

WellSense Senior Care Options (HMO D-SNP)

2025 Formulary

(List of Covered Drugs)

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

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



This drug list was last updated on 03/17/2025.

WellSense Senior Care Options (HMO D-SNP) | 2024 List of Covered Drugs (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs *and over-the-counter (OTC) drugs and non-drug products* are covered by WellSense Senior Care Options (HMO D-SNP). The Drug List also tells you if there are any special rules or restrictions on any drugs covered by WellSense Senior Care Options (HMO D-SNP).

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers

This is a list of drugs that members can get in WellSense Senior Care Options (HMO D-SNP).

- ❖ The formulary may change at any time. You will receive notice when necessary.
- ❖ WellSense Senior Care Options (HMO D-SNP) is an HMO plan with a Medicare Advantage contract and a contract with the Massachusetts Medicaid program. Enrollment in WellSense Senior Care Options depends on contract renewal.
- ❖ WellSense Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This document may be available upon request in an alternate format such as Braille, larger print, or audio.
ATENCIÓN: Si habla Español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 855-833-8124 (TTY: 711).
- ❖ Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit www.mass.gov/estaterecovery.
- ❖ You can always check WellSense Senior Care Options' up-to-date *List of Covered Drugs* online at **wellsense.org/sco** or by calling 855-833-8125.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 855-833-8125 (TTY: 711), 8:00 a.m. to 8:00 p.m., Monday through Friday (Apr. 1-Sep. 30) or seven (7) days a week (Oct. 1– Mar. 31). The call is free.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 13 are the drugs covered by WellSense Senior Care Options (HMO D-SNP). The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- WellSense Senior Care Options (HMO D-SNP) will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy,

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



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- WellSense Senior Care Options (HMO D-SNP) agrees that the drug is medically necessary for you, **and**
- you fill the prescription at a WellSense Senior Care Options (HMO D-SNP) network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at **wellsense.org/sco** or call Member Services at 855-833-8125 (TTY: 711).

B2. Does the Drug List ever change?

Yes, and WellSense Senior Care Options (HMO D-SNP) must follow Medicare and MassHealth rules when making changes. We may add or remove drugs on the Drug List during the year.

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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from WellSense Senior Care Options (HMO D-SNP) before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

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

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

- You can always check WellSense Senior Care Options (HMO D-SNP)'s up-to-date Drug List online at **wellsense.org/sco**.
- You can also call Member Services at 855-833-8125 (TTY: 711) to check the current Drug List.

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

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

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



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- **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. 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.
 - We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).
 - If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How can I ask for an exception?"
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

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

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

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

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



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to questions B10-B12.

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

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

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from WellSense Senior Care Options (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. WellSense Senior Care Options (HMO D-SNP) may not cover the drug if you do not get prior authorization.
- **Quantity limits:** Sometimes WellSense Senior Care Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes WellSense Senior Care Options (HMO D-SNP) requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 12. You can also get more information by visiting our website at wellsense.org/sco. We have posted online a document that explains our prior authorization restriction. You may also ask us to send you a copy.

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

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

The table in the List of Drugs by Medical Condition on page 12 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if WellSense Senior Care Options (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

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



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- You can search alphabetically, **or**
- You can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it on page 219.

To search **by medical condition**, find the section labeled "List of Drugs by Medical Condition" on page 12. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category CARDIOVASCULAR, HYPERTENSION / LIPIDS. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the Drug List, call Member Services at 855-833-8125 (TTY: 711) and ask about it. If you learn that WellSense Senior Care Options (HMO D-SNP) will not cover the drug, you can do one of these things:

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

B9. What if I am a new WellSense Senior Care Options (HMO D-SNP) member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of WellSense Senior Care Options (HMO D-SNP). This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

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

We will cover a 30-day supply of most drugs if:

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by WellSense Senior Care Options (HMO D-SNP), **or**

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



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- you are taking a drug that is part of a step therapy restriction

If you are taking a drug that WellSense Senior Care Options (HMO D-SNP) does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

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

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new WellSense Senior Care Options (HMO D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you are a member of WellSense Senior Care Options (HMO D-SNP).

If you have a change in your level of care (e.g., are discharged from a hospital or long term care facility to the home), you may need to have a temporary supply of drugs filled when going from one setting to another. The pharmacy filling your medication may request an override by contacting our pharmacy help desk. We will cover up to a 30-day supply for each medication that is not on our formulary or if your ability to get the drug is limited to allow you time to talk to your doctor and switch to an appropriate drug that we cover or request a formulary exception.

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

Yes. You can ask WellSense Senior Care Options (HMO D-SNP) to make an exception to cover a drug that is not on the Drug List.

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

- For example, WellSense Senior Care Options (HMO D-SNP) may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call *Member Services*. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 8 of the *Evidence of Coverage* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

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



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Please complete the Model Drug Coverage Determination Form (Medicaid + Medicare) or the Model Drug Coverage Determination Form (Medicaid Only) and submit it to us one of the following ways:

You, your doctor, or an [appointed representative](#) can request a coverage decision on your behalf. Please complete the [Model Drug Coverage Determination Form \(Medicaid + Medicare\)](#) or the [Model Drug Coverage Determination Form \(Medicaid Only\)](#) and submit it to us one of the following ways:

SCO Medicare and Medicaid

Mail:

Express Scripts
ATTN: Medicare Reviews
P.O. Box 66571
St. Louis, MO 63166-6571

Fax: 877-251-5896

Call: 877-417-1828

SCO Medicaid

Mail:

Express Scripts
Attn: Medicaid Reviews
P.O. Box 66588
St. Louis, MO 63166-6588

Fax: 877-251-5896

Call: 877-417-1828

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

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

WellSense Senior Care Options (HMO D-SNP) covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter". WellSense Senior Care Options (HMO D-SNP) covers some OTC drugs when they are written as prescriptions by your provider.

You can read the WellSense Senior Care Options (HMO D-SNP)'s Drug List to find out what OTC drugs are covered.

B15. Does WellSense Senior Care Options (HMO D-SNP) cover non-drug OTC products?

WellSense Senior Care Options (HMO D-SNP) covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include isopropyl alcohol and chlorhexidine topical liquid.

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



This drug list was last updated on 03/17/2025.

You can read the WellSense Senior Care Options (HMO D-SNP) Drug List to find out what non-drug OTC products are covered.

B16. Does WellSense Senior Care Options (HMO D-SNP) cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 30-day supply has the same copay as a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 30-day supply has the same copay as a one-month supply.

B17. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B18. What is my copay?

WellSense Senior Care Options (HMO D-SNP) members have no copays for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

Tiers are groups of drugs on our Drug List.

All drugs on our Drug List are Tier 1 and have \$0 copay.

OTCs have a \$0 copay.

If you have questions, call Member Services at 855-833-8125 (TTY: 711).

C. Overview of the List of Covered Drugs

The *List of Covered Drugs* gives you information about the drugs covered by WellSense Senior Care Options (HMO D-SNP). If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 219. The index alphabetically lists all drugs covered by WellSense Senior Care Options (HMO D-SNP).

Note: The * (asterisks) next to a drug means the drug is not a "Part D drug." These drugs have different rules for appeals.

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



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- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or MassHealth (Medicaid).
- If you or your doctor disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the numbers listed at the bottom of this page or at the numbers in the footer of this document.
- You can also read Chapter 8 of the *Evidence of Coverage* to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

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

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *lisinopril*), brand name drugs are capitalized (for example, OZEMPIC), and OTC drugs and non-drug products are listed in lower case (for example, acetaminophen). The information in the "Necessary actions, restrictions, or limits on use" column tells you if WellSense Senior Care Options (HMO D-SNP) has any rules for covering your drug.

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



This drug list was last updated on 03/17/2025.

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

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



This drug list was last updated on 03/17/2025.

Below is a list of abbreviations that may appear on the following pages in the What the drug will cost you (tier level) column that tells you the tier coverage of your drug.

List of Abbreviations

\$0 (1): Covered Medications

\$0 (Non-Part D): Mass Health Covered Medications

Below is a list of abbreviations that may appear on the following pages in the Necessary actions, restrictions, or limits on use 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.

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

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

OTC: Over the Counter. An OTC drug is a non-prescription drug that is not normally covered by a Medicare Prescription Drug Plan. Your plan may pay for certain OTC drugs at no cost to you. The cost of an OTC drug will not count toward your total drug costs.

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.

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



This drug list was last updated on 03/17/2025.

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

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

UPPERCASE: Brand name drugs

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ANTI - INFECTIVES | | |
| ANTIFUNGAL AGENTS | | |
| ABELCET | \$0 (1) | B/D PA |
| <i>amphotericin b</i> | \$0 (1) | B/D PA; MO |
| <i>caspofungin</i> | \$0 (1) | |
| <i>clotrimazole mucous membrane</i> | \$0 (1) | MO |
| CRESEMBA ORAL | \$0 (1) | PA |
| <i>fluconazole</i> | \$0 (1) | MO |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i> | \$0 (1) | PA |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i> | \$0 (1) | PA; MO |
| <i>flucytosine</i> | \$0 (1) | MO |
| <i>griseofulvin microsize</i> | \$0 (1) | MO |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | \$0 (1) | MO |
| <i>itraconazole oral capsule</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i>itraconazole oral solution</i> | \$0 (1) | MO |
| <i>ketoconazole oral</i> | \$0 (1) | MO |
| <i>micafungin</i> | \$0 (1) | MO |
| <i>nystatin oral</i> | \$0 (1) | MO |

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



This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| posaconazole oral tablet, delayed release (dr/ec) | \$0 (1) | PA; MO; QL (96 per 30 days) |
| terbinafine hcl oral | \$0 (1) | MO |
| voriconazole | \$0 (1) | PA; MO |
| ANTIVIRALS | | |
| abacavir | \$0 (1) | MO |
| abacavir-lamivudine | \$0 (1) | MO |
| acyclovir oral capsule | \$0 (1) | MO |
| acyclovir oral suspension 200 mg/5 ml | \$0 (1) | MO |
| acyclovir oral tablet | \$0 (1) | MO |
| acyclovir sodium intravenous solution | \$0 (1) | B/D PA; MO |
| adefovir | \$0 (1) | MO |
| amantadine hcl | \$0 (1) | MO |
| APTIVUS | \$0 (1) | MO |
| atazanavir | \$0 (1) | MO |
| BARACLUDE ORAL SOLUTION | \$0 (1) | MO |
| BIKTARVY | \$0 (1) | MO |
| CABENUVA | \$0 (1) | MO |
| cidofovir | \$0 (1) | B/D PA; MO |
| CIMDUO | \$0 (1) | MO |
| COMPLERA | \$0 (1) | MO |
| darunavir | \$0 (1) | MO |
| DELSTRIGO | \$0 (1) | MO |
| DESCOVY | \$0 (1) | MO |
| DOVATO | \$0 (1) | MO |
| EDURANT | \$0 (1) | MO |
| efavirenz oral tablet | \$0 (1) | MO |
| efavirenz-emtricitabin-tenofovir | \$0 (1) | MO |
| efavirenz-lamivu-tenofovir disop | \$0 (1) | MO |

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



This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>emtricitabine</i> | \$0 (1) | MO |
| <i>emtricitabine-tenofovir (tdf)</i> | \$0 (1) | MO |
| EMTRIVA ORAL SOLUTION | \$0 (1) | MO |
| <i>entecavir</i> | \$0 (1) | MO |
| <i>etravirine</i> | \$0 (1) | MO |
| EVOTAZ | \$0 (1) | MO |
| <i>famciclovir</i> | \$0 (1) | MO |
| <i>fosamprenavir</i> | \$0 (1) | MO |
| FUZEON SUBCUTANEOUS RECON SOLN | \$0 (1) | |
| <i>ganciclovir sodium intravenous recon soln</i> | \$0 (1) | B/D PA; MO |
| <i>ganciclovir sodium intravenous solution</i> | \$0 (1) | B/D PA |
| GENVOYA | \$0 (1) | MO |
| INTELENCE ORAL TABLET 25 MG | \$0 (1) | MO |
| ISENTRESS | \$0 (1) | MO |
| ISENTRESS HD | \$0 (1) | MO |
| JULUCA | \$0 (1) | MO |
| <i>lamivudine</i> | \$0 (1) | MO |
| <i>lamivudine-zidovudine</i> | \$0 (1) | MO |
| LEDIPASVIR-SOFOSBUVIR | \$0 (1) | PA; MO; QL (28 per 28 days) |
| LIVTENCITY | \$0 (1) | PA; LA; QL (120 per 30 days) |
| <i>lopinavir-ritonavir</i> | \$0 (1) | MO |
| maraviroc | \$0 (1) | MO |
| MAVYRET ORAL PELLETS IN PACKET | \$0 (1) | PA; MO; QL (168 per 28 days) |
| MAVYRET ORAL TABLET | \$0 (1) | PA; MO; QL (84 per 28 days) |
| <i>nevirapine oral suspension</i> | \$0 (1) | |
| <i>nevirapine oral tablet</i> | \$0 (1) | MO |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | \$0 (1) | MO |
| NORVIR ORAL POWDER IN PACKET | \$0 (1) | MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| ODEFSEY | \$0 (1) | MO |
| <i>oseltamivir</i> | \$0 (1) | MO |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG | \$0 (1) | QL (20 per 30 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | \$0 (1) | QL (30 per 30 days) |
| PIFELTRO | \$0 (1) | MO |
| PREVYMIS INTRAVENOUS | \$0 (1) | PA |
| PREVYMIS ORAL TABLET | \$0 (1) | PA; MO; QL (30 per 30 days) |
| PREZCOBIX | \$0 (1) | MO |
| PREZISTA ORAL SUSPENSION | \$0 (1) | MO |
| PREZISTA ORAL TABLET 150 MG, 75 MG | \$0 (1) | MO |
| RELENZA DISKHALER | \$0 (1) | MO |
| RETROVIR INTRAVENOUS | \$0 (1) | MO |
| REYATAZ ORAL POWDER IN PACKET | \$0 (1) | MO |
| <i>ribavirin oral capsule</i> | \$0 (1) | MO |
| <i>ribavirin oral tablet 200 mg</i> | \$0 (1) | MO |
| <i>rimantadine</i> | \$0 (1) | MO |
| <i>ritonavir</i> | \$0 (1) | MO |
| RUKOBIA | \$0 (1) | MO |
| SELZENTRY ORAL SOLUTION | \$0 (1) | MO |
| SOFOSBUVIR-VELPATASVIR | \$0 (1) | PA; MO; QL (28 per 28 days) |
| STRIBILD | \$0 (1) | MO |
| SUNLENCA | \$0 (1) | |
| SYMTUZA | \$0 (1) | MO |
| SYNAGIS | \$0 (1) | MO; LA |
| <i>tenofovir disoproxil fumarate</i> | \$0 (1) | MO |
| TIVICAY ORAL TABLET 50 MG | \$0 (1) | MO |
| TIVICAY PD | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| TRIUMEQ | \$0 (1) | MO |
| TRIUMEQ PD | \$0 (1) | MO |
| TROGARZO | \$0 (1) | MO; LA |
| <i>valacyclovir oral tablet 1 gram</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i>valacyclovir oral tablet 500 mg</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>valganciclovir</i> | \$0 (1) | MO |
| VEMLIDY | \$0 (1) | MO |
| VIRACEPT ORAL TABLET | \$0 (1) | MO |
| VIREAD ORAL POWDER | \$0 (1) | MO |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | \$0 (1) | MO |
| VOSEVI | \$0 (1) | PA; MO; QL (28 per 28 days) |
| XOFLUZA ORAL TABLET 40 MG, 80 MG | \$0 (1) | MO |
| <i>zidovudine</i> | \$0 (1) | MO |
| CEPHALOSPORINS | | |
| <i>cefaclor oral capsule</i> | \$0 (1) | MO |
| <i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i> | \$0 (1) | |
| <i>cefadroxil oral capsule</i> | \$0 (1) | MO |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | \$0 (1) | MO |
| <i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> | \$0 (1) | MO |
| <i>cefazolin injection recon soln 1 gram, 500 mg</i> | \$0 (1) | MO |
| <i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i> | \$0 (1) | |
| <i>cefazolin intravenous recon soln 1 gram</i> | \$0 (1) | |
| <i>cefdinir</i> | \$0 (1) | MO |
| <i>cefepime in dextrose, iso-osm</i> | \$0 (1) | |
| <i>cefepime injection</i> | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| cefixime | \$0 (1) | MO |
| cefoxitin in dextrose, iso-osm | \$0 (1) | PA |
| cefoxitin intravenous recon soln 1 gram, 2 gram | \$0 (1) | PA; MO |
| cefoxitin intravenous recon soln 10 gram | \$0 (1) | PA |
| cefpodoxime | \$0 (1) | MO |
| cefprozil | \$0 (1) | MO |
| ceftazidime injection recon soln 1 gram, 2 gram | \$0 (1) | PA; MO |
| ceftazidime injection recon soln 6 gram | \$0 (1) | PA |
| ceftriaxone in dextrose,iso-os | \$0 (1) | MO |
| ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg | \$0 (1) | MO |
| ceftriaxone injection recon soln 10 gram | \$0 (1) | |
| ceftriaxone intravenous | \$0 (1) | MO |
| cefuroxime axetil oral tablet | \$0 (1) | MO |
| cefuroxime sodium injection recon soln 750 mg | \$0 (1) | PA; MO |
| cefuroxime sodium intravenous recon soln 1.5 gram | \$0 (1) | PA; MO |
| cefuroxime sodium intravenous recon soln 7.5 gram | \$0 (1) | PA |
| cephalexin oral capsule 250 mg, 500 mg | \$0 (1) | MO |
| cephalexin oral suspension for reconstitution | \$0 (1) | MO |
| tazicef injection | \$0 (1) | PA; MO |
| tazicef intravenous | \$0 (1) | PA |
| TEFLARO | \$0 (1) | PA; MO |
| ERYTHROMYCINS / OTHER MACROLIDES | | |
| azithromycin intravenous | \$0 (1) | PA; MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>azithromycin oral packet</i> | \$0 (1) | MO |
| <i>azithromycin oral suspension for reconstitution</i> | \$0 (1) | MO |
| <i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i> | \$0 (1) | |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> | \$0 (1) | MO |
| <i>clarithromycin</i> | \$0 (1) | MO |
| DIFICID ORAL TABLET | \$0 (1) | MO; QL (20 per 10 days) |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i> | \$0 (1) | MO |
| <i>erythrocin (as stearate) oral tablet 250 mg</i> | \$0 (1) | |
| <i>erythromycin ethylsuccinate oral tablet</i> | \$0 (1) | |
| <i>erythromycin oral</i> | \$0 (1) | MO |

MISCELLANEOUS ANTIINFECTIVES

| | | |
|---|---------|---------------------------------|
| <i>albendazole</i> | \$0 (1) | MO |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> | \$0 (1) | PA; MO |
| <i>ARIKAYCE</i> | \$0 (1) | PA; LA |
| <i>atovaquone</i> | \$0 (1) | MO |
| <i>atovaquone-proguanil</i> | \$0 (1) | MO |
| <i>aztreonam</i> | \$0 (1) | PA; MO |
| CAYSTON | \$0 (1) | PA; MO; LA; QL (84 per 56 days) |
| <i>chloramphenicol sod succinate</i> | \$0 (1) | |
| <i>chloroquine phosphate</i> | \$0 (1) | MO |
| <i>clindamycin hcl</i> | \$0 (1) | MO |
| <i>clindamycin in 5 % dextrose</i> | \$0 (1) | PA; MO |
| <i>clindamycin phosphate injection</i> | \$0 (1) | PA; MO |
| COARTEM | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>colistin (colistimethate na)</i> | \$0 (1) | PA; MO; QL (30 per 10 days) |
| <i>dapsone oral</i> | \$0 (1) | MO |
| <i>DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG</i> | \$0 (1) | MO |
| <i>daptomycin intravenous recon soln 500 mg</i> | \$0 (1) | MO |
| <i>EMVERM</i> | \$0 (1) | MO |
| <i>ertapenem</i> | \$0 (1) | PA; MO; QL (14 per 14 days) |
| <i>ethambutol</i> | \$0 (1) | MO |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i> | \$0 (1) | PA; MO |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i> | \$0 (1) | PA |
| <i>gentamicin injection solution 40 mg/ml</i> | \$0 (1) | PA; MO |
| <i>gentamicin sulfate (ped) (pf)</i> | \$0 (1) | PA; MO |
| <i>hydroxychloroquine oral tablet 200 mg</i> | \$0 (1) | MO |
| <i>imipenem-cilastatin</i> | \$0 (1) | PA; MO |
| <i>isoniazid injection</i> | \$0 (1) | |
| <i>isoniazid oral</i> | \$0 (1) | MO |
| <i>ivermectin oral</i> | \$0 (1) | PA; MO; QL (20 per 30 days) |
| <i>lincosycin</i> | \$0 (1) | PA |
| <i>linezolid</i> | \$0 (1) | MO |
| <i>linezolid in dextrose 5%</i> | \$0 (1) | PA; MO |
| <i>linezolid-0.9% sodium chloride</i> | \$0 (1) | PA |
| <i>mefloquine</i> | \$0 (1) | |
| <i>meropenem intravenous recon soln 1 gram</i> | \$0 (1) | PA; QL (30 per 10 days) |
| <i>meropenem intravenous recon soln 500 mg</i> | \$0 (1) | PA; QL (10 per 10 days) |
| <i>metro i.v.</i> | \$0 (1) | PA; MO |
| <i>metronidazole in nacl (iso-os)</i> | \$0 (1) | PA; MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | \$0 (1) | MO |
| <i>neomycin</i> | \$0 (1) | MO |
| <i>nitazoxanide</i> | \$0 (1) | MO; QL (12 per 30 days) |
| <i>pentamidine inhalation</i> | \$0 (1) | B/D PA; MO; QL (1 per 28 days) |
| <i>pentamidine injection</i> | \$0 (1) | MO |
| <i>praziquantel</i> | \$0 (1) | MO |
| PRIFTIN | \$0 (1) | MO |
| PRIMAQUINE | \$0 (1) | MO |
| <i>pyrazinamide</i> | \$0 (1) | MO |
| <i>pyrimethamine</i> | \$0 (1) | PA; MO |
| <i>quinine sulfate</i> | \$0 (1) | MO |
| <i>rifabutin</i> | \$0 (1) | MO |
| <i>rifampin</i> | \$0 (1) | MO |
| SIRTURO | \$0 (1) | PA; LA |
| STREPTOMYCIN | \$0 (1) | PA; MO; QL (60 per 30 days) |
| <i>tigecycline</i> | \$0 (1) | PA; MO |
| <i>tinidazole</i> | \$0 (1) | MO |
| TOBI PODHALER | \$0 (1) | MO; QL (224 per 56 days) |
| <i>tobramycin in 0.225 % nacl</i> | \$0 (1) | PA; MO; QL (280 per 28 days) |
| <i>tobramycin inhalation</i> | \$0 (1) | PA; MO; QL (224 per 28 days) |
| <i>tobramycin sulfate injection recon soln</i> | \$0 (1) | PA; QL (9 per 14 days) |
| <i>tobramycin sulfate injection solution</i> | \$0 (1) | PA; MO |
| TRECATOR | \$0 (1) | MO |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML | \$0 (1) | PA; QL (4000 per 10 days) |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML | \$0 (1) | PA; QL (1000 per 10 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML | \$0 (1) | PA; QL (4050 per 10 days) |
| <i>vancomycin intravenous recon soln 1,000 mg</i> | \$0 (1) | PA; MO; QL (20 per 10 days) |
| <i>vancomycin intravenous recon soln 10 gram</i> | \$0 (1) | PA; QL (2 per 10 days) |
| <i>vancomycin intravenous recon soln 5 gram</i> | \$0 (1) | PA; QL (4 per 10 days) |
| <i>vancomycin intravenous recon soln 500 mg</i> | \$0 (1) | PA; MO; QL (10 per 10 days) |
| <i>vancomycin intravenous recon soln 750 mg</i> | \$0 (1) | PA; MO; QL (27 per 10 days) |
| <i>vancomycin oral capsule 125 mg</i> | \$0 (1) | PA; MO; QL (40 per 10 days) |
| <i>vancomycin oral capsule 250 mg</i> | \$0 (1) | PA; MO; QL (80 per 10 days) |
| VIBATIV INTRAVENOUS RECON SOLN 750 MG | \$0 (1) | PA |
| XIFAXAN ORAL TABLET 200 MG | \$0 (1) | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | \$0 (1) | PA; MO; QL (90 per 30 days) |
| PENICILLINS | | |
| <i>amoxicillin oral capsule</i> | \$0 (1) | MO |
| <i>amoxicillin oral suspension for reconstitution</i> | \$0 (1) | MO |
| <i>amoxicillin oral tablet</i> | \$0 (1) | MO |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | \$0 (1) | MO |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution</i> | \$0 (1) | MO |
| <i>amoxicillin-pot clavulanate oral tablet</i> | \$0 (1) | MO |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i> | \$0 (1) | MO |
| <i>amoxicillin-pot clavulanate oral tablet, chewable</i> | \$0 (1) | |
| <i>ampicillin oral capsule 500 mg</i> | \$0 (1) | MO |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | \$0 (1) | PA; MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| ampicillin sodium injection recon soln 125 mg | \$0 (1) | PA |
| ampicillin sodium intravenous | \$0 (1) | PA |
| ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram | \$0 (1) | PA; MO |
| ampicillin-sulbactam injection recon soln 15 gram | \$0 (1) | PA |
| ampicillin-sulbactam intravenous | \$0 (1) | PA |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | \$0 (1) | MO |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML | \$0 (1) | PA; MO |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML | \$0 (1) | PA |
| dicloxacillin | \$0 (1) | MO |
| nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml | \$0 (1) | PA |
| nafcillin injection recon soln 1 gram, 2 gram | \$0 (1) | PA; MO |
| nafcillin injection recon soln 10 gram | \$0 (1) | PA |
| oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml | \$0 (1) | PA |
| oxacillin injection recon soln 1 gram, 10 gram | \$0 (1) | PA |
| oxacillin injection recon soln 2 gram | \$0 (1) | PA; MO |
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML | \$0 (1) | PA |
| penicillin g potassium | \$0 (1) | PA; MO |
| penicillin g sodium | \$0 (1) | PA; MO |
| penicillin v potassium | \$0 (1) | MO |
| pizerpen-g | \$0 (1) | PA |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i> | \$0 (1) | |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i> | \$0 (1) | MO |
| QUINOLONES | | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> | \$0 (1) | MO |
| <i>ciprofloxacin in 5 % dextrose</i> | \$0 (1) | PA; MO |
| <i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i> | \$0 (1) | |
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i> | \$0 (1) | PA |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i> | \$0 (1) | PA; MO |
| <i>levofloxacin intravenous</i> | \$0 (1) | PA |
| <i>levofloxacin oral</i> | \$0 (1) | MO |
| <i>moxifloxacin oral</i> | \$0 (1) | MO |
| <i>moxifloxacin-sod.chloride(iso)</i> | \$0 (1) | PA; MO |
| SULFA'S / RELATED AGENTS | | |
| <i>sulfadiazine</i> | \$0 (1) | MO |
| <i>sulfamethoxazole-trimethoprim intravenous</i> | \$0 (1) | PA; MO |
| <i>sulfamethoxazole-trimethoprim oral</i> | \$0 (1) | MO |
| TETRACYCLINES | | |
| <i>demeclocycline</i> | \$0 (1) | MO |
| <i>doxy-100</i> | \$0 (1) | PA; MO |
| <i>doxycycline hyclate intravenous</i> | \$0 (1) | PA |
| <i>doxycycline hyclate oral capsule</i> | \$0 (1) | MO |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i> | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | \$0 (1) | MO |
| <i>doxycycline monohydrate oral suspension for reconstitution</i> | \$0 (1) | MO |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i> | \$0 (1) | MO |
| <i>minocycline oral capsule</i> | \$0 (1) | MO |
| <i>minocycline oral tablet</i> | \$0 (1) | MO |
| <i>monodoxine nl oral capsule 100 mg</i> | \$0 (1) | |
| <i>tetracycline oral capsule</i> | \$0 (1) | MO |

URINARY TRACT AGENTS

| | | |
|---|---------|----|
| <i>methenamine hippurate</i> | \$0 (1) | MO |
| <i>methenamine mandelate</i> | \$0 (1) | MO |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> | \$0 (1) | MO |
| <i>nitrofurantoin monohyd/m-cryst</i> | \$0 (1) | MO |
| <i>trimethoprim</i> | \$0 (1) | MO |

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

| ADJUNCTIVE AGENTS | | |
|--|---------|------------|
| <i>dexrazoxane hcl</i> | \$0 (1) | B/D PA; MO |
| <i>ELITEK</i> | \$0 (1) | MO |
| <i>KHAPZORY INTRAVENOUS RECON SOLN 175 MG</i> | \$0 (1) | B/D PA |
| <i>leucovorin calcium oral</i> | \$0 (1) | MO |
| <i>levoleucovorin calcium intravenous recon soln</i> | \$0 (1) | B/D PA; MO |
| <i>levoleucovorin calcium intravenous solution</i> | \$0 (1) | B/D PA |
| <i>mesna intravenous</i> | \$0 (1) | B/D PA; MO |
| <i>mesna oral</i> | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| MESNEX ORAL | \$0 (1) | MO |
| XGEVA | \$0 (1) | B/D PA; MO |
| ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS | | |
| abiraterone oral tablet 250 mg | \$0 (1) | PA; MO; QL (120 per 30 days) |
| abiraterone oral tablet 500 mg | \$0 (1) | PA; MO; QL (60 per 30 days) |
| ABRAXANE | \$0 (1) | B/D PA; MO |
| ADCETRIS | \$0 (1) | B/D PA; MO |
| ADSTILADRIN | \$0 (1) | PA |
| AKEEGA | \$0 (1) | PA; LA; QL (60 per 30 days) |
| ALECENSA | \$0 (1) | PA; MO; QL (240 per 30 days) |
| ALIQOPA | \$0 (1) | B/D PA; LA |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | \$0 (1) | PA; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | \$0 (1) | PA; QL (60 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK | \$0 (1) | PA; QL (30 per 180 days) |
| anastrozole | \$0 (1) | MO |
| ANKTIVA | \$0 (1) | PA; MO |
| arsenic trioxide intravenous solution 1 mg/ml | \$0 (1) | B/D PA |
| arsenic trioxide intravenous solution 2 mg/ml | \$0 (1) | B/D PA; MO |
| ASPARLAS | \$0 (1) | PA |
| AUGTYRO ORAL CAPSULE 160 MG | \$0 (1) | PA; MO; QL (60 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | \$0 (1) | PA; MO; QL (240 per 30 days) |
| AYVAKIT | \$0 (1) | PA; LA; QL (30 per 30 days) |
| azacitidine | \$0 (1) | B/D PA; MO |
| azathioprine oral tablet 50 mg | \$0 (1) | B/D PA; MO |
| azathioprine sodium | \$0 (1) | B/D PA; MO |
| BALVERSA | \$0 (1) | PA; LA |
| BAVENCIO | \$0 (1) | B/D PA; LA |
| BELEODAQ | \$0 (1) | B/D PA |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| bendamustine intravenous recon soln | \$0 (1) | B/D PA; MO |
| BENDEKA | \$0 (1) | B/D PA; MO |
| BESPONSA | \$0 (1) | B/D PA; MO; LA |
| bexarotene | \$0 (1) | PA; MO |
| bicalutamide | \$0 (1) | MO |
| BIZENGRI | \$0 (1) | PA |
| bleomycin | \$0 (1) | B/D PA; MO |
| BLINCYTO INTRAVENOUS KIT | \$0 (1) | B/D PA |
| BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG | \$0 (1) | B/D PA |
| bortezomib injection recon soln 3.5 mg | \$0 (1) | B/D PA; MO |
| BOSULIF ORAL CAPSULE 100 MG | \$0 (1) | PA; MO; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | \$0 (1) | PA; MO; QL (330 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | \$0 (1) | PA; MO; QL (90 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | \$0 (1) | PA; MO; QL (30 per 30 days) |
| BRAFTOVI | \$0 (1) | PA; MO; LA; QL (180 per 30 days) |
| BRUKINSA | \$0 (1) | PA; LA; QL (120 per 30 days) |
| busulfan | \$0 (1) | B/D PA |
| CABOMETYX | \$0 (1) | PA; MO; LA; QL (30 per 30 days) |
| CALQUENCE | \$0 (1) | PA; LA; QL (60 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) | \$0 (1) | PA; LA; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG | \$0 (1) | PA; LA; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | \$0 (1) | PA; LA; QL (30 per 30 days) |
| carboplatin intravenous solution | \$0 (1) | B/D PA; MO |
| carmustine intravenous recon soln 100 mg | \$0 (1) | B/D PA; MO |
| cisplatin intravenous solution | \$0 (1) | B/D PA; MO |
| cladribine | \$0 (1) | B/D PA; MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| clofarabine | \$0 (1) | B/D PA |
| COLUMVI | \$0 (1) | PA; MO |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | \$0 (1) | PA; MO; QL (56 per 28 days) |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | \$0 (1) | PA; MO; QL (112 per 28 days) |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY) | \$0 (1) | PA; MO; QL (84 per 28 days) |
| COPIKTRA | \$0 (1) | PA; LA; QL (60 per 30 days) |
| COTELLIC | \$0 (1) | PA; MO; LA; QL (63 per 28 days) |
| cyclophosphamide <i>intravenous</i> recon soln | \$0 (1) | B/D PA; MO |
| cyclophosphamide <i>oral</i> capsule | \$0 (1) | B/D PA; MO |
| CYCLOPHOSPHAMIDE ORAL TABLET | \$0 (1) | B/D PA |
| cyclosporine modified <i>oral</i> capsule | \$0 (1) | B/D PA; MO |
| cyclosporine modified <i>oral</i> solution | \$0 (1) | B/D PA |
| cyclosporine <i>oral</i> capsule | \$0 (1) | B/D PA; MO |
| CYRAMZA | \$0 (1) | B/D PA; MO |
| cytarabine | \$0 (1) | B/D PA; MO |
| cytarabine (pf) <i>injection</i> solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml) | \$0 (1) | B/D PA; MO |
| cytarabine (pf) <i>injection</i> solution 20 mg/ml | \$0 (1) | B/D PA |
| dacarbazine | \$0 (1) | B/D PA; MO |
| dactinomycin | \$0 (1) | B/D PA; MO |
| DANYELZA | \$0 (1) | B/D PA |
| DANZITEN | \$0 (1) | PA; QL (112 per 28 days) |
| DARZALEX | \$0 (1) | B/D PA; MO; LA |
| dasatinib <i>oral</i> tablet 100 mg, 140 mg, 50 mg, 80 mg | \$0 (1) | PA; MO; QL (30 per 30 days) |
| dasatinib <i>oral</i> tablet 20 mg, 70 mg | \$0 (1) | PA; MO; QL (60 per 30 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| daunorubicin | \$0 (1) | B/D PA |
| DAURISMO ORAL TABLET 100 MG | \$0 (1) | PA; MO; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | \$0 (1) | PA; MO; QL (60 per 30 days) |
| decitabine | \$0 (1) | B/D PA; MO |
| docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml) | \$0 (1) | B/D PA |
| 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) | \$0 (1) | B/D PA; MO |
| doxorubicin intravenous recon soln 10 mg | \$0 (1) | B/D PA |
| doxorubicin intravenous recon soln 50 mg | \$0 (1) | B/D PA; MO |
| doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml | \$0 (1) | B/D PA; MO |
| doxorubicin intravenous solution 2 mg/ml | \$0 (1) | B/D PA |
| doxorubicin, peg-liposomal | \$0 (1) | B/D PA; MO |
| DROXIA | \$0 (1) | MO |
| ELIGARD | \$0 (1) | PA; MO |
| ELIGARD (3 MONTH) | \$0 (1) | PA; MO |
| ELIGARD (4 MONTH) | \$0 (1) | PA; MO |
| ELIGARD (6 MONTH) | \$0 (1) | PA; MO |
| ELREXFIO | \$0 (1) | PA |
| ELZONRIS | \$0 (1) | B/D PA; LA |
| EMPLICITI | \$0 (1) | B/D PA; MO |
| ENVARSUS XR | \$0 (1) | B/D PA; MO |
| epirubicin intravenous solution 200 mg/100 ml | \$0 (1) | B/D PA |
| EPKINLY | \$0 (1) | PA |
| ERBITUX | \$0 (1) | B/D PA; MO |
| eribulin | \$0 (1) | B/D PA |
| ERIVEDGE | \$0 (1) | PA; MO; QL (30 per 30 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ERLEADA ORAL TABLET 240 MG | \$0 (1) | PA; MO; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | \$0 (1) | PA; MO; QL (120 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 150 mg</i> | \$0 (1) | PA; MO; QL (30 per 30 days) |
| <i>erlotinib oral tablet 25 mg</i> | \$0 (1) | PA; MO; QL (60 per 30 days) |
| ERWINASE | \$0 (1) | B/D PA |
| ETOPOPHOS | \$0 (1) | B/D PA; MO |
| <i>etoposide intravenous</i> | \$0 (1) | B/D PA; MO |
| <i>everolimus (antineoplastic) oral tablet</i> | \$0 (1) | PA; MO; QL (30 per 30 days) |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i> | \$0 (1) | PA; MO; QL (330 per 30 days) |
| <i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i> | \$0 (1) | PA; MO; QL (240 per 30 days) |
| <i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i> | \$0 (1) | PA; MO; QL (180 per 30 days) |
| <i>everolimus (immunosuppressive)</i> | \$0 (1) | B/D PA; MO |
| exemestane | \$0 (1) | MO |
| FIRMAGON KIT W DILUENT SYRINGE | \$0 (1) | PA; MO |
| <i>flouxuridine</i> | \$0 (1) | B/D PA |
| <i>fludarabine intravenous recon soln</i> | \$0 (1) | B/D PA; MO |
| <i>fludarabine intravenous solution</i> | \$0 (1) | B/D PA |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i> | \$0 (1) | B/D PA; MO |
| <i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i> | \$0 (1) | B/D PA |
| FOTIVDA | \$0 (1) | PA; LA; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | \$0 (1) | PA; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | \$0 (1) | PA; QL (21 per 28 days) |
| <i>fulvestrant</i> | \$0 (1) | B/D PA; MO |
| FYARRO | \$0 (1) | PA |
| GAVRETO | \$0 (1) | PA; LA; QL (120 per 30 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| GAZYVA | \$0 (1) | B/D PA; MO |
| gefitinib | \$0 (1) | PA; MO; QL (30 per 30 days) |
| gemcitabine intravenous recon soln 1 gram, 200 mg | \$0 (1) | B/D PA; MO |
| gemcitabine intravenous recon soln 2 gram | \$0 (1) | B/D PA |
| gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) | \$0 (1) | B/D PA; MO |
| GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML | \$0 (1) | B/D PA |
| gengraf | \$0 (1) | B/D PA; MO |
| GILOTRIF | \$0 (1) | PA; MO; QL (30 per 30 days) |
| GLEOSTINE | \$0 (1) | MO |
| hydroxyurea | \$0 (1) | MO |
| IBRANCE | \$0 (1) | PA; MO; QL (21 per 28 days) |
| ICLUSIG | \$0 (1) | PA; QL (30 per 30 days) |
| idarubicin | \$0 (1) | B/D PA; MO |
| IDHIFA | \$0 (1) | PA; MO; LA; QL (30 per 30 days) |
| ifosfamide intravenous recon soln | \$0 (1) | B/D PA; MO |
| ifosfamide intravenous solution 1 gram/20 ml | \$0 (1) | B/D PA; MO |
| ifosfamide intravenous solution 3 gram/60 ml | \$0 (1) | B/D PA |
| imatinib oral tablet 100 mg | \$0 (1) | PA; MO; QL (180 per 30 days) |
| imatinib oral tablet 400 mg | \$0 (1) | PA; MO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | \$0 (1) | PA; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | \$0 (1) | PA; QL (30 per 30 days) |
| IMBRUVICA ORAL SUSPENSION | \$0 (1) | PA; QL (324 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | \$0 (1) | PA; QL (30 per 30 days) |
| IMDELLTRA | \$0 (1) | PA; MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| IMFINZI | \$0 (1) | B/D PA; MO; LA |
| IMJUDO | \$0 (1) | PA; MO |
| IMKELDI | \$0 (1) | PA; MO; QL (280 per 28 days) |
| INLYTA ORAL TABLET 1 MG | \$0 (1) | PA; MO; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | \$0 (1) | PA; MO; QL (120 per 30 days) |
| INQOVI | \$0 (1) | PA; MO; QL (5 per 28 days) |
| INREBIC | \$0 (1) | PA; MO; LA; QL (120 per 30 days) |
| <i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> | \$0 (1) | B/D PA; MO |
| <i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i> | \$0 (1) | B/D PA |
| ISTODAX | \$0 (1) | B/D PA; MO |
| ITOVEBI ORAL TABLET 3 MG | \$0 (1) | PA; MO; QL (60 per 30 days) |
| ITOVEBI ORAL TABLET 9 MG | \$0 (1) | PA; MO; QL (30 per 30 days) |
| IWILFIN | \$0 (1) | PA; LA; QL (240 per 30 days) |
| IXEMPRA | \$0 (1) | B/D PA; MO |
| JAKAFI | \$0 (1) | PA; MO; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | \$0 (1) | PA; MO; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | \$0 (1) | PA; MO; QL (30 per 30 days) |
| JEMPERLI | \$0 (1) | PA; MO |
| JEVTANA | \$0 (1) | B/D PA; MO |
| JYLAMVO | \$0 (1) | B/D PA; MO |
| KADCYLA | \$0 (1) | PA; MO |
| KEYTRUDA | \$0 (1) | PA; MO |
| KIMMTRAK | \$0 (1) | B/D PA |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | \$0 (1) | PA; QL (70 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | \$0 (1) | PA; QL (91 per 28 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | \$0 (1) | PA; MO; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | \$0 (1) | PA; MO; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | \$0 (1) | PA; MO; QL (63 per 28 days) |
| KOSELUGO | \$0 (1) | PA |
| KRAZATI | \$0 (1) | PA; QL (180 per 30 days) |
| KYPROLIS | \$0 (1) | B/D PA |
| <i>Ianreotide subcutaneous syringe 120 mg/0.5 ml</i> | \$0 (1) | PA; MO |
| <i>lapatinib</i> | \$0 (1) | PA; MO; QL (180 per 30 days) |
| LAZCLUZE ORAL TABLET 240 MG | \$0 (1) | PA; LA; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | \$0 (1) | PA; LA; QL (60 per 30 days) |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i> | \$0 (1) | PA; MO; QL (28 per 28 days) |
| <i>lenalidomide oral capsule 2.5 mg, 20 mg</i> | \$0 (1) | PA; QL (28 per 28 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG | \$0 (1) | 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) | \$0 (1) | 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) | \$0 (1) | PA; MO; QL (60 per 30 days) |
| <i>letrozole</i> | \$0 (1) | MO |
| <i>leuprolide subcutaneous kit</i> | \$0 (1) | PA; MO |
| LIBTAYO | \$0 (1) | PA; LA |
| LONSURF | \$0 (1) | PA; MO |
| LOQTORZI | \$0 (1) | PA; MO |
| LORBRENA ORAL TABLET 100 MG | \$0 (1) | PA; MO; QL (30 per 30 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| LORBRENA ORAL TABLET 25 MG | \$0 (1) | PA; MO; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | \$0 (1) | PA; MO; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | \$0 (1) | PA; MO; QL (120 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | \$0 (1) | PA; MO; QL (90 per 30 days) |
| LUNSUMIO | \$0 (1) | PA; MO |
| LUPRON DEPOT | \$0 (1) | PA; MO |
| LYNPARZA | \$0 (1) | PA; MO; QL (120 per 30 days) |
| LYSODREN | \$0 (1) | |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3) | \$0 (1) | PA; LA; QL (84 per 28 days) |
| LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4) | \$0 (1) | PA; LA; QL (112 per 28 days) |
| LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5) | \$0 (1) | PA; LA; QL (140 per 28 days) |
| MARGENZA | \$0 (1) | B/D PA |
| MATULANE | \$0 (1) | |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml)</i> | \$0 (1) | PA |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i> | \$0 (1) | PA; MO |
| <i>megestrol oral tablet</i> | \$0 (1) | PA; MO |
| MEKINIST ORAL RECON SOLN | \$0 (1) | PA; MO; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | \$0 (1) | PA; MO; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | \$0 (1) | PA; MO; QL (30 per 30 days) |
| MEKTOVI | \$0 (1) | PA; MO; LA; QL (180 per 30 days) |
| <i>melphalan hcl</i> | \$0 (1) | B/D PA |
| <i>mercaptopurine oral tablet</i> | \$0 (1) | MO |
| <i>methotrexate sodium</i> | \$0 (1) | B/D PA; MO |
| <i>methotrexate sodium (pf) injection recon soln</i> | \$0 (1) | B/D PA |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>methotrexate sodium (pf) injection solution</i> | \$0 (1) | B/D PA; MO |
| <i>mitomycin intravenous</i> | \$0 (1) | B/D PA; MO |
| <i>mitoxantrone</i> | \$0 (1) | B/D PA; MO |
| <i>MONJUVI</i> | \$0 (1) | PA; LA |
| <i>mycophenolate mofetil</i> | \$0 (1) | B/D PA; MO |
| <i>mycophenolate mofetil (hcl)</i> | \$0 (1) | B/D PA; MO |
| <i>mycophenolate sodium</i> | \$0 (1) | B/D PA; MO |
| <i>MYHIBBIN</i> | \$0 (1) | B/D PA; MO |
| <i>MYLOTARG</i> | \$0 (1) | B/D PA; MO; LA |
| <i>nelarabine</i> | \$0 (1) | B/D PA; MO |
| <i>NERLYNX</i> | \$0 (1) | PA; MO; LA |
| <i>nilutamide</i> | \$0 (1) | PA; MO |
| <i>NINLARO</i> | \$0 (1) | PA; MO; QL (3 per 28 days) |
| <i>NUBEQA</i> | \$0 (1) | PA; MO; LA; QL (120 per 30 days) |
| <i>NULOJIX</i> | \$0 (1) | B/D PA; MO |
| <i>octreotide acetate</i> | \$0 (1) | PA; MO |
| <i>octreotide,microspheres</i> | \$0 (1) | PA |
| <i>ODOMZO</i> | \$0 (1) | PA; MO; LA; QL (30 per 30 days) |
| <i>OGSIVEO ORAL TABLET 100 MG, 150 MG</i> | \$0 (1) | PA; QL (56 per 28 days) |
| <i>OGSIVEO ORAL TABLET 50 MG</i> | \$0 (1) | PA; QL (180 per 30 days) |
| <i>OJEMDA ORAL SUSPENSION FOR RECONSTITUTION</i> | \$0 (1) | PA; QL (96 per 28 days) |
| <i>OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)</i> | \$0 (1) | PA; QL (16 per 28 days) |
| <i>OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)</i> | \$0 (1) | PA; QL (20 per 28 days) |
| <i>OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)</i> | \$0 (1) | PA; QL (24 per 28 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| OJJAARA | \$0 (1) | PA; QL (30 per 30 days) |
| ONCASPAR | \$0 (1) | B/D PA |
| ONIVYDE | \$0 (1) | B/D PA |
| ONUREG | \$0 (1) | PA; MO; QL (14 per 28 days) |
| OPDIVO | \$0 (1) | PA; MO |
| OPDUALAG | \$0 (1) | PA; MO |
| ORGOVYX | \$0 (1) | PA; LA; QL (30 per 28 days) |
| ORSERDU ORAL TABLET 345 MG | \$0 (1) | PA; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | \$0 (1) | PA; QL (90 per 30 days) |
| <i>oxaliplatin intravenous recon soln 100 mg</i> | \$0 (1) | B/D PA |
| <i>oxaliplatin intravenous recon soln 50 mg</i> | \$0 (1) | B/D PA; MO |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i> | \$0 (1) | B/D PA; MO |
| <i>oxaliplatin intravenous solution 200 mg/40 ml</i> | \$0 (1) | B/D PA |
| <i>paclitaxel</i> | \$0 (1) | B/D PA; MO |
| <i>paclitaxel protein-bound</i> | \$0 (1) | B/D PA; MO |
| PADCEV | \$0 (1) | PA; MO |
| <i>paraplatin</i> | \$0 (1) | B/D PA |
| <i>pazopanib</i> | \$0 (1) | PA; MO; QL (120 per 30 days) |
| PEMAZYRE | \$0 (1) | PA; LA; QL (28 per 28 days) |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg</i> | \$0 (1) | B/D PA; MO |
| <i>pemetrexed disodium intravenous recon soln 750 mg</i> | \$0 (1) | B/D PA |
| PERJETA | \$0 (1) | B/D PA; MO |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X1) | \$0 (1) | PA; MO; QL (28 per 28 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | \$0 (1) | PA; MO; QL (56 per 28 days) |
| POLIVY | \$0 (1) | PA; MO |
| POMALYST | \$0 (1) | PA; MO; LA; QL (21 per 28 days) |
| PORTRAZZA | \$0 (1) | B/D PA; MO |
| POTELIGEO | \$0 (1) | PA |
| PRALATREXATE | \$0 (1) | B/D PA; MO |
| PROGRAF INTRAVENOUS | \$0 (1) | B/D PA; MO |
| PROGRAF ORAL GRANULES IN PACKET | \$0 (1) | B/D PA; MO |
| PURIXAN | \$0 (1) | |
| QINLOCK | \$0 (1) | PA; LA; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | \$0 (1) | PA; MO; LA; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | \$0 (1) | PA; MO; LA; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | \$0 (1) | PA; MO; LA; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | \$0 (1) | PA; MO; LA; QL (90 per 30 days) |
| REVLIMID | \$0 (1) | PA; MO; LA; QL (28 per 28 days) |
| REVUFORJ | \$0 (1) | PA; QL (60 per 30 days) |
| REZLIDHIA | \$0 (1) | PA; QL (60 per 30 days) |
| REZUROCK | \$0 (1) | PA; LA; QL (30 per 30 days) |
| <i>romidepsin intravenous recon soln</i> | \$0 (1) | B/D PA |
| ROZLYTREK ORAL CAPSULE 100 MG | \$0 (1) | PA; MO; QL (150 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | \$0 (1) | PA; MO; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET | \$0 (1) | PA; MO; QL (336 per 28 days) |

