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Sentara Community Complete Select (HMO D-SNP) 2025 Formulary (List of Covered Drugs or "Drug List")

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

Formulary ID: **25518**, Version: **27**

This formulary was updated on **10/17/2025**. For more recent information or other questions, please contact Sentara Medicare Member Services at 1-800-927-6048 (TTY users should call 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m., or visit sentarahealthplans.com/plans/medicare/prescription-drugs.

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

When this drug list (formulary) refers to "we," "us", or "our," it means Sentara Medicare. When it refers to "plan" or "our plan," it means Sentara Community Complete Select (HMO D-SNP).

This document includes a Drug List (formulary) for our plan which is current as of **11/01/2025**. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Sentara Community Complete Select formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Sentara Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Sentara Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Sentara Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

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

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

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

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

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

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Sentara Community Complete Select Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Sentara Community Complete Select Formulary?”

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

The enclosed formulary is current as of **11/01/2025.** To get updated information about the drugs covered by Sentara Medicare please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS-approved, mid-year non-maintenance formulary changes a revised printable Comprehensive formulary document will be posted on our website at sentarahealthplans.com/plans/medicare/prescription-drugs. If you are impacted by the change, you will also be mailed a Negative Change letter 60 days prior to the change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page **8**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR AGENTS. If you know what your drug is used for, look for the category name in the list that begins on page **8**. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page **129**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Sentara Medicare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Sentara Medicare before you fill your prescriptions. If you don't get approval, Sentara Medicare may not cover the drug.

- **Quantity Limits:** For certain drugs, Sentara Medicare limits the amount of the drug that Sentara Medicare will cover. For example, Sentara Medicare provides 90 capsules per prescription for *pregabalin oral capsule 100 mg*. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Sentara Medicare 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, Sentara Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Sentara Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page **8**. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Sentara Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Sentara Community Complete Select formulary?" on page 5 for information about how to request an exception.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Sentara Medicare pays for certain OTC drugs. Sentara Medicare will provide these OTC drugs at no cost to you. The cost to Sentara Medicare of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Sentara Medicare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Sentara Medicare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Sentara Medicare.

- You can ask Sentara Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Sentara Community Complete Select Formulary?

You can ask Sentara Medicare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Sentara Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 91-day emergency supply of that drug while you pursue a formulary exception.

For more information

For more detailed information about your Sentara Community Complete Select prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions Sentara Medicare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Sentara Community Complete Select Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Sentara Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page **129**.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., EMGALITY SUBCUTANEIOUS SOLUTION PREFILLED SYRINGE) and generic drugs are listed in lower-case italics (e.g., *atorvastatin calcium oral tablet*).

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

EX: Excluded Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

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).

NEDS: Non-Extended Day Supply Medication. This drug is only available as a 30-day supply or less.

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

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

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

V: Vaccines

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
amphotericin b injection recon soln 50 mg	1	B/D PA; MO
amphotericin b liposome intravenous suspension for reconstitution 50 mg	1	B/D PA
caspofungin intravenous recon soln 50 mg, 70 mg	1	
clotrimazole mucous membrane troche 10 mg	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	MO
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	MO
flucytosine oral capsule 250 mg, 500 mg	1	MO; NEDS
griseofulvin microsize oral suspension 125 mg/5 ml	1	MO
griseofulvin microsize oral tablet 500 mg	1	MO
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	MO
itraconazole oral capsule 100 mg	1	MO; QL (120 per 30 days)
ketoconazole oral tablet 200 mg	1	MO
micafungin intravenous recon soln 100 mg, 50 mg	1	MO
nystatin oral suspension 100,000 unit/ml	1	MO
nystatin oral tablet 500,000 unit	1	MO
posaconazole oral tablet,delayed release (dr/ec) 100 mg	1	PA; MO; NEDS; QL (96 per 30 days)
terbinafine hcl oral tablet 250 mg	1	MO
voriconazole intravenous recon soln 200 mg	1	PA; MO; NEDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	PA; MO; NEDS
voriconazole oral tablet 200 mg	1	PA; MO; QL (120 per 30 days)
voriconazole oral tablet 50 mg	1	PA; MO; QL (480 per 30 days)

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

This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
voriconazole-hpbcd intravenous recon soln 200 mg	1	PA; NEDS
ANTIVIRALS		
abacavir oral solution 20 mg/ml	1	MO
abacavir oral tablet 300 mg	1	MO
abacavir-lamivudine oral tablet 600-300 mg	1	MO
acyclovir oral capsule 200 mg	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral tablet 400 mg, 800 mg	1	MO
acyclovir sodium intravenous solution 50 mg/ml	1	B/D PA; MO
adefovir oral tablet 10 mg	1	MO
amantadine hcl oral capsule 100 mg	1	MO
amantadine hcl oral solution 50 mg/5 ml	1	MO
amantadine hcl oral tablet 100 mg	1	MO
APTIVUS ORAL CAPSULE 250 MG	1	MO; NEDS
atazanavir oral capsule 150 mg, 200 mg	1	MO; QL (60 per 30 days)
atazanavir oral capsule 300 mg	1	MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	MO; NEDS
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	MO; NEDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	1	MO; NEDS
cidofovir intravenous solution 75 mg/ml	1	MO; NEDS
CIMDUO ORAL TABLET 300-300 MG	1	MO; NEDS
darunavir oral tablet 600 mg	1	MO; NEDS; QL (60 per 30 days)
darunavir oral tablet 800 mg	1	MO; NEDS; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	1	MO; NEDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	MO; NEDS
DOVATO ORAL TABLET 50-300 MG	1	MO; NEDS
EDURANT ORAL TABLET 25 MG	1	MO; NEDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	1	MO; NEDS

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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Drug Name	Drug Tier	Requirements/Limits
efavirenz oral tablet 600 mg	1	MO; QL (30 per 30 days)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	1	MO; NEDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	1	MO; NEDS
emtricitabine oral capsule 200 mg	1	MO
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	MO; NEDS; QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	1	MO; QL (30 per 30 days)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	1	NEDS
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO
entecavir oral tablet 0.5 mg, 1 mg	1	MO
etravirine oral tablet 100 mg, 200 mg	1	MO; NEDS
EVOTAZ ORAL TABLET 300-150 MG	1	MO; NEDS
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	MO
fosamprenavir oral tablet 700 mg	1	MO; NEDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	NEDS
ganciclovir sodium intravenous recon soln 500 mg	1	MO
ganciclovir sodium intravenous solution 50 mg/ml	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	MO; NEDS
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD ORAL TABLET 600 MG	1	MO; NEDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	MO; NEDS
ISENTRESS ORAL TABLET 400 MG	1	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA ORAL TABLET 50-25 MG	1	MO; NEDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
lamivudine oral solution 10 mg/ml	1	MO
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	MO
lamivudine-zidovudine oral tablet 150-300 mg	1	MO
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	1	PA; MO; NEDS; QL (28 per 28 days)
LIVTENCITY ORAL TABLET 200 MG	1	PA; LA; NEDS; QL (336 per 28 days)
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	MO
maraviroc oral tablet 150 mg, 300 mg	1	MO; NEDS
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	1	PA; MO; NEDS; QL (168 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	1	PA; MO; NEDS; QL (84 per 28 days)
nevirapine oral suspension 50 mg/5 ml	1	
nevirapine oral tablet 200 mg	1	MO
nevirapine oral tablet extended release 24 hr 400 mg	1	MO
NORVIR ORAL POWDER IN PACKET 100 MG	1	MO
ODEFSEY ORAL TABLET 200-25-25 MG	1	MO; NEDS
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	1	MO
oseltamivir oral suspension for reconstitution 6 mg/ml	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	1	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 5 days)
PIFELTRO ORAL TABLET 100 MG	1	MO; NEDS
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	1	NEDS
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	1	PA; NEDS; QL (120 per 30 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; MO; NEDS; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG	1	NEDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	MO; NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	MO; NEDS
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	MO
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	MO
REYATAZ ORAL POWDER IN PACKET 50 MG	1	MO; NEDS
ribavirin oral capsule 200 mg	1	MO
ribavirin oral tablet 200 mg	1	MO
rimantadine oral tablet 100 mg	1	MO
ritonavir oral tablet 100 mg	1	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	MO; NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO; NEDS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; MO; NEDS; QL (28 per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO; NEDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	1	NEDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	MO; NEDS
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	1	MO; NEDS
tenofovir disoproxil fumarate oral tablet 300 mg	1	MO
TIVICAY ORAL TABLET 50 MG	1	MO; NEDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	MO; NEDS
TRIUMEQ ORAL TABLET 600-50-300 MG	1	MO; NEDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	1	MO
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	1	MO; NEDS
valacyclovir oral tablet 1 gram	1	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QL (60 per 30 days)
valganciclovir oral recon soln 50 mg/ml	1	MO; NEDS; QL (1080 per 30 days)
valganciclovir oral tablet 450 mg	1	MO; QL (120 per 30 days)

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

This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
VEKLURY INTRAVENOUS RECON SOLN 100 MG	1	NEDS
VEMLIDY ORAL TABLET 25 MG	1	PA; MO; NEDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	MO; NEDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	MO; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO; NEDS
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; MO; NEDS; QL (28 per 28 days)
zidovudine oral capsule 100 mg	1	MO
zidovudine oral syrup 10 mg/ml	1	MO
zidovudine oral tablet 300 mg	1	MO
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	1	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr 500 mg	1	MO
cefadroxil oral capsule 500 mg	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml	1	MO
cefadroxil oral suspension for reconstitution 500 mg/5 ml	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram, 100 gram, 300 gram	1	
cefazolin intravenous recon soln 1 gram	1	
cefdinir oral capsule 300 mg	1	MO
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	MO
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	1	

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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Drug Name	Drug Tier	Requirements/Limits
cefepime injection recon soln 1 gram, 2 gram	1	MO
cefixime oral capsule 400 mg	1	MO
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	MO
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	
cefoxitin intravenous recon soln 1 gram, 2 gram	1	MO
cefoxitin intravenous recon soln 10 gram	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	MO
cefpodoxime oral tablet 100 mg, 200 mg	1	MO
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
cefprozil oral tablet 250 mg, 500 mg	1	MO
ceftazidime injection recon soln 1 gram, 2 gram	1	MO
ceftazidime injection recon soln 6 gram	1	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	MO
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone injection recon soln 10 gram	1	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	1	
ceftriaxone intravenous recon soln 1 gram, 2 gram	1	MO
cefuroxime axetil oral tablet 250 mg, 500 mg	1	MO
cefuroxime sodium injection recon soln 750 mg	1	MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	MO
cefuroxime sodium intravenous recon soln 7.5 gram	1	
cephalexin oral capsule 250 mg, 500 mg	1	MO
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
tazicef injection recon soln 1 gram, 2 gram, 6 gram	1	MO
tazicef intravenous recon soln 1 gram, 2 gram	1	

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	MO; NEDS
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	1	MO
azithromycin oral packet 1 gram	1	MO
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	MO
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	1	
azithromycin oral tablet 250 mg, 500 mg	1	MO
azithromycin oral tablet 600 mg	1	MO
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
clarithromycin oral tablet 250 mg, 500 mg	1	MO
clarithromycin oral tablet extended release 24 hr 500 mg	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	PA; NEDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	1	PA; MO; NEDS; QL (20 per 10 days)
e.e.s. 400 oral tablet 400 mg	1	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1	MO
erythromycin oral tablet 250 mg, 500 mg	1	MO
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1	MO
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	1	MO; NEDS
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	1	PA; LA; NEDS
atovaquone oral suspension 750 mg/5 ml	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	MO
aztreonam injection recon soln 1 gram	1	MO
AZTREONAM INJECTION RECON SOLN 2 GRAM	1	MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; MO; LA; NEDS; QL (84 per 56 days)
chloramphenicol sod succinate intravenous recon soln 1 gram	1	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	MO
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	1	MO
clindamycin pediatric oral recon soln 75 mg/5 ml	1	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	1	MO
COARTEM ORAL TABLET 20-120 MG	1	MO
colistin (colistimethate na) injection recon soln 150 mg	1	MO; QL (30 per 10 days)
dapsone oral tablet 100 mg, 25 mg	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO; NEDS
daptomycin intravenous recon soln 500 mg	1	MO; NEDS
EMVERM ORAL TABLET,CHEWABLE 100 MG	1	MO; NEDS
ertapenem injection recon soln 1 gram	1	MO; QL (14 per 14 days)
ethambutol oral tablet 100 mg, 400 mg	1	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	1	MO
gentamicin injection solution 40 mg/ml	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	1	MO
hydroxychloroquine oral tablet 200 mg	1	MO
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	1	MO
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; MO; NEDS; QL (84 per 28 days)
isoniazid injection solution 100 mg/ml	1	
isoniazid oral solution 50 mg/5 ml	1	MO
isoniazid oral tablet 100 mg, 300 mg	1	MO
ivermectin oral tablet 3 mg	1	PA; MO; QL (20 per 30 days)
lincomycin injection solution 300 mg/ml	1	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	1	MO
linezolid oral suspension for reconstitution 100 mg/5 ml	1	MO; NEDS; QL (1800 per 30 days)
linezolid oral tablet 600 mg	1	MO; QL (60 per 30 days)
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	1	
mefloquine oral tablet 250 mg	1	MO
meropenem intravenous recon soln 1 gram	1	QL (30 per 10 days)
meropenem intravenous recon soln 2 gram	1	
meropenem intravenous recon soln 500 mg	1	QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	1	QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	1	QL (10 per 10 days)
metro i.v. intravenous piggyback 500 mg/100 ml	1	MO
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	1	MO
metronidazole oral tablet 250 mg, 500 mg	1	MO
neomycin oral tablet 500 mg	1	MO
nitazoxanide oral tablet 500 mg	1	MO; NEDS
pentamidine inhalation recon soln 300 mg	1	B/D PA; MO; QL (1 per 28 days)
pentamidine injection recon soln 300 mg	1	MO
praziquantel oral tablet 600 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN ORAL TABLET 150 MG	1	MO
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	1	MO
pyrazinamide oral tablet 500 mg	1	MO
pyrimethamine oral tablet 25 mg	1	PA; MO; NEDS
quinine sulfate oral capsule 324 mg	1	MO
rifabutin oral capsule 150 mg	1	MO
rifampin intravenous recon soln 600 mg	1	MO
rifampin oral capsule 150 mg, 300 mg	1	MO
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; LA; NEDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	1	MO; NEDS
tigecycline intravenous recon soln 50 mg	1	MO; NEDS
tinidazole oral tablet 250 mg, 500 mg	1	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	MO; NEDS; QL (224 per 56 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	1	PA; MO; NEDS; QL (280 per 56 days)
tobramycin inhalation solution for nebulization 300 mg/4 ml	1	PA; MO; NEDS; QL (224 per 28 days)
tobramycin sulfate injection recon soln 1.2 gram	1	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	1	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	QL (3000 per 10 days)
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	QL (2 per 10 days)
vancomycin intravenous recon soln 1,000 mg	1	MO; QL (20 per 10 days)
vancomycin intravenous recon soln 10 gram, 5 gram	1	QL (2 per 10 days)
vancomycin intravenous recon soln 500 mg	1	MO; QL (10 per 10 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
vancomycin intravenous recon soln 750 mg	1	MO
vancomycin oral capsule 125 mg, 250 mg	1	MO
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; MO; NEDS; QL (60 per 30 days)
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	MO
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	MO
amoxicillin oral tablet 500 mg, 875 mg	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 400-57 mg/5 ml	1	MO
amoxicillin-pot clavulanate oral tablet 250-125 mg	1	MO
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	1	MO
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	MO
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	MO
ampicillin sodium intravenous recon soln 1 gram, 2 gram	1	
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	MO
ampicillin-sulbactam injection recon soln 15 gram	1	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	1	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	
dicloxacillin oral capsule 250 mg, 500 mg	1	MO
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	1	
nafcillin injection recon soln 1 gram, 2 gram	1	MO
nafcillin injection recon soln 10 gram	1	NEDS
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	
oxacillin injection recon soln 1 gram, 10 gram	1	
oxacillin injection recon soln 2 gram	1	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	1	MO
penicillin g sodium injection recon soln 5 million unit	1	MO
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	MO
penicillin v potassium oral tablet 250 mg, 500 mg	1	MO
pfizerpen-g injection recon soln 20 million unit, 5 million unit	1	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1	MO
piperacillin-tazobactam intravenous recon soln 40.5 gram	1	
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	MO
ciprofloxacin hcl oral tablet 750 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	MO
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	1	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	MO
levofloxacin oral solution 250 mg/10 ml	1	MO
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	MO
moxifloxacin oral tablet 400 mg	1	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	1	MO
SULFA'S / RELATED AGENTS		
sulfadiazine oral tablet 500 mg	1	MO
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	1	MO
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	MO
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	MO
TETRACYCLINES		
demeclocycline oral tablet 150 mg, 300 mg	1	MO
doxy-100 intravenous recon soln 100 mg	1	MO
doxycycline hyclate oral capsule 100 mg, 50 mg	1	MO
doxycycline hyclate oral tablet 100 mg, 20 mg	1	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	MO
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	MO
doxycycline monohydrate oral tablet 100 mg, 75 mg	1	MO
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	MO
minocycline oral tablet 100 mg, 50 mg, 75 mg	1	MO
mondoxyne nl oral capsule 100 mg	1	
tetracycline oral capsule 250 mg, 500 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
URINARY TRACT AGENTS		
methenamine hippurate oral tablet 1 gram	1	MO
methenamine mandelate oral tablet 0.5 gram, 1 gram	1	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	MO
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	MO
trimethoprim oral tablet 100 mg	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	1	B/D PA; MO; NEDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	1	MO; NEDS
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	1	NEDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	1	B/D PA; NEDS
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	MO
levoleucovorin calcium intravenous recon soln 50 mg	1	B/D PA; MO; NEDS
levoleucovorin calcium intravenous solution 10 mg/ml	1	B/D PA; NEDS
mesna intravenous solution 100 mg/ml	1	B/D PA; MO
mesna oral tablet 400 mg	1	MO; NEDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	B/D PA; MO; NEDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	PA; MO; NEDS; QL (120 per 30 days)
abiraterone oral tablet 500 mg	1	PA; MO; NEDS; QL (60 per 30 days)
abirtega oral tablet 250 mg	1	PA; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	B/D PA; MO; NEDS

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	1	B/D PA; MO; NEDS
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA; LA; NEDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA; MO; NEDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	1	B/D PA; MO; NEDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	1	B/D PA; NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; NEDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; NEDS; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA; NEDS; QL (30 per 180 days)
anastrozole oral tablet 1 mg	1	MO
arsenic trioxide intravenous solution 1 mg/ml	1	B/D PA; NEDS
arsenic trioxide intravenous solution 2 mg/ml	1	B/D PA; MO; NEDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	1	B/D PA; NEDS
AUGTYRO ORAL CAPSULE 160 MG	1	PA; NEDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA; NEDS; QL (240 per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	1	PA; NEDS; QL (66 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA; LA; NEDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	1	B/D PA; MO; NEDS
azathioprine oral tablet 50 mg	1	B/D PA; MO
azathioprine sodium injection recon soln 100 mg	1	B/D PA; MO
BALVERSA ORAL TABLET 3 MG	1	PA; LA; NEDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	1	PA; LA; NEDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	1	PA; LA; NEDS; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	1	B/D PA; NEDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	1	B/D PA; NEDS

