERSA ORAL TABLET	3	PA; LA
BAVENCIO INTRAVENOUS SOLUTION	3	B/D PA; LA
BELEODAQ INTRAVENOUS RECON SOLN	3	B/D PA
<i>bendamustine intravenous recon soln</i>	3	B/D PA; MO
BENDEKA INTRAVENOUS SOLUTION	3	B/D PA; MO
BESPONSA INTRAVENOUS RECON SOLN	3	B/D PA; MO; LA
<i>bexarotene oral capsule</i>	3	PA; MO
<i>bexarotene topical gel</i>	3	PA; MO
<i>bicalutamide oral tablet</i>	1	MO
BIZENGRI INTRAVENOUS SOLUTION	3	PA
<i>bleomycin injection recon soln</i>	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	3	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	3	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	3	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	3	PA; MO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	3	PA; MO; QL (330 per 30 days)
BOSULIF ORAL TABLET 100 MG	3	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE	3	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	3	PA; LA; QL (120 per 30 days)
<i>busulfan intravenous solution</i>	3	B/D PA
CABOMETYX ORAL TABLET	3	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	3	PA; LA; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE	3	PA; LA; QL (60 per 30 days)
<i>capecitabine oral tablet</i>	1	MO; ED
CAPRELSA ORAL TABLET 100 MG	3	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	3	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	3	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine intravenous solution</i>	3	B/D PA; MO
<i>clofarabine intravenous solution</i>	3	B/D PA

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
COLUMVI INTRAVENOUS SOLUTION	3	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	3	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	3	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	3	PA; MO; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE	3	PA; LA; QL (60 per 30 days)
COTELLIC ORAL TABLET	3	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	2	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	2	B/D PA
<i>cyclosporine modified oral capsule</i>	2	B/D PA; MO
<i>cyclosporine modified oral solution</i>	2	B/D PA
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>cytarabine injection solution</i>	1	B/D PA; MO
<i>dacarbazine intravenous recon soln</i>	1	B/D PA; MO
<i>dactinomycin intravenous recon soln</i>	1	B/D PA; MO
DANYELZA INTRAVENOUS SOLUTION	3	B/D PA
DANZITEN ORAL TABLET	3	PA; QL (112 per 28 days)
DARZALEX INTRAVENOUS SOLUTION	3	B/D PA; MO; LA
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>dasatinib oral tablet 70 mg</i>	3	PA; MO; QL (60 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN	3	PA; MO
<i>daunorubicin intravenous solution</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	3	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	3	PA; MO; QL (60 per 30 days)
<i>decitabine intravenous recon soln</i>	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	3	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	3	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension</i>	3	B/D PA; MO
DROXIA ORAL CAPSULE	2	MO
ELAHERE INTRAVENOUS SOLUTION	3	PA; LA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	2	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	2	PA; MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	2	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE	2	PA; MO
ELREXFIO SUBCUTANEOUS SOLUTION	3	PA
ELZONRIS INTRAVENOUS SOLUTION	3	B/D PA; LA
EMPLICITI INTRAVENOUS RECON SOLN	3	B/D PA; MO
EMRELIS INTRAVENOUS RECON SOLN	3	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	3	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
EPKINLY SUBCUTANEOUS SOLUTION	3	PA
ERBITUX INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>eribulin intravenous solution</i>	3	B/D PA
ERIVEDGE ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	3	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	3	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	3	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ERWINASE INJECTION RECON SOLN	3	B/D PA
ETOPOPHOS INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>etoposide intravenous solution</i>	1	B/D PA; MO
EULEXIN ORAL CAPSULE	3	
<i>everolimus (antineoplastic) oral tablet</i>	3	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	3	PA; MO; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	3	PA; MO; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	2	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	3	B/D PA; MO
<i>exemestane oral tablet</i>	3	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	3	PA; MO
<i>floxuridine injection recon soln</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA
FOTIVDA ORAL CAPSULE	3	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	3	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	3	PA; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe</i>	3	B/D PA; MO
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	PA
GAVRETO ORAL CAPSULE	3	PA; LA; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>gefitinib oral tablet</i>	3	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D PA
<i>gengraf oral capsule</i>	2	B/D PA; MO
<i>gengraf oral solution</i>	2	B/D PA; MO
GILOTRIF ORAL TABLET	3	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE	3	MO
GOMEKLI ORAL CAPSULE 1 MG	3	PA; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	3	PA; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION	3	PA; QL (168 per 28 days)
GRAFAPEX INTRAVENOUS RECON SOLN	3	B/D PA
<i>hydroxyurea oral capsule</i>	1	MO
IBRANCE ORAL CAPSULE	3	PA; MO; QL (21 per 28 days)
IBRANCE ORAL TABLET	3	PA; MO; QL (21 per 28 days)
IBTROZI ORAL CAPSULE	3	PA; QL (90 per 30 days)
ICLUSIG ORAL TABLET	3	PA; QL (30 per 30 days)
<i>idarubicin intravenous solution</i>	1	B/D PA; MO
IDHIFA ORAL TABLET	3	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	3	PA; MO; QL (60 per 30 days)
IMBRUICA ORAL CAPSULE 140 MG	3	PA; QL (120 per 30 days)
IMBRUICA ORAL CAPSULE 70 MG	3	PA; QL (30 per 30 days)
IMBRUICA ORAL SUSPENSION	3	PA; QL (324 per 30 days)
IMBRUICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; QL (30 per 30 days)
IMDELLTRA INTRAVENOUS RECON SOLN	3	PA; MO
IMFINZI INTRAVENOUS SOLUTION	3	B/D PA; MO; LA
IMJUDO INTRAVENOUS SOLUTION	3	PA; MO
IMKELDI ORAL SOLUTION	3	PA; MO; QL (280 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INLYTA ORAL TABLET 1 MG	3	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	3	PA; MO; QL (120 per 30 days)
INQOVI ORAL TABLET	3	PA; MO; QL (5 per 28 days)
INREBIC ORAL CAPSULE	3	PA; MO; LA; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	3	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	3	B/D PA; MO
ISTODAX INTRAVENOUS RECON SOLN	3	B/D PA; MO
ITOVEBI ORAL TABLET 3 MG	3	PA; MO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	3	PA; MO; QL (30 per 30 days)
IWILFIN ORAL TABLET	3	PA; LA; QL (240 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN	3	B/D PA; MO
JAKAFI ORAL TABLET	3	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	3	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	3	PA; MO; QL (30 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION	3	PA; MO
JEVTANA INTRAVENOUS SOLUTION	3	B/D PA; MO
JYLMAMVORAL SOLUTION	3	B/D PA; MO
KADCYLA INTRAVENOUS RECON SOLN	3	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	3	PA; MO
KIMMTRAK INTRAVENOUS SOLUTION	3	B/D PA
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	3	PA; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	3	PA; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	3	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	3	PA; MO; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE	3	PA
KRAZATI ORAL TABLET	3	PA; QL (180 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	3	PA; MO
<i>lapatinib oral tablet</i>	3	PA; MO; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	3	PA; LA; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	3	PA; LA; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	3	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	3	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	3	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	3	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	3	PA; MO; QL (60 per 30 days)
<i>letrozole oral tablet</i>	1	MO
LEUKERAN ORAL TABLET	3	MO
<i>leuprolide subcutaneous kit</i>	3	PA; MO
LIBTAYO INTRAVENOUS SOLUTION	3	PA; LA
LONSURF ORAL TABLET	3	PA; MO
LOQTORZI INTRAVENOUS SOLUTION	3	PA; MO
LORBRENA ORAL TABLET 100 MG	3	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	3	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	3	PA; MO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	3	PA; MO; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	3	PA; MO; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION	3	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	3	PA; MO
LYNPARZA ORAL TABLET	3	PA; MO; QL (120 per 30 days)
LYSODREN ORAL TABLET	3	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	3	PA; LA; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	3	PA; LA; QL (112 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	3	PA; LA; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION	3	B/D PA
MATULANE ORAL CAPSULE	3	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	3	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL RECON SOLN	3	PA; MO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	3	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	3	PA; MO; QL (30 per 30 days)
MEKTOVI ORAL TABLET	3	PA; MO; LA; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln</i>	3	B/D PA
<i>mercaptopurine oral suspension</i>	3	MO
<i>mercaptopurine oral tablet</i>	2	MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>methotrexate sodium injection solution</i>	1	B/D PA; MO
<i>methotrexate sodium oral tablet</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	3	B/D PA; MO
<i>mitoxantrone intravenous concentrate</i>	1	B/D PA; MO
MONJUVI INTRAVENOUS RECON SOLN	3	PA; LA
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium oral tablet,delayed release (dr/ec)</i>	3	B/D PA; MO
MYHIBBIN ORAL SUSPENSION	3	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN	3	B/D PA; MO; LA

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>nelarabine intravenous solution</i>	3	B/D PA; MO
NERLYNX ORAL TABLET	3	PA; MO; LA
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	3	PA; MO; QL (112 per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	3	PA; MO; QL (120 per 30 days)
<i>nilutamide oral tablet</i>	3	PA; MO
NINLARO ORAL CAPSULE	3	PA; MO; QL (3 per 28 days)
NUBEQA ORAL TABLET	3	PA; MO; LA; QL (120 per 30 days)
NULOJIX INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>octreotide acetate injection solution</i>	3	PA; MO
<i>octreotide acetate injection syringe</i>	3	PA; MO
<i>octreotide,microspheres intramuscular suspension,extended rel recon</i>	3	PA
ODOMZO ORAL CAPSULE	3	PA; MO; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	3	PA; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	3	PA; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	3	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	3	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	3	PA; QL (24 per 28 days)
OJJAARA ORAL TABLET	3	PA; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION	3	B/D PA
ONIVYDE INTRAVENOUS DISPERSION	3	B/D PA
ONUREG ORAL TABLET	3	PA; MO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION	3	PA; MO
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION	3	PA; MO
OPDUALAG INTRAVENOUS SOLUTION	3	PA; MO
ORGOVYX ORAL TABLET	3	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	3	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	3	PA; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel intravenous concentrate</i>	1	B/D PA; MO
<i>paclitaxel protein-bound intravenous suspension for reconstitution</i>	3	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN	3	PA; MO
<i>paraplatin intravenous solution</i>	1	B/D PA
<i>pazopanib oral tablet</i>	3	PA; MO; QL (120 per 30 days)
PEMAZYRE ORAL TABLET	3	PA; LA; QL (28 per 28 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg</i>	3	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	3	B/D PA
PERJETA INTRAVENOUS SOLUTION	3	B/D PA; MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PA; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	3	PA; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN	3	PA; MO
POMALYST ORAL CAPSULE	3	PA; MO; LA; QL (21 per 28 days)
POTELIGEO INTRAVENOUS SOLUTION	3	PA
PRALATREXATE INTRAVENOUS SOLUTION	3	B/D PA; MO
PROGRAF INTRAVENOUS SOLUTION	2	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN ORAL SUSPENSION	3	
QINLOCK ORAL TABLET	3	PA; LA; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	3	PA; MO; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	3	PA; MO; LA; QL (90 per 30 days)
REVLIMID ORAL CAPSULE	3	PA; MO; LA; QL (28 per 28 days)
REVUFORJ ORAL TABLET 110 MG	3	PA; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	3	PA; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	3	PA; QL (240 per 30 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
REZLIDHIA ORAL CAPSULE	3	PA; QL (60 per 30 days)
REZUROCK ORAL TABLET	3	PA; LA; QL (30 per 30 days)
<i>romidepsin intravenous recon soln</i>	3	B/D PA
ROMVIMZA ORAL CAPSULE	3	PA; LA; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	3	PA; MO; QL (336 per 28 days)
RUBRACA ORAL TABLET	3	PA; MO; LA; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION	3	PA; MO
RYBREVANT INTRAVENOUS SOLUTION	3	PA; MO
RYDAPT ORAL CAPSULE	3	PA; MO; QL (224 per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION	3	B/D PA
RYTELO INTRAVENOUS RECON SOLN	3	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	3	PA; MO
SARCLISA INTRAVENOUS SOLUTION	3	PA; LA
SCEMBLIX ORAL TABLET 100 MG	3	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	3	PA; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	3	PA; QL (300 per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA
SIMULECT INTRAVENOUS RECON SOLN	2	B/D PA; MO
<i>sirolimus oral solution</i>	3	B/D PA; MO
<i>sirolimus oral tablet</i>	3	B/D PA; MO
SOLTAMOX ORAL SOLUTION	3	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	3	PA; MO
<i>sorafenib oral tablet</i>	3	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	3	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	3	PA; MO; QL (90 per 30 days)
SPRYCEL ORAL TABLET 70 MG	3	PA; MO; QL (60 per 30 days)
STIVARGA ORAL TABLET	3	PA; MO; QL (84 per 28 days)
<i>sunitinib malate oral capsule</i>	3	PA; MO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TABLOID ORAL TABLET	3	MO
TABRECTA ORAL TABLET	3	PA; MO
<i>tacrolimus oral capsule</i>	2	B/D PA; MO
TAFINLAR ORAL CAPSULE	3	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	3	PA; MO; QL (840 per 28 days)
TAGRISSO ORAL TABLET	3	PA; MO; LA; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION	3	PA
TALZENNA ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
<i>tamoxifen oral tablet</i>	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	3	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	3	PA; MO; QL (120 per 30 days)
TAZVERIK ORAL TABLET	3	PA; LA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION	3	B/D PA; MO; LA
TECENTRIQ INTRAVENOUS SOLUTION	3	B/D PA; MO; LA
TECVAYLI SUBCUTANEOUS SOLUTION	3	PA
TEMODAR INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	1	MO; ED
<i>temozolomide oral capsule 20 mg, 5 mg</i>	1	PA; MO; ED
<i>temsirolimus intravenous recon soln</i>	3	B/D PA; MO
TEPMETKO ORAL TABLET	3	PA; LA
TEVIMBRA INTRAVENOUS SOLUTION	3	PA
THALOMID ORAL CAPSULE 100 MG	3	PA; MO; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	3	PA; MO; QL (28 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	3	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	3	B/D PA; MO
TIBSOVO ORAL TABLET	3	PA
TIVDAK INTRAVENOUS RECON SOLN	3	PA; MO
<i>topotecan intravenous recon soln</i>	3	B/D PA; MO
<i>topotecan intravenous solution</i>	3	B/D PA; MO
<i>toremifene oral tablet</i>	3	MO
<i>torpenz oral tablet</i>	3	PA; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN	3	B/D PA; MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; MO
<i>tretinoin (antineoplastic) oral capsule</i>	3	MO
TRODELVY INTRAVENOUS RECON SOLN	3	PA; LA
TRUQAP ORAL TABLET	3	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	3	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	3	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	3	PA; LA; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION	3	B/D PA
<i>valrubicin intravesical solution</i>	3	B/D PA; MO
VANFLYTA ORAL TABLET	3	PA; QL (56 per 28 days)
VECTIBIX INTRAVENOUS SOLUTION	3	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	3	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	3	PA; LA; QL (42 per 180 days)
VERZENIO ORAL TABLET	3	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	1	B/D PA; MO
<i>vincristine intravenous solution</i>	1	B/D PA; MO
<i>vinorelbine intravenous solution</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	3	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	3	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	3	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO ORAL TABLET	3	PA; MO; QL (30 per 30 days)
VONJO ORAL CAPSULE	3	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	3	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	3	PA; QL (30 per 30 days)
VYLOY INTRAVENOUS RECON SOLN 100 MG	3	PA; LA
VYLOY INTRAVENOUS RECON SOLN 300 MG	3	PA
VYXEOS INTRAVENOUS RECON SOLN	3	B/D PA
WELIREG ORAL TABLET	3	PA; LA
XALKORI ORAL CAPSULE	3	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XALKORI ORAL PELLET 150 MG	3	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	3	PA; MO; QL (120 per 30 days)
XERMELO ORAL TABLET	3	PA; LA; QL (84 per 28 days)
XOSPATA ORAL TABLET	3	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET	3	PA; LA
XTANDI ORAL CAPSULE	3	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	3	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	3	PA; MO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION	3	B/D PA; MO
YONDELIS INTRAVENOUS RECON SOLN	3	B/D PA
ZALTRAP INTRAVENOUS SOLUTION	3	B/D PA; MO
ZANOSAR INTRAVENOUS RECON SOLN	3	B/D PA; MO
ZEJULA ORAL TABLET	3	PA; MO; LA; QL (30 per 30 days)
ZELBORAF ORAL TABLET	3	PA; MO; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN	3	PA
ZIIHERA INTRAVENOUS RECON SOLN	3	PA
ZIRABEV INTRAVENOUS SOLUTION	3	B/D PA; MO
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; MO
ZOLINZA ORAL CAPSULE	3	PA; MO; QL (120 per 30 days)
ZYDELIG ORAL TABLET	3	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	3	PA; MO; QL (90 per 30 days)
ZYNLONTA INTRAVENOUS RECON SOLN	3	PA; LA
ZYNYZ INTRAVENOUS SOLUTION	3	PA; MO

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	3	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	3	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	3	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION	3	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	3	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	3	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	MO
<i>clobazam oral suspension</i>	3	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	3	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE	3	PA; LA
DIACOMIT ORAL POWDER IN PACKET	3	PA; LA
<i>diazepam rectal kit</i>	3	MO
DILANTIN 30 MG ORAL CAPSULE	3	MO
<i>divalproex oral capsule, delayed release sprinkle</i>	1	MO
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
EPIDIOLEX ORAL SOLUTION	3	PA; MO; LA
<i>epitol oral tablet</i>	1	MO
EPRONTIA ORAL SOLUTION	3	PA; MO
<i>eslicarbazepine oral tablet 200 mg</i>	3	MO; QL (180 per 30 days)
<i>eslicarbazepine oral tablet 400 mg</i>	3	MO; QL (90 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	3	MO; QL (60 per 30 days)
<i>ethosuximide oral capsule</i>	2	MO
<i>ethosuximide oral solution</i>	2	MO
<i>felbamate oral suspension</i>	3	MO
<i>felbamate oral tablet</i>	3	MO
FINTEPLA ORAL SOLUTION	3	PA; LA; QL (360 per 30 days)
<i>fosphenytoin injection solution</i>	1	MO
FYCOMPA ORAL SUSPENSION	3	MO; QL (720 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	3	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	3	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous solution</i>	2	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet,disintegrating</i>	3	MO
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
<i>methsuximide oral capsule</i>	3	MO
NAYZILAM NASAL SPRAY,NON-AEROSOL	2	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	3	MO
<i>oxcarbazepine oral tablet</i>	2	MO
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	3	MO; QL (30 per 30 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>perampanel oral tablet 2 mg, 4 mg, 6 mg</i>	3	MO; QL (60 per 30 days)
<i>phenobarbital oral elixir</i>	3	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	3	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	3	PA; MO
<i>rufinamide oral tablet</i>	3	PA; MO
SPRITAM ORAL TABLET FOR SUSPENSION	3	MO
<i>subvenite oral tablet</i>	1	MO
SYMPAZAN ORAL FILM	3	PA; MO; QL (60 per 30 days)
<i>tiagabine oral tablet</i>	3	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium intravenous solution</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid oral capsule</i>	1	MO
VALTOCO NASAL SPRAY,NON-AEROSOL	2	PA; MO; QL (10 per 30 days)
<i>vigabatrin oral powder in packet</i>	3	PA; MO; LA
<i>vigabatrin oral tablet</i>	3	PA; MO; LA
<i>vigadronne oral powder in packet</i>	3	PA; LA
<i>vigadronne oral tablet</i>	3	PA; LA
<i>vigpoder oral powder in packet</i>	3	PA; LA
XCOPRI MAINTENANCE PACK ORAL TABLET	3	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	3	MO; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	3	MO; QL (28 per 180 days)
ZONISADE ORAL SUSPENSION	3	PA; MO
<i>zonisamide oral capsule</i>	1	PA; MO
ZTALMY ORAL SUSPENSION	3	PA; LA; QL (1100 per 30 days)

ANTIPARKINSONISM AGENTS

<i>benztropine injection solution</i>	1	MO
<i>benztropine oral tablet</i>	1	PA; MO
<i>bromocriptine oral capsule</i>	3	MO
<i>bromocriptine oral tablet</i>	3	MO
<i>carbidopa oral tablet</i>	3	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet</i>	3	MO
<i>entacapone oral tablet</i>	3	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	3	PA; QL (300 per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	MO
<i>pramipexole oral tablet</i>	1	MO
<i>rasagiline oral tablet</i>	3	MO
<i>ropinirole oral tablet</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr</i>	3	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl oral capsule</i>	1	MO
<i>selegiline hcl oral tablet</i>	1	MO
<i>trihexyphenidyl oral tablet</i>	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-Injector	2	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection solution</i>	3	
<i>dihydroergotamine nasal spray,non-aerosol</i>	3	QL (8 per 28 days)
EMGALITY SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine oral tablet</i>	2	MO
<i>naratriptan oral tablet</i>	2	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING	2	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET	2	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet</i>	1	MO; QL (24 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	2	MO; QL (24 per 28 days)
<i>sumatriptan nasal spray,non-aerosol</i>	3	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral tablet</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	3	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	3	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (8 per 28 days)
UBRELVY ORAL TABLET	2	PA; QL (20 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	PA; MO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	3	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	3	PA; MO; QL (90 per 30 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	3	PA; MO; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	3	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	3	PA; MO; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	3	PA; MO; QL (28 per 180 days)
BRIUMVI INTRAVENOUS SOLUTION	3	PA; MO; QL (24 per 180 days)
<i>dalfampridine oral tablet extended release 12 hr</i>	2	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	3	PA; MO; QL (56 per 28 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	3	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	3	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO
<i>fingolimod oral capsule</i>	3	PA; MO; QL (30 per 30 days)
<i>galantamine oral capsule, extended release pellets 24 hr</i>	2	MO
<i>galantamine oral solution</i>	3	MO
<i>galantamine oral tablet</i>	2	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	3	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	3	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	3	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	3	PA; MO; QL (12 per 28 days)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK	3	PA; LA; QL (28 per 180 days)
INGREZZA ORAL CAPSULE	3	PA; LA; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE	3	PA; LA; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (1.6 per 28 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>memantine oral capsule,sprinkle,er 24hr</i>	3	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
<i>memantine-donepezil oral capsule,sprinkle,er 24hr</i>	2	PA; MO
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	PA; MO
NUEDEXTA ORAL CAPSULE	3	PA; MO
RADICAVA ORS ORAL SUSPENSION	3	PA; MO
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	3	PA; MO
<i>rivastigmine tartrate oral capsule</i>	2	MO
<i>rivastigmine transdermal patch 24 hour</i>	3	MO
<i>teriflunomide oral tablet</i>	3	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	3	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	3	PA; MO; QL (120 per 30 days)
VUMERTY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	PA; MO; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	3	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	3	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	1	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA; MO
<i>dantrolene intravenous recon soln</i>	1	
<i>dantrolene oral capsule</i>	3	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	2	MO
<i>revonto intravenous recon soln</i>	1	
<i>tizanidine oral tablet</i>	1	MO
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	3	PA; MO; LA

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	3	PA; MO; LA
VYVGART INTRAVENOUS SOLUTION	3	PA; MO; LA
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
BELBUCA Buccal Film	2	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual tablet</i>	1	MO
<i>buprenorphine transdermal patch weekly</i>	3	PA; MO; QL (4 per 28 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	2	QL (360 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	3	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	2	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	2	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	3	
<i>hydromorphone injection solution 2 mg/ml</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	3	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	3	
<i>hydromorphone oral liquid</i>	3	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	3	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	2	
<i>methadone intensol oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	3	
<i>morphine (pf) injection solution 1 mg/ml</i>	3	MO
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	3	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	3	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	3	
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	2	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN ORAL TABLET, EXTENDED RELEASE 12 HR 80 MG	3	PA; MO; QL (60 per 30 days)
SUBLINER SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	3	MO
NON-NARCOTIC ANALGESICS		
<i>8 hour pain reliever oral tablet extended release</i>	1	ED
<i>8hr muscle aches-pain oral tablet extended release</i>	1	ED
<i>acetaminophen extra strength oral tablet</i>	1	ED
ACETAMINOPHEN ORAL CAPSULE 325 MG	3	ED
<i>acetaminophen oral liquid</i>	1	MO; ED
<i>acetaminophen oral solution</i>	1	ED
<i>acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)</i>	1	ED
ACETAMINOPHEN ORAL SUSPENSION 325 MG/10.15 ML, 650 MG/20.3 ML	3	ED
<i>acetaminophen oral tablet</i>	1	MO; ED
<i>acetaminophen oral tablet extended release</i>	1	MO; ED
<i>acetaminophen oral tablet, chewable 160 mg</i>	1	ED
ACETAMINOPHEN ORAL TABLET, CHEWABLE 325 MG	3	ED
<i>acetaminophen oral tablet, disintegrating 80 mg</i>	1	ED
<i>acetaminophen pm extra str oral tablet</i>	1	ED
<i>acetaminophen pm oral tablet</i>	1	MO; ED
<i>acetaminophen rectal suppository</i>	1	MO; ED
<i>addaprin oral tablet</i>	1	ED
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	1	ED
<i>advil junior strength oral tablet, chewable</i>	1	MO; ED
ADVIL LIQUI-GEL ORAL CAPSULE	3	MO; ED
ADVIL LIQUI-GELS MINIS ORAL CAPSULE	3	ED
ADVIL MIGRAINE ORAL CAPSULE	3	ED
ADVIL ORAL TABLET	3	MO; ED
ADVIL PM LIQUI-GELS ORAL CAPSULE	3	MO; ED
ADVIL PM ORAL TABLET	3	MO; ED
ALEVE ORAL CAPSULE	3	MO; ED

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
ALEVE ORAL TABLET	3	MO; ED
ALEVE PM ORAL TABLET	3	ED
<i>alka-seltzer original oral tablet, effervescent 325-1,916-1,000 mg</i>	1	ED
<i>all day pain relief oral tablet</i>	1	ED
<i>all day relief oral tablet</i>	1	MO; ED
<i>aminofen oral tablet</i>	1	ED
ANACIN ORAL TABLET	3	ED
<i>antacid and pain relief oral tablet, effervescent</i>	1	ED
<i>aphen oral tablet</i>	1	ED
<i>arthritis pain relief (acetam) oral tablet extended release</i>	1	ED
<i>arthritis pain reliever oral tablet extended release</i>	1	ED
<i>aspirin childrens oral tablet, chewable</i>	1	ED
<i>aspirin oral tablet 325 mg</i>	1	MO; ED
<i>aspirin oral tablet 81 mg</i>	1	ED
<i>aspirin oral tablet, chewable</i>	1	MO; ED
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	1	MO; ED
<i>aspirin oral tablet, delayed release (dr/ec) 500 mg, 650 mg</i>	1	ED
<i>aspirin rectal suppository</i>	1	MO; ED
<i>aspirin, buffd-calcium carb-mag oral tablet</i>	1	ED
<i>aspirin-acetaminophen-caffeine oral tablet</i>	1	ED
<i>athenol oral tablet</i>	1	ED
<i>back and body pain reliever oral tablet</i>	1	ED
<i>backache relief extra strength oral tablet</i>	1	ED
<i>bayer advanced oral tablet</i>	1	ED
BAYER ASPIRIN ORAL TABLET	3	MO; ED
<i>bayer aspirin oral tablet, delayed release (dr/ec)</i>	1	MO; ED
BAYER BACK AND BODY ORAL TABLET	3	MO; ED
BAYER CHEWABLE ASPIRIN ORAL TABLET,CHEWABLE	3	MO; ED
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec)</i>	1	MO; ED

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Drug Name	Drug Tier	Requirements/Limits
<i>bayer plus extra strength oral tablet</i>	1	MO; ED
<i>betatemp oral suspension</i>	1	ED
<i>bufferin oral tablet</i>	1	ED
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection solution</i>	1	MO
<i>butorphanol nasal spray,non-aerosol</i>	3	MO; QL (10 per 28 days)
<i>celecoxib oral capsule</i>	1	MO
<i>child fever reducer-pain relvr oral suspension</i>	1	ED
<i>child pain rel-fever reducer rectal suppository</i>	1	ED
<i>children's acetaminophen oral liquid</i>	1	ED
<i>children's acetaminophen oral suspension 160 mg/5 ml</i>	1	MO; ED
<i>children's acetaminophen oral suspension 160 mg/5 ml (5 ml)</i>	1	ED
<i>children's acetaminophen oral tablet,chewable</i>	1	ED
<i>children's advil oral suspension</i>	1	MO; ED
<i>children's aspirin oral tablet,chewable</i>	1	ED
<i>children's easy-melts oral tablet,disintegrating</i>	1	ED
<i>children's fever reducing rectal suppository</i>	1	ED
<i>children's ibuprofen oral suspension</i>	1	ED
<i>children's mapap oral tablet,chewable</i>	1	MO; ED
<i>children's motrin jr strength oral tablet,chewable</i>	1	MO; ED
CHILDREN'S MOTRIN ORAL SUSPENSION	3	MO; ED
<i>children's non-aspirin oral suspension</i>	1	ED
<i>children's non-aspirin oral tablet,chewable</i>	1	ED
<i>children's pain relief oral elixir</i>	1	ED
<i>children's pain relief oral suspension</i>	1	ED
<i>children's pain relief oral tablet,chewable</i>	1	ED
<i>children's pain reliever oral suspension</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>children's pain-fever relief oral liquid</i>	1	ED
<i>children's pain-fever relief oral suspension</i>	1	MO; ED
<i>children's pain-fever relief oral tablet, chewable</i>	1	ED
<i>children's pain-fever relief oral tablet, disintegrating</i>	1	ED
<i>children's profen ib oral suspension</i>	1	ED
CILDREN'S TYLENOL ORAL SUSPENSION	3	MO; ED
<i>children's tylenol oral tablet, chewable</i>	1	ED
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>cold and flu hbp oral tablet</i>	1	ED
CORICIDIN HBP COLD AND FLU ORAL TABLET	3	MO; ED
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	3	MO; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed release, biphasic</i>	3	MO
<i>diflunisal oral tablet</i>	2	MO
DOAN'S EXTRA STRENGTH ORAL TABLET	3	ED
<i>eazzze the pain oral tablet</i>	1	ED
<i>ecotrin low strength oral tablet, delayed release (dr/ec)</i>	1	MO; ED
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC)	3	MO; ED
<i>ed-apap oral liquid</i>	1	ED
<i>efferves pain relief antacid oral tablet, effervescent 325-1,916-1,000 mg</i>	1	ED
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
<i>etodolac oral tablet extended release 24 hr</i>	3	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
EXCEDRIN EXTRA STRENGTH ORAL TABLET	3	MO; ED
EXCEDRIN MIGRAINE ORAL TABLET	3	ED
EXCEDRIN TENSION HEADACHE ORAL TABLET	3	ED
EXTRA STRENGTH BAYER ORAL TABLET <i>extraprin oral tablet</i>	3	MO; ED
<i>feverall rectal suppository 120 mg, 650 mg</i>	1	ED
<i>feverall rectal suppository 325 mg</i>	1	ED
FEVERALL RECTAL SUPPOSITORY 80 MG <i>flanax (naproxen) oral tablet</i>	3	MO; ED
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>headache relief (asa-acet-caf) oral tablet</i>	1	ED
<i>headache relief pm oral tablet</i>	1	ED
<i>ibu oral tablet</i>	1	MO
<i>ibu-200 oral tablet</i>	1	ED
<i>ibuprofen ib oral tablet, chewable</i>	1	ED
<i>ibuprofen jr strength oral tablet, chewable</i>	1	ED
<i>ibuprofen oral capsule</i>	1	MO; ED
<i>ibuprofen oral drops, suspension</i>	1	ED
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 200 mg</i>	1	MO; ED
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>ibuprofen oral tablet, chewable</i>	1	ED
IBUPROFEN PM ORAL CAPSULE	3	ED
<i>ibuprofen pm oral tablet</i>	1	ED
<i>infant fever reducer-pain relief oral suspension</i>	1	ED
<i>infant's acetaminophen oral suspension</i>	1	MO; ED
<i>infant's advil oral drops, suspension</i>	1	ED
<i>infant's ibuprofen oral drops, suspension</i>	1	MO; ED
INFANT'S MOTRIN ORAL DROPS,SUSPENSION	3	MO; ED