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



This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| RUBRACA | \$0 (1) | PA; MO; LA; QL (120 per 30 days) |
| RUXIENCE | \$0 (1) | PA; MO |
| RYBREVANT | \$0 (1) | PA; MO |
| RYDAPT | \$0 (1) | PA; MO; QL (224 per 28 days) |
| RYLAZE | \$0 (1) | B/D PA |
| RYTELO | \$0 (1) | PA |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON | \$0 (1) | PA; MO |
| SARCLISA | \$0 (1) | PA; LA |
| SCEMBLIX ORAL TABLET 100 MG | \$0 (1) | PA; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | \$0 (1) | PA; QL (600 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | \$0 (1) | PA; QL (300 per 30 days) |
| SIGNIFOR | \$0 (1) | PA |
| SIMULECT | \$0 (1) | B/D PA; MO |
| <i>sirolimus</i> | \$0 (1) | B/D PA; MO |
| SOLTAMOX | \$0 (1) | MO |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML | \$0 (1) | PA; MO |
| <i>sorafenib</i> | \$0 (1) | PA; MO; QL (120 per 30 days) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG | \$0 (1) | PA; MO; QL (30 per 30 days) |
| SPRYCEL ORAL TABLET 20 MG, 70 MG | \$0 (1) | PA; MO; QL (60 per 30 days) |
| STIVARGA | \$0 (1) | PA; MO; QL (84 per 28 days) |
| <i>sunitinib malate</i> | \$0 (1) | PA; MO; QL (30 per 30 days) |
| SYLVANT | \$0 (1) | B/D PA; MO |
| TABRECTA | \$0 (1) | PA; MO |
| <i>tacrolimus oral capsule</i> | \$0 (1) | B/D PA; MO |
| TAFINLAR ORAL CAPSULE | \$0 (1) | PA; MO; QL (120 per 30 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| TAFINLAR ORAL TABLET FOR SUSPENSION | \$0 (1) | PA; MO; QL (840 per 28 days) |
| TAGRISSO | \$0 (1) | PA; MO; LA; QL (30 per 30 days) |
| TALVEY | \$0 (1) | PA |
| TALZENNA | \$0 (1) | PA; MO; QL (30 per 30 days) |
| <i>tamoxifen</i> | \$0 (1) | MO |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | \$0 (1) | PA; MO; QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | \$0 (1) | PA; MO; QL (120 per 30 days) |
| TAZVERIK | \$0 (1) | PA; LA |
| TECENTRIQ | \$0 (1) | B/D PA; MO; LA |
| TECENTRIQ HYBREZA | \$0 (1) | B/D PA; MO; LA |
| TECVAYLI | \$0 (1) | PA |
| TEMODAR INTRAVENOUS | \$0 (1) | B/D PA; MO |
| <i>temsirolimus</i> | \$0 (1) | B/D PA; MO |
| TEPMETKO | \$0 (1) | PA; LA |
| TEVIMBRA | \$0 (1) | PA |
| THALOMID ORAL CAPSULE 100 MG | \$0 (1) | PA; MO; QL (112 per 28 days) |
| THALOMID ORAL CAPSULE 50 MG | \$0 (1) | PA; MO; QL (28 per 28 days) |
| <i>thiotepa injection recon soln 100 mg</i> | \$0 (1) | B/D PA |
| <i>thiotepa injection recon soln 15 mg</i> | \$0 (1) | B/D PA; MO |
| TIBSOVO | \$0 (1) | PA |
| TIVDAK | \$0 (1) | PA; MO |
| <i>topotecan</i> | \$0 (1) | B/D PA; MO |
| <i>toremifene</i> | \$0 (1) | MO |
| <i>torpenz</i> | \$0 (1) | PA; QL (30 per 30 days) |
| TRAZIMERA | \$0 (1) | B/D PA; MO |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | \$0 (1) | PA; MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------------|---|--|
| tretinoin (antineoplastic) | \$0 (1) | MO |
| TRODELVY | \$0 (1) | PA; LA |
| TRUQAP | \$0 (1) | PA; QL (64 per 28 days) |
| TUKYSA ORAL TABLET 150 MG | \$0 (1) | PA; LA; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | \$0 (1) | PA; LA; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG | \$0 (1) | PA; LA; QL (120 per 30 days) |
| UNITUXIN | \$0 (1) | B/D PA |
| valrubicin | \$0 (1) | B/D PA; MO |
| VANFLYTA | \$0 (1) | PA; QL (56 per 28 days) |
| VECTIBIX | \$0 (1) | B/D PA; MO |
| VENCLEXTA ORAL TABLET 10 MG | \$0 (1) | PA; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | \$0 (1) | PA; LA; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | \$0 (1) | PA; LA; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK | \$0 (1) | PA; LA; QL (42 per 180 days) |
| VERZENIO | \$0 (1) | PA; MO; LA; QL (60 per 30 days) |
| vinblastine | \$0 (1) | B/D PA; MO |
| vincristine | \$0 (1) | B/D PA; MO |
| vinorelbine | \$0 (1) | B/D PA; MO |
| VITRAKVI ORAL CAPSULE 100 MG | \$0 (1) | PA; MO; LA; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | \$0 (1) | PA; MO; LA; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION | \$0 (1) | PA; MO; LA; QL (300 per 30 days) |
| VIZIMPRO | \$0 (1) | PA; MO; QL (30 per 30 days) |
| VONJO | \$0 (1) | PA; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG | \$0 (1) | PA; QL (60 per 30 days) |
| VORANIGO ORAL TABLET 40 MG | \$0 (1) | PA; QL (30 per 30 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| VYLOY | \$0 (1) | PA; LA |
| VYXEOS | \$0 (1) | B/D PA |
| WELIREG | \$0 (1) | PA; LA |
| XALKORI ORAL CAPSULE | \$0 (1) | PA; MO; QL (60 per 30 days) |
| XALKORI ORAL PELLET 150 MG | \$0 (1) | PA; MO; QL (180 per 30 days) |
| XALKORI ORAL PELLET 20 MG, 50 MG | \$0 (1) | PA; MO; QL (120 per 30 days) |
| XERMELO | \$0 (1) | PA; LA; QL (84 per 28 days) |
| XOSPATA | \$0 (1) | PA; LA; QL (90 per 30 days) |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | \$0 (1) | PA; LA |
| XTANDI ORAL CAPSULE | \$0 (1) | PA; MO; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | \$0 (1) | PA; MO; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | \$0 (1) | PA; MO; QL (60 per 30 days) |
| YEROVY | \$0 (1) | B/D PA; MO |
| YONDELIS | \$0 (1) | B/D PA |
| ZALTRAP | \$0 (1) | B/D PA; MO |
| ZANOSAR | \$0 (1) | B/D PA; MO |
| ZEJULA ORAL TABLET | \$0 (1) | PA; MO; LA; QL (30 per 30 days) |
| ZELBORA | \$0 (1) | PA; MO; QL (240 per 30 days) |
| ZEPZELCA | \$0 (1) | PA |
| ZIIHERA | \$0 (1) | PA |
| ZIRABEV | \$0 (1) | B/D PA; MO |
| ZOLADEX | \$0 (1) | PA; MO |
| ZOLINZA | \$0 (1) | PA; MO; QL (120 per 30 days) |
| ZYDELIG | \$0 (1) | PA; MO; QL (60 per 30 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ZYKADIA | \$0 (1) | PA; MO; QL (90 per 30 days) |
| ZYNLONTA | \$0 (1) | PA; LA |
| ZYNYZ | \$0 (1) | PA; MO |
| AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH | | |
| ANTICONVULSANTS | | |
| APTIOM ORAL TABLET 200 MG | \$0 (1) | MO; QL (180 per 30 days) |
| APTIOM ORAL TABLET 400 MG | \$0 (1) | MO; QL (90 per 30 days) |
| APTIOM ORAL TABLET 600 MG, 800 MG | \$0 (1) | MO; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS | \$0 (1) | MO; QL (600 per 30 days) |
| BRIVIACT ORAL SOLUTION | \$0 (1) | MO; QL (600 per 30 days) |
| BRIVIACT ORAL TABLET | \$0 (1) | MO; QL (60 per 30 days) |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i> | \$0 (1) | MO |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | \$0 (1) | MO |
| <i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i> | \$0 (1) | |
| <i>carbamazepine oral tablet</i> | \$0 (1) | MO |
| <i>carbamazepine oral tablet extended release 12 hr</i> | \$0 (1) | MO |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | \$0 (1) | MO |
| <i>clobazam oral suspension</i> | \$0 (1) | PA; MO; QL (480 per 30 days) |
| <i>clobazam oral tablet</i> | \$0 (1) | PA; MO; QL (60 per 30 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> | \$0 (1) | MO; QL (90 per 30 days) |
| <i>clonazepam oral tablet 2 mg</i> | \$0 (1) | MO; QL (300 per 30 days) |
| <i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | \$0 (1) | MO; QL (90 per 30 days) |
| <i>clonazepam oral tablet,disintegrating 2 mg</i> | \$0 (1) | MO; QL (300 per 30 days) |
| DIACOMIT | \$0 (1) | PA; LA |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>diazepam rectal</i> | \$0 (1) | MO |
| DILANTIN 30 MG | \$0 (1) | MO |
| <i>divalproex</i> | \$0 (1) | MO |
| EPIDIOLEX | \$0 (1) | PA; MO; LA |
| <i>epitol</i> | \$0 (1) | MO |
| EPRONTIA | \$0 (1) | PA; MO |
| <i>ethosuximide</i> | \$0 (1) | MO |
| <i>felbamate</i> | \$0 (1) | MO |
| FINTEPLA | \$0 (1) | PA; LA; QL (360 per 30 days) |
| <i>fosphenytoin</i> | \$0 (1) | MO |
| FYCOMPA ORAL SUSPENSION | \$0 (1) | MO; QL (720 per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG | \$0 (1) | MO; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG | \$0 (1) | MO; QL (60 per 30 days) |
| <i> gabapentin oral capsule 100 mg, 400 mg</i> | \$0 (1) | MO; QL (270 per 30 days) |
| <i> gabapentin oral capsule 300 mg</i> | \$0 (1) | MO; QL (360 per 30 days) |
| <i> gabapentin oral solution 250 mg/5 ml</i> | \$0 (1) | MO; QL (2160 per 30 days) |
| <i> gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i> | \$0 (1) | QL (2160 per 30 days) |
| <i> gabapentin oral tablet 600 mg</i> | \$0 (1) | MO; QL (180 per 30 days) |
| <i> gabapentin oral tablet 800 mg</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i> gabapentin oral tablet extended release 24 hr 300 mg</i> | \$0 (1) | PA; MO; QL (30 per 30 days) |
| <i> gabapentin oral tablet extended release 24 hr 600 mg</i> | \$0 (1) | PA; MO; QL (90 per 30 days) |
| <i> lacosamide intravenous</i> | \$0 (1) | MO; QL (1200 per 30 days) |
| <i> lacosamide oral solution</i> | \$0 (1) | MO; QL (1200 per 30 days) |
| <i> lacosamide oral tablet 100 mg, 150 mg, 200 mg</i> | \$0 (1) | MO; QL (60 per 30 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>lacosamide oral tablet 50 mg</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i>lamotrigine oral tablet</i> | \$0 (1) | MO |
| <i>lamotrigine oral tablet, chewable dispersible</i> | \$0 (1) | MO |
| <i>lamotrigine oral tablet, disintegrating</i> | \$0 (1) | MO |
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i> | \$0 (1) | MO |
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i> | \$0 (1) | |
| <i>levetiracetam intravenous</i> | \$0 (1) | MO |
| <i>levetiracetam oral solution 100 mg/ml</i> | \$0 (1) | MO |
| <i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i> | \$0 (1) | |
| <i>levetiracetam oral tablet</i> | \$0 (1) | MO |
| <i>levetiracetam oral tablet extended release 24 hr</i> | \$0 (1) | MO |
| LIBERVANT | \$0 (1) | PA; MO; QL (10 per 30 days) |
| <i>methsuximide</i> | \$0 (1) | MO |
| NAYZILAM | \$0 (1) | PA; MO; QL (10 per 30 days) |
| <i>oxcarbazepine oral suspension</i> | \$0 (1) | MO |
| <i>oxcarbazepine oral tablet</i> | \$0 (1) | MO |
| <i>phenobarbital oral elixir</i> | \$0 (1) | PA; MO |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i> | \$0 (1) | PA |
| <i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i> | \$0 (1) | PA; MO |
| <i>phenobarbital sodium injection solution 130 mg/ml</i> | \$0 (1) | MO |
| <i>phenobarbital sodium injection solution 65 mg/ml</i> | \$0 (1) | |
| <i>phenytoin oral suspension 100 mg/4 ml</i> | \$0 (1) | |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>phenytoin oral suspension 125 mg/5 ml</i> | \$0 (1) | MO |
| <i>phenytoin oral tablet, chewable</i> | \$0 (1) | MO |
| <i>phenytoin sodium extended oral capsule 100 mg</i> | \$0 (1) | MO |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> | \$0 (1) | |
| <i>phenytoin sodium intravenous solution</i> | \$0 (1) | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> | \$0 (1) | MO; QL (90 per 30 days) |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>pregabalin oral solution</i> | \$0 (1) | MO; QL (900 per 30 days) |
| PRIMIDONE ORAL TABLET 125 MG | \$0 (1) | MO |
| <i>primidone oral tablet 250 mg, 50 mg</i> | \$0 (1) | MO |
| <i>roweepra oral tablet 500 mg</i> | \$0 (1) | MO |
| <i>rufinamide</i> | \$0 (1) | PA; MO |
| SPRITAM | \$0 (1) | MO |
| <i>subvenite</i> | \$0 (1) | MO |
| SYMPAZAN | \$0 (1) | PA; MO; QL (60 per 30 days) |
| <i>tiagabine</i> | \$0 (1) | MO |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> | \$0 (1) | PA; MO |
| <i>topiramate oral tablet</i> | \$0 (1) | PA; MO |
| <i>valproate sodium</i> | \$0 (1) | MO |
| <i>valproic acid</i> | \$0 (1) | MO |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | \$0 (1) | MO |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i> | \$0 (1) | |
| VALTOCO | \$0 (1) | PA; MO; QL (10 per 30 days) |
| <i>vigabatrin</i> | \$0 (1) | PA; MO; LA |
| <i>vigadron</i> | \$0 (1) | PA; LA |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| vigpoder | \$0 (1) | PA; LA |
| XCOPRI MAINTENANCE PACK | \$0 (1) | MO; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | \$0 (1) | MO; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | \$0 (1) | MO; QL (60 per 30 days) |
| XCOPRI TITRATION PACK | \$0 (1) | MO; QL (28 per 180 days) |
| ZONISADE | \$0 (1) | PA; MO |
| zonisamide | \$0 (1) | PA; MO |
| ZTALMY | \$0 (1) | PA; LA; QL (1100 per 30 days) |
| ANTIPARKINSONISM AGENTS | | |
| benztropine injection | \$0 (1) | MO |
| benztropine oral | \$0 (1) | PA; MO |
| bromocriptine | \$0 (1) | MO |
| carbidopa | \$0 (1) | MO |
| carbidopa-levodopa | \$0 (1) | MO |
| carbidopa-levodopa-entacapone | \$0 (1) | MO |
| entacapone | \$0 (1) | MO |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE | \$0 (1) | PA; QL (300 per 30 days) |
| NEUPRO | \$0 (1) | MO |
| pramipexole oral tablet | \$0 (1) | MO |
| rasagiline | \$0 (1) | MO |
| ropinirole | \$0 (1) | MO |
| selegiline hcl | \$0 (1) | MO |
| trihexyphenidyl oral tablet | \$0 (1) | MO |
| MIGRAINE / CLUSTER HEADACHE THERAPY | | |
| AIMOVIG AUTOINJECTOR | \$0 (1) | PA; MO; QL (1 per 30 days) |
| dihydroergotamine injection | \$0 (1) | |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>dihydroergotamine nasal</i> | \$0 (1) | QL (8 per 28 days) |
| EMGALITY PEN | \$0 (1) | PA; MO; QL (2 per 30 days) |
| EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML | \$0 (1) | PA; MO; QL (2 per 30 days) |
| <i>ergotamine-caffeine</i> | \$0 (1) | MO |
| <i>naratriptan</i> | \$0 (1) | MO; QL (18 per 28 days) |
| NURTEC ODT | \$0 (1) | PA; QL (16 per 30 days) |
| QULIPTA | \$0 (1) | PA; MO; QL (30 per 30 days) |
| <i>rizatriptan</i> | \$0 (1) | MO; QL (24 per 28 days) |
| <i>sumatriptan</i> | \$0 (1) | MO; QL (18 per 28 days) |
| <i>sumatriptan succinate oral</i> | \$0 (1) | MO; QL (18 per 28 days) |
| <i>sumatriptan succinate subcutaneous cartridge</i> | \$0 (1) | QL (8 per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> | \$0 (1) | QL (8 per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> | \$0 (1) | MO; QL (8 per 28 days) |
| <i>sumatriptan succinate subcutaneous solution</i> | \$0 (1) | MO; QL (8 per 28 days) |
| UBRELVY | \$0 (1) | PA; QL (20 per 30 days) |

MISCELLANEOUS NEUROLOGICAL THERAPY

| | | |
|---|---------|------------------------------|
| AUSTEDO ORAL TABLET 12 MG, 9 MG | \$0 (1) | PA; MO; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | \$0 (1) | PA; MO; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | \$0 (1) | PA; MO; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG | \$0 (1) | PA; MO; QL (30 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG | \$0 (1) | PA; MO; QL (60 per 30 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG | \$0 (1) | 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 | \$0 (1) | PA; MO; QL (28 per 180 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) | \$0 (1) | PA; QL (42 per 180 days) |
| BRIUMVI | \$0 (1) | PA; MO; QL (24 per 180 days) |
| dalfampridine | \$0 (1) | PA; MO; QL (60 per 30 days) |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> | \$0 (1) | PA; MO; QL (56 per 28 days) |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> | \$0 (1) | PA; MO; QL (120 per 180 days) |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> | \$0 (1) | PA; MO; QL (60 per 30 days) |
| donepezil | \$0 (1) | MO |
| fingolimod | \$0 (1) | PA; MO; QL (30 per 30 days) |
| galantamine | \$0 (1) | MO |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> | \$0 (1) | PA; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> | \$0 (1) | PA; QL (12 per 28 days) |
| <i>glatopa subcutaneous syringe 20 mg/ml</i> | \$0 (1) | PA; MO; QL (30 per 30 days) |
| <i>glatopa subcutaneous syringe 40 mg/ml</i> | \$0 (1) | PA; MO; QL (12 per 28 days) |
| INGREZZA | \$0 (1) | PA; LA; QL (30 per 30 days) |
| INGREZZA INITIATION PK(TARDIV) | \$0 (1) | PA; LA; QL (28 per 180 days) |
| INGREZZA SPRINKLE | \$0 (1) | PA; LA; QL (30 per 30 days) |
| KESIMPTA PEN | \$0 (1) | PA; MO; QL (1.6 per 28 days) |
| <i>memantine oral capsule,sprinkle,er 24hr</i> | \$0 (1) | PA; MO |
| <i>memantine oral solution</i> | \$0 (1) | PA; MO |
| <i>memantine oral tablet</i> | \$0 (1) | PA; MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 28-10 mg | \$0 (1) | PA; MO |
| memantine-donepezil oral capsule,sprinkle,er 24hr 21-10 mg | \$0 (1) | PA |
| NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK | \$0 (1) | PA |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR | \$0 (1) | PA; MO |
| NUEDEXTA | \$0 (1) | PA; MO |
| RADICAVA ORS | \$0 (1) | PA; MO |
| RADICAVA ORS STARTER KIT SUSP | \$0 (1) | PA; MO |
| rivastigmine | \$0 (1) | MO |
| rivastigmine tartrate | \$0 (1) | MO |
| teriflunomide | \$0 (1) | PA; MO; QL (30 per 30 days) |
| tetrabenazine oral tablet 12.5 mg | \$0 (1) | PA; MO; QL (240 per 30 days) |
| tetrabenazine oral tablet 25 mg | \$0 (1) | PA; MO; QL (120 per 30 days) |
| VUMERTY | \$0 (1) | PA; MO; QL (120 per 30 days) |
| ZEPOSIA | \$0 (1) | PA; MO; QL (30 per 30 days) |
| ZEPOSIA STARTER KIT (28-DAY) | \$0 (1) | PA; MO; QL (28 per 180 days) |
| ZEPOSIA STARTER PACK (7-DAY) | \$0 (1) | PA; MO; QL (7 per 180 days) |
| MUSCLE RELAXANTS / ANTISPASMODIC THERAPY | | |
| baclofen oral tablet | \$0 (1) | MO |
| cyclobenzaprine oral tablet 10 mg, 5 mg | \$0 (1) | PA; MO |
| dantrolene intravenous | \$0 (1) | |
| dantrolene oral | \$0 (1) | MO |
| pyridostigmine bromide oral tablet 60 mg | \$0 (1) | MO |
| pyridostigmine bromide oral tablet extended release | \$0 (1) | MO |
| revonto | \$0 (1) | |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| tizanidine oral tablet | \$0 (1) | MO |
| VYVGART | \$0 (1) | PA; MO; LA |
| VYVGART HYTRULO | \$0 (1) | PA; MO; LA |
| NARCOTIC ANALGESICS | | |
| acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml | \$0 (1) | QL (4500 per 30 days) |
| acetaminophen-codeine oral solution 120-12 mg/5 ml | \$0 (1) | MO; QL (4500 per 30 days) |
| acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg | \$0 (1) | MO; QL (360 per 30 days) |
| acetaminophen-codeine oral tablet 300-60 mg | \$0 (1) | MO; QL (180 per 30 days) |
| BELBUCA | \$0 (1) | PA; MO; QL (60 per 30 days) |
| buprenorphine hcl injection syringe | \$0 (1) | |
| buprenorphine hcl sublingual | \$0 (1) | MO |
| buprenorphine transdermal patch | \$0 (1) | PA; MO; QL (4 per 28 days) |
| endocet | \$0 (1) | MO; QL (360 per 30 days) |
| fentanyl citrate (pf) injection solution | \$0 (1) | |
| fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml) | \$0 (1) | |
| fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg | \$0 (1) | PA; MO; QL (120 per 30 days) |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | \$0 (1) | PA; MO; QL (10 per 30 days) |
| hydrocodone-acetaminophen oral solution 10-325 mg/15 ml | \$0 (1) | QL (5550 per 30 days) |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml | \$0 (1) | MO; QL (5550 per 30 days) |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | \$0 (1) | MO; QL (360 per 30 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| hydrocodone-acetaminophen oral tablet 2.5-325 mg | \$0 (1) | QL (360 per 30 days) |
| hydrocodone-ibuprofen oral tablet 7.5-200 mg | \$0 (1) | MO; QL (50 per 30 days) |
| hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml | \$0 (1) | |
| hydromorphone injection solution 2 mg/ml | \$0 (1) | MO |
| hydromorphone injection syringe 1 mg/ml, 4 mg/ml | \$0 (1) | MO |
| hydromorphone injection syringe 2 mg/ml | \$0 (1) | |
| hydromorphone oral liquid | \$0 (1) | MO; QL (2400 per 30 days) |
| hydromorphone oral tablet | \$0 (1) | MO; QL (180 per 30 days) |
| hydromorphone oral tablet extended release 24 hr | \$0 (1) | PA; MO; QL (60 per 30 days) |
| methadone injection solution | \$0 (1) | |
| methadone intensol | \$0 (1) | PA; MO; QL (90 per 30 days) |
| methadone oral concentrate | \$0 (1) | PA; QL (90 per 30 days) |
| methadone oral solution 10 mg/5 ml | \$0 (1) | PA; MO; QL (600 per 30 days) |
| methadone oral solution 5 mg/5 ml | \$0 (1) | PA; MO; QL (1200 per 30 days) |
| methadone oral tablet 10 mg | \$0 (1) | PA; MO; QL (120 per 30 days) |
| methadone oral tablet 5 mg | \$0 (1) | PA; MO; QL (240 per 30 days) |
| methadose oral concentrate | \$0 (1) | PA; MO; QL (90 per 30 days) |
| morphine (pf) injection solution 0.5 mg/ml | \$0 (1) | |
| morphine (pf) injection solution 1 mg/ml | \$0 (1) | MO |
| morphine concentrate oral solution | \$0 (1) | MO; QL (900 per 30 days) |
| morphine injection syringe 4 mg/ml | \$0 (1) | MO |
| morphine intravenous solution 10 mg/ml, 4 mg/ml | \$0 (1) | MO |
| morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml | \$0 (1) | |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>morphine oral solution</i> | \$0 (1) | MO; QL (900 per 30 days) |
| <i>morphine oral tablet</i> | \$0 (1) | MO; QL (180 per 30 days) |
| <i>morphine oral tablet extended release</i> | \$0 (1) | PA; MO; QL (120 per 30 days) |
| <i>oxycodone oral capsule</i> | \$0 (1) | MO; QL (360 per 30 days) |
| <i>oxycodone oral concentrate</i> | \$0 (1) | MO; QL (180 per 30 days) |
| <i>oxycodone oral solution</i> | \$0 (1) | MO; QL (1200 per 30 days) |
| <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i> | \$0 (1) | MO; QL (180 per 30 days) |
| <i>oxycodone oral tablet 5 mg</i> | \$0 (1) | MO; QL (360 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | \$0 (1) | MO; QL (360 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i> | \$0 (1) | QL (360 per 30 days) |
| OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG | \$0 (1) | PA; MO; QL (90 per 30 days) |
| OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG | \$0 (1) | PA; MO; QL (60 per 30 days) |
| SUBLIMAZE | \$0 (1) | MO |
| NON-NARCOTIC ANALGESICS | | |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg</i> | \$0 (1) | MO; QL (360 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i> | \$0 (1) | MO; QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i> | \$0 (1) | MO; QL (360 per 30 days) |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i> | \$0 (1) | MO; QL (90 per 30 days) |
| <i>butorphanol injection</i> | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>butorphanol nasal</i> | \$0 (1) | MO; QL (10 per 28 days) |
| <i>celecoxib</i> | \$0 (1) | MO |
| <i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i> | \$0 (1) | |
| <i>diclofenac potassium oral tablet 50 mg</i> | \$0 (1) | MO |
| <i>diclofenac sodium oral</i> | \$0 (1) | MO |
| <i>diclofenac sodium topical gel 1 %</i> | \$0 (1) | MO; QL (1000 per 28 days) |
| <i>diclofenac sodium topical solution in metered-dose pump</i> | \$0 (1) | MO; QL (224 per 28 days) |
| <i>diclofenac-misoprostol</i> | \$0 (1) | MO |
| <i>diflunisal</i> | \$0 (1) | MO |
| <i>etodolac</i> | \$0 (1) | MO |
| <i>flurbiprofen oral tablet 100 mg</i> | \$0 (1) | MO |
| <i>ibu</i> | \$0 (1) | MO |
| <i>ibuprofen oral suspension</i> | \$0 (1) | MO |
| <i>ibuprofen oral tablet 400 mg, 800 mg</i> | \$0 (1) | MO |
| <i>ibuprofen oral tablet 600 mg</i> | \$0 (1) | |
| <i>meloxicam oral tablet</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>nabumetone</i> | \$0 (1) | MO |
| <i>nalbuphine</i> | \$0 (1) | |
| <i>naloxone injection solution</i> | \$0 (1) | MO |
| <i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i> | \$0 (1) | |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i> | \$0 (1) | MO |
| <i>naloxone nasal</i> | \$0 (1) | MO |
| <i>naltrexone</i> | \$0 (1) | MO |
| <i>naproxen oral tablet</i> | \$0 (1) | MO |
| <i>naproxen oral tablet, delayed release (dr/ec)</i> | \$0 (1) | MO |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| oxaprozin oral tablet | \$0 (1) | MO |
| piroxicam | \$0 (1) | MO |
| salsalate | \$0 (1) | MO |
| sulindac | \$0 (1) | MO |
| tramadol oral tablet 50 mg | \$0 (1) | MO; QL (240 per 30 days) |
| tramadol-acetaminophen | \$0 (1) | MO; QL (240 per 30 days) |
| VIVITROL | \$0 (1) | MO |
| 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 | \$0 (1) | MO; QL (30 per 30 days) |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG | \$0 (1) | MO; QL (60 per 30 days) |
| PSYCHOTHERAPEUTIC DRUGS | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | \$0 (1) | MO; QL (2.4 per 56 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | \$0 (1) | MO; QL (3.2 per 56 days) |
| ABILIFY MAINTENA | \$0 (1) | MO; QL (1 per 28 days) |
| amitriptyline | \$0 (1) | MO |
| amoxapine | \$0 (1) | MO |
| ariPIPRAZOLE oral solution | \$0 (1) | MO |
| ariPIPRAZOLE oral tablet | \$0 (1) | MO; QL (30 per 30 days) |
| ariPIPRAZOLE oral tablet,disintegrating | \$0 (1) | MO; QL (60 per 30 days) |
| ARISTADA INITIO | \$0 (1) | MO; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | \$0 (1) | MO; QL (3.9 per 56 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | \$0 (1) | MO; QL (1.6 per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | \$0 (1) | MO; QL (2.4 per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | \$0 (1) | MO; QL (3.2 per 28 days) |
| <i>armodafinil</i> | \$0 (1) | PA; MO; QL (30 per 30 days) |
| <i>asenapine maleate</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> | \$0 (1) | MO; QL (30 per 30 days) |
| AUVELITY | \$0 (1) | ST; QL (60 per 30 days) |
| BELSOMRA | \$0 (1) | PA; QL (30 per 30 days) |
| <i>bupropion hcl oral tablet</i> | \$0 (1) | MO |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg</i> | \$0 (1) | MO; QL (90 per 30 days) |
| <i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>buspirone</i> | \$0 (1) | MO |
| CAPLYTA | \$0 (1) | MO; QL (30 per 30 days) |
| <i>chlorpromazine</i> | \$0 (1) | MO |
| <i>citalopram oral solution</i> | \$0 (1) | MO |
| <i>citalopram oral tablet</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>clomipramine</i> | \$0 (1) | MO |
| <i>clonidine hcl oral tablet extended release 12 hr</i> | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| clorazepate dipotassium oral tablet 15 mg | \$0 (1) | PA; MO; QL (180 per 30 days) |
| clorazepate dipotassium oral tablet 3.75 mg | \$0 (1) | PA; MO; QL (90 per 30 days) |
| clorazepate dipotassium oral tablet 7.5 mg | \$0 (1) | PA; MO; QL (360 per 30 days) |
| clozapine | \$0 (1) | |
| COBENFY | \$0 (1) | MO; QL (60 per 30 days) |
| COBENFY STARTER PACK | \$0 (1) | MO; QL (56 per 180 days) |
| desipramine | \$0 (1) | MO |
| desvenlafaxine succinate | \$0 (1) | MO; QL (30 per 30 days) |
| dextroamphetamine-amphetamine oral capsule, extended release 24hr | \$0 (1) | MO |
| dextroamphetamine-amphetamine oral tablet | \$0 (1) | MO |
| diazepam injection | \$0 (1) | PA |
| diazepam intensol | \$0 (1) | PA; MO; QL (240 per 30 days) |
| diazepam oral concentrate | \$0 (1) | PA; QL (240 per 30 days) |
| diazepam oral solution 5 mg/5 ml (1 mg/ml) | \$0 (1) | PA; MO; QL (1200 per 30 days) |
| diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml) | \$0 (1) | PA; QL (1200 per 30 days) |
| diazepam oral tablet | \$0 (1) | PA; MO; QL (120 per 30 days) |
| doxepin oral capsule | \$0 (1) | MO |
| doxepin oral concentrate | \$0 (1) | MO |
| doxepin oral tablet | \$0 (1) | MO; QL (30 per 30 days) |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | \$0 (1) | MO; QL (60 per 30 days) |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | \$0 (1) | MO; QL (90 per 30 days) |
| duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg | \$0 (1) | MO; QL (60 per 30 days) |
| EMSAM | \$0 (1) | MO |
| escitalopram oxalate oral solution | \$0 (1) | MO |
| escitalopram oxalate oral tablet | \$0 (1) | MO; QL (30 per 30 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| eszopiclone | \$0 (1) | MO; QL (30 per 30 days) |
| FANAPT ORAL TABLET | \$0 (1) | ST; MO; QL (60 per 30 days) |
| FANAPT ORAL TABLETS,DOSE PACK | \$0 (1) | ST; MO; QL (8 per 180 days) |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | \$0 (1) | QL (28 per 180 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR | \$0 (1) | QL (30 per 30 days) |
| flumazenil | \$0 (1) | |
| fluoxetine oral capsule 10 mg | \$0 (1) | MO; QL (30 per 30 days) |
| fluoxetine oral capsule 20 mg | \$0 (1) | MO; QL (90 per 30 days) |
| fluoxetine oral capsule 40 mg | \$0 (1) | MO; QL (60 per 30 days) |
| fluoxetine oral solution | \$0 (1) | MO |
| fluphenazine decanoate | \$0 (1) | MO |
| fluphenazine hcl | \$0 (1) | MO |
| fluvoxamine oral tablet 100 mg | \$0 (1) | MO; QL (90 per 30 days) |
| fluvoxamine oral tablet 25 mg | \$0 (1) | MO; QL (30 per 30 days) |
| fluvoxamine oral tablet 50 mg | \$0 (1) | MO; QL (60 per 30 days) |
| haloperidol | \$0 (1) | MO |
| haloperidol decanoate intramuscular solution 100 mg/ml (1ml), 50 mg/ml(1ml) | \$0 (1) | |
| haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml | \$0 (1) | MO |
| haloperidol lactate injection | \$0 (1) | MO |
| haloperidol lactate intramuscular | \$0 (1) | |
| haloperidol lactate oral | \$0 (1) | MO |
| imipramine hcl | \$0 (1) | MO |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | \$0 (1) | MO; QL (3.5 per 180 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | \$0 (1) | MO; QL (5 per 180 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | \$0 (1) | MO; QL (0.75 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | \$0 (1) | MO; QL (1 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | \$0 (1) | MO; QL (1.5 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | \$0 (1) | MO; QL (0.25 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | \$0 (1) | MO; QL (0.5 per 28 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | \$0 (1) | MO; QL (0.88 per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | \$0 (1) | MO; QL (1.32 per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | \$0 (1) | MO; QL (1.75 per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | \$0 (1) | MO; QL (2.63 per 90 days) |
| <i>lithium carbonate</i> | \$0 (1) | MO |
| <i>lithium citrate</i> | \$0 (1) | |
| <i>lorazepam injection</i> | \$0 (1) | PA; MO |
| <i>lorazepam intensol</i> | \$0 (1) | PA; QL (150 per 30 days) |
| <i>lorazepam oral concentrate</i> | \$0 (1) | PA; MO; QL (150 per 30 days) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> | \$0 (1) | PA; MO; QL (90 per 30 days) |
| <i>lorazepam oral tablet 2 mg</i> | \$0 (1) | PA; MO; QL (150 per 30 days) |
| <i>loxapine succinate</i> | \$0 (1) | MO |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>lurasidone oral tablet 80 mg</i> | \$0 (1) | MO; QL (60 per 30 days) |
| MARPLAN | \$0 (1) | MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| methylphenidate hcl oral capsule,er biphasic 50-50 | \$0 (1) | MO |
| methylphenidate hcl oral solution | \$0 (1) | MO |
| methylphenidate hcl oral tablet | \$0 (1) | MO |
| methylphenidate hcl oral tablet extended release | \$0 (1) | MO |
| methylphenidate hcl oral tablet,chewable | \$0 (1) | MO |
| mirtazapine | \$0 (1) | MO |
| modafinil oral tablet 100 mg | \$0 (1) | PA; MO; QL (30 per 30 days) |
| modafinil oral tablet 200 mg | \$0 (1) | PA; MO; QL (60 per 30 days) |
| molindone oral tablet 10 mg, 25 mg | \$0 (1) | |
| molindone oral tablet 5 mg | \$0 (1) | MO |
| nefazodone | \$0 (1) | MO |
| nortriptyline | \$0 (1) | MO |
| NUPLAZID | \$0 (1) | PA; MO; QL (30 per 30 days) |
| olanzapine intramuscular | \$0 (1) | MO |
| olanzapine oral | \$0 (1) | MO; QL (30 per 30 days) |
| paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg | \$0 (1) | MO; QL (30 per 30 days) |
| paliperidone oral tablet extended release 24hr 6 mg | \$0 (1) | MO; QL (60 per 30 days) |
| paroxetine hcl oral suspension | \$0 (1) | MO |
| paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg | \$0 (1) | MO; QL (30 per 30 days) |
| paroxetine hcl oral tablet 30 mg | \$0 (1) | MO; QL (60 per 30 days) |
| paroxetine hcl oral tablet extended release 24 hr | \$0 (1) | MO; QL (60 per 30 days) |
| pentobarbital sodium injection solution | \$0 (1) | |
| perphenazine | \$0 (1) | MO |
| phenelzine | \$0 (1) | MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| pimozide | \$0 (1) | MO |
| protriptyline | \$0 (1) | MO |
| quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg | \$0 (1) | MO; QL (90 per 30 days) |
| quetiapine oral tablet 300 mg, 400 mg | \$0 (1) | MO; QL (60 per 30 days) |
| quetiapine oral tablet extended release 24 hr 150 mg, 200 mg | \$0 (1) | MO; QL (30 per 30 days) |
| quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg | \$0 (1) | MO; QL (60 per 30 days) |
| ramelteon | \$0 (1) | MO; QL (30 per 30 days) |
| REXULTI ORAL TABLET | \$0 (1) | MO; QL (30 per 30 days) |
| risperidone microspheres | \$0 (1) | MO; QL (2 per 28 days) |
| risperidone oral solution | \$0 (1) | MO |
| risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg | \$0 (1) | MO; QL (60 per 30 days) |
| risperidone oral tablet 4 mg | \$0 (1) | MO; QL (120 per 30 days) |
| risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg | \$0 (1) | MO; QL (60 per 30 days) |
| risperidone oral tablet,disintegrating 4 mg | \$0 (1) | MO; QL (120 per 30 days) |
| SECUADO | \$0 (1) | MO; QL (30 per 30 days) |
| sertraline oral concentrate | \$0 (1) | MO |
| sertraline oral tablet 100 mg, 50 mg | \$0 (1) | MO; QL (60 per 30 days) |
| sertraline oral tablet 25 mg | \$0 (1) | MO; QL (30 per 30 days) |
| SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054) | \$0 (1) | PA; LA; QL (540 per 30 days) |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) | \$0 (1) | PA; MO |
| thioridazine | \$0 (1) | MO |
| thiothixene | \$0 (1) | MO |
| tranylcypromine | \$0 (1) | MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| trazodone | \$0 (1) | MO |
| trifluoperazine | \$0 (1) | MO |
| trimipramine | \$0 (1) | MO |
| TRINTELLIX | \$0 (1) | QL (30 per 30 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML | \$0 (1) | MO; QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML | \$0 (1) | MO; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML | \$0 (1) | MO; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML | \$0 (1) | MO; QL (0.56 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML | \$0 (1) | MO; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML | \$0 (1) | MO; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML | \$0 (1) | MO; QL (0.21 per 28 days) |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 75 mg</i> | \$0 (1) | MO; QL (90 per 30 days) |
| <i>venlafaxine oral tablet</i> | \$0 (1) | MO; QL (90 per 30 days) |
| VERSACLOZ | \$0 (1) | |
| vilazodone | \$0 (1) | MO; QL (30 per 30 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| VRAYLAR ORAL CAPSULE | \$0 (1) | MO; QL (30 per 30 days) |
| <i>zaleplon oral capsule 10 mg</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>zaleplon oral capsule 5 mg</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>ziprasidone hcl</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>ziprasidone mesylate</i> | \$0 (1) | MO |
| <i>zolpidem oral tablet</i> | \$0 (1) | MO; QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | \$0 (1) | PA; MO; QL (28 per 365 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | \$0 (1) | PA; MO; QL (14 per 365 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG | \$0 (1) | MO; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | \$0 (1) | MO; QL (1 per 28 days) |
| CARDIOVASCULAR, HYPERTENSION / LIPIDS | | |
| ANTIARRHYTHMIC AGENTS | | |
| adenosine | \$0 (1) | |
| <i>amiodarone intravenous solution</i> | \$0 (1) | B/D PA; MO |
| <i>amiodarone oral tablet 100 mg, 200 mg</i> | \$0 (1) | MO |
| <i>amiodarone oral tablet 400 mg</i> | \$0 (1) | |
| dofetilide | \$0 (1) | MO |
| flecainide | \$0 (1) | MO |
| <i>ibutilide fumarate</i> | \$0 (1) | |
| <i>lidocaine (pf) intravenous</i> | \$0 (1) | |
| <i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i> | \$0 (1) | |
| <i>mexiletine</i> | \$0 (1) | MO |
| MULTAQ | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| pacerone oral tablet 100 mg, 200 mg, 400 mg | \$0 (1) | MO |
| procainamide injection | \$0 (1) | |
| propafenone | \$0 (1) | MO |
| quinidine sulfate oral tablet | \$0 (1) | MO |
| sotalol af | \$0 (1) | |
| sotalol oral | \$0 (1) | MO |
| ANTIHYPERTENSIVE THERAPY | | |
| acebutolol | \$0 (1) | MO |
| aliskiren | \$0 (1) | MO |
| amiloride | \$0 (1) | MO |
| amiloride-hydrochlorothiazide | \$0 (1) | MO |
| amlodipine | \$0 (1) | MO |
| amlodipine-benazepril | \$0 (1) | MO |
| amlodipine-olmesartan | \$0 (1) | MO |
| amlodipine-valsartan | \$0 (1) | MO |
| amlodipine-valsartan-hcthiazid | \$0 (1) | MO |
| atenolol | \$0 (1) | MO |
| atenolol-chlorthalidone | \$0 (1) | MO |
| benazepril | \$0 (1) | MO |
| benazepril-hydrochlorothiazide | \$0 (1) | MO |
| betaxolol oral | \$0 (1) | MO |
| bisoprolol fumarate | \$0 (1) | MO |
| bisoprolol-hydrochlorothiazide | \$0 (1) | MO |
| bumetanide | \$0 (1) | MO |
| candesartan | \$0 (1) | MO |
| candesartan-hydrochlorothiazid | \$0 (1) | MO |
| captopril | \$0 (1) | MO |
| captopril-hydrochlorothiazide | \$0 (1) | |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>cartia xt oral capsule,extended release 24hr 120 mg</i> | \$0 (1) | |
| <i>cartia xt oral capsule,extended release 24hr 180 mg, 240 mg, 300 mg</i> | \$0 (1) | MO |
| <i>carvedilol</i> | \$0 (1) | MO |
| <i>chlorothiazide sodium</i> | \$0 (1) | MO |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | \$0 (1) | MO |
| <i>clonidine transdermal patch</i> | \$0 (1) | MO; QL (4 per 28 days) |
| <i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i> | \$0 (1) | |
| <i>clonidine hcl oral tablet</i> | \$0 (1) | MO |
| <i>diltiazem hcl intravenous</i> | \$0 (1) | |
| <i>diltiazem hcl oral</i> | \$0 (1) | MO |
| <i>dilt-xr</i> | \$0 (1) | MO |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>doxazosin oral tablet 8 mg</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>EDARBI</i> | \$0 (1) | MO |
| <i>EDARBYCLOR</i> | \$0 (1) | MO |
| <i>enalapril maleate oral tablet</i> | \$0 (1) | MO |
| <i>enalaprilat intravenous solution</i> | \$0 (1) | |
| <i>enalapril-hydrochlorothiazide</i> | \$0 (1) | MO |
| <i>eplerenone</i> | \$0 (1) | MO |
| <i>esmolol intravenous solution</i> | \$0 (1) | |
| <i>ethacrynat sodium</i> | \$0 (1) | |
| <i>felodipine</i> | \$0 (1) | MO |
| <i>fosinopril</i> | \$0 (1) | MO |
| <i>fosinopril-hydrochlorothiazide</i> | \$0 (1) | MO |
| <i>furosemide injection solution</i> | \$0 (1) | MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml) | \$0 (1) | MO |
| furosemide oral tablet | \$0 (1) | MO |
| hydralazine | \$0 (1) | MO |
| hydrochlorothiazide | \$0 (1) | MO |
| indapamide | \$0 (1) | MO |
| irbesartan | \$0 (1) | MO |
| irbesartan-hydrochlorothiazide | \$0 (1) | MO |
| isosorbide-hydralazine | \$0 (1) | MO; QL (180 per 30 days) |
| isradipine | \$0 (1) | |
| KERENDIA | \$0 (1) | PA; QL (30 per 30 days) |
| labetalol intravenous solution | \$0 (1) | |
| labetalol intravenous syringe 20 mg/4 ml (5 mg/ml) | \$0 (1) | |
| labetalol oral tablet 100 mg, 200 mg, 300 mg | \$0 (1) | MO |
| lisinopril | \$0 (1) | MO |
| lisinopril-hydrochlorothiazide | \$0 (1) | MO |
| losartan | \$0 (1) | MO |
| losartan-hydrochlorothiazide | \$0 (1) | MO |
| mannitol 20 % | \$0 (1) | |
| mannitol 25 % intravenous solution | \$0 (1) | MO |
| matzim la | \$0 (1) | MO |
| metolazone | \$0 (1) | MO |
| metoprolol succinate | \$0 (1) | MO |
| metoprolol ta-hydrochlorothiaz | \$0 (1) | MO |
| metoprolol tartrate intravenous | \$0 (1) | |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg | \$0 (1) | MO |
| metyrosine | \$0 (1) | PA; MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>minoxidil oral</i> | \$0 (1) | MO |
| <i>moexipril</i> | \$0 (1) | MO |
| <i>nadolol</i> | \$0 (1) | MO |
| <i>nebivolol</i> | \$0 (1) | MO |
| <i>nicardipine intravenous solution</i> | \$0 (1) | |
| <i>nicardipine oral</i> | \$0 (1) | MO |
| <i>nifedipine oral tablet extended release</i> | \$0 (1) | MO |
| <i>nifedipine oral tablet extended release 24hr</i> | \$0 (1) | MO |
| <i>nimodipine oral capsule</i> | \$0 (1) | MO |
| <i>olmesartan</i> | \$0 (1) | MO |
| <i>olmesartan-amldopin-hcthiazid</i> | \$0 (1) | MO |
| <i>olmesartan-hydrochlorothiazide</i> | \$0 (1) | MO |
| <i>osmitrol 20 %</i> | \$0 (1) | |
| <i>perindopril erbumine</i> | \$0 (1) | MO |
| <i>phentolamine</i> | \$0 (1) | |
| <i>pindolol</i> | \$0 (1) | MO |
| <i>prazosin</i> | \$0 (1) | MO |
| <i>propranolol intravenous</i> | \$0 (1) | |
| <i>propranolol oral</i> | \$0 (1) | MO |
| <i>quinapril</i> | \$0 (1) | MO |
| <i>quinapril-hydrochlorothiazide</i> | \$0 (1) | MO |
| <i>ramipril</i> | \$0 (1) | MO |
| <i>spironolactone oral tablet</i> | \$0 (1) | MO |
| <i>spironolacton-hydrochlorothiaz</i> | \$0 (1) | MO |
| <i>telmisartan</i> | \$0 (1) | MO |
| <i>telmisartan-amldopine</i> | \$0 (1) | MO |
| <i>telmisartan-hydrochlorothiazid</i> | \$0 (1) | MO |
| <i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>terazosin oral capsule 10 mg</i> | \$0 (1) | MO; QL (60 per 30 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------------|---|--|
| <i>tiadylt er</i> | \$0 (1) | MO |
| <i>timolol maleate oral</i> | \$0 (1) | MO |
| <i>torsemide oral</i> | \$0 (1) | MO |
| <i>trandolapril</i> | \$0 (1) | MO |
| <i>trandolapril-verapamil</i> | \$0 (1) | MO |
| <i>treprostинil sodium</i> | \$0 (1) | PA; MO; LA |
| <i>triamterene-hydrochlorothiazid</i> | \$0 (1) | MO |
| UPTRAVI ORAL TABLET | \$0 (1) | PA; MO; LA; QL (60 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK | \$0 (1) | PA; MO; LA; QL (200 per 180 days) |
| <i>valsartan oral tablet</i> | \$0 (1) | MO |
| <i>valsartan-hydrochlorothiazide</i> | \$0 (1) | MO |
| <i>veletri</i> | \$0 (1) | B/D PA; MO |
| <i>verapamil intravenous</i> | \$0 (1) | |
| <i>verapamil oral</i> | \$0 (1) | MO |