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	1	B/D PA; MO; NEDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	1	B/D PA; MO; NEDS
bexarotene oral capsule 75 mg	1	PA; MO; NEDS
bexarotene topical gel 1 %	1	PA; MO; NEDS; QL (60 per 30 days)
bicalutamide oral tablet 50 mg	1	MO
BLINCYTO INTRAVENOUS KIT 35 MCG	1	NEDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA; NEDS
bortezomib injection recon soln 3.5 mg	1	B/D PA; MO; NEDS
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; NEDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; NEDS; QL (360 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; NEDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA; LA; NEDS; QL (120 per 30 days)
busulfan intravenous solution 60 mg/10 ml	1	B/D PA; NEDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	1	PA; LA; NEDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; NEDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; NEDS; QL (30 per 30 days)
carboplatin intravenous solution 10 mg/ml	1	B/D PA; MO
carmustine intravenous recon soln 100 mg	1	B/D PA; MO; NEDS
cisplatin intravenous solution 1 mg/ml	1	B/D PA; MO
cladribine intravenous solution 10 mg/10 ml	1	MO; NEDS
clofarabine intravenous solution 1 mg/ml	1	B/D PA; NEDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; NEDS; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; NEDS; QL (112 per 28 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; NEDS; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA; LA; NEDS; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA; MO; LA; NEDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	1	B/D PA; MO
cyclophosphamide oral capsule 25 mg, 50 mg	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	1	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	B/D PA; MO
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	B/D PA; MO
cyclosporine modified oral solution 100 mg/ml	1	B/D PA
cyclosporine oral capsule 100 mg, 25 mg	1	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	1	MO; NEDS
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	1	MO
cytarabine (pf) injection solution 20 mg/ml	1	
cytarabine injection solution 20 mg/ml	1	MO
dacarbazine intravenous recon soln 100 mg, 200 mg	1	B/D PA; MO
dactinomycin intravenous recon soln 0.5 mg	1	B/D PA; MO
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	1	B/D PA; NEDS
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA; NEDS; QL (120 per 30 days)
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	1	B/D PA; MO; NEDS
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	1	PA; MO; NEDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg, 70 mg	1	PA; MO; NEDS; QL (60 per 30 days)
daunorubicin intravenous solution 5 mg/ml	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; MO; NEDS; QL (60 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
decitabine intravenous recon soln 50 mg	1	B/D PA; MO; NEDS
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/8 ml (10 mg/ml)	1	B/D PA; NEDS
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)	1	B/D PA; MO; NEDS
doxorubicin intravenous recon soln 10 mg, 50 mg	1	B/D PA; MO
doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml	1	B/D PA; MO
doxorubicin intravenous solution 2 mg/ml	1	B/D PA
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	1	B/D PA; MO; NEDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	MO
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	1	B/D PA; NEDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	1	MO; NEDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG	1	B/D PA; MO
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 4 MG	1	B/D PA; MO; NEDS
epirubicin intravenous solution 200 mg/100 ml	1	B/D PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	1	B/D PA; MO; NEDS
ERIVEDGE ORAL CAPSULE 150 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA; MO; NEDS; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; NEDS; QL (30 per 30 days)
erlotinib oral tablet 25 mg	1	PA; MO; NEDS; QL (60 per 30 days)
ERWINASE INJECTION RECON SOLN 10,000 UNIT	1	B/D PA; NEDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	1	B/D PA; MO
etoposide intravenous solution 20 mg/ml	1	B/D PA; MO
EULEXIN ORAL CAPSULE 125 MG	1	PA; NEDS; QL (90 per 30 days)

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

This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; MO; NEDS; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	1	PA; MO; NEDS
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	B/D PA; MO; NEDS
exemestane oral tablet 25 mg	1	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	B/D PA; MO; NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	B/D PA; MO
floxuridine injection recon soln 0.5 gram	1	
fludarabine intravenous recon soln 50 mg	1	B/D PA; MO
fludarabine intravenous solution 50 mg/2 ml	1	B/D PA
fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml	1	MO
fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	1	B/D PA; MO; NEDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA; LA; NEDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; NEDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; NEDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	1	B/D PA; MO; NEDS
GAVRETO ORAL CAPSULE 100 MG	1	PA; LA; NEDS; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	1	B/D PA; MO; NEDS
GEFITINIB ORAL TABLET 250 MG	1	PA; MO; NEDS; QL (30 per 30 days)
gemcitabine intravenous recon soln 1 gram, 200 mg	1	B/D PA; MO
gemcitabine intravenous recon soln 2 gram	1	B/D PA
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
gengraf oral capsule 100 mg, 25 mg	1	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
gengraf oral solution 100 mg/ml	1	B/D PA; MO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA; MO; NEDS; QL (30 per 30 days)
gleostine oral capsule 10 mg, 100 mg, 40 mg	1	MO
GOMEKLI ORAL CAPSULE 1 MG	1	PA; NEDS; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA; NEDS; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	1	PA; NEDS; QL (168 per 28 days)
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	1	B/D PA; MO; NEDS
HERNEXEOS ORAL TABLET 60 MG	1	PA; MO; NEDS; QL (90 per 30 days)
hydroxyurea oral capsule 500 mg	1	MO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA; MO; NEDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA; MO; NEDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	1	PA; NEDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA; NEDS; QL (30 per 30 days)
idarubicin intravenous solution 1 mg/ml	1	B/D PA; MO
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram, 3 gram	1	B/D PA; MO
ifosfamide intravenous solution 1 gram/20 ml	1	B/D PA; MO
ifosfamide intravenous solution 3 gram/60 ml	1	B/D PA
imatinib oral tablet 100 mg	1	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; NEDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; NEDS; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA; NEDS; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	1	PA; NEDS; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	1	B/D PA; MO; NEDS
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA; MO; NEDS; QL (280 per 28 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
INLYTA ORAL TABLET 1 MG	1	PA; MO; NEDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; MO; NEDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA; MO; NEDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA; MO; LA; NEDS; QL (120 per 30 days)
irinotecan intravenous solution 100 mg/5 ml	1	B/D PA; MO
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	1	B/D PA; NEDS
irinotecan intravenous solution 40 mg/2 ml	1	B/D PA; MO; NEDS
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	1	B/D PA; MO; NEDS
ITOVEBI ORAL TABLET 3 MG	1	PA; MO; NEDS; QL (56 per 28 days)
ITOVEBI ORAL TABLET 9 MG	1	PA; MO; NEDS; QL (28 per 28 days)
IWILFIN ORAL TABLET 192 MG	1	PA; LA; NEDS; QL (240 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	1	B/D PA; MO; NEDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA; MO; NEDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA; MO; NEDS; QL (30 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	1	B/D PA; MO; NEDS
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	1	B/D PA; MO; NEDS
JYLAMVO ORAL SOLUTION 2 MG/ML	1	B/D PA; MO; NEDS
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	1	B/D PA; MO; NEDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	B/D PA; MO; NEDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	1	B/D PA; NEDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; NEDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; NEDS; QL (91 per 28 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; NEDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; NEDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; NEDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA; NEDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA; NEDS; QL (180 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	1	B/D PA; NEDS
lapatinib oral tablet 250 mg	1	PA; MO; NEDS; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; NEDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; NEDS; QL (60 per 30 days)
LENALIDOMIDE ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	1	PA; MO; NEDS; QL (28 per 28 days)
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA; NEDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA; MO; NEDS
letrozole oral tablet 2.5 mg	1	MO
LEUKERAN ORAL TABLET 2 MG	1	PA; MO; NEDS; QL (150 per 30 days)
leuprolide subcutaneous kit 1 mg/0.2 ml	1	PA; MO
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	1	B/D PA; NEDS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA; MO; NEDS
LORBRENA ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; MO; NEDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA; MO; NEDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	1	PA; MO; NEDS; QL (60 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; NEDS; QL (90 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	1	PA; MO; NEDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	PA; MO; NEDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; MO; NEDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	PA; MO; NEDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	1	PA; MO; NEDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	1	PA; MO; NEDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; MO; NEDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; MO; NEDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	NEDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	1	PA; LA; NEDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	1	B/D PA; NEDS
MATULANE ORAL CAPSULE 50 MG	1	NEDS
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	PA; MO
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	1	PA; MO
megestrol oral tablet 20 mg, 40 mg	1	PA; MO
MEKINIST ORAL RECON SOLN 0.05 MG/ML	1	PA; MO; NEDS; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; NEDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; MO; NEDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
melphalan hcl intravenous recon soln 50 mg	1	B/D PA; NEDS
mercaptopurine oral suspension 20 mg/ml	1	MO; NEDS

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
mercaptopurine oral tablet 50 mg	1	MO
methotrexate sodium (pf) injection recon soln 1 gram	1	B/D PA
methotrexate sodium (pf) injection solution 25 mg/ml	1	B/D PA; MO
methotrexate sodium injection solution 25 mg/ml	1	B/D PA; MO
methotrexate sodium oral tablet 2.5 mg	1	B/D PA; MO
mitomycin intravenous recon soln 20 mg, 5 mg	1	B/D PA; MO
mitomycin intravenous recon soln 40 mg	1	B/D PA; MO; NEDS
mitoxantrone intravenous concentrate 2 mg/ml	1	B/D PA; MO
MODEYSO ORAL CAPSULE 125 MG	1	PA; NEDS; QL (20 per 28 days)
MONJUVI INTRAVENOUS RECON SOLN 200 MG	1	B/D PA; NEDS
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	1	PA; LA; NEDS; QL (120 per 30 days)
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	1	B/D PA; MO
mycophenolate mofetil oral capsule 250 mg	1	B/D PA; MO
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1	B/D PA; MO; NEDS
mycophenolate mofetil oral tablet 500 mg	1	B/D PA; MO
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	1	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	1	B/D PA; MO; NEDS
nelarabine intravenous solution 250 mg/50 ml	1	B/D PA; MO; NEDS
NERLYNX ORAL TABLET 40 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
nilutamide oral tablet 150 mg	1	PA; MO; NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA; MO; NEDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA; MO; LA; NEDS; QL (120 per 30 days)
NULOJIX INTRAVENOUS RECON SOLN 250 MG	1	B/D PA; MO; NEDS
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	1	PA; MO; NEDS

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA; MO
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	1	PA; MO
octreotide acetate injection syringe 500 mcg/ml (1 ml)	1	PA; MO; NEDS
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	1	PA; NEDS
ODOMZO ORAL CAPSULE 200 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; NEDS; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	1	PA; NEDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	1	PA; NEDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; NEDS; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; NEDS; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; NEDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA; NEDS; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	1	B/D PA; NEDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	1	B/D PA; NEDS
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA; MO; NEDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	1	B/D PA; MO; NEDS
ORGOVYX ORAL TABLET 120 MG	1	PA; LA; NEDS; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	1	PA; NEDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; NEDS; QL (90 per 90 days)
oxaliplatin intravenous recon soln 100 mg	1	B/D PA
oxaliplatin intravenous recon soln 50 mg	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	1	B/D PA; MO
oxaliplatin intravenous solution 200 mg/40 ml	1	B/D PA
paclitaxel intravenous concentrate 6 mg/ml	1	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	1	B/D PA; MO; NEDS
pazopanib oral tablet 200 mg	1	PA; MO; NEDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA; LA; NEDS; QL (14 per 21 days)
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	1	B/D PA; MO; NEDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; NEDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; NEDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	1	B/D PA; MO; NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; LA; NEDS; QL (21 per 28 days)
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	1	B/D PA; NEDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	B/D PA; MO
QINLOCK ORAL TABLET 50 MG	1	PA; LA; NEDS; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; MO; NEDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA; MO; NEDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA; NEDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA; NEDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA; NEDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA; NEDS; QL (60 per 30 days)
REZUROCK ORAL TABLET 200 MG	1	PA; LA; NEDS; QL (30 per 30 days)
romidepsin intravenous recon soln 10 mg/2 ml	1	B/D PA; NEDS

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA; NEDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; NEDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; NEDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	1	PA; MO; NEDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA; MO; LA; NEDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	1	B/D PA; MO; NEDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	1	B/D PA; MO; NEDS
RYDAPT ORAL CAPSULE 25 MG	1	PA; MO; NEDS; QL (224 per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	1	B/D PA; NEDS
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	1	B/D PA; NEDS
SCEMBLIX ORAL TABLET 100 MG	1	PA; NEDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA; NEDS; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA; NEDS; QL (300 per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NEDS
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	1	B/D PA; MO
sirolimus oral solution 1 mg/ml	1	B/D PA; MO; NEDS
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	B/D PA; MO
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	MO; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA; MO; NEDS
sorafenib oral tablet 200 mg	1	PA; MO; NEDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA; MO; NEDS; QL (84 per 28 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA; MO; NEDS; QL (30 per 30 days)
TABLOID ORAL TABLET 40 MG	1	PA; MO; NEDS
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA; MO; NEDS; QL (112 per 28 days)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	B/D PA; MO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA; MO; NEDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	1	PA; MO; NEDS; QL (840 per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; MO; NEDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	1	PA; MO; NEDS; QL (90 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; NEDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; NEDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA; LA; NEDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	1	B/D PA; MO; NEDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	1	B/D PA; MO; NEDS
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	1	B/D PA; MO; NEDS
TEPMETKO ORAL TABLET 225 MG	1	PA; LA; NEDS; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; MO; NEDS; QL (28 per 28 days)
thiotepa injection recon soln 100 mg	1	B/D PA; NEDS
thiotepa injection recon soln 15 mg	1	B/D PA; MO; NEDS
TIBSOVO ORAL TABLET 250 MG	1	PA; NEDS
TIVDAK INTRAVENOUS RECON SOLN 40 MG	1	B/D PA; MO; NEDS
topotecan intravenous recon soln 4 mg	1	B/D PA; MO; NEDS

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	1	B/D PA; MO; NEDS
toremifene oral tablet 60 mg	1	MO; NEDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	B/D PA; MO; NEDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	1	B/D PA; MO; NEDS
tretinoin (antineoplastic) oral capsule 10 mg	1	MO; NEDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	1	B/D PA; NEDS
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA; NEDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	1	PA; LA; NEDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; LA; NEDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; NEDS; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	1	B/D PA; NEDS
valrubicin intravesical solution 40 mg/ml	1	B/D PA; MO; NEDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA; NEDS; QL (56 per 28 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	1	MO; NEDS
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; NEDS; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; NEDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA; LA; NEDS; QL (42 per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA; MO; LA; NEDS; QL (60 per 30 days)
VIJOICE ORAL GRANULES IN PACKET 50 MG	1	PA; NEDS; QL (28 per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	1	PA; NEDS; QL (28 per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	1	PA; NEDS; QL (56 per 28 days)
vinblastine intravenous solution 1 mg/ml	1	MO
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; NEDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA; MO; LA; NEDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA; MO; NEDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA; NEDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	1	PA; NEDS; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	1	PA; NEDS; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA; MO; NEDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	1	NEDS
WELIREG ORAL TABLET 40 MG	1	PA; LA; NEDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA; MO; NEDS; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	1	PA; MO; NEDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	B/D PA; MO
XERMELO ORAL TABLET 250 MG	1	PA; LA; NEDS; QL (90 per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA; LA; NEDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	1	PA; LA; NEDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1)	1	PA; LA; NEDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1)	1	PA; LA; NEDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA; LA; NEDS; QL (24 per 30 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA; NEDS; QL (32 per 28 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL CAPSULE 40 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; MO; NEDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	1	B/D PA; MO; NEDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	1	B/D PA; NEDS
YONSA ORAL TABLET 125 MG	1	PA; MO; NEDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	1	B/D PA; MO; NEDS
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	1	B/D PA; MO
ZEJULA ORAL TABLET 100 MG	1	PA; MO; LA; NEDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA; MO; NEDS; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	1	B/D PA; NEDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	1	B/D PA; MO; NEDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	B/D PA; MO
ZOLINZA ORAL CAPSULE 100 MG	1	PA; MO; NEDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA; MO; NEDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA; MO; NEDS; QL (90 per 30 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	1	B/D PA; NEDS
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	1	MO; QL (600 per 28 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT ORAL SOLUTION 10 MG/ML	1	PA; MO; NEDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	PA; MO; NEDS; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral tablet 200 mg	1	MO
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	MO
carbamazepine oral tablet,chewable 100 mg	1	MO
clobazam oral suspension 2.5 mg/ml	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA; LA; NEDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	1	PA; LA; NEDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	1	PA; LA; NEDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	1	PA; LA; NEDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	MO
DILANTIN 30 MG ORAL CAPSULE 30 MG	1	MO
divalproex oral capsule, delayed rel sprinkle 125 mg	1	MO
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	MO
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA; MO; LA; NEDS
eslicarbazepine oral tablet 200 mg	1	MO; QL (180 per 30 days)
eslicarbazepine oral tablet 400 mg	1	MO; QL (90 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
eslicarbazepine oral tablet 600 mg, 800 mg	1	MO; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	1	MO
ethosuximide oral solution 250 mg/5 ml	1	MO
felbamate oral suspension 600 mg/5 ml	1	MO; NEDS
felbamate oral tablet 400 mg, 600 mg	1	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA; LA; NEDS; QL (360 per 30 days)
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	1	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	MO; NEDS; QL (720 per 30 days)
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	1	MO; QL (1200 per 28 days)
lacosamide oral solution 10 mg/ml	1	MO; QL (1200 per 30 days)
LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG	1	MO; QL (60 per 30 days)
LACOSAMIDE ORAL TABLET 50 MG	1	MO; QL (120 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	MO
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	MO
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	MO
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml	1	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml	1	
levetiracetam intravenous solution 500 mg/5 ml	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)	1	

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	MO
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	MO
methsuximide oral capsule 300 mg	1	MO
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	PA; MO; QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	MO
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	MO
perampanel oral tablet 10 mg, 12 mg, 8 mg	1	MO; NEDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	1	MO; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	1	MO; NEDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	1	
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	MO
phenobarbital sodium injection solution 130 mg/ml	1	MO
phenobarbital sodium injection solution 65 mg/ml	1	
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable 50 mg	1	MO
phenytoin sodium extended oral capsule 100 mg	1	MO
phenytoin sodium extended oral capsule 200 mg, 300 mg	1	
phenytoin sodium intravenous solution 50 mg/ml	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	1	MO; QL (900 per 30 days)
primidone oral tablet 125 mg	1	MO
primidone oral tablet 250 mg, 50 mg	1	MO
roweepra oral tablet 500 mg	1	MO
rufinamide oral suspension 40 mg/ml	1	PA; MO; NEDS; QL (2400 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
rufinamide oral tablet 200 mg	1	PA; MO; NEDS; QL (480 per 30 days)
rufinamide oral tablet 400 mg	1	PA; MO; NEDS; QL (240 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	1	QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	1	MO; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	1	MO; QL (30 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	1	QL (120 per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; NEDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	MO
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	MO
topiramate oral solution 25 mg/ml	1	MO
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
valproic acid oral capsule 250 mg	1	MO
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	1	PA; MO; NEDS; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	1	PA; MO; LA; NEDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	1	PA; MO; LA; NEDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	1	PA; LA; NEDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	1	PA; LA; NEDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	1	PA; LA; NEDS