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Drug Name	Drug Tier	Requirements/Limits
<i>infants' pain and fever oral suspension</i>	1	ED
<i>infants' pain relief oral suspension</i>	1	ED
<i>infants profenib oral drops,suspension</i>	1	ED
INFANT'S TYLENOL ORAL SUSPENSION	3	MO; ED
<i>i-prin oral tablet</i>	1	ED
JOURNAVX ORAL TABLET	3	MO; QL (30 per 90 days)
<i>jr. strength pain reliever oral tablet,disintegrating</i>	1	ED
KETOPROFEN (BULK) POWDER	3	ED
<i>kindermed infants pain-fever oral suspension</i>	1	ED
<i>kindermed kids pain-fever oral suspension</i>	1	ED
<i>little remedies fever and pain oral liquid</i>	1	ED
<i>mapap (acetaminophen) oral capsule</i>	1	MO; ED
<i>mapap (acetaminophen) oral liquid</i>	1	ED
MAXRELIEF JUNIOR ORAL LIQUID	3	ED
<i>maxrelief junior oral suspension</i>	1	ED
<i>mediproxen oral tablet</i>	1	ED
<i>medi-seltzer oral tablet, effervescent</i>	1	ED
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>menstrual pain relief oral tablet</i>	1	ED
MENSTRUAL RELIEF ORAL TABLET	3	ED
<i>menstrual relief(pamabr-pyril) oral tablet</i>	1	ED
MIDOL COMPLETE ORAL TABLET	3	ED
MIDOL MAX ST MENSTRUAL ORAL TABLET	3	ED
MIDOL ORAL TABLET	3	ED
<i>midol pm oral tablet</i>	1	ED
<i>migraine formula oral tablet</i>	1	ED
<i>migraine relief oral tablet</i>	1	ED
<i>motrin ib oral capsule</i>	1	MO; ED
MOTRIN IB ORAL TABLET	3	MO; ED
<i>motrin pm oral tablet</i>	1	ED
<i>m-pap oral liquid</i>	1	ED
<i>nabumetone oral tablet</i>	1	MO
<i>nalbuphine injection solution</i>	1	

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO
<i>naloxone nasal spray,non-aerosol</i>	1	MO
<i>naltrexone oral tablet</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral capsule</i>	1	MO; ED
<i>naproxen sodium oral tablet 220 mg</i>	1	ED
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>night time pain medicine oral tablet</i>	1	MO; ED
<i>non-aspirin extra strength oral tablet</i>	1	ED
<i>non-aspirin oral suspension</i>	1	ED
<i>non-aspirin oral tablet</i>	1	ED
<i>non-aspirin oral tablet,chewable</i>	1	ED
<i>non-aspirin pain relief oral tablet</i>	1	ED
<i>non-aspirin pm oral tablet</i>	1	ED
<i>oxaprozin oral tablet</i>	3	MO
<i>pain relief (acetaminophen) oral liquid</i>	1	ED
<i>pain relief (acetaminophen) oral tablet</i>	1	ED
<i>pain relief (acetaminophen) oral tablet extended release</i>	1	ED
<i>pain relief (ibuprofen) oral tablet</i>	1	ED
<i>pain relief adult oral liquid</i>	1	ED
<i>pain relief es (acetaminophen) oral tablet</i>	1	ED
<i>pain relief pm oral tablet</i>	1	ED
<i>pain relief pm rapid release oral tablet</i>	1	ED
<i>pain reliever (acetam-aspirin) oral tablet</i>	1	ED
<i>pain reliever (acetaminophen) oral tablet</i>	1	ED
<i>pain reliever (acetaminophen) rectal suppository</i>	1	ED
<i>pain reliever es(acetaminophn) oral tablet</i>	1	ED
<i>pain reliever plus oral tablet</i>	1	MO; ED
<i>pain reliever pm ex-strength oral tablet</i>	1	ED

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>pain-off oral tablet</i>	1	ED
<i>pamprin multi-symptom oral tablet</i>	1	ED
<i>percogesic backache relief oral tablet</i>	1	ED
<i>percogesic extra strength oral tablet</i>	1	MO; ED
<i>percogesic oral tablet</i>	1	MO; ED
<i>pharbetol oral tablet</i>	1	ED
<i>piroxicam oral capsule</i>	2	MO
<i>pre-menstrual relief oral tablet</i>	1	ED
<i>salsalate oral tablet</i>	1	MO
<i>severe allergy oral tablet</i>	1	ED
<i>shake that ache oral tablet</i>	1	ED
<i>st joseph aspirin oral tablet, chewable</i>	1	MO; ED
<i>st. joseph aspirin oral tablet, delayed release (dr/ec)</i>	1	MO; ED
<i>sulindac oral tablet</i>	1	MO
TENSION HEADACHE ORAL TABLET	3	ED
TENSION HEADACHE PAIN RELIEVER ORAL TABLET	3	ED
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	1	MO; QL (240 per 30 days)
<i>tri-buffered aspirin oral tablet</i>	1	MO; ED
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE	3	ED
TYLENOL ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE	3	MO; ED
TYLENOL EXTRA STRENGTH ORAL TABLET	3	MO; ED
TYLENOL ORAL TABLET	3	MO; ED
TYLENOL PM EXTRA STRENGTH ORAL TABLET	3	MO; ED
UNISOM PM PAIN ORAL TABLET	3	ED
VANQUISH ORAL TABLET 227-194-33 MG	3	ED
<i>vanquish oral tablet 250-250-65 mg</i>	1	ED
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>wal-profen oral capsule</i>	1	ED
<i>wal-profen oral tablet</i>	1	ED
<i>wal-proxen oral tablet</i>	1	ED
WOMEN'S ASPIRIN WITH CALCIUM ORAL TABLET	3	ED
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILITY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	3	MO; QL (2.4 per 56 days)
ABILITY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	3	MO; QL (3.2 per 56 days)
ABILITY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	3	MO; QL (1 per 28 days)
ABILITY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE	3	MO; QL (1 per 28 days)
<i>alprazolam oral tablet</i>	1	MO
<i>alprazolam oral tablet extended release 24 hr</i>	1	MO
<i>alprazolam oral tablet,disintegrating</i>	1	MO
<i>amitriptyline oral tablet</i>	1	MO
<i>amoxapine oral tablet</i>	2	MO
<i>ariPIPrazole oral solution</i>	3	MO
<i>ariPIPrazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>ariPIPrazole oral tablet,disintegrating</i>	3	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	3	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE 1,064 MG/3.9 ML	3	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	3	MO; QL (1.6 per 28 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	3	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	3	MO; QL (3.2 per 28 days)
<i>armodafinil oral tablet</i>	3	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet</i>	3	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	3	ST; QL (60 per 30 days)
BELSOMRA ORAL TABLET	2	PA; QL (30 per 30 days)
<i>benadryl allergy oral tablet 50 mg</i>	1	MO; ED
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>buspirone oral tablet</i>	1	MO
CAPLYTA ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>chlorpromazine injection solution</i>	1	MO
<i>chlorpromazine oral concentrate</i>	3	MO
<i>chlorpromazine oral tablet</i>	3	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule</i>	3	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	3	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet,disintegrating</i>	3	
COBENFY ORAL CAPSULE	3	MO; QL (60 per 30 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK	3	MO; QL (56 per 180 days)
<i>desipramine oral tablet</i>	1	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	3	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	2	MO
<i>diazepam injection solution</i>	1	PA
<i>diazepam injection syringe</i>	1	PA
<i>diazepam intensol oral concentrate</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	3	MO
<i>doxepin oral concentrate</i>	3	MO
<i>doxepin oral tablet</i>	2	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	MO; QL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	3	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone oral tablet</i>	3	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	3	ST; MO; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK	3	ST; MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	QL (30 per 30 days)
<i>flumazenil intravenous solution</i>	1	

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluphenazine decanoate injection solution</i>	3	MO
<i>fluphenazine hcl injection solution</i>	3	MO
<i>fluphenazine hcl oral concentrate</i>	3	MO
<i>fluphenazine hcl oral elixir</i>	3	MO
<i>fluphenazine hcl oral tablet</i>	3	MO
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	3	MO
<i>haloperidol lactate injection solution</i>	3	MO
<i>haloperidol lactate intramuscular syringe</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	MO
<i>haloperidol oral tablet</i>	1	MO
<i>imipramine hcl oral tablet</i>	3	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	3	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	3	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	3	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	MO; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	3	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	3	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	3	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	3	MO; QL (2.63 per 90 days)
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution</i>	1	
<i>lorazepam injection solution</i>	1	PA; MO
<i>lorazepam injection syringe</i>	1	PA; MO
<i>lorazepam intensol oral concentrate</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	3	MO; QL (60 per 30 days)
MARPLAN ORAL TABLET	3	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	3	MO
<i>methylphenidate hcl oral solution</i>	3	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release</i>	3	MO
<i>methylphenidate hcl oral tablet,chewable</i>	3	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil oral tablet 100 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	3	
<i>molindone oral tablet 5 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone oral tablet</i>	3	MO
<i>nighttime sleep-aid (doxylamn) oral tablet</i>	1	ED
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	3	MO
NUPLAZID ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i>	3	MO
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	3	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	3	ST; MO; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG	3	ST; MO; QL (30 per 30 days)
OPIPZA ORAL FILM 5 MG	3	ST; MO; QL (180 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	3	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	3	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	3	
<i>perphenazine oral tablet</i>	3	MO
<i>phenelzine oral tablet</i>	2	MO
<i>pimozide oral tablet</i>	3	MO
<i>protriptyline oral tablet</i>	3	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
RALDESY ORAL SOLUTION	3	MO
<i>ramelteon oral tablet</i>	2	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	2	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml</i>	3	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 50 mg/2 ml</i>	3	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	3	MO; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	3	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	3	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>sleep aid (doxylamine) oral tablet</i>	1	MO; ED
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054) ORAL SOLUTION	3	PA; LA; QL (540 per 30 days)
SOMINEX MAXIMUM STRENGTH ORAL TABLET	3	MO; ED
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	3	PA; MO
<i>thioridazine oral tablet</i>	2	MO
<i>thiothixene oral capsule</i>	1	MO
<i>tranylcypromine oral tablet</i>	3	MO
<i>trazodone oral tablet</i>	1	MO
<i>trifluoperazine oral tablet</i>	2	MO
<i>trimipramine oral capsule</i>	3	MO
TRINTELLIX ORAL TABLET	2	QL (30 per 30 days)
UNISOM (DOXYLAMINE) ORAL TABLET	3	MO; ED
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	3	MO; QL (0.28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	3	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	3	MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	3	MO; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	3	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	3	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	3	MO; QL (0.21 per 28 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION	3	
<i>vilazodone oral tablet</i>	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>wal-som (doxylamine) oral tablet</i>	1	ED
<i>zaleplon oral capsule 10 mg</i>	3	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	MO; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule</i>	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln</i>	3	MO
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	3	PA; MO; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	3	PA; MO; QL (14 per 365 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine intravenous solution</i>	1	
<i>adenosine intravenous syringe</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone oral tablet</i>	1	MO
<i>dofetilide oral capsule</i>	3	MO
<i>flecainide oral tablet</i>	1	MO
<i>ibutilide fumarate intravenous solution</i>	1	
<i>lidocaine (pf) intravenous solution</i>	1	
<i>lidocaine (pf) intravenous syringe</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	3	
<i>mexiletine oral capsule</i>	2	MO
MULTAQ ORAL TABLET	2	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	3	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sotalol af oral tablet</i>	1	
<i>sotalol oral tablet</i>	1	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule</i>	1	MO
<i>aliskiren oral tablet</i>	3	MO
<i>amiloride oral tablet</i>	1	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	MO
<i>amlodipine oral tablet</i>	1	MO
<i>amlodipine-benazepril oral capsule</i>	1	MO
<i>amlodipine-olmesartan oral tablet</i>	1	MO
<i>amlodipine-valsartan oral tablet</i>	4	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
<i>benazepril oral tablet</i>	4	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	4	MO
<i>betaxolol oral tablet</i>	2	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO
<i>bumetanide injection solution</i>	3	MO
<i>bumetanide oral tablet</i>	1	MO
<i>candesartan oral tablet</i>	1	MO
<i>candesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>captopril oral tablet</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	1	
<i>cartia xt oral capsule,extended release 24hr</i>	1	MO
<i>carvedilol oral tablet</i>	1	MO
<i>chlorothiazide sodium intravenous recon soln</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly</i>	3	MO; QL (4 per 28 days)
<i>diltiazem hcl intravenous recon soln</i>	1	
<i>diltiazem hcl intravenous solution</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 360 mg, 420 mg</i>	1	

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>dilt-xr oral capsule, extended release 24h degradable</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI ORAL TABLET	2	MO
EDARBYCLOR ORAL TABLET	2	MO
<i>enalapril maleate oral tablet</i>	4	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	4	MO
<i>eplerenone oral tablet</i>	2	MO
<i>esmolol intravenous solution</i>	1	
<i>ethacrynat sodium intravenous recon soln</i>	3	
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
<i>fosinopril oral tablet</i>	4	MO
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO
<i>furosemide injection solution</i>	3	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection solution</i>	1	MO
<i>hydralazine oral tablet</i>	1	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
<i>hydrochlorothiazide oral tablet</i>	1	MO
<i>indapamide oral tablet</i>	1	MO
<i>irbesartan oral tablet</i>	4	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	4	MO
<i>isosorbide-hydralazine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>isradipine oral capsule</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>lisinopril oral tablet</i>	4	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril-hydrochlorothiazide oral tablet</i>	4	MO
<i>losartan oral tablet</i>	4	MO
<i>losartan-hydrochlorothiazide oral tablet</i>	4	MO
<i>mannitol 20 % intravenous parenteral solution</i>	3	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la oral tablet extended release 24 hr</i>	1	MO
<i>metolazone oral tablet</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate-hydrochlorothiazide oral tablet</i>	1	MO
<i>metyrosine oral capsule</i>	3	PA; MO
<i>minoxidil oral tablet</i>	1	MO
<i>moexipril oral tablet</i>	1	MO
<i>nadolol oral tablet</i>	3	MO
<i>nebivolol oral tablet</i>	1	MO
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral capsule</i>	3	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine oral capsule</i>	3	MO
<i>olmesartan oral tablet</i>	1	MO
<i>olmesartanamlodipinehydrochlorothiazide oral tablet</i>	1	MO
<i>olmesartanhydrochlorothiazide oral tablet</i>	1	MO
<i>osmitrol 20 % intravenous parenteral solution</i>	3	
<i>perindopril erbumine oral tablet</i>	1	MO
<i>phentolamine injection recon soln</i>	1	
<i>pindolol oral tablet</i>	2	MO
<i>prazosin oral capsule</i>	1	MO
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril oral tablet</i>	4	MO
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	MO
<i>ramipril oral capsule</i>	4	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolactone-hydrochlorothiazide oral tablet</i>	1	MO
<i>telmisartan oral tablet</i>	1	MO
<i>telmisartan-amlodipine oral tablet</i>	1	MO
<i>telmisartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er oral capsule, extended release 24 hr</i>	1	MO
<i>timolol maleate oral tablet</i>	3	MO
<i>torsemide oral tablet</i>	1	MO
<i>trandolapril oral tablet</i>	4	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	MO
<i>treprostinil sodium injection solution</i>	3	PA; MO; LA
<i>triamterene-hydrochlorothiazide oral capsule</i>	1	MO
<i>triamterene-hydrochlorothiazide oral tablet</i>	1	MO
<i>UPTRAVI ORAL TABLET</i>	3	PA; MO; LA; QL (60 per 30 days)
<i>UPTRAVI ORAL TABLETS,DOSE PACK</i>	3	PA; MO; LA; QL (200 per 180 days)
<i>valsartan oral tablet</i>	4	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	4	MO
<i>veletri intravenous recon soln</i>	1	B/D PA; MO
<i>verapamil intravenous solution</i>	1	
<i>verapamil intravenous syringe</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule, extended release pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
COAGULATION THERAPY		
<i>aminocaproic acid intravenous solution</i>	1	MO
<i>aminocaproic acid oral solution</i>	3	MO
<i>aminocaproic acid oral tablet</i>	3	MO
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	3	MO
BRILINTA ORAL TABLET	2	MO
CABLIVI INJECTION KIT	3	PA; LA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	2	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	2	PA; MO
<i>cilostazol oral tablet</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule</i>	3	MO; QL (60 per 30 days)
<i>dipyridamole intravenous solution</i>	1	
<i>dipyridamole oral tablet</i>	3	MO
DOPTELET (10 TAB PACK) ORAL TABLET	3	PA; MO; LA
DOPTELET (15 TAB PACK) ORAL TABLET	3	PA; MO; LA
DOPTELET (30 TAB PACK) ORAL TABLET	3	PA; MO; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET	2	MO; QL (60 per 30 days)
<i>eltrombopag olamine oral powder in packet</i>	3	PA; MO
<i>eltrombopag olamine oral tablet</i>	3	PA; MO
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	3	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	3	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	3	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	3	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe</i>	3	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	2	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	2	
<i>heparin (porcine) injection cartridge</i>	2	
<i>heparin (porcine) injection solution</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/0.5 ML	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	2	
<i>jantoven oral tablet</i>	1	MO
<i>pentoxifylline oral tablet extended release</i>	1	MO
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	3	MO; ED
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	MO; ED
<i>prasugrel hcl oral tablet</i>	2	MO
PROMACTA ORAL POWDER IN PACKET	3	PA; MO; LA
PROMACTA ORAL TABLET	3	PA; MO; LA
<i>protamine intravenous solution</i>	1	
<i>rivaroxaban oral tablet 2.5 mg</i>	2	MO; QL (60 per 30 days)
<i>ticagrelor oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>vitamin k injection solution</i>	1	MO; ED
<i>vitamin k1 injection solution</i>	1	MO; ED
<i>warfarin oral tablet</i>	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	2	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin oral tablet</i>	4	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	2	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder</i>	2	MO
<i>cholestyramine light oral powder in packet</i>	2	MO
<i>colesevelam oral powder in packet</i>	3	MO
<i>colesevelam oral tablet</i>	3	MO
<i>colestipol oral granules</i>	3	MO
<i>colestipol oral packet</i>	3	
<i>colestipol oral tablet</i>	3	MO
<i>ezetimibe oral tablet</i>	1	MO
<i>ezetimibe-simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec)</i>	3	MO
<i>fenofibric acid oral tablet</i>	1	
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>icosapent ethyl oral capsule</i>	2	MO
<i>lovastatin oral tablet 10 mg</i>	4	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
NEXLETOL ORAL TABLET	2	PA; MO
NEXLIZET ORAL TABLET	2	PA; MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	3	MO
<i>omega-3 acid ethyl esters oral capsule</i>	1	MO
<i>pitavastatin calcium oral tablet</i>	4	MO; QL (30 per 30 days)
<i>pravastatin oral tablet</i>	4	MO; QL (30 per 30 days)
<i>prevalite oral powder</i>	2	MO
<i>prevalite oral powder in packet</i>	2	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	PA; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	2	PA; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	PA; QL (6 per 28 days)
<i>rosuvastatin oral tablet</i>	4	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	4	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
<i>digoxin oral solution</i>	2	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dobutamine intravenous solution</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO ORAL TABLET	2	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET	2	QL (240 per 30 days)
<i>ivabradine oral tablet</i>	2	MO; QL (60 per 30 days)
<i>milrinone in 5 % dextrose intravenous piggyback</i>	1	B/D PA
<i>milrinone intravenous solution</i>	1	B/D PA
<i>norepinephrine bitartrate intravenous solution</i>	1	
<i>ranolazine oral tablet extended release 12 hr</i>	2	MO
<i>sodium nitroprusside intravenous solution</i>	1	B/D PA
VERQUVO ORAL TABLET	2	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE	3	PA; MO
VYNDAQEL ORAL CAPSULE	3	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid transdermal ointment</i>	2	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA
<i>nitroglycerin intravenous solution</i>	1	B/D PA
<i>nitroglycerin sublingual tablet</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	3	MO
<i>nitro-time oral capsule, extended release</i>	1	MO; ED
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	3	MO
<i>calcipotriene scalp solution</i>	2	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene topical cream</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	3	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	3	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS SOLUTION	3	PA; QL (20 per 28 days)
COSENTYX (2 PENS) SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (10 per 28 days)
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	MO; ED
PRAMOSONE TOPICAL OINTMENT	3	MO; ED
SELARSDI INTRAVENOUS SOLUTION	3	PA; MO; QL (104 per 180 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; MO; QL (1 per 28 days)
<i>selenium sulfide topical lotion</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE	3	PA; MO; QL (2 per 28 days)
SOTYKTU ORAL TABLET	3	PA; MO; QL (30 per 30 days)
STELARA INTRAVENOUS SOLUTION	3	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	3	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; MO; QL (1 per 28 days)
TREMFYA INTRAVENOUS SOLUTION	3	PA; MO; QL (20 per 28 days)
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (12 per 180 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 28 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE	3	PA; MO; QL (2 per 28 days)
YESINTEK INTRAVENOUS SOLUTION	3	PA; MO; QL (104 per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION	2	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (6 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE	3	PA; MO; QL (6 per 28 days)
<i>ammonium lactate topical cream</i>	1	MO
<i>ammonium lactate topical lotion</i>	1	MO
<i>chloraseptic sore throat mucous membrane lozenge</i>	1	MO; ED
<i>chloroprocaine (pf) injection solution</i>	1	
CIBINQO ORAL TABLET	3	PA; MO; QL (30 per 30 days)
CORTANE-B TOPICAL LOTION	3	ED
<i>dermacinrx lidocan topical adhesive patch, medicated</i>	3	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	3	PA; MO; QL (100 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	3	PA; MO; QL (4.56 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	3	PA; MO; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	3	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>glydo mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	2	MO
<i>lidocaine (pf) injection solution</i>	1	

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal solution</i>	2	
<i>lidocaine hcl mucous membrane jelly</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	3	MO; QL (36 per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	1	
<i>lidocaine-epinephrine injection solution</i>	1	
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch,medicated</i>	3	PA; QL (90 per 30 days)
<i>lidocan iv topical adhesive patch,medicated</i>	3	PA; QL (90 per 30 days)
<i>lidocan v topical adhesive patch,medicated</i>	3	PA; QL (90 per 30 days)
<i>methoxsalen oral capsule, liquid-filled, rapid release</i>	3	MO
PANRETIN TOPICAL GEL	3	PA; MO
<i>pimecrolimus topical cream</i>	3	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf injection solution</i>	1	
REGRANEX TOPICAL GEL	3	QL (15 per 30 days)
SANTYL TOPICAL OINTMENT	2	MO; QL (180 per 30 days)
<i>silver sulfadiazine topical cream</i>	1	MO
<i>sore throat (benzocaine-menth) mucous membrane lozenge 6-10 mg</i>	1	ED
<i>sore throat mucous membrane aerosol,spray</i>	1	ED
<i>ssd topical cream</i>	1	MO
<i>tacrolimus topical ointment</i>	3	PA; MO; QL (100 per 30 days)
<i>tridacaine ii topical adhesive patch,medicated</i>	3	PA; QL (90 per 30 days)
VALCHLOR TOPICAL GEL	3	PA; MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
THERAPY FOR ACNE		
<i>accutane oral capsule</i>	3	
<i>amnesteem oral capsule</i>	3	
<i>azelaic acid topical gel</i>	3	MO
<i>claravis oral capsule</i>	3	
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	2	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)
<i>ery pads topical swab</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>metronidazole topical cream</i>	3	MO
<i>metronidazole topical gel</i>	3	MO
<i>metronidazole topical gel with pump</i>	3	MO
<i>metronidazole topical lotion</i>	3	MO
<i>tazarotene topical cream</i>	3	PA; MO
<i>tazarotene topical gel</i>	3	PA; MO
<i>tretinoi topical cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA; MO
<i>tretinoi topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; MO
<i>zenatane oral capsule</i>	3	
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL	3	ED
ALCORTIN A TOPICAL GEL IN PACKET	3	ED
<i>gentamicin topical cream</i>	2	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	2	MO; QL (60 per 30 days)
<i>hydrocortisone-iodoquinol-aloe2 topical gel</i>	1	MO; ED
<i>hydrocortisone-iodoquinol topical cream</i>	1	ED
<i>mupirocin topical ointment</i>	1	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne) topical suspension</i>	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical gel</i>	2	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	3	MO; QL (60 per 28 days)
<i>econazole nitrate topical cream</i>	3	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>klayesta topical powder</i>	2	MO; QL (180 per 30 days)
<i>naftifine topical gel</i>	3	MO; QL (60 per 28 days)
<i>nyamyc topical powder</i>	2	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream</i>	2	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	2	MO; QL (60 per 28 days)
<i>nystop topical powder</i>	2	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	3	PA; MO; QL (30 per 30 days)
<i>penciclovir topical cream</i>	3	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	MO
<i>alclometasone topical cream</i>	2	MO
<i>alclometasone topical ointment</i>	2	MO
<i>betamethasone dipropionate topical cream</i>	2	MO
<i>betamethasone dipropionate topical lotion</i>	2	MO
<i>betamethasone dipropionate topical ointment</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	2	MO
<i>betamethasone, augmented topical lotion</i>	2	MO
<i>betamethasone, augmented topical ointment</i>	2	MO
<i>clobetasol scalp solution</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical cream 0.05 %</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	3	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	3	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	3	MO; QL (120 per 28 days)
<i>desonide topical cream</i>	3	MO
<i>desonide topical ointment</i>	3	MO
<i>fluocinolone and shower cap scalp oil</i>	3	MO
<i>fluocinolone topical cream</i>	3	MO
<i>fluocinolone topical oil</i>	3	MO
<i>fluocinolone topical ointment</i>	3	MO
<i>fluocinolone topical solution</i>	3	MO
<i>fluocinonide topical cream 0.05 %</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide-emollient topical cream</i>	3	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	2	MO
<i>fluticasone propionate topical ointment</i>	2	MO
<i>halobetasol propionate topical cream</i>	3	MO
<i>halobetasol propionate topical ointment</i>	3	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>mometasone topical cream</i>	1	MO
<i>mometasone topical ointment</i>	1	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone topical solution</i>	1	MO
<i>prednicarbate topical ointment</i>	3	
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream 0.5 %</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion topical lotion</i>	3	MO
<i>permethrin topical cream</i>	2	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous solution</i>	2	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	3	
<i>neomycin-polymyxin b gu irrigation solution</i>	1	
<i>ringer's irrigation solution</i>	3	MO
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet,delayed release (dr/ec)</i>	3	MO
<i>acetic acid irrigation solution</i>	1	MO
<i>anagrelide oral capsule</i>	2	MO
<i>caffeine citrate intravenous solution</i>	1	
<i>caffeine citrate oral solution</i>	1	MO
<i>carglumic acid oral tablet, dispersible</i>	3	PA; MO
<i>cevimeline oral capsule</i>	3	MO
CHEMET ORAL CAPSULE	2	PA
CLINIMIX 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	3	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	MO
<i>deferasirox oral granules in packet</i>	3	PA; MO
<i>deferasirox oral tablet</i>	2	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	2	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	3	PA; MO
<i>deferiprone oral tablet</i>	3	PA; MO
<i>deferoxamine injection recon soln</i>	1	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	3	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	3	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	3	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	3	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	3	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	3	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	3	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	3	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	3	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	3	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	3	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa oral capsule</i>	3	PA; MO
FERRLECIT INTRAVENOUS SOLUTION	3	MO; ED

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>glutamine (sickle cell) oral powder in packet</i>	3	PA; MO
INCRELEX SUBCUTANEOUS SOLUTION	3	LA
<i>kionex (with sorbitol) oral suspension</i>	2	
<i>levocarnitine (with sugar) oral solution</i>	3	MO
<i>levocarnitine oral solution 100 mg/ml</i>	3	MO
<i>levocarnitine oral tablet</i>	3	MO
LOKELMA ORAL POWDER IN PACKET	2	MO
<i>midodrine oral tablet</i>	2	MO
<i>nitisinone oral capsule</i>	3	PA; MO
<i>pilocarpine hcl oral tablet</i>	3	MO
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA; MO; LA
REZDIFFRA ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>riluzole oral tablet</i>	2	PA; MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	3	PA; MO
<i>sodium benzoate-sod phenylacet intravenous solution</i>	3	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	3	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	3	MO
<i>sodium chloride irrigation solution</i>	3	MO
<i>sodium ferric gluconat-sucrose intravenous solution</i>	1	MO; ED
<i>sodium phenylbutyrate oral powder</i>	3	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	3	PA
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sps (with sorbitol) oral suspension</i>	2	MO
<i>sps (with sorbitol) rectal enema</i>	2	
<i>trientine oral capsule 250 mg</i>	3	PA; MO
VELPHORO ORAL TABLET,CHEWABLE	3	PA; MO
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 25.2 GRAM	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	2	MO
<i>water for irrigation, sterile irrigation solution</i>	3	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
XIAFLEX INJECTION RECON SOLN	3	PA
YOHIMBINE HCL (BULK) POWDER	3	ED
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	1	MO
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 21 MG/24 HR	3	MO; ED
<i>nicotine transdermal patch 24 hour 21 mg/24 hr</i>	1	MO; ED
NICOTROL NS NASAL SPRAY,NON-AEROSOL	3	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	3	MO
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	3	
<i>varenicline tartrate oral tablets,dose pack</i>	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	2	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	2	QL (60 per 30 days)
<i>chloraseptic children's mucous membrane aerosol,spray</i>	1	ED
CHLORASEPTIC MAX SORE THROAT MUCOUS MEMBRANE SPRAY,NON-AEROSOL	3	ED
<i>chloraseptic throat spray mucous membrane aerosol,spray</i>	1	MO; ED
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	MO
COUGH DROPS MUCOUS MEMBRANE LOZENGE 5.8 MG	3	ED
<i>denta 5000 plus dental cream</i>	1	MO
<i>dentagel dental gel</i>	1	MO
<i>diabetic tussin (phenol) mucous membrane aerosol,spray</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
ENTERTAINER'S SECRET MUCOUS MEMBRANE SPRAY WITH PUMP	3	ED
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	MO
<i>fraiche 5000 dental gel</i>	1	
HALLS COUGH DROPS MUCOUS MEMBRANE LOZENGE 5.8 MG	3	MO; ED
<i>ipratropium bromide nasal spray,non-aerosol</i>	1	MO; QL (30 per 30 days)
<i>kourzeq dental paste</i>	1	
MEDIKOFF (MENTHOL) MUCOUS MEMBRANE LOZENGE	3	ED
<i>ora relief mucous membrane aerosol,spray</i>	1	ED
<i>oral relief sore throat spray mucous membrane aerosol,spray</i>	1	ED
<i>oralone dental paste</i>	1	
<i>periogard mucous membrane mouthwash</i>	1	MO
<i>phenaseptic mucous membrane aerosol,spray</i>	1	ED
<i>sf 5000 plus dental cream</i>	1	MO
<i>sf dental gel</i>	1	MO
<i>sodium fluoride 5000 dry mouth dental paste</i>	1	MO
<i>sodium fluoride 5000 plus dental cream</i>	1	
<i>sodium fluoride-pot nitrate dental paste</i>	1	MO
<i>sore throat (phenol) mucous membrane aerosol,spray</i>	1	MO; ED
<i>triamcinolone acetonide dental paste</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	MO
<i>ciprofloxacin hcl otic (ear) dropperette</i>	3	MO
<i>clearcanal earwax softener otic (ear) drops</i>	1	MO; ED
<i>clinere ear wax removal otic (ear) drops</i>	1	ED
DEBROX OTIC (EAR) DROPS	3	MO; ED
<i>ear drops (carbamide peroxide) otic (ear) drops</i>	1	MO; ED
<i>ear wax removal drops otic (ear) drops</i>	1	ED

