Sentara® Health Plans

PO Box 66189
Virginia Beach, VA 23466

Sentara Community Complete Select (HMO D-SNP) 2026 Formulary (List of Covered Drugs or "Drug List")

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

Formulary ID: **26026**, Version: **28**

This formulary was updated on **10/20/2026**. 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 **11/01/2026**. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the 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 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 <**last formulary update**>. 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 **105**. 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 **105**.

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
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
CRESEMBA ORAL CAPSULE 186 MG	1	PA; QL (60 per 30 days)
CRESEMBA ORAL CAPSULE 74.5 MG	1	PA; QL (120 per 30 days)
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	PA; 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; NEDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	PA; MO; NEDS
voriconazole oral tablet 200 mg, 50 mg	1	PA; 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 10/20/2026

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
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 PED ORAL TABLET FOR SUSPENSION 2.5 MG	1	MO; NEDS
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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	MO; 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
GENVOYA ORAL TABLET 150-150-200-10 MG	1	MO; NEDS
IDVYNSO ORAL TABLET 100-0.25 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
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	1	QL (40 per 180 days)
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 (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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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	MO
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	NEDS; QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	NEDS; QL (30 per 5 days)
PIFELTRO ORAL TABLET 100 MG	1	MO; NEDS
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	1	PA; MO; 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	MO
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	MO; NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	MO; NEDS
PREZISTA ORAL TABLET 150 MG	1	MO; NEDS
PREZISTA ORAL TABLET 75 MG	1	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	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
rilpivirine hcl oral tablet 25 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.

This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
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
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; 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)
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
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	

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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, 500 mg/5 ml	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 100 gram, 300 gram	1	
cefazolin intravenous recon soln 10 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	
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
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg	1	NEDS
ceftazidime injection recon soln 1 gram, 2 gram	1	MO
ceftazidime injection recon soln 6 gram	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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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 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
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
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	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, 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)
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
erythromycin oral tablet 250 mg, 500 mg	1	MO
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1	MO
fidaxomicin oral tablet 200 mg	1	PA; NEDS; QL (20 per 10 days)
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	1	MO; NEDS
amikacin injection solution 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
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	MO
aztreonam injection recon soln 1 gram, 2 gram	1	MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; MO; LA; NEDS; QL (84 per 56 days)
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 500 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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
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; NEDS; QL (84 per 28 days)
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; QL (20 per 30 days)
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)
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)
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	
praziquantel oral tablet 600 mg	1	MO
PRETOMANID ORAL TABLET 200 MG	1	PA; QL (30 per 30 days)
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
rifapentine oral tablet 150 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 sulfate injection recon soln 1.2 gram	1	
tobramycin sulfate injection solution 10 mg/ml	1	
tobramycin sulfate injection solution 40 mg/ml	1	MO
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	QL (2 per 10 days)
vancomycin intravenous recon soln 1,000 mg	1	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)
vancomycin intravenous recon soln 750 mg	1	
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	1	MO
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	MO
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	MO
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram	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	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO
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	

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
PIPERACILLIN-TAZOBACTAM INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	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, 750 mg	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	MO
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 oral suspension 200-40 mg/5 ml	1	MO
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	MO
TETRACYCLINES		

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
tetracycline oral capsule 250 mg, 500 mg	1	MO
URINARY TRACT AGENTS		
fosfomycin tromethamine oral packet 3 gram	1	MO
methenamine hippurate oral tablet 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		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	MO
mesna oral tablet 400 mg	1	MO; NEDS
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	PA; MO
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	PA; MO
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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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
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)
azathioprine oral tablet 50 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)
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
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 500 MG	1	PA; MO; NEDS; QL (30 per 30 days)
bosutinib oral tablet 400 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 TABLET 160 MG	1	PA; LA; NEDS; QL (60 per 30 days)
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)