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	1	PA; MO; NEDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	PA; MO; NEDS; QL (60 per 30 days)
XCOPRI ORAL TABLET 25 MG, 50 MG	1	PA; MO; NEDS; QL (30 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	PA; MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	PA; MO; NEDS; QL (28 per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	MO; NEDS; QL (900 per 30 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	MO
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA; LA; NEDS; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
benztropine injection solution 1 mg/ml	1	MO
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
bromocriptine oral capsule 5 mg	1	MO
bromocriptine oral tablet 2.5 mg	1	MO
carbidopa oral tablet 25 mg	1	MO
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	MO
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	MO
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	MO
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	MO
entacapone oral tablet 200 mg	1	MO
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	MO
rasagiline oral tablet 0.5 mg, 1 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	MO
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	MO
selegiline hcl oral capsule 5 mg	1	MO
selegiline hcl oral tablet 5 mg	1	MO
trihexyphenidyl oral tablet 2 mg, 5 mg	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; MO; QL (1 per 30 days)
dihydroergotamine injection solution 1 mg/ml	1	NEDS
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1	PA; NEDS; QL (8 per 28 days)
eletriptan oral tablet 20 mg, 40 mg	1	MO; QL (18 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	1	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	1	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; MO; QL (30 per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	1	MO; QL (36 per 28 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	MO; QL (8 per 28 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	MO; QL (8 per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	MO; QL (18 per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	1	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG	1	PA; MO; NEDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; NEDS; QL (150 per 30 days)
AUSTEDO ORAL TABLET 9 MG	1	PA; MO; NEDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG	1	PA; MO; NEDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	1	PA; MO; NEDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; MO; NEDS; QL (90 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; MO; NEDS; QL (28 per 180 days)
dalfampridine oral tablet extended release 12 hr 10 mg	1	PA; MO; QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; MO; NEDS; QL (14 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; MO; NEDS; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; MO; NEDS; QL (60 per 30 days)
donepezil oral tablet 10 mg	1	MO; QL (60 per 30 days)
donepezil oral tablet 23 mg	1	MO; QL (30 per 30 days)
donepezil oral tablet 5 mg	1	MO; QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg	1	MO; QL (60 per 30 days)
donepezil oral tablet,disintegrating 5 mg	1	MO; QL (30 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	1	PA; MO; LA; NEDS
fingolimod oral capsule 0.5 mg	1	PA; MO; NEDS; QL (30 per 30 days)
FIRDAPSE ORAL TABLET 10 MG	1	PA; LA; NEDS

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	MO; QL (30 per 30 days)
galantamine oral solution 4 mg/ml	1	MO; QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	MO; QL (60 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	1	PA; MO; NEDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; MO; NEDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; NEDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; NEDS; QL (12 per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; MO; NEDS; QL (1.2 per 28 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	PA; MO; QL (30 per 30 days)
memantine oral solution 2 mg/ml	1	PA; MO; QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg	1	PA; MO; QL (60 per 30 days)
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	1	PA; MO; QL (30 per 30 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG	1	PA; MO; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; MO; NEDS
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	1	PA; MO; NEDS; QL (20 per 180 days)
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	1	PA; NEDS
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	1	PA; MO; NEDS; QL (70 per 28 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	1	PA; MO; NEDS; QL (70 per 28 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	MO; QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1	MO; QL (30 per 30 days)
SKYCLARYS ORAL CAPSULE 50 MG	1	PA; LA; NEDS; QL (90 per 30 days)
TERIFLUNOMIDE ORAL TABLET 14 MG, 7 MG	1	PA; MO; NEDS; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	1	PA; MO; NEDS; QL (240 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine oral tablet 25 mg	1	PA; MO; NEDS; QL (120 per 30 days)
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	1	PA; MO; NEDS; QL (15 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	1	PA; MO; NEDS; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	1	PA; MO; NEDS; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	1	PA; MO; NEDS; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 5 mg	1	MO; QL (90 per 30 days)
baclofen oral tablet 20 mg	1	MO; QL (120 per 30 days)
carisoprodol oral tablet 350 mg	1	MO; QL (120 per 30 days)
chlorzoxazone oral tablet 500 mg	1	MO
cyclobenzaprine oral tablet 10 mg, 5 mg	1	MO; QL (90 per 30 days)
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	MO
methocarbamol oral tablet 500 mg, 750 mg	1	MO
ORPHENADRINE CITRATE ORAL TABLET EXTENDED RELEASE 100 MG	1	MO
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release 180 mg	1	MO
tizanidine oral tablet 2 mg, 4 mg	1	MO
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; NEDS; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; NEDS; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; NEDS; QL (180 per 30 days)
buprenorphine hcl injection syringe 0.3 mg/ml	1	NEDS
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	MO; QL (90 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	PA; MO; NEDS; QL (4 per 28 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	MO; QL (180 per 30 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1	NEDS; QL (360 per 30 days)
endocet oral tablet 5-325 mg	1	MO; NEDS; QL (360 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	1	PA; MO; NEDS; 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	1	PA; MO; NEDS; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; NEDS; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	MO; NEDS; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; NEDS; QL (360 per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	1	NEDS; QL (360 per 30 days)
hydromorphone oral liquid 1 mg/ml	1	MO; NEDS; QL (2400 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg	1	MO; NEDS; QL (180 per 30 days)
hydromorphone oral tablet 8 mg	1	MO; NEDS; QL (180 per 30 days)
methadone injection solution 10 mg/ml	1	NEDS
methadone intensol oral concentrate 10 mg/ml	1	PA; MO; NEDS; QL (90 per 30 days)
methadone oral concentrate 10 mg/ml	1	PA; NEDS; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; MO; NEDS; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; MO; NEDS; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; MO; NEDS; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; MO; NEDS; QL (240 per 30 days)
methadose oral concentrate 10 mg/ml	1	PA; MO; NEDS; QL (90 per 30 days)
morphine injection syringe 4 mg/ml	1	MO; NEDS
morphine intravenous syringe 2 mg/ml, 4 mg/ml	1	NEDS

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
morphine oral tablet 15 mg, 30 mg	1	MO; NEDS; QL (180 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg	1	PA; MO; NEDS; QL (120 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	1	PA; MO; NEDS; QL (120 per 30 days)
oxycodone oral capsule 5 mg	1	MO; NEDS; QL (360 per 30 days)
oxycodone oral concentrate 20 mg/ml	1	MO; NEDS; QL (180 per 30 days)
oxycodone oral solution 5 mg/5 ml	1	MO; NEDS; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg	1	MO; NEDS; QL (180 per 30 days)
oxycodone oral tablet 20 mg, 30 mg	1	MO; NEDS; QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	MO; NEDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg	1	MO; NEDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg	1	MO; NEDS; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; NEDS; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	1	PA; MO; NEDS; QL (60 per 30 days)
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film 12-3 mg	1	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)
butorphanol nasal spray,non-aerosol 10 mg/ml	1	MO; NEDS; QL (10 per 28 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	MO
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	MO
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg, 75 mg	1	MO
diclofenac sodium topical gel 1 %	1	MO; QL (1000 per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	1	MO; NEDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	MO
diflunisal oral tablet 500 mg	1	MO
etodolac oral capsule 200 mg, 300 mg	1	MO
etodolac oral tablet 400 mg, 500 mg	1	MO
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1	MO
flurbiprofen oral tablet 100 mg	1	MO
ibu oral tablet 400 mg, 600 mg, 800 mg	1	MO
ibuprofen oral suspension 100 mg/5 ml	1	MO
ibuprofen oral tablet 400 mg, 800 mg	1	MO
ibuprofen oral tablet 600 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	MO
ketorolac oral tablet 10 mg	1	QL (20 per 30 days)
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
nabumetone oral tablet 500 mg, 750 mg	1	MO
naloxone injection solution 0.4 mg/ml	1	MO
naloxone injection syringe 0.4 mg/ml (prefilled syringe)	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	MO
naloxone nasal spray,non-aerosol 4 mg/actuation	1	MO
naltrexone oral tablet 50 mg	1	MO
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	MO
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	1	MO
oxaprozin oral tablet 600 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
piroxicam oral capsule 10 mg, 20 mg	1	MO
sulindac oral tablet 150 mg, 200 mg	1	MO
tramadol oral tablet 50 mg	1	MO; NEDS; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	MO; NEDS; QL (240 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	1	MO; NEDS
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	1	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; NEDS; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; NEDS; QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	MO; NEDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	MO; NEDS; QL (1 per 28 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (120 per 30 days)
alprazolam oral tablet 2 mg	1	MO; QL (150 per 30 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	MO
aripiprazole oral solution 1 mg/ml	1	MO; QL (900 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	1	MO; NEDS; QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	1	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	MO; NEDS; QL (4.8 per 365 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; NEDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; NEDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; NEDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	MO; NEDS; QL (3.2 per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA; MO; QL (30 per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	1	PA; NEDS; QL (60 per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	MO; QL (60 per 30 days)
buspirone oral tablet 10 mg, 15 mg, 5 mg	1	MO
buspirone oral tablet 30 mg, 7.5 mg	1	MO
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	PA; MO; NEDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	1	MO
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	MO
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	MO
citalopram oral solution 10 mg/5 ml	1	MO

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Drug Name	Drug Tier	Requirements/Limits
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	MO
clorazepate dipotassium oral tablet 15 mg	1	MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	MO; QL (360 per 30 days)
clozapine oral tablet 100 mg, 25 mg	1	
clozapine oral tablet 200 mg	1	
clozapine oral tablet 50 mg	1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	PA; MO; NEDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	1	PA; MO; NEDS; QL (56 per 180 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	MO; QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	MO
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	MO
diazepam injection solution 5 mg/ml	1	
diazepam injection syringe 5 mg/ml	1	
diazepam intensol oral concentrate 5 mg/ml	1	MO; QL (240 per 30 days)
diazepam oral concentrate 5 mg/ml	1	QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	MO; QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	MO; QL (120 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
doxepin oral concentrate 10 mg/ml	1	MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	PA; MO; QL (60 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	PA; MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	MO; NEDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	1	MO
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	MO; QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; MO; NEDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	1	PA; MO; QL (8 per 180 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	1	PA; NEDS
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	1	PA; NEDS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	PA; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	PA; QL (30 per 30 days)
flumazenil intravenous solution 0.1 mg/ml	1	
fluoxetine (pmdd) oral tablet 10 mg	1	QL (240 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	1	QL (120 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QL (90 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO; QL (120 per 30 days)
fluphenazine decanoate injection solution 25 mg/ml	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl injection solution 2.5 mg/ml	1	MO
fluphenazine hcl oral concentrate 5 mg/ml	1	MO
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	MO
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	MO
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	1	PA; MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	MO
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	MO
haloperidol lactate injection solution 5 mg/ml	1	MO
haloperidol lactate intramuscular syringe 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	MO
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	MO
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	MO
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; NEDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; NEDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; NEDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; NEDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; NEDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; NEDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; NEDS; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; NEDS; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; NEDS; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; NEDS; QL (2.63 per 90 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	MO
lithium carbonate oral tablet 300 mg	1	MO
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	MO
lithium citrate oral solution 8 meq/5 ml	1	
lorazepam intensol oral concentrate 2 mg/ml	1	QL (150 per 30 days)
lorazepam oral concentrate 2 mg/ml	1	MO; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	MO; QL (150 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	MO
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	MO; QL (30 per 30 days)
lurasidone oral tablet 80 mg	1	MO; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA; MO; NEDS; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	1	MO
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	MO
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	MO
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	MO
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	1	MO
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	MO
mirtazapine oral tablet 7.5 mg	1	MO
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1	MO
modafinil oral tablet 100 mg	1	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; MO; QL (60 per 30 days)
molindone oral tablet 10 mg, 25 mg	1	
molindone oral tablet 5 mg	1	MO
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	MO
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	MO
nortriptyline oral solution 10 mg/5 ml	1	MO
NUPLAZID ORAL CAPSULE 34 MG	1	PA; MO; NEDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; MO; NEDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg	1	MO
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	MO; QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	1	PA; MO; NEDS; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG, 5 MG	1	PA; MO; NEDS; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	1	MO
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1	MO; QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	MO
phenelzine oral tablet 15 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
pimozide oral tablet 1 mg, 2 mg	1	MO
protriptyline oral tablet 10 mg, 5 mg	1	MO
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 150 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	1	PA; MO; NEDS; QL (1800 per 30 days)
ramelteon oral tablet 8 mg	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; NEDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	1	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	1	MO; NEDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	MO; NEDS; QL (30 per 30 days)
sertraline oral concentrate 20 mg/ml	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	1	PA; LA; NEDS; QL (540 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	1	PA; QL (30 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
tasimelteon oral capsule 20 mg	1	PA; MO; NEDS; QL (30 per 30 days)
temazepam oral capsule 15 mg, 30 mg	1	MO; QL (60 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	MO
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	MO
tranylcypromine oral tablet 10 mg	1	MO
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	MO
trazodone oral tablet 300 mg	1	MO
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	MO
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	PA; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	1	MO; NEDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	1	MO; NEDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	1	MO; NEDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	1	MO; NEDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	1	MO; NEDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	1	MO; NEDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	1	MO; NEDS; QL (0.21 per 28 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	NEDS
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA; MO; NEDS; QL (30 per 30 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	1	PA; MO; LA; NEDS; QL (60 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	1	PA; LA; NEDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	MO; QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	MO
zolpidem oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	1	PA; MO; NEDS; QL (28 per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 400 mg	1	MO
amiodarone oral tablet 200 mg	1	MO
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	MO
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	MO
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	MO
pacerone oral tablet 100 mg, 400 mg	1	MO
pacerone oral tablet 200 mg	1	MO
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1	MO
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
quinidine sulfate oral tablet 200 mg, 300 mg	1	MO
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	1	MO
aliskiren oral tablet 150 mg, 300 mg	1	MO
amiloride oral tablet 5 mg	1	MO
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	MO
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	MO
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	MO
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	MO
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	MO
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	MO
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	MO
betaxolol oral tablet 10 mg, 20 mg	1	MO
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	MO
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MO
bumetanide injection solution 0.25 mg/ml	1	MO
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	MO
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	MO
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	MO
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	MO
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
chlorothiazide sodium intravenous recon soln 500 mg	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	MO
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	MO; QL (4 per 28 days)
diltiazem hcl intravenous recon soln 100 mg	1	
diltiazem hcl intravenous solution 5 mg/ml	1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg	1	MO; QL (90 per 30 days)
diltiazem hcl oral capsule,extended release 12 hr 60 mg, 90 mg	1	MO; QL (180 per 30 days)
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	MO
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	MO
diltiazem hcl oral tablet extended release 24 hr 120 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	MO
enalaprilat intravenous solution 1.25 mg/ml	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	MO
eplerenone oral tablet 25 mg, 50 mg	1	MO
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	1	