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>ear wax removal kit otic (ear) drops</i>	1	ED
<i>flac oil otic (ear) drops</i>	3	
<i>fluocinolone acetonide oil otic (ear) drops</i>	3	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	3	MO
MURINE EAR OTIC (EAR) DROPS	3	MO; ED
<i>murine ear wax removal system otic (ear) drops</i>	1	MO; ED
<i>ofloxacin otic (ear) drops</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	2	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone oral tablet</i>	1	
<i>dexamethasone intensol oral drops</i>	1	
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection syringe</i>	1	MO
<i>fludrocortisone oral tablet</i>	1	MO
<i>hydrocortisone oral tablet</i>	1	MO
<i>methylprednisolone acetate injection suspension</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous recon soln</i>	1	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisone intensol oral concentrate</i>	3	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets, dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>alcohol pads topical pads, medicated</i>	2	PA; MO
<i>BAQSIMI NASAL SPRAY, NON-AEROSOL</i>	2	MO
<i>BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR</i>	2	PA; QL (4 per 28 days)
<i>diazoxide oral suspension</i>	3	MO
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	2	PA; QL (2.4 per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	2	PA; QL (1.2 per 30 days)
<i>FARXIGA ORAL TABLET 10 MG</i>	2	MO; QL (30 per 30 days)
<i>FARXIGA ORAL TABLET 5 MG</i>	2	MO; QL (60 per 30 days)
<i>FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS PEN</i>	2	MO
<i>FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE</i>	2	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO
FREESTYLE INSULINX STRIP	3	MO; ED
FREESTYLE INSULINX TEST STRIPS STRIP	3	MO; ED
FREESTYLE LITE STRIPS STRIP	3	MO; ED
FREESTYLE PRECISION NEO STRIPS STRIP	3	MO; ED
FREESTYLE TEST STRIP	3	MO; ED
<i>glimepiride oral tablet 1 mg</i>	4	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	4	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	4	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	4	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	4	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	4	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	4	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	4	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	4	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	4	MO; QL (120 per 30 days)
GLYXAMBI ORAL TABLET	2	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	2	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	2	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
GVOKE SUBCUTANEOUS SOLUTION	2	MO
INPEFA ORAL TABLET	2	PA; MO; QL (30 per 30 days)
JANUMET ORAL TABLET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
JANUVIA ORAL TABLET	2	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	2	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	2	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
<i>metformin oral tablet 1,000 mg</i>	4	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	4	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	4	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	4	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	4	MO; QL (60 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	2	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	2	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	2	MO
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION	2	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS PEN	2	MO
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	2	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	2	MO
ONETOUCH ULTRA TEST STRIP	3	MO; ED
ONETOUCH VERIO TEST STRIPS STRIP	3	MO; ED
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet</i>	4	MO; QL (30 per 30 days)
PRECISION XTRA TEST STRIP	3	MO; ED
RELION ULTIMA STRIP	3	ED
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET	2	PA; MO; QL (30 per 30 days)
<i>saxagliptin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	2	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	2	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	QL (90 per 30 days)
STEGLATRO ORAL TABLET	2	MO; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (6 per 30 days)
SYNJARDY ORAL TABLET	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	MO; QL (30 per 30 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS PEN	2	MO
TRADJENTA ORAL TABLET	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; QL (2 per 28 days)
ULTIMA TEST STRIPS STRIP	3	ED
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	3	PA; MO
<i>cabergoline oral tablet</i>	2	MO
<i>calcitonin (salmon) injection solution</i>	3	MO
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	ED
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	3	
<i>cinacalcet oral tablet</i>	3	PA; MO
<i>clomid oral tablet</i>	1	PA; MO
<i>clomiphene citrate oral tablet</i>	1	PA
CRYSVITA SUBCUTANEOUS SOLUTION	3	PA; MO; LA
<i>danazol oral capsule</i>	3	MO
<i>desmopressin injection solution</i>	1	MO
<i>desmopressin nasal spray with pump</i>	3	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral tablet</i>	2	MO
<i>doxercalciferol intravenous solution</i>	1	MO
<i>doxercalciferol oral capsule</i>	3	MO
ELAPRASE INTRAVENOUS SOLUTION	3	PA; MO
FABRAZYME INTRAVENOUS RECON SOLN	3	PA; MO
KANUMA INTRAVENOUS SOLUTION	3	PA; MO
LUMIZYME INTRAVENOUS RECON SOLN	3	PA; MO
MEPSEVII INTRAVENOUS SOLUTION	3	PA; MO
<i>mifepristone oral tablet 300 mg</i>	3	PA; MO
NAGLAZYME INTRAVENOUS SOLUTION	3	PA; MO; LA
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous solution</i>	1	
<i>paricalcitol oral capsule</i>	3	MO
<i>sapropterin oral powder in packet</i>	3	PA; MO
<i>sapropterin oral tablet,soluble</i>	3	PA; MO
SOMAVERT SUBCUTANEOUS RECON SOLN	3	PA; MO
STRENSIQ SUBCUTANEOUS SOLUTION	3	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil</i>	2	PA; MO
<i>testosterone transdermal gel</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal solution in metered pump w/app</i>	3	PA; MO; QL (180 per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablet</i>	3	PA
<i>tolvaptan oral tablet</i>	3	PA; MO
VIMIZIM INTRAVENOUS SOLUTION	3	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
THYROID HORMONES		
<i>levo-t oral tablet</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine intravenous solution</i>	1	MO
<i>liothyronine oral tablet</i>	1	MO
SYNTHROID ORAL TABLET	3	MO
<i>unithroid oral tablet</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml</i>	1	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	1	
<i>chlordiazepoxide-clidinium oral capsule</i>	1	ED
<i>dicyclomine intramuscular solution</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	3	MO
<i>dicyclomine oral tablet 20 mg</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	3	
<i>diphenoxylate-atropine oral tablet</i>	2	MO
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML)	3	ED

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	MO; ED
DONNATAL ORAL TABLET	3	MO; ED
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
<i>glycopyrrolate injection solution</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>loperamide oral capsule</i>	1	MO
<i>opium oral tincture</i>	1	MO
PHENOBARB-HYOSCY-ATROPINE-SCOP ORAL ELIXIR	3	MO; ED
<i>phenohytror oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	MO; ED
<i>phenohytror oral tablet</i>	1	MO; ED
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	3	PA; MO
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	MO; ED
<i>anucort-hc rectal suppository</i>	1	MO; ED
ANUSOL-HC RECTAL SUPPOSITORY	3	MO; ED
<i>aprepitant oral capsule</i>	3	B/D PA; MO
<i>aprepitant oral capsule,dose pack</i>	3	B/D PA; MO
<i>balsalazide oral capsule</i>	2	MO
<i>betaine oral powder</i>	3	MO
BONINE ORAL TABLET,CHEWABLE	3	MO; ED
<i>budesonide oral capsule, delayed, extended release</i>	3	MO
<i>budesonide oral tablet,delayed and ext.release</i>	3	MO
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	3	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE	3	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	3	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CINVANTI INTRAVENOUS EMULSION	2	MO
<i>compro rectal suppository</i>	3	MO
<i>constulose oral solution</i>	1	MO
CORTIFOAM RECTAL FOAM	2	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	MO
<i>cromolyn oral concentrate</i>	3	MO
<i>dimenhydrinate injection solution</i>	1	MO
<i>dimenhydrinate oral tablet</i>	1	ED
<i>dramamine (meclizine) oral tablet</i>	1	ED
<i>dramamine (meclizine) oral tablet,chewable</i>	1	ED
<i>dramamine less drowsy oral tablet</i>	1	MO; ED
DRAMAMINE ORAL TABLET	3	ED
DRAMAMINE ORAL TABLET,CHEWABLE	3	MO; ED
<i>driminate oral tablet</i>	1	MO; ED
<i>dronabinol oral capsule</i>	3	B/D PA
<i>droperidol injection solution</i>	1	MO
ENTYVIO INTRAVENOUS RECON SOLN	3	PA; MO; QL (2 per 28 days)
<i>enulose oral solution</i>	1	MO
<i>fosaprepitant intravenous recon soln</i>	1	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	3	PA; MO
GATTEX ONE-VIAL SUBCUTANEOUS KIT	3	PA; MO
<i>gavilyte-c oral recon soln</i>	1	MO
<i>gavilyte-g oral recon soln</i>	1	MO
<i>gavilyte-n oral recon soln</i>	1	
<i>generlac oral solution</i>	1	MO
<i>gransetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>gransetron hcl intravenous solution 1 mg/ml</i>	1	MO
<i>gransetron hcl intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>gransetron hcl oral tablet</i>	2	B/D PA; MO
<i>hemmorex-hc rectal suppository</i>	1	MO; ED
<i>hydrocortisone acetate rectal suppository</i>	1	MO; ED

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone rectal enema</i>	3	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	MO; ED
<i>lactulose oral solution</i>	1	MO
LINZESS ORAL CAPSULE	2	MO; QL (30 per 30 days)
<i>lubiprostone oral capsule</i>	3	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>meclizine oral tablet, chewable</i>	1	MO; ED
<i>medi-meclizine oral tablet</i>	1	ED
<i>mesalamine oral capsule (with del rel tablets)</i>	3	MO
<i>mesalamine oral capsule, extended release</i>	3	
<i>mesalamine oral capsule, extended release 24hr</i>	3	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	3	MO
<i>mesalamine rectal enema</i>	3	MO
<i>mesalamine rectal suppository</i>	3	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	3	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>motion sickness (meclizine) oral tablet</i>	1	ED
<i>motion sickness oral tablet</i>	1	ED
<i>motion sickness relief oral tablet</i>	1	ED
<i>motion sickness relief(mecliz) oral tablet</i>	1	ED
<i>motion sickness relief(mecliz) oral tablet, chewable</i>	1	ED
<i>motion-time oral tablet, chewable</i>	1	ED
<i>nitroglycerin rectal ointment</i>	2	MO
OCALIVA ORAL TABLET	3	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl intravenous solution</i>	1	MO
<i>ondansetron hcl oral solution</i>	3	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes oral recon soln</i>	1	
<i>peg-electrolyte oral recon soln</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	3	MO
PROCTOCORT RECTAL SUPPOSITORY	3	MO; ED
<i>procto-med hc topical cream with perineal applicator</i>	1	MO
<i>proctosol hc topical cream with perineal applicator</i>	1	MO
<i>protozone-hc topical cream with perineal applicator</i>	1	MO
RELISTOR SUBCUTANEOUS SOLUTION	3	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	ST; MO; QL (12 per 30 days)
REMICADE INTRAVENOUS RECON SOLN	3	PA; MO; QL (20 per 28 days)
SANCUSO TRANSDERMAL PATCH WEEKLY	3	MO
<i>scopolamine base transdermal patch 3 day</i>	3	MO
SKYRIZI INTRAVENOUS SOLUTION	3	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	3	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	3	PA; MO; QL (2.4 per 56 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	3	MO
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	3	

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
SUCRAID ORAL SOLUTION	3	PA
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	MO
SYMPROIC ORAL TABLET	2	MO; QL (30 per 30 days)
<i>travel sickness oral tablet</i>	1	ED
<i>travel-ease (meclizine) oral tablet</i>	1	ED
TRULANCE ORAL TABLET	2	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI ORAL TABLET	2	B/D PA
VIBERZI ORAL TABLET	3	MO; QL (60 per 30 days)
VOWST ORAL CAPSULE	3	PA; LA
<i>wal-dram 2 oral tablet</i>	1	ED
<i>wal-dram oral tablet</i>	1	ED
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	3	MO
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT	3	PA; MO; QL (2 per 28 days)
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT	3	PA; MO; QL (2 per 28 days)
ULCER THERAPY		
<i>acid controller complete oral tablet,chewable</i>	1	ED
<i>acid controller oral tablet</i>	1	ED
<i>acid reducer (cimetidine) oral tablet</i>	1	ED
<i>acid reducer (esomeprazole) oral capsule,delayed release(dr/ec)</i>	1	ED
<i>acid reducer (famotidine) oral tablet</i>	1	ED
<i>acid reducer (lansoprazole) oral capsule,delayed release(dr/ec)</i>	1	MO; ED

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Drug Name	Drug Tier	Requirements/Limits
<i>acid reducer (omeprazole) oral capsule,delayed release(dr/ec)</i>	1	ED
<i>acid reducer complete (famot) oral tablet,chewable</i>	1	ED
<i>acid reducer-antacid oral tablet,chewable</i>	1	ED
<i>acid-pep oral tablet</i>	1	ED
<i>cimetidine oral tablet 200 mg</i>	1	MO; ED
<i>complete oral tablet,chewable</i>	1	ED
<i>dual action complete oral tablet,chewable</i>	1	ED
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO; QL (60 per 30 days)
<i>esomeprazole magnesium oral tablet,delayed release (dr/ec)</i>	1	ED
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO
<i>famotidine (pf) intravenous solution</i>	1	MO
<i>famotidine (pf)-nacl (iso-osm) intravenous piggyback</i>	1	MO
<i>famotidine intravenous solution</i>	1	MO
<i>famotidine oral tablet 10 mg</i>	1	MO; ED
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>heartburn prevention oral tablet</i>	1	ED
<i>heartburn relief (cimetidine) oral tablet</i>	1	ED
<i>heartburn relief (famotidine) oral tablet</i>	1	MO; ED
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO; QL (60 per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	MO; ED
<i>misoprostol oral tablet</i>	2	MO
NEXIUM 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	MO; ED
NEXIUM 24HR ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO; ED

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine oral capsule</i>	2	MO
<i>omeprazole magnesium oral capsule,delayed release(dr/ec)</i>	1	MO; ED
<i>omeprazole magnesium oral tablet,delayed release (dr/ec)</i>	1	MO; ED
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>omeprazole oral tablet,delayed release (dr/ec)</i>	1	MO; ED
<i>omeprazole oral tablet,disintegrat, delay rel</i>	1	ED
OMEPRAZOLE-SODIUM BICARBONATE ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; ED
<i>pantoprazole intravenous recon soln</i>	1	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
PEPCID AC MAXIMUM STRENGTH ORAL TABLET	3	ED
PEPCID AC ORAL TABLET 10 MG	3	MO; ED
<i>pepcid ac oral tablet 20 mg</i>	1	MO; ED
PEPCID COMPLETE ORAL TABLET,CHEWABLE	3	MO; ED
PREVACID 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ED
PRILOSEC OTC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO; ED
<i>sucralfate oral suspension</i>	3	MO
<i>sucralfate oral tablet</i>	1	MO
<i>tagamet hb oral tablet</i>	1	MO; ED
<i>tums dual action (famotidine) oral tablet,chewable</i>	1	ED
<i>zantac-360 (famotidine) oral tablet 20 mg</i>	1	MO; ED
ZEGERID OTC ORAL CAPSULE	3	MO; ED

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	3	PA; MO
ARCALYST SUBCUTANEOUS RECON SOLN	3	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	3	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	3	PA; MO; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE	3	PA; LA
BETASERON SUBCUTANEOUS KIT	3	PA; MO; QL (14 per 28 days)
FULPHILA SUBCUTANEOUS SYRINGE	3	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	3	PA; MO; LA; QL (2 per 28 days)
NIVESTYM INJECTION SOLUTION	3	PA; MO
NIVESTYM SUBCUTANEOUS SYRINGE	3	PA; MO
NYVEPRIA SUBCUTANEOUS SYRINGE	3	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	3	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN	3	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	3	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	3	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR SYRINGE	3	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	3	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	3	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; MO; QL (1 per 180 days)
<i>plerixafor subcutaneous solution</i>	3	B/D PA; MO
PROCIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	3	PA; MO
RELEUKO SUBCUTANEOUS SYRINGE	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN	4	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	4	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	4	V
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE	3	ED
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION	3	ED
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	V
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION	3	ED
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE	3	ED
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	4	V
BEXSERO INTRAMUSCULAR SYRINGE	4	V
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	4	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	4	V
CAPVAXIVE INTRAMUSCULAR SYRINGE	3	ED
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE	3	ED
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	2	

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	4	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	4	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	4	B/D PA; V
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	3	ED
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE	3	ED
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE	3	ED
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE	3	ED
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION	3	ED
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE	3	ED
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE	3	ED
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE	3	ED
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE	3	ED
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION	3	ED
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE	3	ED
<i>fomepizole intravenous solution</i>	1	
GAMASTAN INTRAMUSCULAR SOLUTION	2	MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	4	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	4	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	4	V

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	4	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	2	
HIZENTRA SUBCUTANEOUS SOLUTION	3	B/D PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE	3	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION	2	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	4	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	
IPOL INJECTION SUSPENSION	4	V
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN	4	V
IXIARO (PF) INTRAMUSCULAR SYRINGE	4	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	4	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	4	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	4	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	4	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	4	V
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE	3	ED
MRESVIA (PF) INTRAMUSCULAR SYRINGE	4	V
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE	3	ED
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	2	

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA (PF) INTRAMUSCULAR KIT	4	V
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT	4	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	2	
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION	3	ED
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	ED
PNEUMOVAX-23 INJECTION SYRINGE	3	ED
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	3	ED
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	4	V
PRIVIGEN INTRAVENOUS SOLUTION	3	PA; MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	4	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	4	B/D PA; V
ROTARIX ORAL SUSPENSION	2	
ROTAQUE VACCINE ORAL SOLUTION	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	V; QL (2 per 720 days)
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE	3	ED
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	4	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE	4	V

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	2	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA INTRAMUSCULAR SYRINGE	4	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE	4	V
TYPHIM VI INTRAMUSCULAR SOLUTION	4	V
TYPHIM VI INTRAMUSCULAR SYRINGE	4	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	4	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	4	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	4	V
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	4	V
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	3	ED
VIMKUNYA INTRAMUSCULAR SYRINGE	4	V
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	MO; V
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	4	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	2	PA; MO
GAUZE PADS 2 X 2	2	PA; MO
EMBECTA INSULIN SYRINGE	2	PA; MO
EMBECTA PEN NEEDLE	2	PA; MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium intravenous recon soln</i>	1	
<i>aloprim intravenous recon soln</i>	1	
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat oral tablet</i>	2	MO
<i>probencid oral tablet</i>	2	MO
<i>probencid-colchicine oral tablet</i>	2	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
BONSITY SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2.48 per 28 days)
<i>ibandronate intravenous solution</i>	1	PA
<i>ibandronate intravenous syringe</i>	1	PA; MO
<i>ibandronate oral tablet</i>	1	MO; QL (1 per 30 days)
JUBBONTI SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 180 days)
PROLIA SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	3	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	3	PA; MO; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION	3	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE	3	PA; MO; QL (3.6 per 28 days)
BENLYSTA INTRAVENOUS RECON SOLN	3	PA; MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SUBCUTANEOUS AUTO- INJECTOR	3	PA; MO
BENLYSTA SUBCUTANEOUS SYRINGE	3	PA; MO
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL (4 per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	3	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	3	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; MO; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE	3	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	3	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	3	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (8 per 28 days)
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; MO; QL (4 per 28 days)
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	3	PA; MO; QL (4 per 28 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	3	PA; MO; QL (2 per 28 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	3	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	3	PA; MO; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	3	PA; MO; QL (3 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	3	PA; MO; QL (3 per 180 days)
<i>leflunomide oral tablet</i>	1	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	3	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	3	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	3	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	3	PA; MO; QL (2.8 per 28 days)
OTEZLA ORAL TABLET	3	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	3	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	3	PA; MO
RIDAURA ORAL CAPSULE	3	MO
RINVOQ LQ ORAL SOLUTION	3	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	3	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	3	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	2	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	QL (55 per 180 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (3.6 per 28 days)
TYENNE INTRAVENOUS SOLUTION	3	PA; MO; QL (160 per 28 days)
TYENNE SUBCUTANEOUS SYRINGE	3	PA; MO; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	3	PA; MO; QL (480 per 24 days)
XELJANZ ORAL TABLET	3	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; MO; QL (30 per 30 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT	3	PA; MO; QL (3 per 180 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	PA; MO; QL (4 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; MO; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	3	PA; MO; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; MO; QL (4 per 28 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>abigale lo oral tablet</i>	2	PA
<i>abigale oral tablet</i>	2	PA
<i>camila oral tablet</i>	1	MO
<i>covaryx h.s. oral tablet</i>	1	ED
<i>covaryx oral tablet</i>	1	ED
<i>deblitane oral tablet</i>	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	2	MO
<i>dotti transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
DUAVEE ORAL TABLET	2	MO
<i>eemt hs oral tablet</i>	1	ED
<i>eemt oral tablet</i>	1	ED
<i>emzahh oral tablet</i>	1	MO
<i>errin oral tablet</i>	1	MO
<i>estradiol oral tablet</i>	3	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	3	MO
<i>estradiol vaginal tablet</i>	3	MO
<i>estradiol valerate intramuscular oil</i>	3	MO
<i>estradiol-norethindrone acet oral tablet</i>	2	PA; MO
ESTRATEST H.S. ORAL TABLET	3	ED
<i>estrogens-methyltestosterone oral tablet</i>	1	MO; ED

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Drug Name	Drug Tier	Requirements/Limits
<i>fyavolv oral tablet</i>	3	PA; MO
<i>gallifrey oral tablet</i>	1	MO
<i>heather oral tablet</i>	1	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	2	MO
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	2	MO
<i>incassia oral tablet</i>	1	MO
<i>jencycla oral tablet</i>	1	MO
<i>jinteli oral tablet</i>	3	PA; MO
<i>lyleq oral tablet</i>	1	MO
<i>lyllana transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>lyza oral tablet</i>	1	
<i>medroxyprogesterone intramuscular suspension</i>	1	MO
<i>medroxyprogesterone intramuscular syringe</i>	1	MO
<i>medroxyprogesterone oral tablet</i>	1	MO
<i>meleya oral tablet</i>	1	
<i>mimvey oral tablet</i>	2	PA; MO
<i>nora-be oral tablet</i>	1	MO
<i>norethindrone (contraceptive) oral tablet</i>	1	
<i>norethindrone acetate oral tablet</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	PA; MO
PREMARIN ORAL TABLET	2	MO
PREMARIN VAGINAL CREAM	2	MO
PREMPHASE ORAL TABLET	2	MO
PREMPRO ORAL TABLET	2	MO
<i>progesterone intramuscular oil</i>	1	MO
<i>progesterone micronized oral capsule</i>	2	MO
<i>sharobel oral tablet</i>	1	MO
<i>yuvafem vaginal tablet</i>	3	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream</i>	2	MO
<i>eluryng vaginal ring</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethynodiol vaginal ring</i>	2	
LILETTA INTRAUTERINE DEVICE	2	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	MO
<i>mifepristone oral tablet 200 mg</i>	1	LA
MYFEMBREE ORAL TABLET	3	PA; MO
NEXPLANON SUBDERMAL IMPLANT	2	
<i>norelgestromin-ethynodiol transdermal patch weekly</i>	2	
<i>terconazole vaginal cream</i>	2	MO
<i>terconazole vaginal suppository</i>	2	MO
<i>tranexamic acid oral tablet</i>	2	MO
TRIMO-SAN JELLY VAGINAL GEL	3	MO; ED
<i>xulane transdermal patch weekly</i>	2	
<i>zafemy transdermal patch weekly</i>	2	MO

ORAL CONTRACEPTIVES / RELATED AGENTS

<i>altavera (28) oral tablet</i>	1	MO
<i>alyacen 1/35 (28) oral tablet</i>	1	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	1	MO
<i>amethyst (28) oral tablet</i>	1	MO
<i>apri oral tablet</i>	1	MO
<i>aranelle (28) oral tablet</i>	1	MO
<i>aubra eq oral tablet</i>	1	MO
<i>aviane oral tablet</i>	1	MO
<i>azurette (28) oral tablet</i>	1	MO
<i>camrese oral tablets,dose pack,3 month</i>	1	MO
<i>cryselle (28) oral tablet</i>	1	MO
<i>cyred eq oral tablet</i>	1	MO
<i>dasetta 1/35 (28) oral tablet</i>	1	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	1	MO
<i>daysee oral tablets,dose pack,3 month</i>	1	MO
<i>desog-e.estradiol/e.estradiol oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-e.estriadiol-lm.fa</i> oral tablet 3-0.03-0.451 mg (21) (7)	3	MO
<i>drospirenone-ethinyl estradiol</i> oral tablet 3-0.02 mg	1	MO
<i>drospirenone-ethinyl estradiol</i> oral tablet 3-0.03 mg	1	
<i>elinese</i> oral tablet	1	MO
<i>enpresse</i> oral tablet	1	
<i>enskyce</i> oral tablet	1	MO
<i>estarylla</i> oral tablet	1	MO
<i>ethynodiol diac-eth estradiol</i> oral tablet	1	
<i>falmina</i> (28) oral tablet	1	MO
<i>introvale</i> oral tablets, dose pack, 3 month	1	
<i>isibloom</i> oral tablet	1	MO
<i>jasmiel</i> (28) oral tablet	1	MO
<i>jolessa</i> oral tablets, dose pack, 3 month	1	MO
<i>juleber</i> oral tablet	1	MO
<i>kalliga</i> oral tablet	1	
<i>kariva</i> (28) oral tablet	1	
<i>kelnor</i> 1/35 (28) oral tablet	1	MO
<i>kelnor</i> 1/50 (28) oral tablet	1	MO
<i>kurvelo</i> (28) oral tablet	1	MO
<i>l norgest/e.estriadiol-e.estrad</i> oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	
<i>larin</i> 1.5/30 (21) oral tablet	1	MO
<i>larin</i> 1/20 (21) oral tablet	1	MO
<i>larin</i> 24 fe oral tablet	1	MO
<i>larin</i> fe 1.5/30 (28) oral tablet	1	MO
<i>larin</i> fe 1/20 (28) oral tablet	1	MO
<i>lessina</i> oral tablet	1	MO
<i>levonest</i> (28) oral tablet	1	MO
<i>levonorgestrel-ethinyl estrad</i> oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1	
<i>levonorgestrel-ethinyl estrad</i> oral tablets, dose pack, 3 month	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth estrad triphasic oral tablet</i>	1	MO
<i>levora-28 oral tablet</i>	1	
<i>loryna (28) oral tablet</i>	1	MO
<i>low-ogestrel (28) oral tablet</i>	1	
<i>lo-zumandimine (28) oral tablet</i>	1	MO
<i>lutera (28) oral tablet</i>	1	
<i>marlissa (28) oral tablet</i>	1	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	1	MO
<i>microgestin 1/20 (21) oral tablet</i>	1	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	1	MO
<i>mili oral tablet</i>	1	MO
<i>mono-linyah oral tablet</i>	1	MO
<i>nikki (28) oral tablet</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.25-0.035 mg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	1	MO
<i>nortrel 1/35 (21) oral tablet</i>	1	MO
<i>nortrel 1/35 (28) oral tablet</i>	1	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	1	MO
<i>philith oral tablet</i>	1	MO
<i>pimtrea (28) oral tablet</i>	1	MO
<i>portia 28 oral tablet</i>	1	MO
<i>reclipsen (28) oral tablet</i>	1	MO
<i>setlakin oral tablets,dose pack,3 month</i>	1	MO
<i>sprintec (28) oral tablet</i>	1	MO
<i>sronyx oral tablet</i>	1	
<i>syeda oral tablet</i>	1	MO
<i>tarina fe 1-20 eq (28) oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tilia fe</i> oral tablet	3	MO
<i>tri-estarrylla</i> oral tablet	1	MO
<i>tri-legest fe</i> oral tablet	3	MO
<i>tri-linyah</i> oral tablet	1	MO
<i>tri-lo-estarrylla</i> oral tablet	1	MO
<i>tri-lo-marzia</i> oral tablet	1	MO
<i>tri-lo-sprintec</i> oral tablet	1	
<i>tri-sprintec</i> (28) oral tablet	1	MO
<i>turqoz</i> (28) oral tablet	1	MO
<i>velivet triphasic regimen</i> (28) oral tablet	1	MO
<i>vestura</i> (28) oral tablet	1	MO
<i>vienna</i> oral tablet	1	MO
<i>viorele</i> (28) oral tablet	1	MO
<i>wera</i> (28) oral tablet	1	MO
<i>zovia</i> 1-35 (28) oral tablet	1	MO
<i>zumandimine</i> (28) oral tablet	1	MO
OXYTOCICS		
<i>methylergonovine</i> oral tablet	3	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic</i> (eye) ointment	2	
<i>bacitracin-polymyxin b</i> ophthalmic (eye) ointment	1	MO
<i>ciprofloxacin hcl</i> ophthalmic (eye) drops	1	MO
<i>erythromycin</i> ophthalmic (eye) ointment	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i> ophthalmic (eye) drops	3	MO
<i>gentamicin</i> ophthalmic (eye) drops	1	MO; QL (70 per 30 days)
<i>levofloxacin</i> ophthalmic (eye) drops 0.5 %	2	MO
<i>levofloxacin</i> ophthalmic (eye) drops 1.5 %	2	
<i>moxifloxacin</i> ophthalmic (eye) drops	2	MO
<i>moxifloxacin</i> ophthalmic (eye) drops, viscous	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>neomycin-bacitracin-polymyxin</i> ophthalmic (eye) ointment	2	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	2	MO
<i>neo-polycin ophthalmic (eye) ointment</i>	2	
<i>ofloxacin ophthalmic (eye) drops</i>	1	MO
<i>polycin ophthalmic (eye) ointment</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	MO
<i>tobramycin ophthalmic (eye) drops</i>	1	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	2	MO
ZIRGAN OPHTHALMIC (EYE) GEL	3	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	2	MO
<i>carteolol ophthalmic (eye) drops</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops (not single use)</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution (timoptic generic)</i>	3	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	MO
<i>azelastine ophthalmic (eye) drops</i>	2	MO
<i>bss intraocular solution</i>	1	
BYOOVIZ INTRAVITREAL SOLUTION	3	PA; MO
CIMERLI INTRAVITREAL SOLUTION	3	PA; MO
<i>cromolyn ophthalmic (eye) drops</i>	1	MO
<i>cyclosporine ophthalmic (eye) dropperette</i>	2	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS	3	PA
<i>epinastine ophthalmic (eye) drops</i>	2	MO
EYLEA INTRAVITREAL SOLUTION	3	PA; MO
EYLEA INTRAVITREAL SYRINGE	3	PA; MO
MIEBO (PF) OPHTHALMIC (EYE) DROPS	2	MO; QL (12 per 30 days)
OXERVATE OPHTHALMIC (EYE) DROPS	3	PA; MO
PAVBLU INTRAVITREAL SOLUTION	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
PAVBLU INTRAVITREAL SYRINGE	3	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
<i>sulacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulacetamide sodium ophthalmic (eye) ointment</i>	1	
<i>sulacetamide-prednisolone ophthalmic (eye) drops</i>	1	MO
XDEM VY OPHTHALMIC (EYE) DROPS	3	PA; QL (10 per 42 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops</i>	2	MO
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	MO
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	MO
<i>ketorolac ophthalmic (eye) drops</i>	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	2	MO
<i>acetazolamide oral tablet</i>	2	MO
<i>acetazolamide sodium injection recon soln</i>	1	MO
<i>methazolamide oral tablet</i>	3	MO
OTHER GLAUCOMA DRUGS		
<i>dorzolamide ophthalmic (eye) drops</i>	1	MO
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	MO
<i>latanoprost ophthalmic (eye) drops</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
<i>miostat intraocular solution</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS	2	
ROCKLATAN OPHTHALMIC (EYE) DROPS	2	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO
<i>travoprost ophthalmic (eye) drops</i>	2	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	3	MO
<i>neo-polycin hc ophthalmic (eye) ointment</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	MO; QL (10 per 14 days)
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	MO
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	2	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	2	MO
OZURDEX INTRAVITREAL IMPLANT	3	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	MO
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
12-HOUR COUGH RELIEF ORAL SUSPENSION, EXTENDED REL 12 HR	3	ED
<i>24hour allergy oral tablet</i>	1	ED
<i>24hr allergy relief oral tablet</i>	1	ED
<i>24hr allergy-congestion relief oral tablet extended release 24 hr</i>	1	ED
ABATUSS DMX ORAL LIQUID	3	ED
ACTICON (DEXBROMPH-PSE) ORAL SOLUTION 1-30 MG/5 ML	3	ED
<i>acticon (dexbromph-pse) oral tablet</i>	1	ED
<i>actidom dmx oral liquid</i>	1	ED
ACTINEL DM ORAL LIQUID	3	ED
ACTINEL ORAL SOLUTION	3	ED
ACTINEL PEDIATRIC ORAL LIQUID	3	ED
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
<i>adult robitussin peak cold m-s oral liquid</i>	1	ED
<i>adult tussin cf oral liquid</i>	1	MO; ED
<i>adult tussin chest congestion oral liquid</i>	1	ED
<i>adult wal-tussin dm max oral liquid</i>	1	ED
<i>adult wal-tussin oral liquid</i>	1	ED
ADVIL COLD AND SINUS ORAL CAPSULE	3	MO; ED
<i>advil cold and sinus oral tablet</i>	1	ED
ADVIL SINUS CONGESTION-PAIN ORAL TABLET	3	ED
<i>ala-hist ir oral tablet</i>	1	MO; ED
ALAHIST PE ORAL TABLET	3	MO; ED
<i>alavert d-12 allergy-sinus oral tablet extended release 12 hr</i>	1	MO; ED
<i>alavert oral tablet,disintegrating</i>	1	MO; ED
<i>aler-cap oral capsule</i>	1	ED