COAGULATION THERAPY

| | | |
|---------------------------------------|---------|-------------------------|
| <i>aminocaproic acid</i> | \$0 (1) | MO |
| <i>aspirin-dipyridamole</i> | \$0 (1) | MO |
| BRILINTA | \$0 (1) | MO |
| CABLIVI INJECTION KIT | \$0 (1) | PA; LA |
| CEPROTIN (BLUE BAR) | \$0 (1) | PA; MO |
| CEPROTIN (GREEN BAR) | \$0 (1) | PA; MO |
| <i>cilostazol</i> | \$0 (1) | MO |
| <i>clopidogrel oral tablet 300 mg</i> | \$0 (1) | MO |
| <i>clopidogrel oral tablet 75 mg</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>dabigatran etexilate</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>dipyridamole intravenous</i> | \$0 (1) | |
| <i>dipyridamole oral</i> | \$0 (1) | MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| DOPTELET (10 TAB PACK) | \$0 (1) | PA; MO; LA |
| DOPTELET (15 TAB PACK) | \$0 (1) | PA; MO; LA |
| DOPTELET (30 TAB PACK) | \$0 (1) | PA; MO; LA |
| ELIQUIS | \$0 (1) | MO; QL (60 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D START | \$0 (1) | MO; QL (74 per 180 days) |
| <i>enoxaparin subcutaneous solution</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> | \$0 (1) | MO; QL (28 per 28 days) |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> | \$0 (1) | MO; QL (22.4 per 28 days) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i> | \$0 (1) | MO; QL (16.8 per 28 days) |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> | \$0 (1) | MO; QL (11.2 per 28 days) |
| <i>fondaparinux</i> | \$0 (1) | MO |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i> | \$0 (1) | |
| <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> | \$0 (1) | MO |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i> | \$0 (1) | MO |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i> | \$0 (1) | |
| <i>heparin (porcine) injection cartridge</i> | \$0 (1) | MO |
| <i>heparin (porcine) injection solution</i> | \$0 (1) | MO |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i> | \$0 (1) | MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML | \$0 (1) | |
| <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i> | \$0 (1) | MO |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | \$0 (1) | |
| <i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i> | \$0 (1) | MO |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | \$0 (1) | MO |
| HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML | \$0 (1) | |
| HEPARIN, PORCINE (PF) SUBCUTANEOUS | \$0 (1) | MO |
| <i>jantoven</i> | \$0 (1) | MO |
| <i>pentoxifylline</i> | \$0 (1) | MO |
| <i>prasugrel hcl</i> | \$0 (1) | MO |
| PROMACTA | \$0 (1) | PA; MO; LA |
| <i>protamine</i> | \$0 (1) | |
| <i>warfarin</i> | \$0 (1) | MO |
| XARELTO DVT-PE TREAT 30D START | \$0 (1) | MO; QL (51 per 180 days) |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION | \$0 (1) | MO; QL (775 per 28 days) |
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG | \$0 (1) | MO; QL (30 per 30 days) |
| XARELTO ORAL TABLET 2.5 MG | \$0 (1) | MO; QL (60 per 30 days) |
| LIPID/CHOLESTEROL LOWERING AGENTS | | |
| <i>amlodipine-atorvastatin</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>atorvastatin</i> | \$0 (1) | MO; QL (30 per 30 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>cholestyramine (with sugar)</i> | \$0 (1) | MO |
| <i>cholestyramine light</i> | \$0 (1) | |
| <i>colesevelam</i> | \$0 (1) | MO |
| <i>colestipol oral granules</i> | \$0 (1) | MO |
| <i>colestipol oral packet</i> | \$0 (1) | |
| <i>colestipol oral tablet</i> | \$0 (1) | MO |
| <i>ezetimibe</i> | \$0 (1) | MO |
| <i>ezetimibe-simvastatin</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> | \$0 (1) | MO |
| <i>fenofibrate nanocrystallized</i> | \$0 (1) | MO |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | \$0 (1) | MO |
| <i>fenofibric acid</i> | \$0 (1) | |
| <i>fenofibric acid (choline)</i> | \$0 (1) | MO |
| <i>fluvastatin oral capsule 20 mg</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>fluvastatin oral capsule 40 mg</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>gemfibrozil</i> | \$0 (1) | MO |
| <i>icosapent ethyl</i> | \$0 (1) | MO |
| <i>lovastatin oral tablet 10 mg</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>lovastatin oral tablet 20 mg, 40 mg</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>NEXLETOL</i> | \$0 (1) | PA; MO |
| <i>NEXLIZET</i> | \$0 (1) | PA; MO |
| <i>niacin oral tablet 500 mg</i> | \$0 (1) | MO |
| <i>niacin oral tablet extended release 24 hr</i> | \$0 (1) | MO |
| <i>omega-3 acid ethyl esters</i> | \$0 (1) | MO |
| <i>pitavastatin calcium</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>pravastatin</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>prevalite</i> | \$0 (1) | MO |
| <i>REPATHA</i> | \$0 (1) | PA; QL (6 per 28 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| REPATHA PUSHTRONEX | \$0 (1) | PA; QL (7 per 28 days) |
| REPATHA SURECLICK | \$0 (1) | PA; QL (6 per 28 days) |
| <i>rosuvastatin</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>simvastatin</i> | \$0 (1) | MO; QL (30 per 30 days) |
| MISCELLANEOUS | | |
| CARDIOVASCULAR AGENTS | | |
| CAMZYOS | \$0 (1) | PA; MO; QL (30 per 30 days) |
| <i>digoxin oral solution</i> | \$0 (1) | MO |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | \$0 (1) | MO |
| <i>dobutamine</i> | \$0 (1) | B/D PA |
| <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> | \$0 (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> | \$0 (1) | B/D PA |
| <i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i> | \$0 (1) | B/D PA; MO |
| <i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i> | \$0 (1) | B/D PA |
| <i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i> | \$0 (1) | B/D PA; MO |
| ENTRESTO | \$0 (1) | QL (60 per 30 days) |
| ENTRESTO SPRINKLE | \$0 (1) | QL (240 per 30 days) |
| <i>ivabradine</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>milrinone</i> | \$0 (1) | B/D PA |
| <i>milrinone in 5 % dextrose</i> | \$0 (1) | B/D PA |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>norepinephrine bitartrate</i> | \$0 (1) | |
| <i>ranolazine</i> | \$0 (1) | MO |
| <i>sodium nitroprusside</i> | \$0 (1) | B/D PA |
| <i>VERQUVO</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>VYNDAMAX</i> | \$0 (1) | PA; MO |
| NITRATES | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | \$0 (1) | MO |
| <i>isosorbide mononitrate</i> | \$0 (1) | MO |
| <i>nitro-bid</i> | \$0 (1) | 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> | \$0 (1) | B/D PA |
| <i>nitroglycerin intravenous</i> | \$0 (1) | B/D PA |
| <i>nitroglycerin sublingual</i> | \$0 (1) | MO |
| <i>nitroglycerin transdermal patch 24 hour</i> | \$0 (1) | MO |
| <i>nitroglycerin translingual</i> | \$0 (1) | MO |
| DERMATOLOGICALS/TOPICAL THERAPY | | |
| ANTIPSORIATIC / ANTISEBORRHEIC | | |
| <i>acitretin</i> | \$0 (1) | MO |
| <i>calcipotriene scalp</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i>calcipotriene topical cream</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i>calcipotriene topical ointment</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i>COSENTYX (2 SYRINGES)</i> | \$0 (1) | PA; MO; QL (10 per 28 days) |
| <i>COSENTYX INTRAVENOUS</i> | \$0 (1) | PA; QL (20 per 28 days) |
| <i>COSENTYX PEN</i> | \$0 (1) | PA; MO; QL (5 per 28 days) |
| <i>COSENTYX PEN (2 PENS)</i> | \$0 (1) | PA; MO; QL (10 per 28 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML | \$0 (1) | PA; MO; QL (5 per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | \$0 (1) | PA; MO; QL (2.5 per 28 days) |
| COSENTYX UNOREADY PEN | \$0 (1) | PA; MO; QL (10 per 28 days) |
| <i>selenium sulfide topical lotion</i> | \$0 (1) | MO |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR | \$0 (1) | PA; MO; QL (2 per 28 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | \$0 (1) | PA; MO; QL (2 per 28 days) |
| SOTYKTU | \$0 (1) | PA; MO; QL (30 per 30 days) |
| STELARA INTRAVENOUS | \$0 (1) | PA; MO; QL (104 per 180 days) |
| STELARA SUBCUTANEOUS SOLUTION | \$0 (1) | PA; MO; QL (0.5 per 28 days) |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | \$0 (1) | PA; MO; QL (0.5 per 28 days) |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML | \$0 (1) | PA; MO; QL (1 per 28 days) |
| TREMFYA INTRAVENOUS | \$0 (1) | PA; MO; QL (20 per 28 days) |
| TREMFYA PEN | \$0 (1) | PA; MO; QL (2 per 28 days) |
| TREMFYA SUBCUTANEOUS | \$0 (1) | PA; MO; QL (2 per 28 days) |
| YESINTEK INTRAVENOUS | \$0 (1) | PA; QL (104 per 180 days) |
| YESINTEK SUBCUTANEOUS SOLUTION | \$0 (1) | PA; QL (0.5 per 28 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | \$0 (1) | PA; QL (0.5 per 28 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML | \$0 (1) | PA; QL (1 per 28 days) |
| MISCELLANEOUS DERMATOLOGICALS | | |
| ADBRY | \$0 (1) | PA; MO; QL (6 per 28 days) |
| <i>ammonium lactate</i> | \$0 (1) | MO |
| <i>chloroprocaine (pf)</i> | \$0 (1) | |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| CIBINQO | \$0 (1) | PA; MO; QL (30 per 30 days) |
| <i>dermacinrx lidocan</i> | \$0 (1) | PA; QL (90 per 30 days) |
| <i>diclofenac sodium topical gel 3 %</i> | \$0 (1) | PA; MO; QL (100 per 28 days) |
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML | \$0 (1) | PA; MO; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | \$0 (1) | PA; MO; QL (8 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | \$0 (1) | PA; MO; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML | \$0 (1) | PA; MO; QL (8 per 28 days) |
| <i>fluorouracil topical cream 5 %</i> | \$0 (1) | MO |
| <i>fluorouracil topical solution</i> | \$0 (1) | MO |
| <i>glydo</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>imiquimod topical cream in packet 5 %</i> | \$0 (1) | MO |
| <i>lidocaine (pf) injection solution</i> | \$0 (1) | |
| <i>lidocaine hcl injection solution</i> | \$0 (1) | |
| <i>lidocaine hcl laryngotracheal</i> | \$0 (1) | |
| <i>lidocaine hcl mucous membrane jelly</i> | \$0 (1) | QL (60 per 30 days) |
| <i>lidocaine hcl mucous membrane jelly in applicator</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>lidocaine hcl mucous membrane solution</i> | \$0 (1) | MO |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> | \$0 (1) | PA; MO; QL (90 per 30 days) |
| <i>lidocaine topical ointment</i> | \$0 (1) | MO; QL (36 per 30 days) |
| <i>lidocaine viscous</i> | \$0 (1) | |
| <i>lidocaine-epinephrine</i> | \$0 (1) | |
| <i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i> | \$0 (1) | |
| <i>lidocaine-prilocaine topical cream</i> | \$0 (1) | MO; QL (30 per 30 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>lidocan iii</i> | \$0 (1) | PA; QL (90 per 30 days) |
| <i>lidocan iv</i> | \$0 (1) | PA; QL (90 per 30 days) |
| <i>lidocan v</i> | \$0 (1) | PA; QL (90 per 30 days) |
| <i>methoxsalen</i> | \$0 (1) | MO |
| PANRETIN | \$0 (1) | PA; MO |
| <i>pimecrolimus</i> | \$0 (1) | PA; MO; QL (100 per 30 days) |
| <i>podofilox topical solution</i> | \$0 (1) | MO |
| <i>polocaine injection solution 1% (10 mg/ml)</i> | \$0 (1) | |
| <i>polocaine-mpf</i> | \$0 (1) | |
| REGRANEX | \$0 (1) | MO; QL (15 per 30 days) |
| SANTYL | \$0 (1) | MO; QL (180 per 30 days) |
| <i>silver sulfadiazine</i> | \$0 (1) | MO |
| ssd | \$0 (1) | MO |
| <i>tacrolimus topical</i> | \$0 (1) | PA; MO; QL (100 per 30 days) |
| <i>tridacaine ii</i> | \$0 (1) | PA; QL (90 per 30 days) |
| VALCHLOR | \$0 (1) | PA; MO |
| THERAPY FOR ACNE | | |
| <i>accutane</i> | \$0 (1) | |
| <i>amnesteem</i> | \$0 (1) | |
| <i>azelaic acid</i> | \$0 (1) | MO |
| <i>claravis</i> | \$0 (1) | |
| <i>clindamycin phosphate topical gel</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i>clindamycin phosphate topical gel, once daily</i> | \$0 (1) | MO; QL (150 per 30 days) |
| <i>clindamycin phosphate topical lotion</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i>clindamycin phosphate topical solution</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i>ery pads</i> | \$0 (1) | MO |
| <i>erythromycin with ethanol topical solution</i> | \$0 (1) | MO |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | \$0 (1) | |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>metronidazole topical</i> | \$0 (1) | MO |
| <i>tazarotene topical cream</i> | \$0 (1) | PA; MO |
| <i>tazarotene topical gel</i> | \$0 (1) | PA; MO |
| <i>tretinoin topical</i> | \$0 (1) | PA; MO |
| <i>zenatane</i> | \$0 (1) | |
| TOPICAL ANTIBACTERIALS | | |
| <i>gentamicin topical</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>mupirocin</i> | \$0 (1) | MO; QL (44 per 30 days) |
| <i>sulfacetamide sodium (acne)</i> | \$0 (1) | MO |
| TOPICAL ANTIFUNGALS | | |
| <i>ciclodan topical solution</i> | \$0 (1) | QL (6.6 per 28 days) |
| <i>ciclopirox topical cream</i> | \$0 (1) | MO; QL (90 per 28 days) |
| <i>ciclopirox topical gel</i> | \$0 (1) | MO; QL (100 per 28 days) |
| <i>ciclopirox topical shampoo</i> | \$0 (1) | MO; QL (120 per 28 days) |
| <i>ciclopirox topical solution</i> | \$0 (1) | MO; QL (6.6 per 28 days) |
| <i>ciclopirox topical suspension</i> | \$0 (1) | MO; QL (60 per 28 days) |
| <i>clotrimazole topical cream</i> | \$0 (1) | MO; QL (45 per 28 days) |
| <i>clotrimazole topical solution</i> | \$0 (1) | MO; QL (30 per 28 days) |
| <i>clotrimazole-betamethasone topical cream</i> | \$0 (1) | MO; QL (45 per 28 days) |
| <i>clotrimazole-betamethasone topical lotion</i> | \$0 (1) | MO; QL (60 per 28 days) |
| <i>econazole nitrate</i> | \$0 (1) | MO; QL (85 per 28 days) |
| <i>ketoconazole topical cream</i> | \$0 (1) | MO; QL (60 per 28 days) |
| <i>ketoconazole topical shampoo</i> | \$0 (1) | MO; QL (120 per 28 days) |
| <i>klayesta</i> | \$0 (1) | MO; QL (180 per 30 days) |
| <i>naftifine topical gel</i> | \$0 (1) | MO; QL (60 per 28 days) |
| <i>nyamyc</i> | \$0 (1) | MO; QL (180 per 30 days) |
| <i>nystatin topical cream</i> | \$0 (1) | MO; QL (30 per 28 days) |
| <i>nystatin topical ointment</i> | \$0 (1) | MO; QL (30 per 28 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>nystatin topical powder</i> | \$0 (1) | MO; QL (180 per 30 days) |
| <i>nystatin-triamcinolone</i> | \$0 (1) | MO; QL (60 per 28 days) |
| <i>nystop</i> | \$0 (1) | MO; QL (180 per 30 days) |
| TOPICAL ANTIVIRALS | | |
| <i>acyclovir topical ointment</i> | \$0 (1) | PA; MO; QL (30 per 30 days) |
| <i>penciclovir</i> | \$0 (1) | MO; QL (5 per 30 days) |
| TOPICAL CORTICOSTEROIDS | | |
| <i>ala-cort topical cream 1%</i> | \$0 (1) | MO |
| <i>alclometasone</i> | \$0 (1) | |
| <i>betamethasone dipropionate</i> | \$0 (1) | MO |
| <i>betamethasone valerate topical cream</i> | \$0 (1) | MO |
| <i>betamethasone valerate topical lotion</i> | \$0 (1) | MO |
| <i>betamethasone valerate topical ointment</i> | \$0 (1) | MO |
| <i>betamethasone, augmented</i> | \$0 (1) | MO |
| <i>clobetasol scalp</i> | \$0 (1) | MO; QL (100 per 28 days) |
| <i>clobetasol topical cream 0.05 %</i> | \$0 (1) | MO; QL (120 per 28 days) |
| <i>clobetasol topical foam</i> | \$0 (1) | MO; QL (100 per 28 days) |
| <i>clobetasol topical gel</i> | \$0 (1) | MO; QL (120 per 28 days) |
| <i>clobetasol topical lotion</i> | \$0 (1) | MO; QL (118 per 28 days) |
| <i>clobetasol topical ointment</i> | \$0 (1) | MO; QL (120 per 28 days) |
| <i>clobetasol topical shampoo</i> | \$0 (1) | MO; QL (236 per 28 days) |
| <i>clobetasol-emollient topical cream</i> | \$0 (1) | MO; QL (120 per 28 days) |
| <i>desonide topical cream</i> | \$0 (1) | MO |
| <i>desonide topical ointment</i> | \$0 (1) | MO |
| <i>fluocinolone</i> | \$0 (1) | MO |
| <i>fluocinolone and shower cap</i> | \$0 (1) | MO |
| <i>fluocinonide topical cream 0.05 %</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i>fluocinonide topical gel</i> | \$0 (1) | MO; QL (120 per 30 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>fluocinonide topical ointment</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i>fluocinonide topical solution</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i>fluocinonide-emollient</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i>fluticasone propionate topical cream</i> | \$0 (1) | MO |
| <i>fluticasone propionate topical ointment</i> | \$0 (1) | MO |
| <i>halobetasol propionate topical cream</i> | \$0 (1) | MO |
| <i>halobetasol propionate topical ointment</i> | \$0 (1) | MO |
| <i>hydrocortisone topical cream 1%, 2.5 %</i> | \$0 (1) | MO |
| <i>hydrocortisone topical lotion 2.5 %</i> | \$0 (1) | MO |
| <i>hydrocortisone topical ointment 1%, 2.5 %</i> | \$0 (1) | MO |
| <i>mometasone topical</i> | \$0 (1) | MO |
| <i>prednicarbate topical ointment</i> | \$0 (1) | |
| <i>triamcinolone acetonide topical cream</i> | \$0 (1) | MO |
| <i>triamcinolone acetonide topical lotion</i> | \$0 (1) | MO |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | \$0 (1) | MO |
| <i>triderm topical cream 0.5 %</i> | \$0 (1) | |
| TOPICAL SCABICIDES / PEDICULICIDES | | |
| <i>malathion</i> | \$0 (1) | MO |
| <i>permethrin</i> | \$0 (1) | MO; QL (60 per 30 days) |
| DIAGNOSTICS / MISCELLANEOUS AGENTS | | |
| ANTIDOTES | | |
| <i>acetylcysteine intravenous</i> | \$0 (1) | |
| IRRIGATING SOLUTIONS | | |
| <i>lactated ringers irrigation</i> | \$0 (1) | |
| <i>neomycin-polymyxin b gu</i> | \$0 (1) | |
| <i>ringer's irrigation</i> | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------------|--|---|
| MISCELLANEOUS AGENTS | | |
| acamprosate | \$0 (1) | MO |
| acetic acid irrigation | \$0 (1) | MO |
| anagrelide | \$0 (1) | MO |
| caffeine citrate intravenous | \$0 (1) | |
| caffeine citrate oral | \$0 (1) | MO |
| carglumic acid | \$0 (1) | PA; MO |
| cevimeline | \$0 (1) | MO |
| CHEMET | \$0 (1) | PA |
| CLINIMIX 4.25%/D5W SULFIT FREE | \$0 (1) | B/D PA |
| d10 %-0.45 % sodium chloride | \$0 (1) | |
| d2.5 %-0.45 % sodium chloride | \$0 (1) | |
| d5 % and 0.9 % sodium chloride | \$0 (1) | MO |
| d5 %-0.45 % sodium chloride | \$0 (1) | MO |
| deferasirox | \$0 (1) | PA; MO |
| deferiprone | \$0 (1) | PA; MO |
| deferoxamine | \$0 (1) | B/D PA; MO |
| dextrose 10 % and 0.2 % nacl | \$0 (1) | |
| dextrose 10 % in water (d10w) | \$0 (1) | |
| dextrose 25 % in water (d25w) | \$0 (1) | |
| dextrose 5 % in water (d5w) | \$0 (1) | MO |
| dextrose 5 %-lactated ringers | \$0 (1) | MO |
| dextrose 5%-0.2 % sod chloride | \$0 (1) | |
| dextrose 5%-0.3 % sod.chloride | \$0 (1) | |
| dextrose 50 % in water (d50w) | \$0 (1) | |
| dextrose 70 % in water (d70w) | \$0 (1) | |
| disulfiram oral tablet 250 mg | \$0 (1) | MO |
| disulfiram oral tablet 500 mg | \$0 (1) | |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>droxidopa</i> | \$0 (1) | PA; MO |
| <i>glutamine (sickle cell)</i> | \$0 (1) | PA; MO |
| <i>INCRELEX</i> | \$0 (1) | LA |
| <i>kionex (with sorbitol)</i> | \$0 (1) | |
| <i>levocarnitine (with sugar)</i> | \$0 (1) | MO |
| <i>levocarnitine oral solution 100 mg/ml</i> | \$0 (1) | MO |
| <i>levocarnitine oral tablet</i> | \$0 (1) | MO |
| <i>LOKELMA</i> | \$0 (1) | MO |
| <i>midodrine</i> | \$0 (1) | MO |
| <i>nitisinone</i> | \$0 (1) | PA; MO |
| <i>pilocarpine hcl oral</i> | \$0 (1) | MO |
| PROLASTIN-C INTRAVENOUS SOLUTION | \$0 (1) | PA; MO; LA |
| REZDIFRA | \$0 (1) | PA; MO; QL (30 per 30 days) |
| <i>riluzole</i> | \$0 (1) | PA; MO |
| <i>risedronate oral tablet 30 mg</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>sevelamer carbonate oral tablet</i> | \$0 (1) | PA; MO |
| <i>sodium benzoate-sod phenylacet</i> | \$0 (1) | |
| <i>sodium chloride 0.9 % intravenous</i> | \$0 (1) | MO |
| <i>sodium chloride irrigation</i> | \$0 (1) | MO |
| <i>sodium phenylbutyrate oral powder</i> | \$0 (1) | PA; MO |
| <i>sodium phenylbutyrate oral tablet</i> | \$0 (1) | PA |
| <i>sodium polystyrene sulfonate oral powder</i> | \$0 (1) | MO |
| <i>sps (with sorbitol) oral</i> | \$0 (1) | MO |
| <i>sps (with sorbitol) rectal</i> | \$0 (1) | |
| <i>trientine oral capsule 250 mg</i> | \$0 (1) | PA; MO |
| VELPHORO | \$0 (1) | PA; MO |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 25.2 GRAM | \$0 (1) | |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM | \$0 (1) | MO |
| water for irrigation, sterile | \$0 (1) | MO |
| XIAFLEX | \$0 (1) | PA |
| zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml | \$0 (1) | PA; MO |
| SMOKING DETERRENTS | | |
| bupropion hcl (smoking deter) | \$0 (1) | MO |
| NICOTROL NS | \$0 (1) | MO |
| varenicline tartrate oral tablet 0.5 mg, 1 mg | \$0 (1) | MO |
| varenicline tartrate oral tablet 1 mg (56 pack) | \$0 (1) | |
| varenicline tartrate oral tablets,dose pack | \$0 (1) | MO |
| EAR, NOSE / THROAT MEDICATIONS | | |
| MISCELLANEOUS AGENTS | | |
| azelastine nasal spray,non-aerosol 137 mcg (0.1 %) | \$0 (1) | MO; QL (60 per 30 days) |
| azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %) | \$0 (1) | QL (60 per 30 days) |
| chlorhexidine gluconate mucous membrane | \$0 (1) | MO |
| denta 5000 plus | \$0 (1) | MO |
| dentagel | \$0 (1) | MO |
| fluoride (sodium) dental cream | \$0 (1) | |
| fluoride (sodium) dental gel | \$0 (1) | |
| fluoride (sodium) dental paste | \$0 (1) | MO |
| fraiche 5000 | \$0 (1) | |
| ipratropium bromide nasal | \$0 (1) | MO; QL (30 per 30 days) |
| kourzeq | \$0 (1) | |
| oralone | \$0 (1) | |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| periogard | \$0 (1) | MO |
| sf | \$0 (1) | MO |
| sf 5000 plus | \$0 (1) | MO |
| sodium fluoride 5000 dry mouth | \$0 (1) | MO |
| sodium fluoride 5000 plus | \$0 (1) | |
| sodium fluoride-pot nitrate | \$0 (1) | MO |
| triamcinolone acetonide dental | \$0 (1) | MO |
| MISCELLANEOUS OTIC PREPARATIONS | | |
| acetic acid otic (ear) | \$0 (1) | MO |
| ciprofloxacin hcl otic (ear) | \$0 (1) | MO |
| flac otic oil | \$0 (1) | |
| fluocinolone acetonide oil | \$0 (1) | MO |
| hydrocortisone-acetic acid | \$0 (1) | MO |
| ofloxacin otic (ear) | \$0 (1) | MO |
| OTIC STEROID / ANTIBIOTIC | | |
| ciprofloxacin-dexamethasone | \$0 (1) | MO; QL (7.5 per 7 days) |
| neomycin-polymyxin-hc otic (ear) | \$0 (1) | MO |
| ENDOCRINE/DIABETES | | |
| ADRENAL HORMONES | | |
| cortisone | \$0 (1) | |
| dexamethasone intensol | \$0 (1) | MO |
| dexamethasone oral elixir | \$0 (1) | MO |
| dexamethasone oral solution | \$0 (1) | MO |
| dexamethasone oral tablet | \$0 (1) | MO |
| dexamethasone sodium phos (pf) injection solution 10 mg/ml | \$0 (1) | MO |
| dexamethasone sodium phosphate injection | \$0 (1) | MO |
| fludrocortisone | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| hydrocortisone oral | \$0 (1) | MO |
| methylprednisolone acetate | \$0 (1) | MO |
| methylprednisolone oral tablet | \$0 (1) | B/D PA; MO |
| methylprednisolone oral tablets, dose pack | \$0 (1) | MO |
| methylprednisolone sodium succ injection recon soln 125 mg, 40 mg | \$0 (1) | MO |
| methylprednisolone sodium succ intravenous | \$0 (1) | MO |
| prednisolone oral solution | \$0 (1) | MO |
| prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) | \$0 (1) | MO |
| prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml) | \$0 (1) | |
| prednisone | \$0 (1) | MO |
| prednisone intensol | \$0 (1) | MO |
| triamcinolone acetonide injection suspension 40 mg/ml | \$0 (1) | MO |
| ANTITHYROID AGENTS | | |
| methimazole oral tablet 10 mg, 5 mg | \$0 (1) | MO |
| propylthiouracil | \$0 (1) | MO |
| DIABETES THERAPY | | |
| acarbose oral tablet 100 mg | \$0 (1) | MO; QL (90 per 30 days) |
| acarbose oral tablet 25 mg | \$0 (1) | MO; QL (360 per 30 days) |
| acarbose oral tablet 50 mg | \$0 (1) | MO; QL (180 per 30 days) |
| alcohol pads * | \$0 (1) | PA; MO |
| BAQSIMI | \$0 (1) | MO |
| BYDUREON BCISE | \$0 (1) | PA; MO; QL (4 per 28 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML | \$0 (1) | PA; MO; QL (2.4 per 30 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML | \$0 (1) | PA; MO; QL (1.2 per 30 days) |
| diazoxide | \$0 (1) | MO |
| dropsafe alcohol prep pads * | \$0 (1) | PA |
| FARXIGA ORAL TABLET 10 MG | \$0 (1) | MO; QL (30 per 30 days) |
| FARXIGA ORAL TABLET 5 MG | \$0 (1) | MO; QL (60 per 30 days) |
| glimepiride oral tablet 1 mg | \$0 (1) | MO; QL (240 per 30 days) |
| glimepiride oral tablet 2 mg | \$0 (1) | MO; QL (120 per 30 days) |
| glimepiride oral tablet 4 mg | \$0 (1) | MO; QL (60 per 30 days) |
| glipizide oral tablet 10 mg | \$0 (1) | MO; QL (120 per 30 days) |
| glipizide oral tablet 5 mg | \$0 (1) | MO; QL (240 per 30 days) |
| glipizide oral tablet extended release 24hr 10 mg | \$0 (1) | MO; QL (60 per 30 days) |
| glipizide oral tablet extended release 24hr 2.5 mg | \$0 (1) | MO; QL (240 per 30 days) |
| glipizide oral tablet extended release 24hr 5 mg | \$0 (1) | MO; QL (120 per 30 days) |
| glipizide-metformin oral tablet 2.5-250 mg | \$0 (1) | MO; QL (240 per 30 days) |
| glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg | \$0 (1) | MO; QL (120 per 30 days) |
| GLYXAMBI | \$0 (1) | MO; QL (30 per 30 days) |
| GVOKE | \$0 (1) | MO |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML | \$0 (1) | |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML | \$0 (1) | MO |
| GVOKE HYPOPEN 2-PACK | \$0 (1) | MO |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | \$0 (1) | MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | \$0 (1) | MO |
| HUMALOG JUNIOR KWIKPEN U-100 | \$0 (1) | MO |
| HUMALOG KWIKPEN INSULIN | \$0 (1) | MO |
| HUMALOG MIX 50-50 KWIKPEN | \$0 (1) | MO |
| HUMALOG MIX 75-25 KWIKPEN | \$0 (1) | MO |
| HUMALOG MIX 75-25(U-100)INSULN | \$0 (1) | MO |
| HUMALOG U-100 INSULIN | \$0 (1) | MO |
| HUMULIN 70/30 U-100 INSULIN | \$0 (1) | MO |
| HUMULIN 70/30 U-100 KWIKPEN | \$0 (1) | MO |
| HUMULIN N NPH INSULIN KWIKPEN | \$0 (1) | MO |
| HUMULIN N NPH U-100 INSULIN | \$0 (1) | MO |
| HUMULIN R REGULAR U-100 INSULN | \$0 (1) | MO |
| HUMULIN R U-500 (CONC) INSULIN | \$0 (1) | MO |
| HUMULIN R U-500 (CONC) KWIKPEN | \$0 (1) | MO |
| INPEFA | \$0 (1) | PA; MO; QL (30 per 30 days) |
| INSULIN LISPRO SUBCUTANEOUS SOLUTION | \$0 (1) | MO |
| JANUMET | \$0 (1) | MO; QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | \$0 (1) | MO; QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | \$0 (1) | MO; QL (60 per 30 days) |
| JANUVIA | \$0 (1) | MO; QL (30 per 30 days) |
| JARDIANCE | \$0 (1) | MO; QL (30 per 30 days) |
| JENTADUETO | \$0 (1) | MO; QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | \$0 (1) | MO; QL (60 per 30 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | \$0 (1) | MO; QL (30 per 30 days) |
| LANTUS SOLOSTAR U-100 INSULIN | \$0 (1) | MO |
| LANTUS U-100 INSULIN | \$0 (1) | MO |
| LYYUMJEV KWIKPEN U-100 INSULIN | \$0 (1) | MO |
| LYYUMJEV KWIKPEN U-200 INSULIN | \$0 (1) | MO |
| LYYUMJEV U-100 INSULIN | \$0 (1) | MO |
| <i>metformin oral tablet 1,000 mg</i> | \$0 (1) | MO; QL (75 per 30 days) |
| <i>metformin oral tablet 500 mg</i> | \$0 (1) | MO; QL (150 per 30 days) |
| <i>metformin oral tablet 850 mg</i> | \$0 (1) | MO; QL (90 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 500 mg</i> | \$0 (1) | MO; QL (120 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 750 mg</i> | \$0 (1) | MO; QL (60 per 30 days) |
| MOUNJARO | \$0 (1) | PA; MO; QL (2 per 28 days) |
| <i>nateglinide oral tablet 120 mg</i> | \$0 (1) | MO; QL (90 per 30 days) |
| <i>nateglinide oral tablet 60 mg</i> | \$0 (1) | MO; QL (180 per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | \$0 (1) | PA; MO; QL (3 per 28 days) |
| <i>pioglitazone</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>repaglinide oral tablet 0.5 mg</i> | \$0 (1) | MO; QL (960 per 30 days) |
| <i>repaglinide oral tablet 1 mg</i> | \$0 (1) | MO; QL (480 per 30 days) |
| <i>repaglinide oral tablet 2 mg</i> | \$0 (1) | MO; QL (240 per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | \$0 (1) | PA; MO; QL (30 per 30 days) |
| <i>saxagliptin</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i> | \$0 (1) | MO; QL (60 per 30 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg | \$0 (1) | MO; QL (30 per 30 days) |
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG | \$0 (1) | MO; QL (60 per 30 days) |
| SEGLUROMET ORAL TABLET 2.5-500 MG | \$0 (1) | MO; QL (120 per 30 days) |
| SOLIQUA 100/33 | \$0 (1) | MO; QL (90 per 30 days) |
| STEGLATRO | \$0 (1) | MO; QL (30 per 30 days) |
| SYMLINPEN 120 | \$0 (1) | PA; MO; QL (10.8 per 30 days) |
| SYMLINPEN 60 | \$0 (1) | PA; MO; QL (6 per 30 days) |
| SYNJARDY | \$0 (1) | MO; QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | \$0 (1) | MO; QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | \$0 (1) | MO; QL (60 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR | \$0 (1) | MO |
| TOUJEO SOLOSTAR U-300 INSULIN | \$0 (1) | MO |
| TRADJENTA | \$0 (1) | MO; QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | \$0 (1) | 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 | \$0 (1) | MO; QL (60 per 30 days) |
| TRULICITY | \$0 (1) | PA; MO; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG | \$0 (1) | 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 | \$0 (1) | MO; QL (60 per 30 days) |
| MISCELLANEOUS HORMONES | | |
| ALDURAZYME | \$0 (1) | PA; MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>cabergoline</i> | \$0 (1) | MO |
| <i>calcitonin (salmon)</i> | \$0 (1) | MO |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | \$0 (1) | |
| <i>calcitriol oral capsule</i> | \$0 (1) | MO |
| <i>calcitriol oral solution</i> | \$0 (1) | |
| <i>cinacalcet</i> | \$0 (1) | PA; MO |
| <i>clomid</i> | \$0 (1) | PA; MO |
| <i>clomiphene citrate</i> | \$0 (1) | PA |
| <i>CRYSVITA</i> | \$0 (1) | PA; MO; LA |
| <i>danazol</i> | \$0 (1) | MO |
| <i>desmopressin injection</i> | \$0 (1) | MO |
| <i>desmopressin nasal spray with pump</i> | \$0 (1) | MO |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i> | \$0 (1) | |
| <i>desmopressin oral</i> | \$0 (1) | MO |
| <i>doxercalciferol</i> | \$0 (1) | MO |
| <i>ELAPRASE</i> | \$0 (1) | PA; MO |
| <i>FABRAZYME</i> | \$0 (1) | PA; MO |
| <i>KANUMA</i> | \$0 (1) | PA; MO |
| <i>LUMIZYME</i> | \$0 (1) | PA; MO |
| <i>MEPSEVII</i> | \$0 (1) | PA; MO |
| <i>mifepristone oral tablet 300 mg</i> | \$0 (1) | PA; MO |
| <i>NAGLAZYME</i> | \$0 (1) | PA; MO; LA |
| <i>pamidronate intravenous solution</i> | \$0 (1) | MO |
| <i>paricalcitol intravenous</i> | \$0 (1) | |
| <i>paricalcitol oral</i> | \$0 (1) | MO |
| <i>sapropterin</i> | \$0 (1) | PA; MO |
| <i>SOMAVERT</i> | \$0 (1) | PA; MO |
| <i>STRENSIQ</i> | \$0 (1) | PA; LA |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml | \$0 (1) | PA; MO |
| testosterone cypionate intramuscular oil 200 mg/ml (1 ml) | \$0 (1) | PA |
| testosterone enanthate | \$0 (1) | PA; MO |
| testosterone transdermal gel | \$0 (1) | PA; MO; QL (300 per 30 days) |
| testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) | \$0 (1) | PA; MO; QL (300 per 30 days) |
| testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) | \$0 (1) | PA; MO; QL (150 per 30 days) |
| testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) | \$0 (1) | PA; MO; QL (300 per 30 days) |
| testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram) | \$0 (1) | PA; MO; QL (37.5 per 30 days) |
| testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram) | \$0 (1) | PA; MO; QL (150 per 30 days) |
| testosterone transdermal solution in metered pump w/app | \$0 (1) | PA; MO; QL (180 per 30 days) |
| tolvaptan | \$0 (1) | PA; MO |
| VIMIZIM | \$0 (1) | PA; MO; LA |
| zoledronic acid intravenous solution | \$0 (1) | B/D PA; MO |

THYROID HORMONES

| | | |
|---|---------|----|
| euthyrox | \$0 (1) | MO |
| levo-t | \$0 (1) | |
| levothyroxine intravenous recon soln | \$0 (1) | |
| levothyroxine oral tablet | \$0 (1) | MO |
| levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | \$0 (1) | MO |
| liothyronine | \$0 (1) | MO |
| unithroid | \$0 (1) | MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| GASTROENTEROLOGY | | |
| ANTIDIARRHEALS / ANTISPASMODICS | | |
| atropine injection solution 0.4 mg/ml | \$0 (1) | |
| atropine injection syringe 0.1 mg/ml | \$0 (1) | |
| atropine intravenous solution 0.4 mg/ml | \$0 (1) | |
| atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml) | \$0 (1) | |
| dicyclomine intramuscular | \$0 (1) | MO |
| dicyclomine oral capsule | \$0 (1) | MO |
| dicyclomine oral solution | \$0 (1) | MO |
| dicyclomine oral tablet | \$0 (1) | MO |
| diphenoxylate-atropine oral liquid | \$0 (1) | |
| diphenoxylate-atropine oral tablet | \$0 (1) | MO |
| glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml) | \$0 (1) | MO |
| glycopyrrolate injection | \$0 (1) | MO |
| glycopyrrolate oral tablet 1 mg, 2 mg | \$0 (1) | MO |
| loperamide oral capsule | \$0 (1) | MO |
| opium tincture | \$0 (1) | MO |
| MISCELLANEOUS GASTROINTESTINAL AGENTS | | |
| alosetron | \$0 (1) | PA; MO |
| aprepitant | \$0 (1) | B/D PA; MO |
| balsalazide | \$0 (1) | MO |
| betaine | \$0 (1) | MO |
| budesonide oral | \$0 (1) | MO |
| CIMZIA POWDER FOR RECONST | \$0 (1) | PA; MO; QL (2 per 28 days) |
| CIMZIA STARTER KIT | \$0 (1) | PA; MO; QL (3 per 180 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | \$0 (1) | PA; MO; QL (2 per 28 days) |
| CINVANTI | \$0 (1) | MO |
| compro | \$0 (1) | MO |
| constulose | \$0 (1) | MO |
| CORTIFOAM | \$0 (1) | MO |
| CREON | \$0 (1) | MO |
| cromolyn oral | \$0 (1) | MO |
| dimenhydrinate injection solution | \$0 (1) | MO |
| dronabinol | \$0 (1) | B/D PA; MO |
| droperidol injection solution | \$0 (1) | MO |
| ENTYVIO | \$0 (1) | PA; MO; QL (2 per 28 days) |
| enulose | \$0 (1) | MO |
| fosaprepitant | \$0 (1) | MO |
| GATTEX 30-VIAL | \$0 (1) | PA; MO |
| GATTEX ONE-VIAL | \$0 (1) | PA; MO |
| gavilyte-c | \$0 (1) | MO |
| gavilyte-g | \$0 (1) | MO |
| gavilyte-n | \$0 (1) | |
| generlac | \$0 (1) | MO |
| gransetron (pf) intravenous solution 1 mg/ml (1 ml) | \$0 (1) | MO |
| gransetron hcl intravenous solution 1 mg/ml | \$0 (1) | MO |
| gransetron hcl intravenous solution 1 mg/ml (1 ml) | \$0 (1) | |
| gransetron hcl oral | \$0 (1) | B/D PA; MO |
| hydrocortisone rectal | \$0 (1) | MO |
| hydrocortisone topical cream with perineal applicator | \$0 (1) | MO |

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



This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>lactulose oral solution</i> | \$0 (1) | MO |
| LINZESS | \$0 (1) | MO; QL (30 per 30 days) |
| <i>lubiprostone</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i> | \$0 (1) | MO |
| <i>mesalamine oral capsule (with del rel tablets)</i> | \$0 (1) | MO |
| <i>mesalamine oral capsule, extended release</i> | \$0 (1) | |
| <i>mesalamine oral capsule, extended release 24hr</i> | \$0 (1) | MO |
| <i>mesalamine oral tablet,delayed release (dr/ec)</i> | \$0 (1) | MO |
| <i>mesalamine rectal</i> | \$0 (1) | MO |
| <i>mesalamine with cleansing wipe</i> | \$0 (1) | MO |
| <i>metoclopramide hcl injection solution</i> | \$0 (1) | MO |
| <i>metoclopramide hcl injection syringe</i> | \$0 (1) | |
| <i>metoclopramide hcl oral solution</i> | \$0 (1) | MO |
| <i>metoclopramide hcl oral tablet</i> | \$0 (1) | MO |
| <i>nitroglycerin rectal</i> | \$0 (1) | MO |
| OCALIVA | \$0 (1) | PA; MO; LA; QL (30 per 30 days) |
| <i>ondansetron hcl (pf) injection solution</i> | \$0 (1) | MO |
| <i>ondansetron hcl (pf) injection syringe</i> | \$0 (1) | |
| <i>ondansetron hcl intravenous</i> | \$0 (1) | MO |
| <i>ondansetron hcl oral solution</i> | \$0 (1) | B/D PA; MO |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | \$0 (1) | B/D PA; MO |
| <i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i> | \$0 (1) | B/D PA; MO |
| <i>palonosetron intravenous solution 0.25 mg/5 ml</i> | \$0 (1) | MO |
| <i>palonosetron intravenous syringe</i> | \$0 (1) | |
| <i>peg 3350-electrolytes</i> | \$0 (1) | |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| peg-electrolyte | \$0 (1) | MO |
| prochlorperazine | \$0 (1) | MO |
| prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml) | \$0 (1) | MO |
| prochlorperazine maleate oral | \$0 (1) | MO |
| procto-med hc | \$0 (1) | MO |
| proctosol hc topical | \$0 (1) | MO |
| proctozone-hc | \$0 (1) | MO |
| RELISTOR SUBCUTANEOUS SOLUTION | \$0 (1) | ST; MO; QL (18 per 30 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | \$0 (1) | ST; MO; QL (18 per 30 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | \$0 (1) | ST; MO; QL (12 per 30 days) |
| REMICADE | \$0 (1) | PA; MO; QL (20 per 28 days) |
| SANCUSO | \$0 (1) | MO |
| scopolamine base | \$0 (1) | MO |
| SKYRIZI INTRAVENOUS | \$0 (1) | PA; MO; QL (30 per 180 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML) | \$0 (1) | PA; MO; QL (1.2 per 56 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML) | \$0 (1) | PA; MO; QL (2.4 per 56 days) |
| sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram | \$0 (1) | MO |
| sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml) | \$0 (1) | |
| SUCRAID | \$0 (1) | PA |
| sulfasalazine | \$0 (1) | MO |
| SYMPROIC | \$0 (1) | MO; QL (30 per 30 days) |
| TRULANCE | \$0 (1) | QL (30 per 30 days) |
| ursodiol oral capsule 300 mg | \$0 (1) | MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| ursodiol oral tablet | \$0 (1) | MO |
| VARUBI | \$0 (1) | B/D PA |
| VIBERZI | \$0 (1) | MO; QL (60 per 30 days) |
| VOWST | \$0 (1) | PA; LA |
| 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, 60,000-189,600- 252,600 UNIT | \$0 (1) | MO |
| ZYMFENTRA | \$0 (1) | PA; MO; QL (2 per 28 days) |
| ULCER THERAPY | | |
| esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg | \$0 (1) | MO; QL (30 per 30 days) |
| esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg | \$0 (1) | MO; QL (60 per 30 days) |
| esomeprazole sodium intravenous recon soln 40 mg | \$0 (1) | MO |
| famotidine (pf) | \$0 (1) | MO |
| famotidine (pf)-nacl (iso-os) | \$0 (1) | MO |
| famotidine intravenous | \$0 (1) | MO |
| famotidine oral tablet 20 mg, 40 mg | \$0 (1) | MO |
| lansoprazole oral capsule,delayed release(dr/ec) 15 mg | \$0 (1) | MO; QL (30 per 30 days) |
| lansoprazole oral capsule,delayed release(dr/ec) 30 mg | \$0 (1) | MO; QL (60 per 30 days) |
| misoprostol | \$0 (1) | MO |
| nizatidine oral capsule | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg | \$0 (1) | MO; QL (30 per 30 days) |
| omeprazole oral capsule, delayed release(dr/ec) 40 mg | \$0 (1) | MO; QL (60 per 30 days) |
| pantoprazole intravenous | \$0 (1) | MO |
| pantoprazole oral tablet, delayed release (dr/ec) 20 mg | \$0 (1) | MO; QL (30 per 30 days) |
| pantoprazole oral tablet, delayed release (dr/ec) 40 mg | \$0 (1) | MO; QL (60 per 30 days) |
| sucralfate | \$0 (1) | MO |

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

| | | |
|---|---------|--------------------------------|
| ACTIMMUNE | \$0 (1) | PA; MO |
| ARCALYST | \$0 (1) | PA |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT | \$0 (1) | PA; MO; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT | \$0 (1) | PA; MO; QL (1 per 28 days) |
| BESREMI | \$0 (1) | PA; LA |
| BETASERON SUBCUTANEOUS KIT | \$0 (1) | PA; MO; QL (14 per 28 days) |
| FULPHILA | \$0 (1) | PA; MO |
| ILARIS (PF) | \$0 (1) | PA; MO; LA; QL (2 per 28 days) |
| NIVESTYM | \$0 (1) | PA; MO |
| NYVEPRIA | \$0 (1) | PA; MO |
| OMNITROPE | \$0 (1) | PA; MO |
| PEGASYS SUBCUTANEOUS SOLUTION | \$0 (1) | MO; QL (4 per 28 days) |
| PEGASYS SUBCUTANEOUS SYRINGE | \$0 (1) | MO; QL (2 per 28 days) |
| PLEGRIDY INTRAMUSCULAR | \$0 (1) | PA; MO; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | \$0 (1) | PA; MO; QL (1 per 28 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML | \$0 (1) | PA; MO; QL (1 per 180 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | \$0 (1) | PA; MO; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | \$0 (1) | PA; MO; QL (1 per 180 days) |
| plerixafor | \$0 (1) | B/D PA; MO |
| PROCRIT | \$0 (1) | PA; MO |
| RELEUKO SUBCUTANEOUS | \$0 (1) | PA; MO |
| RETACRIT | \$0 (1) | PA; MO |
| VACCINES / MISCELLANEOUS IMMUNOLOGICALS | | |
| ABRYSVO (PF) | \$0 (1) | V |
| ACTHIB (PF) | \$0 (1) | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) | \$0 (1) | V |
| AREXVY (PF) | \$0 (1) | V |
| BCG VACCINE, LIVE (PF) | \$0 (1) | V |
| BEXSERO | \$0 (1) | V |
| BOOSTRIX TDAP | \$0 (1) | V |
| DAPTACEL (DTAP PEDIATRIC) (PF) | \$0 (1) | |
| DENGVAXIA (PF) | \$0 (1) | |
| ENGERIX-B (PF) | \$0 (1) | B/D PA; V |
| ENGERIX-B PEDIATRIC (PF) | \$0 (1) | B/D PA; V |
| fomepizole | \$0 (1) | |
| GAMASTAN | \$0 (1) | MO |
| GARDASIL 9 (PF) | \$0 (1) | V |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | \$0 (1) | V |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | \$0 (1) | |
| HEPLISAV-B (PF) | \$0 (1) | B/D PA; V |
| HIBERIX (PF) | \$0 (1) | |
| HIZENTRA | \$0 (1) | B/D PA; MO |
| HYPERHEP B | \$0 (1) | |
| HYPERHEP B NEONATAL | \$0 (1) | |
| IMOVAX RABIES VACCINE (PF) | \$0 (1) | V |
| INFANRIX (DTAP) (PF) | \$0 (1) | |
| IPOPOL | \$0 (1) | V |
| IXCHIQ (PF) | \$0 (1) | V |
| IXIARO (PF) | \$0 (1) | V |
| JYNNEOS (PF) | \$0 (1) | B/D PA; V |
| KINRIX (PF) | \$0 (1) | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION | \$0 (1) | V |
| MENQUADFI (PF) | \$0 (1) | V |
| MENVEO A-C-Y-W-135-DIP (PF) | \$0 (1) | V |
| M-M-R II (PF) | \$0 (1) | V |
| MRESVIA (PF) | \$0 (1) | V |
| PEDIARIX (PF) | \$0 (1) | |
| PEDVAX HIB (PF) | \$0 (1) | |
| PENBRAYA (PF) | \$0 (1) | V |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML | \$0 (1) | |
| PRIORIX (PF) | \$0 (1) | V |
| PRIVIGEN | \$0 (1) | PA; MO |
| PROQUAD (PF) | \$0 (1) | |
| QUADRACEL (PF) | \$0 (1) | |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| RABAVERT (PF) | \$0 (1) | V |
| RECOMBIVAX HB (PF) | \$0 (1) | B/D PA; V |
| ROTARIX ORAL SUSPENSION | \$0 (1) | |
| ROTATEQ VACCINE | \$0 (1) | |
| SHINGRIX (PF) | \$0 (1) | V; QL (2 per 720 days) |
| TENIVAC (PF) | \$0 (1) | V |
| TICE BCG | \$0 (1) | B/D PA |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | \$0 (1) | |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | \$0 (1) | V |
| TRUMENBA | \$0 (1) | V |
| TWINRIX (PF) | \$0 (1) | V |
| TYPHIM VI | \$0 (1) | V |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | \$0 (1) | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | \$0 (1) | V |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | \$0 (1) | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | \$0 (1) | V |
| VARIVAX (PF) | \$0 (1) | V |
| VARIZIG | \$0 (1) | |
| VAXCHORA VACCINE | \$0 (1) | V |
| YF-VAX (PF) | \$0 (1) | V |