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
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)
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)
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 oral capsule 25 mg, 50 mg	1	B/D PA; MO
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; MO
cyclosporine oral capsule 100 mg, 25 mg	1	B/D PA; MO
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA; NEDS; QL (120 per 30 days)
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)
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)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	1	PA; MO; QL (1 per 84 days)
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	1	PA; MO; QL (1 per 112 days)
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	1	PA; MO; QL (1 per 168 days)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	1	PA; MO; QL (1 per 28 days)
ENSACOVE ORAL CAPSULE 100 MG	1	PA; LA; NEDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	1	PA; LA; NEDS; QL (30 per 30 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG	1	PA; 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 4 MG	1	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)
EULEXIN ORAL CAPSULE 125 MG	1	PA; NEDS; QL (180 per 30 days)
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	1	PA; MO; NEDS; QL (330 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	1	PA; MO; NEDS; QL (240 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	1	PA; MO; NEDS; QL (180 per 30 days)
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
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)
GAVRETO ORAL CAPSULE 100 MG	1	PA; LA; NEDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg	1	PA; MO; NEDS; QL (30 per 30 days)
gengraf oral capsule 100 mg, 25 mg	1	B/D PA; MO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA; MO; NEDS; QL (30 per 30 days)
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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
HERNEXEOS ORAL TABLET 60 MG	1	PA; MO; NEDS; QL (90 per 30 days)
hydroxyurea oral capsule 500 mg	1	MO
HYRNUO ORAL TABLET 10 MG	1	PA; NEDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 125 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)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
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 (90 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 (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	1	PA; NEDS; QL (90 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	1	PA; NEDS; QL (30 per 30 days)
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA; MO; NEDS; QL (280 per 28 days)
INLURIYO ORAL TABLET 200 MG	1	PA; NEDS; QL (56 per 28 days)
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)
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)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA; MO; NEDS; QL (60 per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	1	PA; MO; NEDS; QL (30 per 30 days)

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

This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA ORAL TABLET 100 MG	1	PA; NEDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA; NEDS; QL (30 per 30 days)
JIDEYTRO ORAL TABLET 100 MG	1	PA; QL (30 per 30 days)
JIDEYTRO ORAL TABLET 25 MG	1	PA; QL (90 per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	1	B/D PA; MO; NEDS
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)
KOMZIFTI ORAL CAPSULE 200 MG	1	PA; NEDS; QL (90 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA; NEDS; QL (120 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	1	PA; NEDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	1	PA; NEDS; QL (360 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA; NEDS; QL (180 per 30 days)
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, 2.5 mg, 20 mg, 25 mg, 5 mg	1	PA; MO; NEDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; MO; NEDS; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; MO; NEDS; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	1	PA; MO; NEDS; QL (60 per 30 days)
letrozole oral tablet 2.5 mg	1	MO
LEUKERAN ORAL TABLET 2 MG	1	PA; MO; NEDS
leuprolide subcutaneous kit 1 mg/0.2 ml	1	PA; 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9)	1	PA; LA; NEDS; QL (18 per 28 days)
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	1	PA; LA; NEDS; QL (27 per 28 days)
lomustine oral capsule 10 mg, 100 mg, 40 mg	1	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)
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
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; MO; NEDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	PA; NEDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	1	PA; LA; NEDS; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	1	PA; LA; NEDS; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	1	PA; LA; NEDS; QL (140 per 28 days)
MATULANE ORAL CAPSULE 50 MG	1	PA; NEDS
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	PA; 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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)
mercaptopurine oral suspension 20 mg/ml	1	PA; MO; NEDS
mercaptopurine oral tablet 50 mg	1	MO
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
MODEYSO ORAL CAPSULE 125 MG	1	PA; NEDS; QL (20 per 28 days)
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
NERLYNX ORAL TABLET 40 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg	1	PA; MO; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg	1	PA; MO; QL (120 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)
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	1	PA; MO; NEDS
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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)
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA; MO; NEDS; QL (14 per 28 days)
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 30 days)
pazopanib oral tablet 200 mg	1	PA; MO; NEDS; QL (120 per 30 days)
PAZOPANIB ORAL TABLET 400 MG	1	PA; MO; NEDS; QL (60 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA; LA; NEDS; QL (14 per 21 days)
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)
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	1	PA; MO; NEDS; QL (21 per 28 days)
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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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 (150 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)
RYDAPT ORAL CAPSULE 25 MG	1	PA; MO; NEDS; QL (224 per 28 days)
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
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	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)
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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
TEPMETKO ORAL TABLET 225 MG	1	PA; LA; NEDS; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG	1	PA; MO; NEDS; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	1	PA; MO; NEDS; QL (56 per 28 days)
TIBSOVO ORAL TABLET 250 MG	1	PA; NEDS; QL (60 per 30 days)
toremifene oral tablet 60 mg	1	MO; NEDS
tretinoin (antineoplastic) oral capsule 10 mg	1	MO; 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)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA; NEDS; QL (56 per 28 days)
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)
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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	1	PA; LA; NEDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	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 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA; NEDS; QL (32 per 28 days)
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)
yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; QL (30 per 30 days)
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)
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	1	PA; MO; QL (21 per 28 days)