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
ALEVE COLD AND SINUS ORAL TABLET EXTENDED RELEASE 12 HR	3	ED
ALEVE SINUS AND HEADACHE ORAL TABLET EXTENDED RELEASE 12 HR	3	ED
ALEVE-D SINUS AND COLD ORAL TABLET EXTENDED RELEASE 12 HR	3	MO; ED
ALEVE-D SINUS AND HEADACHE ORAL TABLET EXTENDED RELEASE 12 HR	3	ED
<i>alka-seltzer plus allergy oral tablet</i>	1	ED
ALKA-SELTZER PLUS COLD (PE) ORAL TABLET, EFFERVESCENT	3	ED
ALKA-SELTZER PLUS COLD/COUGHFM ORAL CAPSULE	3	ED
ALKA-SELTZER PLUS DAY ORAL CAPSULE	3	ED
<i>alka-seltzer plus mucus-conges oral capsule</i>	1	ED
ALKA-SELTZER PLUS SINUS-COUGH ORAL CAPSULE	3	ED
ALKA-SELTZER SEVERE COLD ORAL TABLET, EFFERVESCENT	3	ED
ALL DAY ALLERGY (CETIRIZINE) ORAL CAPSULE	3	ED
<i>all day allergy (cetirizine) oral tablet</i>	1	MO; ED
<i>all day allergy-d oral tablet extended release 12 hr</i>	1	ED
ALL DAY COLD AND SINUS ORAL TABLET EXTENDED RELEASE 12 HR	3	ED
ALL DAY PAIN RELIEF SINUS,COLD ORAL TABLET EXTENDED RELEASE 12 HR	3	ED
ALLEGRA ALLERGY ORAL TABLET	3	MO; ED
ALLEGRA HIVES ORAL TABLET	3	MO; ED
ALLEGRA-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR	3	MO; ED
ALLEGRA-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; ED
<i>aller-chlor oral tablet</i>	1	MO; ED
<i>allerclear d-12hr oral tablet extended release 12 hr</i>	1	ED
<i>allerclear d-24hr oral tablet extended release 24 hr</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>aller-clear oral tablet</i>	1	ED
<i>aller-ease oral tablet 180 mg</i>	1	ED
<i>aller-fex oral tablet</i>	1	ED
<i>aller-g-time oral tablet</i>	1	ED
<i>allergy (chlorpheniramine) oral tablet</i>	1	ED
<i>allergy (diphenhydramine) oral capsule</i>	1	ED
<i>allergy (diphenhydramine) oral liquid</i>	1	ED
<i>allergy (diphenhydramine) oral tablet</i>	1	ED
<i>allergy and congestion relief oral tablet extended release 12 hr</i>	1	ED
<i>allergy and congestion relief oral tablet extended release 24 hr</i>	1	ED
<i>allergy d-12 oral tablet extended release 12 hr</i>	1	ED
<i>allergy medication oral capsule</i>	1	ED
<i>allergy medicine oral tablet</i>	1	ED
<i>allergy multi-symptom oral tablet</i>	1	ED
<i>allergy oral liquid</i>	1	ED
<i>allergy relief (cetirizine) oral capsule</i>	1	ED
<i>allergy relief (cetirizine) oral solution</i>	1	ED
<i>allergy relief (cetirizine) oral tablet</i>	1	ED
<i>allergy relief (fexofenadine) oral tablet</i>	1	ED
<i>allergy relief (levocetirizine) oral tablet</i>	1	ED
<i>allergy relief (loratadine) oral capsule</i>	1	ED
<i>allergy relief (loratadine) oral solution</i>	1	ED
<i>allergy relief (loratadine) oral tablet</i>	1	ED
<i>allergy relief (loratadine) oral tablet,disintegrating</i>	1	ED
<i>allergy relief d12 oral tablet extended release 12 hr</i>	1	ED
<i>allergy relief d-24hr oral tablet extended release 24 hr</i>	1	ED
<i>allergy relief multi-symptom oral tablet</i>	1	ED
<i>allergy relief(chlorpheniramine) oral tablet</i>	1	ED
<i>allergy relief(diphenhydramine) oral capsule</i>	1	ED
<i>allergy relief(diphenhydramine) oral liquid</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>allergy relief(diphenhydramin) oral tablet</i>	1	ED
<i>allergy relief,nasal decongest oral tablet extended release 24 hr</i>	1	MO; ED
<i>allergy relief-d (cetirizine) oral tablet extended release 12 hr</i>	1	ED
<i>allergy relief-d (loratadine) oral tablet extended release 12 hr</i>	1	ED
<i>allergy relief-d(fexofenadine) oral tablet extended release 12 hr</i>	1	ED
<i>allergy relief-d(fexofenadine) oral tablet extended release 24 hr</i>	1	ED
<i>allergy sinus pe oral tablet</i>	1	ED
<i>allergy sinus-d oral tablet</i>	1	ED
<i>allergy-congest relief-d(fexo) oral tablet extended release 12 hr</i>	1	ED
<i>allergy-congestion relief-d oral tablet extended release 24 hr</i>	1	ED
<i>allergy-hives relief oral tablet</i>	1	ED
<i>allergy-time oral tablet</i>	1	ED
<i>aller-tec d oral tablet extended release 12 hr</i>	1	ED
<i>aller-tec oral tablet</i>	1	ED
ALL-NITE COLD-FLU ORAL LIQUID	3	ED
ALTIPRES ORAL LIQUID	3	ED
ALTIPRES PEDIATRIC ORAL LIQUID	3	ED
ALTIPRES-B ORAL LIQUID	3	ED
<i>altituss oral liquid</i>	1	ED
<i>antitussive dm oral syrup</i>	1	ED
<i>ap-hist dm oral liquid</i>	1	ED
<i>aprodone oral tablet</i>	1	MO; ED
AQUANAZ ORAL TABLET	3	ED
<i>banophen oral capsule</i>	1	MO; ED
<i>banophen oral tablet</i>	1	MO; ED
BENADRYL ALLERGY ORAL LIQUID	3	MO; ED
BENADRYL ALLERGY ORAL TABLET 25 MG	3	MO; ED

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Drug Name	Drug Tier	Requirements/Limits
BENADRYL ALLERGY PLUS CONGEST ORAL TABLET	3	ED
BENADRYL ORAL CAPSULE	3	MO; ED
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	MO; ED
<i>benzonatate oral capsule 150 mg</i>	1	ED
BIOCOF ORAL LIQUID	3	ED
<i>biocotron oral liquid</i>	1	ED
BIODESP DM ORAL LIQUID	3	ED
BIO-DTUSS DMX ORAL LIQUID	3	ED
BIO-RYTUSS ORAL LIQUID	3	ED
BIO-Z-COUGH ORAL LIQUID	3	ED
BROMFED DM ORAL SYRUP	3	ED
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	MO; ED
<i>bronchial asthma relief oral tablet</i>	1	ED
BRONKAID DUAL ACTION ORAL TABLET	3	ED
BRONKIDS ORAL DROPS	3	ED
<i>brontuss sf oral liquid</i>	1	ED
<i>cetiri-d oral tablet extended release 12 hr</i>	1	ED
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>cetirizine oral solution 5 mg/5 ml</i>	1	ED
<i>cetirizine oral tablet 10 mg</i>	1	MO; ED
CETIRIZINE ORAL TABLET 5 MG	3	MO; ED
<i>cetirizine oral tablet, chewable</i>	1	MO; ED
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr</i>	1	MO; ED
<i>cherry cough drops mucous membrane lozenge</i>	1	ED
<i>cherry menthol mucous membrane lozenge</i>	1	ED
<i>chest congestion relief dm oral syrup</i>	1	ED
<i>chest congestion relief dm oral tablet</i>	1	MO; ED
CHEST CONGESTION RELIEF ORAL LIQUID	3	MO; ED
<i>chest congestion relief oral tablet</i>	1	MO; ED
<i>chest congestion relief pe oral tablet</i>	1	ED
<i>chest congestion-cough hbp oral capsule</i>	1	ED
<i>chest congestion-cough relief oral tablet</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>child allergy (fexo) 30 mg/5 ml</i>	1	MO; ED
CHILD ALLERGY PLUS CONGESTION ORAL SOLUTION	3	ED
<i>child allergy relf(cetirizine) oral solution</i>	1	ED
<i>child allergy relief(diphen) oral tablet,disintegrating</i>	1	ED
<i>child benadryl plus congestion oral solution</i>	1	ED
<i>child chest congestion-cough oral liquid</i>	1	ED
<i>child cough-chest congest dm oral liquid</i>	1	ED
<i>child delsym cough-chest dm oral liquid</i>	1	ED
CHILD DELSYM COUGH-COLD ORAL LIQUID	3	MO; ED
CHILD DOMETUSS-DA ORAL LIQUID	3	ED
CHILD GILTUSS ALLERGY PLUS(DM) ORAL LIQUID	3	ED
CHILD GILTUSS MULTSYM COLD-FLU ORAL LIQUID	3	ED
CHILD MUCINEX COUGH-CONGEST ORAL LIQUID	3	ED
CHILD MUCINEX FREEFROM DY COLD ORAL LIQUID	3	ED
CHILD MUCINEX M-S COLD NIGHT ORAL LIQUID	3	ED
CHILD MUCINEX STUFFY NOSE-CHST ORAL LIQUID	3	MO; ED
<i>child mucus relief cough oral liquid</i>	1	ED
<i>child mucus relief expectorant oral liquid</i>	1	ED
<i>child robitussin elderberry dm oral liquid</i>	1	ED
<i>child wal-tap cold-allergy oral solution</i>	1	ED
CHILDREN DIMETAPP M-S COLD-FLU ORAL LIQUID	3	ED
<i>children's allegra allergy oral suspension</i>	1	MO; ED
<i>children's allegra allergy oral tablet,disintegrating</i>	1	MO; ED
<i>children's allergy (diphenhyd) oral liquid</i>	1	ED
<i>children's allergy relief(lor) oral solution</i>	1	ED
CHILDREN'S ALLERGY RELIEF(LOR) ORAL TABLET,CHEWABLE	3	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>children's allergy(cetirizine) oral solution</i>	1	ED
<i>children's aller-tec oral solution</i>	1	ED
<i>children's cetirizine oral solution</i>	1	MO; ED
<i>children's cetirizine oral tablet, chewable 10 mg</i>	1	ED
<i>children's chest congestion oral liquid</i>	1	ED
CHILDREN'S CLARITIN ORAL SOLUTION	3	MO; ED
CHILDREN'S CLARITIN ORAL TABLET,CHEWABLE	3	MO; ED
<i>children's cold and cough (pe) oral solution</i>	1	ED
<i>children's cold and cough dm oral solution</i>	1	ED
<i>children's cold-allergy (pe) oral solution</i>	1	ED
CHILDREN'S COLD-COUGH DAYTIME ORAL LIQUID	3	ED
CHILDREN'S COLD-COUGH-SORE ORAL LIQUID	3	ED
CHILDREN'S COUGH DM ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	ED
<i>children's cough oral liquid</i>	1	ED
CHILDREN'S DELSYM COUGH ORAL SUSPENSION,EXTENDED REL 12 HR	3	ED
<i>children's dibromm cold-allerg oral solution</i>	1	ED
<i>children's dibromm dm cold-cou oral solution</i>	1	ED
<i>children's flu relief oral suspension</i>	1	ED
<i>children's giltuss cough-chest oral liquid</i>	1	ED
CHILDRENS GILTUSS COUGH-COLD ORAL LIQUID	3	ED
<i>childrens giltuss ex oral liquid</i>	1	ED
CHILDREN'S LORATADINE ORAL TABLET,CHEWABLE	3	MO; ED
CHILDREN'S MUCINEX COLD-FLU ORAL LIQUID	3	ED
CHILDREN'S MUCINEX COUGH ORAL GRANULES IN PACKET	3	ED
<i>children's mucinex cough oral liquid</i>	1	ED
CHILDREN'S MUCINEX MULTI-SYMP ORAL LIQUID	3	ED

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Drug Name	Drug Tier	Requirements/Limits
CHILDREN'S MULTI-SYMPOTM COLD ORAL LIQUID	3	ED
<i>childrens plus cold oral suspension</i>	1	ED
<i>children's plus flu oral suspension</i>	1	ED
CHILDRENS PLUS MULTI-SYMP COLD ORAL SUSPENSION	3	ED
CHILDREN'S STUFFY NOSE-COLD ORAL LIQUID	3	ED
<i>children's sudafed pe cough oral liquid</i>	1	ED
CHILDREN'S SUDAFED PE NASAL ORAL SOLUTION	3	ED
<i>children's wal-dryl allergy oral liquid</i>	1	ED
<i>children's wal-dryl allergy oral prefilled spoon</i>	1	ED
<i>children's wal-dryl allergy oral tablet,disintegrating</i>	1	ED
<i>children's wal-fex oral suspension</i>	1	ED
<i>children's wal-zyr oral solution</i>	1	ED
CHILDREN'S WAL-ZYR ORAL TABLET,CHEWABLE	3	ED
CHILDREN'S WAL-ZYR ORAL TABLET,DISINTEGRATING	3	ED
CHILDREN'S ZYRTEC ALLERGY ORAL SOLUTION	3	MO; ED
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,CHEWABLE 10 MG	3	ED
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,CHEWABLE 2.5 MG	3	MO; ED
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,DISINTEGRATING	3	MO; ED
<i>child's all day allergy(cetir) oral solution</i>	1	ED
<i>child's triacting cold-cough oral liquid</i>	1	ED
<i>chld robitussin cough-chest dm oral liquid</i>	1	ED
<i>chlorhist oral tablet</i>	1	ED
<i>chlorpheniramine maleate oral tablet</i>	1	ED
<i>chlortabs oral tablet</i>	1	ED
CLARITIN LIQUI-GEL ORAL CAPSULE	3	MO; ED
CLARITIN ORAL SOLUTION	3	ED

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Drug Name	Drug Tier	Requirements/Limits
CLARITIN ORAL TABLET	3	MO; ED
CLARITIN ORAL TABLET,CHEWABLE	3	MO; ED
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING	3	MO; ED
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR	3	MO; ED
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; ED
CODEINE-GUAIFENESIN ORAL LIQUID	3	MO; ED
CODITUSSIN AC ORAL LIQUID	3	ED
CODITUSSIN DAC ORAL LIQUID	3	ED
<i>cold and cough elixir oral solution</i>	1	ED
COLD AND FLU RELIEF(DIPHEN-PE) ORAL LIQUID	3	ED
COLD AND FLU SEVERE ORAL TABLET	3	ED
<i>cold and sinus pain relief oral tablet</i>	1	ED
COLD HEAD CONGEST(GG-PE-ACETM) ORAL TABLET	3	ED
COLD HEAD CONGESTION DAY/NITE ORAL TABLETS, SEQUENTIAL	3	ED
COLD HEAD CONGESTION DAYTIME ORAL TABLET	3	ED
COLD HEAD CONGESTION NIGHTTIME ORAL TABLET	3	ED
<i>cold head congestion sever day oral tablet</i>	1	ED
COLD MAX DAY-NIGHT ORAL TABLETS, SEQUENTIAL	3	ED
COLD MAX DAYTIME ORAL TABLET	3	ED
COLD MULTI-SYMPTOM (CHLORPHEN) ORAL TABLET	3	ED
COLD MULTI-SYMPTOM DAY/NIGHT ORAL TABLETS, SEQUENTIAL	3	ED
COLD MULTI-SYMPTOM NIGHTTIME ORAL LIQUID	3	ED
COLD MULTI-SYMPTOM ORAL TABLET	3	ED
COLD RELIEF M/S DAY/NIGHT ORAL TABLETS, SEQUENTIAL	3	ED

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Drug Name	Drug Tier	Requirements/Limits
COLD RELIEF ORAL TABLET, EFFERVESCENT	3	ED
<i>cold relief plus oral tablet, effervescent</i>	1	ED
<i>cold-flu relief oral liquid</i>	1	ED
COLD-SINUS RELIEF (IBUPROFEN) ORAL CAPSULE	3	ED
<i>cold-sinus relief oral tablet</i>	1	ED
<i>complete allergy medicine oral tablet</i>	1	ED
<i>complete allergy oral capsule</i>	1	ED
<i>complete allergy oral tablet</i>	1	ED
CONEX ORAL SOLUTION	3	ED
<i>conex oral tablet</i>	1	ED
CONEX PEDIATRIC ORAL SOLUTION	3	ED
CONTAC COLD-FLU NIGHT ORAL LIQUID	3	ED
CORICIDIN HBP CHEST CONG-COUGH ORAL CAPSULE	3	MO; ED
CORICIDIN HBP COUGH AND COLD ORAL TABLET	3	MO; ED
CORICIDIN HBP FLU ORAL TABLET	3	ED
COUGH AND COLD (CHLORPHEN-DM) ORAL TABLET	3	ED
COUGH AND COLD MUCUS RELIEF CF ORAL LIQUID	3	ED
COUGH AND SEVERE COLD ORAL POWDER IN PACKET	3	ED
COUGH DM ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	MO; ED
<i>cough drops (with eucalyptus) mucous membrane lozenge 6.5 mg, 7 mg, 7.6 mg, 8 mg</i>	1	ED
<i>cough relief oral liquid</i>	1	ED
COUGH SYRUP DM ORAL SYRUP	3	ED
<i>cough-chest congestion dm oral liquid</i>	1	ED
COUGH-COLD RELIEF HBP ORAL TABLET	3	ED
<i>cough-sore throat night oral liquid</i>	1	ED
<i>day multi-symp flu-severe cold oral powder in packet</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>dayhist allergy oral tablet</i>	1	ED
DAY-NIGHT SEVERE COLD-FLU ORAL LIQUID, SEQUENTIAL	3	ED
DAYTIME COLD-FLU ORAL LIQUID	3	ED
DAYTIME COLD-FLU RELIEF (PE) ORAL CAPSULE	3	ED
DAYTIME COLD-FLU RELIEF (PE) ORAL LIQUID	3	ED
DECONEX DMX ORAL TABLET	3	MO; ED
DELSYM 12 HOUR ORAL SUSPENSION,EXTENDED REL 12 HR	3	MO; ED
<i>delsym cough-chest congest dm oral liquid</i>	1	MO; ED
DELTUSS DMX (DEXCHLORPHEN) ORAL LIQUID	3	ED
<i>desgen dm oral liquid</i>	1	ED
DESGEN ORAL DROPS	3	ED
<i>despec dm-g oral liquid</i>	1	ED
<i>despec eda cough-cold drops oral drops</i>	1	ED
<i>despec-dm (phenyleph-dm-guaif) oral liquid</i>	1	ED
DEXCHLORPHEN-PSE-CHLOPHEDIANOL ORAL LIQUID	3	ED
<i>dextromethorphan hbr oral capsule</i>	1	MO; ED
<i>dextromethorphan polistirex oral suspension,extended rel 12 hr</i>	1	ED
<i>dextromethorphan-guaifenesin oral liquid</i>	1	ED
<i>dextromethorphan-guaifenesin oral syrup</i>	1	MO; ED
<i>dextromethorphan-guaifenesin oral tablet</i>	1	ED
<i>diabetic tussin dm oral liquid 10-100 mg/5 ml</i>	1	ED
<i>diabetic tussin dm oral liquid 10-200 mg/5 ml</i>	1	MO; ED
DIMETAPP COLD-ALLERGY (BROM) ORAL LIQUID	3	ED
DIMETAPP COLD-ALLERGY(BROM-PE) ORAL SOLUTION	3	MO; ED
<i>dimetapp cold-congestion oral liquid</i>	1	ED
DIMETAPP DM COLD-COUGH (PE) ORAL SOLUTION	3	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>diphedryl allergy oral liquid</i>	1	ED
<i>diphedryl oral liquid</i>	1	ED
<i>diphen oral tablet</i>	1	ED
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>diphenhydramine hcl oral capsule</i>	1	ED
<i>diphenhydramine hcl oral liquid</i>	1	ED
<i>diphenhydramine hcl oral tablet</i>	1	MO; ED
<i>dm max oral liquid</i>	1	ED
<i>dometuss-dmx oral liquid</i>	1	ED
DURAFLU ORAL TABLET	3	MO; ED
<i>durahist (dexbromph-pse) oral tablet</i>	1	ED
<i>ed a-hist dm oral liquid</i>	1	MO; ED
ED A-HIST DM ORAL TABLET	3	MO; ED
<i>ed a-hist oral liquid</i>	1	MO; ED
<i>ed a-hist oral tablet</i>	1	MO; ED
<i>ed bron gp oral liquid</i>	1	ED
<i>ed chlorped jr oral syrup</i>	1	MO; ED
<i>endacof - dm oral solution</i>	1	MO; ED
ENTEX T ORAL TABLET	3	MO; ED
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	2	MO; QL (4 per 30 days)
<i>epinephrine injection solution</i>	1	
<i>expectorant oral liquid</i>	1	ED
FATHER JOHN'S COUGH SUPPRESSNT ORAL LIQUID	3	ED
FATHER JOHN'S MEDICINE PLUS ORAL SOLUTION	3	ED
<i>fenesin dm ir oral tablet 20-400 mg</i>	1	ED
<i>fenesin ir oral tablet</i>	1	ED
<i>fenesin pe ir oral tablet</i>	1	ED
<i>fxofenadine oral tablet</i>	1	MO; ED
<i>fxofenadine-pseudoephedrine oral tablet extended release 12 hr</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>felofenadine-pseudoephedrine oral tablet extended release 24 hr</i>	1	ED
<i>flonase headache-allergy rlf oral tablet</i>	1	ED
FLU HBP ORAL TABLET 2-10-325 MG	3	ED
<i>flu hbp oral tablet 2-15-500 mg</i>	1	ED
FLU SEVERE COLD-NIGHT(DIPH-PE) ORAL LIQUID	3	ED
FLU-SEVERE COLD-COUGH DAYTIME ORAL POWDER IN PACKET	3	ED
FLU-SEVERE COLD-COUGH NIGHT ORAL POWDER IN PACKET	3	ED
<i>g tussin ac oral liquid</i>	1	ED
GENCONTUSS ORAL LIQUID	3	ED
<i>geri-dryl oral liquid</i>	1	ED
<i>geri-dryl oral tablet</i>	1	ED
<i>geri-tussin dm oral liquid</i>	1	MO; ED
<i>geri-tussin oral liquid</i>	1	ED
GILTUSS ALLERGY PLUS (DM) ORAL LIQUID	3	ED
GILTUSS COUGH-COLD ORAL LIQUID	3	ED
<i>giltuss cough-congestion oral liquid</i>	1	ED
<i>giltuss diabetic oral liquid</i>	1	ED
<i>giltuss ex oral liquid</i>	1	ED
<i>giltuss hbp oral liquid</i>	1	ED
<i>giltuss honey dm cough oral liquid</i>	1	ED
GILTUSS MULTI-SYMPOTM COLD-FLU ORAL LIQUID	3	ED
GILTUSS TR ORAL TABLET 10-29-390 MG	3	ED
GILTUSS-D ALLERGY-CONGESTION ORAL TABLET	3	ED
GLENMAX PEB DM FORTE ORAL LIQUID	3	ED
<i>glenmax peb dm oral liquid</i>	1	ED
GLENMAX PEB ORAL LIQUID	3	ED
GLENTUSS ORAL LIQUID	3	ED
<i>gs nighttime cold-flu softgel</i>	1	ED

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
G-SUPPRESS DX ORAL DROPS	3	ED
G-TUSICOF ORAL LIQUID	3	ED
<i>guaiasorb dm oral liquid</i>	1	MO; ED
<i>guaifenesin oral liquid</i>	1	MO; ED
<i>guaifenesin oral tablet</i>	1	MO; ED
<i>guaifenesin oral tablet extended release 12hr</i>	1	MO; ED
<i>guaifenesin-dm oral liquid</i>	1	ED
G-ZYNCOF ORAL LIQUID	3	ED
HEAD CONGESTION DAY-NIGHT ORAL TABLETS, SEQUENTIAL	3	ED
HEAD CONGESTION-MUCUS ORAL TABLET	3	ED
HERBIOMED ALLERGY COLD-SINUS ORAL LIQUID	3	ED
HERBIOMED BODY ACHE-SINUS M-S ORAL LIQUID	3	ED
HERBIOMED DEEP COLD-FLU NIGHT ORAL LIQUID	3	ED
HISTEX-AC ORAL SYRUP	3	ED
HISTEX-DM (PSE) ORAL LIQUID	3	ED
<i>honey lemon mucous membrane lozenge</i>	1	ED
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION	3	MO; ED
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	MO; ED
HYCODAN ORAL SOLUTION	3	ED
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr</i>	1	MO; ED
<i>hydrocodone-homatropine oral solution</i>	1	ED
<i>hydrocodone-homatropine oral tablet</i>	1	MO; ED
<i>hydromet oral solution</i>	1	MO; ED
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>ibuprofen cold-sinus(with pse) oral tablet</i>	1	ED
IGUALTUSS ORAL LIQUID	3	ED
<i>kindermed kid night cold-cough oral liquid</i>	1	ED
<i>kindermed kids cough-congest oral liquid</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine oral solution</i>	3	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
LIQUITUSS GG ORAL LIQUID	3	ED
LITTLE REMEDIES HONEY COUGH ORAL SYRUP	3	ED
<i>lohist - d oral liquid</i>	1	MO; ED
<i>lohist-dm oral liquid</i>	1	MO; ED
<i>loradamed oral tablet</i>	1	ED
<i>lorata-d oral tablet extended release 24 hr</i>	1	ED
<i>loratadine oral solution</i>	1	MO; ED
<i>loratadine oral tablet</i>	1	MO; ED
<i>loratadine oral tablet,disintegrating</i>	1	MO; ED
<i>loratadine-d oral tablet extended release 12 hr</i>	1	MO; ED
<i>loratadine-d oral tablet extended release 24 hr</i>	1	MO; ED
LORTUSS LQ ORAL LIQUID	3	ED
<i>mapap cold formula oral tablet</i>	1	MO; ED
MAR-COF CG ORAL LIQUID	3	MO; ED
<i>maxallergy kids oral liquid</i>	1	ED
MAXICHLOR PEH DM ORAL TABLET	3	ED
MAXIFED TR ORAL TABLET	3	ED
<i>maxi-tuss ac oral liquid</i>	1	ED
MAXI-TUSS CD ORAL LIQUID	3	ED
<i>maxi-tuss g oral liquid</i>	1	ED
<i>maxi-tuss gmx oral liquid</i>	1	ED
MAXI-TUSS JR ORAL LIQUID	3	ED
MAXI-TUSS PE JR ORAL LIQUID	3	ED
<i>maxi-tuss pe max oral liquid</i>	1	ED
MAXI-TUSS PE ORAL LIQUID	3	ED
<i>maxi-tuss tr oral syrup</i>	1	ED
<i>maxtussin dm oral liquid</i>	1	ED
<i>maxtussin oral liquid</i>	1	ED
<i>m-dryl oral liquid</i>	1	MO; ED
<i>medicidin-d oral tablet</i>	1	ED
<i>medikoff drops mucous membrane lozenge</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
M-END DMX ORAL LIQUID	3	MO; ED
<i>menthol drops mucous membrane lozenge</i>	1	ED
MICLARA LQ ORAL SYRUP	3	ED
<i>mucinex cough-chest congest hb oral capsule</i>	1	MO; ED
<i>mucinex d maximum strength oral tablet extended release 12 hr</i>	1	MO; ED
<i>mucinex d oral tablet extended release 12 hr</i>	1	MO; ED
<i>mucinex dm oral tablet extended release 12 hr 30-600 mg</i>	1	MO; ED
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HR 60-1,200 MG	3	MO; ED
MUCINEX FAST-MAX COLD-FLU ORAL TABLET	3	ED
MUCINEX FAST-MAX COLD-FLU-THRT ORAL TABLET	3	ED
MUCINEX FAST-MAX CONGEST-COUGH ORAL LIQUID	3	MO; ED
MUCINEX FAST-MAX CONGEST-COUGH ORAL TABLET	3	MO; ED
MUCINEX FAST-MAX CONG-HA (DM) ORAL CAPSULE	3	ED
<i>mucinex fast-max dm max oral liquid</i>	1	ED
<i>mucinex fast-max kick cong-cgh oral liquid</i>	1	ED
<i>mucinex fast-max sv cong-cough oral capsule</i>	1	ED
MUCINEX ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	3	MO; ED
<i>mucinex oral tablet extended release 12hr 600 mg</i>	1	MO; ED
MUCINEX SINUS-MAX CNG-PAIN(DM) ORAL CAPSULE	3	ED
MUCINEX SINUS-MAX CNG-PAIN(GG) ORAL LIQUID	3	ED
MUCINEX SINUS-MAX NITE CONGEST ORAL LIQUID	3	ED
MUCINEX SINUS-MAX PRESSURE-CGH ORAL TABLET	3	ED
MUCINEX SINUS-MAX SEV CONGESTN ORAL TABLET	3	ED

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>mucosa dm oral tablet</i>	1	ED
<i>mucosa oral tablet</i>	1	ED
<i>mucus d oral tablet extended release 12 hr</i>	1	ED
<i>mucus dm max er oral tablet extended release 12 hr</i>	1	MO; ED
<i>mucus dm oral tablet extended release 12 hr</i>	1	MO; ED
MUCUS RELIEF COLD AND SINUS ORAL LIQUID	3	ED
MUCUS RELIEF COLD AND SINUS ORAL TABLET	3	ED
MUCUS RELIEF COLD-FLU-SORE THR ORAL TABLET	3	ED
MUCUS RELIEF CONGESTION-COUGH ORAL LIQUID	3	ED
MUCUS RELIEF D (PSEUDOEPHED) ORAL TABLET	3	ED
<i>mucus relief d (pseudoephed) oral tablet extended release 12 hr</i>	1	ED
<i>mucus relief dm cough oral tablet</i>	1	ED
<i>mucus relief dm max oral liquid</i>	1	ED
<i>mucus relief dm oral tablet</i>	1	ED
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	3	ED
<i>mucus relief er oral tablet extended release 12hr 600 mg</i>	1	MO; ED
<i>mucus relief oral tablet</i>	1	MO; ED
<i>mucus relief pe oral tablet</i>	1	ED
MUCUS RELIEF SEV CONGEST-COLD ORAL TABLET	3	ED
MUCUS RELIEF SINUSPRESSUR-PAIN ORAL TABLET	3	ED
MUCUS RLF SEVERE SINUS CONGEST ORAL TABLET	3	ED
MUCUS-CHEST CONGESTION ORAL LIQUID	3	ED
<i>mucus-er max oral tablet extended release 12hr</i>	1	ED
<i>multi-symptom cold (pe) oral tablet</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
MULTI-SYMPOTM SEVERE COLD-NT ORAL POWDER IN PACKET, SEQUENTIAL	3	ED
<i>nasal decongestant (pe) oral tablet</i>	1	MO; ED
<i>neo-tuss oral liquid</i>	1	ED
NEOTUSS PLUS ORAL SOLUTION	3	ED
NIGHT TIME COLD AND FLU RELIEF ORAL LIQUID 6.25-15-325 MG/15 ML	3	ED
<i>night time cold-flu liquid multi-symp, cherry</i>	1	ED
<i>nightime sleep oral capsule</i>	1	ED
<i>nighttime allergy relief oral tablet</i>	1	ED
NIGHTTIME COLD-FLU RELIEF ORAL LIQUID	3	ED
<i>nighttime cough oral solution</i>	1	ED
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 25 MG	3	ED
<i>nighttime sleep aid (diphen) oral capsule 50 mg</i>	1	ED
<i>nighttime sleep aid (diphen) oral tablet</i>	1	ED
NINJACOF-XG ORAL LIQUID	3	ED
NITE TIME COLD-FLU ORAL LIQUID	3	ED
<i>nite time cold-flu relief oral capsule</i>	1	ED
<i>nite time-d cold-flu relief oral liquid</i>	1	ED
<i>nitetime multi-symptom oral liquid</i>	1	ED
<i>nohist-dm oral liquid</i>	1	MO; ED
NOREL AD ORAL TABLET	3	MO; ED
<i>nytol oral tablet</i>	1	ED
PECGEN PSE ORAL LIQUID	3	ED
PEDIAVENT ORAL LIQUID	3	ED
<i>pharbechlor oral tablet</i>	1	ED
<i>pharbedryl oral capsule</i>	1	ED
<i>pharbinex-dm oral tablet</i>	1	ED
PHENAGIL CH (CPM-PE-DM) ORAL TABLET	3	ED
PHENAGIL ORAL TABLET	3	ED
POLY-TUSSIN AC ORAL LIQUID	3	MO; ED
<i>pres gen oral liquid</i>	1	ED
PRES GEN PEDIATRIC ORAL LIQUID	3	ED