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	MO
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	MO
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	MO
furosemide injection solution 10 mg/ml	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	MO
guanfacine oral tablet 1 mg, 2 mg	1	MO
hydralazine injection solution 20 mg/ml	1	MO
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	MO
hydrochlorothiazide oral capsule 12.5 mg	1	MO
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	MO
indapamide oral tablet 1.25 mg, 2.5 mg	1	MO
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	MO
isradipine oral capsule 2.5 mg, 5 mg	1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	1	PA; QL (30 per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	MO
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MO
losartan oral tablet 100 mg, 25 mg, 50 mg	1	MO
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	MO
mannitol 20 % intravenous parenteral solution 20 %	1	
mannitol 25 % intravenous solution 25 %	1	MO
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
methyldopa oral tablet 250 mg	1	MO
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	MO
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	MO
metoprolol tartrate intravenous solution 5 mg/5 ml	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	MO
metyrosine oral capsule 250 mg	1	PA; MO; NEDS
minoxidil oral tablet 10 mg, 2.5 mg	1	MO
moexipril oral tablet 15 mg, 7.5 mg	1	MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	MO
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	MO
nicardipine oral capsule 20 mg, 30 mg	1	MO
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	MO
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	MO
nimodipine oral capsule 30 mg	1	MO
nisoldipine oral tablet extended release 24 hr 17 mg	1	
nisoldipine oral tablet extended release 24 hr 25.5 mg, 34 mg, 8.5 mg	1	MO
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	MO
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	MO
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	MO
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	1	PA; MO; NEDS; QL (168 per 180 days)
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	1	PA; MO; NEDS; QL (336 per 180 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	1	PA; MO; NEDS; QL (252 per 180 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA; MO
orenitram oral tablet extended release 0.25 mg, 1 mg, 2.5 mg, 5 mg	1	PA; MO; NEDS
osmitrol 20 % intravenous parenteral solution 20 %	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	MO
phentolamine injection recon soln 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	MO
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO
propranolol intravenous solution 1 mg/ml	1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	MO
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	MO
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	MO
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MO
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	MO
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	MO
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	MO
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	MO
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	MO
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	MO
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	MO
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	MO
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	1	B/D PA; MO; NEDS
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	MO
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; MO; LA; NEDS
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; MO; LA; NEDS
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	MO
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	MO
verapamil intravenous solution 2.5 mg/ml	1	
verapamil intravenous syringe 2.5 mg/ml	1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1	MO
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	1	MO
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	1	MO
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MO
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	MO
COAGULATION THERAPY		
ALVAIZ ORAL TABLET 18 MG, 9 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ALVAIZ ORAL TABLET 36 MG, 54 MG	1	PA; MO; NEDS; QL (60 per 30 days)
aminocaproic acid oral solution 250 mg/ml (25 %)	1	MO; NEDS
aminocaproic acid oral tablet 1,000 mg	1	MO; NEDS
aminocaproic acid oral tablet 500 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	MO
CABLIVI INJECTION KIT 11 MG	1	PA; LA; NEDS
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	1	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	1	PA; MO
cilostazol oral tablet 100 mg, 50 mg	1	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	1	MO; QL (60 per 30 days)
dipyridamole intravenous solution 5 mg/ml	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	MO
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO; QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg	1	PA; MO; NEDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	1	PA; MO; NEDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	1	PA; MO; NEDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg, 50 mg	1	PA; MO; NEDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 75 mg	1	PA; MO; NEDS; QL (60 per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	1	MO; QL (30 per 28 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO; QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO; QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	1	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	MO; QL (11.2 per 28 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
fondaparinux subcutaneous syringe 10 mg/0.8 ml	1	MO; NEDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	MO; QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	1	MO; NEDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	1	MO; NEDS; QL (18 per 30 days)
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml	1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	MO
heparin (porcine) injection syringe 5,000 unit/ml	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	MO
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/0.5 ML, 5,000 UNIT/ML	1	MO
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	MO
pentoxifylline oral tablet extended release 400 mg	1	MO
prasugrel hcl oral tablet 10 mg, 5 mg	1	MO
protamine intravenous solution 10 mg/ml	1	
rivaroxaban oral tablet 2.5 mg	1	MO; QL (60 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA; LA; NEDS; QL (60 per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	1	MO
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	MO; QL (102 per 365 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	1	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	MO; QL (30 per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
cholestyramine (with sugar) oral powder 4 gram	1	MO
cholestyramine (with sugar) oral powder in packet 4 gram	1	MO
cholestyramine light oral powder 4 gram	1	MO
cholestyramine light oral powder in packet 4 gram	1	MO
colesevelam oral powder in packet 3.75 gram	1	MO
colesevelam oral tablet 625 mg	1	MO
colestipol oral granules 5 gram	1	MO
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	MO
ezetimibe oral tablet 10 mg	1	MO
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
fenofibric acid oral tablet 35 mg	1	
gemfibrozil oral tablet 600 mg	1	MO
icosapent ethyl oral capsule 0.5 gram, 1 gram	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA; MO; LA; NEDS
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	MO
NEXLETOL ORAL TABLET 180 MG	1	PA; MO
NEXLIZET ORAL TABLET 180-10 MG	1	PA; MO
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	MO
omega-3 acid ethyl esters oral capsule 1 gram	1	MO
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	ST; MO; QL (30 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
prevalite oral powder 4 gram	1	MO
prevalite oral powder in packet 4 gram	1	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	PA; QL (1 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	1	PA; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	PA; QL (3 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG	1	PA; NEDS; QL (112 per 28 days)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; MO; NEDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	1	PA; QL (450 per 30 days)
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	MO
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	MO
digoxin oral tablet 62.5 mcg (0.0625 mg)	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	1	
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	1	
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	1	
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	1	MO
dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	1	
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	1	MO
FILSPARI ORAL TABLET 200 MG, 400 MG	1	PA; NEDS; QL (30 per 30 days)
IVABRADINE ORAL TABLET 5 MG, 7.5 MG	1	PA; MO; QL (60 per 30 days)
LODOCO ORAL TABLET 0.5 MG	1	PA; MO; QL (30 per 30 days)
milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)	1	
milrinone intravenous solution 1 mg/ml	1	
norepinephrine bitartrate intravenous solution 1 mg/ml	1	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	MO
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	MO; QL (60 per 30 days)
sodium nitroprusside intravenous solution 25 mg/ml	1	
VECAMYL ORAL TABLET 2.5 MG	1	NEDS
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; MO; NEDS
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	MO
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	MO
nitro-bid transdermal ointment 2 %	1	MO
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)	1	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)	1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	MO
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	MO
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	MO
calcipotriene scalp solution 0.005 %	1	MO; QL (120 per 30 days)
calcipotriene topical cream 0.005 %	1	MO; QL (120 per 30 days)
calcipotriene topical ointment 0.005 %	1	MO; QL (120 per 30 days)
calcitriol topical ointment 3 mcg/gram	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; NEDS; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; NEDS; QL (10 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
selenium sulfide topical lotion 2.5 %	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; MO; NEDS; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; NEDS; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; NEDS; QL (0.5 per 28 days)
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	1	PA; MO; NEDS; QL (12 per 180 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	1	PA; MO; NEDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	1	PA; MO; NEDS; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	1	PA; MO; NEDS; QL (2 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	1	PA; MO; NEDS; QL (6 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (6 per 28 days)
ammonium lactate topical cream 12 %	1	MO
ammonium lactate topical lotion 12 %	1	MO
chloroprocaine (pf) injection solution 20 mg/ml (2 %), 30 mg/ml (3 %)	1	
dermacinrx lidocan topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; NEDS; QL (4.56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; NEDS; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; NEDS; QL (4.56 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; NEDS; QL (8 per 28 days)
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution 2 %	1	MO
fluorouracil topical solution 5 %	1	MO
glydo mucous membrane jelly in applicator 2 %	1	MO; QL (60 per 30 days)
imiquimod topical cream in packet 5 %	1	MO
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl mucous membrane jelly 2 %	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment 5 %	1	MO; QL (36 per 30 days)
lidocaine viscous mucous membrane solution 2 %	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	1	MO; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
lidocan iv topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
lidocan v topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	1	MO; NEDS
PANRETIN TOPICAL GEL 0.1 %	1	PA; MO; NEDS
pimecrolimus topical cream 1 %	1	PA; MO; QL (100 per 30 days)
podofilox topical solution 0.5 %	1	MO
polocaine injection solution 1 % (10 mg/ml)	1	
polocaine-mpf injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %)	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	MO; QL (180 per 30 days)
silver sulfadiazine topical cream 1 %	1	MO
ssd topical cream 1 %	1	MO
tacrolimus topical ointment 0.03 %, 0.1 %	1	PA; MO; QL (100 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
tridacaine ii topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	1	PA; MO; NEDS
THERAPY FOR ACNE		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
azelaic acid topical gel 15 %	1	MO
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindacin etz topical swab 1 %	1	MO
clindacin p topical swab 1 %	1	
clindamycin phosphate topical gel 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical gel, once daily 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical lotion 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical swab 1 %	1	MO
ery pads topical swab 2 %	1	MO
erythromycin with ethanol topical solution 2 %	1	MO
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	
metronidazole topical cream 0.75 %	1	MO
metronidazole topical gel 0.75 %	1	MO
metronidazole topical gel 1 %	1	MO
metronidazole topical gel with pump 1 %	1	MO
metronidazole topical lotion 0.75 %	1	MO
tazarotene topical cream 0.1 %	1	PA; MO
tazarotene topical gel 0.05 %, 0.1 %	1	PA; MO
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA; MO
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	PA; MO
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
TOPICAL ANTIBACTERIALS		
gentamicin topical cream 0.1 %	1	MO; QL (60 per 30 days)
gentamicin topical ointment 0.1 %	1	MO; QL (60 per 30 days)
mupirocin topical ointment 2 %	1	MO; QL (44 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium (acne) topical suspension 10 %	1	MO
TOPICAL ANTIFUNGALS		
ciclopirox topical cream 0.77 %	1	MO; QL (90 per 28 days)
ciclopirox topical gel 0.77 %	1	MO; QL (45 per 28 days)
ciclopirox topical shampoo 1 %	1	MO; QL (120 per 28 days)
ciclopirox topical solution 8 %	1	MO; QL (6.6 per 28 days)
ciclopirox topical suspension 0.77 %	1	MO; QL (60 per 28 days)
clotrimazole topical cream 1 %	1	MO; QL (45 per 28 days)
clotrimazole topical solution 1 %	1	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	1	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	1	MO; QL (60 per 28 days)
econazole nitrate topical cream 1 %	1	MO; QL (85 per 28 days)
ketoconazole topical cream 2 %	1	MO; QL (60 per 28 days)
ketoconazole topical shampoo 2 %	1	MO; QL (120 per 28 days)
klayesta topical powder 100,000 unit/gram	1	MO; QL (180 per 30 days)
naftifine topical cream 1 %, 2 %	1	MO; QL (60 per 28 days)
nyamyc topical powder 100,000 unit/gram	1	MO; QL (180 per 30 days)
nystatin topical cream 100,000 unit/gram	1	MO; QL (30 per 28 days)
nystatin topical ointment 100,000 unit/gram	1	MO; QL (30 per 28 days)
nystatin topical powder 100,000 unit/gram	1	MO; QL (180 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	MO; QL (60 per 28 days)
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	MO; QL (60 per 28 days)
nystop topical powder 100,000 unit/gram	1	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		
acyclovir topical ointment 5 %	1	MO; QL (30 per 30 days)
penciclovir topical cream 1 %	1	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO
alclometasone topical cream 0.05 %	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
alclometasone topical ointment 0.05 %	1	MO
betamethasone dipropionate topical cream 0.05 %	1	MO; QL (180 per 30 days)
betamethasone dipropionate topical lotion 0.05 %	1	MO; QL (120 per 30 days)
betamethasone dipropionate topical ointment 0.05 %	1	MO; QL (180 per 30 days)
betamethasone valerate topical cream 0.1 %	1	MO; QL (120 per 30 days)
betamethasone valerate topical lotion 0.1 %	1	MO; QL (120 per 30 days)
betamethasone valerate topical ointment 0.1 %	1	MO; QL (180 per 30 days)
betamethasone, augmented topical cream 0.05 %	1	MO; QL (180 per 30 days)
betamethasone, augmented topical gel 0.05 %	1	MO; QL (120 per 30 days)
betamethasone, augmented topical lotion 0.05 %	1	MO; QL (120 per 30 days)
betamethasone, augmented topical ointment 0.05 %	1	MO; QL (180 per 30 days)
clobetasol scalp solution 0.05 %	1	MO; QL (100 per 28 days)
clobetasol topical cream 0.05 %	1	MO; QL (120 per 28 days)
clobetasol topical ointment 0.05 %	1	MO; QL (120 per 28 days)
clobetasol topical shampoo 0.05 %	1	MO; QL (236 per 28 days)
clodan topical shampoo 0.05 %	1	MO; QL (236 per 28 days)
desonide topical cream 0.05 %	1	MO; QL (60 per 30 days)
desonide topical ointment 0.05 %	1	MO; QL (120 per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	1	MO; QL (118.28 per 30 days)
fluocinolone topical cream 0.01 %, 0.025 %	1	MO; QL (120 per 30 days)
fluocinolone topical oil 0.01 %	1	MO; QL (118.28 per 30 days)
fluocinolone topical ointment 0.025 %	1	MO; QL (120 per 30 days)
fluocinolone topical solution 0.01 %	1	MO; QL (120 per 30 days)
fluocinonide topical cream 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide topical ointment 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide topical solution 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide-emollient topical cream 0.05 %	1	MO; QL (120 per 30 days)
halobetasol propionate topical cream 0.05 %	1	MO; QL (50 per 30 days)
halobetasol propionate topical ointment 0.05 %	1	MO; QL (50 per 30 days)
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate topical cream 0.2 %	1	MO; QL (180 per 30 days)
mometasone topical cream 0.1 %	1	MO; QL (180 per 30 days)
mometasone topical ointment 0.1 %	1	MO; QL (180 per 30 days)
mometasone topical solution 0.1 %	1	MO; QL (180 per 30 days)
triamcinolone acetonide topical cream 0.025 %	1	MO; QL (454 per 30 days)
triamcinolone acetonide topical cream 0.1 %, 0.5 %	1	MO
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	MO
triderm topical cream 0.5 %	1	QL (454 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
CROTAN TOPICAL LOTION 10 %	1	MO
malathion topical lotion 0.5 %	1	MO
permethrin topical cream 5 %	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
acetylcysteine intravenous solution 200 mg/ml (20 %)	1	
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	MO
acetic acid irrigation solution 0.25 %	1	MO
anagrelide oral capsule 0.5 mg, 1 mg	1	MO
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)	1	
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	1	MO
carglumic acid oral tablet, dispersible 200 mg	1	PA; MO; NEDS
cevimeline oral capsule 30 mg	1	MO
CHEMET ORAL CAPSULE 100 MG	1	PA

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
CUVRIOR ORAL TABLET 300 MG	1	PA; LA; NEDS; QL (300 per 30 days)
d10 %-0.45 % sodium chloride intravenous parenteral solution	1	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1	MO
d5 %-0.45 % sodium chloride intravenous parenteral solution	1	MO
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	1	PA; MO; NEDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA; MO
deferasirox oral tablet, dispersible 125 mg	1	PA; MO
deferasirox oral tablet, dispersible 250 mg, 500 mg	1	PA; MO; NEDS
DEFERIPRONE ORAL TABLET 1,000 MG	1	PA; MO; NEDS
deferiprone oral tablet 500 mg	1	PA; MO; NEDS
deferoxamine injection recon soln 2 gram, 500 mg	1	B/D PA; MO
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	1	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	1	
dextrose 25 % in water (d25w) intravenous syringe	1	
dextrose 5 % in water (d5w) intravenous parenteral solution	1	MO
dextrose 5 % in water (d5w) intravenous piggyback 5 %	1	MO
dextrose 5 %-lactated ringers intravenous parenteral solution	1	MO
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	1	

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Drug Name	Drug Tier	Requirements/Limits
dextrose 50 % in water (d50w) intravenous parenteral solution	1	
dextrose 50 % in water (d50w) intravenous syringe	1	
dextrose 70 % in water (d70w) intravenous parenteral solution	1	
disulfiram oral tablet 250 mg	1	MO
disulfiram oral tablet 500 mg	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	1	PA; MO; NEDS
FABHALTA ORAL CAPSULE 200 MG	1	PA; NEDS; QL (60 per 30 days)
glutamine (sickle cell) oral powder in packet 5 gram	1	PA; MO; NEDS; QL (900 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; LA; NEDS
JOENJA ORAL TABLET 70 MG	1	PA; LA; NEDS; QL (60 per 30 days)
levocarnitine (with sugar) oral solution 100 mg/ml	1	MO
levocarnitine oral solution 100 mg/ml	1	MO
levocarnitine oral tablet 330 mg	1	MO
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	1	MO
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	1	PA; MO; NEDS
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	1	PA; LA; NEDS
PHEBURANE ORAL GRANULES 483 MG/GRAM	1	PA; MO; NEDS
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	1	PA; MO; LA; NEDS
RAVICTI ORAL LIQUID 1.1 GRAM/ML	1	PA; MO; NEDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; LA; NEDS
riluzole oral tablet 50 mg	1	PA; MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
sodium benzoate-sod phenylacet intravenous solution 10-10 %	1	NEDS
sodium chloride 0.9 % intravenous parenteral solution	1	MO
sodium chloride 0.9 % intravenous piggyback	1	MO
sodium chloride irrigation solution 0.9 %	1	MO
sodium phenylbutyrate oral powder 0.94 gram/gram	1	PA; MO; NEDS
sodium phenylbutyrate oral tablet 500 mg	1	PA; MO; NEDS
sodium polystyrene sulfonate oral powder 15 gram	1	MO
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	1	PA; LA; NEDS; QL (60 per 30 days)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	1	PA; LA; NEDS; QL (30 per 30 days)
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	MO
sps (with sorbitol) rectal enema 30-40 gram/120 ml	1	
TAVNEOS ORAL CAPSULE 10 MG	1	PA; LA; NEDS; QL (180 per 30 days)
trientine oral capsule 250 mg	1	PA; MO; NEDS
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	1	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
XIAFLEX INJECTION RECON SOLN 0.9 MG	1	PA; NEDS
MISCELLANEOUS CARDIOVASCULAR AGENTS		
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	1	PA; NEDS; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	1	PA; NEDS; QL (3 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	1	PA; NEDS; QL (2 per 28 days)
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	1	MO
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	MO
varenicline tartrate oral tablet 1 mg (56 pack)	1	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	MO
denta 5000 plus dental cream 1.1 %	1	MO
dentagel dental gel 1.1 %	1	MO
fluoride (sodium) dental cream 1.1 %	1	
fluoride (sodium) dental gel 1.1 %	1	
fluoride (sodium) dental paste 1.1 %	1	MO
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1	MO; QL (30 per 30 days)
kourzeq dental paste 0.1 %	1	
olopatadine nasal spray,non-aerosol 0.6 %	1	MO
periogard mucous membrane mouthwash 0.12 %	1	MO
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	1	MO
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	1	MO
sf 5000 plus dental cream 1.1 %	1	MO
sf dental gel 1.1 %	1	MO
sodium fluoride 5000 dry mouth dental paste 1.1 %	1	MO
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	1	MO
triamcinolone acetonide dental paste 0.1 %	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1	MO
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
flac otic oil otic (ear) drops 0.01 %	1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	MO
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	MO
ofloxacin otic (ear) drops 0.3 %	1	MO
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1	MO
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	MO
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortrophin gel injection gel 80 unit/ml	1	PA; MO; NEDS; QL (35 per 28 days)
dexamethasone intensol oral drops 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5 ml	1	MO
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	MO
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	MO
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	1	MO
dexamethasone sodium phosphate injection syringe 4 mg/ml	1	MO
fludrocortisone oral tablet 0.1 mg	1	MO
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	MO
hydrocortisone sod succinate injection recon soln 100 mg	1	
methylprednisolone acetate injection suspension 40 mg/ml	1	MO
methylprednisolone acetate injection suspension 80 mg/ml	1	MO
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	B/D PA; MO
methylprednisolone oral tablets,dose pack 4 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	1	MO
prednisolone oral solution 15 mg/5 ml	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)	1	MO
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisone intensol oral concentrate 5 mg/ml	1	MO
prednisone oral solution 5 mg/5 ml	1	MO
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	MO
prednisone oral tablets,dose pack 10 mg	1	MO
prednisone oral tablets,dose pack 10 mg (48 pack)	1	
prednisone oral tablets,dose pack 5 mg	1	MO
prednisone oral tablets,dose pack 5 mg (48 pack)	1	
triamcinolone acetonide injection suspension 10 mg/ml	1	
triamcinolone acetonide injection suspension 40 mg/ml	1	MO
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil oral tablet 50 mg	1	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
alcohol pads topical pads, medicated	1	PA; MO
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	1	MO
diazoxide oral suspension 50 mg/ml	1	MO
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	1	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	1	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	1	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	1	MO; QL (60 per 30 days)
JENTADUETO ORAL TABLET 2.5-850 MG	1	MO
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	1	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
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)	1	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	MO; QL (30 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; MO; QL (30 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	QL (90 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	1	PA; NEDS; QL (10.8 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	1	PA; NEDS; QL (6 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	MO
TRADJENTA ORAL TABLET 5 MG	1	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	MO
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	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	1	MO; QL (60 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	1	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	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	1	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	1	PA; MO; NEDS
cabergoline oral tablet 0.5 mg	1	MO
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	MO; QL (3.7 per 28 days)
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	MO
calcitriol oral solution 1 mcg/ml	1	
cinacalcet oral tablet 30 mg, 60 mg	1	MO; QL (60 per 30 days)
cinacalcet oral tablet 90 mg	1	MO; NEDS; QL (120 per 30 days)
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	1	PA; MO; NEDS
danazol oral capsule 100 mg, 200 mg, 50 mg	1	MO
desmopressin injection solution 4 mcg/ml	1	MO
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	1	MO
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	MO
doxercalciferol intravenous solution 4 mcg/2 ml	1	MO
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	MO
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	1	PA; MO; NEDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	1	PA; MO; NEDS
GALAFOLD ORAL CAPSULE 123 MG	1	PA; MO; LA; NEDS