MASS HEALTH COVERED

DRUGS

OVER-THE-COUNTER

| | | |
|----------------------|------------------|-----|
| 12 hour decongestant | \$0 (Non-Part D) | OTC |
|----------------------|------------------|-----|

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-----------------------------------|---|--|
| 12 hour nasal decongest (pse) | \$0 (Non-Part D) | OTC |
| 24 hour nasal allergy | \$0 (Non-Part D) | OTC |
| 24hour allergy | \$0 (Non-Part D) | OTC |
| 24hr allergy-congestion relief | \$0 (Non-Part D) | OTC |
| 2-in-1 laxative | \$0 (Non-Part D) | OTC |
| 3-day vaginal | \$0 (Non-Part D) | MO; OTC |
| 8 hour pain reliever | \$0 (Non-Part D) | OTC |
| 8hr muscle aches-pain | \$0 (Non-Part D) | OTC |
| a thru z | \$0 (Non-Part D) | OTC |
| a thru z advanced formula | \$0 (Non-Part D) | OTC |
| a thru z high potency | \$0 (Non-Part D) | OTC |
| A THRU Z MEN'S ULTIMATE | \$0 (Non-Part D) | OTC |
| a thru z select | \$0 (Non-Part D) | OTC |
| a thru z select 50plus formula | \$0 (Non-Part D) | OTC |
| a thru z select women's | \$0 (Non-Part D) | OTC |
| A-25 (VIT A PALMITATE) | \$0 (Non-Part D) | OTC |
| ABANEU-SL | \$0 (Non-Part D) | OTC |
| ABC COMPLETE ADULT | \$0 (Non-Part D) | OTC |
| abc complete senior 50 plus | \$0 (Non-Part D) | OTC |
| abc complete senior men's | \$0 (Non-Part D) | OTC |
| ABC COMPLETE SENIOR WOMEN'S | \$0 (Non-Part D) | OTC |
| abc complete women's | \$0 (Non-Part D) | OTC |
| abc plus | \$0 (Non-Part D) | OTC |
| acacia (bulk) * | \$0 (Non-Part D) | OTC |
| acerola c-500 | \$0 (Non-Part D) | OTC |
| acesulfame potassium (bulk) * | \$0 (Non-Part D) | OTC |
| acetaminophen extra strength | \$0 (Non-Part D) | OTC |
| ACETAMINOPHEN ORAL CAPSULE 325 MG | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| acetaminophen oral liquid 160 mg/5 ml | \$0 (Non-Part D) | MO; OTC |
| acetaminophen oral liquid 500 mg/15 ml | \$0 (Non-Part D) | OTC |
| acetaminophen oral solution 160 mg/5 ml (5 ml), 650 mg/20.3 ml | \$0 (Non-Part D) | OTC |
| acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml) | \$0 (Non-Part D) | OTC |
| ACETAMINOPHEN ORAL SUSPENSION 325 MG/10.15 ML, 650 MG/20.3 ML | \$0 (Non-Part D) | OTC |
| acetaminophen oral tablet | \$0 (Non-Part D) | MO; OTC |
| acetaminophen oral tablet extended release | \$0 (Non-Part D) | MO; OTC |
| acetaminophen oral tablet,disintegrating 80 mg | \$0 (Non-Part D) | OTC |
| acetaminophen pm | \$0 (Non-Part D) | MO; OTC |
| acetaminophen pm extra str | \$0 (Non-Part D) | OTC |
| acetaminophen rectal | \$0 (Non-Part D) | MO; OTC |
| acid controller | \$0 (Non-Part D) | OTC |
| acid gone antacid | \$0 (Non-Part D) | MO; OTC |
| acid gone antacid e.strength | \$0 (Non-Part D) | MO; OTC |
| acid reducer (cimetidine) | \$0 (Non-Part D) | OTC |
| acid reducer (famotidine) | \$0 (Non-Part D) | OTC |
| acid-pep | \$0 (Non-Part D) | OTC |
| acne cleansing bar | \$0 (Non-Part D) | OTC |
| acne control(benzoyl peroxide) | \$0 (Non-Part D) | OTC |
| acne foaming wash | \$0 (Non-Part D) | OTC |
| acne medication topical gel 10 %, 2.5 % | \$0 (Non-Part D) | MO; OTC |
| ACNE MEDICATION TOPICAL GEL 5 % | \$0 (Non-Part D) | MO; OTC |
| ACNE MEDICATION TOPICAL LOTION | \$0 (Non-Part D) | MO; OTC |
| acne treatment (benzoyl perox) | \$0 (Non-Part D) | OTC |
| acne-clear | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| actical | \$0 (Non-Part D) | MO; OTC |
| ACTIVE Q ORAL SUSPENSION | \$0 (Non-Part D) | OTC |
| addaprin | \$0 (Non-Part D) | OTC |
| adult aspirin regimen | \$0 (Non-Part D) | OTC |
| ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG | \$0 (Non-Part D) | MO; OTC |
| ADULT ONE DAILY GUMMIES | \$0 (Non-Part D) | OTC |
| adults 50 plus | \$0 (Non-Part D) | OTC |
| ADULTS' DAILY FORMULA | \$0 (Non-Part D) | OTC |
| ADULTS MULTIVITAMIN | \$0 (Non-Part D) | OTC |
| advanced antacid-antigas | \$0 (Non-Part D) | OTC |
| ADVANCED CALCIUM | \$0 (Non-Part D) | OTC |
| advanced exfoliating cleanser | \$0 (Non-Part D) | OTC |
| advanced eye relief | \$0 (Non-Part D) | MO; OTC |
| ADVANTAGE WITH IRON | \$0 (Non-Part D) | OTC |
| ADVANTAGE WITH IRON NON-GMO | \$0 (Non-Part D) | OTC |
| advocate blood pressure monitr * | \$0 (Non-Part D) | MO; OTC |
| after pill | \$0 (Non-Part D) | OTC |
| AFTERA | \$0 (Non-Part D) | OTC |
| airzone peak flow meter * | \$0 (Non-Part D) | OTC |
| alavert d-12 allergy-sinus | \$0 (Non-Part D) | MO; OTC |
| alaway | \$0 (Non-Part D) | MO; OTC |
| albustix reagent * | \$0 (Non-Part D) | MO; OTC |
| alcalak | \$0 (Non-Part D) | OTC |
| aler-cap | \$0 (Non-Part D) | OTC |
| alfalfa flavor * | \$0 (Non-Part D) | OTC |
| ALFAMINO INFANT | \$0 (Non-Part D) | MO; OTC |
| ALFAMINO JUNIOR ORAL POWDER 15 GRAM-460 KCAL/100 GRAM | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| ALIGN (B-INFANTIS) ORAL TABLET,CHEWABLE | \$0 (Non-Part D) | MO; OTC |
| ALIGN (B.LONGUM) | \$0 (Non-Part D) | MO; OTC |
| ALIGN JR | \$0 (Non-Part D) | OTC |
| ALIVE CALCIUM-VITAMIN D3 | \$0 (Non-Part D) | OTC |
| ALIVE MEN'S 50 PLUS MV (VIT K) | \$0 (Non-Part D) | OTC |
| ALIVE MEN'S ENERGY | \$0 (Non-Part D) | MO; OTC |
| ALIVE MEN'S GUMMY | \$0 (Non-Part D) | OTC |
| ALIVE WOMEN'S 50 PLUS (BLEND) | \$0 (Non-Part D) | MO; OTC |
| ALIVE WOMEN'S 50 PLUS GUMMY | \$0 (Non-Part D) | OTC |
| ALIVE WOMEN'S ENERGY | \$0 (Non-Part D) | OTC |
| <i>all day allergy (cetirizine) oral tablet</i> | \$0 (Non-Part D) | MO; OTC |
| <i>all day allergy-d</i> | \$0 (Non-Part D) | OTC |
| <i>all day pain relief</i> | \$0 (Non-Part D) | OTC |
| <i>all day relief</i> | \$0 (Non-Part D) | MO; OTC |
| <i>aller-chlor</i> | \$0 (Non-Part D) | MO; OTC |
| <i>allerclear</i> | \$0 (Non-Part D) | OTC |
| <i>allerclear d-12hr</i> | \$0 (Non-Part D) | OTC |
| <i>allerclear d-24hr</i> | \$0 (Non-Part D) | OTC |
| <i>aller-cort</i> | \$0 (Non-Part D) | OTC |
| <i>aller-ease oral tablet 180 mg</i> | \$0 (Non-Part D) | OTC |
| <i>aller-fex</i> | \$0 (Non-Part D) | OTC |
| <i>aller-g-time</i> | \$0 (Non-Part D) | OTC |
| <i>allergy (chlorpheniramine)</i> | \$0 (Non-Part D) | OTC |
| <i>allergy (diphenhydramine)</i> | \$0 (Non-Part D) | OTC |
| <i>allergy and congestion relief</i> | \$0 (Non-Part D) | OTC |
| <i>allergy d-12</i> | \$0 (Non-Part D) | OTC |
| <i>allergy eye (ketotifen)</i> | \$0 (Non-Part D) | OTC |
| ALLERGY EYE (NAPHAZOLINE-PHEN) | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| allergy medication | \$0 (Non-Part D) | OTC |
| allergy medicine | \$0 (Non-Part D) | OTC |
| allergy oral liquid | \$0 (Non-Part D) | OTC |
| allergy relief (cetirizine) oral solution | \$0 (Non-Part D) | OTC |
| allergy relief (cetirizine) oral tablet | \$0 (Non-Part D) | OTC |
| allergy relief (fexofenadine) | \$0 (Non-Part D) | OTC |
| allergy relief (loratadine) oral solution | \$0 (Non-Part D) | OTC |
| allergy relief (loratadine) oral tablet | \$0 (Non-Part D) | OTC |
| allergy relief d12 | \$0 (Non-Part D) | OTC |
| allergy relief d-24hr | \$0 (Non-Part D) | OTC |
| allergy relief(chlorpheniramn) | \$0 (Non-Part D) | OTC |
| allergy relief(diphenhydramin) oral capsule | \$0 (Non-Part D) | OTC |
| allergy relief(diphenhydramin) oral liquid | \$0 (Non-Part D) | OTC |
| allergy relief(diphenhydramin) oral tablet | \$0 (Non-Part D) | OTC |
| allergy relief,nasal decongest | \$0 (Non-Part D) | MO; OTC |
| allergy relief-d (cetirizine) | \$0 (Non-Part D) | OTC |
| allergy relief-d (loratadine) | \$0 (Non-Part D) | OTC |
| allergy relief-d(fexofenadine) | \$0 (Non-Part D) | OTC |
| allergy syringe * | \$0 (Non-Part D) | OTC |
| allergy-congest relief-d(fexo) | \$0 (Non-Part D) | OTC |
| allergy-congestion relief-d | \$0 (Non-Part D) | OTC |
| allergy-time | \$0 (Non-Part D) | OTC |
| aller-tec | \$0 (Non-Part D) | OTC |
| aller-tec d | \$0 (Non-Part D) | OTC |
| almacone-2 | \$0 (Non-Part D) | MO; OTC |
| almond oil, sweet (bulk) * | \$0 (Non-Part D) | OTC |
| alpha lipoic acid (bulk) * | \$0 (Non-Part D) | OTC |
| aluminum hydroxide gel | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| alum-mag hydroxide-simeth oral suspension 400-400-40 mg/5 ml | \$0 (Non-Part D) | OTC |
| ameriphor | \$0 (Non-Part D) | OTC |
| AMMONIUM AND POTASSIUM IODIDES | \$0 (Non-Part D) | OTC |
| ANACIN | \$0 (Non-Part D) | OTC |
| animal chews | \$0 (Non-Part D) | OTC |
| anise * | \$0 (Non-Part D) | OTC |
| antacid | \$0 (Non-Part D) | OTC |
| antacid (calcium carb-mag hyd) oral suspension | \$0 (Non-Part D) | OTC |
| ANTACID (CALCIUM CARB-MAG HYD) ORAL TABLET,CHEWABLE 1,000-200 MG | \$0 (Non-Part D) | OTC |
| antacid (calcium carb-mag hyd) oral tablet,chewable 550-110 mg | \$0 (Non-Part D) | OTC |
| antacid (calcium carbonate) oral tablet,chewable 200 mg calcium (500 mg) | \$0 (Non-Part D) | OTC |
| ANTACID (CALCIUM CARBONATE) ORAL TABLET,CHEWABLE 215 MG CALCIUM (500 MG) | \$0 (Non-Part D) | OTC |
| antacid and pain relief | \$0 (Non-Part D) | OTC |
| antacid anti-gas | \$0 (Non-Part D) | OTC |
| ANTACID ANTI-GAS (CA CARB-SIM) | \$0 (Non-Part D) | OTC |
| ANTACID CALCIUM | \$0 (Non-Part D) | OTC |
| ANTACID EXST (CA CARB-MAG HYD) | \$0 (Non-Part D) | OTC |
| antacid exst (mag carb-al hyd) | \$0 (Non-Part D) | OTC |
| antacid ext str (calcium carb) | \$0 (Non-Part D) | OTC |
| antacid extra-strength | \$0 (Non-Part D) | OTC |
| antacid m | \$0 (Non-Part D) | OTC |
| antacid maximum strength | \$0 (Non-Part D) | OTC |
| ANTACID MULTI-SYMPOTM | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>antacid plus anti-gas</i> | \$0 (Non-Part D) | OTC |
| <i>antacid regular strength</i> | \$0 (Non-Part D) | OTC |
| <i>antacid ultra strength</i> | \$0 (Non-Part D) | OTC |
| ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML | \$0 (Non-Part D) | MO; OTC |
| <i>antacid-antigas oral suspension 400-400-40 mg/5 ml</i> | \$0 (Non-Part D) | OTC |
| <i>antibiotic (bacitracin zinc)</i> | \$0 (Non-Part D) | OTC |
| <i>antibiotic (neomy-bacit-polym)</i> | \$0 (Non-Part D) | OTC |
| ANTIBIOTIC PLUS (PRAMOXINE) | \$0 (Non-Part D) | OTC |
| ANTIBIOTIC PLUS PAIN REL(PRAM) | \$0 (Non-Part D) | OTC |
| <i>antibiotic-pain relief (bacit)</i> | \$0 (Non-Part D) | OTC |
| <i>anti-dandruff</i> | \$0 (Non-Part D) | MO; OTC |
| <i>anti-diarrheal</i> | \$0 (Non-Part D) | OTC |
| ANTI-DIARRHEAL (LOPE)-ANTI-GAS | \$0 (Non-Part D) | OTC |
| <i>anti-diarrheal (loperamide) oral capsule</i> | \$0 (Non-Part D) | OTC |
| ANTI-DIARRHEAL (LOPERAMIDE) ORAL LIQUID | \$0 (Non-Part D) | OTC |
| <i>anti-diarrheal (loperamide) oral tablet</i> | \$0 (Non-Part D) | MO; OTC |
| <i>antifungal (clotrimazole)</i> | \$0 (Non-Part D) | OTC |
| <i>antifungal (miconazole)</i> | \$0 (Non-Part D) | OTC |
| <i>antifungal (tolnaftate) topical cream</i> | \$0 (Non-Part D) | OTC |
| <i>antifungal (tolnaftate) topical solution</i> | \$0 (Non-Part D) | OTC |
| <i>antifungal spray</i> | \$0 (Non-Part D) | OTC |
| ANTI-GAS ULTRA STRENGTH | \$0 (Non-Part D) | OTC |
| <i>anti-itch (diphenhydramine)</i> | \$0 (Non-Part D) | OTC |
| ANTI-ITCH (HC) TOPICAL AEROSOL,SPRAY | \$0 (Non-Part D) | OTC |
| <i>anti-itch (hc) topical cream</i> | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| ANTI-ITCH (HC) TOPICAL LOTION | \$0 (Non-Part D) | OTC |
| <i>anti-itch (hc) topical ointment</i> | \$0 (Non-Part D) | OTC |
| <i>antiseptic</i> | \$0 (Non-Part D) | OTC |
| <i>antiseptic skin clnsr(chlorhe)</i> | \$0 (Non-Part D) | OTC |
| APATATE | \$0 (Non-Part D) | MO; OTC |
| <i>apataate forte</i> | \$0 (Non-Part D) | OTC |
| APETEX | \$0 (Non-Part D) | OTC |
| APETIGEN | \$0 (Non-Part D) | OTC |
| <i>apetigen plus oral liquid</i> | \$0 (Non-Part D) | OTC |
| APETIGEN PLUS ORAL TABLET | \$0 (Non-Part D) | OTC |
| <i>aphen</i> | \$0 (Non-Part D) | OTC |
| apple flavoring * | \$0 (Non-Part D) | OTC |
| AQUA-E CONCENTRATE | \$0 (Non-Part D) | OTC |
| ar caps * | \$0 (Non-Part D) | OTC |
| arginine (l-arginine) (bulk) powder * | \$0 (Non-Part D) | OTC |
| ARKALIOX | \$0 (Non-Part D) | OTC |
| <i>arthritis pain relief (acetam)</i> | \$0 (Non-Part D) | OTC |
| ARTHRITIS PAIN RELIEF(CAPSAIC) TOPICAL CREAM 0.075 % | \$0 (Non-Part D) | MO; OTC |
| <i>arthritis pain relief(capsaic) topical cream 0.1 %</i> | \$0 (Non-Part D) | OTC |
| <i>arthritis pain reliever</i> | \$0 (Non-Part D) | OTC |
| <i>artificial eye lubricant</i> | \$0 (Non-Part D) | OTC |
| <i>artificial tear(dxtrn-hpm-gly)</i> | \$0 (Non-Part D) | OTC |
| ARTIFICIAL TEARS (CMC) | \$0 (Non-Part D) | OTC |
| <i>artificial tears (pf) ophthalmic (eye) dropperette</i> | \$0 (Non-Part D) | OTC |
| ARTIFICIAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 % | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>artificial tears (polyvin alc)</i> | \$0 (Non-Part D) | OTC |
| <i>artificial tears(dext70-hapro)</i> | \$0 (Non-Part D) | OTC |
| <i>artificial tears(glycerin-peg)</i> | \$0 (Non-Part D) | OTC |
| ARTIFICIAL TEARS(PG-HYPM-GLYC) | \$0 (Non-Part D) | MO; OTC |
| <i>artificial tears(pvalch-povid)</i> | \$0 (Non-Part D) | OTC |
| <i>ascorbate calcium (vitamin c)</i> | \$0 (Non-Part D) | OTC |
| ASCORBIC ACID (VITAMIN C) ORAL CAPSULE 500 MG | \$0 (Non-Part D) | MO; OTC |
| <i>ascorbic acid (vitamin c) oral capsule, extended release</i> | \$0 (Non-Part D) | MO; OTC |
| ASCORBIC ACID (VITAMIN C) ORAL GRANULES | \$0 (Non-Part D) | OTC |
| <i>ascorbic acid (vitamin c) oral syrup</i> | \$0 (Non-Part D) | OTC |
| <i>ascorbic acid (vitamin c) oral tablet 1,000 mg, 250 mg</i> | \$0 (Non-Part D) | MO; OTC |
| <i>ascorbic acid (vitamin c) oral tablet 500 mg</i> | \$0 (Non-Part D) | OTC |
| <i>ascorbic acid (vitamin c) oral tablet extended release 1,500 mg</i> | \$0 (Non-Part D) | OTC |
| ASCORBIC ACID (VITAMIN C) ORAL TABLET,CHEWABLE 125 MG | \$0 (Non-Part D) | OTC |
| <i>ascorbic acid (vitamin c) oral tablet,chewable 500 mg</i> | \$0 (Non-Part D) | OTC |
| ASCORBIC ACID-ASCORBATE SODIUM ORAL LOZENGE | \$0 (Non-Part D) | OTC |
| <i>ascorbic acid-ascorbate sodium oral tablet,chewable 500 mg</i> | \$0 (Non-Part D) | OTC |
| ASCORBIC ACID-ASCORBATE SODIUM ORAL WAFER | \$0 (Non-Part D) | OTC |
| aspartame (bulk) * | \$0 (Non-Part D) | OTC |
| <i>aspirin childrens</i> | \$0 (Non-Part D) | OTC |
| <i>aspirin oral tablet</i> | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| aspirin oral tablet, chewable | \$0 (Non-Part D) | MO; OTC |
| aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg | \$0 (Non-Part D) | MO; OTC |
| aspirin oral tablet, delayed release (dr/ec) 500 mg, 650 mg | \$0 (Non-Part D) | OTC |
| aspirin rectal | \$0 (Non-Part D) | MO; OTC |
| aspirin, buffd-calcium carb-mag | \$0 (Non-Part D) | OTC |
| asthma check meter * | \$0 (Non-Part D) | OTC |
| athenol | \$0 (Non-Part D) | OTC |
| athlete's foot (clotrimazole) topical cream | \$0 (Non-Part D) | OTC |
| athlete's foot (tolnaftate) topical aerosol powder | \$0 (Non-Part D) | OTC |
| athlete's foot (tolnaftate) topical cream | \$0 (Non-Part D) | OTC |
| athlete's foot topical aerosol powder | \$0 (Non-Part D) | OTC |
| athlete's foot topical powder | \$0 (Non-Part D) | OTC |
| athletic foot cream | \$0 (Non-Part D) | OTC |
| B COMPLEX | \$0 (Non-Part D) | MO; OTC |
| b complex 1 (with folic acid) | \$0 (Non-Part D) | MO; OTC |
| B COMPLEX PLUS VITAMIN C | \$0 (Non-Part D) | MO; OTC |
| B COMPLEX W-VIT C | \$0 (Non-Part D) | OTC |
| b complex-vitamin c-folic acid oral tablet | \$0 (Non-Part D) | MO; OTC |
| B COMPLEX-VITAMIN C-FOLIC ACID ORAL TABLET EXTENDED RELEASE | \$0 (Non-Part D) | MO; OTC |
| b-100 complex | \$0 (Non-Part D) | OTC |
| B12 | \$0 (Non-Part D) | OTC |
| B-12 PLUS | \$0 (Non-Part D) | MO; OTC |
| BABY VITAMIN D3 | \$0 (Non-Part D) | OTC |
| BABY'S SUPER DAILY D3 | \$0 (Non-Part D) | OTC |
| bacitracin topical | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| bacitracin zinc topical ointment | \$0 (Non-Part D) | MO; OTC |
| bacitracin zinc topical ointment in packet | \$0 (Non-Part D) | OTC |
| bacitraycin plus topical ointment 500 unit/gram | \$0 (Non-Part D) | OTC |
| BACITRAYCIN PLUS TOPICAL OINTMENT 500-10 UNIT-MG/GRAM | \$0 (Non-Part D) | OTC |
| back and body pain reliever | \$0 (Non-Part D) | OTC |
| backache relief extra strength | \$0 (Non-Part D) | OTC |
| balance b-50 (with folic acid) | \$0 (Non-Part D) | OTC |
| balanced b-100 complex | \$0 (Non-Part D) | MO; OTC |
| balanced b-100 oral tablet | \$0 (Non-Part D) | OTC |
| BALANCED B-100 ORAL TABLET EXTENDED RELEASE | \$0 (Non-Part D) | OTC |
| balanced b-50 | \$0 (Non-Part D) | OTC |
| banophen | \$0 (Non-Part D) | MO; OTC |
| base, pcca bitter drug * | \$0 (Non-Part D) | OTC |
| base, pcca loxoral * | \$0 (Non-Part D) | OTC |
| baza antifungal | \$0 (Non-Part D) | MO; OTC |
| BAZA PROTECT (ZINC OXIDE) | \$0 (Non-Part D) | MO; OTC |
| BC ARTHRITIS | \$0 (Non-Part D) | OTC |
| BC MAX STRENGTH | \$0 (Non-Part D) | OTC |
| BC PAIN RELIEF | \$0 (Non-Part D) | OTC |
| BCAD 1 | \$0 (Non-Part D) | OTC |
| B-COMPLEX PLUS VIT C (CALCIUM) | \$0 (Non-Part D) | OTC |
| B-COMPLEX WITH B-12 | \$0 (Non-Part D) | OTC |
| b-complex with vitamin c oral tablet | \$0 (Non-Part D) | OTC |
| b-complex with vitamin c oral tablet extended release | \$0 (Non-Part D) | OTC |
| bd allergy syringe * | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| bd eclipse luer-lok needle 21 gauge x 1 1/2" * | \$0 (Non-Part D) | MO; OTC |
| bd eclipse luer-lok syringe 1 ml 27 x 1/2", 3 ml 23 gauge x 1 1/2", 3 ml 23 x 1" * | \$0 (Non-Part D) | MO; OTC |
| bd insulin syringe syringe 3 ml 23 x 1" * | \$0 (Non-Part D) | OTC |
| bd insulin syringe syringe 3 ml 25 gauge x 1" * | \$0 (Non-Part D) | MO; OTC |
| bd integra needle * | \$0 (Non-Part D) | MO; OTC |
| bd integra syringe syringe 3 ml 21 gauge x 1 1/2" * | \$0 (Non-Part D) | OTC |
| bd integra syringe syringe 3 ml 23 gauge x 1", 3 ml 25 gauge x 1", 3 ml 25 gauge x 5/8" * | \$0 (Non-Part D) | MO; OTC |
| bd intradermal bevel needles * | \$0 (Non-Part D) | OTC |
| bd luer-lok syringe syringe 1 ml 20 gauge x 1", 10 ml 20 x 11/2", 10 ml 20 x 1", 3 ml 20 gauge x 11/2", 3 ml 20 gauge x 1", 5 ml 20 x 11/2", 5 ml 20 x 1" * | \$0 (Non-Part D) | OTC |
| bd luer-lok syringe syringe 10 ml 21 gauge x 1", 10 ml 21 x 11/2", 3 ml 18 x 11/2", 3 ml 21 gauge x 11/2", 3 ml 21 gauge x 1", 3 ml 23 gauge x 11/2", 3 ml 23 x 1", 3 ml 25 gauge x 1", 5 ml 21 gauge x 11/2", 5 ml 21 gauge x 1" * | \$0 (Non-Part D) | MO; OTC |
| bd nokor admix needle * | \$0 (Non-Part D) | MO; OTC |
| bd precisionglide needle 25 gauge x 1", 27 gauge x 11/2" * | \$0 (Non-Part D) | MO; OTC |
| bd precisionglide non-sterile needle 18 gauge x 11/2", 19 gauge x 11/2", 20 gauge x 11/2", 21 gauge x 11/2", 23 gauge x 1", 25 gauge x 1", 25 gauge x 5/8" * | \$0 (Non-Part D) | OTC |
| bd regular bevel needles needle 18 gauge x 1 1/2", 18 gauge x 1", 21 gauge x 11/2", 21 gauge x 1", 25 gauge x 11/2", 25 gauge x 5/8", 27 gauge x 1/2" * | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| bd regular bevel needles needle 19 gauge x 1 1/2", 19 gauge x 1", 20 gauge x 1 1/2", 20 gauge x 1", 23 gauge x 3/4", 26 gauge x 1/2" * | \$0 (Non-Part D) | OTC |
| bd safetyglide shielding reg syringe 3 ml 21 gauge x 1 1/2" * | \$0 (Non-Part D) | MO; OTC |
| bd safetyglide tb reg bevel * | \$0 (Non-Part D) | MO; OTC |
| bd specialty use needles needle 16 gauge x 1 1/2", 16 gauge x 1", 21 gauge x 2", 30 gauge x 1", 30 gauge x 1/2" * | \$0 (Non-Part D) | MO; OTC |
| bd specialty use needles needle 23 gauge x 1 1/4", 25 gauge x 7/8", 27 gauge x 11/4" * | \$0 (Non-Part D) | OTC |
| bd tuberculin syringe syringe 1 ml 21 gauge x 1" * | \$0 (Non-Part D) | OTC |
| bd tuberculin syringe syringe 1 ml 27 x 1/2" * | \$0 (Non-Part D) | MO; OTC |
| <i>benzoyl peroxide topical cleanser 10 %, 5 %</i> | \$0 (Non-Part D) | MO; OTC |
| <i>benzoyl peroxide topical cleanser 6 %</i> | \$0 (Non-Part D) | OTC |
| <i>benzoyl peroxide topical gel 10 %, 5 %</i> | \$0 (Non-Part D) | MO; OTC |
| <i>benzoyl peroxide topical gel 2.5 %</i> | \$0 (Non-Part D) | OTC |
| benzyl alcohol (bulk) * | \$0 (Non-Part D) | OTC |
| benzyl benzoate (bulk) * | \$0 (Non-Part D) | OTC |
| <i>best fiber</i> | \$0 (Non-Part D) | OTC |
| <i>beta carotene</i> | \$0 (Non-Part D) | MO; OTC |
| binaxnow covid-19 ag self test * | \$0 (Non-Part D) | OTC |
| <i>bisacodyl</i> | \$0 (Non-Part D) | MO; OTC |
| <i>bismuth</i> | \$0 (Non-Part D) | OTC |
| <i>bismuth subsalicylate oral tablet, chewable</i> | \$0 (Non-Part D) | MO; OTC |
| bitterness reducing agent * | \$0 (Non-Part D) | OTC |
| <i>blis-to-sol (tolnaftate)</i> | \$0 (Non-Part D) | OTC |
| blood pressure test kit-large * | \$0 (Non-Part D) | MO; OTC |
| blood pressure test kit-medium * | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| BODY, HAIR, SKIN AND NAILS | \$0 (Non-Part D) | OTC |
| BONE DENSITY CALCIUM PLUS D | \$0 (Non-Part D) | OTC |
| BONE ESSENTIALS | \$0 (Non-Part D) | OTC |
| BOOST KID ESSENTIALS | \$0 (Non-Part D) | MO; OTC |
| <i>bp</i> | \$0 (Non-Part D) | OTC |
| <i>bp wash topical cleanser 10 %</i> | \$0 (Non-Part D) | OTC |
| BP WASH TOPICAL CLEANSER 2.5 % | \$0 (Non-Part D) | MO; OTC |
| <i>bp wash topical cleanser 5 %</i> | \$0 (Non-Part D) | MO; OTC |
| B-RIGHT | \$0 (Non-Part D) | OTC |
| B-STRESS | \$0 (Non-Part D) | OTC |
| <i>budesonide nasal</i> | \$0 (Non-Part D) | MO; OTC |
| <i>bufferin</i> | \$0 (Non-Part D) | OTC |
| butter rum flavoring * | \$0 (Non-Part D) | OTC |
| <i>c complex oral tablet extended release 1,000 mg</i> | \$0 (Non-Part D) | OTC |
| <i>c-1000 oral tablet</i> | \$0 (Non-Part D) | OTC |
| <i>c-1000 oral tablet extended release</i> | \$0 (Non-Part D) | MO; OTC |
| <i>c-1000 with rose hips</i> | \$0 (Non-Part D) | MO; OTC |
| <i>c-500</i> | \$0 (Non-Part D) | OTC |
| <i>ca-d3-mag ox-zinc-cop-mang-bor oral tablet</i> | \$0 (Non-Part D) | OTC |
| CA-D3-MAG OX-ZINC-COP-MANG-BOR ORAL TABLET,CHEWABLE 600 MG CALCIUM- 800 UNIT-40 MG | \$0 (Non-Part D) | OTC |
| <i>ca-d3-mag ox-zinc-cop-mang-bor oral tablet, chewable 600 mg-400 unit -40 mg-7.5 mg</i> | \$0 (Non-Part D) | OTC |
| CAL MAG ZINC PLUS D3 | \$0 (Non-Part D) | OTC |
| CALAMINE-ZINC OXIDE TOPICAL LOTION | \$0 (Non-Part D) | OTC |
| <i>calamine-zinc oxide topical lotion 8-8 %</i> | \$0 (Non-Part D) | MO; OTC |
| CALC-D3-MAGNES-B6-ZN-CU-MANGAN | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| calcidol | \$0 (Non-Part D) | MO; OTC |
| CALCILO XD | \$0 (Non-Part D) | OTC |
| CALCI-MAX | \$0 (Non-Part D) | OTC |
| CAL-CITRATE | \$0 (Non-Part D) | OTC |
| calcium 500 | \$0 (Non-Part D) | OTC |
| calcium 500 + d oral tablet 500 mg-5 mcg (200 unit) | \$0 (Non-Part D) | OTC |
| calcium 500 + d oral tablet, chewable | \$0 (Non-Part D) | OTC |
| calcium 500 with d | \$0 (Non-Part D) | MO; OTC |
| calcium 600 | \$0 (Non-Part D) | OTC |
| calcium 600 + d(3) oral capsule | \$0 (Non-Part D) | MO; OTC |
| calcium 600 + d(3) oral tablet 600 mg-10 mcg (400 unit) | \$0 (Non-Part D) | OTC |
| calcium 600 + minerals | \$0 (Non-Part D) | OTC |
| CALCIUM 600 WITH VITAMIN D3 ORAL CAPSULE | \$0 (Non-Part D) | MO; OTC |
| calcium 600 with vitamin d3 oral tablet, chewable | \$0 (Non-Part D) | MO; OTC |
| CALCIUM 600-D3 PLUS (MAG-ZINC) | \$0 (Non-Part D) | OTC |
| CALCIUM ACETATE | \$0 (Non-Part D) | OTC |
| CALCIUM AMINO ACID CHELATE | \$0 (Non-Part D) | OTC |
| calcium antacid oral tablet, chewable 200 mg calcium (500 mg), 300 mg (750 mg) | \$0 (Non-Part D) | MO; OTC |
| calcium antacid oral tablet, chewable 320 mg calcium (750 mg), 400 mg calcium (1,000 mg) | \$0 (Non-Part D) | OTC |
| calcium carb, citrate-vit d3 | \$0 (Non-Part D) | OTC |
| CALCIUM CARB-D3-MAG CMB11-ZINC | \$0 (Non-Part D) | MO; OTC |
| CALCIUM CARB-MAG OX-ZINC GLUC | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| CALCIUM CARB-MAG OX-ZINC SULF ORAL TABLET 333-133-5 MG | \$0 (Non-Part D) | OTC |
| <i>calcium carb-mag ox-zinc sulf oral tablet 334-134-5 mg</i> | \$0 (Non-Part D) | OTC |
| CALCIUM CARBONATE ORAL POWDER | \$0 (Non-Part D) | OTC |
| <i>calcium carbonate oral suspension</i> | \$0 (Non-Part D) | MO; OTC |
| <i>calcium carbonate oral tablet 260 mg calcium (648 mg), 600 mg calcium (1,500 mg)</i> | \$0 (Non-Part D) | MO; OTC |
| <i>calcium carbonate oral tablet 500 mg calcium (1,250 mg)</i> | \$0 (Non-Part D) | OTC |
| <i>calcium carbonate oral tablet, chewable 200 mg calcium (500 mg), 400 mg calcium (1,000 mg)</i> | \$0 (Non-Part D) | OTC |
| CALCIUM CARBONATE ORAL TABLET,CHEWABLE 260 MG CALCIUM (650 MG) | \$0 (Non-Part D) | OTC |
| <i>calcium carbonate-vit d3-min</i> | \$0 (Non-Part D) | OTC |
| <i>calcium carbonate-vitamin d3 oral capsule 600 mg-10 mcg (400 unit)</i> | \$0 (Non-Part D) | MO; OTC |
| CALCIUM CARBONATE-VITAMIN D3 ORAL CAPSULE 600 MG-12.5 MCG (500 UNIT), 600 MG-25 MCG (1,000 UNIT), 600 MG-62.5 MCG (2,500 UNIT) | \$0 (Non-Part D) | MO; OTC |
| CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET 1,000 MG-20 MCG (800 UNIT), 250 MG-3.125 MCG (125 UNIT), 500 MG-15 MCG (600 UNIT), 600 MG-5 MCG (200 UNIT) | \$0 (Non-Part D) | MO; OTC |
| <i>calcium carbonate-vitamin d3 oral tablet 500 mg-10 mcg (400 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit)</i> | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| calcium carbonate-vitamin d3 oral tablet 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit) | \$0 (Non-Part D) | MO; OTC |
| calcium carbonate-vitamin d3 oral tablet, chewable 500 mg-10 mcg (400 unit) | \$0 (Non-Part D) | MO; OTC |
| CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET,CHEWABLE 500 MG-2.5 MCG (100 UNIT) | \$0 (Non-Part D) | MO; OTC |
| calcium citrate + d | \$0 (Non-Part D) | OTC |
| CALCIUM CITRATE MALATE-VIT D3 | \$0 (Non-Part D) | OTC |
| CALCIUM CITRATE ORAL GRANULES | \$0 (Non-Part D) | OTC |
| calcium citrate oral tablet | \$0 (Non-Part D) | MO; OTC |
| CALCIUM CITRATE PLUS | \$0 (Non-Part D) | OTC |
| calcium citrate plus (vit b6) | \$0 (Non-Part D) | OTC |
| calcium citrate-vitamin d3 oral liquid | \$0 (Non-Part D) | MO; OTC |
| CALCIUM CITRATE-VITAMIN D3 ORAL TABLET 200 MG-6.25 MCG (250 UNIT), 315 MG-6.25 MCG (250 UNIT) | \$0 (Non-Part D) | MO; OTC |
| calcium citrate-vitamin d3 oral tablet 250 mg-5 mcg (200 unit) | \$0 (Non-Part D) | OTC |
| calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit) | \$0 (Non-Part D) | MO; OTC |
| calcium for women | \$0 (Non-Part D) | OTC |
| CALCIUM GLUCONATE ORAL CAPSULE | \$0 (Non-Part D) | OTC |
| calcium gluconate oral tablet | \$0 (Non-Part D) | OTC |
| CALCIUM LACTATE | \$0 (Non-Part D) | OTC |
| calcium magnesium | \$0 (Non-Part D) | OTC |
| CALCIUM MAGNESIUM PLUS D | \$0 (Non-Part D) | OTC |
| CALCIUM PHOSPHATE-VITAMIN D3 | \$0 (Non-Part D) | OTC |
| CALCIUM PLUS MENAQ7 ADULT | \$0 (Non-Part D) | OTC |
| CALCIUM PLUS MENAQ7 SENIOR | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| CALCIUM WITH BORON | \$0 (Non-Part D) | OTC |
| <i>calcium-d3-zinc-copper-mangan</i> | \$0 (Non-Part D) | OTC |
| CALCIUM-MAGNESIUM | \$0 (Non-Part D) | OTC |
| <i>calcium-magnesium-copper-zinc</i> | \$0 (Non-Part D) | OTC |
| <i>calcium-magnesium-zinc oral tablet 333-133-5 mg</i> | \$0 (Non-Part D) | MO; OTC |
| <i>calcium-magnesium-zinc oral tablet 333-133-8.3 mg</i> | \$0 (Non-Part D) | OTC |
| CALCIUM-VITAMIN D3-VITAMIN K ORAL TABLET,CHEWABLE 500 MG-1,000 UNIT-40 MCG, 650 MG-12.5 MCG-40 MCG | \$0 (Non-Part D) | OTC |
| <i>calcium-vitamin d3-vitamin k oral tablet,chewable 500 mg-200 unit -40 mcg, 500 mg-500 unit -40 mcg</i> | \$0 (Non-Part D) | OTC |
| <i>cal-gest antacid</i> | \$0 (Non-Part D) | MO; OTC |
| CAL-MAG | \$0 (Non-Part D) | OTC |
| CAL-MAG COMPLEX | \$0 (Non-Part D) | OTC |
| CAL-MINT | \$0 (Non-Part D) | OTC |
| CALPHRON | \$0 (Non-Part D) | MO; OTC |
| CAPSAICIN HP | \$0 (Non-Part D) | OTC |
| CAPSAICIN TOPICAL ADHESIVE PATCH,MEDICATED 0.025 % | \$0 (Non-Part D) | OTC |
| <i>capsaicin topical cream 0.025 %, 0.1 %</i> | \$0 (Non-Part D) | MO; OTC |
| <i>capsaicin topical cream 0.075 %</i> | \$0 (Non-Part D) | OTC |
| <i>capsicum</i> | \$0 (Non-Part D) | OTC |
| CAPSIMIDE | \$0 (Non-Part D) | OTC |
| <i>capsubblend-h *</i> | \$0 (Non-Part D) | OTC |
| <i>capsubblend-p *</i> | \$0 (Non-Part D) | OTC |
| <i>capsubblend-s *</i> | \$0 (Non-Part D) | OTC |
| <i>capsule #0 *</i> | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-----------------------------------|---|--|
| capsule #0 (cellulose) * | \$0 (Non-Part D) | OTC |
| capsule #0 (hypromellose) * | \$0 (Non-Part D) | OTC |
| capsule #0 drcaps * | \$0 (Non-Part D) | OTC |
| capsule #00 * | \$0 (Non-Part D) | OTC |
| capsule #00 (cellulose) * | \$0 (Non-Part D) | OTC |
| capsule #00 (hypromellose) * | \$0 (Non-Part D) | OTC |
| capsule #000 * | \$0 (Non-Part D) | OTC |
| capsule #1 * | \$0 (Non-Part D) | OTC |
| capsule #1 (cellulose) * | \$0 (Non-Part D) | OTC |
| capsule #1 (hypromellose) * | \$0 (Non-Part D) | OTC |
| capsule #1 drcaps * | \$0 (Non-Part D) | OTC |
| capsule #10 * | \$0 (Non-Part D) | OTC |
| capsule #11 * | \$0 (Non-Part D) | OTC |
| capsule #13 * | \$0 (Non-Part D) | OTC |
| capsule #2 * | \$0 (Non-Part D) | OTC |
| capsule #3 * | \$0 (Non-Part D) | OTC |
| capsule #3 (cellulose) * | \$0 (Non-Part D) | OTC |
| capsule #3 (hypromellose) * | \$0 (Non-Part D) | OTC |
| capsule #4 * | \$0 (Non-Part D) | OTC |
| capsule #5 * | \$0 (Non-Part D) | OTC |
| capsule #7 * | \$0 (Non-Part D) | OTC |
| capsule coni-snap #0 (gelatin) * | \$0 (Non-Part D) | OTC |
| capsule coni-snap #0(hypromel) * | \$0 (Non-Part D) | OTC |
| capsule coni-snap #00 (gelatin) * | \$0 (Non-Part D) | OTC |
| capsule coni-snap #000 * | \$0 (Non-Part D) | OTC |
| capsule coni-snap #1(gelatin) * | \$0 (Non-Part D) | OTC |
| capsule coni-snap #1(hypromel) * | \$0 (Non-Part D) | OTC |
| capsule coni-snap #2 (gelatin) * | \$0 (Non-Part D) | OTC |
| capsule coni-snap #3 (gelatin) * | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| capsule coni-snap #3(hypromel) * | \$0 (Non-Part D) | OTC |
| capsule coni-snap #4 (gelatin) * | \$0 (Non-Part D) | OTC |
| carboxymethyl sod, low (bulk) * | \$0 (Non-Part D) | OTC |
| carboxymethylcellulose sodium ophthalmic (eye) dropperette | \$0 (Non-Part D) | OTC |
| CARBOXYMETHYLCELLULOSE SODIUM OPHTHALMIC (EYE) DROPPERETTE,GEL | \$0 (Non-Part D) | OTC |
| carboxymethylcellulose sodium ophthalmic (eye) drops | \$0 (Non-Part D) | OTC |
| CARBOXYMETHYLCELLULOSE SODIUM OPHTHALMIC (EYE) DROPS, LIQUID GEL | \$0 (Non-Part D) | OTC |
| carepoint luer lock syr-needle syringe 3 ml 20 gauge x 1 1/2", 3 ml 21 gauge x 1 1/2", 3 ml 21 gauge x 1", 3 ml 22 gauge x 1", 3 ml 22 x 1 1/2", 3 ml 23 gauge x 1 1/2", 3 ml 23 x 1", 3 ml 25 gauge x 1" * | \$0 (Non-Part D) | OTC |
| carestart covid-19 ag home tst * | \$0 (Non-Part D) | OTC |
| caretouch alcohol sanitizing topical towelette 62 % * | \$0 (Non-Part D) | OTC |
| caretouch bp monitor * | \$0 (Non-Part D) | OTC |
| caretouch hypodermic needle * | \$0 (Non-Part D) | OTC |
| caretouch luer lock syr-needle syringe 3 ml 22 gauge x 1", 3 ml 22 x 1 1/2", 3 ml 23 gauge x 1 1/2", 3 ml 23 x 1", 3 ml 25 gauge x 1" * | \$0 (Non-Part D) | OTC |
| caretouch versa arm bp monitor * | \$0 (Non-Part D) | OTC |
| castor oil * | \$0 (Non-Part D) | OTC |
| cellulose (bulk) * | \$0 (Non-Part D) | OTC |
| CENTRAL-VITE | \$0 (Non-Part D) | OTC |
| CENTRAL-VITE WOMEN'S MATURE | \$0 (Non-Part D) | OTC |
| centravites | \$0 (Non-Part D) | OTC |
| centravites 50 plus oral tablet | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| centravites 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg | \$0 (Non-Part D) | OTC |
| CENTRAVITES ADULTS | \$0 (Non-Part D) | OTC |
| century | \$0 (Non-Part D) | OTC |
| century mature | \$0 (Non-Part D) | OTC |
| CERALYTE-70 ORAL SOLUTION | \$0 (Non-Part D) | OTC |
| CERASPORT ENDURANCE | \$0 (Non-Part D) | OTC |
| CERASPORT PLUS | \$0 (Non-Part D) | OTC |
| cerovite jr | \$0 (Non-Part D) | MO; OTC |
| cerovite senior | \$0 (Non-Part D) | MO; OTC |
| certa plus | \$0 (Non-Part D) | OTC |
| CERTAVITE SENIOR | \$0 (Non-Part D) | MO; OTC |
| CERTAVITE-ANTIOXIDANT | \$0 (Non-Part D) | MO; OTC |
| cetiri-d | \$0 (Non-Part D) | OTC |
| cetirizine oral solution 5 mg/5 ml | \$0 (Non-Part D) | OTC |
| cetirizine oral tablet 10 mg | \$0 (Non-Part D) | MO; OTC |
| CETIRIZINE ORAL TABLET 5 MG | \$0 (Non-Part D) | MO; OTC |
| cetirizine-pseudoephedrine | \$0 (Non-Part D) | MO; OTC |
| chek-stix control * | \$0 (Non-Part D) | OTC |
| chemstrip 10 md * | \$0 (Non-Part D) | OTC |
| chemstrip 10/sg * | \$0 (Non-Part D) | OTC |
| chemstrip 2 gp * | \$0 (Non-Part D) | OTC |
| chemstrip 50b * | \$0 (Non-Part D) | OTC |
| chemstrip 7 * | \$0 (Non-Part D) | OTC |
| chemstrip 9 * | \$0 (Non-Part D) | OTC |
| chemstrip micral * | \$0 (Non-Part D) | OTC |
| cherry flavor (bulk) * | \$0 (Non-Part D) | OTC |
| CHEW Q ORAL TABLET,CHEWABLE | \$0 (Non-Part D) | OTC |
| child allergy relf(cetirizine) | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| CHILD CHEWABLE VITAMN COMPLETE | \$0 (Non-Part D) | OTC |
| CHILD COMPLETE MULTIVITAMIN | \$0 (Non-Part D) | OTC |
| <i>child fever reducer-pain relvr</i> | \$0 (Non-Part D) | OTC |
| CHILD MULTIVITAMIN PLUS IRON | \$0 (Non-Part D) | OTC |
| <i>child pain rel-fever reducer</i> | \$0 (Non-Part D) | OTC |
| CHILDREN MULTIVITAMIN | \$0 (Non-Part D) | OTC |
| <i>children's acetaminophen oral liquid</i> | \$0 (Non-Part D) | OTC |
| <i>children's acetaminophen oral suspension 160 mg/5 ml</i> | \$0 (Non-Part D) | MO; OTC |
| <i>children's acetaminophen oral suspension 160 mg/5 ml (5 ml)</i> | \$0 (Non-Part D) | OTC |
| <i>children's acetaminophen oral tablet, chewable</i> | \$0 (Non-Part D) | OTC |
| <i>children's alaway</i> | \$0 (Non-Part D) | OTC |
| <i>children's allergy (diphenhyd)</i> | \$0 (Non-Part D) | OTC |
| <i>children's allergy relief(lor) oral solution</i> | \$0 (Non-Part D) | OTC |
| <i>children's allergy(cetirizine)</i> | \$0 (Non-Part D) | OTC |
| <i>children's aller-tec</i> | \$0 (Non-Part D) | OTC |
| CHILDREN'S ANTACID | \$0 (Non-Part D) | OTC |
| <i>children's aspirin</i> | \$0 (Non-Part D) | OTC |
| <i>children's cetirizine oral solution</i> | \$0 (Non-Part D) | MO; OTC |
| <i>children's chew multivitamin</i> | \$0 (Non-Part D) | OTC |
| CHILDREN'S CHEW MULTIVIT-IRON | \$0 (Non-Part D) | OTC |
| CHILDREN'S CHEWABLE COMPLETE | \$0 (Non-Part D) | OTC |
| <i>children's chewable multivitmn</i> | \$0 (Non-Part D) | OTC |
| CHILDREN'S CHEWABLE VITAMIN | \$0 (Non-Part D) | OTC |
| <i>children's chewables</i> | \$0 (Non-Part D) | OTC |
| <i>children's chewables extra c</i> | \$0 (Non-Part D) | OTC |
| <i>children's easy-melts</i> | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>children's fever reducing</i> | \$0 (Non-Part D) | OTC |
| <i>children's ibuprofen</i> | \$0 (Non-Part D) | OTC |
| <i>children's mapap</i> | \$0 (Non-Part D) | MO; OTC |
| CHILDREN'S MULTI-VIT GUMMIES | \$0 (Non-Part D) | OTC |
| CHILDREN'S MULTIVITAMIN | \$0 (Non-Part D) | MO; OTC |
| CHILDREN'S MULTIVITAMIN GUMMY | \$0 (Non-Part D) | OTC |
| <i>children's non-aspirin oral suspension</i> | \$0 (Non-Part D) | OTC |
| <i>children's pain relief</i> | \$0 (Non-Part D) | OTC |
| <i>children's pain reliever</i> | \$0 (Non-Part D) | OTC |
| <i>children's pain-fever relief oral suspension</i> | \$0 (Non-Part D) | MO; OTC |
| <i>children's pain-fever relief oral tablet, chewable</i> | \$0 (Non-Part D) | OTC |
| <i>children's pain-fever relief oral tablet, disintegrating</i> | \$0 (Non-Part D) | OTC |
| <i>children's profen ib</i> | \$0 (Non-Part D) | OTC |
| <i>children's soothe</i> | \$0 (Non-Part D) | OTC |
| <i>children's wal-dryl allergy oral liquid</i> | \$0 (Non-Part D) | OTC |
| <i>children's wal-zyr oral solution</i> | \$0 (Non-Part D) | OTC |
| <i>child's all day allergy(cetir)</i> | \$0 (Non-Part D) | OTC |
| CHILD'S FIBER SELECT GUMMIES | \$0 (Non-Part D) | OTC |
| CHILD'S OMEGA-3 DHA MULTIVITAM | \$0 (Non-Part D) | OTC |
| <i>chlorhexidine gluconate topical liquid 2 %</i> | \$0 (Non-Part D) | OTC |
| <i>chlorhexidine gluconate topical liquid 4 %</i> | \$0 (Non-Part D) | MO; OTC |
| <i>chlorhist</i> | \$0 (Non-Part D) | OTC |
| <i>chlorpheniramine maleate oral tablet</i> | \$0 (Non-Part D) | OTC |
| <i>chlortabs</i> | \$0 (Non-Part D) | OTC |
| <i>chocolate flavor (bulk) liquid *</i> | \$0 (Non-Part D) | OTC |
| <i>chocolate laxative</i> | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| CHOLECALCIFEROL (VITAMIN D3) ORAL CAPSULE 1,250 MCG (50,000 UNIT), 250 MCG (10,000 UNIT) | \$0 (Non-Part D) | MO; OTC |
| <i>cholecalciferol (vitamin d3) oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)</i> | \$0 (Non-Part D) | OTC |
| <i>cholecalciferol (vitamin d3) oral capsule 125 mcg (5,000 unit), 50 mcg (2,000 unit)</i> | \$0 (Non-Part D) | MO; OTC |
| CHOLECALCIFEROL (VITAMIN D3) ORAL CAPSULE 62.5 MCG (2,500 UNIT) | \$0 (Non-Part D) | OTC |
| CHOLECALCIFEROL (VITAMIN D3) ORAL DROPS 10 MCG/DROP (400 UNIT/DROP), 25 MCG/DROP (1000 UNIT/DROP) | \$0 (Non-Part D) | OTC |
| <i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml), 125 mcg/ml (5,000 unit/ml)</i> | \$0 (Non-Part D) | MO; OTC |
| CHOLECALCIFEROL (VITAMIN D3) ORAL DROPS 125 MCG/0.5 ML (5K UNIT/0.5ML) | \$0 (Non-Part D) | MO; OTC |
| CHOLECALCIFEROL (VITAMIN D3) ORAL LIQUID | \$0 (Non-Part D) | OTC |
| <i>cholecalciferol (vitamin d3) oral tablet 1,250 mcg (50,000 unit), 10 mcg (400 unit)</i> | \$0 (Non-Part D) | OTC |