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
PRESGEN B ORAL LIQUID	3	ED
PRIMATENE ASTHMA ORAL TABLET	3	MO; ED
<i>promethazine injection solution</i>	3	MO
<i>promethazine oral syrup</i>	3	PA; MO
<i>promethazine oral tablet</i>	3	PA; MO
<i>promethazine-codeine oral syrup</i>	1	MO; ED
<i>promethazine-dm oral syrup</i>	1	MO; ED
PSEUDOEPHEDRINE-GUAIFENESIN ORAL TABLET	3	ED
<i>pseudoephedrine-guaifenesin oral tablet extended release 12 hr 120-1,200 mg</i>	1	ED
<i>pseudoephedrine-guaifenesin oral tablet extended release 12 hr 60-600 mg</i>	1	MO; ED
<i>refenesen dm oral tablet</i>	1	ED
<i>refenesen oral tablet</i>	1	ED
<i>refenesen pe oral tablet</i>	1	ED
RESCON ORAL TABLET	3	MO; ED
RESCON-DM ORAL LIQUID	3	ED
<i>rescon-gg oral liquid</i>	1	MO; ED
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	ED
<i>rest simply nighttime sleep oral tablet</i>	1	ED
<i>robafen cf (phenylephrine) oral liquid</i>	1	MO; ED
ROBITUSSIN COLD-FLU NIGHT (PE) ORAL LIQUID	3	ED
<i>robitussin cough and cold cf oral liquid</i>	1	MO; ED
<i>robitussin cough-chest cong dm oral capsule</i>	1	MO; ED
<i>robitussin cough-chest cong dm oral liquid 5-100 mg/5 ml</i>	1	MO; ED
ROBITUSSIN COUGHGEL ORAL CAPSULE	3	ED
<i>robitussin elderberry max dm oral liquid</i>	1	ED
ROBITUSSIN ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	ED
<i>robitussin honey max dm oral liquid</i>	1	ED
ROBITUSSIN LONG-ACTING ORAL LIQUID	3	MO; ED

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Drug Name	Drug Tier	Requirements/Limits
RONDEC-D ORAL LIQUID	3	ED
RU-HIST D ORAL TABLET	3	MO; ED
RYCONTUSS ORAL LIQUID	3	ED
RYMED (DEXCHLORPHENIRAMINE-PE) ORAL TABLET	3	MO; ED
<i>rynex dm oral solution</i>	1	MO; ED
<i>rynex pe oral solution</i>	1	MO; ED
<i>rynex pse oral liquid</i>	1	ED
SAFE TUSSIN DM ORAL LIQUID	3	ED
SCOT-TUSSIN DIABETES CF ORAL LIQUID	3	ED
SCOT-TUSSIN DIABETES ORAL LIQUID	3	ED
SCOT-TUSSIN DM ORAL LIQUID	3	ED
SCOT-TUSSIN EXPECTORANT ORAL LIQUID	3	ED
SCOT-TUSSIN SENIOR ORAL LIQUID	3	ED
SEVERE ALLERGY-SINUS HEADACHE ORAL TABLET	3	ED
SEVERE COLD AND FLU (PE) ORAL TABLET	3	ED
SEVERE COLD AND FLU NIGHTTIME ORAL LIQUID	3	ED
SEVERE COLD AND FLU-DAY (DM) ORAL LIQUID	3	ED
SEVERE COLD MULTI-SYMPTOM ORAL TABLET	3	ED
<i>severe cold oral tablet</i>	1	ED
SEVERE CONGESTION RELIEF ORAL LIQUID	3	ED
SEVERE COUGH-CONGESTION ORAL LIQUID	3	ED
SEVERE SINUS ORAL TABLET	3	ED
<i>simply sleep oral tablet</i>	1	ED
<i>sinus and allergy pe oral tablet</i>	1	ED
SINUS AND COLD-D ORAL TABLET EXTENDED RELEASE 12 HR	3	ED
SINUS CONGESTION AND PAIN ORAL TABLET	3	MO; ED

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Drug Name	Drug Tier	Requirements/Limits
<i>sinus congestion-pain(chlorph) oral tablet</i>	1	ED
SINUS CONGESTION-PAIN(GUAIF) ORAL TABLET	3	ED
<i>sinus decongestant (pe) oral tablet</i>	1	ED
SINUS HEADACHE PE ORAL TABLET	3	ED
SINUS PAIN-PRESSURE (PE) ORAL TABLET 5-325 MG	3	ED
<i>sinus pe decongestant oral tablet</i>	1	ED
<i>sinus relief (non-drowsy) oral tablet</i>	1	ED
SINUS-HEADACHE DAY-NIGHT ORAL TABLETS, SEQUENTIAL	3	ED
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG	3	ED
<i>sleep aid (diphenhydramine) oral capsule 50 mg</i>	1	ED
SLEEP AID (DIPHENHYDRAMINE) ORAL LIQUID	3	ED
<i>sleep aid (diphenhydramine) oral tablet</i>	1	ED
<i>sleep ii oral tablet</i>	1	ED
<i>sleep tablet (diphenhydramine) oral tablet</i>	1	ED
SLEEP TIME ORAL LIQUID	3	ED
<i>sleep-tabs oral tablet</i>	1	ED
<i>sominex oral tablet</i>	1	MO; ED
<i>sorbugen nr oral liquid</i>	1	ED
SORBUTUSS ORAL LIQUID	3	ED
STAHISt AD ORAL TABLET	3	MO; ED
SUDAFED PE ORAL TABLET	3	MO; ED
<i>sudogest cold and allergy oral tablet</i>	1	MO; ED
<i>suphedrine pe cold and allergy oral tablet</i>	1	ED
<i>suphedrine pe sinus and allergy oral tablet</i>	1	ED
<i>suphedrine pe sinus headache oral tablet</i>	1	ED
SUPPRESS DM ORAL DROPS	3	ED
<i>supress dx oral drops</i>	1	ED
THERAFLU EXPRESSMAX COLD DAY ORAL LIQUID	3	ED

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Drug Name	Drug Tier	Requirements/Limits
THERAFLU EXPRESSMAX COLD DAY ORAL TABLET	3	ED
THERAFLU EXPRESSMAX COLD NIGHT ORAL LIQUID	3	ED
THERAFLU MULTI-SYMPOTOM COLD ORAL POWDER IN PACKET	3	ED
THERAFLU NIGHT SEVERE COLD-CGH ORAL POWDER IN PACKET	3	ED
THERAFLU SVR CLD RLF DY(PE-DM) ORAL POWDER IN PACKET <i>total allergy medicine oral tablet</i>	3	ED
TRIPONEL (TRIP-PSEUDOEPHED-DM) ORAL LIQUID	1	ED
TRISPEC PSE ORAL LIQUID	3	ED
TUSICOF ORAL LIQUID	3	ED
TUSICOF ORAL TABLET	3	ED
<i>tusnel diabetic oral liquid</i>	1	MO; ED
TUSNEL DM ORAL LIQUID	3	ED
TUSNEL DM PEDIATRIC(PHENYLEPH) ORAL LIQUID	3	ED
TUSNEL NEW FORMULA ORAL SOLUTION	3	ED
TUSNEL PEDIATRIC ORAL LIQUID	3	ED
<i>tusnel-ex oral liquid</i>	1	ED
<i>tussi pres-b oral liquid 4-10-20 mg/5 ml</i>	1	ED
TUSSI PRES-B ORAL LIQUID 4-10-30 MG/5 ML	3	ED
<i>tussin cf(pe-dm-guaif) oral liquid</i>	1	ED
<i>tussin cf cough-cold oral liquid</i>	1	ED
TUSSIN CF MAX ORAL LIQUID	3	ED
<i>tussin chest congestion oral liquid</i>	1	ED
<i>tussin cough (dm only) oral capsule</i>	1	ED
<i>tussin cough (dm only) oral liquid</i>	1	ED
<i>tussin cough-chest congestion oral liquid</i>	1	ED
<i>tussin dm clear oral liquid</i>	1	ED
<i>tussin dm cough and chest oral liquid 5-100 mg/5 ml</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>tussin dm cough and chest oral syrup</i>	1	ED
<i>tussin dm max oral liquid</i>	1	ED
<i>tussin dm oral liquid 10-100 mg/5 ml</i>	1	ED
<i>tussin dm oral syrup</i>	1	ED
<i>tussin dm oral tablet</i>	1	ED
<i>tussin long-acting oral liquid</i>	1	ED
<i>tussin mucus-chest congestion oral liquid</i>	1	ED
<i>tussin oral liquid</i>	1	ED
<i>tussin oral tablet</i>	1	ED
<i>tussi-pres oral liquid</i>	1	ED
TUSSI-PRES PEDIATRIC ORAL LIQUID	3	ED
TUSSLIN ORAL LIQUID	3	ED
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	3	MO; ED
TYLENOL COLD AND FLU SEVERE ORAL TABLET	3	MO; ED
TYLENOL COLD HEAD CONGEST SEVR ORAL TABLET	3	ED
TYLENOL SINUS SEVERE ORAL TABLET	3	MO; ED
<i>unisom sleepgels oral capsule</i>	1	MO; ED
UNISOM SLEEPMINIS ORAL CAPSULE	3	ED
<i>valihist oral tablet</i>	1	ED
VANACOF ORAL LIQUID	3	MO; ED
VANATAB DM ORAL TABLET	3	ED
VICKS DAYQUIL COLD-FLU RELIEF ORAL CAPSULE	3	MO; ED
<i>vicks dayquil cold-flu relief oral liquid</i>	1	ED
VICKS DAYQUIL SEVERE COLD-FLU ORAL TABLET	3	ED
VICKS NYQUIL COLD AND FLU ORAL LIQUID	3	ED
<i>vicks nyquil cold/flu liquicap oral capsule</i>	1	ED
VICKS NYQUIL COUGH ORAL SOLUTION	3	ED
VICKS NYQUIL NIGHTTIME RELIEF ORAL LIQUID	3	MO; ED

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Drug Name	Drug Tier	Requirements/Limits
VICKS NYQUIL SEVERE COLD-FLU ORAL LIQUID	3	ED
<i>wal-act d cold and allergy oral tablet</i>	1	ED
<i>wal-dryl allergy oral capsule</i>	1	ED
<i>wal-dryl allergy oral liquid</i>	1	ED
<i>wal-dryl allergy oral tablet</i>	1	ED
<i>wal-dryl severe allergy-sinus oral tablet</i>	1	ED
<i>wal-dryl-d allergy and sinus oral tablet</i>	1	ED
<i>wal-fex allergy oral tablet</i>	1	ED
<i>wal-fex d 12 hour oral tablet extended release 12 hr</i>	1	ED
<i>wal-fex d 24 hour oral tablet extended release 24 hr</i>	1	ED
<i>wal-finate oral tablet</i>	1	ED
<i>wal-finate-d oral tablet</i>	1	ED
WAL-FLU DAY-NIGHT COLD-COUGH ORAL POWDER IN PACKET, SEQUENTIAL	3	ED
<i>wal-flu night severe cold oral liquid</i>	1	ED
WAL-FLU SEVERE COLD AND COUGH ORAL POWDER IN PACKET	3	ED
WAL-FLU SEVERE COLD-COUGH ORAL POWDER IN PACKET	3	ED
<i>wal-itin d 12 hour oral tablet extended release 12 hr</i>	1	ED
<i>wal-itin d oral tablet extended release 24 hr</i>	1	ED
<i>wal-itin oral solution</i>	1	ED
<i>wal-itin oral tablet</i>	1	ED
<i>wal-phed oral tablet 4-60 mg</i>	1	ED
<i>wal-phed pe nighttime cold oral tablet</i>	1	ED
<i>wal-phed pe oral tablet</i>	1	ED
<i>wal-phed pe sinus and allergy oral tablet</i>	1	ED
WAL-PHED PE SINUS HEADACHE ORAL TABLET	3	ED
WAL-PHED PE TRIPLE RELIEF ORAL TABLET	3	ED
<i>wal-profen cold-sinus oral tablet</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>wal-profen d cold and sinus oral tablet</i>	1	ED
WAL-SLEEP Z ORAL CAPSULE	3	ED
WAL-SLEEP Z ORAL LIQUID	3	ED
<i>wal-som (diphenhydramine) oral capsule</i>	1	ED
<i>wal-tap dm oral solution</i>	1	ED
<i>wal-tussin cough and cold cf oral liquid</i>	1	ED
<i>wal-tussin cough oral capsule</i>	1	ED
<i>wal-tussin cough oral liquid</i>	1	ED
<i>wal-tussin dm oral syrup</i>	1	ED
<i>wal-tussin max strength cough oral syrup</i>	1	ED
<i>wal-zyr (cetirizine) oral capsule</i>	1	ED
<i>wal-zyr (cetirizine) oral solution</i>	1	ED
<i>wal-zyr (cetirizine) oral tablet</i>	1	ED
<i>wal-zyr d oral tablet extended release 12 hr</i>	1	ED
XYZAL ORAL SOLUTION	3	MO; ED
XYZAL ORAL TABLET	3	MO; ED
ZYNCOF ORAL LIQUID	3	ED
<i>zyncof oral tablet</i>	1	ED
ZYRTEC ORAL CAPSULE	3	MO; ED
ZYRTEC ORAL TABLET 10 MG	3	MO; ED
ZYRTEC-D ORAL TABLET EXTENDED RELEASE 12 HR	3	MO; ED
ZZZQUIL ORAL CAPSULE	3	ED
ZZZQUIL ORAL LIQUID	3	MO; ED
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	2	B/D PA; MO
ADEMPAS ORAL TABLET	3	PA; MO; LA; QL (90 per 30 days)
ADVAIR HFA AEROSOL INHALER	2	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	3	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (6.1 per 30 days)
<i>alyq oral tablet</i>	3	PA; MO; QL (60 per 30 days)
<i>ambrisentan oral tablet</i>	3	PA; MO; LA; QL (30 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO; QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization</i>	3	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA AEROSOL INHALER	2	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	QL (2 per 28 days)
ATROVENT HFA AEROSOL INHALER	3	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE HFA AEROSOL INHALER	2	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	3	PA; MO; LA; QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO; QL (60 per 30 days)
<i>breyna inhalation hfa aerosol inhaler</i>	2	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	3	B/D PA; MO; QL (60 per 30 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	2	QL (10.2 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN	3	PA; MO
COMBIVENT RESPIMAT INHALATION MIST	2	QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	2	B/D PA; MO
<i>cromolyn nasal spray,non-aerosol</i>	1	MO; ED
DULERA INHALATION HFA AEROSOL INHALER	2	MO; QL (13 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	3	PA; MO; QL (1 per 28 days)
<i>flunisolide nasal spray,non-aerosol</i>	2	MO; QL (50 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray,suspension</i>	1	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	MO; QL (60 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization</i>	3	B/D PA; MO; QL (120 per 30 days)
<i>icatibant subcutaneous syringe</i>	3	PA; MO
<i>ipratropium bromide inhalation solution</i>	1	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	3	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	3	PA; MO; QL (56 per 28 days)
<i>mometasone nasal spray,non-aerosol</i>	1	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	3	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	1	MO
NASALCROM NASAL SPRAY, NON-AEROSOL	3	MO; ED
NUCALA SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	3	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; MO; LA; QL (0.4 per 28 days)
OFEV ORAL CAPSULE	3	PA; MO; QL (60 per 30 days)
OPSUMIT ORAL TABLET	3	PA; MO; LA; QL (30 per 30 days)
OPSYNVI ORAL TABLET	3	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	3	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	3	PA; MO; QL (112 per 28 days)
<i>pirfenidone oral capsule</i>	3	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	3	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	3	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME INHALATION SOLUTION	3	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (21.2 per 30 days)
<i>roflumilast oral tablet</i>	3	PA; MO; QL (30 per 30 days)
<i>sajazir subcutaneous syringe</i>	3	PA; MO
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	3	
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride inhalation solution for nebulization 3 %</i>	1	MO; ED
SPIRIVA RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	3	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; QL (60 per 30 days)
<i>terbutaline oral tablet</i>	3	MO
<i>terbutaline subcutaneous solution</i>	1	MO
<i>theophylline oral elixir</i>	3	MO
<i>theophylline oral solution</i>	3	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	2	QL (90 per 90 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	3	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	3	PA; MO; QL (84 per 28 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA; MO; QL (81.2 per 28 days)
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA; QL (11.6 per 180 days)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA; MO; QL (81.2 per 28 days)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA; MO; QL (81.2 per 180 days)
VENTOLIN HFA AEROSOL INHALER	2	MO; QL (36 per 30 days)
<i>wixela inhuh inhalation blister with device</i>	2	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	3	PA; MO; LA; QL (8 per 28 days)

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	3	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	3	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	3	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast oral tablet</i>	3	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>mirabegron oral tablet extended release 24 hr</i>	2	MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>solifenacin oral tablet</i>	1	MO
<i>tolterodine oral capsule,extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	2	MO
<i>trospium oral tablet</i>	1	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin oral tablet extended release 24 hr</i>	1	MO
<i>dutasteride oral capsule</i>	1	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	3	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin oral capsule</i>	1	MO

MISCELLANEOUS UROLOGICALS

ALPROSTADIL (BULK) POWDER	3	ED
<i>alprostadil injection solution</i>	1	

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>avanafil oral tablet</i>	1	MO; ED
<i>bethanechol chloride oral tablet</i>	1	MO
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	MO; ED
CAVERJECT INTRACAVERNOSAL RECON SOLN	3	MO; ED
CIALIS ORAL TABLET 10 MG, 20 MG	3	ED
CYSTAGON ORAL CAPSULE	3	PA; LA
EDEX INTRACAVERNOSAL KIT	3	MO; ED
ELMIRON ORAL CAPSULE	2	MO
<i>glycine urologic irrigation solution</i>	1	
<i>glycine urologic irrigation solution</i>	1	
K-PHOS NO 2 ORAL TABLET	2	MO
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2	MO
<i>potassium citrate oral tablet extended release</i>	1	MO
RENACIDIN IRRIGATION SOLUTION	2	MO
<i>sildenafil oral tablet</i>	1	MO; ED
TADALAFIL (BULK) POWDER	3	ED
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	MO; ED
<i>tadalafil oral tablet 2.5 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	3	PA; MO; QL (30 per 30 days)
VARDENAFIL HCL (BULK) POWDER	3	ED
<i>vardenafil oral tablet</i>	1	MO; ED
<i>vardenafil oral tablet,disintegrating</i>	1	MO; ED
VIAGRA ORAL TABLET	3	ED

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 % intravenous parenteral solution</i>	3
<i>alburx (human) 25 % intravenous parenteral solution</i>	3
<i>alburx (human) 5 % intravenous parenteral solution</i>	3
<i>albutein 25 % intravenous parenteral solution</i>	3

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>albutein 5 % intravenous parenteral solution</i>	3	
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	2	PA; MO
<i>calcium acetate(phosphat bind) oral tablet</i>	2	PA; MO
<i>calcium chloride intravenous solution</i>	1	
<i>calcium chloride intravenous syringe</i>	1	
<i>calcium gluconate intravenous solution</i>	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
<i>klor-con 10 oral tablet extended release</i>	1	MO
<i>klor-con 8 oral tablet extended release</i>	1	MO
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con oral packet</i>	3	MO
<i>klor-con/ef oral tablet, effervescent</i>	1	MO
<i>lactated ringers intravenous parenteral solution</i>	3	MO
<i>magnesium chloride injection solution</i>	3	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water intravenous parenteral solution</i>	3	
<i>magnesium sulfate in water intravenous piggyback</i>	3	
<i>magnesium sulfate injection solution</i>	3	MO
<i>magnesium sulfate injection syringe</i>	3	
<i>potassium acetate intravenous solution</i>	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</i>	3	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	3	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	3	

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	3	
<i>potassium chloride intravenous solution</i>	3	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	3	MO
<i>potassium chloride oral packet</i>	3	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	3	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	3	
<i>ringer's intravenous parenteral solution</i>	3	
<i>sodium acetate intravenous solution</i>	3	
<i>sodium bicarbonate intravenous solution</i>	3	
<i>sodium bicarbonate intravenous syringe</i>	3	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	3	MO
<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	3	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	3	MO
<i>sodium chloride intravenous solution</i>	3	
<i>sodium phosphate intravenous solution</i>	3	MO

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 5%-D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>electrolyte-148 intravenous parenteral solution</i>	2	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	3	
<i>electrolyte-a intravenous parenteral solution</i>	2	
<i>intralipid intravenous emulsion 20 %</i>	3	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	3	B/D PA
<i>travasol 10 % intravenous parenteral solution</i>	3	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
VITAMINS / HEMATINICS		
ACCRUFER ORAL CAPSULE	3	MO; ED
AQUASOL A INTRAMUSCULAR SOLUTION	3	MO; ED
ASCOR INTRAVENOUS SOLUTION	3	ED
<i>ascorbic acid (vitamin c) injection solution</i>	1	ED
<i>b complex 100 injection solution</i>	1	ED

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>b-complex injection injection solution</i>	1	ED
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	MO; ED
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol</i>	1	MO; ED
<i>dodex injection solution</i>	1	ED
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	MO; ED
FERAHEME INTRAVENOUS SOLUTION	3	MO; ED
<i>ferumoxytol intravenous solution</i>	1	MO; ED
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS	3	MO; ED
FLORIVA ORAL TABLET,CHEWABLE	3	MO; ED
FLORIVA PLUS ORAL DROPS	3	MO; ED
<i>flotrex oral tablet,chewable</i>	1	ED
<i>fluoride (sodium) oral drops</i>	1	MO; ED
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	1	MO; ED
<i>fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>folic acid injection solution</i>	1	MO; ED
<i>folic acid oral tablet 1 mg</i>	1	MO; ED
<i>hydroxocobalamin intramuscular solution</i>	1	MO; ED
INFED INJECTION SOLUTION	3	MO; ED
INFUVITE ADULT INTRAVENOUS SOLUTION	3	MO; ED
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	3	ED
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML	3	ED
INJECTAFER INTRAVENOUS SOLUTION 50 MG IRON/ML	3	MO; ED
<i>ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	1	ED
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	3	ED

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
MONOFERRIC INTRAVENOUS SOLUTION	3	MO; ED
<i>multi-vit with fluoride-iron oral drops</i>	1	MO; ED
<i>multi-vitamin with fluoride oral drops</i>	1	MO; ED
<i>multi-vitamin with fluoride oral tablet, chewable</i>	1	MO; ED
<i>mvc-fluoride oral tablet, chewable</i>	1	ED
NASCOBAL NASAL SPRAY, NON-AEROSOL	3	MO; ED
NEONATAL FE ORAL TABLET	3	ED
PHYSICIANS EZ USE B-12 INJECTION KIT	3	ED
<i>prenatal vitamin oral tablet</i>	1	MO
<i>pyridoxine (vitamin b6) injection solution</i>	1	ED
QUFLORA FE (FERROUS SULFATE) ORAL DROPS	3	ED
QUFLORA FE ORAL TABLET, CHEWABLE	3	ED
QUFLORA ORAL TABLET, CHEWABLE	3	ED
QUFLORA PEDIATRIC DROPS ORAL DROPS	3	ED
QUFLORA PEDIATRIC ORAL TABLET, CHEWABLE	3	ED
<i>soluvita a,c,d with fluoride oral drops</i>	1	ED
SOLUVITA MULTIVITAMIN FLUORIDE ORAL DROPS 0.25 MG/ML	3	MO; ED
SOLUVITA MULTIVITAMIN FLUORIDE ORAL DROPS 0.5 MG/ML	3	ED
<i>soluvita oral drops</i>	1	MO; ED
<i>thiamine hcl (vitamin b1) injection solution</i>	1	MO; ED
THIAMINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SOLUTION	3	ED
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	ED
TRIFERIC HEMODIALYSIS SOLUTION	3	ED
<i>tri-vitamin with fluoride oral drops</i>	1	ED
<i>tri-vite with fluoride oral drops</i>	1	MO; ED
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML	3	MO; ED
VENOFER INTRAVENOUS SOLUTION 50 MG IRON/2.5 ML	3	ED

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This drug list was last updated on 08/18/2025.

Drug Name	Drug Tier	Requirements/Limits
VITALIPID N INFANT INTRAVENOUS SOLUTION	3	ED
<i>vitamins a,c,d and fluoride oral drops</i>	1	MO; ED
VITLIPID N ADULT INTRAVENOUS SOLUTION	3	ED
VITLIPID N INFANT INTRAVENOUS SOLUTION	3	ED
<i>wescap-pn dha oral capsule</i>	1	MO

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This drug list was last updated on 08/18/2025.

Index

12-HOUR COUGH RELIEF ..	107	ACTICON (DEXBROMPH-PSE) ..	107	<i>alavert</i>	107
<i>24hour allergy</i>	107	<i>acticon (dexbromph-pse)</i> ..	107	<i>alavert d-12 allergy-sinus</i>	107
<i>24hr allergy relief</i>	107	<i>actidom dmx</i>	107	<i>albendazole</i>	7
<i>24hr allergy-congestion relief</i> ..	107	ACTIMMUNE	89	<i>albumin, human 25 %</i>	137
<i>8 hour pain reliever</i>	37	ACTINEL	107	<i>alburx (human) 25 %</i>	137
<i>8hr muscle aches-pain</i>	37	ACTINEL DM	107	<i>alburx (human) 5 %</i>	137
<i>abacavir</i>	1	ACTINEL PEDIATRIC	107	<i>albutein 25 %</i>	137
<i>abacavir-lamivudine</i>	1	<i>acyclovir</i>	2, 67	<i>albutein 5 %</i>	138
ABATUSS DMX	107	<i>acyclovir sodium</i>	2	<i>albuterol sulfate</i>	131, 132
ABELCET	1	ADACEL(TDAP)		<i>alclometasone</i>	67
<i>abigale</i>	98	ADOLESN/ADULT)(PF)	90	<i>alcohol pads</i>	75
<i>abigale lo</i>	98	ADBRY	64	ALCORTIN A	66
ABILIFY ASIMTUFII	45	ADCETRIS	13	ALDURAZYME	79
ABILIFY MAINTENA	45	<i>addaprin</i>	37	ALECENSA	13
<i>abiraterone</i>	13	<i>adefovir</i>	2	<i>alendronate</i>	95
<i>abirtega</i>	13	ADEMPAS	131	<i>aler-cap</i>	107
ABRAXANE	13	<i>adenosine</i>	53	ALEVE	37, 38
ABRYSVO (PF)	90	<i>adrenalin</i>	107	ALEVE COLD AND SINUS ..	108
<i>acamprosate</i>	69	ADSTILADRIN	13	ALEVE PM	38
<i>acarbose</i>	75	<i>adult aspirin regimen</i>	37	ALEVE SINUS AND HEADACHE	108
ACCRUFER	140	<i>adult robitussin peak cold m-s</i> ..	107	ALEVE-D SINUS AND COLD	108
<i>accutane</i>	66	<i>adult tussin cf</i>	107	ALEVE-D SINUS AND HEADACHE	108
<i>acebutolol</i>	53	<i>adult tussin chest congestion</i> ..	107	alfuzosin	136
ACETAMINOPHEN	37	<i>adult wal-tussin</i>	107	ALIQOPA	13
<i>acetaminophen</i>	37	<i>adult wal-tussin dm max</i> ..	107	<i>aliskiren</i>	53
<i>acetaminophen extra strength</i> ..	37	ADVAIR HFA	131	<i>alka-seltzer original</i>	38
<i>acetaminophen pm</i>	37	ADVIL	37	<i>alka-seltzer plus allergy</i>	108
<i>acetaminophen pm extra str</i> ..	37	ADVIL COLD AND SINUS ..	107	ALKА-SELTZER PLUS COLD (PE)	108
<i>acetaminophen-codeine</i>	35	<i>advil cold and sinus</i>	107	ALKА-SELTZER PLUS COLD/COUGHFM	108
<i>acetazolamide</i>	105	<i>advil junior strength</i>	37	ALKА-SELTZER PLUS DAY	108
<i>acetazolamide sodium</i>	105	ADVIL LIQUI-GEL	37	<i>alka-seltzer plus mucus-conges</i>	108
<i>acetic acid</i>	69, 73	ADVIL LIQUI-GELS MINIS ..	37	ALKА-SELTZER PLUS SINUS-COUGH	108
<i>acetylcysteine</i>	69, 131	ADVIL MIGRAINE	37	ALKА-SELTZER SEVERE COLD	108
<i>acid controller</i>	86	ADVIL PM	37	ALL DAY ALLERGY (CETIRIZINE)	108
<i>acid controller complete</i>	86	ADVIL PM LIQUI-GELS ..	37	<i>all day allergy (cetirizine)</i> ..	108
<i>acid reducer (cimetidine)</i>	86	ADVIL SINUS CONGESTION-PAIN	107	<i>all day allergy-d</i>	108
<i>acid reducer (esomeprazole)</i> ..	86	AFLURIA 2025-2026 (3YR UP)(PF)	90		
<i>acid reducer (famotidine)</i>	86	AFLURIA 2025-2026 (6MO UP)	90		
<i>acid reducer (lansoprazole)</i> ..	86	AIMOVIG AUTOINJECTOR ..	32		
<i>acid reducer (omeprazole)</i> ..	87	AKEEGA	13		
<i>acid reducer complete (famot)</i> ..	87	<i>ala-cort</i>	67		
<i>acid reducer-antacid</i>	87	<i>ala-hist ir</i>	107		
<i>acid-pep</i>	87	ALAHOST PE	107		
<i>acitretin</i>	62				
ACTEMRA	95				
ACTEMRA ACTPEN	95				
ACTHIB (PF)	90				

Brand-name drugs are CAPITALIZED. Generic drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 08/18/2025.