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
ISTURISA ORAL TABLET 1 MG	1	PA; LA; NEDS; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	1	PA; LA; NEDS; QL (360 per 30 days)
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	1	PA; MO; NEDS
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	1	PA; MO; NEDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	1	PA; MO; NEDS
mifepristone oral tablet 300 mg	1	PA; MO; NEDS; QL (120 per 30 days)
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	1	PA; MO; LA; NEDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	PA; MO; NEDS
ORILISSA ORAL TABLET 150 MG	1	PA; MO; NEDS; QL (730 per 730 days)
ORILISSA ORAL TABLET 200 MG	1	PA; MO; NEDS; QL (360 per 180 days)
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	1	MO
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	MO
sapropterin oral powder in packet 100 mg, 500 mg	1	PA; MO; NEDS
sapropterin oral tablet,soluble 100 mg	1	PA; MO; NEDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; MO; NEDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	1	PA; NEDS
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	1	PA; MO; NEDS
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; MO
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	1	PA

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
testosterone enanthate intramuscular oil 200 mg/ml	1	PA; MO
testosterone transdermal gel 50 mg/5 gram (1 %)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	PA; MO; QL (180 per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	1	PA; MO; NEDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	1	PA; MO; NEDS
THYROID HORMONES		
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
atropine injection solution 0.4 mg/ml	1	
atropine injection syringe 0.1 mg/ml	1	
atropine intravenous solution 0.4 mg/ml	1	
atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)	1	
dicyclomine oral capsule 10 mg	1	MO
dicyclomine oral solution 10 mg/5 ml	1	MO
dicyclomine oral tablet 20 mg	1	MO
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	MO
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	1	
glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)	1	MO
glycopyrrolate injection solution 0.2 mg/ml	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
GLYCOPYRROLATE ORAL TABLET 1.5 MG	1	
loperamide oral capsule 2 mg	1	MO
opium tincture oral tincture 10 mg/ml (morphine)	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg	1	PA; MO
alosetron oral tablet 1 mg	1	PA; MO; NEDS
aprepitant oral capsule 125 mg, 40 mg	1	B/D PA; MO; QL (2 per 28 days)
aprepitant oral capsule 80 mg	1	B/D PA; MO; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1	B/D PA; MO; QL (6 per 28 days)
balsalazide oral capsule 750 mg	1	MO
BETAINE ORAL POWDER 1 GRAM/SCOOP	1	MO; NEDS
budesonide oral capsule,delayed,extend.release 3 mg	1	MO
budesonide oral tablet,delayed and ext.release 9 mg	1	MO; NEDS
BYLVAY ORAL CAPSULE 1,200 MCG	1	PA; MO; LA; NEDS; QL (180 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
BYLVAY ORAL CAPSULE 400 MCG	1	PA; MO; LA; NEDS; QL (450 per 30 days)
BYLVAY ORAL PELLET 200 MCG	1	PA; MO; LA; NEDS; QL (240 per 30 days)
BYLVAY ORAL PELLET 600 MCG	1	PA; MO; LA; NEDS; QL (120 per 30 days)
CHOLBAM ORAL CAPSULE 250 MG	1	PA; NEDS
CHOLBAM ORAL CAPSULE 50 MG	1	PA; NEDS; QL (120 per 30 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA; MO; NEDS; QL (2 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; NEDS; QL (2 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	1	PA; NEDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; NEDS; QL (2 per 28 days)
CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML)	1	MO
compro rectal suppository 25 mg	1	MO
constulose oral solution 10 gram/15 ml	1	MO
CORTIFOAM RECTAL FOAM 10 % (80 MG)	1	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	1	MO
cromolyn oral concentrate 100 mg/5 ml	1	MO
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	B/D PA
droperidol injection solution 2.5 mg/ml	1	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	1	B/D PA
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	1	PA; MO; NEDS; QL (2 per 28 days)
enulose oral solution 10 gram/15 ml	1	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; MO; NEDS

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; MO; NEDS
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	MO
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	MO
gavilyte-n oral recon soln 420 gram	1	
generlac oral solution 10 gram/15 ml	1	MO
granisetron hcl oral tablet 1 mg	1	B/D PA; MO
hydrocortisone rectal enema 100 mg/60 ml	1	MO
hydrocortisone topical cream with perineal applicator 1 %	1	MO
hydrocortisone topical cream with perineal applicator 2.5 %	1	
lactulose oral solution 10 gram/15 ml	1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION 19 MG/ML	1	PA; LA; NEDS; QL (60 per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	1	PA; LA; NEDS; QL (90 per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	1	PA; LA; NEDS; QL (60 per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	1	MO; QL (60 per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine oral capsule (with del rel tablets) 400 mg	1	MO
mesalamine oral capsule, extended release 500 mg	1	
mesalamine oral capsule,extended release 24hr 0.375 gram	1	MO
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	1	MO
mesalamine rectal enema 4 gram/60 ml	1	MO
mesalamine rectal suppository 1,000 mg	1	MO
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	1	MO
metoclopramide hcl injection solution 5 mg/ml	1	MO
metoclopramide hcl injection syringe 5 mg/ml	1	

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
metoclopramide hcl oral solution 5 mg/5 ml	1	MO
metoclopramide hcl oral tablet 10 mg, 5 mg	1	MO
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	MO; QL (30 per 30 days)
nitroglycerin rectal ointment 0.4 % (w/w)	1	MO
ondansetron hcl (pf) injection syringe 4 mg/2 ml	1	
ondansetron hcl oral solution 4 mg/5 ml	1	B/D PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; MO
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	B/D PA; MO
palonosetron intravenous syringe 0.25 mg/5 ml	1	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	
peg-electrolyte oral recon soln 420 gram	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	1	MO
prochlorperazine maleate oral oral tablet 10 mg, 5 mg	1	MO
prochlorperazine rectal suppository 25 mg	1	MO
procto-med hc topical cream with perineal applicator 2.5 %	1	MO
proctosol hc topical cream with perineal applicator 2.5 %	1	MO
proctozone-hc topical cream with perineal applicator 2.5 %	1	MO
REMICADE INTRAVENOUS RECON SOLN 100 MG	1	PA; MO; NEDS; QL (20 per 28 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	MO; QL (10 per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; NEDS; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; NEDS; QL (2.4 per 56 days)
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	1	PA; NEDS
sulfasalazine oral tablet 500 mg	1	MO
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1	MO
ursodiol oral capsule 300 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
ursodiol oral tablet 250 mg, 500 mg	1	MO
VARUBI ORAL TABLET 90 MG	1	B/D PA
VIBERZI ORAL TABLET 100 MG, 75 MG	1	PA; MO; NEDS; QL (60 per 30 days)
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT	1	
VIOKACE ORAL TABLET 20,880-78,300-78,300 UNIT	1	MO
VOWST ORAL CAPSULE	1	PA; NEDS
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	1	MO
ULCER THERAPY		
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	MO
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO
famotidine (pf) intravenous solution 20 mg/2 ml	1	MO
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	1	MO
famotidine intravenous solution 10 mg/ml	1	MO
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO
misoprostol oral tablet 100 mcg, 200 mcg	1	MO
nizatidine oral capsule 150 mg, 300 mg	1	MO
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (60 per 30 days)
sucralfate oral suspension 100 mg/ml	1	MO
sucralfate oral tablet 1 gram	1	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA; MO; NEDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA; LA; NEDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; MO; NEDS; QL (14 per 28 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	1	B/D PA; MO; NEDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; MO; NEDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; MO; NEDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	1	PA; MO; NEDS

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	MO; NEDS; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	MO; NEDS; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO; NEDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO; NEDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; MO; NEDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; MO; NEDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	V
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	V
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	V
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	1	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	B/D PA; V
fomepizole intravenous solution 1 gram/ml	1	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	1	MO
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA; MO; NEDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA; MO; NEDS
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	1	B/D PA; MO; NEDS
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	1	B/D PA; MO; NEDS
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	1	B/D PA; MO; NEDS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	V
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	V
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	1	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	V
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	V

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	1	PA; MO; NEDS
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	1	PA; MO; NEDS
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	1	V
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	1	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	V
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA; MO; NEDS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	V
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	1	V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	V
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	1	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	V
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	V
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	1	V

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	1	V
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	1	MO; V
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
GAUZE PADS 2 X 2	1	PA; MO
INSULIN PEN NEEDLE	1	PA; MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	PA; MO
NEEDLES, INSULIN DISP.,SAFETY	1	PA; MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	MO
colchicine oral tablet 0.6 mg	1	MO
febuxostat oral tablet 40 mg, 80 mg	1	MO
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	1	MO; NEDS
probenecid oral tablet 500 mg	1	MO
probenecid-colchicine oral tablet 500-0.5 mg	1	MO
OSTEOPOROSIS THERAPY		
alendronate oral solution 70 mg/75 ml	1	MO; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ibandronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA; MO; QL (1 per 180 days)
raloxifene oral tablet 60 mg	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	1	PA; MO; NEDS; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; MO; NEDS; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	1	PA; MO; NEDS; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; MO; NEDS; QL (3.6 per 28 days)
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	1	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; MO; NEDS
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NEDS; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NEDS; QL (4 per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; NEDS; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; MO; NEDS; QL (8 per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4 per 28 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; NEDS; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; MO; NEDS; QL (3 per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; NEDS; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; NEDS; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
leflunomide oral tablet 10 mg, 20 mg	1	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	1	PA; MO; NEDS; QL (12 per 28 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	1	PA; MO; NEDS; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; NEDS; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; NEDS; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; NEDS; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA; MO; NEDS; 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)	1	PA; MO; NEDS; QL (55 per 180 days)
penicillamine oral tablet 250 mg	1	PA; MO
RIDAURA ORAL CAPSULE 3 MG	1	MO; NEDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; MO; NEDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; NEDS; QL (30 per 30 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; NEDS; QL (168 per 365 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	1	QL (55 per 180 days)
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; MO; NEDS; QL (300 per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; MO; NEDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA; MO; NEDS; QL (30 per 30 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; MO; NEDS; QL (3 per 180 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; MO; NEDS; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; MO; NEDS; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	1	MO
abigale oral tablet 1-0.5 mg	1	MO
camila oral tablet 0.35 mg	1	MO
deblitane oral tablet 0.35 mg	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	MO
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	1	MO
errin oral tablet 0.35 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	MO
estradiol vaginal tablet 10 mcg	1	MO
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	MO
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	MO
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	MO
heather oral tablet 0.35 mg	1	MO
incassia oral tablet 0.35 mg	1	MO
jinteli oral tablet 1-5 mg-mcg	1	MO
lyleq oral tablet 0.35 mg	1	MO
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (8 per 28 days)
lyllana transdermal patch semiweekly 0.05 mg/24 hr	1	QL (8 per 28 days)
lyza oral tablet 0.35 mg	1	
medroxyprogesterone intramuscular suspension 150 mg/ml	1	MO
medroxyprogesterone intramuscular syringe 150 mg/ml	1	MO
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
meleya oral tablet 0.35 mg	1	MO
MENEST ORAL TABLET 0.3 MG	1	
MENEST ORAL TABLET 0.625 MG, 1.25 MG, 2.5 MG	1	MO
mimvey oral tablet 1-0.5 mg	1	MO
nora-be oral tablet 0.35 mg	1	MO
norethindrone (contraceptive) oral tablet 0.35 mg	1	

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate oral tablet 5 mg	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	MO
orquidea oral tablet 0.35 mg	1	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	MO
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	MO
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	MO
progesterone intramuscular oil 50 mg/ml	1	MO
progesterone micronized oral capsule 100 mg, 200 mg	1	MO
sharobel oral tablet 0.35 mg	1	MO
yuvafem vaginal tablet 10 mcg	1	
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal cream 2 %	1	MO
eluryng vaginal ring 0.12-0.015 mg/24 hr	1	MO
enilloring vaginal ring 0.12-0.015 mg/24 hr	1	MO
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1	
haloette vaginal ring 0.12-0.015 mg/24 hr	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	1	MO
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	MO
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	1	
terconazole vaginal cream 0.4 %, 0.8 %	1	MO
terconazole vaginal suppository 80 mg	1	MO
tranexamic acid oral tablet 650 mg	1	MO
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
xulane transdermal patch weekly 150-35 mcg/24 hr	1	
zafemy transdermal patch weekly 150-35 mcg/24 hr	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28) oral tablet 0.15-0.03 mg	1	MO
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	MO
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	MO
amethyst (28) oral tablet 90-20 mcg (28)	1	MO
apri oral tablet 0.15-0.03 mg	1	MO
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	MO
aubra eq oral tablet 0.1-20 mg-mcg	1	MO
aviane oral tablet 0.1-20 mg-mcg	1	
cryselle (28) oral tablet 0.3-30 mg-mcg	1	MO
cyred eq oral tablet 0.15-0.03 mg	1	MO
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	MO
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	MO
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	MO
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
elinest oral tablet 0.3-30 mg-mcg	1	MO
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
enskyce oral tablet 0.15-0.03 mg	1	MO
estarylla oral tablet 0.25-0.035 mg	1	MO
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
falmina (28) oral tablet 0.1-20 mg-mcg	1	MO
feirza oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	MO
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	MO
isibloom oral tablet 0.15-0.03 mg	1	MO
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	MO
jasmiel (28) oral tablet 3-0.02 mg	1	MO
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	MO
juleber oral tablet 0.15-0.03 mg	1	MO
kalliga oral tablet 0.15-0.03 mg	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1	MO
kurvelo (28) oral tablet 0.15-0.03 mg	1	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	MO
larin 1/20 (21) oral tablet 1-20 mg-mcg	1	MO
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	MO
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	MO
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
lessina oral tablet 0.1-20 mg-mcg	1	MO
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	MO
levora-28 oral tablet 0.15-0.03 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	MO
loryna (28) oral tablet 3-0.02 mg	1	MO
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	
lo-zumandimine (28) oral tablet 3-0.02 mg	1	MO
lutera (28) oral tablet 0.1-20 mg-mcg	1	
marlissa (28) oral tablet 0.15-0.03 mg	1	MO
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	MO
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	MO
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	MO
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
mili oral tablet 0.25-0.035 mg	1	MO
mono-linyah oral tablet 0.25-0.035 mg	1	MO
nikki (28) oral tablet 3-0.02 mg	1	MO
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	MO
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	MO
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	MO
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	MO
philith oral tablet 0.4-35 mg-mcg	1	MO
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	MO
portia 28 oral tablet 0.15-0.03 mg	1	MO
reclipsen (28) oral tablet 0.15-0.03 mg	1	MO
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	MO
sprintec (28) oral tablet 0.25-0.035 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
sronyx oral tablet 0.1-20 mg-mcg	1	
syeda oral tablet 3-0.03 mg	1	MO
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	MO
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	MO
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	MO
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	MO
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	MO
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	MO
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	MO
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	MO
turqoz (28) oral tablet 0.3-30 mg-mcg	1	MO
valtya oral tablet 1-50 mg-mcg	1	MO
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	MO
vestura (28) oral tablet 3-0.02 mg	1	MO
vienva oral tablet 0.1-20 mg-mcg	1	MO
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	MO
wera (28) oral tablet 0.5-35 mg-mcg	1	MO
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	MO
zumandimine (28) oral tablet 3-0.03 mg	1	MO
OXYTOCICS		
methylergonovine oral tablet 0.2 mg	1	PA

OPHTHALMOLOGY

ANTIBIOTICS

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
AZASITE OPHTHALMIC (EYE) DROPS 1 %	1	MO
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	1	MO
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	MO
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	MO; QL (3.5 per 14 days)
gatifloxacin ophthalmic (eye) drops 0.5 %	1	MO
gentamicin ophthalmic (eye) drops 0.3 %	1	MO; QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops 0.5 %	1	MO
levofloxacin ophthalmic (eye) drops 1.5 %	1	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	MO
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	MO
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	MO
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
ofloxacin ophthalmic (eye) drops 0.3 %	1	MO
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	MO
tobramycin ophthalmic (eye) drops 0.3 %	1	MO; QL (10 per 14 days)
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	MO
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	MO
carteolol ophthalmic (eye) drops 1 %	1	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	MO
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops 1 %	1	MO
azelastine ophthalmic (eye) drops 0.05 %	1	MO
bepotastine besilate ophthalmic (eye) drops 1.5 %	1	MO
cromolyn ophthalmic (eye) drops 4 %	1	MO
CYCLOSPORINE OPHTHALMIC (EYE) DROPPERETTE 0.05 %	1	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	PA; NEDS
epinastine ophthalmic (eye) drops 0.05 %	1	MO
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	1	PA; MO; NEDS
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	MO
sulfacetamide sodium ophthalmic (eye) ointment 10 %	1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	MO
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	1	PA; NEDS; QL (10 per 42 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	1	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.07 %	1	MO
bromfenac ophthalmic (eye) drops 0.09 %	1	MO
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	MO
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	MO
ketorolac ophthalmic (eye) drops 0.4 %	1	MO
ketorolac ophthalmic (eye) drops 0.5 %	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	MO
acetazolamide oral tablet 125 mg, 250 mg	1	MO
methazolamide oral tablet 25 mg, 50 mg	1	MO
OTHER GLAUCOMA DRUGS		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1	MO
dorzolamide ophthalmic (eye) drops 2 %	1	MO
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	MO
latanoprost ophthalmic (eye) drops 0.005 %	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	MO
travoprost ophthalmic (eye) drops 0.004 %	1	MO
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	1	
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	MO
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	MO
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	MO
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	MO
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	MO; QL (10 per 14 days)
STEROIDS		

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 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	MO
difluprednate ophthalmic (eye) drops 0.05 %	1	MO
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	MO
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	1	MO
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	1	MO
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	1	MO
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	MO
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1	MO
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	MO
apraclonidine ophthalmic (eye) drops 0.5 %	1	MO
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	1	MO
brimonidine ophthalmic (eye) drops 0.2 %	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection solution 1 mg/ml	1	
adrenalin injection solution 1 mg/ml (1 ml)	1	MO
cetirizine oral solution 1 mg/ml	1	MO
cyproheptadine oral tablet 4 mg	1	MO
diphenhydramine hcl injection solution 50 mg/ml	1	MO
diphenhydramine hcl injection syringe 50 mg/ml	1	MO
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	MO; QL (2 per 30 days)