| <i>cholecalciferol (vitamin d3) oral tablet 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i> | \$0 (Non-Part D) | MO; OTC |
| CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET 250 MCG (10,000 UNIT) | \$0 (Non-Part D) | MO; OTC |
| CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET 75 MCG (3,000 UNIT) | \$0 (Non-Part D) | OTC |
| <i>cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit), 25 mcg (1,000 unit)</i> | \$0 (Non-Part D) | MO; OTC |
| CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET,CHEWABLE 50 MCG (2,000 UNIT) | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET,CHEWABLE 62.5 MCG (2,500 UNIT) | \$0 (Non-Part D) | OTC |
| CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET,DISINTEGRATING 125 MCG (5,000 UNIT) | \$0 (Non-Part D) | MO; OTC |
| cholesterol (bulk) * | \$0 (Non-Part D) | OTC |
| cimetidine oral tablet 200 mg | \$0 (Non-Part D) | MO; OTC |
| cinnamon flavoring * | \$0 (Non-Part D) | OTC |
| citrate of magnesia | \$0 (Non-Part D) | OTC |
| citric acid anhydrous (bulk) * | \$0 (Non-Part D) | OTC |
| citric acid monohydrate (bulk) * | \$0 (Non-Part D) | OTC |
| citroma | \$0 (Non-Part D) | OTC |
| citronella oil * | \$0 (Non-Part D) | OTC |
| classic prenatal | \$0 (Non-Part D) | MO; OTC |
| clear eyes natural tears | \$0 (Non-Part D) | MO; OTC |
| CLEAR FIBER | \$0 (Non-Part D) | OTC |
| clearlax oral powder | \$0 (Non-Part D) | MO; OTC |
| clearlax oral powder in packet | \$0 (Non-Part D) | OTC |
| clever chek blood pressure * | \$0 (Non-Part D) | OTC |
| clever choice bp monitor * | \$0 (Non-Part D) | OTC |
| clever choice peak flow meter * | \$0 (Non-Part D) | OTC |
| clotrimazole 3 day | \$0 (Non-Part D) | OTC |
| clotrimazole af | \$0 (Non-Part D) | OTC |
| clotrimazole vaginal | \$0 (Non-Part D) | MO; OTC |
| clotrimazole-3 | \$0 (Non-Part D) | OTC |
| clotrimazole-7 | \$0 (Non-Part D) | OTC |
| clove flavoring * | \$0 (Non-Part D) | OTC |
| co q-10 (with vit e) | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| co q-10 oral capsule 10 mg, 100 mg, 200 mg, 30 mg, 50 mg | \$0 (Non-Part D) | OTC |
| CO Q-10 ORAL CAPSULE 300 MG | \$0 (Non-Part D) | OTC |
| CO Q-10 ORAL CAPSULE 400 MG | \$0 (Non-Part D) | MO; OTC |
| cocoa butter * | \$0 (Non-Part D) | OTC |
| cod liver oil oral capsule | \$0 (Non-Part D) | MO; OTC |
| cod liver oil oral capsule 1,250-135 unit | \$0 (Non-Part D) | OTC |
| cod liver oil oral oil | \$0 (Non-Part D) | MO; OTC |
| COD LIVER OIL PLUS VITA AND D3 | \$0 (Non-Part D) | OTC |
| coenzyme q10 (bulk) powder 100 % * | \$0 (Non-Part D) | OTC |
| coenzyme q10 oral capsule 10 mg, 100 mg, 200 mg, 30 mg, 50 mg | \$0 (Non-Part D) | MO; OTC |
| COENZYME Q10 ORAL CAPSULE 400 MG | \$0 (Non-Part D) | OTC |
| coenzyme q10 oral capsule 60 mg | \$0 (Non-Part D) | OTC |
| COENZYME Q10 ORAL TABLET | \$0 (Non-Part D) | OTC |
| COENZYME Q10-VIT E-VIT E MIXED | \$0 (Non-Part D) | OTC |
| coenzyme q10-vitamin e | \$0 (Non-Part D) | OTC |
| COLOX | \$0 (Non-Part D) | OTC |
| col-rite | \$0 (Non-Part D) | OTC |
| combistix reagent * | \$0 (Non-Part D) | OTC |
| comfort gel | \$0 (Non-Part D) | OTC |
| comfort gel extra strength | \$0 (Non-Part D) | OTC |
| COMPLEAT PEDIATRIC ORAL LIQUID 0.03-1 GRAM-KCAL/ML | \$0 (Non-Part D) | MO; OTC |
| compleat pediatric reduced cal | \$0 (Non-Part D) | MO; OTC |
| COMPLEAT PEDIATRIC STANDARD 1 | \$0 (Non-Part D) | OTC |
| complete allergy medicine oral tablet | \$0 (Non-Part D) | OTC |
| complete allergy oral tablet | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| COMPLETE MULTIVITAMIN-MINERAL ORAL LIQUID | \$0 (Non-Part D) | OTC |
| <i>complete multivitamin-mineral oral tablet</i> | \$0 (Non-Part D) | OTC |
| <i>complete mv adult 50 plus</i> | \$0 (Non-Part D) | OTC |
| <i>complex b-100 oral tablet extended release</i> | \$0 (Non-Part D) | MO; OTC |
| COMPLEX B-100 ORAL TABLET EXTENDED RELEASE 400 MCG | \$0 (Non-Part D) | MO; OTC |
| COMPLEX B-50 | \$0 (Non-Part D) | MO; OTC |
| <i>compound w topical liquid</i> | \$0 (Non-Part D) | MO; OTC |
| <i>cool mist humidifier *</i> | \$0 (Non-Part D) | OTC |
| <i>coq-10 oral capsule 100 mg</i> | \$0 (Non-Part D) | OTC |
| CORAL CALCIUM ORAL CAPSULE 185 MG-50 MG- 2.5 MCG | \$0 (Non-Part D) | OTC |
| CORAL CALCIUM ORAL CAPSULE 250-125-100 MG-MG-UNIT | \$0 (Non-Part D) | MO; OTC |
| <i>cortisone (hydrocortisone) topical cream</i> | \$0 (Non-Part D) | OTC |
| CORTISONE (HYDROCORTISONE) TOPICAL LOTION | \$0 (Non-Part D) | OTC |
| <i>cortisone cooling</i> | \$0 (Non-Part D) | OTC |
| <i>covid-19 at-home test *</i> | \$0 (Non-Part D) | OTC |
| cpd vehicle susp.sugar-free 12 * | \$0 (Non-Part D) | OTC |
| <i>cream de menthe (bulk) *</i> | \$0 (Non-Part D) | OTC |
| <i>creamy acne face</i> | \$0 (Non-Part D) | OTC |
| <i>creatine monohydrate (bulk) *</i> | \$0 (Non-Part D) | OTC |
| CRITIC-AID | \$0 (Non-Part D) | OTC |
| <i>critic-aid clear af(miconazol)</i> | \$0 (Non-Part D) | MO; OTC |
| CRITIC-AID CLEAR TOPICAL OINTMENT 86.5 % | \$0 (Non-Part D) | OTC |
| CULTURELLE | \$0 (Non-Part D) | MO; OTC |
| CULTURELLE ADVANCED REGULARITY | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| CULTURELLE BABY IMMUNE-DIGEST | \$0 (Non-Part D) | MO; OTC |
| CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE 10 BILLION CELL -200 MG | \$0 (Non-Part D) | OTC |
| CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE, SPRINKLE | \$0 (Non-Part D) | MO; OTC |
| CULTURELLE DIGESTIVE HEALTH ORAL TABLET,CHEWABLE | \$0 (Non-Part D) | MO; OTC |
| CULTURELLE KIDS GENTLE-GO | \$0 (Non-Part D) | MO; OTC |
| CULTURELLE KIDS PROBIO-FIBER | \$0 (Non-Part D) | OTC |
| CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET,CHEWABLE 5 BILLION CELL | \$0 (Non-Part D) | OTC |
| CULTURELLE KIDS PROBIOTICS | \$0 (Non-Part D) | MO; OTC |
| CULTURELLE KIDS ULTIM BALANCE | \$0 (Non-Part D) | OTC |
| CULTURELLE PROBIOTIC-MULTIVIT | \$0 (Non-Part D) | OTC |
| CULTURELLE ULTIMATE | \$0 (Non-Part D) | OTC |
| CULTURELLE WOMEN'S 4-IN-1 | \$0 (Non-Part D) | MO; OTC |
| CULTURELLE WOMEN'S WELLNESS | \$0 (Non-Part D) | OTC |
| curae | \$0 (Non-Part D) | OTC |
| CYANOCOBALAMIN (VITAMIN B-12) ORAL CAPSULE | \$0 (Non-Part D) | MO; OTC |
| CYANOCOBALAMIN (VITAMIN B-12) ORAL LIQUID | \$0 (Non-Part D) | MO; OTC |
| CYANOCOBALAMIN (VITAMIN B-12) ORAL LOZENGE 250 MCG, 500 MCG | \$0 (Non-Part D) | OTC |
| cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 250 mcg, 500 mcg | \$0 (Non-Part D) | MO; OTC |
| CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET 2,500 MCG | \$0 (Non-Part D) | OTC |
| cyanocobalamin (vitamin b-12) oral tablet extended release | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET, IR AND ER, BIPHASIC | \$0 (Non-Part D) | OTC |
| CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET,CHEWABLE 2,500 MCG, 500 MCG | \$0 (Non-Part D) | OTC |
| CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET,DISINTEGRATING | \$0 (Non-Part D) | MO; OTC |
| <i>cyanocobalamin (vitamin b-12) sublingual drops 3,000 mcg/ml</i> | \$0 (Non-Part D) | MO; OTC |
| CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL LOZENGE 1,000 MCG, 3,000 MCG | \$0 (Non-Part D) | MO; OTC |
| <i>cyanocobalamin (vitamin b-12) sublingual lozenge 2,500 mcg</i> | \$0 (Non-Part D) | OTC |
| <i>cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg</i> | \$0 (Non-Part D) | MO; OTC |
| <i>cyanocobalamin (vitamin b-12) sublingual tablet 2,500 mcg</i> | \$0 (Non-Part D) | OTC |
| CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL TABLET 3,000 MCG, 500 MCG | \$0 (Non-Part D) | OTC |
| CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL TABLET,DISINTEGRATING | \$0 (Non-Part D) | MO; OTC |
| CYANOCOBALAMIN-COBAMAMIDE | \$0 (Non-Part D) | OTC |
| CYANOCOBALAMIN-METHYLCOBALAMIN | \$0 (Non-Part D) | MO; OTC |
| CYCLINEX-1 | \$0 (Non-Part D) | MO; OTC |
| d3-2000 | \$0 (Non-Part D) | OTC |
| DAILY FIBER (PSYLLIUM-ASPART) | \$0 (Non-Part D) | OTC |
| DAILY FIBER (PSYLLIUM-SUCROSE) | \$0 (Non-Part D) | OTC |
| DAILY FIBER ORAL CAPSULE 0.4 GRAM | \$0 (Non-Part D) | OTC |
| <i>daily fiber oral capsule 0.52 gram</i> | \$0 (Non-Part D) | OTC |
| DAILY GUMMIES | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| DAILY MULTIPLE FOR WOMEN | \$0 (Non-Part D) | OTC |
| DAILY MULTIVITAMIN | \$0 (Non-Part D) | OTC |
| <i>daily multi-vitamin</i> | \$0 (Non-Part D) | OTC |
| <i>daily multivitamin-minerals</i> | \$0 (Non-Part D) | OTC |
| <i>daily value</i> | \$0 (Non-Part D) | OTC |
| <i>daily vitamin formula</i> | \$0 (Non-Part D) | OTC |
| <i>daily vitamin formula-iron</i> | \$0 (Non-Part D) | OTC |
| <i>daily vitamin formula-minerals</i> | \$0 (Non-Part D) | OTC |
| <i>daily vitamin with iron</i> | \$0 (Non-Part D) | OTC |
| <i>daily vites/iron</i> | \$0 (Non-Part D) | OTC |
| <i>daily-vite</i> | \$0 (Non-Part D) | OTC |
| DAILY-VITE (WITH FOLIC ACID) | \$0 (Non-Part D) | MO; OTC |
| DAIRY DIGESTIVE | \$0 (Non-Part D) | OTC |
| <i>dairy relief oral tablet 3,000 unit</i> | \$0 (Non-Part D) | OTC |
| DAIRY RELIEF ORAL TABLET 4,500 UNIT, 9,000 UNIT | \$0 (Non-Part D) | OTC |
| DAIRY RELIEF ORAL TABLET,CHEWABLE | \$0 (Non-Part D) | OTC |
| <i>dairy-aid</i> | \$0 (Non-Part D) | MO; OTC |
| <i>dandruff shampoo (selenium)</i> | \$0 (Non-Part D) | OTC |
| <i>daylogic acne foaming wash</i> | \$0 (Non-Part D) | OTC |
| DDROPS | \$0 (Non-Part D) | OTC |
| DEBROX | \$0 (Non-Part D) | MO; OTC |
| <i>delta d3</i> | \$0 (Non-Part D) | OTC |
| <i>dermacerin</i> | \$0 (Non-Part D) | OTC |
| DERMACINRX MULTITAM | \$0 (Non-Part D) | OTC |
| dermafix topical ointment * | \$0 (Non-Part D) | OTC |
| <i>dermaphor topical ointment</i> | \$0 (Non-Part D) | MO; OTC |
| DERMAPHOR TOPICAL OINTMENT 44 % | \$0 (Non-Part D) | OTC |
| <i>dermarest eczema (hydrocort)</i> | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| dermavantage | \$0 (Non-Part D) | OTC |
| DESITIN DAILY DEFENSE | \$0 (Non-Part D) | MO; OTC |
| DEWEE'S CARMINATIVE | \$0 (Non-Part D) | OTC |
| DEX4 GLUCOSE ORAL GEL IN PACKET | \$0 (Non-Part D) | OTC |
| DEX4 GLUCOSE ORAL LIQUID | \$0 (Non-Part D) | OTC |
| <i>dex4 glucose oral tablet, chewable</i> | \$0 (Non-Part D) | OTC |
| <i>dex4 glucose pouch pack</i> | \$0 (Non-Part D) | OTC |
| <i>dex4 glucose quick dissolve</i> | \$0 (Non-Part D) | OTC |
| DEXTROSE ORAL LIQUID 15 GRAM/59 ML | \$0 (Non-Part D) | OTC |
| DIABETES HEALTH FORMULA | \$0 (Non-Part D) | OTC |
| DIABETES HEALTH PACK | \$0 (Non-Part D) | MO; OTC |
| DIABETIC MULTIVITAMIN | \$0 (Non-Part D) | OTC |
| diafoods thick-it #2 * | \$0 (Non-Part D) | OTC |
| diafoods thick-it oral powder * | \$0 (Non-Part D) | OTC |
| diafoods thick-it oral powder in packet * | \$0 (Non-Part D) | OTC |
| <i>dialyvite 800 oral tablet</i> | \$0 (Non-Part D) | MO; OTC |
| DIALYVITE 800 PLUS D | \$0 (Non-Part D) | OTC |
| DIALYVITE 800 WITH ZINC 15 | \$0 (Non-Part D) | MO; OTC |
| DIALYVITE 800 WITH ZINC 50 | \$0 (Non-Part D) | MO; OTC |
| DIALYVITE 800-ULTRA D | \$0 (Non-Part D) | MO; OTC |
| <i>dialyvite vitamin d</i> | \$0 (Non-Part D) | OTC |
| DIALYVITE VITAMIN D3 MAX | \$0 (Non-Part D) | MO; OTC |
| <i>diamode</i> | \$0 (Non-Part D) | OTC |
| DIAPER RASH TOPICAL CREAM | \$0 (Non-Part D) | OTC |
| <i>diarrhea relief (bismuth subs)</i> | \$0 (Non-Part D) | OTC |
| diastix * | \$0 (Non-Part D) | MO; OTC |
| <i>digestive relief oral tablet</i> | \$0 (Non-Part D) | OTC |
| <i>diotame</i> | \$0 (Non-Part D) | OTC |
| <i>diphedryl</i> | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| diphedryl allergy | \$0 (Non-Part D) | OTC |
| diphen oral tablet | \$0 (Non-Part D) | OTC |
| diphenhydramine hcl oral capsule | \$0 (Non-Part D) | OTC |
| diphenhydramine hcl oral liquid | \$0 (Non-Part D) | OTC |
| diphenhydramine hcl oral tablet | \$0 (Non-Part D) | MO; OTC |
| DIUREX | \$0 (Non-Part D) | OTC |
| DOCUSATE CALCIUM | \$0 (Non-Part D) | MO; OTC |
| docusate sodium oral capsule | \$0 (Non-Part D) | MO; OTC |
| docusate sodium oral liquid | \$0 (Non-Part D) | MO; OTC |
| docusate sodium oral syrup | \$0 (Non-Part D) | OTC |
| docusate sodium oral tablet | \$0 (Non-Part D) | OTC |
| DOCUSATE SODIUM RECTAL | \$0 (Non-Part D) | OTC |
| dok | \$0 (Non-Part D) | MO; OTC |
| DOSOKAP | \$0 (Non-Part D) | MO; OTC |
| DOUBLE ANTIBIOTIC (B.TRACN ZN) TOPICAL OINTMENT | \$0 (Non-Part D) | MO; OTC |
| DR. SMITH'S DIAPER | \$0 (Non-Part D) | MO; OTC |
| dramamine (meclizine) | \$0 (Non-Part D) | OTC |
| DRIPDROP ORAL POWDER IN PACKET 670-380-150 MG | \$0 (Non-Part D) | OTC |
| DRY EYE RELIEF | \$0 (Non-Part D) | OTC |
| DRY MOUTH MUCOUS MEMBRANE SPRAY, NON-AEROSOL | \$0 (Non-Part D) | OTC |
| dry skin therapy (with lanolin) | \$0 (Non-Part D) | OTC |
| dss | \$0 (Non-Part D) | OTC |
| duofilm | \$0 (Non-Part D) | OTC |
| d-vi-sol | \$0 (Non-Part D) | MO; OTC |
| DYNA-HEX TOPICAL LIQUID 2 % | \$0 (Non-Part D) | OTC |
| DYNA-HEX TOPICAL LIQUID 4 % | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| dy-o-derm * | \$0 (Non-Part D) | OTC |
| e-200 | \$0 (Non-Part D) | OTC |
| ear drops (carbamide peroxide) | \$0 (Non-Part D) | MO; OTC |
| ear wax removal drops | \$0 (Non-Part D) | OTC |
| ear wax removal kit | \$0 (Non-Part D) | OTC |
| EASY FIBER | \$0 (Non-Part D) | OTC |
| EASY FIBER (WHEAT DEXTRIN) | \$0 (Non-Part D) | OTC |
| easy touch fliplock syringe syringe 1 ml 25 gauge x 1", 1 ml 26 gauge x 3/8", 1 ml 27 gauge x 1/2", 10 ml 18 gauge x 11/2", 10 ml 18 gauge x 1", 10 ml 20 gauge x 11/2", 10 ml 20 gauge x 1", 10 ml 21 gauge x 11/2", 10 ml 21 x 1", 10 ml 22 gauge x 11/2", 10 ml 25 gauge x 1", 3 ml 18 gauge x 11/2", 3 ml 18 gauge x 1", 3 ml 19 gauge x 11/2", 3 ml 19 gauge x 1", 3 ml 20 gauge x 11/2", 3 ml 20 gauge x 1", 3 ml 21 gauge x 11/2", 3 ml 21 gauge x 1", 3 ml 22 gauge x 11/2", 3 ml 23 gauge x 1", 3 ml 25 gauge x 1", 3 ml 25 gauge x 5/8", 5 ml 18 gauge x 1", 5 ml 20 gauge x 11/2", 5 ml 20 gauge x 1", 5 ml 21 gauge x 11/2", 5 ml 21 gauge x 1", 5 ml 22 gauge x 11/2", 5 ml 25 gauge x 1", 5 ml 25 gauge x 5/8" * | \$0 (Non-Part D) | OTC |
| easy touch fliplock syringe syringe 3 ml 22 gauge x 1", 3 ml 23 gauge x 11/2" * | \$0 (Non-Part D) | MO; OTC |
| easy touch fluringe fliplock * | \$0 (Non-Part D) | OTC |
| easy touch fluringe sheathlock * | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| easy touch hypodermic needle needle 16 gauge x 1 1/2", 16 gauge x 1", 18 gauge x 1 1/4", 19 gauge x 1 1/2", 19 gauge x 1", 20 gauge x 1 1/2", 21 gauge x 1", 23 gauge x 1 1/4", 23 gauge x 3/4", 24 gauge x 1 1/4", 24 gauge x 1", 25 gauge x 1 1/2", 26 gauge x 1/2", 26 gauge x 3/8", 26 gauge x 5/8", 27 gauge x 1 1/2", 27 gauge x 1 1/4", 27 gauge x 1/2", 30 gauge x 1", 30 gauge x 1 1/2", 31 gauge x 5/16", 32 gauge x 5/16" * | \$0 (Non-Part D) | OTC |
| easy touch hypodermic needle needle 18 gauge x 1 1/2", 18 gauge x 1", 20 gauge x 1", 21 gauge x 1 1/2", 22 gauge x 1 1/2", 22 gauge x 1", 23 gauge x 1 1/2", 23 gauge x 1", 25 gauge x 1", 25 gauge x 5/8" * | \$0 (Non-Part D) | MO; OTC |
| easy touch sheathlock syrg-ndl * | \$0 (Non-Part D) | OTC |
| easy touch syringe 3 ml 20 gauge x 1", 3 ml 21 gauge x 1", 3 ml 22 gauge x 1", 3 ml 22 x 1 1/2", 3 ml 23 x 1", 3 ml 25 gauge x 1" * | \$0 (Non-Part D) | OTC |
| easy touch tuberculin fliplock * | \$0 (Non-Part D) | OTC |
| easy touch tuberculin sheathlk * | \$0 (Non-Part D) | OTC |
| eazzze the pain | \$0 (Non-Part D) | OTC |
| econtra ez | \$0 (Non-Part D) | OTC |
| econtra one-step | \$0 (Non-Part D) | OTC |
| ECOTRIN | \$0 (Non-Part D) | MO; OTC |
| ecotrin low strength | \$0 (Non-Part D) | MO; OTC |
| ECZEMA | \$0 (Non-Part D) | OTC |
| ECZEMA CARE | \$0 (Non-Part D) | OTC |
| ECZEMA RELIEF | \$0 (Non-Part D) | OTC |
| ed chlorped jr | \$0 (Non-Part D) | MO; OTC |
| ed-apap | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| efferves pain relief antacid oral tablet, effervescent 325-1,916-1,000 mg | \$0 (Non-Part D) | OTC |
| EFFERVES PAIN RELIEF ANTACID ORAL TABLET, EFFERVESCENT 500-1,985-1,000 MG | \$0 (Non-Part D) | OTC |
| ELDERTONIC ORAL LIQUID | \$0 (Non-Part D) | MO; OTC |
| ELECARE INFANT FORMULA ORAL POWDER 3.1-4.8-10.7 GRAM/100 KCAL | \$0 (Non-Part D) | MO; OTC |
| ELECARE INFANT FORMULA ORAL POWDER 3.1-4.8-10.8 GRAM/100 KCAL | \$0 (Non-Part D) | OTC |
| ELECARE JR ORAL POWDER 14.3 GRAM-469 KCAL/100 GRAM | \$0 (Non-Part D) | MO; OTC |
| ELECTROLYTES-DEXTROSE ORAL PACKET | \$0 (Non-Part D) | OTC |
| <i>electrolytes-dextrose oral solution</i> | \$0 (Non-Part D) | OTC |
| endur-acin | \$0 (Non-Part D) | OTC |
| ENDUR-AMIDE | \$0 (Non-Part D) | OTC |
| ENDUR-B COMPLEX | \$0 (Non-Part D) | OTC |
| <i>endur-c with rose hips</i> | \$0 (Non-Part D) | OTC |
| ENDUR-THINE | \$0 (Non-Part D) | OTC |
| ENDUR-VM IRON-FREE | \$0 (Non-Part D) | OTC |
| ENDUR-VM WITH IRON | \$0 (Non-Part D) | OTC |
| enema | \$0 (Non-Part D) | OTC |
| <i>enema disposable</i> | \$0 (Non-Part D) | MO; OTC |
| ENEMEEZ | \$0 (Non-Part D) | MO; OTC |
| ENEMEEZ PLUS | \$0 (Non-Part D) | MO; OTC |
| ENFAGROW TODDLER NEXT STEP | \$0 (Non-Part D) | OTC |
| ENFAGROW TODDLER NON-GMO | \$0 (Non-Part D) | OTC |
| ENFAGROW TODLR NXT STP NON-GMO | \$0 (Non-Part D) | OTC |
| ENFAMIL 24 | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| ENFAMIL A.R. ORAL LIQUID | \$0 (Non-Part D) | OTC |
| ENFAMIL A.R. ORAL POWDER | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL ENSPIRE GENTLEASE | \$0 (Non-Part D) | OTC |
| ENFAMIL ENSPIRE INFANT FORMULA | \$0 (Non-Part D) | OTC |
| ENFAMIL GENTLEASE | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL HUMAN MILK FORTIFIER ORAL LIQUID IN PACKET | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL HUMAN MILK FORTIFIER ORAL POWDER IN PACKET | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL INFANT ORAL CONCENTRATE | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL INFANT ORAL LIQUID | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL INFANT ORAL POWDER | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL INFANT ORAL POWDER IN PACKET | \$0 (Non-Part D) | OTC |
| ENFAMIL NEURO ENFACARE NON-GMO | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL NEURO GENTLEASE NONGMO ORAL LIQUID | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL NEURO GENTLEASE NONGMO ORAL POWDER | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL NEURO SENSITIVE NONGMO | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL NEUROPRO NON-GMO ORAL LIQUID 2.1-5.3-11.3 GRAM/100 KCAL | \$0 (Non-Part D) | OTC |
| ENFAMIL NEUROPRO NON-GMO ORAL POWDER 2.1-5.3-11.3 GRAM/100 KCAL | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL PREMATURE 20 | \$0 (Non-Part D) | OTC |
| ENFAMIL PREMATURE 24 ORAL LIQUID 3.3-5 GRAM/100 KCAL | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL PREMATURE 24 ORAL LIQUID 3.6-5 GRAM/100 KCAL | \$0 (Non-Part D) | OTC |
| ENFAMIL PREMATURE 30 | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| ENFAMIL PROSOBEE LIPIL ORAL CONCENTRATE | \$0 (Non-Part D) | OTC |
| ENFAMIL PROSOBEE LIPIL ORAL LIQUID | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL PROSOBEE ORAL LIQUID | \$0 (Non-Part D) | OTC |
| ENFAMIL PROSOBEE ORAL POWDER | \$0 (Non-Part D) | MO; OTC |
| ENFAMIL REGULINE ORAL POWDER | \$0 (Non-Part D) | MO; OTC |
| ENFAPORT | \$0 (Non-Part D) | MO; OTC |
| epsom salt (<i>laxative</i>) | \$0 (Non-Part D) | OTC |
| EQ GENTLE | \$0 (Non-Part D) | OTC |
| EQUACARE JR | \$0 (Non-Part D) | MO; OTC |
| ERGOCALCIFEROL (VITAMIN D2) ORAL CAPSULE 50 MCG (2,000 UNIT) | \$0 (Non-Part D) | MO; OTC |
| <i>ergocalciferol (vitamin d2) oral drops</i> | \$0 (Non-Part D) | MO; OTC |
| <i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i> | \$0 (Non-Part D) | OTC |
| ERGOCALCIFEROL (VITAMIN D2) ORAL TABLET 50 MCG (2,000 UNIT) | \$0 (Non-Part D) | OTC |
| ESSENCE C | \$0 (Non-Part D) | OTC |
| ESSENTIAL CARE JR | \$0 (Non-Part D) | MO; OTC |
| ESSENTIAL MAN | \$0 (Non-Part D) | OTC |
| ESSENTIAL MAN 50 PLUS | \$0 (Non-Part D) | MO; OTC |
| ESSENTIAL WOMAN 50 PLUS | \$0 (Non-Part D) | MO; OTC |
| ESTER-C WITH BIOFLAVONOIDS | \$0 (Non-Part D) | MO; OTC |
| eucalyptol * | \$0 (Non-Part D) | OTC |
| eucalyptus flavor * | \$0 (Non-Part D) | OTC |
| eucalyptus oil oil 100 % * | \$0 (Non-Part D) | OTC |
| EVAC | \$0 (Non-Part D) | OTC |
| evac-u-gen (<i>sennosides</i>) | \$0 (Non-Part D) | OTC |
| excel syringe * | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| exel hypodermic needles needle 18 gauge x 1 1/2", 19 gauge x 1", 20 gauge x 11/2", 20 gauge x 1", 20 x 3/4 ", 21 gauge x 11/2", 21 gauge x 1", 22 gauge x 11/2", 22 gauge x 1", 22 gauge x 3/4", 23 gauge x 3/4", 25 gauge x 1 1/2", 25 gauge x 1", 25 gauge x 3/4", 25 gauge x 5/8", 26 gauge x 11/2", 26 gauge x 1/2", 26 gauge x 3/8", 26 gauge x 5/8", 27 gauge x 1/2", 30 gauge x 1/2" * | \$0 (Non-Part D) | OTC |
| exel syringe syringe 3 ml 27 gauge x 11/4" * | \$0 (Non-Part D) | OTC |
| extraprin | \$0 (Non-Part D) | OTC |
| eye <i>allergy relief</i> | \$0 (Non-Part D) | OTC |
| eye <i>itch relief</i> | \$0 (Non-Part D) | MO; OTC |
| EYELID WIPES (WITH CHAMOMILE) | \$0 (Non-Part D) | OTC |
| ezfe 200 | \$0 (Non-Part D) | MO; OTC |
| FA-8 | \$0 (Non-Part D) | OTC |
| famotidine oral tablet 10 mg | \$0 (Non-Part D) | OTC |
| fe c | \$0 (Non-Part D) | OTC |
| fe c plus | \$0 (Non-Part D) | OTC |
| FEM-CAL CITRATE | \$0 (Non-Part D) | OTC |
| ferate | \$0 (Non-Part D) | MO; OTC |
| FERGON ORAL TABLET 225 MG (27 MG IRON) | \$0 (Non-Part D) | MO; OTC |
| FERGON ORAL TABLET 270 MG (27 MG IRON) | \$0 (Non-Part D) | OTC |
| ferosul | \$0 (Non-Part D) | MO; OTC |
| FERRACTIV | \$0 (Non-Part D) | OTC |
| ferretts | \$0 (Non-Part D) | MO; OTC |
| FERRETTS IPS ORAL CAPSULE | \$0 (Non-Part D) | OTC |
| FERRETTS IPS ORAL LIQUID | \$0 (Non-Part D) | MO; OTC |
| ferrex 150 | \$0 (Non-Part D) | MO; OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| ferrex 150 plus | \$0 (Non-Part D) | MO; OTC |
| ferric x-150 | \$0 (Non-Part D) | OTC |
| FERRIMIN 150 | \$0 (Non-Part D) | MO; OTC |
| ferrocite | \$0 (Non-Part D) | MO; OTC |
| FERRO-SEQUELS (IRON-VIT C) | \$0 (Non-Part D) | OTC |
| ferro-time | \$0 (Non-Part D) | OTC |
| ferrous fumarate oral tablet 324 mg (106 mg iron) | \$0 (Non-Part D) | OTC |
| FERROUS FUMARATE ORAL TABLET 89 MG (29 MG IRON) | \$0 (Non-Part D) | OTC |
| ferrous gluconate oral tablet 236 mg (27 mg iron), 240 mg (27 mg iron), 256 mg (28 mg iron), 324 mg (37.5 mg iron) | \$0 (Non-Part D) | OTC |
| ferrous gluconate oral tablet 324 mg (38 mg iron) | \$0 (Non-Part D) | MO; OTC |
| ferrous sulfate oral drops | \$0 (Non-Part D) | MO; OTC |
| ferrous sulfate oral elixir | \$0 (Non-Part D) | MO; OTC |
| ferrous sulfate oral liquid | \$0 (Non-Part D) | OTC |
| ferrous sulfate oral solution | \$0 (Non-Part D) | OTC |
| ferrous sulfate oral tablet | \$0 (Non-Part D) | OTC |
| ferrous sulfate oral tablet, delayed release (dr/ec) | \$0 (Non-Part D) | MO; OTC |
| feverall rectal suppository 120 mg, 650 mg | \$0 (Non-Part D) | OTC |
| feverall rectal suppository 325 mg | \$0 (Non-Part D) | MO; OTC |
| FEVERALL RECTAL SUPPOSITORY 80 MG | \$0 (Non-Part D) | MO; OTC |
| fe-vite oral drops | \$0 (Non-Part D) | OTC |
| fexofenadine | \$0 (Non-Part D) | MO; OTC |
| fexofenadine-pseudoephedrine | \$0 (Non-Part D) | OTC |
| fiber (calcium polycarbophil) | \$0 (Non-Part D) | MO; OTC |
| fiber (dextrin) oral powder | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| fiber (psyllium husk) oral capsule 0.52 gram | \$0 (Non-Part D) | OTC |
| fiber (psyllium husk-sugar) oral powder 3.4 gram/12 gram | \$0 (Non-Part D) | OTC |
| FIBER (PSYLLIUM HUSK-SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM | \$0 (Non-Part D) | OTC |
| FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM | \$0 (Non-Part D) | MO; OTC |
| FIBER (WITH ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM | \$0 (Non-Part D) | OTC |
| FIBER GUMMIES WITH VITAMIN D3 | \$0 (Non-Part D) | OTC |
| <i>fiber laxative (ca polycarbo)</i> | \$0 (Non-Part D) | OTC |
| <i>fiber laxative (psyllium husk)</i> | \$0 (Non-Part D) | OTC |
| <i>fiber laxative(methylcellulos)</i> | \$0 (Non-Part D) | OTC |
| FIBER SELECT GUMMIES | \$0 (Non-Part D) | OTC |
| <i>fiber supplement (inulin)</i> | \$0 (Non-Part D) | OTC |
| FIBER SUPPLEMENT(WHEATDEXTRIN) | \$0 (Non-Part D) | OTC |
| <i>fiber therapy (ca polycarboph)</i> | \$0 (Non-Part D) | OTC |
| <i>fiber therapy (m-cell/sugar)</i> | \$0 (Non-Part D) | MO; OTC |
| <i>fiber therapy (m-cellulose)</i> | \$0 (Non-Part D) | OTC |
| FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/12 GRAM | \$0 (Non-Part D) | OTC |
| <i>fiber therapy laxative (husk)</i> | \$0 (Non-Part D) | OTC |
| <i>fiber-caps (psyllium husk)</i> | \$0 (Non-Part D) | OTC |
| FIBERCEL ORAL POWDER | \$0 (Non-Part D) | OTC |
| FIBERCON | \$0 (Non-Part D) | MO; OTC |
| FIBEREX F15 | \$0 (Non-Part D) | OTC |
| <i>fiber-lax</i> | \$0 (Non-Part D) | MO; OTC |
| <i>fiber-tabs</i> | \$0 (Non-Part D) | OTC |
| FIRST AID (TRICLOSAN) | \$0 (Non-Part D) | OTC |
| FIRST AID ANTIBIOTIC | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| first aid antibiotic-pain rlf | \$0 (Non-Part D) | OTC |
| FIRST AID ANTISEPTIC(POVIDONE) TOPICAL OINTMENT | \$0 (Non-Part D) | MO; OTC |
| first aid antiseptic(povidone) topical solution | \$0 (Non-Part D) | OTC |
| flanax (naproxen) | \$0 (Non-Part D) | OTC |
| flavor blend 2 in 1 * | \$0 (Non-Part D) | OTC |
| flavor chews antacid | \$0 (Non-Part D) | OTC |
| flavor plus * | \$0 (Non-Part D) | OTC |
| flavor sweet * | \$0 (Non-Part D) | OTC |
| flavor sweet-sf * | \$0 (Non-Part D) | OTC |
| flavorx grape flavor * | \$0 (Non-Part D) | OTC |
| FLEET BISACODYL RECTAL | \$0 (Non-Part D) | MO; OTC |
| FLEET GLYCERIN LAXATIVE | \$0 (Non-Part D) | MO; OTC |
| FLEET PEDIATRIC | \$0 (Non-Part D) | MO; OTC |
| florastor | \$0 (Non-Part D) | MO; OTC |
| FLORASTORBABY | \$0 (Non-Part D) | OTC |
| FLORASTORKIDS | \$0 (Non-Part D) | MO; OTC |
| FLORASTORSELECT GUT BOOST | \$0 (Non-Part D) | MO; OTC |
| FLORASTORSELECT IMMUNITY BOOST | \$0 (Non-Part D) | OTC |
| flow-eze vented needle * | \$0 (Non-Part D) | MO; OTC |
| flowflex covid-19 ag home test * | \$0 (Non-Part D) | MO; OTC |
| fluoride (sodium) oral drops | \$0 (Non-Part D) | MO; OTC |
| fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid) | \$0 (Non-Part D) | MO; OTC |
| foaming acne face wash | \$0 (Non-Part D) | OTC |
| foaming antacid | \$0 (Non-Part D) | OTC |
| folic acid (bulk) * | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| FOLIC ACID ORAL CAPSULE 0.8 MG, 20 MG | \$0 (Non-Part D) | OTC |
| <i>folic acid oral tablet</i> | \$0 (Non-Part D) | MO; OTC |
| FOLIC ACID-VIT B6-VIT B12 (CA) | \$0 (Non-Part D) | OTC |
| <i>folitab</i> | \$0 (Non-Part D) | MO; OTC |
| <i>foltabs 800</i> | \$0 (Non-Part D) | MO; OTC |
| <i>foot and sneaker</i> | \$0 (Non-Part D) | OTC |
| <i>for sty relief</i> | \$0 (Non-Part D) | OTC |
| fora gtel ketone test strip * | \$0 (Non-Part D) | OTC |
| fora p20 * | \$0 (Non-Part D) | OTC |
| fora test n'go bp system * | \$0 (Non-Part D) | OTC |
| <i>formula 3</i> | \$0 (Non-Part D) | OTC |
| FORTINI INFANT | \$0 (Non-Part D) | MO; OTC |
| FREEDAVITE | \$0 (Non-Part D) | OTC |
| <i>fruit c</i> | \$0 (Non-Part D) | OTC |
| FRUIT C-100 | \$0 (Non-Part D) | OTC |
| FRUIT C-200 | \$0 (Non-Part D) | OTC |
| <i>fruit c-500</i> | \$0 (Non-Part D) | OTC |
| <i>full spectrum b-vitamin c</i> | \$0 (Non-Part D) | MO; OTC |
| FUSION | \$0 (Non-Part D) | MO; OTC |
| GA-1 ANAMIX EARLY YEARS | \$0 (Non-Part D) | MO; OTC |
| <i>gas relief (simethicone) oral capsule 125 mg, 180 mg</i> | \$0 (Non-Part D) | OTC |
| <i>gas relief (simethicone) oral tablet, chewable</i> | \$0 (Non-Part D) | OTC |
| <i>gas relief 80 (simethicone)</i> | \$0 (Non-Part D) | OTC |
| <i>gas relief extra strength</i> | \$0 (Non-Part D) | MO; OTC |
| <i>gas relief ultra strength</i> | \$0 (Non-Part D) | OTC |
| <i>gavilax oral powder</i> | \$0 (Non-Part D) | MO; OTC |
| <i>gavilax oral powder in packet 8.5 gram</i> | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| gelmix oral powder * | \$0 (Non-Part D) | OTC |
| gelmix oral powder in packet * | \$0 (Non-Part D) | MO; OTC |
| genabio covid-19 rapid at-home * | \$0 (Non-Part D) | OTC |
| GENTLE INFANT FORMULA | \$0 (Non-Part D) | OTC |
| GENTLE IRON | \$0 (Non-Part D) | MO; OTC |
| gentle laxative (bisacodyl) oral | \$0 (Non-Part D) | OTC |
| gentle laxative (bisacodyl) rectal | \$0 (Non-Part D) | MO; OTC |
| gentrelax | \$0 (Non-Part D) | OTC |
| GERBER EXTENSIVE HA | \$0 (Non-Part D) | MO; OTC |
| GERBER GOOD START GENTLE NOGMO | \$0 (Non-Part D) | OTC |
| GERBER GOOD START GENTLEPRO | \$0 (Non-Part D) | OTC |
| GERBER GOOD START SOY NO-GMO | \$0 (Non-Part D) | OTC |
| GERBER GOOD START SOY ORAL LIQUID | \$0 (Non-Part D) | OTC |
| GERBER GOOD START SOY ORAL POWDER | \$0 (Non-Part D) | MO; OTC |
| GERBER GOOD STR SOOTHPRO NOGMO | \$0 (Non-Part D) | MO; OTC |
| GERBER GS GNTLPR NOGMO(B.LACT) | \$0 (Non-Part D) | OTC |
| geri-dryl | \$0 (Non-Part D) | OTC |
| geri-kot | \$0 (Non-Part D) | MO; OTC |
| geri-lanta oral suspension 200-200-20 mg/5 ml | \$0 (Non-Part D) | MO; OTC |
| geri-lanta oral suspension 400-400-40 mg/5 ml | \$0 (Non-Part D) | OTC |
| geri-lanta supreme | \$0 (Non-Part D) | OTC |
| geri-mox antacid-antigas oral suspension 200-200-20 mg/5 ml | \$0 (Non-Part D) | MO; OTC |
| GERI-MUCIL (ASPARTAME) | \$0 (Non-Part D) | OTC |
| GERI-MUCIL (SUGAR) | \$0 (Non-Part D) | MO; OTC |
| gluco burst | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| GLUCO SHOT | \$0 (Non-Part D) | OTC |
| glucose gel | \$0 (Non-Part D) | OTC |
| glucose oral tablet, chewable 3.75 gram | \$0 (Non-Part D) | MO; OTC |
| glucose oral tablet, chewable 4 gram | \$0 (Non-Part D) | OTC |
| GLUTAREX-1 | \$0 (Non-Part D) | OTC |
| GLUTOSE-15 | \$0 (Non-Part D) | MO; OTC |
| GLUTOSE-45 | \$0 (Non-Part D) | MO; OTC |
| glutose-5 | \$0 (Non-Part D) | OTC |
| glycerin (adult) | \$0 (Non-Part D) | MO; OTC |
| glycerin (bulk) * | \$0 (Non-Part D) | OTC |
| glycerin (child) | \$0 (Non-Part D) | MO; OTC |
| glycerin topical liquid | \$0 (Non-Part D) | OTC |
| GLYCERIN TOPICAL SOLUTION | \$0 (Non-Part D) | MO; OTC |
| GLY-OXIDE | \$0 (Non-Part D) | MO; OTC |
| gojji blood ketone test strip * | \$0 (Non-Part D) | OTC |
| GOLD BOND ADVANCED HEALING | \$0 (Non-Part D) | OTC |
| GOODY'S EXTRA STRENGTH | \$0 (Non-Part D) | OTC |
| grape flavor (bulk) * | \$0 (Non-Part D) | OTC |
| grapefruit * | \$0 (Non-Part D) | OTC |
| gummi bear multivitamin | \$0 (Non-Part D) | OTC |
| GUMMIES CHILDREN MULTIVITAMIN | \$0 (Non-Part D) | OTC |
| GUMMY DINOS | \$0 (Non-Part D) | OTC |
| h2q | \$0 (Non-Part D) | OTC |
| hair vitamins | \$0 (Non-Part D) | OTC |
| hair,skin and nails oral tablet | \$0 (Non-Part D) | OTC |
| HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL TABLET 100-1,500 MCG, 66.7-1,666.7 MCG | \$0 (Non-Part D) | OTC |
| hand wash | \$0 (Non-Part D) | OTC |
| HCU ANAMIX EARLY YEARS | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| HCY1 POWDER | \$0 (Non-Part D) | OTC |
| <i>headache pm</i> | \$0 (Non-Part D) | OTC |
| <i>headache relief (asa-acet-caf)</i> | \$0 (Non-Part D) | OTC |
| <i>healthylax</i> | \$0 (Non-Part D) | MO; OTC |
| HEARTBURN AND ACID REFLUX-ALOE | \$0 (Non-Part D) | OTC |
| <i>heartburn antacid</i> | \$0 (Non-Part D) | OTC |
| <i>heartburn prevention</i> | \$0 (Non-Part D) | OTC |
| <i>heartburn relief (cimetidine)</i> | \$0 (Non-Part D) | OTC |
| <i>heartburn relief (famotidine)</i> | \$0 (Non-Part D) | MO; OTC |
| HEARTBURN RELIEF ORAL SUSPENSION | \$0 (Non-Part D) | OTC |
| <i>heartburn relief oral tablet, chewable</i> | \$0 (Non-Part D) | OTC |
| <i>hema-combi-stix *</i> | \$0 (Non-Part D) | OTC |
| HEMATEX ORAL LIQUID | \$0 (Non-Part D) | OTC |
| <i>hematogen forte</i> | \$0 (Non-Part D) | OTC |
| HEMOCYTE | \$0 (Non-Part D) | OTC |
| <i>her style</i> | \$0 (Non-Part D) | OTC |
| HIBICLENS | \$0 (Non-Part D) | MO; OTC |
| <i>hi-cal plus vit d</i> | \$0 (Non-Part D) | OTC |
| <i>high potency iron oral tablet 134 mg (27 mg iron)</i> | \$0 (Non-Part D) | OTC |
| HIGH POTENCY IRON ORAL TABLET 27 MG IRON | \$0 (Non-Part D) | OTC |
| <i>high potency multivit (w-iron) oral tablet 18-400 mg-mcg</i> | \$0 (Non-Part D) | OTC |
| HIGH POTENCY MULTIVITAMIN | \$0 (Non-Part D) | MO; OTC |
| HOMINEX-1 | \$0 (Non-Part D) | OTC |
| HOMOCYSTEINE FORMULA | \$0 (Non-Part D) | OTC |
| <i>honey bears multivitamin</i> | \$0 (Non-Part D) | OTC |
| <i>humidifiers *</i> | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| hydrocortisone acetate topical cream | \$0 (Non-Part D) | OTC |
| hydrocortisone acetate topical ointment | \$0 (Non-Part D) | OTC |
| hydrocortisone topical cream 0.5 % | \$0 (Non-Part D) | MO; OTC |
| hydrocortisone topical cream in packet | \$0 (Non-Part D) | OTC |
| hydrocortisone topical lotion 1 % | \$0 (Non-Part D) | OTC |
| hydrocortisone topical ointment 0.5 % | \$0 (Non-Part D) | OTC |
| hydrocream | \$0 (Non-Part D) | OTC |
| hydrogen peroxide | \$0 (Non-Part D) | MO; OTC |
| HYDROGEN PEROXIDE TOPICAL | \$0 (Non-Part D) | OTC |
| hydrolatum | \$0 (Non-Part D) | OTC |
| hydrophilic petrolatum * | \$0 (Non-Part D) | OTC |
| HYDROPHOR | \$0 (Non-Part D) | MO; OTC |
| HYLAZINC | \$0 (Non-Part D) | OTC |
| hypodermic needles needle 21 gauge x 1", 26 gauge x 5/8" * | \$0 (Non-Part D) | OTC |
| hypodermic needles needle 23 gauge x 1 1/2" * | \$0 (Non-Part D) | MO; OTC |
| hypromellose * | \$0 (Non-Part D) | OTC |
| I.L.X. B-12 | \$0 (Non-Part D) | MO; OTC |
| ibu-200 | \$0 (Non-Part D) | OTC |
| ibuprofen ib oral tablet, chewable | \$0 (Non-Part D) | OTC |
| ibuprofen jr strength | \$0 (Non-Part D) | OTC |
| ibuprofen oral capsule | \$0 (Non-Part D) | MO; OTC |
| ibuprofen oral drops, suspension | \$0 (Non-Part D) | OTC |
| ibuprofen oral tablet 200 mg | \$0 (Non-Part D) | MO; OTC |
| ibuprofen oral tablet, chewable | \$0 (Non-Part D) | OTC |
| ICAR | \$0 (Non-Part D) | MO; OTC |
| ICAR-C | \$0 (Non-Part D) | MO; OTC |
| ifex 150 | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| ihealth covid-19 ag home test * | \$0 (Non-Part D) | OTC |
| ILEX SKIN PROTECTANT | \$0 (Non-Part D) | OTC |
| IMMUNERX | \$0 (Non-Part D) | OTC |
| IMPROVUE (PF) | \$0 (Non-Part D) | OTC |
| in-check nasal with mask * | \$0 (Non-Part D) | OTC |
| in-check oral flow meter * | \$0 (Non-Part D) | OTC |
| incontrol bp monitor * | \$0 (Non-Part D) | OTC |
| <i>infant fever reducer-pain relf</i> | \$0 (Non-Part D) | OTC |
| INFANT FORMULA WITH IRON | \$0 (Non-Part D) | OTC |
| <i>infant's acetaminophen</i> | \$0 (Non-Part D) | MO; OTC |
| <i>infants gas relief oral drops,suspension</i> | \$0 (Non-Part D) | MO; OTC |
| <i>infant's ibuprofen</i> | \$0 (Non-Part D) | MO; OTC |
| <i>infants' mylicon</i> | \$0 (Non-Part D) | MO; OTC |
| <i>infants' pain and fever</i> | \$0 (Non-Part D) | OTC |
| <i>infants' pain relief</i> | \$0 (Non-Part D) | OTC |
| <i>infants profenib</i> | \$0 (Non-Part D) | OTC |
| <i>infants simethicone oral drops,suspension</i> | \$0 (Non-Part D) | MO; OTC |
| INFANT-TODDLER MULTIVITAMIN | \$0 (Non-Part D) | OTC |
| <i>infant-toddler multivit-iron</i> | \$0 (Non-Part D) | MO; OTC |
| instaclean * | \$0 (Non-Part D) | OTC |
| instant food thickener * | \$0 (Non-Part D) | OTC |
| INTEGRA | \$0 (Non-Part D) | MO; OTC |
| inteliswab covid-19 home test * | \$0 (Non-Part D) | OTC |
| <i>inzo antifungal</i> | \$0 (Non-Part D) | OTC |
| IODIDES TINCTURE | \$0 (Non-Part D) | OTC |
| <i>iodine</i> | \$0 (Non-Part D) | OTC |
| iodine (bulk) crystals * | \$0 (Non-Part D) | OTC |
| <i>iodine strong</i> | \$0 (Non-Part D) | OTC |
| <i>iodine-sodium iodide</i> | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>i-prin</i> | \$0 (Non-Part D) | OTC |
| <i>iron</i> | \$0 (Non-Part D) | OTC |
| <i>iron (ferrous sulfate)</i> | \$0 (Non-Part D) | OTC |
| <i>iron 100 plus</i> | \$0 (Non-Part D) | MO; OTC |
| IRON BISGLYCINATE CHELATE ORAL CAPSULE 29 MG IRON | \$0 (Non-Part D) | OTC |
| <i>iron chews</i> | \$0 (Non-Part D) | MO; OTC |
| <i>iron,carbonyl-vitamin c</i> | \$0 (Non-Part D) | MO; OTC |
| IRONUP | \$0 (Non-Part D) | MO; OTC |
| IRO-PLEX (IRON POLYSACCHARIDE) | \$0 (Non-Part D) | OTC |
| IS-D-10,000 | \$0 (Non-Part D) | OTC |
| isoleucine (bulk) * | \$0 (Non-Part D) | OTC |
| ISOMIL ADVANCE | \$0 (Non-Part D) | MO; OTC |
| ISOMIL DF | \$0 (Non-Part D) | OTC |
| ISOMIL/IRON | \$0 (Non-Part D) | OTC |
| isopropyl alcohol solution 70 %, 91 % * | \$0 (Non-Part D) | OTC |
| isopropyl alcohol solution 99 % * | \$0 (Non-Part D) | OTC |
| <i>itch relief (clotrimazole)</i> | \$0 (Non-Part D) | OTC |
| <i>itch relief (diphenhydramine)</i> | \$0 (Non-Part D) | OTC |
| <i>itch stopping(diphenhydramine)</i> | \$0 (Non-Part D) | OTC |
| IVA ANAMIX EARLY YEARS | \$0 (Non-Part D) | MO; OTC |
| IVA ANAMIX NEXT | \$0 (Non-Part D) | MO; OTC |
| I-VALEX-1 | \$0 (Non-Part D) | OTC |
| IVIZIA (PF) OPHTHALMIC (EYE) DROPS | \$0 (Non-Part D) | MO; OTC |
| <i>jock itch</i> | \$0 (Non-Part D) | OTC |
| <i>jock itch (clotrimazole)</i> | \$0 (Non-Part D) | OTC |
| <i>jr. strength pain reliever</i> | \$0 (Non-Part D) | OTC |
| JUST 4 KIDZ MULTIVIT-PROBIOTIC | \$0 (Non-Part D) | OTC |
| K2 PLUS D3 | \$0 (Non-Part D) | MO; OTC |