ALL DAY COLD AND SINUS.....	108	ALL-NITE COLD-FLU	110	ANKTIVA.....	13
<i>all day pain relief</i>	38	<i>allopurinol</i>	95	ANORO ELLIPTA.....	132
ALL DAY PAIN RELIEF SINUS,COLD	108	<i>allopurinol sodium</i>	95	<i>antacid and pain relief</i>	38
<i>all day relief</i>	38	<i>aloprim</i>	95	<i>antitussive dm</i>	110
ALLEGRA ALLERGY	108	<i>alosetron</i>	82	<i>anucort-hc</i>	82
ALLEGRA HIVES.....	108	<i>alprazolam</i>	45	ANUSOL-HC.....	82
ALLEGRA-D 12 HOUR.....	108	<i>alprostadiol</i>	136	<i>aphen</i>	38
ALLEGRA-D 24 HOUR.....	108	ALPROSTADIL (BULK).....	136	<i>ap-hist dm</i>	110
<i>aller-chlor</i>	108	<i>altavera (28)</i>	100	<i>apractonidine</i>	106
<i>allerclear</i>	109	ALTIPRES.....	110	<i>aprepitant</i>	82
<i>allerclear d-12hr</i>	108	ALTIPRES PEDIATRIC.....	110	<i>apri</i>	100
<i>allerclear d-24hr</i>	108	ALTIPRES-B.....	110	<i>aprodone</i>	110
<i>aller-ease</i>	109	<i>altituss</i>	110	APTIOM.....	27
<i>aller-sex</i>	109	ALUNBRIG.....	13	APТИВУС.....	2
<i>aller-g-time</i>	109	ALVESCO.....	132	AQUANAZ.....	110
<i>allergy</i>	109	<i>alyacen 1/35 (28)</i>	100	AQUASOL A.....	140
<i>allergy (chlorpheniramine)</i>	109	<i>alyacen 7/7/7 (28)</i>	100	<i>aranelle (28)</i>	100
<i>allergy (diphenhydramine)</i>	109	<i>alyq</i>	132	ARCALYST.....	89
<i>allergy and congestion relief</i> ..	109	<i>amantadine hcl</i>	2	AREXVY (PF).....	90
<i>allergy d-12</i>	109	<i>ambrisentan</i>	132	<i>arformoterol</i>	132
<i>allergy medication</i>	109	<i>methyst (28)</i>	100	ARIKAYCE.....	7
<i>allergy medicine</i>	109	<i>amikacin</i>	7	<i>ariPIPrazole</i>	45
<i>allergy multi-symptom</i>	109	<i>amiloride</i>	53	ARISTADA.....	45, 46
<i>allergy relief (cetirizine)</i>	109	<i>amiloride-hydrochlorothiazide</i>	53	ARISTADA INITIO.....	45
<i>allergy relief (fexofenadine)</i> ... 109		<i>aminocaproic acid</i>	58	<i>armodafinil</i>	46
<i>allergy relief (levocetirizine)</i> 109		<i>aminofen</i>	38	<i>arsenic trioxide</i>	13
<i>allergy relief (loratadine)</i>	109	<i>amiodarone</i>	53	<i>arthritis pain relief (acetam)</i> ... 38	
<i>allergy relief d12</i>	109	<i>amitriptyline</i>	45	<i>arthritis pain reliever</i>	38
<i>allergy relief d-24hr</i>	109	<i>amlodipine</i>	53	ASCOR.....	140
<i>allergy relief multi-symptom</i> ... 109		<i>amlodipine-atorvastatin</i>	60	<i>ascorbic acid (vitamin c)</i>	140
<i>allergy relief(chlorpheniramn)</i>	109	<i>amlodipine-benazepril</i>	53	<i>asenapine maleate</i>	46
<i>allergy relief(diphenhydramin)</i>	109, 110	<i>amlodipine-olmesartan</i>	53	ASMANEX HFA.....	132
<i>allergy relief,nasal decongest</i> . 110		<i>amlodipine-valsartan</i>	53	ASMANEX TWISTHALER..	132
<i>allergy relief-d (cetirizine)</i>	110	<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide</i>	54	ASPALARAS	13
<i>allergy relief-d (loratadine)</i> 110		<i>ammonium lactate</i>	64	<i>aspirin</i>	38
<i>allergy relief-d(fexofenadine)</i> .. 110		<i>amnesteem</i>	66	<i>aspirin childrens</i>	38
<i>allergy sinus pe</i>	110	<i>amoxapine</i>	45	<i>aspirin,buffd-calcium carb-</i> <i>mag</i>	38
<i>allergy sinus-d</i>	110	<i>amoxicillin</i>	10	<i>aspirin-acetaminophen-</i> <i>caffeine</i>	38
<i>allergy-congest relief-d(fexo)</i> .. 110		<i>amoxicillin-pot clavulanate</i> ..	10	<i>aspirin-dipyridamole</i>	58
<i>allergy-congestion relief-d</i>	110	<i>amphotericin b</i>	1	ASSURE ID INSULIN	
<i>allergy-hives relief</i>	110	<i>ampicillin</i>	10	SAFETY	94
<i>allergy-time</i>	110	<i>ampicillin sodium</i>	10	<i>atazanavir</i>	2
<i>aller-tec</i>	110	<i>ampicillin-sulbactam</i>	10	<i>atenolol</i>	54
<i>aller-tec d</i>	110	ANACIN.....	38	<i>atenolol-chlorthalidone</i>	54
		<i>anagrelide</i>	69	<i>athenol</i>	38
		ANALPRAM-HC	82	<i>atomoxetine</i>	46
		<i>anastrozole</i>	13		

Brand-name drugs are CAPITALIZED. Generic drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 08/18/2025.

atorvastatin	60	bayer low dose aspirin	38	BONINE	82
atovaquone	7	bayer plus extra strength	39	BONSITY	95
atovaquone-proguanil	7	BCG VACCINE, LIVE (PF)	90	BOOSTRIX TDAP	90
atropine	81, 104	<i>b-complex injection</i>	141	BORTEZOMIB	14
ATROVENT HFA	132	BELBUCA	35	<i>bortezomib</i>	14
<i>aubra eq</i>	100	BELEODAQ	14	<i>bosentan</i>	132
AUDENZ (NATIONAL STOCKPILE)	90	BELSOMRA	46	BOSULIF	14
AUDENZ(PF)(NATIONAL STOCKPILE)	90	BENADRYL	111	BRAFTOVI	14
AUGMENTIN	10	<i>benadryl allergy</i>	46	BREO ELLIPTA	132
AUGTYRO	13	BENADRYL ALLERGY	110	<i>breyna</i>	132
AUSTEDO	32	BENADRYL ALLERGY PLUS CONGEST	111	BREZTRI AEROSPHERE	132
AUSTEDO XR	32, 33	<i>benazepril</i>	54	BRILINTA	58
AUSTEDO XR TITRATION KT(WK1-4)	33	<i>benazepril-hydrochlorothiazide</i>	54	brimonidine	106
AUVELITY	46	<i>bendamustine</i>	14	BRIUMVI	33
<i>avanafil</i>	137	BENDEKA	14	BRIVIACT	27
<i>aviane</i>	100	BENLYSTA	95, 96	BROMFED DM	111
AVMAPKI-FAKZYNJA	13	<i>benzonatate</i>	111	<i>bromfenac</i>	105
AVONEX	89	<i>benztropine</i>	31	<i>bromocriptine</i>	31
AYVAKIT	13	BESPONSA	14	<i>brompheniramine-pseudoephedrin</i>	111
<i>azacitidine</i>	13	BESREMI	89	<i>bronchial asthma relief</i>	111
<i>azathioprine</i>	13	BETASERON	89	BRONKAID DUAL ACTION	
<i>azathioprine sodium</i>	13	<i>betatemp</i>	39		111
<i>azelaic acid</i>	66	<i>betaxolol</i>	54, 104	BRONKIDS	111
<i>azelastine</i>	72, 104	<i>bethanechol chloride</i>	137	<i>brontuss sf</i>	111
<i>azithromycin</i>	6, 7	BEVESPI AEROSPHERE	132	BRUKINSA	14
<i>aztreonam</i>	7	<i>bexarotene</i>	14	<i>bss</i>	104
<i>azurette (28)</i>	100	BEXSERO	90	<i>budesonide</i>	82, 132
<i>b complex 100</i>	140	<i>bicalutamide</i>	14	<i>budesonide-formoterol</i>	133
<i>bacitracin</i>	103	BICILLIN L-A	10	<i>bufferin</i>	39
<i>bacitracin-polymyxin b</i>	103	BIKTARVY	2	<i>bumetanide</i>	54
<i>back and body pain reliever</i>	38	BIOCOF	111	<i>buprenorphine</i>	35
<i>backache relief extra strength</i>	38	<i>biocotron</i>	111	<i>buprenorphine hcl</i>	35
<i>baclofen</i>	34	BIODESP DM	111	<i>buprenorphine-naloxone</i>	39
<i>balsalazide</i>	82	BIO-DTUSS DMX	111	<i>bupropion hcl</i>	46
BALVERSA	14	BIO-RYTUSS	111	<i>bupropion hcl (smoking deter)</i>	72
<i>banophen</i>	110	BIO-Z-COUGH	111	<i>buspirone</i>	46
BAQSIMI	75	<i>bisoprolol fumarate</i>	54	<i>busulfan</i>	14
BARACLUDE	2	<i>bisoprolol-</i>		<i>butorphanol</i>	39
BAVENCIO	14	<i>hydrochlorothiazide</i>	54	BYDUREON BCISE	75
<i>bayer advanced</i>	38	BIZENGRI	14	BYOOVIZ	104
BAYER ASPIRIN	38	<i>bleomycin</i>	14	CABENUVA	2
<i>bayer aspirin</i>	38	BLINCYTO	14	<i>cabergoline</i>	79
BAYER BACK AND BODY	38			CABLIVI	58
BAYER CHEWABLE ASPIRIN	38			CABOMETYX	14
				<i>caffeine citrate</i>	69
				<i>calcipotriene</i>	62, 63
				<i>calcitonin (salmon)</i>	79

Brand-name drugs are CAPITALIZED. Generic drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 08/18/2025.

<i>calcitriol</i>	79	<i>ceftriaxone</i>	6	CHILD MUCINEX STUFFY
<i>calcium acetate(phosphat bind)</i>	138	<i>ceftriaxone in dextrose (iso-osm)</i>	6	NOSE-CHST
<i>calcium chloride</i>	138	<i>cefuroxime axetil</i>	6	<i>child mucus relief cough</i>
<i>calcium gluconate</i>	138	<i>cefuroxime sodium</i>	6	<i>child mucus relief expectorant</i>
CALQUENCE	14	<i>celecoxib</i>	39	<i>child pain rel-fever reducer</i>
CALQUENCE (ACALABRUTINIB MAL)	14	<i>cephalexin</i>	6	<i>child robitussin elderberry dm</i>
<i>camila</i>	98	CEPROTIN (BLUE BAR)	58	<i>child wal-tap cold-allergy</i>
<i>camrese</i>	100	CEPROTIN (GREEN BAR)	58	CHILDREN DIMETAPP M-S
CAMZYOS	61	<i>cetiri-d</i>	111	COLD-FLU
<i>candesartan</i>	54	<i>cetirizine</i>	111	<i>children's acetaminophen</i>
<i>candesartan-hydrochlorothiazide</i>	54	CETIRIZINE	111	<i>children's advil</i>
<i>capecitabine</i>	14	<i>cetirizine-pseudoephedrine</i>	111	<i>children's allegra allergy</i>
CAPLYTA	46	<i>cevimeline</i>	69	<i>children's allergy (diphenhyd)</i>
CAPRELSA	14	CHEMET	69	<i>children's allergy relief(fex)</i>
<i>captopril</i>	54	<i>cherry cough drops</i>	111	<i>children's allergy relief(lor)</i>
<i>captopril-hydrochlorothiazide</i>	54	<i>cherry menthol</i>	111	CHILDREN'S ALLERGY
CAPVAXIVE	90	CHEST CONGESTION		RELIEF(LOR)
<i>carbamazepine</i>	27, 28	RELIEF	111	<i>children's allergy(cetirizine)</i>
<i>carbidopa</i>	31	<i>chest congestion relief</i>	111	<i>children's aller-tec</i>
<i>carbidopa-levodopa</i>	31	<i>chest congestion relief dm</i>	111	<i>children's aspirin</i>
<i>carbidopa-levodopa-entacapone</i>	31	<i>chest congestion relief pe</i>	111	<i>children's cetirizine</i>
<i>carboplatin</i>	14	<i>chest congestion-cough hbp</i>	111	<i>children's chest congestion</i>
<i>carglumic acid</i>	69	<i>chest congestion-cough relief.</i>	111	CHILDREN'S CLARITIN
<i>carmustine</i>	14	CHILD ALLERGY PLUS		<i>children's cold and cough (pe)</i>
<i>carteolol</i>	104	CONGESTION	112	<i>children's cold and cough dm.</i>
<i>cartia xt</i>	54	<i>child allergy rlef(cetirizine)</i>	112	<i>children's cold-allergy (pe)</i>
<i>carvedilol</i>	54	<i>child allergy relief (diphen)</i>	112	CHILDREN'S COLD-COUGH DAYTIME
<i>caspofungin</i>	1	<i>child benadryl plus congestion</i>	112	CHILDREN'S COLD-COUGH-SORE
CAVERJECT	137	<i>child chest congestion-cough</i>	112	<i>children's cough</i>
CAVERJECT IMPULSE	137	<i>child cough-chest congest dm.</i>	112	CHILDREN'S COUGH DM
CAYSTON	7	<i>child delsym cough-chest dm..</i>	112	ER
<i>cefaclor</i>	5	CHILD DELSYM COUGH-COLD	112	CHILDREN'S DELSYM
<i>cefadroxil</i>	5	<i>child fever reducer-pain relrvr</i>	39	COUGH
<i>cefazolin</i>	5	CHILD GILTUSS ALLERGY		<i>children's dibromm cold-allerg</i>
<i>cefazolin in dextrose (iso-osm)</i>	5	PLUS(DM)	112	<i>children's dibromm dm cold-cou</i>
<i>cefdinir</i>	5	CHILD GILTUSS		<i>children's easy-melts</i>
<i>cefpeme</i>	5	MULTSYM COLD-FLU	112	<i>children's fever reducing</i>
<i>cefpeme in dextrose (iso-osm)</i>	5	CHILD MUCINEX COUGH-CONGEST	112	<i>children's flu relief</i>
<i>cefixime</i>	6	CHILD MUCINEX		<i>children's giltuss cough-chest.</i>
<i>cefoxitin</i>	6	FREEFROM DY COLD	112	CHILDRENS GILTUSS
<i>cefoxitin in dextrose (iso-osm)</i>	6	CHILD MUCINEX M-S		COUGH-COLD
<i>cefpodoxime</i>	6	COLD NIGHT	112	<i>childrens giltuss ex</i>
<i>cefprozil</i>	6			<i>children's ibuprofen</i>
<i>ceftazidime</i>	6			

Brand-name drugs are CAPITALIZED. Generic drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 08/18/2025.

CHILDREN'S LORATADINE		chlorhist.....	114	CLINIMIX 4.25%/D10W
.....	113	chlorprocaine (pf).....	64	SULFITE FREE.....
<i>children's mapap</i>	39	chloroquine phosphate.....	7	CLINIMIX 4.25%/D5W
CHILDREN'S MOTRIN.....	39	chlorothiazide sodium.....	54	SULFITE FREE.....
<i>children's motrin jr strength</i>	39	chlorpheniramine maleate.....	114	CLINIMIX 5%-D20W
CHILDREN'S MUCINEX		chlorpromazine.....	46	SULFITE FREE.....
COLD-FLU.....	113	chlortabs.....	114	CLINIMIX 6%-D5W
CHILDREN'S MUCINEX		chlorthalidone.....	54	(SULFITE-FREE).....
COUGH.....	113	cholestyramine (<i>with sugar</i>)....	60	CLINIMIX 8%-
<i>children's mucinex cough</i>	113	cholestyramine light.....	60	D10W(SULFITE-FREE).....
CHILDREN'S MUCINEX		CIALIS.....	137	CLINIMIX 8%-
MULTI-SYMP.....	113	CIBINQO.....	64	D14W(SULFITE-FREE).....
CHILDREN'S MULTI-		ciclodan.....	66	clobazam.....
SYMPTOM COLD.....	114	ciclopirox.....	66, 67	clobetasol.....
<i>children's non-aspirin</i>	39	cidofovir.....	2	clobetasol-emollient.....
<i>children's pain relief</i>	39	cilostazol.....	58	clofarabine.....
<i>children's pain reliever</i>	39	CIMDUO.....	2	clomid.....
<i>children's pain-fever relief</i>	40	CIMERLI.....	104	clomiphene citrate.....
<i>childrens plus cold</i>	114	cimetidine.....	87	clomipramine.....
<i>children's plus flu</i>	114	CIMZIA.....	82	clonazepam.....
CHILDRENS PLUS MULTI-		CIMZIA POWDER FOR		clonidine.....
SYMPP COLD.....	114	RECONST.....	82	clonidine (pf).....
<i>children's profen ib</i>	40	CIMZIA STARTER KIT.....	82	clonidine hcl.....
CHILDREN'S STUFFY		cinacalcet.....	79	clopidogrel.....
NOSE-COLD.....	114	CINRYZE.....	133	clorazepate dipotassium.....
<i>children's sudafed pe cough</i>	114	CINVANTI.....	83	clotrimazole.....
CHILDREN'S SUDAFED PE		ciprofloxacin.....	11	clotrimazole-betamethasone.....
NASAL.....	114	ciprofloxacin hcl.....	11, 73, 103	clozapine.....
CHILDREN'S TYLENOL.....	40	ciprofloxacin <i>in 5 % dextrose</i> ...	11	COARTEM.....
<i>children's tylenol</i>	40	ciprofloxacin-dexamethasone ...	74	COBENFY.....
<i>children's wal-dryl allergy</i>	114	cisplatin.....	14	COBENFY STARTER PACK.
<i>children's wal-fex</i>	114	citalopram.....	46	CODEINE-GUAIFENESIN...
<i>children's wal-zyr</i>	114	cladribine.....	14	CODITUSSIN AC.....
CHILDREN'S WAL-ZYR.....	114	claravis.....	66	CODITUSSIN DAC.....
CHILDREN'S ZYRTEC		clarithromycin.....	7	colchicine.....
ALLERGY.....	114	CLARITIN.....	114, 115	cold and cough elixir.....
<i>child's all day allergy(cetir)</i>	114	CLARITIN LIQUI-GEL.....	114	cold and flu hbp.....
<i>childs triacting cold-cough</i>	114	CLARITIN REDITABS.....	115	COLD AND FLU
<i>chld robitussin cough-chest dm</i>		CLARITIN-D 12 HOUR.....	115	RELIEF(DIPHEN-PE).....
.....	114	CLARITIN-D 24 HOUR.....	115	COLD AND FLU SEVERE...
<i>chloramphenicol sod succinate</i> ...7		clearcanal earwax softener.....	73	cold and sinus pain relief.....
<i>chloraseptic children's</i>	72	clindamycin hcl.....	7	COLD HEAD
CHLORASEPTIC MAX		clindamycin <i>in 5 % dextrose</i>	7	CONGEST(GG-PE-ACETM)
SORE THROAT.....	72	clindamycin phosphate... 7, 66, 99		COLD HEAD CONGESTION
<i>chloraseptic sore throat</i>	64	clinere ear wax removal.....	73	DAY/NITE.....
<i>chloraseptic throat spray</i>	72	CLINIMIX 5%/D15W		COLD HEAD CONGESTION
<i>chlordiazepoxide-clidinium</i>	81	SULFITE FREE.....	140	DAYTIME.....
<i>chlorhexidine gluconate</i>	72			115

Brand-name drugs are CAPITALIZED. Generic drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 08/18/2025.

COLD HEAD CONGESTION	CORTANE-B	64	CYSTARAN	104
NIGHTTIME	CORTIFOAM	83	<i>cytarabine</i>	15
<i>cold head congestion sever day</i>	<i>cortisone</i>	74	<i>cytarabine (pf)</i>	15
.....	COSENTYX	63	<i>d10 %-0.45 % sodium chloride</i>	69
COLD MAX DAY-NIGHT	COSENTYX (2 SYRINGES)	63	<i>d2.5 %-0.45 % sodium</i>	
COLD MAX DAYTIME	COSENTYX PEN	63	<i>chloride</i>	69
COLD MULTI-SYMPTOM	COSENTYX PEN (2 PENS)	63	<i>d5 % and 0.9 % sodium</i>	
COLD MULTI-SYMPTOM	COSENTYX UNOREADY		<i>chloride</i>	70
(CHLORPHEN)	PEN	63	<i>d5 %-0.45 % sodium chloride</i>	70
COLD MULTI-SYMPTOM	COTELLIC	15	<i>dabigatran etexilate</i>	58
DAY/NIGHT	COUGH AND COLD		<i>dacarbazine</i>	15
COLD MULTI-SYMPTOM	(CHLORPHEN-DM)	116	<i>dactinomycin</i>	15
NIGHTTIME	COUGH AND COLD		<i>dalfampridine</i>	33
COLD RELIEF	MUCUS RELIEF CF	116	<i>danazol</i>	79
COLD RELIEF M/S	COUGH AND SEVERE		<i>dantrolene</i>	34
DAY/NIGHT	COLD	116	DANYELZA	15
<i>cold relief plus</i>	COUGH DM ER	116	DANZITEN	15
<i>cold-flu relief</i>	COUGH DROPS	72	<i>dapsone</i>	7
<i>cold-sinus relief</i>	<i>cough drops (with eucalyptus)</i>	116	DAPTACEL (DTAP	
COLD-SINUS RELIEF	<i>cough relief</i>	116	PEDIATRIC) (PF)	90
(IBUPROFEN)	COUGH SYRUP DM	116	DAPTOMYCIN	8
<i>colesevelam</i>	<i>cough-chest congestion dm</i>	116	<i>daptomycin</i>	8
<i>colestipol</i>	COUGH-COLD RELIEF HBP		<i>darunavir</i>	2
<i>colistin (colistimethate na)</i>	116	DARZALEX	15
COLUMVI	<i>cough-sore throat night</i>	116	<i>dasatinib</i>	15
COMBIVENT RESPIMAT	<i>covaryx</i>	98	<i>dasetta 1/35 (28)</i>	100
COMETRIQ	<i>covaryx h.s.</i>	98	<i>dasetta 7/7/7 (28)</i>	100
COMIRNATY 2024-25 (12Y	CREON	83	DATROWAY	15
UP)(PF)	CRESEMBOLA	1	<i>daunorubicin</i>	15
COMPLERA	<i>cromolyn</i>	83, 104, 133	DAURISMO	15
<i>complete</i>	<i>cryselle (28)</i>	100	<i>day multi-symp flu-severe cold</i>	116
<i>complete allergy</i>	CRYSVITA	79	<i>dayhist allergy</i>	117
<i>complete allergy medicine</i>	<i>cyanocobalamin (vitamin b-</i>		DAY-NIGHT SEVERE	
<i>compro</i>	<i>12)</i>	141	COLD-FLU	117
CONEX	<i>cyclobenzaprine</i>	34	<i>daysee</i>	100
<i>conex</i>	<i>cyclophosphamide</i>	15	DAYTIME COLD-FLU	117
CONEX PEDIATRIC	CYCLOPHOSPHAMIDE	15	DAYTIME COLD-FLU	
<i>constulose</i>	<i>cyclosporine</i>	15, 104	RELIEF (PE)	117
CONTAC COLD-FLU	<i>cyclosporine modified</i>	15	<i>deblitane</i>	98
NIGHT	CYLTEZO(CF)	96	DEBROX	73
COPIKTRA	CYLTEZO(CF) PEN	96	<i>decitabine</i>	15
CORICIDIN HBP CHEST	CYLTEZO(CF) PEN		DECONEX DMX	117
CONG-COUGH	CROHN'S-UC-HS	96	<i>deferasirox</i>	70
CORICIDIN HBP COLD	<i>PSORIASIS-UV</i>	96	<i>deferiprone</i>	70
AND FLU	CYRAMZA	15	<i>deferoxamine</i>	70
CORICIDIN HBP COUGH	<i>cyred eq</i>	100	DELSTRIGO	2
AND COLD	CYSTAGON	137	DELSYM 12 HOUR	117
CORICIDIN HBP FLU				

Brand-name drugs are CAPITALIZED. Generic drugs are lower-case italicics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 08/18/2025.

<i>delsym cough-chest congest dm</i>	117	<i>diabetic tussin (phenol)</i>	72	DOPTELET (10 TAB PACK)	..58
DELTUSS DMX (DEXCHLORPHEN)	117	<i>diabetic tussin dm</i>	117	DOPTELET (15 TAB PACK)	..58
<i>demeclocycline</i>	12	DIACOMIT	28	DOPTELET (30 TAB PACK)	..58
DENGVAXIA (PF)	91	<i>diazepam</i>	28, 47	<i>dorzolamide</i>	105
<i>denta 5000 plus</i>	72	<i>diazepam intensol</i>	47	<i>dorzolamide-timolol</i>	105
<i>dentagel</i>	72	<i>diazoxide</i>	75	<i>dotti</i>	98
DEPO-SUBQ PROVERA	104, 98	<i>diclofenac potassium</i>	40	DOVATO	2
<i>dermacinrx lidocan</i>	64	<i>diclofenac sodium</i>	40, 64, 105	<i>doxazosin</i>	55
DESCOVY	2	<i>diclofenac-misoprostol</i>	40	<i>doxepin</i>	47
DESGEN	117	<i>dicloxacillin</i>	10	<i>doxercalciferol</i>	80
<i>desgen dm</i>	117	<i>dicyclomine</i>	81	<i>doxorubicin</i>	16
<i>desipramine</i>	47	DIFIDIC	7	<i>doxorubicin, peg-liposomal</i>	16
<i>desmopressin</i>	79, 80	<i>disflunisal</i>	40	<i>doxy-100</i>	12
<i>desog-e.estriadiol/e.estriadiol</i>	100	<i>digoxin</i>	61	<i>doxycycline hydrate</i>	12
<i>desonide</i>	68	<i>dihydroergotamine</i>	32	<i>doxycycline monohydrate</i>	12
<i>despec dm-g</i>	117	DILANTIN 30 MG	28	DRAMAMINE	83
<i>despec eda cough-cold drops</i>	..117	<i>diltiazem hcl</i>	54	<i>dramamine (meclizine)</i>	83
<i>despec-dm (phenyleph-dm-guaif)</i>	117	<i>dilt-xr</i>	55	<i>dramamine less drowsy</i>	83
<i>desvenlafaxine succinate</i>	47	<i>dimenhydrinate</i>	83	<i>driminate</i>	83
<i>dexamethasone</i>	74	DIMETAPP COLD-ALLERGY (BROM)	117	DRIZALMA SPRINKLE	47
<i>dexamethasone intensol</i>	74	DIMETAPP COLD-ALLERGY(BROM-PE)	117	<i>dronabinol</i>	83
<i>dexamethasone sodium phosph</i>	(pf)	<i>dimetapp cold-congestion</i>	117	<i>droperidol</i>	83
<i>dexamethasone sodium phosphate</i>	74, 106	DIMETAPP DM COLD-COUGH (PE)	117	<i>drospirenone-e.estriadiol-lm.fa</i>	101
DEXCHLORPHEN-PSE-CHLOPHEDIANOL	117	<i>dimethyl fumarate</i>	33	<i>drospirenone-ethinyl estradiol</i>	101
<i>dexrazoxane hcl</i>	12	<i>diphedryl</i>	118	DROXIA	16
<i>dextroamphetamine-amphetamine</i>	47	<i>diphedryl allergy</i>	118	<i>droxidopa</i>	70
<i>dextromethorphan hbr</i>	117	<i>diphen</i>	118	<i>dual action complete</i>	87
<i>dextromethorphan polistirex</i>	117	<i>diphenhydramine hcl</i>	118	DUAVEE	98
<i>dextromethorphan-guaifenesin</i>	117	<i>diphenoxylate-atropine</i>	81	DULERA	133
<i>dextrose 10 % and 0.2 % nacl.</i>	70	<i>dipyridamole</i>	58	<i>duloxetine</i>	47
<i>dextrose 10 % in water (d10w)</i>	.70	<i>disulfiram</i>	70	DUPIXENT PEN	64
<i>dextrose 25 % in water (d25w)</i>	.70	<i>divalproex</i>	28	DUPIXENT SYRINGE	64
<i>dextrose 5 % in water (d5w)</i>	.70	<i>dm max</i>	118	DURAFLU	118
<i>dextrose 5 %-lactated ringers</i>	.70	DOAN'S EXTRA STRENGTH	40	<i>durahist (dexbromph-pse)</i>	118
<i>dextrose 5%-0.2 % sod chloride</i>	70	<i>dobutamine</i>	61	<i>dutasteride</i>	136
<i>dextrose 5%-0.3 % sod.chloride</i>	70	<i>dobutamine in d5w</i>	61	<i>dutasteride-tamsulosin</i>	136
<i>dextrose 50 % in water (d50w)</i>	.70	<i>docetaxel</i>	16	<i>ear drops (carbamide peroxide)</i>	73
<i>dextrose 70 % in water (d70w)</i>	.70	<i>dodex</i>	141	<i>ear wax removal drops</i>	73
		<i>dofetilide</i>	53	<i>ear wax removal kit</i>	74
		<i>dometuss-dmx</i>	118	<i>eazzze the pain</i>	40
		<i>donepezil</i>	33	<i>econazole nitrate</i>	67
		DONNATAL	81, 82	ECOTRIN	40
		<i>dopamine</i>	62	<i>ecotrin low strength</i>	40
		<i>dopamine in 5 % dextrose</i>	61	<i>ed a-hist</i>	118
				<i>ed a-hist dm</i>	118
				ED A-HIST DM	118
				<i>ed bron gp</i>	118

Brand-name drugs are CAPITALIZED. Generic drugs are lower-case italicics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 08/18/2025.

<i>ed chlorped jr</i>	118	ENBREL MINI	96	<i>estarrylla</i>	101
<i>ed-apap</i>	40	ENBREL SURECLICK	96	<i>estradiol</i>	98
EDARBI	55	<i>endacof - dm</i>	118	<i>estradiol valerate</i>	98
EDARBYCLOR	55	<i>endocet</i>	35	<i>estradiol-norethindrone acet</i>	98
EDEX	137	ENGERIX-B (PF)	91	ESTRATEST H.S.	98
EDURANT	2	ENGERIX-B PEDIATRIC		<i>estrogens-methyltestosterone</i>	98
EDURANT PED	2	(PF)	91	<i>eszopiclone</i>	47
<i>eemt</i>	98	<i>enoxaparin</i>	58	<i>ethacrynate sodium</i>	55
<i>eemt hs</i>	98	<i>enpresse</i>	101	<i>ethambutol</i>	8
<i>efavirenz</i>	2	<i>enskyce</i>	101	<i>ethosuximide</i>	28
<i>efavirenz-emtricitabin-tenofov</i>	2	<i>entacapone</i>	31	<i>ethynodiol diac-eth estradiol</i>	101
<i>efavirenz-lamivu-tenofov disop</i>	2	<i>entecavir</i>	2	<i>etodolac</i>	40
<i>effer-k</i>	138	ENTERTAINER'S SECRET	73	<i>etongestrel-ethinyl estradiol</i>	100
<i>efferves pain relief antacid</i>	40	ENTEX T	118	ETOPOPHOS	17
ELAHERE	16	ENTRESTO	62	<i>etoposide</i>	17
ELAPRASE	80	ENTRESTO SPRINKLE	62	<i>etravirine</i>	2
<i>electrolyte-148</i>	140	ENTYVIO	83	EULEXIN	17
<i>electrolyte-48 in d5w</i>	140	<i>enulose</i>	83	<i>everolimus (antineoplastic)</i>	17
<i>electrolyte-a</i>	140	ENVARSUS XR	16	<i>everolimus</i>	
ELIGARD	16	EPIDIOLEX	28	<i>(immunosuppressive)</i>	17
ELIGARD (3 MONTH)	16	<i>epinastine</i>	104	EVOTAZ	3
ELIGARD (4 MONTH)	16	<i>epinephrine</i>	118	EXCEDRIN EXTRA	
ELIGARD (6 MONTH)	16	<i>epirubicin</i>	16	STRENGTH	41
<i>elinest</i>	101	<i>epitol</i>	28	EXCEDRIN MIGRAINE	41
ELIQUIS	58	EPKINLY	16	EXCEDRIN TENSION	
ELIQUIS DVT-PE TREAT		<i>eplerenone</i>	55	HEADACHE	41
30D START	58	EPRONTIA	28	<i>exemestane</i>	17
ELITEK	12	ERBITUX	16	<i>exenatide</i>	75
ELMIRON	137	<i>ergocalciferol (vitamin d2)</i>	141	<i>expectorant</i>	118
ELREXFIO	16	<i>ergotamine-caffeine</i>	32	EXTRA STRENGTH BAYER	41
<i>eltrombopag olamine</i>	58	<i>eribulin</i>	16	<i>extraprin</i>	41
<i>eluryng</i>	99	ERIVEDGE	16	EYLEA	104
ELZONRIS	16	ERLEADA	16	<i>ezetimibe</i>	60
EMGALITY PEN	32	<i>erlotinib</i>	16	<i>ezetimibe-simvastatin</i>	60
EMGALITY SYRINGE	32	<i>errin</i>	98	FABRAZYME	80
EMPLICITI	16	<i>ertapenem</i>	8	<i>falmina (28)</i>	101
EMRELIS	16	ERWINASE	17	<i>famciclovir</i>	3
EMSAM	47	<i>ery pads</i>	66	<i>famotidine</i>	87
<i>emtricitabine</i>	2	<i>ery-tab</i>	7	<i>famotidine (pf)</i>	87
<i>emtricitabine-tenofovir (tdf)</i>	2	<i>erythrocin (as stearate)</i>	7	<i>famotidine (pf)-nacl (iso-osm)</i>	87
<i>emtricitabine-rilpivirine-tenof df</i>	2	<i>erythromycin</i>	7, 103	FANAPT	47
EMTRIVA	2	<i>erythromycin ethylsuccinate</i>	7	FANAPT TITRATION PACK	
EMVERM	8	<i>erythromycin with ethanol</i>	66	A	47
<i>emzahh</i>	98	<i>escitalopram oxalate</i>	47	FARXIGA	75
<i>enalapril maleate</i>	55	<i>eslicarbazepine</i>	28	FASENRA	133
<i>enalaprilat</i>	55	<i>esmolol</i>	55	FASENRA PEN	133
<i>enalapril-hydrochlorothiazide</i>	55	<i>esomeprazole magnesium</i>	87	FATHER JOHN'S COUGH	
ENBREL	96	<i>esomeprazole sodium</i>	87	SUPPRESSNT	118

Brand-name drugs are CAPITALIZED. Generic drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 08/18/2025.