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

This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)	1	
hydroxyzine hcl oral solution 10 mg/5 ml	1	MO
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	MO
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	MO
levocetirizine oral solution 2.5 mg/5 ml	1	MO
levocetirizine oral tablet 5 mg	1	MO; QL (30 per 30 days)
promethazine injection solution 25 mg/ml, 50 mg/ml	1	MO
promethazine oral syrup 6.25 mg/5 ml	1	MO
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	MO
PULMONARY AGENTS		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	B/D PA; MO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; MO; LA; NEDS
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	MO; QL (12 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	MO; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	1	QL (13.4 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	B/D PA; MO
albuterol sulfate inhalation solution for nebulization 5 mg/ml	1	B/D PA
albuterol sulfate oral syrup 2 mg/5 ml	1	MO
albuterol sulfate oral tablet 2 mg, 4 mg	1	MO
alyq oral tablet 20 mg	1	PA; MO; NEDS; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	1	PA; MO; LA; NEDS; QL (30 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	MO; QL (60 per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	1	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	1	QL (2 per 28 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	MO; QL (25.8 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	1	PA; MO; LA; NEDS
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	1	MO; QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	1	MO; QL (10.7 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	B/D PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	B/D PA; MO; QL (60 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (10.2 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; MO; NEDS
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	B/D PA; MO
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	1	MO; QL (13 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; NEDS; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; NEDS; QL (1 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 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	MO; QL (50 per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	MO; QL (16 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	MO; QL (60 per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	1	B/D PA; MO
icatibant subcutaneous syringe 30 mg/3 ml	1	PA; MO; NEDS
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	1	MO
ipratropium bromide inhalation solution 0.02 %	1	B/D PA; MO
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; MO; NEDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; MO; NEDS; QL (60 per 30 days)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	1	B/D PA; MO
mometasone nasal spray,non-aerosol 50 mcg/actuation	1	MO; QL (34 per 30 days)
montelukast oral granules in packet 4 mg	1	MO
montelukast oral tablet 10 mg	1	MO
montelukast oral tablet,chewable 4 mg, 5 mg	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; NEDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; MO; NEDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; MO; LA; NEDS

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 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; MO; NEDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; MO; NEDS; QL (112 per 28 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	1	PA; LA; NEDS
pirfenidone oral capsule 267 mg	1	PA; MO; NEDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	1	PA; MO; NEDS; QL (270 per 30 days)
pirfenidone oral tablet 801 mg	1	PA; MO; NEDS; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	1	MO
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	B/D PA; MO; NEDS
roflumilast oral tablet 250 mcg, 500 mcg	1	PA; MO; QL (30 per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	1	PA; MO; NEDS
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	MO; QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	1	PA; NEDS
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	1	PA; MO; NEDS; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; NEDS; QL (60 per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	MO

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

This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
theophylline oral elixir 80 mg/15 ml	1	MO
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	MO
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	1	MO; QL (60 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; MO; NEDS; QL (84 per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	1	PA; MO; NEDS; QL (112 per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	1	PA; MO; NEDS; QL (504 per 365 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	1	PA; MO; NEDS; QL (1 per 21 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; NEDS; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; NEDS; QL (1 per 28 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	1	B/D PA; MO; NEDS; QL (90 per 30 days)
zafirlukast oral tablet 10 mg, 20 mg	1	MO

UROLOGICALS

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 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGICS / ANTISPASMODICS		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	MO
oxybutynin chloride oral syrup 5 mg/5 ml	1	MO
oxybutynin chloride oral tablet 5 mg	1	MO
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	MO
solifenacin oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
tolterodine oral tablet 1 mg, 2 mg	1	MO
trospium oral capsule,extended release 24hr 60 mg	1	MO
trospium oral tablet 20 mg	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	MO
dutasteride oral capsule 0.5 mg	1	MO; QL (30 per 30 days)
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	MO
finasteride oral tablet 5 mg	1	MO
tamsulosin oral capsule 0.4 mg	1	MO
MISCELLANEOUS UROLOGICALS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; LA
ELMIRON ORAL CAPSULE 100 MG	1	MO
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	1	MO
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	1	MO
tadalafil oral tablet 5 mg	1	PA; MO; QL (30 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES

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 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
BLOOD DERIVATIVES		
albumin, human 25 % intravenous parenteral solution 25 %	1	
alburx (human) 25 % intravenous parenteral solution 25 %	1	
alburx (human) 5 % intravenous parenteral solution 5 %	1	
albutein 25 % intravenous parenteral solution 25 %	1	
albutein 5 % intravenous parenteral solution 5 %	1	
ELECTROLYTES		
calcium chloride intravenous solution 100 mg/ml (10 %)	1	
calcium chloride intravenous syringe 100 mg/ml (10 %)	1	
calcium gluconate intravenous solution 100 mg/ml (10%)	1	
effer-k oral tablet, effervescent 25 meq	1	MO
klor-con 10 oral tablet extended release 10 meq	1	MO
klor-con 8 oral tablet extended release 8 meq	1	MO
klor-con m10 oral tablet,er particles/crystals 10 meq	1	MO
klor-con m15 oral tablet,er particles/crystals 15 meq	1	MO
klor-con m20 oral tablet,er particles/crystals 20 meq	1	MO
klor-con oral packet 20 meq	1	MO
klor-con/ef oral tablet, effervescent 25 meq	1	MO
lactated ringers intravenous parenteral solution	1	MO
magnesium chloride injection solution 200 mg/ml (20 %)	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	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 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	1	
magnesium sulfate injection solution 500 mg/ml (50 %)	1	MO
magnesium sulfate injection syringe 500 mg/ml (50 %)	1	
potassium acetate intravenous solution 2 meq/ml	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	1	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	MO
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	MO
potassium chloride oral packet 20 meq	1	MO
potassium chloride oral tablet extended release 10 meq, 8 meq	1	MO
potassium chloride oral tablet extended release 20 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	1	MO
potassium chloride oral tablet,er particles/crystals 15 meq	1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	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 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	1	
ringer's intravenous parenteral solution	1	
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml	1	
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %	1	
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)	1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	1	MO
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	1	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	1	MO
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	1	
sodium phosphate intravenous solution 3 mmol/ml	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	B/D PA

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

This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	B/D PA
electrolyte-48 in d5w intravenous parenteral solution	1	
intralipid intravenous emulsion 20 %	1	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	B/D PA
premasol 10 % intravenous parenteral solution 10 %	1	B/D PA
travasol 10 % intravenous parenteral solution 10 %	1	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	B/D PA
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	1	MO
prenatal vitamin oral tablet oral tablet 27 mg iron-1 mg	1	MO

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

This drug list was last updated on 10/17/2025

Index

A

abacavir 9
abacavir-lamivudine 9
abigale 108
abigale lo 108
ABILIFY ASIMTUFII 52
ABILIFY MAINTENA 52
abiraterone 22
abirtega 22
ABRAXANE 22
ABRYSVO (PF) 100
acamprosate 79
acarbose 85
accutane 76
acebutolol 62
acetaminophen-codeine 48
acetazolamide 117
acetic acid 79, 83
acetylcysteine 79, 119
acitretin 73
ACTEMRA 106
ACTEMRA ACTPEN 106
ACTHIB (PF) 100
ACTIMMUNE 99
acyclovir 9, 77
acyclovir sodium 9
ADACEL(TDAP ADOLESN/ADULT)(PF) 100, 101
ADBRY 74
ADCETRIS 23
adefovir 9
ADEMPAS 119
adrenalin 118
ADVAIR HFA 119
AIMOVIG AUTOINJECTOR 45
AKEEGA 23
ala-cort 77
albendazole 15
albumin, human 25 % 125
alburx (human) 25 % 125
alburx (human) 5 % 125
albutein 25 % 125
albutein 5 % 125
albuterol sulfate 119
alclometasone 77, 78
alcohol pads 85
ALDURAZYME 91
ALECENSA 23
alendronate 105
alfuzosin 124
ALIMTA 23
ALIQOPA 23
aliskiren 62
allopurinol 105
alosetron 94
ALPHAGAN P 118
alprazolam 52
altavera (28) 111
ALUNBRIG 23
ALVAIZ 67
alyacen 1/35 (28) 111
alyacen 7/7/7 (28) 111
alyq 119
amantadine hcl 9
ambrisentan 119
amethyst (28) 111
amikacin 15
amiloride 62
amiloride-hydrochlorothiazide 62
aminocaproic acid 67
amiodarone 61
amitriptyline 52
amlodipine 62
amlodipine-atorvastatin 70
amlodipine-benazepril 62
amlodipine-olmesartan 62
amlodipine-valsartan 62
ammonium lactate 74
amnesteem 76
amoxapine 52
amoxicillin 19
amoxicillin-pot clavulanate 19
amphotericin b 8
amphotericin b liposome 8
ampicillin 19
ampicillin sodium 19
ampicillin-sulbactam 19
anagrelide 79
anastrozole 23
ANORO ELLIPTA 119
apraclonidine 118
aprepitant 94
apri 111
APTIVUS 9
aranelle (28) 111
ARCALYST 99
AREXVY (PF) 101
arformoterol 119
ARIKAYCE 15
aripiprazole 52
ARISTADA 53
ARISTADA INITIO 52
armodafinil 53
ARNUITY ELLIPTA 120
arsenic trioxide 23
asenapine maleate 53
ASMANEX TWISTHALER 120
ASPARLAS 23
aspirin-dipyridamole 68
atazanavir 9
atenolol 62
atenolol-chlorthalidone 62
atomoxetine 53
atorvastatin 70
atovaquone 15
atovaquone-proguanil 16
atropine 94, 116
ATROVENT HFA 120
ATTRUBY 71
aubra eq 111
AUGMENTIN 19
AUGTYRO 23
AUSTEDO 46
AUSTEDO XR 46
AUSTEDO XR TITRATION KT(WK1-4) 46
AUVELITY 53
aviane 111
AVMAPKI-FAKZYNJA 23
AVONEX 99
AYVAKIT 23

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 10/17/2025

azacitidine 23
AZASITE 115
azathioprine 23
azathioprine sodium 23
azelaic acid 76
azelastine 83, 116
azithromycin 15
aztreonam 16
AZTREONAM 16
B
bacitracin 115
bacitracin-polymyxin b 115
baclofen 48
balsalazide 94
BALVERSA 23
BAQSIMI 85
BARACLUDE 9
BAVENCIO 23
BCG VACCINE, LIVE (PF) 101
BELEODAQ 23
benazepril 62
benazepril-hydrochlorothiazide 62
BENDEKA 24
BENLYSTA 106
benztropine 44
bepotastine besilate 116
BESIVANCE 115
BESPONSA 24
BESREMI 99
BETAINE 94
betamethasone dipropionate 78
betamethasone valerate 78
betamethasone, augmented .. 78
BETASERON 99
betaxolol 62, 115
bethanechol chloride 124
bexarotene 24
BEXSERO 101
bicalutamide 24
BICILLIN C-R 20
BICILLIN L-A 20
BIKTARVY 9
bisoprolol fumarate 62
bisoprolol-hydrochlorothiazide 62
BLINCYTO 24
BOOSTRIX TDAP 101
bortezomib 24
BORTEZOMIB 24
bosentan 120
BOSULIF 24
BOTOX 101
BRAFTOVI 24
BREO ELLIPTA 120
breyna 120
BREZTRI AEROSPHERE. 120
brimonidine 118
brimonidine-timolol 117
BRIVIACT 39, 40
bromfenac 116
bromocriptine 44
BRUKINSA 24
budesonide 94, 120
budesonide-formoterol 120
bumetanide 62
buprenorphine 49
buprenorphine hcl 48
buprenorphine-naloxone 50
bupropion hcl 53
bupropion hcl (smoking deter) 82
buspirone 53
busulfan 24
butalbital-acetaminophen-caff 49
butorphanol 50
BYLVAY 94, 95
C
CABENUVA 9
cabergoline 91
CABLIVI 68
CABOMETYX 24
caffeine citrate 79
calcipotriene 73
calcitonin (salmon) 91
calcitriol 73, 91
calcium chloride 125
calcium gluconate 125
CALQUENCE (ACALABRUTINIB MAL) 24
camila 108
CAMZYOS 71
candesartan 62
candesartan-hydrochlorothiazid 62
CAPLYTA 53
CAPRELSA 24
captopril 62
carbamazepine 40
carbidopa 44
carbidopa-levodopa 44
carbidopa-levodopa-entacapone 44
carboplatin 24
carglumic acid 79
carisoprodol 48
carmustine 24
carteolol 115
cartia xt 62
carvedilol 62
caspofungin 8
CAYSTON 16
cefaclor 13
cefadroxil 13
cefazolin 13
cefazolin in dextrose (iso-os) 13
cefdinir 13
cefepime 14
CEFEPIME IN DEXTROSE 5 % 13
cefepime in dextrose,iso-osm 13
cefixime 14
cefoxitin 14
cefoxitin in dextrose, iso-osm 14
cefpodoxime 14
cefprozil 14
ceftazidime 14
ceftriaxone 14
CEFTRIAXONE 14
ceftriaxone in dextrose,iso-os 14
cefuroxime axetil 14
cefuroxime sodium 14
celecoxib 50
cephalexin 14
CEPROTIN (BLUE BAR) ... 68
CEPROTIN (GREEN BAR) 68
cetirizine 118
cevimeline 79
CHEMET 79

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 10/17/2025

chloramphenicol sod succinate 16
chlorhexidine gluconate 83
chloroprocaine (pf) 74
chloroquine phosphate 16
chlorothiazide sodium 63
chlorpromazine 53
chlorthalidone 63
chlorzoxazone 48
CHOLBAM 95
cholestyramine (with sugar) 70
cholestyramine light 70
ciclopirox 77
cidofovir 9
cilostazol 68
CIMDUO 9
cimetidine 98
CIMZIA 95
CIMZIA POWDER FOR RECONST 95
CIMZIA STARTER KIT 95
cinacalcet 91
CINRYZE 120
CINVANTI 95
ciprofloxacin hcl 20, 83, 115
ciprofloxacin in 5 % dextrose 21
ciprofloxacin-dexamethasone 84
cisplatin 24
citalopram 53, 54
cladribine 24
claravis 76
clarithromycin 15
clindacin etz 76
clindacin p 76
clindamycin hcl 16
CLINDAMYCIN IN 0.9 % SOD CHLOR 16
clindamycin in 5 % dextrose 16
clindamycin pediatric 16
clindamycin phosphate 16, 76, 110
CLINIMIX 5%/D15W SULFITE FREE 127
CLINIMIX 4.25%/D10W SULF FREE 127
CLINIMIX 4.25%/D5W SULFIT FREE 80
CLINIMIX 5%-D20W(SULFITE-FREE) 127
CLINIMIX 6%-D5W (SULFITE-FREE) 127
CLINIMIX 8%-D10W(SULFITE-FREE) 127
CLINIMIX 8%-D14W(SULFITE-FREE) 128
clobazam 40
clobetasol 78
clodan 78
clofarabine 24
clomipramine 54
clonazepam 40
clonidine 63
clonidine hcl 63
clopidogrel 68
clorazepate dipotassium 54
clotrimazole 8, 77
clotrimazole-betamethasone 77
clozapine 54
COARTEM 16
COBENFY 54
COBENFY STARTER PACK 54
colchicine 105
colesevelam 70
colestipol 70
colistin (colistimethate na) 16
COMBIVENT RESPIMAT 120
COMETRIQ 24, 25
compro 95
constulose 95
COPIKTRA 25
CORLANOR 71
CORTIFOAM 95
cortrophin gel 84
COSENTYX 73
COSENTYX (2 SYRINGES) 73
COSENTYX PEN 73
COSENTYX PEN (2 PENS) 73
COSENTYX UNOREADY PEN 73
COTELLIC 25
CREON 95
cromolyn 95, 116, 120
CROTAN 79
cryselle (28) 111
CRYSVITA 91
CUVRIOR 80
cyclobenzaprine 48
cyclophosphamide 25
CYCLOPHOSPHAMIDE 25
cyclosporine 25
CYCLOSPORINE 116
cyclosporine modified 25
CYLTEZO(CF) 106
CYLTEZO(CF) PEN 106
CYLTEZO(CF) PEN CROHN'S-UC-HS 106
CYLTEZO(CF) PEN PSORIASIS-UV 106
cyproheptadine 118
CYRAMZA 25
cyred eq 111
CYSTAGON 124
CYSTARAN 116
cytarabine 25
cytarabine (pf) 25

D

d10 %-0.45 % sodium chloride 80
d2.5 %-0.45 % sodium chloride 80
d5 % and 0.9 % sodium chloride 80
d5 %-0.45 % sodium chloride 80
dabigatran etexilate 68
dacarbazine 25
dactinomycin 25
dalfampridine 46
danazol 91
dantrolene 48
DANYELZA 25
DANZITEN 25
dapsone 16
DAPTACEL (DTAP PEDIATRIC) (PF) 101
daptomycin 16
DAPTOMYCIN 16
darunavir 9
DARZALEX 25

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 10/17/2025

dasatinib 25
dasetta 1/35 (28) 111
dasetta 7/7/7 (28) 111
daunorubicin 25
DAURISMO 25
daysee 111
deblitane 108
decitabine 26
deferasirox 80
deferiprone 80
DEFERIPRONE 80
deferoxamine 80
DELSTRIGO 9
demeclocycline 21
denta 5000 plus 83
dentagel 83
DEPO-SUBQ PROVERA 104 108
dermacinrx lidocan 74
DESCOVY 9
desipramine 54
desmopressin 91
desog-e.estradiol/e.estradiol 111
desonide 78
desvenlafaxine succinate 54
dexamethasone 84
dexamethasone intensol 84
dexamethasone sodium phos (pf) 84
dexamethasone sodium phosphate 84, 118
dexrazoxane hcl 22
dextroamphetamine-amphetamine 54
dextrose 10 % and 0.2 % nacl 80
dextrose 10 % in water (d10w) 80
dextrose 25 % in water (d25w) 80
dextrose 5 % in water (d5w) 80
dextrose 5 %-lactated ringers 80
dextrose 5%-0.2 % sod chloride 80
dextrose 5%-0.3 % sod.chloride 80
dextrose 50 % in water (d50w) 81
dextrose 70 % in water (d70w) 81
DIACOMIT 40
diazepam 40, 54
diazepam intensol 54
diazoxide 85
diclofenac potassium 50
diclofenac sodium 50, 51, 74, 116
diclofenac-misoprostol 51
dicloxacillin 20
dicyclomine 94
DIFICID 15
diflunisal 51
difluprednate 118
digoxin 71
dihydroergotamine 45
DILANTIN 30 MG 40
diltiazem hcl 63
dilt-xr 63
dimethyl fumarate 46
diphenhydramine hcl 118
diphenoxylate-atropine 94
dipyridamole 68
disulfiram 81
divalproex 40
dobutamine 72
dobutamine in d5w 72
docetaxel 26
dofetilide 61
donepezil 46
dopamine 72
dopamine in 5 % dextrose 72
DOPTELET (10 TAB PACK) 68
DOPTELET (15 TAB PACK) 68
DOPTELET (30 TAB PACK) 68
dorzolamide 117
dorzolamide-timolol 117
dotti 108
DOVATO 9
doxazosin 63
doxepin 54
doxercalciferol 91
doxorubicin 26
doxorubicin, peg-liposomal 26
doxy-100 21
doxycycline hyclate 21
doxycycline monohydrate 21
DRIZALMA SPRINKLE 54, 55
dronabinol 95
droperidol 95
drospirenone-e.estradiol-lm.fa 111
drospirenone-ethinyl estradiol 111
DROXIA 26
droxidopa 81
DUAVEE 108
DULERA 120
duloxetine 55
DUPIXENT PEN 74, 75
DUPIXENT SYRINGE 75
dutasteride 124
dutasteride-tamsulosin 124