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|---|---|--|
| KELP (IODINE) ORAL TABLET | \$0 (Non-Part D) | OTC |
| keto-diastix * | \$0 (Non-Part D) | MO; OTC |
| ketone care * | \$0 (Non-Part D) | OTC |
| ketone urine test * | \$0 (Non-Part D) | OTC |
| KETONEX-1 | \$0 (Non-Part D) | OTC |
| ketostix * | \$0 (Non-Part D) | MO; OTC |
| <i>ketotifen fumarate</i> | \$0 (Non-Part D) | MO; OTC |
| KEYFOLIC | \$0 (Non-Part D) | OTC |
| KIDS COD LIVER OIL AND VIT D | \$0 (Non-Part D) | OTC |
| KIDS' GUMMY | \$0 (Non-Part D) | OTC |
| <i>kids melatonin</i> | \$0 (Non-Part D) | MO; OTC |
| KIDS MULTI ZERO | \$0 (Non-Part D) | OTC |
| KIDS MULTIVITAMIN-MINERALS ORAL TABLET,CHEWABLE 200 MCG | \$0 (Non-Part D) | OTC |
| <i>kids vitamin d3</i> | \$0 (Non-Part D) | OTC |
| kobee | \$0 (Non-Part D) | OTC |
| <i>k-pec antidiarrheal (bism sub)</i> | \$0 (Non-Part D) | OTC |
| KPN ORAL TABLET 9 MG IRON- 267 MCG | \$0 (Non-Part D) | OTC |
| labstix reagent * | \$0 (Non-Part D) | OTC |
| LAC-HYDRIN FIVE | \$0 (Non-Part D) | OTC |
| <i>lactase</i> | \$0 (Non-Part D) | OTC |
| <i>lactase fast acting oral tablet</i> | \$0 (Non-Part D) | MO; OTC |
| <i>lactase fast acting oral tablet,chewable</i> | \$0 (Non-Part D) | OTC |
| <i>lactose (bulk) *</i> | \$0 (Non-Part D) | OTC |
| LACTOSE FAST ACTING RELIEF | \$0 (Non-Part D) | OTC |
| <i>lanolin (bulk) wax *</i> | \$0 (Non-Part D) | OTC |
| LANOLIN (HPA) | \$0 (Non-Part D) | OTC |
| <i>laxa basic</i> | \$0 (Non-Part D) | OTC |
| <i>laxacin</i> | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>laxaclear</i> | \$0 (Non-Part D) | OTC |
| <i>laxative (bisacodyl)</i> | \$0 (Non-Part D) | OTC |
| <i>laxative (sennosides) oral tablet 15 mg, 25 mg</i> | \$0 (Non-Part D) | OTC |
| <i>laxative peg 3350</i> | \$0 (Non-Part D) | OTC |
| <i>laxative pills</i> | \$0 (Non-Part D) | OTC |
| <i>laxative pills regular</i> | \$0 (Non-Part D) | OTC |
| <i>lecithin-kelp-b6</i> | \$0 (Non-Part D) | OTC |
| <i>lecithin-kelp-b6 (100-8.3)</i> | \$0 (Non-Part D) | OTC |
| <i>lemon flavor extract (bulk) *</i> | \$0 (Non-Part D) | OTC |
| <i>lemon flavoring *</i> | \$0 (Non-Part D) | OTC |
| LEMON GLYCERIN | \$0 (Non-Part D) | OTC |
| <i>lemon oil *</i> | \$0 (Non-Part D) | OTC |
| <i>levomefol-b6-meb12-algal oil</i> | \$0 (Non-Part D) | OTC |
| <i>levonorgestrel</i> | \$0 (Non-Part D) | OTC |
| <i>lice killing</i> | \$0 (Non-Part D) | MO; OTC |
| <i>lice killing (permethrin)</i> | \$0 (Non-Part D) | OTC |
| <i>lice pyriny l shampoo</i> | \$0 (Non-Part D) | OTC |
| <i>lice treatment (permethrin)</i> | \$0 (Non-Part D) | OTC |
| <i>lice treatment topical liquid</i> | \$0 (Non-Part D) | OTC |
| <i>lifeshield blunt cannula needle *</i> | \$0 (Non-Part D) | OTC |
| <i>lime flavor *</i> | \$0 (Non-Part D) | OTC |
| <i>lintera</i> | \$0 (Non-Part D) | OTC |
| <i>lip treatment *</i> | \$0 (Non-Part D) | OTC |
| <i>lipoic acid *</i> | \$0 (Non-Part D) | OTC |
| LIQ-10 | \$0 (Non-Part D) | OTC |
| LIQSORB | \$0 (Non-Part D) | OTC |
| <i>liquid antacid</i> | \$0 (Non-Part D) | OTC |
| LIQUID B-12 | \$0 (Non-Part D) | OTC |
| LIQUID C | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| LIQUID CALCIUM WITH VITAMIN D | \$0 (Non-Part D) | OTC |
| <i>liquid corn and callus remover</i> | \$0 (Non-Part D) | OTC |
| <i>liquid multivitamin</i> | \$0 (Non-Part D) | OTC |
| <i>l-isoleucine *</i> | \$0 (Non-Part D) | OTC |
| <i>little animals</i> | \$0 (Non-Part D) | OTC |
| <i>little animals-iron</i> | \$0 (Non-Part D) | OTC |
| LMEFOL CA-ACETYL-MEB12-ALGAL | \$0 (Non-Part D) | OTC |
| <i>l-methyl-mc</i> | \$0 (Non-Part D) | MO; OTC |
| LOPERAMIDE ORAL LIQUID | \$0 (Non-Part D) | MO; OTC |
| <i>loperamide oral tablet</i> | \$0 (Non-Part D) | OTC |
| <i>loperamide-simethicone</i> | \$0 (Non-Part D) | OTC |
| <i>loradamed</i> | \$0 (Non-Part D) | OTC |
| <i>lorata-d</i> | \$0 (Non-Part D) | OTC |
| <i>lorata-dine d</i> | \$0 (Non-Part D) | OTC |
| <i>loratadine oral solution</i> | \$0 (Non-Part D) | MO; OTC |
| <i>loratadine oral tablet</i> | \$0 (Non-Part D) | MO; OTC |
| <i>loratadine-d</i> | \$0 (Non-Part D) | MO; OTC |
| LORMATE | \$0 (Non-Part D) | OTC |
| <i>lubricant (p-glycol-glycerin)</i> | \$0 (Non-Part D) | OTC |
| LUBRICANT EYE | \$0 (Non-Part D) | OTC |
| LUBRICANT EYE (CMC-GLYCERIN) | \$0 (Non-Part D) | OTC |
| LUBRICANT EYE (PG-PEG 400) | \$0 (Non-Part D) | MO; OTC |
| LUBRICANT EYE (PG-PEG 400)(PF) | \$0 (Non-Part D) | OTC |
| LUBRICANT EYE (PROPYL GLYCOL) OPHTHALMIC (EYE) DROPS 0.6 % | \$0 (Non-Part D) | OTC |
| <i>lubricant eye drops ophthalmic (eye) dropperette</i> | \$0 (Non-Part D) | MO; OTC |
| LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.25 % | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>lubricant eye drops ophthalmic (eye) drops 0.5 %</i> | \$0 (Non-Part D) | OTC |
| LUBRICANT GEL | \$0 (Non-Part D) | OTC |
| <i>lubrifresh pm</i> | \$0 (Non-Part D) | MO; OTC |
| <i>lumitene</i> | \$0 (Non-Part D) | OTC |
| I-valine * | \$0 (Non-Part D) | OTC |
| LYCOPENE | \$0 (Non-Part D) | OTC |
| <i>lysiplex plus oral liquid</i> | \$0 (Non-Part D) | MO; OTC |
| <i>mag 64</i> | \$0 (Non-Part D) | MO; OTC |
| MAG-AL | \$0 (Non-Part D) | OTC |
| <i>mag-al plus</i> | \$0 (Non-Part D) | OTC |
| <i>mag-al plus extra strength</i> | \$0 (Non-Part D) | OTC |
| MAG-DELAY | \$0 (Non-Part D) | MO; OTC |
| <i>mag-g</i> | \$0 (Non-Part D) | MO; OTC |
| MAGINEX | \$0 (Non-Part D) | OTC |
| <i>magnasweet 135 *</i> | \$0 (Non-Part D) | OTC |
| MAGNESIUM (OXIDE/AA CHELATE) | \$0 (Non-Part D) | MO; OTC |
| MAGNESIUM AMINO ACID CHELATE | \$0 (Non-Part D) | OTC |
| MAGNESIUM CHLORIDE ORAL TABLET | \$0 (Non-Part D) | OTC |
| MAGNESIUM CHLORIDE ORAL TABLET,DELAYED RELEASE (DR/EC) 64 MG | \$0 (Non-Part D) | MO; OTC |
| MAGNESIUM CHLORIDE ORAL TABLET,DELAYED RELEASE (DR/EC) 70 MG | \$0 (Non-Part D) | OTC |
| MAGNESIUM CITRATE ORAL CAPSULE 100 MG | \$0 (Non-Part D) | OTC |
| MAGNESIUM CITRATE ORAL CAPSULE 125 MG | \$0 (Non-Part D) | MO; OTC |
| <i>magnesium citrate oral solution</i> | \$0 (Non-Part D) | MO; OTC |

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|---|---|--|
| MAGNESIUM CITRATE ORAL TABLET | \$0 (Non-Part D) | OTC |
| MAGNESIUM CITRATE ORAL TABLET,CHEWABLE | \$0 (Non-Part D) | OTC |
| <i>magnesium gluconate oral tablet 27 mg magnesium (500 mg)</i> | \$0 (Non-Part D) | MO; OTC |
| <i>magnesium gluconate oral tablet 27.5 mg magne- sium (500 mg)</i> | \$0 (Non-Part D) | OTC |
| MAGNESIUM GLUCONATE ORAL TABLET 30 MG (550 MG) | \$0 (Non-Part D) | OTC |
| MAGNESIUM GLYCINATE | \$0 (Non-Part D) | MO; OTC |
| <i>magnesium hydroxide oral suspension 400 mg/5 ml</i> | \$0 (Non-Part D) | OTC |
| MAGNESIUM L-LACTATE | \$0 (Non-Part D) | MO; OTC |
| <i>magnesium oral tablet 200 mg</i> | \$0 (Non-Part D) | MO; OTC |
| <i>magnesium oral tablet 250 mg</i> | \$0 (Non-Part D) | OTC |
| <i>magnesium oxide (bulk) *</i> | \$0 (Non-Part D) | OTC |
| MAGNESIUM OXIDE ORAL CAPSULE 400 MG MAGNESIUM | \$0 (Non-Part D) | MO; OTC |
| <i>magnesium oxide oral capsule 500 mg</i> | \$0 (Non-Part D) | MO; OTC |
| MAGNESIUM OXIDE ORAL TABLET 200 MG MAGNESIUM | \$0 (Non-Part D) | OTC |
| <i>magnesium oxide oral tablet 250 mg magnesium, 420 mg</i> | \$0 (Non-Part D) | MO; OTC |
| MAGNESIUM OXIDE ORAL TABLET 400 MG (241.3 MG MAGNESIUM), 500 MG MAGNESIUM | \$0 (Non-Part D) | MO; OTC |
| <i>magnesium oxide oral tablet 400 mg magnesium</i> | \$0 (Non-Part D) | OTC |
| MAGNESIUM OXIDE ORAL TABLET,CHEWABLE | \$0 (Non-Part D) | OTC |
| <i>magnesium stearate *</i> | \$0 (Non-Part D) | OTC |

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|---|---|--|
| MAGNESIUM SULFATE ORAL | \$0 (Non-Part D) | OTC |
| MAGOX | \$0 (Non-Part D) | MO; OTC |
| <i>mapap (acetaminophen) oral capsule</i> | \$0 (Non-Part D) | MO; OTC |
| <i>mapap (acetaminophen) oral liquid</i> | \$0 (Non-Part D) | MO; OTC |
| marshmallow flavor (bulk) * | \$0 (Non-Part D) | OTC |
| MAXIMIN PACK(WITH LYCOPENE) | \$0 (Non-Part D) | OTC |
| MAXRELIEF JUNIOR ORAL LIQUID | \$0 (Non-Part D) | OTC |
| <i>m-dryl</i> | \$0 (Non-Part D) | MO; OTC |
| <i>meclizine oral tablet, chewable</i> | \$0 (Non-Part D) | MO; OTC |
| MECOBALAMIN (VITAMIN B12) ORAL TABLET, CHEWABLE 1,000 MCG | \$0 (Non-Part D) | OTC |
| MECOBALAMIN (VITAMIN B12) ORAL TABLET, DISINTEGRATING | \$0 (Non-Part D) | OTC |
| <i>mecobal-levomefolat ca-b6 phos</i> | \$0 (Non-Part D) | OTC |
| <i>medibase c *</i> | \$0 (Non-Part D) | OTC |
| MEDICATED HEAT PATCH | \$0 (Non-Part D) | OTC |
| <i>medi-meclizine</i> | \$0 (Non-Part D) | OTC |
| <i>mediproxen</i> | \$0 (Non-Part D) | OTC |
| <i>medi-seltzer</i> | \$0 (Non-Part D) | OTC |
| MEDTYCHOLL-B COMPLEX-LIVER | \$0 (Non-Part D) | OTC |
| <i>mega multi for women</i> | \$0 (Non-Part D) | OTC |
| <i>mega multiple/chelated mineral</i> | \$0 (Non-Part D) | OTC |
| <i>mega multivitamin for men</i> | \$0 (Non-Part D) | OTC |
| MELATONIN (WITH B6) | \$0 (Non-Part D) | OTC |
| MELATONIN ORAL DROPS 1 MG/4 ML | \$0 (Non-Part D) | MO; OTC |
| MELATONIN ORAL DROPS 3 MG/4 ML | \$0 (Non-Part D) | OTC |
| MELATONIN ORAL LIQUID 1 MG/ML | \$0 (Non-Part D) | MO; OTC |
| MELATONIN ORAL LIQUID 2.5 MG/10 ML | \$0 (Non-Part D) | OTC |
| <i>melatonin oral liquid 5 mg/15 ml</i> | \$0 (Non-Part D) | OTC |

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|---|---|--|
| <i>melatonin oral tablet 1 mg, 3 mg, 5 mg</i> | \$0 (Non-Part D) | MO; OTC |
| MELATONIN ORAL TABLET 12 MG | \$0 (Non-Part D) | OTC |
| MELATONIN ORAL TABLET 300 MCG | \$0 (Non-Part D) | MO; OTC |
| <i>melatonin oral tablet, chewable 1 mg</i> | \$0 (Non-Part D) | OTC |
| MELATONIN ORAL TABLET,CHEWABLE 2.5 MG, 5 MG | \$0 (Non-Part D) | MO; OTC |
| MELATONIN ORAL TABLET,DISINTEGRATING 1 MG | \$0 (Non-Part D) | OTC |
| MELATONIN ORAL TABLET,DISINTEGRATING 5 MG | \$0 (Non-Part D) | MO; OTC |
| MELATONINMAX | \$0 (Non-Part D) | OTC |
| MELATONIN-PYRIDOXINE (VIT B6) | \$0 (Non-Part D) | MO; OTC |
| MELATONIN-PYRIDOXINE HCL (B6) ORAL TABLET 1-10 MG, 5-10 MG | \$0 (Non-Part D) | OTC |
| <i>melatonin-pyridoxine hcl (b6) oral tablet 3-1 mg</i> | \$0 (Non-Part D) | OTC |
| MELATONIN-PYRIDOXINE HCL (B6) ORAL TABLET, IR AND ER, BIPHASIC 10-10 MG | \$0 (Non-Part D) | MO; OTC |
| <i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 3-10 mg</i> | \$0 (Non-Part D) | MO; OTC |
| MEN 50 PLUS ADVANCED ONE DAILY | \$0 (Non-Part D) | OTC |
| <i>men 50 plus multivitamin</i> | \$0 (Non-Part D) | OTC |
| MEN'S 50 PLUS DAILY FORMULA | \$0 (Non-Part D) | OTC |
| MEN'S 50 PLUS MULTIVITAMIN | \$0 (Non-Part D) | OTC |
| MEN'S DAILY | \$0 (Non-Part D) | OTC |
| MEN'S DAILY FORMULA | \$0 (Non-Part D) | OTC |
| MEN'S DAILY GUMMIES | \$0 (Non-Part D) | OTC |
| MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG | \$0 (Non-Part D) | OTC |
| MEN'S ONE DAILY | \$0 (Non-Part D) | OTC |

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|---|---|--|
| MEN'S PACK | \$0 (Non-Part D) | OTC |
| MENS POTENT FORMULA | \$0 (Non-Part D) | OTC |
| <i>menstrual relief(pamabr-pyri)</i> | \$0 (Non-Part D) | OTC |
| methocel e 4 m powder * | \$0 (Non-Part D) | OTC |
| methylcellulose (bulk) gel 2 %, 3 % * | \$0 (Non-Part D) | OTC |
| methylcellulose 1500cps (bulk) * | \$0 (Non-Part D) | OTC |
| methylcellulose 4000cps (bulk) * | \$0 (Non-Part D) | OTC |
| <i>mgo</i> | \$0 (Non-Part D) | OTC |
| MG-PLUS-PROTEIN | \$0 (Non-Part D) | MO; OTC |
| <i>miconazole nitrate topical aerosol powder</i> | \$0 (Non-Part D) | OTC |
| <i>miconazole nitrate topical cream</i> | \$0 (Non-Part D) | MO; OTC |
| MICONAZOLE NITRATE TOPICAL SOLUTION WITH APPLICATOR | \$0 (Non-Part D) | OTC |
| <i>miconazole nitrate vaginal comb pack,prefill appl, cream</i> | \$0 (Non-Part D) | OTC |
| <i>miconazole nitrate vaginal cream</i> | \$0 (Non-Part D) | OTC |
| <i>miconazole nitrate vaginal suppository</i> | \$0 (Non-Part D) | OTC |
| <i>miconazole-3 vaginal comb pack,prefill appl, cream</i> | \$0 (Non-Part D) | OTC |
| <i>miconazole-3 vaginal cream</i> | \$0 (Non-Part D) | OTC |
| <i>miconazole-3 vaginal kit</i> | \$0 (Non-Part D) | MO; OTC |
| <i>miconazole-7 vaginal cream</i> | \$0 (Non-Part D) | MO; OTC |
| <i>miconazorb af</i> | \$0 (Non-Part D) | OTC |
| <i>micotrin ac</i> | \$0 (Non-Part D) | OTC |
| <i>micotrin al</i> | \$0 (Non-Part D) | OTC |
| <i>micotrin ap</i> | \$0 (Non-Part D) | OTC |
| <i>micro-guard</i> | \$0 (Non-Part D) | MO; OTC |
| <i>microlife peak flow meter *</i> | \$0 (Non-Part D) | MO; OTC |
| <i>migraine formula</i> | \$0 (Non-Part D) | OTC |

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|---|---|--|
| migraine relief | \$0 (Non-Part D) | OTC |
| milk of magnesia | \$0 (Non-Part D) | MO; OTC |
| milk of magnesia concentrated | \$0 (Non-Part D) | OTC |
| milltrium senior | \$0 (Non-Part D) | MO; OTC |
| mineral oil * | \$0 (Non-Part D) | OTC |
| mineral oil extra heavy | \$0 (Non-Part D) | OTC |
| MINERAL OIL HEAVY | \$0 (Non-Part D) | OTC |
| mineral oil light * | \$0 (Non-Part D) | OTC |
| mineral oil light topical | \$0 (Non-Part D) | OTC |
| MINERAL OIL ORAL | \$0 (Non-Part D) | MO; OTC |
| mineral oil rectal | \$0 (Non-Part D) | OTC |
| MINI ENEMA | \$0 (Non-Part D) | OTC |
| MINI PRENATAL | \$0 (Non-Part D) | OTC |
| mintox maximum strength | \$0 (Non-Part D) | MO; OTC |
| mintox plus | \$0 (Non-Part D) | MO; OTC |
| MMA-PA ANAMIX EARLY YEARS | \$0 (Non-Part D) | OTC |
| MMA-PA ANAMIX NEXT | \$0 (Non-Part D) | OTC |
| MOI-STIR | \$0 (Non-Part D) | MO; OTC |
| moisture drops | \$0 (Non-Part D) | MO; OTC |
| MOISTURIZING LUBRICANT | \$0 (Non-Part D) | OTC |
| MONISTAT 3 VAGINAL COMB PACK,PREFILL APPL, CREAM | \$0 (Non-Part D) | OTC |
| MONISTAT 3 VAGINAL CREAM | \$0 (Non-Part D) | MO; OTC |
| MONISTAT 3 VAGINAL KIT | \$0 (Non-Part D) | MO; OTC |
| MONISTAT 7 | \$0 (Non-Part D) | MO; OTC |
| monistat care (hydrocortisone) | \$0 (Non-Part D) | OTC |
| MONOCAPS | \$0 (Non-Part D) | OTC |
| monoject 3cc syr 25gx1" * | \$0 (Non-Part D) | OTC |
| monoject allergy tray detach * | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| monoject allergy tray tray 1 ml 28 x 1/2" * | \$0 (Non-Part D) | OTC |
| monoject hypodermic needles needle 14 gauge x 1 1/2", 14 gauge x 1", 14 gauge x 2", 15 gauge x 1 1/2", 16 gauge x 1 1/2", 16 gauge x 3/4", 16 gauge x 5/8", 18 gauge x 1 1/2", 18 gauge x 1", 19 gauge x 1 1/2", 19 gauge x 1", 20 gauge x 1 1/2", 20 gauge x 1", 21 gauge x 1 1/2", 21 gauge x 1", 21 gauge x 2", 22 gauge x 1 1/2", 22 gauge x 1", 23 gauge x 1", 25 gauge x 1 1/4", 25 gauge x 5/8", 27 gauge x 1 1/2", 27 gauge x 1 1/4", 27 gauge x 1/2" * | \$0 (Non-Part D) | OTC |
| monoject hypodermic needles needle 16 gauge x 1", 25 x 2 " * | \$0 (Non-Part D) | MO; OTC |
| monoject hypodermic polypropyl needle 18 gauge x 1 1/2", 18 gauge x 1", 30 gauge x 3/4" * | \$0 (Non-Part D) | MO; OTC |
| monoject hypodermic polypropyl needle 19 gauge x 1 1/2", 19 gauge x 1", 20 gauge x 1 1/2", 20 gauge x 1", 21 gauge x 1 1/2", 21 gauge x 1", 22 gauge x 1 1/2", 22 gauge x 1", 23 gauge x 1", 23 gauge x 3/4", 25 gauge x 1 1/2", 25 gauge x 1", 25 gauge x 5/8", 26 gauge x 1 1/2", 27 gauge x 1/2" * | \$0 (Non-Part D) | OTC |
| monoject safety syringes syringe 3 ml 20 gauge x 1 1/2", 3 ml 21 gauge x 1 1/2", 3 ml 21 gauge x 1", 3 ml 22 gauge x 1", 3 ml 23 gauge x 1", 3 ml 25 gauge x 5/8" * | \$0 (Non-Part D) | OTC |
| monoject syringe syringe 12 ml 18 gauge x 1", 12 ml 20 x 1 1/2", 12 ml 21 gauge x 1 1/2", 12 ml 21 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 20 x 3/4", 3 ml 21 gauge x 1 1/2", 3 ml 22 gauge x 1", 6 ml 21 x 1 1/2" * | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| monoject syringe syringe 3 ml 20 gauge x 1", 3 ml 21 gauge x 1", 3 ml 22 x 11/2", 3 ml 23 x 1", 3 ml 25 gauge x 1", 3 ml 27 gauge x 11/4", 6 ml 20 x 11/2", 6 ml 21 x 1" * | \$0 (Non-Part D) | MO; OTC |
| monoject tb * | \$0 (Non-Part D) | OTC |
| monoject tb safety syringe syringe 1 ml 28 gauge x 1/2" * | \$0 (Non-Part D) | OTC |
| monoject tuberculin syringe syringe 1 ml 27 x 1/2" * | \$0 (Non-Part D) | MO; OTC |
| monoject tuberculin syringe syringe 1 ml 28 gauge x 1/2" * | \$0 (Non-Part D) | OTC |
| <i>motion sickness (meclizine)</i> | \$0 (Non-Part D) | OTC |
| <i>motion sickness relief(mecliz)</i> | \$0 (Non-Part D) | OTC |
| <i>motion-time</i> | \$0 (Non-Part D) | OTC |
| MOUTHKOTE | \$0 (Non-Part D) | MO; OTC |
| <i>move it along</i> | \$0 (Non-Part D) | OTC |
| <i>m-pap</i> | \$0 (Non-Part D) | OTC |
| MSUD ANALOG | \$0 (Non-Part D) | OTC |
| MSUD ANAMIX EARLY YEARS | \$0 (Non-Part D) | OTC |
| MUCILIN SF | \$0 (Non-Part D) | OTC |
| <i>multi antibiotic plus</i> | \$0 (Non-Part D) | OTC |
| <i>multi complete with iron</i> | \$0 (Non-Part D) | MO; OTC |
| MULTI FOR HER 50 PLUS | \$0 (Non-Part D) | MO; OTC |
| MULTI FOR HER ORAL CAPSULE | \$0 (Non-Part D) | OTC |
| <i>multi for her oral tablet</i> | \$0 (Non-Part D) | OTC |
| MULTI PRO | \$0 (Non-Part D) | OTC |
| MULTI VITAMIN | \$0 (Non-Part D) | OTC |
| MULTI-DAY PLUS MINERALS | \$0 (Non-Part D) | OTC |
| <i>multi-day with iron</i> | \$0 (Non-Part D) | OTC |
| <i>multigen</i> | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| MULTIHEALTH FIBER | \$0 (Non-Part D) | OTC |
| MULTIHEALTH FIBER (SUGAR) | \$0 (Non-Part D) | OTC |
| <i>multiple vitamin-minerals</i> | \$0 (Non-Part D) | MO; OTC |
| <i>multiple vitamins</i> | \$0 (Non-Part D) | OTC |
| MULTI-PURPOSE OINTMENT | \$0 (Non-Part D) | OTC |
| multistix * | \$0 (Non-Part D) | MO; OTC |
| multistix 10 sg * | \$0 (Non-Part D) | MO; OTC |
| multistix 5 * | \$0 (Non-Part D) | MO; OTC |
| multistix 7 * | \$0 (Non-Part D) | MO; OTC |
| multistix 8 sg * | \$0 (Non-Part D) | MO; OTC |
| multistix 9 * | \$0 (Non-Part D) | MO; OTC |
| multistix 9 sg * | \$0 (Non-Part D) | MO; OTC |
| <i>multi-vit with fluoride-iron</i> | \$0 (Non-Part D) | MO; OTC |
| <i>multivit with min-folic acid oral tablet</i> | \$0 (Non-Part D) | OTC |
| MULTIVIT WITH MIN-FOLIC ACID ORAL TABLET,CHEWABLE 120 MCG | \$0 (Non-Part D) | OTC |
| MULTIVIT,CALC,MIN-FA-K1-LYCOP | \$0 (Non-Part D) | OTC |
| <i>multivitamin</i> | \$0 (Non-Part D) | MO; OTC |
| <i>multivitamin 50 plus</i> | \$0 (Non-Part D) | OTC |
| MULTIVITAMIN GUMMIES | \$0 (Non-Part D) | OTC |
| <i>multi-vitamin hp/minerals</i> | \$0 (Non-Part D) | MO; OTC |
| <i>multi-vitamin with fluoride</i> | \$0 (Non-Part D) | MO; OTC |
| <i>multivitamin with iron</i> | \$0 (Non-Part D) | OTC |
| <i>multivitamin with minerals</i> | \$0 (Non-Part D) | OTC |
| <i>multivitamin women 50 plus</i> | \$0 (Non-Part D) | OTC |
| MULTIVITAMIN-ZINC-STRESS | \$0 (Non-Part D) | MO; OTC |
| MULTI-VITE ORAL LIQUID 9 MG IRON/15 ML | \$0 (Non-Part D) | MO; OTC |
| MULTI-VIT-FLOR | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| MULTIVIT-FLUORIDE (METAFOLIN) | \$0 (Non-Part D) | OTC |
| MULTIVIT-MIN-FERROUS FUMARATE | \$0 (Non-Part D) | MO; OTC |
| MULTIVIT-MIN-FERROUS GLUCONATE | \$0 (Non-Part D) | OTC |
| MULTIVIT-MIN-FOLIC ACID-LUTEIN | \$0 (Non-Part D) | OTC |
| <i>multivit-min-iron fum-folic ac</i> | \$0 (Non-Part D) | MO; OTC |
| MURINE EAR | \$0 (Non-Part D) | MO; OTC |
| mx-sol * | \$0 (Non-Part D) | OTC |
| mx-sol blend * | \$0 (Non-Part D) | OTC |
| mx-sol blend sf * | \$0 (Non-Part D) | OTC |
| mx-sol sf * | \$0 (Non-Part D) | OTC |
| mx-sol suspend * | \$0 (Non-Part D) | OTC |
| <i>my choice</i> | \$0 (Non-Part D) | OTC |
| <i>my way</i> | \$0 (Non-Part D) | OTC |
| <i>mycozyl ac</i> | \$0 (Non-Part D) | OTC |
| <i>mycozyl al</i> | \$0 (Non-Part D) | OTC |
| <i>mycozyl ap</i> | \$0 (Non-Part D) | OTC |
| <i>myferon 150</i> | \$0 (Non-Part D) | OTC |
| MYLANTA COAT-COOL | \$0 (Non-Part D) | OTC |
| MYLANTA GAS MINIS | \$0 (Non-Part D) | MO; OTC |
| <i>mylanta maximum strength</i> | \$0 (Non-Part D) | OTC |
| <i>my-vitalife</i> | \$0 (Non-Part D) | OTC |
| NAPHCON-A | \$0 (Non-Part D) | MO; OTC |
| <i>naproxen sodium oral capsule</i> | \$0 (Non-Part D) | MO; OTC |
| <i>naproxen sodium oral tablet 220 mg</i> | \$0 (Non-Part D) | OTC |
| NARCOSOFT | \$0 (Non-Part D) | OTC |
| <i>nasal allergy</i> | \$0 (Non-Part D) | OTC |
| NASAL DECONGESTANT (PSEUDOEPH) ORAL CAPSULE (ABUSE-RESISTANT) | \$0 (Non-Part D) | OTC |
| <i>nasal decongestant (pseudoeph) oral tablet</i> | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>nasal decongestant (pseudoeph) oral tablet extended release</i> | \$0 (Non-Part D) | OTC |
| NATURAL DAILY FIBER | \$0 (Non-Part D) | OTC |
| <i>natural fiber laxative</i> | \$0 (Non-Part D) | OTC |
| <i>natural fiber laxative (sugar)</i> | \$0 (Non-Part D) | OTC |
| <i>natural fiber laxative(aspart)</i> | \$0 (Non-Part D) | OTC |
| NATURAL FIBER SUPPLEMENT | \$0 (Non-Part D) | OTC |
| <i>natural oatmeal bath treatment</i> | \$0 (Non-Part D) | OTC |
| NATURAL TEARS (PF) | \$0 (Non-Part D) | OTC |
| <i>natural veg laxative(sennosid)</i> | \$0 (Non-Part D) | OTC |
| NATURAL VEGETABLE LAXATIVE | \$0 (Non-Part D) | OTC |
| <i>natura-lax</i> | \$0 (Non-Part D) | OTC |
| NAUZENE UPSET STOMACH-NAUSEA | \$0 (Non-Part D) | MO; OTC |
| needle (disp) 16 g * | \$0 (Non-Part D) | OTC |
| needle (disp) 18 g * | \$0 (Non-Part D) | OTC |
| needle (disp) 19 g * | \$0 (Non-Part D) | OTC |
| needle (disp) 23 gauge * | \$0 (Non-Part D) | OTC |
| NEOCATE INFANT DHA-ARA | \$0 (Non-Part D) | MO; OTC |
| NEOCATE JUNIOR | \$0 (Non-Part D) | MO; OTC |
| NEOCATE JUNIOR WITH PREBIOTICS | \$0 (Non-Part D) | MO; OTC |
| NEOCATE NUTRA | \$0 (Non-Part D) | MO; OTC |
| NEOCATE SPLASH | \$0 (Non-Part D) | MO; OTC |
| NEOCATE SYNEO INFANT | \$0 (Non-Part D) | MO; OTC |
| NEOVITE | \$0 (Non-Part D) | OTC |
| NEPHRO VITAMINS | \$0 (Non-Part D) | OTC |
| NEPHRO-VITE | \$0 (Non-Part D) | MO; OTC |
| <i>new day</i> | \$0 (Non-Part D) | OTC |
| niacin (bulk) * | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| niacin (<i>inositol niacinate</i>) oral capsule 400 mg niacin (500 mg) | \$0 (Non-Part D) | OTC |
| niacin (<i>inositol niacinate</i>) oral capsule 500 mg | \$0 (Non-Part D) | MO; OTC |
| NIACIN (INOSITOL NIACINATE) ORAL TABLET | \$0 (Non-Part D) | OTC |
| niacin flush free oral capsule 400 mg niacin (500 mg) | \$0 (Non-Part D) | MO; OTC |
| NIACIN FLUSH FREE ORAL CAPSULE 750 MG | \$0 (Non-Part D) | OTC |
| NIACIN NO FLUSH | \$0 (Non-Part D) | MO; OTC |
| niacin oral capsule, extended release 250 mg | \$0 (Non-Part D) | MO; OTC |
| niacin oral capsule, extended release 500 mg | \$0 (Non-Part D) | OTC |
| niacin oral tablet 100 mg, 250 mg, 50 mg | \$0 (Non-Part D) | MO; OTC |
| NIACIN ORAL TABLET EXTENDED RELEASE 1,000 MG | \$0 (Non-Part D) | MO; OTC |
| niacin oral tablet extended release 250 mg, 500 mg | \$0 (Non-Part D) | MO; OTC |
| niacinamide oral tablet 500 mg | \$0 (Non-Part D) | MO; OTC |
| NIACINAMIDE ORAL TABLET EXTENDED RELEASE | \$0 (Non-Part D) | MO; OTC |
| nicotinamide (with chromium) | \$0 (Non-Part D) | MO; OTC |
| nicotine | \$0 (Non-Part D) | MO; OTC |
| nicotine (polacrilex) buccal gum | \$0 (Non-Part D) | MO; OTC |
| nicotine (polacrilex) buccal lozenge 2 mg | \$0 (Non-Part D) | MO; OTC |
| NICOTINE (POLACRILEX) BUCCAL LOZENGE 4 MG | \$0 (Non-Part D) | MO; OTC |
| NICOTINE (POLACRILEX) BUCCAL MINI LOZENGE | \$0 (Non-Part D) | MO; OTC |
| night time pain medicine | \$0 (Non-Part D) | MO; OTC |
| nighttime sleep | \$0 (Non-Part D) | OTC |
| nighttime allergy relief | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| NIGHTTIME DRY-EYE RELIEF | \$0 (Non-Part D) | OTC |
| NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 25 MG | \$0 (Non-Part D) | OTC |
| <i>nighttime sleep aid (diphen) oral capsule 50 mg</i> | \$0 (Non-Part D) | OTC |
| <i>nighttime sleep aid (diphen) oral tablet</i> | \$0 (Non-Part D) | OTC |
| <i>nighttime sleep-aid (doxylamn)</i> | \$0 (Non-Part D) | OTC |
| NIX COMPLETE | \$0 (Non-Part D) | MO; OTC |
| NIX CREME RINSE | \$0 (Non-Part D) | MO; OTC |
| NOBLE FORMULA HC TOPICAL AEROSOL,SPRAY | \$0 (Non-Part D) | OTC |
| <i>noble formula hc topical cream</i> | \$0 (Non-Part D) | OTC |
| nokor needle needle 16 gauge x 1" * | \$0 (Non-Part D) | OTC |
| nokor needle needle 18 gauge x 1" * | \$0 (Non-Part D) | MO; OTC |
| <i>non-aspirin</i> | \$0 (Non-Part D) | OTC |
| <i>non-aspirin extra strength</i> | \$0 (Non-Part D) | OTC |
| <i>non-aspirin pain relief</i> | \$0 (Non-Part D) | OTC |
| <i>non-aspirin pm</i> | \$0 (Non-Part D) | OTC |
| NORMALYTE | \$0 (Non-Part D) | OTC |
| NORMALYTE ORS | \$0 (Non-Part D) | MO; OTC |
| NORWEGIAN COD LIVER OIL | \$0 (Non-Part D) | OTC |
| NOVAFERRUM | \$0 (Non-Part D) | MO; OTC |
| NOVAFERRUM 50 | \$0 (Non-Part D) | MO; OTC |
| NOVAFERRUM PEDIATRIC MV-IRON | \$0 (Non-Part D) | OTC |
| novamax plus ketone * | \$0 (Non-Part D) | MO; OTC |
| NOVAMV | \$0 (Non-Part D) | OTC |
| NUFOLA | \$0 (Non-Part D) | MO; OTC |
| NU-IRON | \$0 (Non-Part D) | MO; OTC |
| NU-MAG | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| NUTRAMIGEN DHA-ARA | \$0 (Non-Part D) | MO; OTC |
| NUTRAMIGEN TODDLER ENFLORA-LGG | \$0 (Non-Part D) | OTC |
| NUTRAMIGEN WITH ENFLORA LGG | \$0 (Non-Part D) | MO; OTC |
| <i>nutren junior</i> | \$0 (Non-Part D) | MO; OTC |
| <i>nutren junior fiber</i> | \$0 (Non-Part D) | MO; OTC |
| NUTRISOURCE FIBER ORAL POWDER | \$0 (Non-Part D) | OTC |
| NUTRIVIT | \$0 (Non-Part D) | OTC |
| <i>nytol</i> | \$0 (Non-Part D) | OTC |
| OA1 POWDER | \$0 (Non-Part D) | OTC |
| <i>ocutabs</i> | \$0 (Non-Part D) | OTC |
| OCUVITE EYE PLUS MULTI | \$0 (Non-Part D) | OTC |
| <i>odor control foot-sneaker</i> | \$0 (Non-Part D) | OTC |
| oleabase plasticized * | \$0 (Non-Part D) | OTC |
| <i>omnicap</i> | \$0 (Non-Part D) | OTC |
| <i>one daily</i> | \$0 (Non-Part D) | OTC |
| <i>one daily calcium/iron</i> | \$0 (Non-Part D) | OTC |
| <i>one daily complete</i> | \$0 (Non-Part D) | OTC |
| <i>one daily energy oral tablet</i> | \$0 (Non-Part D) | OTC |
| <i>one daily essential oral tablet , 0.4 mg, 400 mcg</i> | \$0 (Non-Part D) | OTC |
| ONE DAILY ESSENTIAL ORAL TABLET 0.5 MG | \$0 (Non-Part D) | OTC |
| ONE DAILY FOR MEN | \$0 (Non-Part D) | MO; OTC |
| <i>one daily for men 50 plus adv</i> | \$0 (Non-Part D) | OTC |
| <i>one daily for women</i> | \$0 (Non-Part D) | OTC |
| ONE DAILY HEALTHY WEIGHT | \$0 (Non-Part D) | OTC |
| <i>one daily maximum</i> | \$0 (Non-Part D) | OTC |
| <i>one daily men's 50 plus memory</i> | \$0 (Non-Part D) | OTC |
| ONE DAILY MEN'S 50 PLUS W-D3 | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| ONE DAILY MEN'S HEALTH | \$0 (Non-Part D) | OTC |
| <i>one daily multi-vit w-mineral oral tablet</i> | \$0 (Non-Part D) | MO; OTC |
| <i>one daily multivitamin oral tablet</i> | \$0 (Non-Part D) | OTC |
| ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG | \$0 (Non-Part D) | OTC |
| ONE DAILY MULTIVITAMIN-IRON | \$0 (Non-Part D) | MO; OTC |
| <i>one daily multivit-iron(folic)</i> | \$0 (Non-Part D) | OTC |
| <i>one daily plus iron</i> | \$0 (Non-Part D) | OTC |
| <i>one daily plus minerals</i> | \$0 (Non-Part D) | OTC |
| <i>one daily prenatal</i> | \$0 (Non-Part D) | OTC |
| ONE DAILY WOMEN 50 PLUS(VIT K) | \$0 (Non-Part D) | OTC |
| <i>one daily womens 50 plus</i> | \$0 (Non-Part D) | OTC |
| <i>one daily women's health</i> | \$0 (Non-Part D) | OTC |
| ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-25 MCG | \$0 (Non-Part D) | OTC |
| <i>one daily women's oral tablet 18 mg iron-400 mcg-450 mg ca</i> | \$0 (Non-Part D) | OTC |
| <i>onelax bisacodyl</i> | \$0 (Non-Part D) | MO; OTC |
| ONELAX DAILY FIBER | \$0 (Non-Part D) | OTC |
| <i>onelax docusate sodium</i> | \$0 (Non-Part D) | OTC |
| <i>onelax magnesium citrate</i> | \$0 (Non-Part D) | MO; OTC |
| <i>onelax senna</i> | \$0 (Non-Part D) | OTC |
| ONEVITE DAILY MULTIVITAMIN | \$0 (Non-Part D) | OTC |
| <i>on-go covid-19 ag at home test *</i> | \$0 (Non-Part D) | OTC |
| <i>opcicon one-step</i> | \$0 (Non-Part D) | OTC |
| OPCON-A | \$0 (Non-Part D) | MO; OTC |
| <i>optimal d3</i> | \$0 (Non-Part D) | OTC |
| OPTIMAL D3 M | \$0 (Non-Part D) | OTC |
| <i>option-2</i> | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| ora-blend * | \$0 (Non-Part D) | OTC |
| ora-blend sf * | \$0 (Non-Part D) | OTC |
| oral mix * | \$0 (Non-Part D) | OTC |
| oral mix sf * | \$0 (Non-Part D) | OTC |
| <i>oral saline laxative</i> | \$0 (Non-Part D) | OTC |
| oral suspend * | \$0 (Non-Part D) | OTC |
| oral syrup * | \$0 (Non-Part D) | OTC |
| oral syrup sf * | \$0 (Non-Part D) | OTC |
| <i>oralyte</i> | \$0 (Non-Part D) | MO; OTC |
| orange flavor (bulk) powder * | \$0 (Non-Part D) | OTC |
| orange oil * | \$0 (Non-Part D) | OTC |
| ora-plus * | \$0 (Non-Part D) | OTC |
| ora-sweet * | \$0 (Non-Part D) | OTC |
| ora-sweet sf * | \$0 (Non-Part D) | OTC |
| ornithine hydrochloride (bulk) * | \$0 (Non-Part D) | OTC |
| OSTACHOL | \$0 (Non-Part D) | OTC |
| OSTEO-VIT3 | \$0 (Non-Part D) | OTC |
| OVERNIGHT LUBRICATING EYE | \$0 (Non-Part D) | OTC |
| <i>oyster shell + d3</i> | \$0 (Non-Part D) | OTC |
| <i>oyster shell calcium 500</i> | \$0 (Non-Part D) | MO; OTC |
| <i>oyster shell calcium and mag</i> | \$0 (Non-Part D) | OTC |
| OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 250 MG-3.125 MCG (125 UNIT) | \$0 (Non-Part D) | OTC |
| <i>oyster shell calcium-vit d3 oral tablet 500 mg-10 mcg (400 unit), 500 mg-5 mcg (200 unit)</i> | \$0 (Non-Part D) | MO; OTC |
| <i>oystercal-d</i> | \$0 (Non-Part D) | OTC |
| <i>pain relief (acetaminophen)</i> | \$0 (Non-Part D) | OTC |
| <i>pain relief (aspirin-caffeine)</i> | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------------|---|--|
| <i>pain relief adult</i> | \$0 (Non-Part D) | OTC |
| <i>pain relief es (acetaminophen)</i> | \$0 (Non-Part D) | OTC |
| <i>pain relief pm</i> | \$0 (Non-Part D) | OTC |
| PAIN RELIEF PM (W-ASPIRIN) | \$0 (Non-Part D) | OTC |
| <i>pain relief pm rapid release</i> | \$0 (Non-Part D) | OTC |
| <i>pain reliever (acetam-aspirin)</i> | \$0 (Non-Part D) | OTC |
| <i>pain reliever (acetaminophen)</i> | \$0 (Non-Part D) | OTC |
| <i>pain reliever es(acetaminophn)</i> | \$0 (Non-Part D) | OTC |
| <i>pain reliever plus</i> | \$0 (Non-Part D) | MO; OTC |
| <i>pain reliever pm ex-strength</i> | \$0 (Non-Part D) | OTC |
| <i>pain-off</i> | \$0 (Non-Part D) | OTC |
| PAN-C 500 | \$0 (Non-Part D) | OTC |
| PARVA-CAL 250 | \$0 (Non-Part D) | OTC |
| PARVA-CAL 500 | \$0 (Non-Part D) | OTC |
| PARVLEX | \$0 (Non-Part D) | OTC |
| pcca mbk base * | \$0 (Non-Part D) | OTC |
| pcca natapres * | \$0 (Non-Part D) | OTC |
| <i>p-col rite</i> | \$0 (Non-Part D) | OTC |
| peak air peak flow meter * | \$0 (Non-Part D) | MO; OTC |
| PEDI MULTIVIT NO.194-IRON SULF | \$0 (Non-Part D) | OTC |
| <i>pedia d-vite oral drops</i> | \$0 (Non-Part D) | OTC |
| <i>pedia iron oral drops</i> | \$0 (Non-Part D) | OTC |
| PEDIA POLY-VITE ORAL DROPS | \$0 (Non-Part D) | OTC |
| PEDIA POLY-VITE WITH IRON ORAL DROPS | \$0 (Non-Part D) | OTC |
| PEDIA TRI-VITE | \$0 (Non-Part D) | OTC |
| PEDIASURE | \$0 (Non-Part D) | MO; OTC |
| PEDIASURE ENTERAL | \$0 (Non-Part D) | MO; OTC |
| PEDIASURE ENTERAL W/FIBER 1.0 | \$0 (Non-Part D) | MO; OTC |