FATHER JOHN'S MEDICINE PLUS	118	FLU SEVERE COLD-NIGHT(DIPH-PE).....	119	<i>folic acid</i>	141
<i>febuxostat</i>	95	FLUAD 2025-2026 (65 YR UP)(PF).....	91	<i>fomepizole</i>	91
<i>felbamate</i>	28	FLUARIX 2025-2026 (PF).....	91	<i>fondaparinux</i>	58
<i>felodipine</i>	55	FLUBLOK 2025-2026 (PF)....	91	<i>formoterol fumarate</i>	133
<i>fenesin dm ir</i>	118	FLUCELVAX 2025-2026.....	91	<i>fosamprenavir</i>	3
<i>fenesin ir</i>	118	FLUCELVAX 2025-2026		<i>fosaprepitant</i>	83
<i>fenesin pe ir</i>	118	(PF).....	91	<i>fosinopril</i>	55
<i>fenofibrate</i>	60	<i>fluconazole</i>	1	<i>fosinopril-hydrochlorothiazide</i>	55
<i>fenofibrate micronized</i>	60	<i>fluconazole in nacl (iso-osm)</i>	1	<i>fosphénytoïn</i>	28
<i>fenofibrate nanocrystallized</i>	60	<i>flucytosine</i>	1	<i>FOTIVDA</i>	17
<i>fenofibric acid</i>	60	<i>fludarabine</i>	17	<i>fraiche 5000</i>	73
<i>fenofibric acid (choline)</i>	60	<i>fludrocortisone</i>	74	FREESTYLE INSULINX	76
<i>fentanyl</i>	35	FLULAVAL 2025-2026 (PF)...	91	FREESTYLE INSULINX TEST STRIPS	76
<i>fentanyl citrate</i>	35	<i>flumazenil</i>	47	FREESTYLE LITE STRIPS	76
<i>fentanyl citrate (pf)</i>	35	FLUMIST 2025-2026.....	91	FREESTYLE PRECISION	
FERAHEME	141	FLUMIST HOME 2025-2026..	91	NEO STRIPS	76
FERRLECIT	70	<i>flunisolide</i>	133	FREESTYLE TEST	76
<i>ferumoxytol</i>	141	<i>fluocinolone</i>	68	FRUZAQLA	17
FETZIMA	47	<i>fluocinolone acetonide oil</i>	74	FULPHILA	89
<i>feverall</i>	41	<i>fluocinonide</i>	68	<i>fulvestrant</i>	17
FEVERALL	41	<i>fluocinonide-emollient</i>	68	<i>furosemide</i>	55
<i>sexofenadine</i>	118	<i>fluoride (sodium)</i>	73, 141	FUZEON	3
<i>sexofenadine-pseudoephedrine</i>	118, 119	<i>fluorometholone</i>	106	FYARRO	17
FIASP FLEXTOUCH U-100		<i>fluorouracil</i>	17, 64	<i>fyavolv</i>	99
INSULIN	75	<i>fluoxetine</i>	48	FYCOMPA	28, 29
FIASP PENFILL U-100		<i>fluphenazine decanoate</i>	48	<i>g tussin ac</i>	119
INSULIN	75	<i>fluphenazine hcl</i>	48	<i>gabapentin</i>	29
FIASP U-100 INSULIN	76	<i>flurbiprofen</i>	41	<i>galantamine</i>	33
<i>finasteride</i>	136	FLURBIPROFEN (BULK).....	41	<i>gallifrey</i>	99
<i> fingolimod</i>	33	<i>flurbiprofen sodium</i>	105	GAMASTAN	91
FINTEPLA	28	FLU-SEVERE COLD-		<i>ganciclovir sodium</i>	3
FIRMAGON KIT W DILUENT SYRINGE	17	COUGH DAYTIME	119	GARDASIL 9 (PF)	91
<i>flac otic oil</i>	74	FLU-SEVERE COLD-		<i>gatifloxacin</i>	103
<i>flanax (naproxen)</i>	41	COUGH NIGHT	119	GATTEX 30-VIAL	83
<i>flecainide</i>	53	<i>fluticasone propionate</i>	68, 133	GATTEX ONE-VIAL	83
<i>flonase headache-allergy rlf</i>	119	FLUTICASONE		GAUZE PAD	94
FLORIVA	141	PROPIONATE	133	<i>gavilyte-c</i>	83
FLORIVA (FLUORIDE-VITAMIN D3)	141	<i>fluticasone propion-salmeterol</i>	133	<i>gavilyte-g</i>	83
FLORIVA PLUS	141	<i>fluvastatin</i>	60	<i>gavilyte-n</i>	83
<i>flotrex</i>	141	<i>fluvoxamine</i>	48	GAVRETO	17
<i> floxuridine</i>	17	FLUZONE 2025-2026	91	GAZYVA	17
FLU HBP	119	FLUZONE 2025-2026 (PF)....	91	<i>gefitinib</i>	17
<i>flu hbp</i>	119	FLUZONE HIGH-DOSE		<i>gemcitabine</i>	17, 18
		2025-26 (PF).....	91	GEMCITABINE	18
				<i>gemfibrozil</i>	60
				GENCONTUSS	119
				<i>generlac</i>	83

Brand-name drugs are CAPITALIZED. Generic drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 08/18/2025.

<i>gengraf</i>	18	G-TUSICOF	120	HIZENTRA	92
<i>gentamicin</i>	8, 66, 103	<i>guaiasorb dm</i>	120	<i>honey lemon</i>	120
<i>gentamicin in nacl (iso-osm)</i>	8	<i>guaifenesin</i>	120	HUMIRA (PREFERRED NDCS STARTING WITH 00074).....	96
<i>gentamicin sulfate (ped) (pf)</i>	8	<i>guaifenesin-dm</i>	120	HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074).....	96
GENVOYA.....	3	GVOKE	76	HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074).....	96
<i>geri-dryl</i>	119	GVOKE HYPOPEN 1-PACK..	76	HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074).....	96
<i>geri-tussin</i>	119	GVOKE HYPOPEN 2-PACK..	76	HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074).....	96
<i>geri-tussin dm</i>	119	GVOKE PFS 1-PACK		HUMIRA(CF) PEN PSOR- UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074).....	96
GILOTRIF	18	SYRINGE	76	HYCODAN	120
GILTUSS ALLERGY PLUS (DM).....	119	GVOKE PFS 2-PACK		HYCODAN (WITH HOMATROPINE).....	120
GILTUSS COUGH-COLD....	119	SYRINGE	76	hydralazine	55
<i>giltuss cough-congestion</i>	119	G-ZYNCOF	120	hydrochlorothiazide	55
<i>giltuss diabetic</i>	119	HALLS COUGH DROPS	73	hydrocodone-acetaminophen	35
<i>giltuss ex</i>	119	<i>halobetasol propionate</i>	68	hydrocodone- chlorpheniramine	120
<i>giltuss hbp</i>	119	<i>haloperidol</i>	48	hydrocodone-homatropine	120
<i>giltuss honey dm cough</i>	119	<i>haloperidol decanoate</i>	48	hydrocodone-ibuprofen	35
GILTUSS MULTI- SYMPTOM COLD-FLU.....	119	<i>haloperidol lactate</i>	48	hydrocortisone	68, 74, 84
GILTUSS TR.....	119	HAVRIX (PF).....	91, 92	hydrocortisone acetate	83
GILTUSS-D ALLERGY- CONGESTION.....	119	HEAD CONGESTION DAY- NIGHT	120	hydrocortisone-acetic acid	74
<i>glatiramer</i>	33	HEAD CONGESTION- MUCUS	120	hydrocortisone-iodoquinl- aloe2	66
<i>glatopa</i>	33	<i>headache relief (asa-acet-caf)</i> ..	41	hydrocortisone-iodoquinol	66
GLENMAX PEB	119	<i>headache relief pm</i>	41	hydrocortisone-pramoxine ..	63, 84
<i>glenmax peb dm</i>	119	<i>heartburn prevention</i>	87	hydromet	120
GLENMAX PEB DM FORTE	119	<i>heartburn relief (cimetidine)</i> ..	87	hydromorphone	35, 36
GLENTUSS	119	<i>heartburn relief (famotidine)</i> ..	87	<i>hydromorphone (pf)</i>	35
GLEOSTINE	18	<i>heather</i>	99	hydroxocobalamin	141
<i>glimepiride</i>	76	<i>hemmorex-hc</i>	83	hydroxychloroquine	8
<i>glipizide</i>	76	<i>heparin (porcine)</i>	59	hydroxyurea	18
<i>glipizide-metformin</i>	76	<i>heparin (porcine) in 5 % dex</i> ..	59	<i>hydroxyzine hcl</i>	120
<i>glutamine (sickle cell)</i>	71	<i>heparin (porcine) in nacl (pf)</i> ..	59	HYPERHEP B	92
<i>glycine urologic</i>	137	HEPARIN(PORCINE) IN 0.45% NaCl	59	HYPERHEP B NEONATAL ...	92
<i>glycine urologic solution</i>	137	<i>heparin(porcine) in 0.45%</i> <i>nacl</i>	59		
<i>glycopyrrolate</i>	82	<i>heparin, porcine (pf)</i>	59		
<i>glycopyrrolate (pf)</i>	82	HEPARIN, PORCINE (PF).....	59		
<i>glycopyrrolate (pf) in water</i>	82	HEPLISAV-B (PF).....	92		
<i>glydo</i>	64	HERBIOMED ALLERGY COLD-SINUS	120		
GLYXAMBI	76	HERBIOMED BODY ACHES-SINUS M-S	120		
GOMEKLI	18	HERBIOMED DEEP COLD- FLU NIGHT	120		
GRAFAPEX	18	HIBERIX (PF).....	92		
<i>granisetron (pf)</i>	83	HISTEX-AC	120		
<i>granisetron hcl</i>	83	HISTEX-DM (PSE).....	120		
<i>griseofulvin microsize</i>	1				
<i>griseofulvin ultramicrosize</i>	1				
G-SUPRESS DX.....	120				

Brand-name drugs are CAPITALIZED. Generic drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 08/18/2025.

<i>ibandronate</i>	95	INFED	141	IXCHIQ (PF)	92
IBRANCE	18	INFUVITE ADULT	141	IXEMPRA	19
IBTROZI	18	INFUVITE PEDIATRIC	141	IXIARO (PF)	92
<i>ibu</i>	41	INGREZZA	33	JAKAFI	19
<i>ibu-200</i>	41	INGREZZA INITIATION		<i>jantoven</i>	59
<i>ibuprofen</i>	41	PK(TARDIV)	33	JANUMET	76
<i>ibuprofen cold-sinus (with pse)</i>	120	INGREZZA SPRINKLE	33	JANUMET XR	76
<i>ibuprofen ib</i>	41	INJECTAFER	141	JANUVIA	77
<i>ibuprofen jr strength</i>	41	INLYTA	19	JARDIANE	77
IBUPROFEN PM	41	INPEFA	76	<i>jasmiel (28)</i>	101
<i>ibuprofen pm</i>	41	INQOVI	19	JAYPIRCA	19
<i>ibutilide fumarate</i>	53	INREBIC	19	JEMPERLI	19
<i>icatibant</i>	133	INSULIN SYRINGE-		<i>jencycla</i>	99
ICLUSIG	18	NEEDLE U-100	94	JENTADUETO	77
<i>icosapent ethyl</i>	61	INTELENCE	3	JENTADUETO XR	77
<i>idarubicin</i>	18	<i>intralipid</i>	140	JEVTANA	19
IDHIFA	18	<i>introvale</i>	101	<i>jinteli</i>	99
<i>ifosfamide</i>	18	INVEGA HAFYERA	48	<i>jolessa</i>	101
IGUALTUSS	120	INVEGA SUSTENNA	48	JOURNAVX	42
ILARIS (PF)	89	INVEGA TRINZA	49	<i>jr. strength pain reliever</i>	42
<i>imatinib</i>	18	INVELTYS	106	JUBBONTI	95
IMBRUVICA	18	IPOL	92	<i>juleber</i>	101
IMDELLTRA	18	<i>ipratropium bromide</i>	73, 133	JULUCA	3
IMFINZI	18	<i>ipratropium-albuterol</i>	133	JYLAMVO	19
<i>imipenem-cilastatin</i>	8	<i>i-prin</i>	42	JYNNEOS (PF)	92
<i>imipramine hcl</i>	48	<i>irbesartan</i>	55	KADCYLA	19
<i>imiquimod</i>	64	<i>irbesartan-</i>		KALETRA	3
IMJUDO	18	<i>hydrochlorothiazide</i>	55	<i>kalliga</i>	101
IMKELDI	18	<i>irinotecan</i>	19	KALYDECO	133
IMOVAX RABIES VACCINE (PF)	92	ISENTRESS	3	KANUMA	80
IMVEXXY MAINTENANCE PACK	99	ISENTRESS HD	3	<i>kariva (28)</i>	101
IMVEXXY STARTER PACK	99	<i>isibloom</i>	101	<i>kelnor 1/35 (28)</i>	101
INBRIJA	31	ISOLYTE S PH 7.4	140	<i>kelnor 1/50 (28)</i>	101
<i>incassia</i>	99	ISOLYTE-P IN 5 %		KERENDIA	55
INCRELEX	71	DEXTROSE	140	KESIMPTA PEN	33
<i>indapamide</i>	55	ISOLYTE-S	140	<i>ketoconazole</i>	1, 67
INFANRIX (DTAP) (PF)	92	<i>isoniazid</i>	8	KETOPROFEN (BULK)	42
<i>infant fever reducer-pain relf</i>	41	<i>isosorbide dinitrate</i>	62	<i>ketorolac</i>	105
<i>infant's acetaminophen</i>	41	<i>isosorbide mononitrate</i>	62	KEYTRUDA	19
<i>infant's advil</i>	41	<i>isosorbide-hydralazine</i>	55	KHAPZORY	12
<i>infant's ibuprofen</i>	41	<i>isotretinooin</i>	66	KIMMTRAK	19
INFANT'S MOTRIN	41	<i>isradipine</i>	55	<i>kindermed infants pain-fever</i>	42
<i>infants' pain and fever</i>	42	ISTODAX	19	<i>kindermed kid night cold-cough</i>	
<i>infants' pain relief</i>	42	ITOVEBI	19	<i>cough</i>	120
<i>infants profenib</i>	42	<i>itraconazole</i>	1	<i>kindermed kids cough-congest</i>	120
INFANT'S TYLENOL	42	ivabradine	62	<i>kindermed kids pain-fever</i>	42
		<i>ivermectin</i>	8	KINRIX (PF)	92
		IWILFIN	19	<i>kionex (with sorbitol)</i>	71

Brand-name drugs are CAPITALIZED. Generic drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 08/18/2025.

KISQALI	19	<i>leuprolide</i>	20	LOKELMA	71
KISQALI FEMARA CO-		<i>levetiracetam</i>	29	LONSURF	20
PACK	19	<i>levetiracetam in nacl (iso-osm)</i>	29	<i>loperamide</i>	82
<i>klayesta</i>	67	<i>levobunolol</i>	104	<i>lopinavir-ritonavir</i>	3
<i>klor-con</i>	138	<i>levocarnitine</i>	71	LOQTORZI	20
<i>klor-con 10</i>	138	<i>levocarnitine (with sugar)</i>	71	<i>loradamed</i>	121
<i>klor-con 8</i>	138	<i>levocetirizine</i>	121	<i>lorata-d</i>	121
<i>klor-con m10</i>	138	<i>levofloxacin</i>	11, 103	<i>loratadine</i>	121
<i>klor-con m15</i>	138	<i>levofloxacin in d5w</i>	11	<i>loratadine-d</i>	121
<i>klor-con m20</i>	138	<i>levoleucovorin calcium</i>	12, 13	<i>lorazepam</i>	49
<i>klor-con/ef</i>	138	<i>levonest (28)</i>	101	<i>lorazepam intensol</i>	49
KOSELUGO	19	<i>levonorgestrel-ethinyl estrad.</i>	101	LORBRENA	20
<i>kourzeq</i>	73	<i>levonorg-eth estrad triphasic</i>	102	LORTUSS LQ	121
K-PHOS NO 2	137	<i>levora-28</i>	102	<i>loryna (28)</i>	102
K-PHOS ORIGINAL	137	<i>levo-t</i>	81	<i>losartan</i>	56
KRAZATI	19	<i>levothyroxine</i>	81	<i>losartan-hydrochlorothiazide</i>	56
<i>kurvelo (28)</i>	101	<i>levoxyl</i>	81	<i>loteprednol etabonate</i>	106
KYPROLIS	19	LIBTAYO	20	<i>lovastatin</i>	61
<i>l norgest/e.estradiol-e.estrad.</i>	101	<i>lidocaine</i>	65	<i>low-ogestrel (28)</i>	102
<i>labetalol</i>	55	<i>lidocaine (pf)</i>	53, 64	<i>loxapine succinate</i>	49
<i>lacosamide</i>	29	<i>lidocaine hcl</i>	65	<i>lo-zumandimine (28)</i>	102
<i>lactated ringers</i>	69, 138	<i>lidocaine in 5 % dextrose (pf)</i>	53	<i>lubiprostone</i>	84
<i>lactulose</i>	84	<i>lidocaine viscous</i>	65	<i>ludent fluoride</i>	141
LAGEVRIO (EUA)	3	<i>lidocaine-epinephrine</i>	65	LUMAKRAS	20
<i>lamivudine</i>	3	<i>lidocaine-epinephrine (pf)</i>	65	LUMIGAN	105
<i>lamivudine-zidovudine</i>	3	<i>lidocaine-prilocaine</i>	65	LUMIZYME	80
<i>lamotrigine</i>	29	<i>lidocan iii</i>	65	LUNSUMIO	20
<i>lanreotide</i>	20	<i>lidocan iv</i>	65	LUPRON DEPOT	20
<i>lansoprazole</i>	87	<i>lidocan v</i>	65	<i>lurasidone</i>	49
LANTUS SOLOSTAR U-100		LILETTA	100	<i>lutera (28)</i>	102
INSULIN	77	<i>lincomycin</i>	8	<i>lyleq</i>	99
LANTUS U-100 INSULIN	77	<i>linezolid</i>	8	<i>lyllana</i>	99
<i>lapatinib</i>	20	<i>linezolid in dextrose 5%</i>	8	LYNPARZA	20
<i>larin 1.5/30 (21)</i>	101	<i>linezolid-0.9% sodium</i>		LYSODREN	20
<i>larin 1/20 (21)</i>	101	<i>chloride</i>	8	LYTGOBI	20, 21
<i>larin 24 fe</i>	101	LINZESS	84	<i>lyza</i>	99
<i>larin fe 1.5/30 (28)</i>	101	<i>liothyronine</i>	81	<i>magnesium chloride</i>	138
<i>larin fe 1/20 (28)</i>	101	LIQUITUSS GG	121	<i>magnesium sulfate</i>	138
<i>latanoprost</i>	105	<i>lisinopril</i>	55	MAGNESIUM SULFATE IN	
LAZCLUZE	20	<i>lisinopril-hydrochlorothiazide</i>	56	D5W	138
LEDIPASVIR-SOFOSBUVIR	3	<i>lithium carbonate</i>	49	<i>magnesium sulfate in water</i>	138
<i>leflunomide</i>	97	<i>lithium citrate</i>	49	<i>malathion</i>	69
<i>lenalidomide</i>	20	<i>little remedies fever and pain</i>	42	<i>mannitol 20 %</i>	56
LENVIMA	20	LITTLE REMEDIES HONEY		<i>mannitol 25 %</i>	56
<i>lessina</i>	101	COUGH	121	<i>mapap (acetaminophen)</i>	42
<i>letrozole</i>	20	LIVTENCITY	3	<i>mapap cold formula</i>	121
<i>leucovorin calcium</i>	12	<i>lohist - d</i>	121	<i>maraviroc</i>	3
LEUKERAN	20	<i>lohist-dm</i>	121	MAR-COF CG	121

Brand-name drugs are CAPITALIZED. Generic drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 08/18/2025.

MARGENZA	21	MENVEO A-C-Y-W-135-DIP (PF).....	92	MIDOL COMPLETE	42
<i>marlissa</i> (28).....	102	MEPSEVII.....	80	MIDOL MAX ST	
MARPLAN	49	<i>mercaptopurine</i>	21	MENSTRUAL	42
MATULANE	21	<i>meropenem</i>	8	<i>midol pm</i>	42
<i>matzim la</i>	56	<i>mesalamine</i>	84	MIEBO (PF).....	104
MAVYRET	3	<i>mesalamine with cleansing wipe</i>	84	<i>mifepristone</i>	80, 100
<i>maxallergy kids</i>	121	<i>mesna</i>	13	<i>migraine formula</i>	42
MAXICHLOR PEH DM	121	MESNEX	13	<i>migraine relief</i>	42
MAXIFED TR	121	<i>metformin</i>	77	<i>mil</i>	102
<i>maxi-tuss ac</i>	121	<i>methadone</i>	36	<i>milrinone</i>	62
MAXI-TUSS CD	121	<i>methadone intensol</i>	36	<i>milrinone in 5 % dextrose</i>	62
<i>maxi-tuss g</i>	121	<i>methadose</i>	36	<i>mimvey</i>	99
<i>maxi-tuss gmx</i>	121	<i>methazolamide</i>	105	<i>minocycline</i>	12
MAXI-TUSS JR	121	<i>methenamine hippurate</i>	12	<i>minoxidil</i>	56
MAXI-TUSS PE	121	<i>methenamine mandelate</i>	12	<i>miostat</i>	105
MAXI-TUSS PE JR	121	<i>methimazole</i>	75	<i>mirabegron</i>	136
<i>maxi-tuss pe max</i>	121	<i>methotrexate sodium</i>	21	<i>mirtazapine</i>	49
<i>maxi-tuss tr</i>	121	<i>methotrexate sodium (pf)</i>	21	<i>misoprostol</i>	87
MAXRELIEF JUNIOR	42	<i>methoxsalen</i>	65	<i>mitomycin</i>	21
<i>maxrelief junior</i>	42	<i>methsuximide</i>	29	<i>mitoxantrone</i>	21
<i>maxtussin</i>	121	<i>methylergonovine</i>	103	M-M-R II (PF)	92
<i>maxtussin dm</i>	121	<i>methylphenidate hcl</i>	49	<i>modafinil</i>	49
<i>m-dryl</i>	121	<i>methylprednisolone</i>	74	MODERNA COVID 24- 25(6M-11Y)PF	92
<i>meclizine</i>	84	<i>methylprednisolone acetate</i>	74	<i>moexipril</i>	56
MECOBALAMIN (VITAMIN B12)	141	<i>methylprednisolone sodium succ</i>	74	<i>molindone</i>	49
<i>medicidin-d</i>	121	<i>metoclopramide hcl</i>	84	<i>mometasone</i>	68, 69, 133
MEDIKOFF (MENTHOL)	73	<i>metolazone</i>	56	<i>monodoxyne nl</i>	12
<i>medikoff drops</i>	121	<i>metoprolol succinate</i>	56	MONJUVI	21
<i>medi-meclizine</i>	84	<i>metoprolol tartrate</i>	56	MONOFERRIC	142
<i>mediproxen</i>	42	<i>metoprolol tartrate- hydrochlorothiazide</i>	56	<i>mono-linyah</i>	102
<i>medi-seltzer</i>	42	<i>metro i.v.</i>	8	montelukast	133, 134
<i>medroxyprogesterone</i>	99	<i>metronidazole</i>	8, 66, 100	<i>morphine</i>	36
<i>mefloquine</i>	8	<i>metronidazole in nacl (iso- osm)</i>	8	<i>morphine (pf)</i>	36
<i>megestrol</i>	21	<i>metyrosine</i>	56	<i>morphine concentrate</i>	36
MEKINIST	21	<i>mexiletine</i>	53	<i>motion sickness</i>	84
MEKTOVI	21	<i>micafungin</i>	1	<i>motion sickness (meclizine)</i>	84
<i>meleya</i>	99	MICLARA LQ	122	<i>motion sickness relief</i>	84
<i>meloxicam</i>	42	<i>microgestin 1.5/30 (21)</i>	102	<i>motion sickness relief(mecliz)</i>	84
<i>melphalan hcl</i>	21	<i>microgestin 1/20 (21)</i>	102	<i>motion-time</i>	84
<i>memantine</i>	34	<i>microgestin fe 1.5/30 (28)</i>	102	<i>motrin ib</i>	42
<i>memantine-donepezil</i>	34	<i>microgestin fe 1/20 (28)</i>	102	MOTRIN IB	42
M-END DMX	122	<i>midodrine</i>	71	<i>motrin pm</i>	42
MENQUADFI (PF)	92	MIDOL	42	MOUNJARO	77
<i>menstrual pain relief</i>	42	MRESVIA (PF)	92	<i>moxifloxacin</i>	11, 103
MENSTRUAL RELIEF	42	<i>moxifloxacin-sod.chloride(iso).</i> 11		<i>moxifloxacin-sod.chloride(iso).</i> 11	
<i>menstrual relief(pamabr-pyril)</i>	42	<i>m-pap</i>	42		
<i>menthol drops</i>	122				

Brand-name drugs are CAPITALIZED. Generic drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 08/18/2025.

MUCINEX	122	<i>mucus relief dm max</i>	123	<i>nateglinide</i>	77
<i>mucinex</i>	122	MUCUS RELIEF ER	123	NAYZILAM	29
<i>mucinex cough-chest congest hb</i>	122	<i>mucus relief er</i>	123	<i>nebivolol</i>	56
<i>mucinex d</i>	122	<i>mucus relief pe</i>	123	<i>nefazodone</i>	50
<i>mucinex d maximum strength.</i>	122	MUCUS RELIEF SEV		<i>nelarabine</i>	22
<i>mucinex dm</i>	122	CONGEST-COLD	123	<i>neomycin</i>	8
MUCINEX DM	122	MUCUS RELIEF		<i>neomycin-bacitracin-poly-hc</i>	106
MUCINEX FAST-MAX COLD-FLU	122	SINUSPRESSUR-PAIN	123	<i>neomycin-bacitracin-polymyxin</i>	103
MUCINEX FAST-MAX COLD-FLU-THRT	122	MUCUS RLF SEVERE		<i>neomycin-polymyxin b gu</i>	69
MUCINEX FAST-MAX CONGEST-COUGH	122	SINUS CONGEST	123	<i>neomycin-polymyxin b-dexameth</i>	106
MUCINEX FAST-MAX CONG-HA (DM)	122	MUCUS-CHEST CONGESTION	123	<i>neomycin-polymyxin-gramicidin</i>	104
<i>mucinex fast-max dm max</i>	122	<i>mucus-er max</i>	123	<i>neomycin-polymyxin-hc</i>	74, 106
<i>mucinex fast-max kick cong-cgh</i>	122	MULTAQ	53	NEONATAL FE	142
<i>mucinex fast-max sv cong-cough</i>	122	<i>multi-symptom cold (pe)</i>	123	<i>neo-polycin</i>	104
MUCINEX SINUS-MAX CNG-PAIN(DM)	122	MULTI-SYMPOTOM SEVERE		<i>neo-polycin hc</i>	106
MUCINEX SINUS-MAX CNG-PAIN(GG)	122	COLD-NT	124	<i>neo-tuss</i>	124
MUCINEX SINUS-MAX NITE CONGEST	122	<i>multi-vit with fluoride-iron</i>	142	NEOTUSS PLUS	124
MUCINEX SINUS-MAX PRESSURE-CGH	122	<i>multi-vitamin with fluoride</i>	142	NERLYNX	22
MUCINEX SINUS-MAX SEV CONGESTN	122	<i>mupirocin</i>	66	NEUPRO	31
<i>mucosa</i>	123	MURINE EAR	74	<i>nevirapine</i>	3
<i>mucosa dm</i>	123	<i>murine ear wax removal system</i>	74	NEXIUM 24HR	87
<i>mucus d</i>	123	<i>mvc-fluoride</i>	142	NEXLETOL	61
<i>mucus dm</i>	123	<i>mycophenolate mofetil</i>	21	NEXLIZET	61
<i>mucus dm max er</i>	123	<i>mycophenolate mofetil (hcl)</i>	21	NEXPLANON	100
<i>mucus relief</i>	123	<i>mycophenolate sodium</i>	21	<i>niacin</i>	61
MUCUS RELIEF COLD AND SINUS	123	MYFEMBREE	100	<i>nicardipine</i>	56
MUCUS RELIEF COLD-FLU-SORE THR	123	MYHIBBIN	21	NICODERM CQ	72
MUCUS RELIEF CONGESTION-COUGH	123	MYLOTARG	21	<i>nicotine</i>	72
MUCUS RELIEF D (PSEUDOEPHED)	123	MYRBETRIQ	136	NICOTROL NS	72
<i>mucus relief d (pseudoephed)</i>	123	<i>nabumetone</i>	42	<i>nifedipine</i>	56
<i>mucus relief dm</i>	123	<i>nadolol</i>	56	NIGHT TIME COLD AND FLU RELIEF	124
<i>mucus relief dm cough</i>	123	<i>nafcillin</i>	10	<i>night time cold and flu relief</i>	124
		<i>nafcillin in dextrose (iso-osm)</i>	10	<i>night time pain medicine</i>	43
		<i>naftifine</i>	67	<i>nightime sleep</i>	124
		NAGLAZYME	80	<i>nightime allergy relief</i>	124
		<i>nalbuphine</i>	42	<i>nightime cold-flu</i>	119
		<i>naloxone</i>	43	NIGHTTIME COLD-FLU RELIEF	124
		<i>naltrexone</i>	43	<i>nighttime cough</i>	124
		NAMZARIC	34	NIGHTTIME SLEEP AID (DIPHEN)	124
		<i>naproxen</i>	43	<i>nighttime sleep aid (diphen)</i>	124
		<i>naproxen sodium</i>	43	<i>nighttime sleep-aid (doxylamn)</i>	50
		<i>naratriptan</i>	32	<i>nikki (28)</i>	102
		<i>nasal decongestant (pe)</i>	124		
		NASALCROM	134		
		NASCOBAL	142		
		NATACYN	103		

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This drug list was last updated on 08/18/2025.

<i>nilotinib hcl</i>	22	NOVOLIN N FLEXPEN	77	OMEPRAZOLE-SODIUM
<i>nilutamide</i>	22	NOVOLIN N NPH U-100		BICARBONATE
<i>nimodipine</i>	56	INSULIN	77	88
NINJACOF-XG	124	NOVOLIN R FLEXPEN	77	OMNITROPE
NINLARO	22	NOVOLIN R REGULAR		89
<i>nitazoxanide</i>	8	U100 INSULIN	77	ONCASPAR
NITE TIME COLD-FLU	124	NOVOLOG FLEXPEN U-100		22
<i>nite time cold-flu relief</i>	124	INSULIN	77	<i>ondansetron</i>
<i>nite time-d cold-flu relief</i>	124	NOVOLOG MIX 70-30 U-100		85
<i>nitetime multi-symptom</i>	124	INSULN	77	<i>ondansetron hcl</i>
<i>nitisinone</i>	71	NOVOLOG MIX 70-		85
<i>nitro-bid</i>	62	30FLEXPEN U-100	78	<i>ondansetron hcl (pf)</i>
<i>nitrofurantoin macrocrystal</i>	12	NOVOLOG PENFILL U-100		84
<i>nitrofurantoin monohyd/m-cryst</i>	12	INSULIN	78	ONETOUCH ULTRA TEST
<i>nitroglycerin</i>	62, 84	NOVOLOG U-100 INSULIN		78
<i>nitroglycerin in 5 % dextrose</i>	62	ASPART	78	ONTOUCH VERIO TEST
<i>nitro-time</i>	62	NUBEQA	22	STRIPS
NIVESTYM	89	NUCALA	134	ONIVYDE
<i>nizatidine</i>	88	NUEDEXTA	34	ONUREG
<i>nohist-dm</i>	124	NULOJIX	22	OPDIVO
<i>non-aspirin</i>	43	NUPLAZID	50	OPDIVO QVANTIG
<i>non-aspirin extra strength</i>	43	NURTEC ODT	32	OPDUALAG
<i>non-aspirin pain relief</i>	43	nyamyc	67	OPIPZA
<i>non-aspirin pm</i>	43	nystatin	1, 67	<i>opium tincture</i>
<i>nora-be</i>	99	nystatin-triamcinolone	67	OPSUMIT
NOREL AD	124	nystop	67	OPSYNVI
<i>norelgestromin-ethin estradiol</i> 100		nytol	124	<i>ora relief</i>
<i>norepinephrine bitartrate</i>	62	NYVEPRIA	89	oral relief sore throat spray
<i>norethindrone (contraceptive)</i>	99	OCALIVA	84	oralone
<i>norethindrone acetate</i>	99	octreotide acetate	22	ORENCIA
<i>norethindrone ac-eth estradiol</i>	99, 102	octreotide,microspheres	22	ORENCIA (WITH
<i>norethindrone-e.estriadiol-iron</i>	102	ODEFSEY	3	MALTOSE)
<i>norgestimate-ethinyl estradiol</i>	102	ODOMZO	22	ORENCIA CLICKJECT
<i>nortrel 0.5/35 (28)</i>	102	OFEV	134	ORGOVYX
<i>nortrel 1/35 (21)</i>	102	ofloxacin	74, 104	ORKAMBI
<i>nortrel 1/35 (28)</i>	102	OGSIVEO	22	ORSERDU
<i>nortrel 7/7/7 (28)</i>	102	OJEMDA	22	oseltamivir
<i>nortriptyline</i>	50	OJJAARA	22	3, 4
NORVIR	3	olanzapine	50	osmitrol 20 %
NOVAVAX COVID 2024-25(PF)(EUA)	92	olmesartan	56	OTEZLA
NOVOLIN 70/30 U-100		olmesartan-amlodipine-hydrochlorothiazide	56	OTEZLA STARTER
INSULIN	77	olmesartan-hydrochlorothiazide	56	<i>oxacillin</i>
NOVOLIN 70-30 FLEXPEN U-100	77	omega-3 acid ethyl esters	61	11
		omeprazole	88	<i>oxacillin in dextrose(iso-osm)</i>
		omeprazole magnesium	88	11
				<i>oxaliplatin</i>
				22, 23
				<i>oxaprozin</i>
				43
				<i>oxcarbazepine</i>
				29
				<i>OXERVATE</i>
				104
				<i>oxybutynin chloride</i>
				136
				<i>oxycodone</i>
				36
				<i>oxycodone-acetaminophen</i>
				36
				<i>OXYCONTIN</i>
				36, 37
				<i>OZEMPIC</i>
				78
				<i>OZURDEX</i>
				106
				<i>pacerone</i>
				53
				<i>paclitaxel</i>
				23
				<i>paclitaxel protein-bound</i>
				23

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This drug list was last updated on 08/18/2025.