E

e.e.s. 400 15
econazole nitrate 77
EDURANT 9
EDURANT PED 9
efavirenz 10
efavirenz-emtricitabin-tenofov 10
efavirenz-lamivu-tenofov disop 10
effer-k 125
ELAPRASE 91
electrolyte-48 in d5w 128
eletriptan 45
elinest 111
ELIQUIS 68
ELIQUIS DVT-PE TREAT 30D START 68
ELITEK 22
ELMIRON 124
eltrombopag olamine 68
eluryng 110
ELZONRIS 26
EMEND 95
EMGALITY PEN 45
EMGALITY SYRINGE 45

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 10/17/2025

EMPLICITI 26
EMSAM 55
emtricitabine 10
emtricitabine-tenofovir (tdf) . 10
emtricita-rilpivirine-tenof df 10
EMTRIVA 10
EMVERM 16
enalapril maleate 63
enalaprilat 63
enalapril-hydrochlorothiazide 63
ENBREL 106
ENBREL MINI 106
ENBREL SURECLICK 106
endocet 49
ENGERIX-B (PF) 101
ENGERIX-B PEDIATRIC (PF) 101
enilloring 110
enoxaparin 68
enpresse 111
enskyce 111
entacapone 44
entecavir 10
ENTYVIO 95
enulose 95
ENVARSUS XR 26
EPIDIOLEX 40
epinastine 116
epinephrine 118, 119
epirubicin 26
eplerenone 63
ERBITUX 26
ERIVEDGE 26
ERLEADA 26
erlotinib 26
errin 108
ertapenem 16
ERWINASE 26
ery pads 76
ery-tab 15
erythrocin (as stearate) 15
erythromycin 15, 115
erythromycin ethylsuccinate . 15
erythromycin with ethanol 76
escitalopram oxalate 55
eslicarbazepine 40, 41
esmolol 63
esomeprazole magnesium 98
estarylla 111
estradiol 109
estradiol valerate 109
estradiol-norethindrone acet 109
eszopiclone 55
ethambutol 16
ethosuximide 41
ethynodiol diac-eth estradiol 111
etodolac 51
etonogestrel-ethinyl estradiol 110
ETOPOPHOS 26
etoposide 26
etravirine 10
EULEXIN 26
everolimus (antineoplastic) .. 27
everolimus (immunosuppressive) 27
EVOTAZ 10
EVRYSDI 46
exemestane 27
ezetimibe 70
ezetimibe-simvastatin 70
F
FABHALTA 81
FABRAZYME 91
falmina (28) 112
famciclovir 10
famotidine 98
famotidine (pf) 98
famotidine (pf)-nacl (iso-os) 98
FANAPT 55
FANAPT TITRATION PACK A 55
FANAPT TITRATION PACK B 55
FANAPT TITRATION PACK C 55
FARXIGA 85
FASENRA 120
FASENRA PEN 120
febuxostat 105
feirza 112
felbamate 41
felodipine 64
fenofibrate 70
fenofibrate micronized 70
fenofibrate nanocrystallized . 70
fenofibric acid 71
fenofibric acid (choline) 70
fentanyl 49
fentanyl citrate 49
FETZIMA 55
FILSPARI 72
finasteride 124
fingolimod 46
FINTEPLA 41
FIRDAPSE 46
FIRMAGON KIT W DILUENT SYRINGE 27
flac otic oil 84
flecainide 61
floxuridine 27
fluconazole 8
fluconazole in nacl (iso-osm) .. 8
flucytosine 8
fludarabine 27
fludrocortisone 84
flumazenil 55
flunisolide 121
fluocinolone 78
fluocinolone acetonide oil 84
fluocinolone and shower cap 78
fluocinonide 78
fluocinonide-emollient 78
fluoride (sodium) 83, 128
fluorometholone 118
fluorouracil 27, 75
fluoxetine 55
fluoxetine (pmdd) 55
fluphenazine decanoate 55
fluphenazine hcl 56
flurbiprofen 51
flurbiprofen sodium 116
fluticasone propionate 121
fluticasone propion-salmeterol 121
fluvoxamine 56
FOLOTYN 27
fomepizole 101
fondaparinux 69
formoterol fumarate 121
fosamprenavir 10

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 10/17/2025

fosinopril 64
fosinopril-hydrochlorothiazide 64
fosphenytoin 41
FOTIVDA 27
FRUZAQLA 27
fulvestrant 27
furosemide 64
FUZEON 10
fyavolv 109
FYCOMPA 41
G
gabapentin 41
GALAFOLD 91
galantamine 47
GAMASTAN 101
GAMMAGARD LIQUID .. 101
GAMMAGARD S-D (IGA < 1 MCG/ML) 101
ganciclovir sodium 10
GARDASIL 9 (PF) 101
gatifloxacin 115
GATTEX 30-VIAL 95
GATTEX ONE-VIAL 96
GAUZE PAD 105
gavilyte-c 96
gavilyte-g 96
gavilyte-n 96
GAVRETO 27
GAZYVA 27
GEFITINIB 27
gemcitabine 27
GEMCITABINE 27
gemfibrozil 71
generlac 96
gengraf 27, 28
gentamicin 16, 76, 115
gentamicin in nacl (iso-osm) 16
gentamicin sulfate (ped) (pf) 17
GENVOYA 10
GILOTRIF 28
glatiramer 47
glatopa 47
gleostine 28
glimepiride 85, 86
glipizide 86
glipizide-metformin 86
glutamine (sickle cell) 81
glycopyrrolate 94
GLYCOPYRROLATE 94
glycopyrrolate (pf) 94
glycopyrrolate (pf) in water . 94
glydo 75
GLYXAMBI 86
GOMEKLI 28
granisetron hcl 96
griseofulvin microsize 8
griseofulvin ultramicrosize 8
guanfacine 56, 64
GVOKE 86
GVOKE HYPOPEN 1-PACK 86
GVOKE HYPOPEN 2-PACK 86
GVOKE PFS 1-PACK SYRINGE 86
GVOKE PFS 2-PACK SYRINGE 86
H
HALAVEN 28
halobetasol propionate 78
haloette 110
haloperidol 56
haloperidol decanoate 56
haloperidol lactate 56
HAVRIX (PF) 101, 102
heather 109
heparin (porcine) 69
heparin (porcine) in 5 % dex 69
heparin (porcine) in nacl (pf) 69
heparin(porcine) in 0.45% nacl 69
HEPARIN(PORCINE) IN 0.45% NACL 69
heparin, porcine (pf) 69
HEPARIN, PORCINE (PF) . 69
HEPLISAV-B (PF) 102
HERNEXEOS 28
HIBERIX (PF) 102
HIZENTRA 102
HUMALOG JUNIOR KWIKPEN U-100 86
HUMALOG KWIKPEN INSULIN 86
HUMALOG MIX 50-50 KWIKPEN 86
HUMALOG MIX 75-25 KWIKPEN 86
HUMALOG MIX 75-25(U-100)INSULN 87
HUMALOG U-100 INSULIN 87
HUMIRA 107
HUMIRA PEN 106
HUMIRA(CF) 107
HUMIRA(CF) PEN 107
HUMIRA(CF) PEN CROHNS-UC-HS 107
HUMIRA(CF) PEN PSOR-UV-ADOL HS 107
HUMULIN 70/30 U-100 INSULIN 87
HUMULIN 70/30 U-100 KWIKPEN 87
HUMULIN N NPH INSULIN KWIKPEN 87
HUMULIN N NPH U-100 INSULIN 87
HUMULIN R REGULAR U-100 INSULN 87
HUMULIN R U-500 (CONC) INSULIN 87
HUMULIN R U-500 (CONC) KWIKPEN 87
hydralazine 64
hydrochlorothiazide 64
hydrocodone-acetaminophen 49
hydrocortisone 78, 79, 84, 96
hydrocortisone sod succinate 84
hydrocortisone valerate 79
hydrocortisone-acetic acid ... 84
hydromorphone 49
hydroxychloroquine 17
hydroxyurea 28
hydroxyzine hcl 119
hydroxyzine pamoate 119
HYQVIA 102
I
ibandronate 105
IBRANCE 28
IBTROZI 28

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 10/17/2025

ibu 51
ibuprofen 51
icatibant 121
ICLUSIG 28
icosapent ethyl 71
idarubicin 28
IDHIFA 28
ifosfamide 28
ILARIS (PF) 99
imatinib 28
IMBRUVICA 28
IMFINZI 28
imipenem-cilastatin 17
imipramine hcl 56
imipramine pamoate 56
imiquimod 75
IMKELDI 28
IMOVAX RABIES VACCINE (PF) 102
IMPAVIDO 17
incassia 109
INCRELEX 81
INCRUSE ELLIPTA 121
indapamide 64
indomethacin 51
INFANRIX (DTAP) (PF) ... 102
INLYTA 29
INQOVI 29
INREBIC 29
INSULIN ASP PRT-INSULIN ASPART 87
INSULIN ASPART U-100 ... 87
INSULIN LISPRO 88
INSULIN LISPRO PROTAMIN-LISPRO 87
INSULIN PEN NEEDLE ... 105
INSULIN SYRINGE (DISP) U-100 105
INTELENCE 10
intralipid 128
introvale 112
INVEGA HAFYERA 56
INVEGA SUSTENNA ... 56, 57
INVEGA TRINZA 57
INVELTYS 118
IPOL 102
ipratropium bromide 83, 121
ipratropium-albuterol 121
irbesartan 64
irbesartan-hydrochlorothiazide 64
irinotecan 29
ISENTRESS 10
ISENTRESS HD 10
isibloom 112
ISOLYTE S PH 7.4 128
ISOLYTE-P IN 5 % DEXTROSE 128
ISOLYTE-S 128
isoniazid 17
isosorbide dinitrate 72
isosorbide mononitrate 73
isotretinoin 76
isradipine 64
ISTODAX 29
ISTURISA 92
ITOVEBI 29
itraconazole 8
IVABRADINE 72
ivermectin 17
IWILFIN 29
IXEMPRA 29
IXIARO (PF) 102

J

jaimiess 112
JAKAFI 29
jantoven 69
JANUMET 88
JANUMET XR 88
JANUVIA 88
JARDIANCE 88
jasmiel (28) 112
JAYPIRCA 29
JEMPERLI 29
JENTADUETO 88
JENTADUETO XR 88
JEVTANA 29
jinteli 109
JOENJA 81
jolessa 112
juleber 112
JULUCA 10
JUXTAPID 71
JYLAMVO 29
JYNNEOS (PF) 102

K

KADCYLA 29
KALETRA 10
kalliga 112
KALYDECO 121
KANUMA 92
kariva (28) 112
kelnor 1/35 (28) 112
KEPIVANCE 22
KERENDIA 64
KESIMPTA PEN 47
ketoconazole 8, 77
ketorolac 51, 116
KEYTRUDA 29
KHAPZORY 22
KIMMTRAK 29
KINRIX (PF) 102
KISQALI 30
KISQALI FEMARA CO-PACK 29
klayesta 77
klor-con 125
klor-con 10 125
klor-con 8 125
klor-con m10 125
klor-con m15 125
klor-con m20 125
klor-con/ef 125
KOSELUGO 30
kourzeq 83
K-PHOS ORIGINAL 124
KRAZATI 30
KRYSTEXXA 105
kurvelo (28) 112
KYPROLIS 30

L

l norgest/e.estradiol-e.estrad 112
labetalol 64
lacosamide 41
LACOSAMIDE 41
lactated ringers 125
lactulose 96
lamivudine 11
lamivudine-zidovudine 11
lamotrigine 41
lansoprazole 98

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

This drug list was last updated on 10/17/2025

LANTUS SOLOSTAR U-100 INSULIN 88
LANTUS U-100 INSULIN 88
lapatinib 30
larin 1.5/30 (21) 112
larin 1/20 (21) 112
larin 24 fe 112
larin fe 1.5/30 (28) 112
larin fe 1/20 (28) 112
latanoprost 117
LAZCLUZE 30
LEDIPASVIR-SOFOSBUVIR 11
leflunomide 107
lenalidomide 30
LENALIDOMIDE 30
LENVIMA 30
lessina 112
letrozole 30
leucovorin calcium 22
LEUKERAN 30
leuprolide 30
levalbuterol hcl 121
levetiracetam 41, 42
levetiracetam in nacl (iso-os) 41
levobunolol 115
levocarnitine 81
levocarnitine (with sugar) 81
levocetirizine 119
levofloxacin 21, 115
levofloxacin in d5w 21
levoleucovorin calcium 22
levonest (28) 112
levonorgestrel-ethinyl estrad 112
levonorg-eth estrad triphasic 112
levora-28 112
levo-t 93
levothyroxine 93
levoxyl 93
LIBTAYO 30
lidocaine 75
lidocaine hcl 75
lidocaine viscous 75
lidocaine-prilocaine 75
lidocan iii 75
lidocan iv 75
lidocan v 75
LILETTA 110
lincomycin 17
linezolid 17
linezolid in dextrose 5% 17
linezolid-0.9% sodium chloride 17
LINZESS 96
liothyronine 93
lisinopril 64
lisinopril-hydrochlorothiazide 64
lithium carbonate 57
lithium citrate 57
LIVMARLI 96
LIVTENCITY 11
LODOCO 72
lojaimiess 113
LOKELMA 81
LONSURF 30
loperamide 94
lopinavir-ritonavir 11
lorazepam 57
lorazepam intensol 57
LORBRENA 30
loryna (28) 113
losartan 64
losartan-hydrochlorothiazide 64
LOTEMAX SM 118
loteprednol etabonate 118
lovastatin 71
low-ogestrel (28) 113
loxapine succinate 57
lo-zumandimine (28) 113
lubiprostone 96
LUMAKRAS 30
LUMIGAN 117
LUMIZYME 92
LUPRON DEPOT 31
LUPRON DEPOT (3 MONTH) 31
LUPRON DEPOT (4 MONTH) 31
LUPRON DEPOT (6 MONTH) 31
LUPRON DEPOT-PED 31
LUPRON DEPOT-PED (3 MONTH) 31
lurasidone 57
lutera (28) 113
LYBALVI 57
lyleq 109
lyllana 109
LYNPARZA 31
LYSODREN 31
LYTGOBI 31
LYUMJEV KWIKPEN U-100 INSULIN 88
LYUMJEV KWIKPEN U-200 INSULIN 88
LYUMJEV U-100 INSULIN 88
lyza 109

M

magnesium chloride 125
magnesium sulfate 126
MAGNESIUM SULFATE IN D5W 125
magnesium sulfate in water 125, 126
malathion 79
mannitol 20 % 64
mannitol 25 % 64
maraviroc 11
MARGENZA 31
marlissa (28) 113
MARPLAN 57
MATULANE 31
matzim la 64
MAVYRET 11
meclizine 96
medroxyprogesterone 109
mefloquine 17
megestrol 31
MEKINIST 31
MEKTOVI 31
meleya 109
meloxicam 51
melphalan hcl 31
memantine 47
memantine-donepezil 47
MENEST 109
MENQUADFI (PF) 102

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 10/17/2025

MENVEO A-C-Y-W-135-DIP (PF) 102
MEPSEVII 92
mercaptopurine 31, 32
meropenem 17
MEROPENEM-0.9% SODIUM CHLORIDE 17
mesalamine 96
mesalamine with cleansing wipe 96
mesna 22
metformin 88, 89
methadone 49
methadone intensol 49
methadose 49
methazolamide 117
methenamine hippurate 22
methenamine mandelate 22
methimazole 85
methocarbamol 48
methotrexate sodium 32
methotrexate sodium (pf) 32
methoxsalen 75
methsuximide 42
methyldopa 65
methylergonovine 114
methylphenidate hcl 57, 58
methylprednisolone 84
methylprednisolone acetate 84
methylprednisolone sodium succ 85
metoclopramide hcl 96, 97
metolazone 65
metoprolol succinate 65
metoprolol ta-hydrochlorothiaz 65
metoprolol tartrate 65
metro i.v. 17
metronidazole 17, 76, 110
metronidazole in nacl (iso-os) 17
metyrosine 65
mexiletine 61
micafungin 8
microgestin 1.5/30 (21) 113
microgestin 1/20 (21) 113
microgestin fe 1.5/30 (28) 113
microgestin fe 1/20 (28) 113
midodrine 81
mifepristone 92
mili 113
milrinone 72
milrinone in 5 % dextrose 72
mimvey 109
minocycline 21
minoxidil 65
mirtazapine 58
misoprostol 98
mitomycin 32
mitoxantrone 32
M-M-R II (PF) 102
modafinil 58
MODEYSO 32
moexipril 65
molindone 58
mometasone 79, 121
mondoxyne nl 21
MONJUVI 32
mono-linyah 113
montelukast 121
morphine 49, 50
MOUNJARO 89
MOVANTIK 97
moxifloxacin 21, 115
MOXIFLOXACIN-SOD.ACE,SUL-WATER 21
moxifloxacin-sod.chloride(iso) 21
MOZOBIL 99
MRESVIA (PF) 102
mupirocin 76
MYALEPT 92
MYCAPSSA 32
mycophenolate mofetil 32
mycophenolate mofetil (hcl) 32
mycophenolate sodium 32
MYLOTARG 32
MYRBETRIQ 124
N
nabumetone 51
nadolol 65
nafcillin 20
nafcillin in dextrose iso-osm 20
naftifine 77
NAGLAZYME 92
naloxone 51
naltrexone 51
NAMZARIC 47
naproxen 51
naproxen sodium 51
naratriptan 45
nateglinide 89
NAYZILAM 42
nebivolol 65
NEEDLES, INSULIN DISP.,SAFETY 105
nefazodone 58
nelarabine 32
neomycin 17
neomycin-bacitracin-poly-hc 117
neomycin-bacitracin-polymyxin 115
neomycin-polymyxin b-dexameth 117
neomycin-polymyxin-gramicidin 115
neomycin-polymyxin-hc 84, 117
neo-polycin 115
neo-polycin hc 117
NERLYNX 32
nevirapine 11
NEXLETOL 71
NEXLIZET 71
NEXPLANON 110
niacin 71
nicardipine 65
NICOTROL NS 83
nifedipine 65
nikki (28) 113
nilutamide 32
nimodipine 65
NINLARO 32
nisoldipine 65
nitazoxanide 17
nitisinone 81
nitro-bid 73
nitrofurantoin macrocrystal 22
nitrofurantoin monohyd/m-cryst 22
nitroglycerin 73, 97
nitroglycerin in 5 % dextrose 73
NIVESTYM 99