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|--|---|--|
| PEDIASURE GROW-GAIN | \$0 (Non-Part D) | MO; OTC |
| PEDIASURE GROW-GAIN ORGANIC | \$0 (Non-Part D) | OTC |
| PEDIASURE GROW-GAIN WITH FIBER | \$0 (Non-Part D) | MO; OTC |
| PEDIASURE HARVEST | \$0 (Non-Part D) | OTC |
| <i>pediasure peptide 1.0 cal</i> | \$0 (Non-Part D) | MO; OTC |
| PEDIASURE PEPTIDE 1.5 CAL | \$0 (Non-Part D) | MO; OTC |
| PEDIASURE REDUCED CALORIE | \$0 (Non-Part D) | OTC |
| PEDIASURE SHAKE MIX | \$0 (Non-Part D) | OTC |
| PEDIASURE SIDEKICKS CLEAR | \$0 (Non-Part D) | OTC |
| PEDIASURE SIDEKICKS ORAL LIQUID 0.03-0.6 GRAM-KCAL/ML | \$0 (Non-Part D) | OTC |
| PEDIASURE SIDEKICKS ORAL LIQUID 0.04-0.8 GRAM-KCAL/ML | \$0 (Non-Part D) | MO; OTC |
| PEDIASURE WITH FIBER ORAL LIQUID 0.03-1 GRAM-KCAL/ML | \$0 (Non-Part D) | OTC |
| PEDIASURE WITH FIBER ORAL LIQUID 0.06-1.5 GRAM-KCAL/ML | \$0 (Non-Part D) | MO; OTC |
| <i>pediatric d-vite</i> | \$0 (Non-Part D) | MO; OTC |
| PEDIATRIC ELECTROLYTE ORAL POWDER IN PACKET | \$0 (Non-Part D) | OTC |
| <i>pediatric electrolyte oral solution</i> | \$0 (Non-Part D) | OTC |
| <i>pediatric enema</i> | \$0 (Non-Part D) | OTC |
| <i>pediatric freezer pops</i> | \$0 (Non-Part D) | OTC |
| PEDIATRIC MULTIVITAMIN NO.171 | \$0 (Non-Part D) | OTC |
| PEDIATRIC POLY-VITE | \$0 (Non-Part D) | OTC |
| PEDIATRIC POLY-VITE WITH IRON | \$0 (Non-Part D) | OTC |
| PEDIATRIC TRI-VITE | \$0 (Non-Part D) | OTC |
| peppermint flavoring * | \$0 (Non-Part D) | OTC |
| PEPTAMEN JUNIOR | \$0 (Non-Part D) | MO; OTC |
| <i>peptamen junior fiber</i> | \$0 (Non-Part D) | MO; OTC |

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|--|---|--|
| PEPTICATE ORAL POWDER 2.4-5.2-10.5 GRAM/100 KCAL | \$0 (Non-Part D) | OTC |
| percogesic backache relief | \$0 (Non-Part D) | OTC |
| PERFECT IRON | \$0 (Non-Part D) | OTC |
| PERISHIELD TOPICAL OINTMENT 3.8 % | \$0 (Non-Part D) | OTC |
| peroxide sore mouth cleanser | \$0 (Non-Part D) | OTC |
| personal best full range * | \$0 (Non-Part D) | OTC |
| petrolatum | \$0 (Non-Part D) | OTC |
| petrolatum, yellow (bulk) * | \$0 (Non-Part D) | OTC |
| petroleum jelly * | \$0 (Non-Part D) | OTC |
| petroleum jelly, white * | \$0 (Non-Part D) | OTC |
| PFD TODDLER | \$0 (Non-Part D) | OTC |
| pharbechlör | \$0 (Non-Part D) | OTC |
| pharbedryl | \$0 (Non-Part D) | OTC |
| pharbetol | \$0 (Non-Part D) | OTC |
| phos-nak | \$0 (Non-Part D) | MO; OTC |
| phosphate laxative | \$0 (Non-Part D) | OTC |
| phosphorous supplement | \$0 (Non-Part D) | MO; OTC |
| piko 1 * | \$0 (Non-Part D) | OTC |
| pink bismuth | \$0 (Non-Part D) | OTC |
| pink bismuth maximum strength | \$0 (Non-Part D) | OTC |
| PLAN B ONE-STEP | \$0 (Non-Part D) | OTC |
| pocket peak flow meter * | \$0 (Non-Part D) | OTC |
| POISON IVY TREATMENT | \$0 (Non-Part D) | OTC |
| POLY BACITRACIN (ZINC) | \$0 (Non-Part D) | OTC |
| poly hub needle * | \$0 (Non-Part D) | OTC |
| polyethylene glycol 1450(bulk) * | \$0 (Non-Part D) | OTC |
| polyethylene glycol 300 (bulk) * | \$0 (Non-Part D) | OTC |
| polyethylene glycol 3350 oral powder | \$0 (Non-Part D) | MO; OTC |

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|---|---|--|
| <i>polyethylene glycol 3350 oral powder in packet 17 gram</i> | \$0 (Non-Part D) | MO; OTC |
| <i>polyethylene glycol 3350(bulk) powder *</i> | \$0 (Non-Part D) | OTC |
| <i>polyethylene glycol 8000(bulk) powder 100 % *</i> | \$0 (Non-Part D) | OTC |
| <i>polyglycol troche base *</i> | \$0 (Non-Part D) | OTC |
| <i>poly-iron</i> | \$0 (Non-Part D) | MO; OTC |
| <i>polysaccharide iron complex</i> | \$0 (Non-Part D) | MO; OTC |
| <i>POLY-VI-FLOR DROPS</i> | \$0 (Non-Part D) | OTC |
| <i>polyvinyl alcohol</i> | \$0 (Non-Part D) | MO; OTC |
| <i>POLY-VI-SOL ORAL DROPS</i> | \$0 (Non-Part D) | MO; OTC |
| <i>POLY-VI-SOL WITH IRON</i> | \$0 (Non-Part D) | MO; OTC |
| <i>POLY-VITA DROPS</i> | \$0 (Non-Part D) | OTC |
| <i>POLY-VITA WITH IRON</i> | \$0 (Non-Part D) | MO; OTC |
| <i>POSTURE-D (WITH MAGNESIUM)</i> | \$0 (Non-Part D) | MO; OTC |
| <i>potassium, sodium phosphates</i> | \$0 (Non-Part D) | OTC |
| <i>povidone-iodine topical ointment</i> | \$0 (Non-Part D) | OTC |
| <i>povidone-iodine topical solution</i> | \$0 (Non-Part D) | OTC |
| <i>povidone-iodine topical swab</i> | \$0 (Non-Part D) | OTC |
| <i>powderlax</i> | \$0 (Non-Part D) | OTC |
| <i>PREBIOTIC FIBER</i> | \$0 (Non-Part D) | OTC |
| <i>PREBIOTIC FIBER (FOS)</i> | \$0 (Non-Part D) | OTC |
| <i>precision xtra b-ketone *</i> | \$0 (Non-Part D) | MO; OTC |
| <i>PREGESTIMIL ORAL LIQUID</i> | \$0 (Non-Part D) | OTC |
| <i>PREGESTIMIL ORAL POWDER</i> | \$0 (Non-Part D) | MO; OTC |
| <i>PRELIEF</i> | \$0 (Non-Part D) | OTC |
| <i>pre-menstrual relief</i> | \$0 (Non-Part D) | OTC |
| <i>PREMIUM INFANT FORMULA</i> | \$0 (Non-Part D) | OTC |
| <i>pre-moistened medicated wipes</i> | \$0 (Non-Part D) | OTC |

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|--|---|--|
| prenatal 19 | \$0 (Non-Part D) | MO; OTC |
| prenatal complete | \$0 (Non-Part D) | OTC |
| PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG | \$0 (Non-Part D) | OTC |
| PRENATAL FORMULA-DHA | \$0 (Non-Part D) | OTC |
| PRENATAL MULTI | \$0 (Non-Part D) | MO; OTC |
| PRENATAL MULTI-DHA (ALGAL OIL) | \$0 (Non-Part D) | OTC |
| PRENATAL MULTIVITAMINS | \$0 (Non-Part D) | OTC |
| <i>prenatal one daily</i> | \$0 (Non-Part D) | OTC |
| <i>prenatal oral tablet 28 mg iron- 800 mcg</i> | \$0 (Non-Part D) | MO; OTC |
| PRENATAL ORAL TABLET 28-800 MG-MCG | \$0 (Non-Part D) | OTC |
| <i>prenatal tablet</i> | \$0 (Non-Part D) | OTC |
| <i>prenatal vit no.179-iron-folic</i> | \$0 (Non-Part D) | OTC |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG | \$0 (Non-Part D) | MO; OTC |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG | \$0 (Non-Part D) | OTC |
| <i>prenatal vit-iron fum-folic ac</i> | \$0 (Non-Part D) | OTC |
| PREVENT | \$0 (Non-Part D) | OTC |
| pro health mini talk bp monitr * | \$0 (Non-Part D) | OTC |
| <i>probiotic (s.boulardii)</i> | \$0 (Non-Part D) | MO; OTC |
| <i>procare blood pressure monitor *</i> | \$0 (Non-Part D) | OTC |
| <i>procare humidifier *</i> | \$0 (Non-Part D) | OTC |
| PRODUCT 3232A | \$0 (Non-Part D) | MO; OTC |
| PROFERRIN ES | \$0 (Non-Part D) | OTC |
| PROFOLA | \$0 (Non-Part D) | OTC |
| PRO-PHREE | \$0 (Non-Part D) | MO; OTC |
| PROPIMEX-1 | \$0 (Non-Part D) | MO; OTC |

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|---|---|--|
| <i>prosight</i> | \$0 (Non-Part D) | MO; OTC |
| <i>protective ointment</i> | \$0 (Non-Part D) | OTC |
| <i>pseudoephedrine hcl oral tablet 30 mg</i> | \$0 (Non-Part D) | MO; OTC |
| <i>pseudoephedrine hcl oral tablet 60 mg</i> | \$0 (Non-Part D) | OTC |
| <i>pseudoephedrine hcl oral tablet extended release</i> | \$0 (Non-Part D) | MO; OTC |
| <i>psyllium husk (with sugar)</i> | \$0 (Non-Part D) | OTC |
| PSYLLIUM HUSK ORAL CAPSULE 0.4 GRAM | \$0 (Non-Part D) | MO; OTC |
| <i>psyllium husk oral capsule 0.52 gram</i> | \$0 (Non-Part D) | OTC |
| PSYLLIUM HUSK ORAL POWDER | \$0 (Non-Part D) | OTC |
| PURAMINO DHA-ARA | \$0 (Non-Part D) | MO; OTC |
| <i>purathick oral powder *</i> | \$0 (Non-Part D) | MO; OTC |
| <i>purathick oral powder in packet *</i> | \$0 (Non-Part D) | OTC |
| <i>pure and gentle (saline)</i> | \$0 (Non-Part D) | OTC |
| <i>pure and gentle eye</i> | \$0 (Non-Part D) | OTC |
| PURE BLISS NON-GMO | \$0 (Non-Part D) | OTC |
| <i>pure comfort humidifier *</i> | \$0 (Non-Part D) | OTC |
| <i>purecomfort peak flow meter *</i> | \$0 (Non-Part D) | OTC |
| <i>purelax</i> | \$0 (Non-Part D) | OTC |
| <i>pyridoxine (vitamin b6) oral tablet 100 mg, 50 mg</i> | \$0 (Non-Part D) | MO; OTC |
| <i>pyridoxine (vitamin b6) oral tablet 25 mg, 250 mg</i> | \$0 (Non-Part D) | OTC |
| PYRIDOXINE (VITAMIN B6) ORAL TABLET 500 MG | \$0 (Non-Part D) | OTC |
| <i>pyridoxine (vitamin b6) oral tablet extended release</i> | \$0 (Non-Part D) | MO; OTC |
| Q-GEL | \$0 (Non-Part D) | OTC |
| Q-GEL FORTE | \$0 (Non-Part D) | OTC |

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|---|---|--|
| Q-GEL MEGA | \$0 (Non-Part D) | OTC |
| Q-GEL ULTRA | \$0 (Non-Part D) | OTC |
| <i>q-sorb co q-10 oral capsule 100 mg, 200 mg</i> | \$0 (Non-Part D) | OTC |
| Q-SORB CO Q-10 ORAL CAPSULE 150 MG | \$0 (Non-Part D) | OTC |
| quick response bp monitor-larg * | \$0 (Non-Part D) | MO; OTC |
| quickvue at-home covid-19 test * | \$0 (Non-Part D) | MO; OTC |
| QUINTABS | \$0 (Non-Part D) | OTC |
| QUINTABS-M | \$0 (Non-Part D) | OTC |
| <i>quintabs-m iron free</i> | \$0 (Non-Part D) | OTC |
| <i>quit 2</i> | \$0 (Non-Part D) | OTC |
| <i>quit 4</i> | \$0 (Non-Part D) | OTC |
| Q-UP | \$0 (Non-Part D) | OTC |
| RAPID B-12 ENERGY | \$0 (Non-Part D) | OTC |
| raspberry * | \$0 (Non-Part D) | OTC |
| raspberry flavor, artificial * | \$0 (Non-Part D) | OTC |
| raspberry flavoring * | \$0 (Non-Part D) | OTC |
| RCF SOY PROTEIN FORMULA BASE | \$0 (Non-Part D) | MO; OTC |
| <i>ready-to-use enema</i> | \$0 (Non-Part D) | OTC |
| READY-TO-USE ENEMA (MIN OIL) | \$0 (Non-Part D) | OTC |
| <i>reese's pinworm medicine</i> | \$0 (Non-Part D) | MO; OTC |
| REGULOID (ASPARTAME) | \$0 (Non-Part D) | MO; OTC |
| REGULOID (PSYLLIUM HUSK) ORAL CAPSULE | \$0 (Non-Part D) | MO; OTC |
| REGULOID (PSYLLIUM HUSK) ORAL POWDER | \$0 (Non-Part D) | OTC |
| REGULOID (PSYLLIUM HUSK-SUCRO) | \$0 (Non-Part D) | MO; OTC |
| <i>remedy phytoplex antifungal topical ointment</i> | \$0 (Non-Part D) | MO; OTC |
| <i>remedy phytoplex antifungal topical powder</i> | \$0 (Non-Part D) | OTC |
| RENAL VITAMIN | \$0 (Non-Part D) | MO; OTC |

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|--|---|--|
| RENAL-VITE | \$0 (Non-Part D) | OTC |
| RENAPLEX | \$0 (Non-Part D) | OTC |
| <i>rena-vite</i> | \$0 (Non-Part D) | MO; OTC |
| RENEWAL BATH TREATMENT | \$0 (Non-Part D) | OTC |
| <i>reno caps</i> | \$0 (Non-Part D) | MO; OTC |
| resource thickenup oral packet * | \$0 (Non-Part D) | OTC |
| resource thickenup oral powder * | \$0 (Non-Part D) | MO; OTC |
| <i>rest simply nighttime sleep</i> | \$0 (Non-Part D) | OTC |
| <i>restore plus (cmcellulose)</i> | \$0 (Non-Part D) | OTC |
| RESTORE PM | \$0 (Non-Part D) | OTC |
| RETAINE MGD (PF) | \$0 (Non-Part D) | MO; OTC |
| RETAINE PM | \$0 (Non-Part D) | MO; OTC |
| <i>riboflavin (vitamin b2) oral tablet 100 mg, 50 mg</i> | \$0 (Non-Part D) | OTC |
| RIBOFLAVIN (VITAMIN B2) ORAL TABLET 400 MG | \$0 (Non-Part D) | MO; OTC |
| <i>ringworm</i> | \$0 (Non-Part D) | OTC |
| <i>risacal-d</i> | \$0 (Non-Part D) | MO; OTC |
| SALONPAS-HOT | \$0 (Non-Part D) | MO; OTC |
| sassafras oil * | \$0 (Non-Part D) | OTC |
| <i>scalp relief (hydrocortisone)</i> | \$0 (Non-Part D) | OTC |
| <i>senexon-s</i> | \$0 (Non-Part D) | MO; OTC |
| <i>senior tabs</i> | \$0 (Non-Part D) | OTC |
| <i>senna lax</i> | \$0 (Non-Part D) | OTC |
| <i>senna laxative</i> | \$0 (Non-Part D) | OTC |
| SENNA ORAL CAPSULE | \$0 (Non-Part D) | OTC |
| SENNA ORAL SYRUP 176 MG/5 ML | \$0 (Non-Part D) | MO; OTC |
| <i>senna oral syrup 8.8 mg/5 ml</i> | \$0 (Non-Part D) | OTC |
| <i>senna oral tablet</i> | \$0 (Non-Part D) | MO; OTC |

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|--|---|--|
| SENNA PLUS ORAL CAPSULE | \$0 (Non-Part D) | OTC |
| senna plus oral tablet | \$0 (Non-Part D) | MO; OTC |
| senna-s | \$0 (Non-Part D) | MO; OTC |
| senna-time s | \$0 (Non-Part D) | OTC |
| sennosides oral syrup | \$0 (Non-Part D) | MO; OTC |
| sennosides-docusate sodium | \$0 (Non-Part D) | OTC |
| SENSITIVITY WITH IRON | \$0 (Non-Part D) | OTC |
| sentry | \$0 (Non-Part D) | OTC |
| sentry senior oral tablet 0.4 mg-300 mcg-250 mcg | \$0 (Non-Part D) | OTC |
| sentry senior oral tablet 500-300-250 mcg | \$0 (Non-Part D) | MO; OTC |
| shake that ache | \$0 (Non-Part D) | OTC |
| SIDEROL | \$0 (Non-Part D) | OTC |
| siladryl sa | \$0 (Non-Part D) | OTC |
| silica gel,amorp syn mc (bulk) * | \$0 (Non-Part D) | OTC |
| silicon dioxide (bulk) * | \$0 (Non-Part D) | OTC |
| silicon,colloidal (bulk) * | \$0 (Non-Part D) | OTC |
| simethicone oral capsule 125 mg | \$0 (Non-Part D) | OTC |
| simethicone oral capsule 180 mg | \$0 (Non-Part D) | MO; OTC |
| simethicone oral tablet,chewable 125 mg | \$0 (Non-Part D) | OTC |
| simethicone oral tablet,chewable 80 mg | \$0 (Non-Part D) | MO; OTC |
| SIMILAC 360 TOTAL CARE ORAL LIQUID | \$0 (Non-Part D) | MO; OTC |
| SIMILAC 360 TOTAL CARE ORAL POWDER | \$0 (Non-Part D) | OTC |
| SIMILAC 360 TOTAL CARE SENSITV ORAL LIQUID | \$0 (Non-Part D) | MO; OTC |
| SIMILAC 360 TOTAL CARE SENSITV ORAL POWDER | \$0 (Non-Part D) | OTC |
| SIMILAC ADVANCE LAMEHADRIN | \$0 (Non-Part D) | OTC |
| SIMILAC ADVANCE NON-GMO | \$0 (Non-Part D) | OTC |

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|---|---|--|
| SIMILAC ADVANCE ORAL CONCENTRATE | \$0 (Non-Part D) | OTC |
| SIMILAC ADVANCE ORAL LIQUID | \$0 (Non-Part D) | MO; OTC |
| SIMILAC ADVANCE ORAL POWDER | \$0 (Non-Part D) | MO; OTC |
| SIMILAC ADVANCE ORAL POWDER IN PACKET | \$0 (Non-Part D) | OTC |
| SIMILAC ADVANCE ORGANIC ORAL LIQUID | \$0 (Non-Part D) | OTC |
| <i>similac advance organic oral powder</i> | \$0 (Non-Part D) | OTC |
| SIMILAC ADVANCE WITH IRON | \$0 (Non-Part D) | MO; OTC |
| <i>similac alimentum</i> | \$0 (Non-Part D) | MO; OTC |
| SIMILAC EXPERT CARE | \$0 (Non-Part D) | OTC |
| SIMILAC EXPERT CARE ALIMENTUM | \$0 (Non-Part D) | MO; OTC |
| SIMILAC FOR SPIT-UP | \$0 (Non-Part D) | OTC |
| SIMILAC GO AND GROW ORAL POWDER 3 GRAM-5.4 GRAM/100 KCAL | \$0 (Non-Part D) | OTC |
| SIMILAC GO AND GROW SOY | \$0 (Non-Part D) | OTC |
| SIMILAC HUMAN MILK FORTIFIER ORAL LIQUID IN PACKET 0.349-6.85 GRAM-KCAL/5 ML, 0.5 GRAM- 7 KCAL/5 ML | \$0 (Non-Part D) | OTC |
| SIMILAC HUMAN MILK FORTIFIER ORAL POWDER IN PACKET | \$0 (Non-Part D) | OTC |
| SIMILAC LOW-IRON | \$0 (Non-Part D) | OTC |
| SIMILAC NEOSURE | \$0 (Non-Part D) | MO; OTC |
| SIMILAC ORGANIC A2 MILK NO-GMO | \$0 (Non-Part D) | OTC |
| SIMILAC PM | \$0 (Non-Part D) | MO; OTC |
| SIMILAC PRO-ADVANCE NON-GMO | \$0 (Non-Part D) | OTC |
| SIMILAC PRO-SENSITIVE NON-GMO | \$0 (Non-Part D) | OTC |
| SIMILAC PRO-TOTAL CMFT NON-GMO ORAL LIQUID | \$0 (Non-Part D) | OTC |

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|--|---|--|
| SIMILAC PRO-TOTAL CMFT NON-GMO ORAL POWDER 2.32-5.4 GRAM/100 KCAL | \$0 (Non-Part D) | OTC |
| SIMILAC PRO-TOTAL CMFT NON-GMO ORAL POWDER 2.32-5.4-10.7 GRAM/100 KCAL | \$0 (Non-Part D) | MO; OTC |
| <i>similac sensitive fuss and gas oral concentrate</i> | \$0 (Non-Part D) | OTC |
| SIMILAC SENSITIVE FUSS AND GAS ORAL LIQUID 2.14-5.4-11.1 GRAM/100 KCAL | \$0 (Non-Part D) | OTC |
| SIMILAC SENSITIVE FUSS AND GAS ORAL LIQUID 2.1-5.4-10.9 GRAM/100 KCAL | \$0 (Non-Part D) | MO; OTC |
| SIMILAC SENSITIVE FUSS AND GAS ORAL POWDER | \$0 (Non-Part D) | OTC |
| SIMILAC SENSITIVE FUSS-GAS | \$0 (Non-Part D) | MO; OTC |
| SIMILAC SENSITIVE ISOMIL SOY | \$0 (Non-Part D) | OTC |
| SIMILAC SOY ISOMIL | \$0 (Non-Part D) | MO; OTC |
| SIMILAC SPECIAL CARE 24 | \$0 (Non-Part D) | MO; OTC |
| SIMILAC SPECIAL CARE 30 | \$0 (Non-Part D) | OTC |
| SIMILAC SUPPLEMENTATION ORAL LIQUID | \$0 (Non-Part D) | OTC |
| SIMILAC SUPPLEMENTATION ORAL POWDER | \$0 (Non-Part D) | MO; OTC |
| SIMILAC TOTAL COMFORT NON-GMO | \$0 (Non-Part D) | OTC |
| SIMILAC TOTAL COMFORT ORAL LIQUID | \$0 (Non-Part D) | OTC |
| SIMILAC TOTAL COMFORT ORAL POWDER | \$0 (Non-Part D) | MO; OTC |
| SIMILAC WITH IRON | \$0 (Non-Part D) | OTC |
| simple syrup * | \$0 (Non-Part D) | OTC |
| simplythick oral gel in packet 12 gram, 6 gram, 96 gram * | \$0 (Non-Part D) | MO; OTC |
| simplythick oral gel in packet 4 gram, 48 gram * | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| simplythick oral gel with pump * | \$0 (Non-Part D) | MO; OTC |
| SINTRA-ES | \$0 (Non-Part D) | OTC |
| sinus 12 hour | \$0 (Non-Part D) | OTC |
| skin protectant a-d (pet, lan) | \$0 (Non-Part D) | OTC |
| SKIN PROTECTANT PETROLATUM | \$0 (Non-Part D) | OTC |
| SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG | \$0 (Non-Part D) | OTC |
| <i>sleep aid (diphenhydramine) oral capsule 50 mg</i> | \$0 (Non-Part D) | OTC |
| SLEEP AID (DIPHENHYDRAMINE) ORAL LIQUID | \$0 (Non-Part D) | OTC |
| <i>sleep aid (diphenhydramine) oral tablet</i> | \$0 (Non-Part D) | OTC |
| <i>sleep aid (doxylamine)</i> | \$0 (Non-Part D) | MO; OTC |
| <i>sleep ii</i> | \$0 (Non-Part D) | OTC |
| <i>sleep tablet (diphenhydramine)</i> | \$0 (Non-Part D) | OTC |
| SLEEP TIME | \$0 (Non-Part D) | OTC |
| <i>sleep-tabs</i> | \$0 (Non-Part D) | OTC |
| SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG, 750 MG | \$0 (Non-Part D) | MO; OTC |
| <i>slo-niacin oral tablet extended release 500 mg</i> | \$0 (Non-Part D) | MO; OTC |
| SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 140 MG (45 MG IRON), 142 MG (45 MG IRON), 168 MG (50 MG IRON) | \$0 (Non-Part D) | MO; OTC |
| SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 143 MG (45 MG IRON), 144 MG (45 MG IRON) | \$0 (Non-Part D) | OTC |
| <i>slow release iron oral tablet extended release 160 mg (50 mg iron)</i> | \$0 (Non-Part D) | MO; OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| slow release iron oral tablet extended release 250 mg (50 mg iron) | \$0 (Non-Part D) | OTC |
| smooth antacid | \$0 (Non-Part D) | OTC |
| SMOOTH TEXTURE FIBER | \$0 (Non-Part D) | OTC |
| smoothlax | \$0 (Non-Part D) | OTC |
| SOD ANAMIX EARLY YEARS | \$0 (Non-Part D) | OTC |
| sodium benzoate (bulk) * | \$0 (Non-Part D) | OTC |
| sodium bicarbonate (bulk) * | \$0 (Non-Part D) | OTC |
| sodium bicarbonate oral | \$0 (Non-Part D) | MO; OTC |
| sodium chloride | \$0 (Non-Part D) | MO; OTC |
| sodium chloride (bulk) powder * | \$0 (Non-Part D) | OTC |
| sodium saccharin (bulk) oral powder * | \$0 (Non-Part D) | OTC |
| sominex | \$0 (Non-Part D) | OTC |
| SOMINEX MAXIMUM STRENGTH | \$0 (Non-Part D) | OTC |
| soothe (bismuth subsalicylate) | \$0 (Non-Part D) | OTC |
| SOOTHE AND COOL SKIN PASTE | \$0 (Non-Part D) | OTC |
| SOOTHE HYDRATION | \$0 (Non-Part D) | MO; OTC |
| SOOTHE LUBRICANT | \$0 (Non-Part D) | MO; OTC |
| SOOTHE NIGHT TIME LUBRICANT | \$0 (Non-Part D) | MO; OTC |
| soothe regular strength | \$0 (Non-Part D) | OTC |
| SOOTHE XP | \$0 (Non-Part D) | MO; OTC |
| SOOTHE XP (PF) | \$0 (Non-Part D) | OTC |
| SOOTHING BATH TREATMENT | \$0 (Non-Part D) | OTC |
| soothing pureway-c | \$0 (Non-Part D) | OTC |
| sorbitol solution * | \$0 (Non-Part D) | MO; OTC |
| sosweet syrup vehicle * | \$0 (Non-Part D) | OTC |
| SPAN C | \$0 (Non-Part D) | OTC |
| spearmint oil * | \$0 (Non-Part D) | OTC |
| spectravite adult | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| spectravite adult 50 plus | \$0 (Non-Part D) | OTC |
| SPECTRAVITE ADULT 50 PLUS(LUT) | \$0 (Non-Part D) | OTC |
| spectravite advanced formula | \$0 (Non-Part D) | OTC |
| spectravite men 50 plus | \$0 (Non-Part D) | OTC |
| spectravite men's | \$0 (Non-Part D) | OTC |
| spectravite women | \$0 (Non-Part D) | OTC |
| spectravite women 50 plus | \$0 (Non-Part D) | OTC |
| spg supposi-base * | \$0 (Non-Part D) | OTC |
| st joseph aspirin | \$0 (Non-Part D) | MO; OTC |
| st. joseph aspirin | \$0 (Non-Part D) | MO; OTC |
| STANBACK | \$0 (Non-Part D) | OTC |
| stearic acid * | \$0 (Non-Part D) | OTC |
| STERILE LUBRICANT | \$0 (Non-Part D) | OTC |
| stevia * | \$0 (Non-Part D) | OTC |
| stevia extract * | \$0 (Non-Part D) | OTC |
| steviol glycosides (bulk) * | \$0 (Non-Part D) | OTC |
| stimulant laxative plus | \$0 (Non-Part D) | MO; OTC |
| stomach relief max strength | \$0 (Non-Part D) | OTC |
| stomach relief oral suspension | \$0 (Non-Part D) | MO; OTC |
| stomach relief oral tablet | \$0 (Non-Part D) | OTC |
| stomach relief oral tablet, chewable | \$0 (Non-Part D) | OTC |
| stomach relief original | \$0 (Non-Part D) | OTC |
| stool softener (docusate cal) | \$0 (Non-Part D) | OTC |
| stool softener oral capsule 100 mg, 250 mg | \$0 (Non-Part D) | OTC |
| STOOL SOFTENER ORAL CAPSULE 50 MG | \$0 (Non-Part D) | OTC |
| stool softener oral liquid | \$0 (Non-Part D) | OTC |
| stool softener oral syrup | \$0 (Non-Part D) | OTC |
| stool softener oral tablet | \$0 (Non-Part D) | OTC |
| stool softener-laxative | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| STOOL SOFTENER-STIMULANT LAXAT ORAL CAPSULE | \$0 (Non-Part D) | OTC |
| <i>stool softener-stimulant laxat oral tablet</i> | \$0 (Non-Part D) | OTC |
| <i>stop lice</i> | \$0 (Non-Part D) | OTC |
| <i>stop smoking aid</i> | \$0 (Non-Part D) | OTC |
| strawberry flavor (bulk) * | \$0 (Non-Part D) | OTC |
| strawberry flavoring * | \$0 (Non-Part D) | OTC |
| <i>stress b with zinc</i> | \$0 (Non-Part D) | OTC |
| STRESS B-COMPLEX ORAL TABLET 500 MG-400 MCG- 23.9 MG-3 MG | \$0 (Non-Part D) | MO; OTC |
| STRESS B-COMPLEX ORAL TABLET 500 MG-400 MCG- 24 MG-3 MG | \$0 (Non-Part D) | OTC |
| <i>stress formula</i> | \$0 (Non-Part D) | MO; OTC |
| <i>stress formula with iron</i> | \$0 (Non-Part D) | OTC |
| <i>stress formula with iron(sulf)</i> | \$0 (Non-Part D) | MO; OTC |
| STRESS FORMULA WITH ZINC | \$0 (Non-Part D) | MO; OTC |
| <i>styte (pva-povidone)</i> | \$0 (Non-Part D) | OTC |
| STYE LUBRICANT | \$0 (Non-Part D) | OTC |
| <i>sudogest</i> | \$0 (Non-Part D) | MO; OTC |
| <i>sunvite</i> | \$0 (Non-Part D) | OTC |
| <i>super b maxi complex</i> | \$0 (Non-Part D) | OTC |
| <i>super b/c</i> | \$0 (Non-Part D) | MO; OTC |
| <i>super calcium</i> | \$0 (Non-Part D) | OTC |
| SUPER CAL-MAG | \$0 (Non-Part D) | OTC |
| SUPER DAILY D3 ORAL DROPS 25 MCG/DROP (1000 UNIT/DROP) | \$0 (Non-Part D) | MO; OTC |
| SUPER DAILY D3 ORAL DROPS 50 MCG/DROP (2, 000 UNIT/DROP) | \$0 (Non-Part D) | OTC |
| SUPER GINSENG MULTIVITAMIN | \$0 (Non-Part D) | OTC |
| SUPER MULTIPLE - LOW IRON | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>super multivitamin</i> | \$0 (Non-Part D) | OTC |
| <i>super quints</i> | \$0 (Non-Part D) | OTC |
| <i>super quints b-50</i> | \$0 (Non-Part D) | OTC |
| <i>super thera vite m</i> | \$0 (Non-Part D) | MO; OTC |
| <i>suphedrin</i> | \$0 (Non-Part D) | OTC |
| <i>suphedrine</i> | \$0 (Non-Part D) | OTC |
| <i>suphedrine 12 hour</i> | \$0 (Non-Part D) | OTC |
| <i>support</i> | \$0 (Non-Part D) | MO; OTC |
| <i>SUPPORT-500</i> | \$0 (Non-Part D) | MO; OTC |
| <i>surelife arm bp monitor *</i> | \$0 (Non-Part D) | OTC |
| <i>surelife talking arm bp monitr *</i> | \$0 (Non-Part D) | MO; OTC |
| <i>suspendrx anhydrous sweetened *</i> | \$0 (Non-Part D) | OTC |
| <i>suspendrx anhydrous unsweet *</i> | \$0 (Non-Part D) | OTC |
| <i>sween cream</i> | \$0 (Non-Part D) | MO; OTC |
| <i>sweet-sf *</i> | \$0 (Non-Part D) | OTC |
| <i>syringe 3cc/20gx1" *</i> | \$0 (Non-Part D) | OTC |
| <i>syringe 3cc/21gx1" *</i> | \$0 (Non-Part D) | OTC |
| <i>syringe 3cc/21gx1-1/2" *</i> | \$0 (Non-Part D) | OTC |
| <i>syringe 3cc/22gx1" *</i> | \$0 (Non-Part D) | OTC |
| <i>syringe 3cc/22gx3/4" *</i> | \$0 (Non-Part D) | OTC |
| <i>syringe 3cc/25gx1" *</i> | \$0 (Non-Part D) | OTC |
| <i>syringe with needle syringe 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2" *</i> | \$0 (Non-Part D) | OTC |
| <i>syrpalta vehicle *</i> | \$0 (Non-Part D) | MO; OTC |
| <i>syrspend sf *</i> | \$0 (Non-Part D) | OTC |
| <i>syrspend sf alka *</i> | \$0 (Non-Part D) | OTC |
| <i>syrspend sf liquid *</i> | \$0 (Non-Part D) | OTC |
| <i>syrspend sf ph4 *</i> | \$0 (Non-Part D) | OTC |
| <i>syrup vehicle sf *</i> | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| tab-a-vite | \$0 (Non-Part D) | MO; OTC |
| TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG | \$0 (Non-Part D) | MO; OTC |
| TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 18-400 MG-MCG | \$0 (Non-Part D) | OTC |
| tagamet hb | \$0 (Non-Part D) | MO; OTC |
| TAKE ACTION | \$0 (Non-Part D) | OTC |
| talking blood pressure monitor * | \$0 (Non-Part D) | OTC |
| TAME THE FLAME | \$0 (Non-Part D) | OTC |
| TANDEM DUAL ACTION | \$0 (Non-Part D) | MO; OTC |
| targeted acne spot treatment | \$0 (Non-Part D) | OTC |
| techna nat unswt troche baseg2 * | \$0 (Non-Part D) | OTC |
| TENSION HEADACHE | \$0 (Non-Part D) | OTC |
| TENSION HEADACHE PAIN RELIEVER | \$0 (Non-Part D) | OTC |
| terumo allergy syringe * | \$0 (Non-Part D) | OTC |
| terumo hypodermic needle/syrin * | \$0 (Non-Part D) | OTC |
| terumo syringe syringe 3 ml 23 gauge x 1 1/2", 3 ml 23 x 1", 3 ml 25 gauge x 1" * | \$0 (Non-Part D) | OTC |
| the magic bullet | \$0 (Non-Part D) | OTC |
| thera | \$0 (Non-Part D) | OTC |
| thera-derm | \$0 (Non-Part D) | MO; OTC |
| THERAGRAN-M PREMIER 50 PLUS | \$0 (Non-Part D) | OTC |
| THERA-M ORAL TABLET 19 MG IRON- 400 MCG | \$0 (Non-Part D) | OTC |
| thera-m oral tablet 27-0.4 mg | \$0 (Non-Part D) | OTC |
| THERAMIL FORTE | \$0 (Non-Part D) | OTC |
| therapeutic liquid | \$0 (Non-Part D) | OTC |
| therapeutic moisturizing | \$0 (Non-Part D) | OTC |
| therapeutic-m oral tablet 19 mg iron- 400 mcg | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>therapeutic-m oral tablet 9 mg iron-400 mcg</i> | \$0 (Non-Part D) | MO; OTC |
| <i>thera-tabs</i> | \$0 (Non-Part D) | MO; OTC |
| <i>theratrum complete 50 plus/lut</i> | \$0 (Non-Part D) | MO; OTC |
| <i>theratrum complete 50 plus-lyc</i> | \$0 (Non-Part D) | OTC |
| <i>theratrum complete with lutein</i> | \$0 (Non-Part D) | MO; OTC |
| <i>therems multivitamin</i> | \$0 (Non-Part D) | MO; OTC |
| <i>thiamine hcl (bulk) *</i> | \$0 (Non-Part D) | OTC |
| <i>thiamine hcl (vitamin b1) oral tablet 100 mg</i> | \$0 (Non-Part D) | MO; OTC |
| <i>thiamine hcl (vitamin b1) oral tablet 250 mg</i> | \$0 (Non-Part D) | OTC |
| <i>THIAMINE HCL (VITAMIN B1) ORAL TABLET 500 MG</i> | \$0 (Non-Part D) | OTC |
| <i>thiamine mononitrate (vit b1) oral tablet 100 mg</i> | \$0 (Non-Part D) | OTC |
| <i>thick and easy oral powder *</i> | \$0 (Non-Part D) | MO; OTC |
| <i>thick and easy oral powder in packet *</i> | \$0 (Non-Part D) | OTC |
| <i>thick now *</i> | \$0 (Non-Part D) | OTC |
| <i>thicken up clear oral powder in packet *</i> | \$0 (Non-Part D) | OTC |
| <i>thick-it #2 oral powder *</i> | \$0 (Non-Part D) | MO; OTC |
| <i>thick-it #2 oral powder in packet *</i> | \$0 (Non-Part D) | OTC |
| <i>thik and clear *</i> | \$0 (Non-Part D) | OTC |
| <i>TM-DAILY VITE</i> | \$0 (Non-Part D) | OTC |
| <i>TM-VITE RX</i> | \$0 (Non-Part D) | OTC |
| <i>TODDLER BEGINNINGS</i> | \$0 (Non-Part D) | OTC |
| <i>tolnafi-al</i> | \$0 (Non-Part D) | OTC |
| <i>tolnaftate topical aerosol powder</i> | \$0 (Non-Part D) | OTC |
| <i>tolnaftate topical cream</i> | \$0 (Non-Part D) | MO; OTC |
| <i>tolnaftate topical powder</i> | \$0 (Non-Part D) | MO; OTC |
| <i>tolnaftate topical solution</i> | \$0 (Non-Part D) | OTC |
| <i>total allergy medicine</i> | \$0 (Non-Part D) | OTC |