PADCEV	23	<i>pentoxifylline</i>	59	<i>pindolol</i>	56
<i>pain relief (acetaminophen)</i>	43	PEPCID AC	88	<i>pioglitazone</i>	78
<i>pain relief (ibuprofen)</i>	43	<i>pepcid ac</i>	88	<i>piperacillin-tazobactam</i>	11
<i>pain relief adult</i>	43	PEPCID AC MAXIMUM STRENGTH.....	88	PIQRAY	23
<i>pain relief es (acetaminophen)</i> ..43		PEPCID COMPLETE	88	<i>pirfenidone</i>	134
<i>pain relief pm</i>	43	<i>perampanel</i>	29, 30	<i>piroxicam</i>	44
<i>pain relief pm rapid release</i> ..43		<i>percogesic</i>	44	<i>pitavastatin calcium</i>	61
<i>pain reliever (acetam-aspirin)</i> ..43		<i>percogesic backache relief</i>	44	PLEGRIDY	89
<i>pain reliever (acetaminophen)</i> ..43		<i>percogesic extra strength</i>	44	PLENAMINE	140
<i>pain reliever es(acetaminophen)</i> 43		<i>perindopril erbumine</i>	56	<i>plerixafor</i>	89
<i>pain reliever plus</i>	43	<i>periogard</i>	73	PNEUMOVAX-23	93
<i>pain reliever pm ex-strength</i> ..43		PERJETA	23	<i>podofilox</i>	65
<i>pain-off</i>	44	<i>permethrin</i>	69	POLIVY	23
<i>paliperidone</i>	50	<i>perphenazine</i>	50	<i>polocaine</i>	65
<i>palonosetron</i>	85	PFIZER COVID 2024-25(5Y- 11Y)PF	93	<i>polocaine-mpf</i>	65
<i>pamidronate</i>	80	PFIZER COVID 2024- 25(6MO-4Y)PF	93	<i>polycin</i>	104
<i>pamprin multi-symptom</i>	44	<i>pfizerpen-g</i>	11	<i>polymyxin b sulf-trimethoprim</i> 104	
PANRETIN	65	<i>pharbechlor</i>	124	POLY-TUSSIN AC	124
<i>pantoprazole</i>	88	<i>pharbedryl</i>	124	POMALYST	23
<i>paraplatin</i>	23	<i>pharbetol</i>	44	<i>portia 28</i>	102
<i>paricalcitol</i>	80	<i>pharbinex-dm</i>	124	posaconazole	1
<i>paroxetine hcl</i>	50	PHENAGIL	124	<i>potassium acetate</i>	138
PAVBLU	104, 105	PHENAGIL CH (CPM-PE- DM)	124	<i>potassium chlorid-d5-</i> <i>0.45%nacl</i>	138
PAXLOVID	4	<i>phenaseptic</i>	73	<i>potassium chloride</i>	139
<i>pazopanib</i>	23	<i>phenelzine</i>	50	<i>potassium chloride in</i> <i>0.9%nacl</i>	138
PECGEN PSE	124	PHENOBARB-HYOSCY- ATROPINE-SCOP	82	<i>potassium chloride in 5 % dex</i> 138	
PEDIARIX (PF)	92	<i>phenobarbital</i>	30	<i>potassium chloride in lr-d5</i>	138
PEDIAVENT	124	<i>phenobarbital sodium</i>	30	<i>potassium chloride in water</i>139	
PEDVAX HIB (PF)	92	<i>phenohytre</i>	82	<i>potassium chloride-0.45 %</i> <i>nacl</i>	139
<i>peg 3350-electrolytes</i>	85	<i>phentolamine</i>	56	<i>potassium chloride-d5-</i> <i>0.2%nacl</i>	139
PEGASYS	89	<i>phenytoin</i>	30	<i>potassium chloride-d5-</i> <i>0.9%nacl</i>	139
<i>peg-electrolyte</i>	85	<i>phenytoin sodium</i>	30	<i>potassium citrate</i>	137
PEMAZYRE	23	<i>phenytoin sodium extended</i>	30	<i>potassium phosphate m-/d-</i> <i>basic</i>	139
<i>pemetrexed disodium</i>	23	<i>philith</i>	102	POTELIGEO	23
PEN NEEDLE, DIABETIC	94	PHYSICIANS EZ USE B-12. 142		PRALATREXATE	23
PENBRAYA (PF)	93	PHYTONADIONE (VITAMIN K1)	59	<i>pramipexole</i>	31
<i>penciclovir</i>	67	<i>phytonadione (vitamin k1)</i>	59	PRAMOSONE	63
<i>penicillamine</i>	97	PIFELTRO	4	<i>prasugrel hcl</i>	59
PENICILLIN G POT IN DEXTROSE	11	<i>pilocarpine hcl</i>	71, 105	<i>pravastatin</i>	61
<i>penicillin g potassium</i>	11	<i>pimecrolimus</i>	65	<i>praziquantel</i>	9
<i>penicillin g sodium</i>	11	<i>pimozone</i>	50	<i>prazosin</i>	56
<i>penicillin v potassium</i>	11	<i>pimtrea (28)</i>	102	PRECISION XTRA TEST	78

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This drug list was last updated on 08/18/2025.

<i>prednicarbate</i>	69	<i>promethazine</i>	125	<i>refenesen dm</i>	125
<i>prednisolone</i>	75	<i>promethazine-codeine</i>	125	<i>refenesen pe</i>	125
<i>prednisolone acetate</i>	106	<i>promethazine-dm</i>	125	REGRANEX	65
<i>prednisolone sodium phosphate</i>	75, 106	<i>propafenone</i>	53	RELENZA DISKHALER	4
<i>prednisone</i>	75	<i>propranolol</i>	56, 57	RELEUKO	89
<i>prednisone intensol</i>	75	<i>propylthiouracil</i>	75	RELION ULTIMA	78
<i>pregabalin</i>	30	PROQUAD (PF)	93	RELISTOR	85
PREMARIN	99	<i>protamine</i>	59	REMICADE	85
<i>premasol 10 %</i>	140	<i>protriptyline</i>	50	RENACIDIN	137
<i>pre-menstrual relief</i>	44	PSEUDOEPHEDRINE-GUAIFENESIN	125	<i>repaglinide</i>	78
PREMPHASE	99	<i>pseudoephedrine-guaifenesin</i>	125	REPATHA	61
PREMPRO	99	PULMICORT FLEXHALER	134	REPATHA PUSHTRONEX	61
<i>prenatal vitamin oral tablet</i>	142	PULMOZYME	134	REPATHA SURECLICK	61
<i>pres gen</i>	124	PURIXAN	23	RESCON	125
PRES GEN PEDIATRIC	124	<i>pyrazinamide</i>	9	RESCON-DM	125
PRESGEN B	125	<i>pyridostigmine bromide</i>	34	<i>rescon-gg</i>	125
PREVACID 24HR	88	<i>pyridoxine (vitamin b6)</i>	142	RESPA-AR	125
<i>prevalite</i>	61	<i>pyrimethamine</i>	9	<i>rest simply nighttime sleep</i>	125
PREVNAR 20 (PF)	93	QINLOCK	23	RETACRIT	90
PREVYMIS	4	QUADRACEL (PF)	93	RETEVMO	23
PREZCOBIX	4	<i>quetiapine</i>	50	RETROVIR	4
PREZISTA	4	QUFLORA	142	REVLIMID	23
PRIFTIN	9	QUFLORA FE	142	<i>revonto</i>	34
PRILOSEC OTC	88	QUFLORA FE (FERROUS SULFATE)	142	REVUFORJ	23
PRIMAQUINE	9	QUFLORA PEDIATRIC	142	REXULTI	50
PRIMATENE ASTHMA	125	QUFLORA PEDIATRIC		REYATAZ	4
PRIMIDONE	30	DROPS	142	REZDIFRA	71
<i>primidone</i>	30	<i>quinapril</i>	57	REZLIDHIA	24
PRIORIX (PF)	93	<i>quinapril-hydrochlorothiazide</i>	57	REZUROCK	24
PRIVIGEN	93	<i>quinidine sulfate</i>	53	RHOPRESSA	105
<i>probencid</i>	95	<i>quinine sulfate</i>	9	<i>ribavirin</i>	4
<i>probencid-colchicine</i>	95	QULIPTA	32	RIDAURA	97
<i>procainamide</i>	53	QVAR REDIHALER	134	<i>rifabutin</i>	9
<i>prochlorperazine</i>	85	RABAVERT (PF)	93	<i>rifampin</i>	9
<i>prochlorperazine edisylate</i>	85	RADICAVA ORS	34	<i>riluzole</i>	71
<i>prochlorperazine maleate</i>	85	RADICAVA ORS STARTER		<i>rimantadine</i>	4
PROCRT	89	KIT SUSP	34	<i>ringer's</i>	69, 139
PROCTOCORT	85	RALDESY	50	RINVOQ	97
<i>procto-med hc</i>	85	<i>raloxifene</i>	95	RINVOQ LQ	97
<i>proctosol hc</i>	85	<i>ramelteon</i>	50	<i>risedronate</i>	71, 95
<i>protozone-hc</i>	85	<i>ramipril</i>	57	<i>risperidone</i>	51
<i>progesterone</i>	99	<i>ranolazine</i>	62	<i>risperidone microspheres</i>	51
<i>progesterone micronized</i>	99	<i>rasagiline</i>	31	<i>ritonavir</i>	4
PROGRAF	23	reclipsen (28)	102	<i>rivaroxaban</i>	59
PROLASTIN-C	71	RECOMBIVAX HB (PF)	93	<i>rivastigmine</i>	34
PROLIA	95	<i>refenesen</i>	125	<i>rivastigmine tartrate</i>	34
PROMACTA	59			<i>rizatriptan</i>	32
				<i>robafen cf (phenylephrine)</i>	125

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This drug list was last updated on 08/18/2025.

ROBITUSSIN COLD-FLU	SAVELLA	97	SIMBRINZA	105
NIGHT (PE).....	<i>saxagliptin</i>	78	<i>simply sleep</i>	126
<i>robıtussin cough and cold cf</i> ...	<i>saxagliptin-metformin</i>	78	SIMULECT	24
<i>robıtussin cough-chest cong</i>	SCEMBLIX	24	<i>simvastatin</i>	61
<i>dm</i>	<i>scopolamine base</i>	85	<i>sinus and allergy pe</i>	126
ROBITUSSIN COUGHGEL..	SCOT-TUSSIN DIABETES..	126	SINUS AND COLD-D	126
<i>robıtussin elderberry max dm.</i> .125	SCOT-TUSSIN DIABETES		SINUS CONGESTION AND	
ROBITUSSIN ER.....	CF	126	PAIN	126
<i>robıtussin honey max dm</i>	SCOT-TUSSIN DM	126	<i>sinus congestion-pain(chlorph)</i>	
ROBITUSSIN LONG-	SCOT-TUSSIN		127
ACTING.....	EXPECTORANT	126	SINUS CONGESTION-	
ROCKLATAN.....	SCOT-TUSSIN SENIOR	126	PAIN(GUAIF)	127
<i>roflumilast</i>	SECUADO	51	<i>sinus decongestant (pe)</i>	127
<i>romidepsin</i>	SEGLUROMET	78	SINUS HEADACHE PE	127
ROMVIMZA	SELARSDI	63	SINUS PAIN-PRESSURE	
RONDEC-D	<i>selegiline hcl</i>	32	(PE)	127
<i>ropinirole</i>	<i>selenium sulfide</i>	63	<i>sinus pe decongestant</i>	127
<i>rosuvastatin</i>	SELZENTRY	4	<i>sinus relief (non-drowsy)</i>	127
ROTARIX	<i>sertraline</i>	51	SINUS-HEADACHE DAY-	
ROTATEQ VACCINE	<i>setlakin</i>	102	NIGHT	127
<i>roweepra</i>	<i>sevelamer carbonate</i>	71	<i>sirolimus</i>	24
ROZLYTREK	<i>severe allergy</i>	44	SIRTURO	9
RUBRACA	SEVERE ALLERGY-SINUS		SKYRIZI	63, 85
<i>rufinamide</i>	HEADACHE	126	SLEEP AID	
RU-HIST D	<i>severe cold</i>	126	(DIPHENHYDRAMINE)	127
RUKOBIA	SEVERE COLD AND FLU		<i>sleep aid (diphenhydramine)</i>	127
RUXIENCE	(PE)	126	<i>sleep aid (doxylamine)</i>	51
RYBELSUS	SEVERE COLD AND FLU		<i>sleep ii</i>	127
RYBREVANT	NIGHTTIME	126	<i>sleep tablet (diphenhydramine)</i>	
RYCONTUSS	SEVERE COLD AND FLU-		127
RYDAPT	DAY (DM)	126	SLEEP TIME	127
RYLAZE	SEVERE COLD MULTI-		<i>sleep-tabs</i>	127
RYMED	SYMPTOM	126	<i>sodium acetate</i>	139
(DEXCHLORPHENIRAMIN	SEVERE CONGESTION		<i>sodium benzoate-sod</i>	
E-PE)	RELIEF	126	<i>phenylacet</i>	71
<i>rynex dm</i>	SEVERE COUGH-		<i>sodium bicarbonate</i>	139
<i>rynex pe</i>	CONGESTION	126	<i>sodium chloride</i>	71, 135, 139
<i>rynex pse</i>	SEVERE SINUS	126	<i>sodium chloride 0.45 %</i>	139
RYTELO	<i>sf</i>	73	<i>sodium chloride 0.9 %</i>	71
SAFE TUSSIN DM	<i>sf 5000 plus</i>	73	<i>sodium chloride 3 %</i>	
<i>sajazir</i>	<i>shake that ache</i>	44	<i>hypertonic</i>	139
<i>salsalate</i>	<i>sharobel</i>	99	<i>sodium chloride 5 %</i>	
SANCUSO	SHINGRIX (PF)	93	<i>hypertonic</i>	139
SANDOSTATIN LAR	SIGNIFOR	24	<i>sodium ferric gluconat-sucrose</i> 71	
DEPOT	<i>sildenafil</i>	137	<i>sodium fluoride 5000 dry</i>	
SANTYL	<i>sildenafil (pulmonary arterial</i>		<i>mouth</i>	73
<i>sapropterin</i>	<i>hypertension)</i>	134	<i>sodium fluoride 5000 plus</i>	73
SARCLISA	<i>silver sulfadiazine</i>	65	<i>sodium fluoride-pot nitrate</i>	73

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This drug list was last updated on 08/18/2025.

<i>sodium nitroprusside</i>	62	STAHIST AD	127	<i>tacrolimus</i>	25, 65
SODIUM OXYBATE (PREFERRED NDCS		STEGLATRO	78	<i>tadalafil</i>	137
STARTING WITH 00054)	51	STELARA	63	TADALAFIL (BULK)	137
<i>sodium phenylbutyrate</i>	71	STIOLTO RESPIMAT	135	<i>tadalafil (pulm. hypertension)</i>	135
<i>sodium phosphate</i>	139	STIVARGA	24	TAFINLAR	25
<i>sodium polystyrene sulfonate</i>	71	STRENSIQ	80	<i>tagamet hb</i>	88
<i>sodium, potassium, mag sulfates</i>	85	STREPTOMYCIN	9	TAGRISSO	25
SOFOSBUVIR-		STRIBILD	4	TALVEY	25
VELPATASVIR	4	STRIVERDI RESPIMAT	135	TALZENNA	25
<i>solifenacin</i>	136	SUBLOCADE	37	<i>tamoxifen</i>	25
SOLIQUA 100/33	78	<i>subvenite</i>	30	<i>tamsulosin</i>	136
SOLTAMOX	24	SUCRAID	86	<i>tarina fe 1-20 eq (28)</i>	102
<i>soluvita</i>	142	<i>sucralfate</i>	88	TASIGNA	25
<i>soluvita a,c,d with fluoride</i>	142	SUDAFED PE	127	<i>tazarotene</i>	66
SOLUVITA MULTIVITAMIN		<i>sudogest cold and allergy</i>	127	<i>tazicef</i>	6
FLUORIDE	142	<i>sulfacetamide sodium</i>	105	TAZVERIK	25
SOMATULINE DEPOT	24	<i>sulfacetamide sodium (acne)</i>	66	TECENTRIQ	25
SOMAVERT	80	<i>sulfacetamide-prednisolone</i>	105	TECENTRIQ HYBREZA	25
<i>sominex</i>	127	<i>sulfadiazine</i>	11	TECVAYLI	25
SOMINEX MAXIMUM STRENGTH	51	<i>sulfamethoxazole-</i>		TEFLARO	6
<i>sorafenib</i>	24	<i>trimethoprim</i>	11, 12	<i>telmisartan</i>	57
<i>sorbugen nr</i>	127	<i>sulfasalazine</i>	86	<i>telmisartan-amlodipine</i>	57
SORBUTUSS	127	<i>sulindac</i>	44	<i>telmisartan-</i>	
<i>sore throat</i>	65	<i>sumatriptan</i>	32	<i>hydrochlorothiazide</i>	57
<i>sore throat (benzocaine-menth)</i>	65	<i>sumatriptan succinate</i>	32	TEMODAR	25
<i>sore throat (phenol)</i>	73	<i>sunitinib malate</i>	24	<i>temozolomide</i>	25
<i>sotalol</i>	53	SUNLENCA	4	<i>temsirolimus</i>	25
<i>sotalol af</i>	53	<i>suphedrine pe cold and allergy</i>	127	TENIVAC (PF)	93
SOTYKTU	63	<i>suphedrine pe sinus and allergy</i>	127	<i>tenofovir disoproxil fumarate</i>	4
SPIKEVAX 2024-2025(12Y UP)(PF)	93	<i>suphedrine pe sinus headache</i>	127	TENSION HEADACHE	44
SPIRIVA RESPIMAT	135	SUPRESS DM	127	TENSION HEADACHE PAIN RELIEVER	44
<i>spironolactone</i>	57	<i>supress dx</i>	127	TEPMETKO	25
<i>spironolacton-hydrochlorothiaz</i>	57	<i>syeda</i>	102	<i>terazosin</i>	57
SPRAVATO	51	SYLVANT	24	<i>terbinafine hcl</i>	1
<i>sprintec (28)</i>	102	SYMDEKO	135	<i>terbutaline</i>	135
SPRITAM	30	SYMLINPEN 120	78	<i>terconazole</i>	100
SPRYCEL	24	SYMLINPEN 60	78	<i>teriflunomide</i>	34
<i>sps (with sorbitol)</i>	71	SYMPAZAN	30	TERIPARATIDE	95
<i>sronyx</i>	102	SYMPROIC	86	<i>testosterone</i>	80, 81
<i>ssd</i>	65	SYMTUZA	4	<i>testosterone cypionate</i>	80
<i>st joseph aspirin</i>	44	SYNAGIS	4	<i>testosterone enanthate</i>	80
<i>st. joseph aspirin</i>	44	SYNJARDY	78	<i>tetrabenazine</i>	34
		SYNJARDY XR	78, 79	<i>tetracycline</i>	12
		SYNTHROID	81	TEVIMBRA	25
		TABLOID	25	THALOMID	25
		TABRECTA	25	<i>theophylline</i>	135

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This drug list was last updated on 08/18/2025.

THERAFLU EXPRESSMAX	TOUJEO SOLOSTAR U-300	TRIPONEL (TRIP-
COLD DAY	INSULIN	PSEUDOEPHED-DM)
127, 128	79	128
THERAFLU EXPRESSMAX	TRADJENTA	TRISPEC PSE
COLD NIGHT	79	128
128	tramadol	<i>tri-sprintec</i> (28)
THERAFLU MULTI-	44	103
SYMPTOM COLD	tramadol-acetaminophen	TRIUMEQ
128	57	4
THERAFLU NIGHT	trandolapril	TRIUMEQ PD
SEVERE COLD-CGH	57	5
128	trandolapril-verapamil	<i>tri-vitamin with fluoride</i>
THERAFLU SVR CLD RLF	100	142
DY(PE-DM)	tranylcypromine	<i>tri-vite with fluoride</i>
128	51	142
<i>thiamine hcl (vitamin b1)</i>	travasol 10 %	TRODELVY
142	140	26
THIAMINE IN 0.9 % SOD	travel sickness	TROGARZO
CHLORIDE	86	5
142	<i>travel-ease (meclizine)</i>	TROPHAMINE 10 %
<i>thioridazine</i>	86	140
51	travoprost	<i>trospium</i>
<i>thiotepa</i>	105	136
25	TRAZIMERA	TRULANCE
<i>thiothixene</i>	25	86
51	trazodone	TRULICITY
<i>tiadylt er</i>	51	79
57	TRECATOR	TRUMENBA
<i>tiagabine</i>	9	94
30	TRELEGY ELLIPTA	TRUQAP
TIBSOVO	135	26
25	TRELSTAR	TUKYSA
<i>ticagrelor</i>	26	26
59	TREMFYA	<i>tums dual action (famotidine)</i> ...
TICE BCG	63, 64	88
94	TREMFYA PEN	TURALIO
TICOVAC	63	26
94	TREMFYA PEN	<i>turqoz</i> (28)
<i>tigecycline</i>	INDUCTION PK-CROHN	103
9	57	TUSICOF
<i>tilia fe</i>	<i>tretinoi</i> n (antineoplastic)	128
103	26	<i>tusnel diabetic</i>
<i>timolol maleate</i>	<i>tretinoi</i> n topical	128
57, 104	66	TUSNEL DM
<i>tinidazole</i>	triamicinolone acetonide	128
9	69, 73, 75	TUSNEL DM
<i>tiotropium bromide</i>	triamterene-	PEDIATRIC(PHENYLEPH). 128
135	hydrochlorothiazid	TUSNEL NEW FORMULA.. 128
TIVDAK	57	TUSNEL PEDIATRIC
25	<i>tri-buffered aspirin</i>	128
TIVICAY	44	<i>tusnel-ex</i>
4	tridacaine ii	128
TIVICAY PD	65	<i>tussi pres-b</i>
4	triderm	128
<i>tizanidine</i>	69	TUSSI PRES-B
34	trientine	128
TOBI PODHALER	71	<i>tussin</i>
9	<i>tri-estarrylla</i>	129
TOBRADEX	103	<i>tussin cf (pe-dm-guaif)</i>
106	TRIFERIC	128
<i>tobramycin</i>	142	<i>tussin cf cough-cold</i>
9, 104	trifluoperazine	128
<i>tobramycin in 0.225 % nacl</i>	51	TUSSIN CF MAX
9	trifluridine	128
<i>tobramycin sulfate</i>	104	<i>tussin chest congestion</i>
9	trihexyphenidyl	128
<i>tobramycin-dexamethasone</i>	32	<i>tussin cough (dm only)</i>
106	TRIJARDY XR	128
<i>tolterodine</i>	79	<i>tussin cough-chest congestion</i> 128
136	TRIKAFTA	<i>tussin dm</i>
<i>tolvaptan</i>	135	129
81	<i>tri-legest fe</i>	<i>tussin dm clear</i>
<i>tolvaptan (polycys kidney dis)</i> ..	103	128
81	<i>tri-linyah</i>	<i>tussin dm cough and chest</i>
<i>topiramate</i>	103	128, 129
30	<i>tri-lo-estarrylla</i>	<i>tussin dm max</i>
<i>topotecan</i>	103	129
25	<i>tri-lo-marzia</i>	<i>tussin long-acting</i>
<i>toremifene</i>	103	129
25	<i>tri-lo-sprintec</i>	<i>tussin mucus-chest congestion</i> 129
<i>torpenz</i>	103	<i>tussi-pres</i>
25	<i>trimethoprim</i>	129
<i>torsemide</i>	12	TUSSI-PRES PEDIATRIC.... 129
57	<i>trimipramine</i>	TUSSLIN
<i>total allergy medicine</i>	51	129
128	TRIMO-SAN JELLY	129
TOUJEO MAX U-300	100	TUXARIN ER
SOLOSTAR	51	129

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This drug list was last updated on 08/18/2025.

TWINRIX (PF).....	94	VANCOMYCIN IN 0.9 %	
TYENNE.....	97	SODIUM CHL.....	9
TYENNE AUTOINJECTOR...	97	VANFLYTA.....	26
TYLENOL.....	44	VANQUISH.....	44
TYLENOL 8 HOUR.....	44	<i>vanquish</i>	44
TYLENOL ARTHRITIS PAIN.....	44	VAQTA (PF).....	94
TYLENOL COLD AND FLU SEVERE.....	129	<i>vardenafil</i>	137
TYLENOL COLD HEAD CONGEST SEVR.....	129	VARDENAFIL HCL (BULK)137	
TYLENOL EXTRA STRENGTH.....	44	<i>varenicline tartrate</i>	72
TYLENOL PM EXTRA STRENGTH.....	44	VARIVAX (PF).....	94
TYLENOL SINUS SEVERE.	129	VARIZIG.....	94
TYPHIM VI.....	94	VARUBI.....	86
TYVASO.....	135	VAXCHORA VACCINE.....	94
TYVASO INSTITUTIONAL START KIT.....	135	VAXNEUVANCE (PF).....	94
TYVASO REFILL KIT.....	135	VECTIBIX.....	26
TYVASO STARTER KIT....	135	<i>veletri</i>	57
UBRELVY	32	<i>velivet triphasic regimen (28)</i>	103
ULTIMA TEST STRIPS.....	79	VELPHORO.....	71
UNISOM (DOXYLAMINE)....	51	VELTASSA.....	71
UNISOM PM PAIN	44	VEMLIDY	5
<i>unisom sleepgels</i>	129	VENCLEXTA	26
UNISOM SLEEPSMINIS.....	129	VENCLEXTA STARTING PACK.....	26
<i>unithroid</i>	81	<i>venlafaxine</i>	52
UNITUXIN.....	26	VENOFER.....	142
UPTRAVI.....	57	VENTOLIN HFA.....	135
<i>ursodiol</i>	86	<i>verapamil</i>	57
UZEDY.....	51, 52	VERQUVO.....	62
<i>valacyclovir</i>	5	VERSACLOZ.....	52
VALCHLOR.....	65	VERZENIO.....	26
<i>valganciclovir</i>	5	<i>vestura (28)</i>	103
<i>valihist</i>	129	VIAGRA.....	137
<i>valproate sodium</i>	30	VIBATIV.....	10
<i>valproic acid</i>	31	VIBERZI.....	86
<i>valproic acid (as sodium salt)</i>	30	VICKS DAYQUIL COLD- FLU RELIEF	129
<i>valrubicin</i>	26	<i>vicks dayquil cold-flu relief</i>	129
<i>valsartan</i>	57	VICKS DAYQUIL SEVERE COLD-FLU	129
<i>valsartan-hydrochlorothiazide</i> .	57	VICKS NYQUIL COLD AND FLU	129
VALTOCO.....	31	<i>vicks nyquil cold/flu liquicap</i> ..	129
VANACOF.....	129	VICKS NYQUIL COUGH.....	129
VANATAB DM.....	129	VICKS NYQUIL	
<i>vancomycin</i>	9, 10	NIGHTTIME RELIEF	129
		VICKS NYQUIL SEVERE	
		COLD-FLU	130
		<i>vienna</i>	103

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This drug list was last updated on 08/18/2025.

WAL-FLU DAY-NIGHT	XCOPRI TITRATION PACK ..	31
COLD-COUGH.....	XDEMVY	105
<i>wal-flu night severe cold</i>	XELJANZ	97
WAL-FLU SEVERE COLD	XELJANZ XR	97
AND COUGH.....	XERMELO	27
WAL-FLU SEVERE COLD-COUGH.....	XGEVA	13
<i>wal-itin</i>	XIAFLEX	72
<i>wal-itin d</i>	XIFAXAN	10
<i>wal-itin d 12 hour</i>	XIGDUO XR	79
<i>wal-phed</i>	XiIDRA	105
<i>wal-phed pe</i>	XOFLUZA	5
<i>wal-phed pe nighttime cold</i>	XOLAIR	135, 136
<i>wal-phed pe sinus and allergy</i>	XOSPATA	27
WAL-PHED PE SINUS HEADACHE.....	XPOVIO	27
WAL-PHED PE TRIPLE RELIEF.....	XTANDI	27
<i>wal-profen</i>	xulane	100
<i>wal-profen cold-sinus</i>	XYZAL	131
<i>wal-profen d cold and sinus</i>	YERVOY	27
<i>wal-proxen</i>	YESINTEK	64
WAL-SLEEP Z.....	YF-VAX (PF)	94
<i>wal-som (diphenhydramine)</i> ...	YOHIMBINE HCL (BULK) ...	72
<i>wal-som (doxylamine)</i>	YONDELIS	27
<i>wal-tap dm</i>	YUFLYMA(CF)	98
<i>wal-tussin cough</i>	YUFLYMA(CF) AI	
<i>wal-tussin cough and cold cf..</i>	CROHN'S-UC-HS	97
<i>wal-tussin dm</i>	YUFLYMA(CF)	
<i>wal-tussin max strength cough</i>	AUTOINJECTOR	98
<i>wal-zyr (cetirizine)</i>	<i>yuvafem</i>	99
<i>wal-zyr d</i>	<i>zafemy</i>	100
warfarin.....	<i>zafirlukast</i>	136
<i>water for irrigation, sterile</i>	<i>zaleplon</i>	52
WELIREG	ZALTRAP	27
<i>wera (28)</i>	ZANOSAR	27
<i>wescap-pn dha</i>	<i>zantac-360 (famotidine)</i>	88
<i>wixela inh</i>	ZEGERID OTC	88
WOMEN'S ASPIRIN WITH CALCIUM.....	ZEJULA	27
<i>wyost</i>	ZELBORAF	27
XALKORI.....	<i>zenatane</i>	66
XARELTO	ZENPEP	86
XARELTO DVT-PE TREAT 30D START	ZEPOSIA	34
XCOPRI	ZEPOSIA STARTER KIT (28-DAY)	34
XCOPRI MAINTENANCE PACK.....	ZEPOSIA STARTER PACK (7-DAY)	34
	ZEPZELCA	27
	<i>zidovudine</i>	5
	ZIIHERA	27
	<i>ziprasidone hcl</i>	52

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This formulary was updated on 09/01/2025. For more recent information or other questions, please contact EmblemHealth Medicare HMO at **877-344-7364** (TTY users should call **711**). From Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Saturday from 8 a.m. to 8 p.m., or visit **emblemhealth.com/medicare**.

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