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 10/17/2025

nizatidine 98
nora-be 109
norelgestromin-ethin.estradiol 110
norepinephrine bitartrate 72
norethindrone (contraceptive) 109
norethindrone acetate 110
norethindrone ac-eth estradiol 110, 113
norgestimate-ethinyl estradiol 113
nortrel 0.5/35 (28) 113
nortrel 1/35 (21) 113
nortrel 1/35 (28) 113
nortrel 7/7/7 (28) 113
nortriptyline 58
NORVIR 11
NOVOLIN 70/30 U-100 INSULIN 89
NOVOLIN 70-30 FLEXPEN U-100 89
NOVOLIN N FLEXPEN 89
NOVOLIN N NPH U-100 INSULIN 89
NOVOLIN R FLEXPEN 89
NOVOLIN R REGULAR U100 INSULIN 89
NOVOLOG FLEXPEN U-100 INSULIN 89
NOVOLOG MIX 70-30 U-100 INSULN 89
NOVOLOG MIX 70-30FLEXPEN U-100 89
NOVOLOG PENFILL U-100 INSULIN 89
NOVOLOG U-100 INSULIN ASPART 89
NUBEQA 32
NUCALA 121
NUEDEXTA 47
NULOJIX 32
NUPLAZID 58
NURTEC ODT 45
nyamyc 77
nystatin 8, 77
nystatin-triamcinolone 77
nystop 77
NYVEPRIA 99

O

OCREVUS 47
OCTAGAM 103
octreotide acetate 32, 33
octreotide,microspheres 33
ODEFSEY 11
ODOMZO 33
OFEV 121
ofloxacin 84, 115
OGSIVEO 33
OJEMDA 33
OJJAARA 33
olanzapine 58
olmesartan 65
olmesartan-amlodipin-hcthiazid 65
olmesartan-hydrochlorothiazide 65
olopatadine 83
OLPRUVA 81
omega-3 acid ethyl esters 71
omeprazole 98, 99
OMNITROPE 99
ONCASPAR 33
ondansetron 97
ondansetron hcl 97
ondansetron hcl (pf) 97
ONIVYDE 33
ONUREG 33
OPDIVO 33
OPIPZA 58
opium tincture 94
OPSUMIT 121
OPSYNVI 122
OPVEE 51
ORENCIA 107
ORENCIA (WITH MALTOSE) 107
ORENCIA CLICKJECT 107
orenitram 66
ORENITRAM 66
ORENITRAM MONTH 1 TITRATION KT 65
ORENITRAM MONTH 2 TITRATION KT 65
ORENITRAM MONTH 3 TITRATION KT 66
ORGOVYX 33
ORILISSA 92
ORKAMBI 122
ORLADEYO 122
ORPHENADRINE CITRATE 48
orquidea 110
ORSERDU 33
oseltamivir 11
osmitrol 20 % 66
OTEZLA 107
OTEZLA STARTER 107
oxacillin 20
oxacillin in dextrose(iso-osm) 20
oxaliplatin 33, 34
oxaprozin 51
oxcarbazepine 42
OXERVATE 116
oxybutynin chloride 124
oxycodone 50
oxycodone-acetaminophen 50
OXYCONTIN 50
OZEMPIC 89

P

pacerone 61
paclitaxel 34
PADCEV 34
paliperidone 58
palonosetron 97
pamidronate 92
PANRETIN 75
pantoprazole 99
PANZYGA 103
paricalcitol 92
paroxetine hcl 58
PAXLOVID 11
pazopanib 34
PEDIARIX (PF) 103
PEDVAX HIB (PF) 103
peg 3350-electrolytes 97
PEGASYS 100
peg-electrolyte 97
PEMAZYRE 34
PENBRAYA (PF) 103
penciclovir 77
penicillamine 107

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 10/17/2025

PENICILLIN G POT IN DEXTROSE 20
penicillin g potassium 20
penicillin g sodium 20
penicillin v potassium 20
PENMENVY MEN A-B-C-W-Y (PF) 103
PENTACEL (PF) 103
pentamidine 17
PENTASA 97
pentoxifylline 69
perampanel 42
perindopril erbumine 66
periogard 83
PERJETA 34
permethrin 79
perphenazine 58
pfizerpen-g 20
PHEBURANE 81
phenelzine 58
phenobarbital 42
phenobarbital sodium 42
phentolamine 66
phenytoin 42
phenytoin sodium 42
phenytoin sodium extended ..42
philith 113
PIFELTRO 11
pilocarpine hcl 81, 116
pimecrolimus 75
pimozide 59
pimtrea (28) 113
pindolol 66
pioglitazone 89
piperacillin-tazobactam 20
PIPERACILLIN-TAZOBACTAM 20
PIQRAY 34
pirfenidone 122
piroxicam 52
pitavastatin calcium 71
PLASMA-LYTE A 128
PLEGRIDY 100
PLENAMINE 128
podofilox 75
POLIVY 34
polocaine 75
polocaine-mpf 75
polycin 115
polymyxin b sulf-trimethoprim 115
POMALYST 34
portia 28 113
posaconazole 8
potassium acetate 126
potassium chlorid-d5-0.45%nacl 126
potassium chloride 126
potassium chloride in 0.9%nacl 126
potassium chloride in 5 % dex 126
potassium chloride in lr-d5 126
potassium chloride in water 126
potassium chloride-0.45 % nacl 126
potassium chloride-d5-0.2%nacl 126
potassium chloride-d5-0.9%nacl 127
potassium citrate 124
potassium phosphate m-/d-basic 127
POTELIGEO 34
pramipexole 44
prasugrel hcl 69
pravastatin 71
praziquantel 17
prazosin 66
prednisolone 85
prednisolone acetate 118
prednisolone sodium phosphate 85, 118
prednisone 85
prednisone intensol 85
pregabalin 42
PREMARIN 110
premasol 10 % 128
PREMPHASE 110
PREMPRO 110
prenatal vitamin oral tablet 128
prevalite 71
PREVIDENT 5000 BOOSTER PLUS 83
PREVIDENT 5000 DRY MOUTH 83
PREVYMIS 11
PREZCOBIX 11
PREZISTA 11
PRIFTIN 18
PRIMAQUINE 18
primidone 42
PRIORIX (PF) 103
PRIVIGEN 103
probenecid 105
probenecid-colchicine 105
prochlorperazine 97
prochlorperazine maleate oral 97
PROCRIT 100
procto-med hc 97
proctosol hc 97
proctozone-hc 97
progesterone 110
progesterone micronized 110
PROGRAF 34
PROLASTIN-C 81
PROLIA 105
promethazine 119
propafenone 61
propranolol 66
propylthiouracil 85
PROQUAD (PF) 103
protamine 69
protriptyline 59
PULMICORT FLEXHALER 122
PULMOZYME 122
pyrazinamide 18
pyridostigmine bromide 48
pyrimethamine 18

Q

QINLOCK 34
QUADRACEL (PF) 103
quetiapine 59
quinapril 66
quinapril-hydrochlorothiazide 66
quinidine sulfate 62
quinine sulfate 18
QULIPTA 45

R

RABAVERT (PF) 103
rabeprazole 99

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 10/17/2025

RADICAVA 47
RADICAVA ORS 47
RADICAVA ORS STARTER KIT SUSP 47
RALDESY 59
raloxifene 105
ramelteon 59
ramipril 66
ranolazine 72
rasagiline 44
RAVICTI 81
reclipsen (28) 113
RECOMBIVAX HB (PF) .. 103
RELENZA DISKHALER 12
REMICADE 97
RENACIDIN 124
repaglinide 90
REPATHA 71
REPATHA PUSHTRONEX 71
REPATHA SURECLICK 71
RETACRIT 100
RETEVMO 34
RETROVIR 12
REVCOVI 81
REVUFORJ 34
REXULTI 59
REYATAZ 12
REZLIDHIA 34
REZUROCK 34
RHOPRESSA 117
ribavirin 12
RIDAURA 107
rifabutin 18
rifampin 18
riluzole 81
rimantadine 12
ringer's 127
RINVOQ 107, 108
RINVOQ LQ 107
risedronate 81, 105, 106
RISPERDAL CONSTA 59
risperidone 59
ritonavir 12
rivaroxaban 69
rivastigmine 47
rivastigmine tartrate 47
rizatriptan 45
ROCKLATAN 117
roflumilast 122
romidepsin 34
ROMVIMZA 35
ropinirole 45
rosuvastatin 71
ROTARIX 103
ROTATEQ VACCINE 103
roweepra 42
ROZLYTREK 35
RUBRACA 35
rufinamide 42, 43
RUKOBIA 12
RUXIENCE 35
RYBELSUS 90
RYBREVANT 35
RYDAPT 35
RYLAZE 35
S
sacubitril-valsartan 72
sajazir 122
SANTYL 75
sapropterin 92
SARCLISA 35
SAVELLA 108
SCEMBLIX 35
scopolamine base 97
SECUADO 59
SELARSDI 73
selegiline hcl 45
selenium sulfide 74
SELZENTRY 12
SEREVENT DISKUS 122
sertraline 59
setlakin 113
sf 83
sf 5000 plus 83
sharobel 110
SHINGRIX (PF) 104
SIGNIFOR 35
sildenafil (pulmonary arterial hypertension) 122
silver sulfadiazine 75
SIMBRINZA 117
SIMULECT 35
simvastatin 71
sirolimus 35
SIRTURO 18
SKYCLARYS 47
SKYRIZI 74, 97
sodium acetate 127
sodium benzoate-sod phenylacet 82
sodium bicarbonate 127
sodium chloride 82, 127
sodium chloride 0.45 % 127
sodium chloride 0.9 % 82
sodium chloride 3 % hypertonic 127
sodium chloride 5 % hypertonic 127
sodium fluoride 5000 dry mouth 83
sodium fluoride 5000 plus 83
sodium fluoride-pot nitrate ... 83
sodium nitroprusside 72
SODIUM OXYBATE 59
sodium phenylbutyrate 82
sodium phosphate 127
sodium polystyrene sulfonate 82
SOFOSBUVIR-VELPATASVIR 12
SOHONOS 82
solifenacin 124
SOLIQUA 100/33 90
SOLTAMOX 35
SOMATULINE DEPOT 35
SOMAVERT 92
sorafenib 35
sotalol 62
sotalol af 62
SPIRIVA RESPIMAT 122
spironolactone 66
spironolacton-hydrochlorothiaz 66
sprintec (28) 113
SPRITAM 43
sps (with sorbitol) 82
sronyx 114
ssd 75
STAMARIL (PF) 104
STELARA 74
STIOLTO RESPIMAT 122
STIVARGA 35
STRENSIQ 92
STREPTOMYCIN 18
STRIBILD 12

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 10/17/2025

STRIVERDI RESPIMAT .. 122
subvenite 43
SUCRAID 97
sucralfate 99
sulfacetamide sodium 116
sulfacetamide sodium (acne) 77
sulfacetamide-prednisolone 116
sulfadiazine 21
sulfamethoxazole-trimethoprim 21
sulfasalazine 97
sulindac 52
sumatriptan 45
sumatriptan succinate 45, 46
sunitinib malate 36
SUNLENCA 12
SUNOSI 59
syeda 114
SYMDEKO 122
SYMLINPEN 120 90
SYMLINPEN 60 90
SYMPAZAN 43
SYMTUZA 12
SYNAGIS 12
SYNAREL 92
SYNJARDY 90
SYNJARDY XR 90
SYNTHROID 93
T
TABLOID 36
TABRECTA 36
tacrolimus 36, 75
tadalafil 124
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg 122
TAFINLAR 36
TAGRISSO 36
TALZENNA 36
tamoxifen 36
tamsulosin 124
tarina 24 fe 114
tarina fe 1-20 eq (28) 114
TASIGNA 36
tasimelteon 60
TAVALISSE 70
TAVNEOS 82
tazarotene 76
tazicef 14
TAZVERIK 36
TECENTRIQ 36
TEFLARO 15
telmisartan 66
telmisartan-amlodipine 66
telmisartan-hydrochlorothiazid 66
temazepam 60
TEMODAR 36
temsirolimus 36
TENIVAC (PF) 104
tenofovir disoproxil fumarate 12
TEPMETKO 36
terazosin 66
terbinafine hcl 8
terbutaline 122
terconazole 110
TERIFLUNOMIDE 47
TERIPARATIDE 106
testosterone 93
testosterone cypionate 92
testosterone enanthate 93
tetrabenazine 47, 48
tetracycline 21
THALOMID 36
theophylline 123
thioridazine 60
thiotepa 36
thiothixene 60
tiadylt er 66
tiagabine 43
TIBSOVO 36
ticagrelor 70
TICE BCG 104
TICOVAC 104
tigecycline 18
tilia fe 114
timolol maleate 67, 116
tinidazole 18
TIVDAK 36
TIVICAY 12
TIVICAY PD 12
tizanidine 48
TOBI PODHALER 18
tobramycin 18, 115
tobramycin in 0.225 % nacl .18
tobramycin sulfate 18
tobramycin-dexamethasone 117
tolterodine 124
tolvaptan 93
topiramate 43
topotecan 36, 37
toremifene 37
torsemide 67
TOUJEO MAX U-300 SOLOSTAR 90
TOUJEO SOLOSTAR U-300 INSULIN 90
TRADJENTA 90
tramadol 52
tramadol-acetaminophen 52
trandolapril 67
tranexamic acid 110
tranylcypromine 60
travasol 10 % 128
travoprost 117
TRAZIMERA 37
trazodone 60
TREANDA 37
TRELEGY ELLIPTA 123
TREMFYA 74
TREMFYA ONE-PRESS 74
TREMFYA PEN 74
TREMFYA PEN INDUCTION PK(2PEN) .. 74
treprostinil sodium 67
TRESIBA FLEXTOUCH U-100 90
TRESIBA FLEXTOUCH U-200 90
TRESIBA U-100 INSULIN .90
tretinoin (antineoplastic) 37
tretinoin topical 76
triamcinolone acetonide 79, 83, 85
triamterene-hydrochlorothiazid 67
tridacaine ii 76
triderm 79
trientine 82
tri-estarylla 114
trifluoperazine 60
trifluridine 115
trihexyphenidyl 45

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 10/17/2025

TRIJARDY XR 90
TRIKAFTA 123
tri-legest fe 114
tri-linyah 114
tri-lo-estarylla 114
tri-lo-marzia 114
tri-lo-sprintec 114
trimethoprim 22
trimipramine 60
TRINTELLIX 60
tri-sprintec (28) 114
TRIUMEQ 12
TRIUMEQ PD 12
TRODELVY 37
TROGARZO 12
TROPHAMINE 10 % 128
trospium 124
TRULICITY 91
TRUMENBA 104
TRUQAP 37
TUKYSA 37
TURALIO 37
turqoz (28) 114
TWINRIX (PF) 104
TYPHIM VI 104
TYSABRI 48
TYVASO DPI 123
U
unithroid 93
UNITUXIN 37
UPTRAVI 67
ursodiol 97, 98
UZEDY 60
V
valacyclovir 12
VALCHLOR 76
valganciclovir 12
valproic acid 43
valproic acid (as sodium salt) 43
valrubicin 37
valsartan 67
valsartan-hydrochlorothiazide 67
VALTOCO 43
valtya 114
vancomycin 18, 19
VANCOMYCIN 18
VANCOMYCIN IN 0.9 % SODIUM CHL 18
vandazole 110
VANFLYTA 37
VAQTA (PF) 104
varenicline tartrate 83
VARIVAX (PF) 104
VARUBI 98
VAXCHORA VACCINE 104
VECAMYL 72
VECTIBIX 37
VEKLURY 13
velivet triphasic regimen (28) 114
VELTASSA 82
VEMLIDY 13
VENCLEXTA 37
VENCLEXTA STARTING PACK 37
venlafaxine 60, 61
verapamil 67
VERQUVO 72
VERSACLOZ 61
VERZENIO 37
vestura (28) 114
VIBERZI 98
vienva 114
vigabatrin 43
vigadrone 43
vigpoder 43
VIJOICE 37
vilazodone 61
VIMIZIM 93
VIMKUNYA 105
vinblastine 37
vincristine 37
vinorelbine 38
VIOKACE 98
viorele (28) 114
VIRACEPT 13
VIREAD 13
VITRAKVI 38
VIVITROL 52
VIVOTIF 105
VIZIMPRO 38
VONJO 38
VORANIGO 38
voriconazole 8
voriconazole-hpbcd 9
VOSEVI 13
VOTRIENT 38
VOWST 98
VRAYLAR 61
VUMERITY 48
VYNDAMAX 72
VYXEOS 38
VYZULTA 117
W
WAKIX 61
warfarin 70
WEGOVY 82
WELIREG 38
wera (28) 114
WINREVAIR 123
wixela inhub 123
X
XALKORI 38
XARELTO 70
XARELTO DVT-PE TREAT 30D START 70
XATMEP 38
XCOPRI 44
XCOPRI MAINTENANCE PACK 44
XCOPRI TITRATION PACK 44
XDEMVY 116
XELJANZ 108
XELJANZ XR 108
XERMELO 38
XGEVA 22
XIAFLEX 82
XIFAXAN 19
XIGDUO XR 91
XIIDRA 116
XOLAIR 123
XOSPATA 38
XPOVIO 38
XTANDI 39
xulane 111
XYWAV 61
Y
YERVOY 39
YESINTEK 74
YF-VAX (PF) 105
YONDELIS 39

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 10/17/2025

YONSA 39
YUFLYMA(CF) 108
YUFLYMA(CF) AI CROHN'S-UC-HS 108
YUFLYMA(CF) AUTOINJECTOR 108
YUPELRI 123
yuvafem 110
Z
zafemy 111
zafirlukast 123
zaleplon 61
ZALTRAP 39
ZANOSAR 39
ZARXIO 100
ZEJULA 39
ZELBORAF 39
zenatane 76
ZENPEP 98
ZEPBOUND 82
ZEPOSIA 48
ZEPOSIA STARTER KIT (28-DAY) 48
ZEPOSIA STARTER PACK (7-DAY) 48
ZEPZELCA 39
zidovudine 13
ZIEXTENZO 100
ziprasidone hcl 61
ziprasidone mesylate 61
ZIRABEV 39
ZIRGAN 115
ZOLADEX 39
ZOLINZA 39
zolmitriptan 46
zolpidem 61
ZONISADE 44
zonisamide 44
zovia 1-35 (28) 114
ZTALMY 44
ZUBSOLV 52
zumandimine (28) 114
ZURZUVAE 61
ZYDELIG 39
ZYKADIA 39
ZYNLONTA 39
ZYPREXA RELPREVV 61

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 10/17/2025

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Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-927-6048. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au1-800-927-6048. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-927-6048 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter1-800-927-6048. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-927-6048 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону1-800-927-6048. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-927-6048. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-927-6048 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-927-6048. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-927-6048. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-927-6048. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-927-6048. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-927-6048 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Sentara Medicare
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This formulary was updated on **10/17/2025**. For more recent information or other questions, please contact Sentara Medicare Member Services at 1-800-927-6048 (TTY users should call 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m., or visit: sentarahealthplans.com/plans/medicare/prescription-drugs.