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|--|---|--|
| travel-ease (meclizine) oral tablet | \$0 (Non-Part D) | OTC |
| triamcinolone acetonide nasal | \$0 (Non-Part D) | MO; OTC |
| tri-buffered aspirin | \$0 (Non-Part D) | MO; OTC |
| triple antibiotic plus | \$0 (Non-Part D) | MO; OTC |
| TRIPLE ANTIBIOTIC SPRAY | \$0 (Non-Part D) | OTC |
| triple antibiotic topical ointment | \$0 (Non-Part D) | MO; OTC |
| TRIPLE ANTIBIOTIC TOPICAL OINTMENT IN PACKET | \$0 (Non-Part D) | OTC |
| triple antibiotic-pain relief | \$0 (Non-Part D) | OTC |
| TRIPLE MAGNESIUM COMPLEX | \$0 (Non-Part D) | OTC |
| triple paste af | \$0 (Non-Part D) | MO; OTC |
| TRI-VI-SOL | \$0 (Non-Part D) | MO; OTC |
| tri-vite with fluoride | \$0 (Non-Part D) | MO; OTC |
| trochibase * | \$0 (Non-Part D) | OTC |
| TROPICAL LIQUID NUTRITION | \$0 (Non-Part D) | OTC |
| TRUEPLUS GLUCOSE ORAL TABLET,CHEWABLE 3.75 GRAM | \$0 (Non-Part D) | MO; OTC |
| trueplus ketone * | \$0 (Non-Part D) | MO; OTC |
| TRYPTOPHAN ORAL CAPSULE | \$0 (Non-Part D) | MO; OTC |
| TRYPTOPHAN ORAL TABLET | \$0 (Non-Part D) | OTC |
| tuberculin syringe syringe 1 ml 27 x 1/2" * | \$0 (Non-Part D) | MO; OTC |
| tutti-frutti flavor (bulk) * | \$0 (Non-Part D) | OTC |
| TYR ANAMIX EARLY YEARS | \$0 (Non-Part D) | OTC |
| TYREX-1 | \$0 (Non-Part D) | MO; OTC |
| TYROS 1 | \$0 (Non-Part D) | OTC |
| ulticare low dead space syring syringe 1 ml 22 gauge x 11/2" * | \$0 (Non-Part D) | OTC |
| ulticare low dead space syring syringe 3 ml 22 x 11/2" * | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| ulticare safety syringe syringe 3 ml 21 gauge x 1 1/2" * | \$0 (Non-Part D) | OTC |
| ulticare safety syringe syringe 3 ml 22 gauge x 1 1/2", 3 ml 22 gauge x 1", 3 ml 23 gauge x 1", 3 ml 25 gauge x 1", 3 ml 25 gauge x 5/8" * | \$0 (Non-Part D) | MO; OTC |
| ulticare tb safety syringe syringe 1 ml 27 gauge x 1/2" * | \$0 (Non-Part D) | MO; OTC |
| ulticare tb safety syringe syringe 1 ml 27 gauge x 5/8", 1 ml 28 gauge x 1/2" * | \$0 (Non-Part D) | OTC |
| ULTRA COQ10 | \$0 (Non-Part D) | OTC |
| ULTRA FREEDA | \$0 (Non-Part D) | OTC |
| <i>ultra fresh</i> | \$0 (Non-Part D) | OTC |
| ULTRA FRESH PM | \$0 (Non-Part D) | OTC |
| <i>ultra lubricant eye</i> | \$0 (Non-Part D) | OTC |
| ULTRA PRENATAL PLUS DHA | \$0 (Non-Part D) | MO; OTC |
| <i>ultra strength antacid</i> | \$0 (Non-Part D) | OTC |
| unispend anhydrous sweet * | \$0 (Non-Part D) | OTC |
| uristix 4 * | \$0 (Non-Part D) | MO; OTC |
| uristix reagent * | \$0 (Non-Part D) | MO; OTC |
| URO-MAG | \$0 (Non-Part D) | MO; OTC |
| VAGINAL CONTRACEPTIVE FILM | \$0 (Non-Part D) | MO; OTC |
| valine (bulk) powder * | \$0 (Non-Part D) | OTC |
| vanishpoint syringe syringe 10 ml 21 gauge x 1 1/2", 3 ml 20 gauge x 1", 3 ml 21 gauge x 11/2", 3 ml 21 gauge x 1", 5 ml 21 gauge x 11/2", 5 ml 21 gauge x 1", 5 ml 22 gauge x 11/2" * | \$0 (Non-Part D) | OTC |
| vanishpoint syringe syringe 3 ml 22 gauge x 1", 3 ml 22 x 11/2", 3 ml 23 gauge x 11/2", 3 ml 23 x 1", 3 ml 25 gauge x 1" * | \$0 (Non-Part D) | MO; OTC |
| vanishpoint tuberculin syringe syringe 1 ml 27 x 1/2" * | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| VANQUISH ORAL TABLET 227-194-33 MG | \$0 (Non-Part D) | OTC |
| vaporizers * | \$0 (Non-Part D) | OTC |
| vaseline * | \$0 (Non-Part D) | OTC |
| vegetable laxative | \$0 (Non-Part D) | OTC |
| vegetable lax-stool softener | \$0 (Non-Part D) | OTC |
| versa free * | \$0 (Non-Part D) | OTC |
| versa plus * | \$0 (Non-Part D) | OTC |
| VIACTIV | \$0 (Non-Part D) | MO; OTC |
| VISION PLUS LUTEIN | \$0 (Non-Part D) | OTC |
| VIT A PALMITATE-BETA CAROTENE | \$0 (Non-Part D) | OTC |
| <i>vit a palmitate-vit c-vit d3 oral drops 250 mcg-50 mg- 10 mcg/ml</i> | \$0 (Non-Part D) | MO; OTC |
| VIT A PALMITATE-VIT C-VIT D3 ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML | \$0 (Non-Part D) | OTC |
| VIT C(ASCORB.CALCIUM)(MV-MINS) | \$0 (Non-Part D) | OTC |
| VITABEX PLUS | \$0 (Non-Part D) | OTC |
| vita-c | \$0 (Non-Part D) | OTC |
| VITAJOY ADULT MULTI | \$0 (Non-Part D) | OTC |
| VITAJOY DAILY C | \$0 (Non-Part D) | OTC |
| <i>vitajoy daily d</i> | \$0 (Non-Part D) | MO; OTC |
| VITAJOY MELATONIN | \$0 (Non-Part D) | OTC |
| vitalets | \$0 (Non-Part D) | OTC |
| <i>vitamin a</i> | \$0 (Non-Part D) | MO; OTC |
| <i>vitamin a and d</i> | \$0 (Non-Part D) | OTC |
| <i>vitamin a and d diaper rash</i> | \$0 (Non-Part D) | OTC |
| VITAMIN A PALMITATE | \$0 (Non-Part D) | OTC |
| VITAMIN A PALMITATE-VITAMIN D2 | \$0 (Non-Part D) | OTC |
| <i>vitamin b complex oral capsule</i> | \$0 (Non-Part D) | MO; OTC |
| <i>vitamin b complex oral tablet</i> | \$0 (Non-Part D) | MO; OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| VITAMIN B COMPLEX ORAL TABLET,DISINTEGRATING | \$0 (Non-Part D) | OTC |
| <i>vitamin b complex-folic acid oral tablet</i> | \$0 (Non-Part D) | OTC |
| VITAMIN B COMPLEX-FOLIC ACID ORAL TABLET EXTENDED RELEASE | \$0 (Non-Part D) | OTC |
| <i>vitamin b-1</i> | \$0 (Non-Part D) | OTC |
| <i>vitamin b-1 (mononitrate)</i> | \$0 (Non-Part D) | MO; OTC |
| VITAMIN B-12 ORAL DROPS | \$0 (Non-Part D) | OTC |
| VITAMIN B-12 ORAL LOZENGE | \$0 (Non-Part D) | OTC |
| <i>vitamin b-12 oral tablet</i> | \$0 (Non-Part D) | OTC |
| <i>vitamin b-12 oral tablet extended release 1,000 mcg</i> | \$0 (Non-Part D) | MO; OTC |
| <i>vitamin b-12 oral tablet extended release 2,000 mcg</i> | \$0 (Non-Part D) | OTC |
| VITAMIN B-12 SUBLINGUAL DROPS | \$0 (Non-Part D) | MO; OTC |
| <i>vitamin b-12 sublingual tablet 2,500 mcg</i> | \$0 (Non-Part D) | MO; OTC |
| VITAMIN B-12 SUBLINGUAL TABLET 5,000 MCG | \$0 (Non-Part D) | MO; OTC |
| VITAMIN B12-FOLIC ACID ORAL TABLET | \$0 (Non-Part D) | OTC |
| VITAMIN B12-FOLIC ACID ORAL TABLET,DISINTEGRATING | \$0 (Non-Part D) | MO; OTC |
| <i>vitamin b-2</i> | \$0 (Non-Part D) | MO; OTC |
| <i>vitamin b-6 oral tablet 100 mg, 50 mg</i> | \$0 (Non-Part D) | OTC |
| <i>vitamin b-6 oral tablet 25 mg, 250 mg</i> | \$0 (Non-Part D) | MO; OTC |
| VITAMIN C (ASCORBATE CALCIUM) | \$0 (Non-Part D) | OTC |
| <i>vitamin c drops</i> | \$0 (Non-Part D) | OTC |
| VITAMIN C FIZZY DRINK | \$0 (Non-Part D) | OTC |
| VITAMIN C ORAL LIQUID | \$0 (Non-Part D) | OTC |
| <i>vitamin c oral powder</i> | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| vitamin c oral tablet 1,000 mg, 100 mg, 250 mg | \$0 (Non-Part D) | OTC |
| vitamin c oral tablet 500 mg | \$0 (Non-Part D) | MO; OTC |
| vitamin c oral tablet extended release | \$0 (Non-Part D) | OTC |
| VITAMIN C ORAL TABLET,CHEWABLE 125 MG | \$0 (Non-Part D) | MO; OTC |
| vitamin c oral tablet,chewable 250 mg | \$0 (Non-Part D) | OTC |
| vitamin c oral tablet,chewable 500 mg | \$0 (Non-Part D) | MO; OTC |
| vitamin c with rose hips oral tablet | \$0 (Non-Part D) | MO; OTC |
| vitamin c with rose hips oral tablet extended release | \$0 (Non-Part D) | OTC |
| VITAMIN C WITH ROSE HIPS ORAL TABLET,CHEWABLE | \$0 (Non-Part D) | OTC |
| vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit) | \$0 (Non-Part D) | MO; OTC |
| vitamin d3 oral capsule 50 mcg (2,000 unit) | \$0 (Non-Part D) | OTC |
| vitamin d3 oral tablet 10 mcg (400 unit) | \$0 (Non-Part D) | MO; OTC |
| vitamin d3 oral tablet 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit) | \$0 (Non-Part D) | OTC |
| vitamin d3 oral tablet,chewable 10 mcg (400 unit) | \$0 (Non-Part D) | OTC |
| vitamin d3 oral tablet,chewable 25 mcg (1,000 unit) | \$0 (Non-Part D) | MO; OTC |
| vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 90 mg (200 unit) | \$0 (Non-Part D) | MO; OTC |
| VITAMIN E (DL, ACETATE) ORAL DROPS 22.5 MG (50 UNIT)/ML | \$0 (Non-Part D) | MO; OTC |
| VITAMIN E (DL, ACETATE) ORAL DROPS 45 MG/0.25ML 100 UNIT/0.25ML | \$0 (Non-Part D) | OTC |
| vitamin e acetate | \$0 (Non-Part D) | OTC |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| VITAMIN E MIXED ORAL CAPSULE 1,000 UNIT | \$0 (Non-Part D) | OTC |
| <i>vitamin e mixed oral capsule 400 unit</i> | \$0 (Non-Part D) | OTC |
| <i>vitamin e oral capsule 268 mg (400 unit)</i> | \$0 (Non-Part D) | MO; OTC |
| VITAMIN E ORAL DROPS | \$0 (Non-Part D) | OTC |
| VITAMIN E SUCCINATE ORAL TABLET 67 MG (100 UNIT) | \$0 (Non-Part D) | OTC |
| <i>vitamins a,c,d and fluoride oral drops 0.5 mg fluoride (1.1mg)/ml</i> | \$0 (Non-Part D) | MO; OTC |
| VITAMINS A-D-E SELENIUM | \$0 (Non-Part D) | OTC |
| <i>vitamins b complex</i> | \$0 (Non-Part D) | OTC |
| <i>vitatrum</i> | \$0 (Non-Part D) | OTC |
| VITREXYL | \$0 (Non-Part D) | OTC |
| VITREXYL PLUS IRON | \$0 (Non-Part D) | OTC |
| VITRON-C | \$0 (Non-Part D) | MO; OTC |
| <i>vitrum senior oral tablet</i> | \$0 (Non-Part D) | OTC |
| VITRUM SENIOR ORAL TABLET 500-300-250 MCG | \$0 (Non-Part D) | OTC |
| <i>vits a and d-white pet-lanolin topical ointment</i> | \$0 (Non-Part D) | MO; OTC |
| VIVONEX PEDIATRIC ORAL POWDER IN PACKET | \$0 (Non-Part D) | MO; OTC |
| VIVONEX PLUS | \$0 (Non-Part D) | MO; OTC |
| <i>vivonex rtf</i> | \$0 (Non-Part D) | MO; OTC |
| VIVONEX T.E.N. | \$0 (Non-Part D) | MO; OTC |
| VOTRIZA-AL | \$0 (Non-Part D) | OTC |
| <i>wal-dram 2</i> | \$0 (Non-Part D) | OTC |
| <i>wal-dryl (diphenhydramine)</i> | \$0 (Non-Part D) | OTC |
| <i>wal-dryl (diphenhydramine-zn) topical cream</i> | \$0 (Non-Part D) | OTC |
| <i>wal-dryl allergy</i> | \$0 (Non-Part D) | OTC |
| <i>wal-fex allergy</i> | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------------------|---|--|
| wal-fex d 12 hour | \$0 (Non-Part D) | OTC |
| wal-fex d 24 hour | \$0 (Non-Part D) | OTC |
| wal-finate | \$0 (Non-Part D) | OTC |
| wal-itin | \$0 (Non-Part D) | OTC |
| wal-itin d | \$0 (Non-Part D) | OTC |
| wal-itin d 12 hour | \$0 (Non-Part D) | OTC |
| wal-mucil fiber | \$0 (Non-Part D) | OTC |
| wal-mucil fiber (aspartame) | \$0 (Non-Part D) | OTC |
| wal-mucil fiber (sugar) | \$0 (Non-Part D) | OTC |
| wal-mucil natural fiber lax | \$0 (Non-Part D) | OTC |
| wal-mucil with calcium | \$0 (Non-Part D) | OTC |
| wal-phed 12 hour | \$0 (Non-Part D) | OTC |
| wal-phed d | \$0 (Non-Part D) | OTC |
| wal-phed oral tablet 30 mg | \$0 (Non-Part D) | OTC |
| wal-profen | \$0 (Non-Part D) | OTC |
| wal-proxen | \$0 (Non-Part D) | OTC |
| WAL-SLEEP Z | \$0 (Non-Part D) | OTC |
| wal-som (diphenhydramine) | \$0 (Non-Part D) | OTC |
| wal-som (doxylamine) | \$0 (Non-Part D) | OTC |
| wal-sporin | \$0 (Non-Part D) | OTC |
| wal-zyr (cetirizine) oral solution | \$0 (Non-Part D) | OTC |
| wal-zyr (cetirizine) oral tablet | \$0 (Non-Part D) | OTC |
| wal-zyr (ketotifen) | \$0 (Non-Part D) | OTC |
| wal-zyr d | \$0 (Non-Part D) | OTC |
| wart remover topical gel | \$0 (Non-Part D) | OTC |
| wart remover topical liquid | \$0 (Non-Part D) | OTC |
| watermelon flavoring * | \$0 (Non-Part D) | OTC |
| wee care | \$0 (Non-Part D) | MO; OTC |
| weekly-d | \$0 (Non-Part D) | MO; OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| wescaps | \$0 (Non-Part D) | MO; OTC |
| westab max | \$0 (Non-Part D) | MO; OTC |
| westab one | \$0 (Non-Part D) | MO; OTC |
| white petrolatum (bulk) * | \$0 (Non-Part D) | OTC |
| white petrolatum topical gel * | \$0 (Non-Part D) | MO; OTC |
| white petrolatum topical ointment | \$0 (Non-Part D) | OTC |
| white petrolatum topical ointment 42 % | \$0 (Non-Part D) | MO; OTC |
| white petrolatum topical ointment in packet | \$0 (Non-Part D) | OTC |
| white petroleum jelly * | \$0 (Non-Part D) | OTC |
| wireless bp monitor * | \$0 (Non-Part D) | OTC |
| WITCH HAZEL TOPICAL AEROSOL,SPRAY | \$0 (Non-Part D) | OTC |
| witch hazel topical liquid | \$0 (Non-Part D) | OTC |
| WND 1 | \$0 (Non-Part D) | OTC |
| woman's laxative (bisacodyl) | \$0 (Non-Part D) | OTC |
| WOMEN'S 50 PLUS ADVANCED | \$0 (Non-Part D) | OTC |
| WOMEN'S 50 PLUS DAILY FORMULA | \$0 (Non-Part D) | OTC |
| WOMEN'S 50 PLUS MULTIVITAMIN | \$0 (Non-Part D) | OTC |
| WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG | \$0 (Non-Part D) | OTC |
| WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG CA | \$0 (Non-Part D) | MO; OTC |
| women's daily formula oral tablet 27-0.4 mg | \$0 (Non-Part D) | OTC |
| WOMENS DAILY GUMMIES | \$0 (Non-Part D) | OTC |
| WOMEN'S DAILY PACK | \$0 (Non-Part D) | OTC |
| women's gentle laxative(bisac) | \$0 (Non-Part D) | OTC |
| women's laxative (bisacodyl) oral tablet | \$0 (Non-Part D) | OTC |
| WOMEN'S MULTIVITAMIN | \$0 (Non-Part D) | OTC |
| WOMEN'S MULTIVITAMIN COLLAGEN | \$0 (Non-Part D) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| WOMEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG | \$0 (Non-Part D) | OTC |
| WOMEN'S ONE DAILY ORAL TABLET 18 MG IRON-400 MCG-500 MG CA | \$0 (Non-Part D) | OTC |
| WOMEN'S PRENATAL PLUS DHA | \$0 (Non-Part D) | OTC |
| XLEU ANALOG | \$0 (Non-Part D) | OTC |
| XLYS- XTRP ANALOG | \$0 (Non-Part D) | OTC |
| XMET ANALOG | \$0 (Non-Part D) | OTC |
| XMTVI ANALOG | \$0 (Non-Part D) | OTC |
| XPHE, XTYR ANALOG | \$0 (Non-Part D) | OTC |
| XPTM ANALOG | \$0 (Non-Part D) | OTC |
| yale disposable needles * | \$0 (Non-Part D) | OTC |
| yelets | \$0 (Non-Part D) | OTC |
| YOGURT PLUS CALCIUM GUMMIES | \$0 (Non-Part D) | OTC |
| zinc oxide (bulk) * | \$0 (Non-Part D) | OTC |
| <i>zinc oxide topical ointment , 25 %</i> | \$0 (Non-Part D) | OTC |
| <i>zinc oxide topical ointment 20 %</i> | \$0 (Non-Part D) | MO; OTC |
| ZINC OXIDE TOPICAL PASTE | \$0 (Non-Part D) | OTC |
| zinc sulfate (bulk) powder * | \$0 (Non-Part D) | OTC |
| <i>zinc with vitamins a and c</i> | \$0 (Non-Part D) | OTC |
| ZOO FRIENDS | \$0 (Non-Part D) | OTC |
| zostrix | \$0 (Non-Part D) | OTC |
| zostrix-hp | \$0 (Non-Part D) | OTC |

PART B DIABETIC TESTING

| | | |
|-------------------------|------------------|----|
| dexcom g6 receiver * | \$0 (Non-Part D) | MO |
| dexcom g6 sensor * | \$0 (Non-Part D) | MO |
| dexcom g6 transmitter * | \$0 (Non-Part D) | MO |
| dexcom g7 receiver * | \$0 (Non-Part D) | MO |
| dexcom g7 sensor * | \$0 (Non-Part D) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------------------------|---|--|
| freestyle freedom lite * | \$0 (Non-Part D) | MO |
| freestyle insulinx * | \$0 (Non-Part D) | |
| freestyle insulinx strip * | \$0 (Non-Part D) | MO |
| freestyle insulinx test strips * | \$0 (Non-Part D) | MO |
| freestyle libre 14 day reader * | \$0 (Non-Part D) | |
| freestyle libre 14 day sensor * | \$0 (Non-Part D) | MO |
| freestyle libre 2 plus sensor * | \$0 (Non-Part D) | MO |
| freestyle libre 2 reader * | \$0 (Non-Part D) | MO |
| freestyle libre 2 sensor * | \$0 (Non-Part D) | MO |
| freestyle libre 3 plus sensor * | \$0 (Non-Part D) | MO |
| freestyle libre 3 reader * | \$0 (Non-Part D) | MO |
| freestyle libre 3 sensor * | \$0 (Non-Part D) | MO |
| freestyle lite meter * | \$0 (Non-Part D) | MO |
| freestyle lite strips * | \$0 (Non-Part D) | MO |
| freestyle precision neo strips * | \$0 (Non-Part D) | MO |
| freestyle test * | \$0 (Non-Part D) | MO |
| onetouch ultra test * | \$0 (Non-Part D) | MO |
| onetouch ultra2 meter * | \$0 (Non-Part D) | MO |
| onetouch verio flex meter * | \$0 (Non-Part D) | MO |
| onetouch verio reflect meter * | \$0 (Non-Part D) | |
| onetouch verio test strips * | \$0 (Non-Part D) | MO |
| precision xtra monitor * | \$0 (Non-Part D) | MO |
| precision xtra test * | \$0 (Non-Part D) | MO |

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

| | | |
|---|---------|--------|
| bd insulin syringe syringe 1 ml 29 gauge x 1/2" * | \$0 (1) | PA; MO |
| cequr simplicity * | \$0 (1) | MO |
| cequr simplicity inserter * | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| embecta insulin syringe * | \$0 (1) | PA; MO |
| embecta insulin syringe * | \$0 (1) | PA |
| embecta pen needle * | \$0 (1) | PA |
| gauze pads 2 x 2 * | \$0 (1) | PA; MO |
| insulin syringes (non-preferred brands) syringe 1 ml 29 gauge x 1/2" * | \$0 (1) | PA; MO |
| omnipod 5 (g6/libre 2 plus) * | \$0 (1) | MO |
| omnipod 5 g6-g7 intro kt(gen5) * | \$0 (1) | MO; QL (1 per 720 days) |
| omnipod 5 g6-g7 pods (gen 5) * | \$0 (1) | MO |
| omnipod 5 intro(g6/libre2plus) * | \$0 (1) | MO; QL (1 per 720 days) |
| omnipod dash intro kit (gen 4) * | \$0 (1) | QL (1 per 720 days) |
| omnipod dash pods (gen 4) * | \$0 (1) | MO |
| pen needles (non-preferred brands) needle 29 gauge x 1/2" * | \$0 (1) | PA; MO |

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

| | | |
|---|---------|----|
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | \$0 (1) | MO |
| <i>allopurinol sodium</i> | \$0 (1) | |
| <i>aloprim</i> | \$0 (1) | |
| <i>colchicine oral tablet</i> | \$0 (1) | MO |
| <i>febuxostat</i> | \$0 (1) | MO |
| <i>probenecid</i> | \$0 (1) | MO |
| <i>probenecid-colchicine</i> | \$0 (1) | MO |

OSTEOPOROSIS THERAPY

| | | |
|---|---------|--------------------------|
| <i>alendronate oral solution</i> | \$0 (1) | MO; QL (300 per 28 days) |
| <i>alendronate oral tablet 10 mg</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>alendronate oral tablet 35 mg, 70 mg</i> | \$0 (1) | MO; QL (4 per 28 days) |
| <i>ibandronate intravenous solution</i> | \$0 (1) | PA |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>ibandronate intravenous syringe</i> | \$0 (1) | PA; MO |
| <i>ibandronate oral</i> | \$0 (1) | MO; QL (1 per 30 days) |
| PROLIA | \$0 (1) | PA; MO; QL (1 per 180 days) |
| <i>raloxifene</i> | \$0 (1) | MO |
| <i>risedronate oral tablet 150 mg</i> | \$0 (1) | MO; QL (1 per 30 days) |
| <i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i> | \$0 (1) | MO; QL (4 per 28 days) |
| <i>risedronate oral tablet 5 mg</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>risedronate oral tablet, delayed release (dr/ec)</i> | \$0 (1) | MO; QL (4 per 28 days) |
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML) | \$0 (1) | PA; QL (2.48 per 28 days) |
| OTHER RHEUMATOLOGICALS | | |
| ACTEMRA ACTPEN | \$0 (1) | PA; MO; QL (3.6 per 28 days) |
| ACTEMRA INTRAVENOUS | \$0 (1) | PA; MO; QL (160 per 28 days) |
| ACTEMRA SUBCUTANEOUS | \$0 (1) | PA; MO; QL (3.6 per 28 days) |
| BENLYSTA | \$0 (1) | PA; MO |
| CYLTEZO(CF) PEN | \$0 (1) | PA; MO; QL (4 per 28 days) |
| CYLTEZO(CF) PEN CROHN'S-UC-HS | \$0 (1) | PA; QL (6 per 180 days) |
| CYLTEZO(CF) PEN PSORIASIS-UV | \$0 (1) | PA; QL (4 per 180 days) |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML | \$0 (1) | PA; MO; QL (2 per 28 days) |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML | \$0 (1) | PA; MO; QL (4 per 28 days) |
| ENBREL MINI | \$0 (1) | PA; MO; QL (8 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION | \$0 (1) | PA; MO; QL (8 per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE | \$0 (1) | PA; MO; QL (8 per 28 days) |
| ENBREL SURECLICK | \$0 (1) | PA; MO; QL (8 per 28 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | \$0 (1) | PA; MO; QL (4 per 28 days) |
| HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074) | \$0 (1) | 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 | \$0 (1) | PA; MO; QL (2 per 28 days) |
| HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | \$0 (1) | PA; MO; QL (4 per 28 days) |
| HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | \$0 (1) | PA; MO; QL (4 per 28 days) |
| HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | \$0 (1) | PA; MO; QL (2 per 28 days) |
| HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS NDCS STARTING WITH 00074) | \$0 (1) | PA; MO; QL (3 per 180 days) |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074) | \$0 (1) | PA; MO; QL (3 per 180 days) |
| leflunomide | \$0 (1) | MO; QL (30 per 30 days) |
| ORENCIA (WITH MALTOSE) | \$0 (1) | PA; MO; QL (12 per 28 days) |
| ORENCIA CLICKJECT | \$0 (1) | PA; MO; QL (4 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML | \$0 (1) | PA; MO; QL (4 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML | \$0 (1) | PA; MO; QL (1.6 per 28 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML | \$0 (1) | PA; MO; QL (2.8 per 28 days) |
| OTEZLA | \$0 (1) | 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) | \$0 (1) | PA; MO; QL (55 per 180 days) |
| <i>penicillamine oral tablet</i> | \$0 (1) | PA; MO |
| RIDAURA | \$0 (1) | MO |
| RINVOQ LQ | \$0 (1) | PA; MO; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG | \$0 (1) | PA; MO; QL (30 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG | \$0 (1) | PA; MO; QL (84 per 180 days) |
| SAVELLA ORAL TABLET | \$0 (1) | QL (60 per 30 days) |
| SAVELLA ORAL TABLETS,DOSE PACK | \$0 (1) | QL (55 per 180 days) |
| TYENNE AUTOINJECTOR | \$0 (1) | PA; MO; QL (3.6 per 28 days) |
| TYENNE INTRAVENOUS | \$0 (1) | PA; MO; QL (160 per 28 days) |
| TYENNE SUBCUTANEOUS | \$0 (1) | PA; MO; QL (3.6 per 28 days) |
| XELJANZ ORAL SOLUTION | \$0 (1) | PA; MO; QL (480 per 24 days) |
| XELJANZ ORAL TABLET | \$0 (1) | PA; MO; QL (60 per 30 days) |
| XELJANZ XR | \$0 (1) | PA; MO; QL (30 per 30 days) |
| YUFLYMA(CF) AI CROHN'S-UC-HS | \$0 (1) | PA; MO; QL (3 per 180 days) |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML | \$0 (1) | PA; MO; QL (4 per 28 days) |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML | \$0 (1) | PA; MO; QL (2 per 28 days) |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML | \$0 (1) | PA; MO; QL (2 per 28 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | \$0 (1) | PA; MO; QL (4 per 28 days) |
| OBSTETRICS / GYNECOLOGY | | |
| ESTROGENS / PROGESTINS | | |
| camila | \$0 (1) | MO |
| deblitane | \$0 (1) | MO |
| DEPO-SUBQ PROVERA 104 | \$0 (1) | MO |
| dotti | \$0 (1) | PA; MO; QL (8 per 28 days) |
| DUAVEE | \$0 (1) | MO |
| emzahh | \$0 (1) | |
| errin | \$0 (1) | MO |
| estradiol oral | \$0 (1) | PA; MO |
| estradiol transdermal patch semiweekly | \$0 (1) | PA; MO; QL (8 per 28 days) |
| estradiol transdermal patch weekly | \$0 (1) | PA; MO; QL (4 per 28 days) |
| estradiol vaginal | \$0 (1) | MO |
| estradiol valerate | \$0 (1) | MO |
| estradiol-norethindrone acet | \$0 (1) | PA; MO |
| fyavolv | \$0 (1) | PA; MO |
| gallifrey | \$0 (1) | MO |
| heather | \$0 (1) | MO |
| IMVEXXY MAINTENANCE PACK | \$0 (1) | MO |
| IMVEXXY STARTER PACK | \$0 (1) | MO |
| incassia | \$0 (1) | MO |
| jencycla | \$0 (1) | MO |
| jinteli | \$0 (1) | PA; MO |
| lyleq | \$0 (1) | MO |
| lyllana | \$0 (1) | PA; MO; QL (8 per 28 days) |
| lyza | \$0 (1) | |
| medroxyprogesterone | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| mimvey | \$0 (1) | PA; MO |
| nora-be | \$0 (1) | MO |
| norethindrone (contraceptive) | \$0 (1) | |
| norethindrone acetate | \$0 (1) | MO |
| norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg | \$0 (1) | PA; MO |
| PREMARIN ORAL | \$0 (1) | MO |
| PREMARIN VAGINAL | \$0 (1) | MO |
| PREMPHASE | \$0 (1) | MO |
| PREMPRO | \$0 (1) | MO |
| progesterone | \$0 (1) | MO |
| progesterone micronized | \$0 (1) | MO |
| sharobel | \$0 (1) | MO |
| yuvafem | \$0 (1) | |
| MISCELLANEOUS OB/GYN | | |
| clindamycin phosphate vaginal | \$0 (1) | MO |
| eluryng | \$0 (1) | MO |
| etonogestrel-ethynodiol dihydrogen phosphate vaginal | \$0 (1) | |
| LILETTA | \$0 (1) | MO |
| metronidazole vaginal gel 0.75 % (37.5mg/5 gram) | \$0 (1) | MO |
| mifepristone oral tablet 200 mg | \$0 (1) | LA |
| MYFEMBREE | \$0 (1) | PA; MO |
| NEXPLANON | \$0 (1) | |
| norelgestromin-ethynodiol dihydrogen phosphate vaginal | \$0 (1) | |
| terconazole | \$0 (1) | MO |
| tranexamic acid oral | \$0 (1) | MO |
| xulane | \$0 (1) | |
| zafemy | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| ORAL CONTRACEPTIVES / RELATED AGENTS | | |
| altavera (28) | \$0 (1) | MO |
| alyacen 1/35 (28) | \$0 (1) | MO |
| alyacen 7/7/7 (28) | \$0 (1) | MO |
| amethyst (28) | \$0 (1) | MO |
| apri | \$0 (1) | MO |
| aranelle (28) | \$0 (1) | MO |
| aubra eq | \$0 (1) | MO |
| aviane | \$0 (1) | MO |
| azurette (28) | \$0 (1) | MO |
| camrese | \$0 (1) | MO |
| cryselle (28) | \$0 (1) | MO |
| cyred eq | \$0 (1) | MO |
| dasetta 1/35 (28) | \$0 (1) | MO |
| dasetta 7/7/7 (28) | \$0 (1) | MO |
| daysee | \$0 (1) | MO |
| desog-e.estradiole.estradiol | \$0 (1) | |
| drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7) | \$0 (1) | MO |
| drospirenone-ethinyl estradiol oral tablet 3-0.02 mg | \$0 (1) | MO |
| drospirenone-ethinyl estradiol oral tablet 3-0.03 mg | \$0 (1) | |
| elinest | \$0 (1) | MO |
| enpresse | \$0 (1) | MO |
| enskyce | \$0 (1) | MO |
| estarylla | \$0 (1) | MO |
| ethynodiol diac-eth estradiol | \$0 (1) | |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| falmina (28) | \$0 (1) | MO |
| introvale | \$0 (1) | |
| isibloom | \$0 (1) | MO |
| jasmiel (28) | \$0 (1) | MO |
| jolessa | \$0 (1) | MO |
| juleber | \$0 (1) | MO |
| kalliga | \$0 (1) | |
| kariva (28) | \$0 (1) | |
| kelnor 1/35 (28) | \$0 (1) | MO |
| kelnor 1/50 (28) | \$0 (1) | MO |
| kurvelo (28) | \$0 (1) | MO |
| Inorgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7) | \$0 (1) | |
| Inorgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg | \$0 (1) | MO |
| larin 1.5/30 (21) | \$0 (1) | MO |
| larin 1/20 (21) | \$0 (1) | MO |
| larin 24 fe | \$0 (1) | MO |
| larin fe 1.5/30 (28) | \$0 (1) | MO |
| larin fe 1/20 (28) | \$0 (1) | MO |
| lessina | \$0 (1) | MO |
| levonest (28) | \$0 (1) | MO |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg | \$0 (1) | MO |
| levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg | \$0 (1) | |
| levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month | \$0 (1) | |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>levonorg-eth estrad triphasic</i> | \$0 (1) | MO |
| <i>levora-28</i> | \$0 (1) | MO |
| <i>loryna (28)</i> | \$0 (1) | MO |
| <i>low-ogestrel (28)</i> | \$0 (1) | MO |
| <i>lo-zumandimine (28)</i> | \$0 (1) | MO |
| <i>lutera (28)</i> | \$0 (1) | MO |
| <i>marlissa (28)</i> | \$0 (1) | MO |
| <i>microgestin 1.5/30 (21)</i> | \$0 (1) | MO |
| <i>microgestin 1/20 (21)</i> | \$0 (1) | MO |
| <i>microgestin fe 1.5/30 (28)</i> | \$0 (1) | MO |
| <i>microgestin fe 1/20 (28)</i> | \$0 (1) | MO |
| <i>mili</i> | \$0 (1) | MO |
| <i>mono-linyah</i> | \$0 (1) | MO |
| <i>nikki (28)</i> | \$0 (1) | MO |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | \$0 (1) | MO |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | \$0 (1) | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.25-0.035 mg</i> | \$0 (1) | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> | \$0 (1) | MO |
| <i>nortrel 0.5/35 (28)</i> | \$0 (1) | MO |
| <i>nortrel 1/35 (21)</i> | \$0 (1) | MO |
| <i>nortrel 1/35 (28)</i> | \$0 (1) | MO |
| <i>nortrel 7/7/7 (28)</i> | \$0 (1) | MO |
| <i>philith</i> | \$0 (1) | MO |
| <i>pimtrea (28)</i> | \$0 (1) | MO |
| <i>portia 28</i> | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------------|---|--|
| reclipsen (28) | \$0 (1) | MO |
| setlakin | \$0 (1) | MO |
| sprintec (28) | \$0 (1) | MO |
| sronyx | \$0 (1) | |
| syeda | \$0 (1) | MO |
| tarina fe 1-20 eq (28) | \$0 (1) | MO |
| tilia fe | \$0 (1) | MO |
| tri-estarrylla | \$0 (1) | MO |
| tri-legest fe | \$0 (1) | MO |
| tri-linyah | \$0 (1) | MO |
| tri-lo-estarrylla | \$0 (1) | MO |
| tri-lo-marzia | \$0 (1) | MO |
| tri-lo-sprintec | \$0 (1) | |
| tri-sprintec (28) | \$0 (1) | MO |
| trivora (28) | \$0 (1) | |
| turqoz (28) | \$0 (1) | MO |
| velivet triphasic regimen (28) | \$0 (1) | MO |
| vestura (28) | \$0 (1) | MO |
| vienva | \$0 (1) | MO |
| violele (28) | \$0 (1) | MO |
| wera (28) | \$0 (1) | MO |
| zovia 1-35 (28) | \$0 (1) | MO |
| zumandimine (28) | \$0 (1) | MO |
| OXYTOCICS | | |
| methylergonovine oral | \$0 (1) | PA |
| OPHTHALMOLOGY | | |
| ANTIBIOTICS | | |
| bacitracin ophthalmic (eye) | \$0 (1) | |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| bacitracin-polymyxin b | \$0 (1) | MO |
| ciprofloxacin hcl ophthalmic (eye) | \$0 (1) | MO |
| erythromycin ophthalmic (eye) | \$0 (1) | MO; QL (3.5 per 14 days) |
| gatifloxacin | \$0 (1) | MO |
| gentamicin ophthalmic (eye) drops | \$0 (1) | MO; QL (70 per 30 days) |
| levofloxacin ophthalmic (eye) drops 1.5 % | \$0 (1) | |
| moxifloxacin ophthalmic (eye) drops | \$0 (1) | MO |
| moxifloxacin ophthalmic (eye) drops, viscous | \$0 (1) | |
| neomycin-bacitracin-polymyxin | \$0 (1) | MO |
| neomycin-polymyxin-gramicidin | \$0 (1) | MO |
| neo-polycin | \$0 (1) | |
| ofloxacin ophthalmic (eye) | \$0 (1) | MO |
| polycin | \$0 (1) | |
| polymyxin b sulf-trimethoprim | \$0 (1) | MO |
| tobramycin ophthalmic (eye) | \$0 (1) | MO; QL (10 per 14 days) |
| ANTIVIRALS | | |
| trifluridine | \$0 (1) | MO |
| ZIRGAN | \$0 (1) | MO |
| BETA-BLOCKERS | | |
| betaxolol ophthalmic (eye) | \$0 (1) | MO |
| carteolol | \$0 (1) | MO |
| levobunolol ophthalmic (eye) drops 0.5 % | \$0 (1) | MO |
| timolol maleate ophthalmic (eye) drops (not single use) | \$0 (1) | MO |
| timolol maleate ophthalmic (eye) gel forming solution | \$0 (1) | MO |
| MISCELLANEOUS OPHTHALMOLOGICS | | |
| atropine ophthalmic (eye) drops 1 % | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| azelastine ophthalmic (eye) | \$0 (1) | MO |
| bss | \$0 (1) | |
| CIMERLI | \$0 (1) | PA; MO |
| cromolyn ophthalmic (eye) | \$0 (1) | MO |
| cyclosporine ophthalmic (eye) | \$0 (1) | MO; QL (60 per 30 days) |
| CYSTARAN | \$0 (1) | PA |
| epinastine | \$0 (1) | MO |
| EYLEA | \$0 (1) | PA; MO |
| MIEBO (PF) | \$0 (1) | MO; QL (12 per 30 days) |
| OXERVATE | \$0 (1) | PA; MO |
| PAVBLU | \$0 (1) | PA |
| pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4 % | \$0 (1) | MO |
| sulfacetamide sodium ophthalmic (eye) drops | \$0 (1) | MO |
| sulfacetamide sodium ophthalmic (eye) ointment | \$0 (1) | |
| sulfacetamide-prednisolone | \$0 (1) | MO |
| XDEMVY | \$0 (1) | PA; QL (10 per 42 days) |
| XIIDRA | \$0 (1) | MO; QL (60 per 30 days) |

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

| | | |
|------------------------------------|---------|----|
| bromfenac | \$0 (1) | MO |
| diclofenac sodium ophthalmic (eye) | \$0 (1) | MO |
| flurbiprofen sodium | \$0 (1) | MO |
| ketorolac ophthalmic (eye) | \$0 (1) | MO |

ORAL DRUGS FOR GLAUCOMA

| | | |
|----------------------|---------|----|
| acetazolamide | \$0 (1) | MO |
| acetazolamide sodium | \$0 (1) | MO |
| methazolamide | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| OTHER GLAUCOMA DRUGS | | |
| dorzolamide | \$0 (1) | MO |
| dorzolamide-timolol | \$0 (1) | MO |
| latanoprost | \$0 (1) | MO |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01% | \$0 (1) | MO |
| miostat | \$0 (1) | |
| RHOPRESSA | \$0 (1) | MO |
| ROCKLATAN | \$0 (1) | MO |
| SIMBRINZA | \$0 (1) | MO |
| travoprost | \$0 (1) | MO |
| STEROID-ANTIBIOTIC COMBINATIONS | | |
| neomycin-bacitracin-poly-hc | \$0 (1) | MO |
| neomycin-polymyxin b-dexameth | \$0 (1) | MO |
| neomycin-polymyxin-hc ophthalmic (eye) | \$0 (1) | MO |
| neo-polycin hc | \$0 (1) | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT | \$0 (1) | MO; QL (3.5 per 14 days) |
| tobramycin-dexamethasone | \$0 (1) | MO; QL (10 per 14 days) |
| STEROIDS | | |
| dexamethasone sodium phosphate ophthalmic (eye) | \$0 (1) | MO |
| fluorometholone | \$0 (1) | MO |
| INVELTYS | \$0 (1) | MO |
| loteprednol etabonate | \$0 (1) | MO |
| OZURDEX | \$0 (1) | MO |
| prednisolone acetate | \$0 (1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>prednisolone sodium phosphate ophthalmic (eye)</i> | \$0 (1) | MO |
| SYMPATHOMIMETICS | | |
| <i>apraclonidine</i> | \$0 (1) | MO |
| <i>brimonidine ophthalmic (eye)</i> | \$0 (1) | MO |
| RESPIRATORY AND ALLERGY | | |
| ANTIHISTAMINE / ANTIALLERGENIC AGENTS | | |
| <i>adrenalin injection solution 1 mg/ml</i> | \$0 (1) | |
| <i>adrenalin injection solution 1 mg/ml (1 ml)</i> | \$0 (1) | MO |
| <i>cetirizine oral solution 1 mg/ml</i> | \$0 (1) | MO |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | \$0 (1) | MO |
| <i>diphenhydramine hcl injection syringe</i> | \$0 (1) | MO |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i> | \$0 (1) | MO; QL (4 per 30 days) |
| <i>epinephrine injection solution</i> | \$0 (1) | |
| <i>hydroxyzine hcl oral tablet</i> | \$0 (1) | PA; MO |
| <i>levocetirizine oral solution</i> | \$0 (1) | MO |
| <i>levocetirizine oral tablet</i> | \$0 (1) | MO; QL (30 per 30 days) |
| <i>promethazine injection solution</i> | \$0 (1) | MO |
| <i>promethazine oral</i> | \$0 (1) | PA; MO |
| PULMONARY AGENTS | | |
| <i>acetylcysteine</i> | \$0 (1) | B/D PA; MO |
| <i>ADEMPAS</i> | \$0 (1) | PA; MO; LA; QL (90 per 30 days) |
| <i>ADVAIR HFA</i> | \$0 (1) | MO; QL (12 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> | \$0 (1) | MO; QL (17 per 30 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm | \$0 (1) | QL (13.4 per 30 days) |
| albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml | \$0 (1) | B/D PA; MO |
| albuterol sulfate inhalation solution for nebulization 5 mg/ml | \$0 (1) | B/D PA |
| albuterol sulfate oral syrup | \$0 (1) | MO |
| albuterol sulfate oral tablet | \$0 (1) | MO |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION | \$0 (1) | MO; QL (12.2 per 30 days) |
| ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION | \$0 (1) | MO; QL (6.1 per 30 days) |
| alyq | \$0 (1) | PA; MO; QL (60 per 30 days) |
| ambrisentan | \$0 (1) | PA; MO; LA; QL (30 per 30 days) |
| arformoterol | \$0 (1) | B/D PA; MO; QL (120 per 30 days) |
| ASMANEX HFA | \$0 (1) | 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) | \$0 (1) | MO; QL (1 per 30 days) |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120) | \$0 (1) | MO; QL (2 per 30 days) |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14) | \$0 (1) | QL (2 per 28 days) |
| ATROVENT HFA | \$0 (1) | MO; QL (25.8 per 30 days) |
| BEVESPI AEROSPHERE | \$0 (1) | MO; QL (10.7 per 30 days) |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| bosentan | \$0 (1) | PA; MO; LA; QL (60 per 30 days) |
| BREO ELLIPTA | \$0 (1) | MO; QL (60 per 30 days) |
| breyna | \$0 (1) | MO; QL (10.3 per 30 days) |
| BREZTRI AEROSPHERE | \$0 (1) | MO; QL (10.7 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> | \$0 (1) | B/D PA; MO; QL (120 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> | \$0 (1) | B/D PA; MO; QL (60 per 30 days) |
| <i>budesonide-formoterol</i> | \$0 (1) | QL (10.2 per 30 days) |
| CINRYZE | \$0 (1) | PA; MO |
| COMBIVENT RESPIMAT | \$0 (1) | QL (8 per 30 days) |
| <i>cromolyn inhalation</i> | \$0 (1) | B/D PA |
| DULERA | \$0 (1) | MO; QL (13 per 30 days) |
| ELIXOPHYLLIN | \$0 (1) | |
| FASENRA PEN | \$0 (1) | PA; MO; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML | \$0 (1) | PA; MO; QL (0.5 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | \$0 (1) | PA; MO; QL (1 per 28 days) |
| <i>flunisolide</i> | \$0 (1) | MO; QL (50 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION | \$0 (1) | ST; MO; QL (12 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION | \$0 (1) | ST; MO; QL (24 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION | \$0 (1) | ST; MO; QL (10.6 per 30 days) |
| <i>fluticasone propionate nasal</i> | \$0 (1) | MO; QL (16 per 30 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>fluticasone propion-salmeterol inhalation blister with device</i> | \$0 (1) | MO; QL (60 per 30 days) |
| <i>formoterol fumarate</i> | \$0 (1) | B/D PA; MO; QL (120 per 30 days) |
| <i>icatibant</i> | \$0 (1) | PA; MO |
| <i>ipratropium bromide inhalation</i> | \$0 (1) | B/D PA; MO |
| <i>ipratropium-albuterol</i> | \$0 (1) | B/D PA; MO |
| KALYDECO | \$0 (1) | PA; MO; QL (56 per 28 days) |
| <i>mometasone nasal</i> | \$0 (1) | MO; QL (34 per 30 days) |
| <i>montelukast</i> | \$0 (1) | MO |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR | \$0 (1) | PA; MO; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN | \$0 (1) | PA; MO; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | \$0 (1) | PA; MO; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | \$0 (1) | PA; MO; LA; QL (0.4 per 28 days) |
| OFEV | \$0 (1) | PA; MO; QL (60 per 30 days) |
| OPSUMIT | \$0 (1) | PA; MO; LA; QL (30 per 30 days) |
| OPSYNVI | \$0 (1) | PA; MO; QL (30 per 30 days) |
| ORKAMBI ORAL GRANULES IN PACKET | \$0 (1) | PA; MO; QL (56 per 28 days) |
| ORKAMBI ORAL TABLET | \$0 (1) | PA; MO; QL (112 per 28 days) |
| <i>pirfenidone oral capsule</i> | \$0 (1) | PA; MO; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i> | \$0 (1) | PA; MO; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 801 mg</i> | \$0 (1) | PA; MO; QL (90 per 30 days) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION | \$0 (1) | MO; QL (2 per 30 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION | \$0 (1) | MO; QL (1 per 30 days) |
| PULMOZYME | \$0 (1) | B/D PA; MO |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION | \$0 (1) | QL (10.6 per 30 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION | \$0 (1) | QL (21.2 per 30 days) |
| roflumilast | \$0 (1) | PA; MO; QL (30 per 30 days) |
| sajazir | \$0 (1) | PA; MO |
| <i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i> | \$0 (1) | |
| <i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i> | \$0 (1) | PA; MO; QL (90 per 30 days) |
| SPIRIVA RESPIMAT | \$0 (1) | MO; QL (4 per 30 days) |
| STIOLTO RESPIMAT | \$0 (1) | MO; QL (4 per 30 days) |
| STRIVERDI RESPIMAT | \$0 (1) | MO; QL (4 per 30 days) |
| SYMDEKO | \$0 (1) | PA; MO; QL (56 per 28 days) |
| <i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i> | \$0 (1) | PA; QL (60 per 30 days) |
| terbutaline | \$0 (1) | MO |
| <i>theophylline oral elixir</i> | \$0 (1) | MO |
| <i>theophylline oral solution</i> | \$0 (1) | |
| <i>theophylline oral tablet extended release 12 hr</i> | \$0 (1) | MO |
| <i>theophylline oral tablet extended release 24 hr</i> | \$0 (1) | MO |
| <i>tiotropium bromide</i> | \$0 (1) | QL (90 per 90 days) |
| TRELEGY ELLIPTA | \$0 (1) | MO; QL (60 per 30 days) |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL | \$0 (1) | PA; MO; QL (56 per 28 days) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL | \$0 (1) | PA; MO; QL (84 per 28 days) |
| TYVASO | \$0 (1) | B/D PA; MO; QL (81.2 per 28 days) |
| TYVASO INSTITUTIONAL START KIT | \$0 (1) | B/D PA; QL (11.6 per 180 days) |
| TYVASO REFILL KIT | \$0 (1) | B/D PA; MO; QL (81.2 per 28 days) |
| TYVASO STARTER KIT | \$0 (1) | B/D PA; MO; QL (81.2 per 180 days) |
| wixela inhub | \$0 (1) | QL (60 per 30 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML | \$0 (1) | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML | \$0 (1) | PA; MO; LA; QL (1 per 28 days) |
| XOLAIR SUBCUTANEOUS RECON SOLN | \$0 (1) | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML | \$0 (1) | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | \$0 (1) | PA; MO; LA; QL (1 per 28 days) |
| zafirlukast | \$0 (1) | MO |
| UROLOGICALS | | |
| ANTICHOLINERGICS / ANTISPASMODICS | | |
| mirabegron | \$0 (1) | MO |
| MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON | \$0 (1) | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR | \$0 (1) | MO |
| oxybutynin chloride oral syrup | \$0 (1) | MO |
| oxybutynin chloride oral tablet 5 mg | \$0 (1) | MO |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>oxybutynin chloride oral tablet extended release 24hr</i> | \$0 (1) | MO |
| <i>solifenacin</i> | \$0 (1) | MO |
| <i>tolterodine</i> | \$0 (1) | MO |
| <i>trospium oral tablet</i> | \$0 (1) | MO |
| BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY | | |
| <i>alfuzosin</i> | \$0 (1) | MO |
| <i>dutasteride</i> | \$0 (1) | MO |
| <i>dutasteride-tamsulosin</i> | \$0 (1) | MO |
| <i>finasteride oral tablet 5 mg</i> | \$0 (1) | MO |
| <i>tamsulosin</i> | \$0 (1) | MO |
| MISCELLANEOUS UROLOGICALS | | |
| <i>alprostadil</i> | \$0 (1) | |
| <i>bethanechol chloride</i> | \$0 (1) | MO |
| <i>CYSTAGON</i> | \$0 (1) | PA; LA |
| <i>ELMIRON</i> | \$0 (1) | MO |
| <i>glycine urologic</i> | \$0 (1) | |
| <i>glycine urologic solution</i> | \$0 (1) | |
| <i>K-PHOS NO 2</i> | \$0 (1) | MO |
| <i>K-PHOS ORIGINAL</i> | \$0 (1) | MO |
| <i>potassium citrate oral tablet extended release</i> | \$0 (1) | MO |
| <i>RENACIDIN</i> | \$0 (1) | MO |
| <i>tadalafil oral tablet 2.5 mg</i> | \$0 (1) | PA; MO; QL (60 per 30 days) |
| <i>tadalafil oral tablet 5 mg</i> | \$0 (1) | PA; MO; QL (30 per 30 days) |
| VITAMINS, HEMATINICS / ELECTROLYTES | | |
| BLOOD DERIVATIVES | | |
| <i>albumin, human 25 %</i> | \$0 (1) | |

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



This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>alburx (human) 25 %</i> | \$0 (1) | |
| <i>alburx (human) 5 %</i> | \$0 (1) | |
| <i>albutein 25 %</i> | \$0 (1) | |
| <i>albutein 5 %</i> | \$0 (1) | |
| ELECTROLYTES | | |
| <i>calcium acetate(phosphat bind)</i> | \$0 (1) | PA; MO |
| <i>calcium chloride</i> | \$0 (1) | |
| <i>calcium gluconate intravenous</i> | \$0 (1) | |
| <i>effer-k oral tablet, effervescent 25 meq</i> | \$0 (1) | MO |
| <i>klor-con 10</i> | \$0 (1) | MO |
| <i>klor-con 8</i> | \$0 (1) | MO |
| <i>klor-con m10</i> | \$0 (1) | MO |
| <i>klor-con m15</i> | \$0 (1) | MO |
| <i>klor-con m20</i> | \$0 (1) | MO |
| <i>klor-con oral packet 20</i> | \$0 (1) | MO |
| <i>klor-con/ef</i> | \$0 (1) | MO |
| <i>lactated ringers intravenous</i> | \$0 (1) | MO |
| <i>magnesium chloride injection</i> | \$0 (1) | |
| <i>MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML</i> | \$0 (1) | |
| <i>magnesium sulfate in water</i> | \$0 (1) | |
| <i>magnesium sulfate injection solution</i> | \$0 (1) | MO |
| <i>magnesium sulfate injection syringe</i> | \$0 (1) | |
| <i>potassium acetate</i> | \$0 (1) | |
| <i>potassium chlorid-d5-0.45%nacl</i> | \$0 (1) | |
| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i> | \$0 (1) | |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i> | \$0 (1) | |
| <i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i> | \$0 (1) | |
| <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> | \$0 (1) | |
| <i>potassium chloride intravenous</i> | \$0 (1) | |
| <i>potassium chloride oral capsule, extended release</i> | \$0 (1) | MO |
| <i>potassium chloride oral liquid</i> | \$0 (1) | MO |
| <i>potassium chloride oral packet</i> | \$0 (1) | |
| <i>potassium chloride oral tablet extended release 10 meq, 8 meq</i> | \$0 (1) | MO |
| <i>potassium chloride oral tablet extended release 20 meq</i> | \$0 (1) | |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq</i> | \$0 (1) | MO |
| <i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i> | \$0 (1) | |
| <i>potassium chloride-0.45 % nacl</i> | \$0 (1) | |
| <i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i> | \$0 (1) | |
| <i>potassium chloride-d5-0.9%nacl</i> | \$0 (1) | |
| <i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i> | \$0 (1) | |
| <i>ringer's intravenous</i> | \$0 (1) | |
| <i>sodium acetate</i> | \$0 (1) | |
| <i>sodium bicarbonate intravenous</i> | \$0 (1) | |
| <i>sodium chloride 0.45 % intravenous</i> | \$0 (1) | MO |
| <i>sodium chloride 3 % hypertonic</i> | \$0 (1) | |

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This drug list was last updated on 03/17/2025.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| sodium chloride 5 % hypertonic | \$0 (1) | MO |
| sodium chloride intravenous | \$0 (1) | |
| sodium phosphate | \$0 (1) | MO |
| MISCELLANEOUS NUTRITION PRODUCTS | | |
| CLINIMIX 5%/D15W SULFITE FREE | \$0 (1) | B/D PA |
| CLINIMIX 4.25%/D10W SULF FREE | \$0 (1) | B/D PA |
| CLINIMIX 5%-D20W(SULFITE-FREE) | \$0 (1) | B/D PA |
| CLINIMIX 6%-D5W (SULFITE-FREE) | \$0 (1) | B/D PA |
| CLINIMIX 8%-D10W(SULFITE-FREE) | \$0 (1) | B/D PA |
| CLINIMIX 8%-D14W(SULFITE-FREE) | \$0 (1) | B/D PA |
| electrolyte-148 | \$0 (1) | |
| electrolyte-48 in d5w | \$0 (1) | |
| electrolyte-a | \$0 (1) | |
| intralipid intravenous emulsion 20 % | \$0 (1) | B/D PA |
| ISOLYTE S PH 7.4 | \$0 (1) | |
| ISOLYTE-P IN 5 % DEXTROSE | \$0 (1) | |
| ISOLYTE-S | \$0 (1) | |
| PLENAMINE | \$0 (1) | B/D PA |
| premasol 10 % | \$0 (1) | B/D PA |
| travasol 10 % | \$0 (1) | B/D PA |
| TROPHAMINE 10 % | \$0 (1) | B/D PA |
| VITAMINS / HEMATINICS | | |
| fluoride (sodium) oral tablet | \$0 (1) | MO |
| fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride) | \$0 (1) | MO |
| prenatal vitamin oral tablet | \$0 (1) | MO |
| wescap-pn dha | \$0 (1) | MO |

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