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

This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA ORAL CAPSULE 100 MG	1	PA; MO; NEDS; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	MO; NEDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA; MO; NEDS; QL (90 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
brivaracetam oral solution 10 mg/ml	1	PA; MO; QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	PA; MO; 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

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
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	PA; MO; QL (180 per 30 days)
eslicarbazepine oral tablet 400 mg	1	PA; MO; QL (90 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	1	PA; 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	PA; MO
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)
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 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
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)	1	
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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 suspension 0.5 mg/ml	1	PA; MO; NEDS; QL (720 per 30 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	1	PA; MO; NEDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	1	PA; MO; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	1	PA; 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
phenytoin oral suspension 125 mg/5 ml	1	MO
phenytoin oral tablet,chewable 50 mg	1	MO
phenytoin sodium extended oral capsule 100 mg	1	MO
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)
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	PA; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	1	PA; QL (60 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	1	PA; QL (30 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	1	PA; QL (120 per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	1	PA; MO; NEDS; QL (1500 per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	PA; MO; NEDS; 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	PA; 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)
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, 25 MG, 50 MG	1	PA; MO; NEDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	PA; MO; NEDS; QL (60 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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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	PA; 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 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
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 elixir 0.4 mg/ml	1	MO
trihexyphenidyl oral tablet 2 mg, 5 mg	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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	PA; NEDS; QL (8 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1	PA; NEDS; QL (8 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; NEDS; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; MO; NEDS; 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 pen injector 6 mg/0.5 ml	1	MO; QL (8 per 28 days)
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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	1	PA; MO; NEDS; QL (30 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)
dextromethorphan-quinidine oral capsule 20-10 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, 23 mg, 5 mg	1	MO; QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg	1	MO; QL (30 per 30 days)
fingolimod oral capsule 0.5 mg	1	PA; MO; NEDS; QL (30 per 30 days)
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)
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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
teriflunomide oral tablet 14 mg, 7 mg	1	PA; MO; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	1	PA; MO; NEDS; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA; MO; NEDS; QL (120 per 30 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, 20 mg	1	MO
baclofen oral tablet 5 mg	1	MO; QL (90 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
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 sublingual tablet 2 mg, 8 mg	1	MO
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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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, 5-325 mg, 7.5-325 mg	1	NEDS; QL (360 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; NEDS; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	NEDS; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	NEDS; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NEDS; QL (360 per 30 days)
hydromorphone oral liquid 1 mg/ml	1	NEDS; QL (2400 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	NEDS; QL (180 per 30 days)
methadone intensol oral concentrate 10 mg/ml	1	PA; NEDS; QL (90 per 30 days)
methadone oral concentrate 10 mg/ml	1	PA; NEDS; QL (120 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; NEDS; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; NEDS; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; NEDS; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; NEDS; QL (240 per 30 days)
methadose oral concentrate 10 mg/ml	1	PA; NEDS; QL (120 per 30 days)
morphine oral tablet 15 mg, 30 mg	1	NEDS; QL (180 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg	1	PA; NEDS; QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	1	PA; NEDS; QL (90 per 30 days)
oxycodone oral capsule 5 mg	1	NEDS; QL (360 per 30 days)
oxycodone oral concentrate 20 mg/ml	1	NEDS; QL (180 per 30 days)
oxycodone oral solution 5 mg/5 ml	1	NEDS; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	NEDS; QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	NEDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NEDS; QL (360 per 30 days)
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	MO
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, 50 mg, 75 mg	1	MO
diclofenac sodium topical drops 1.5 %	1	PA; MO; QL (300 per 30 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)
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	1	MO; QL (4 per 28 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	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	1	
naltrexone oral tablet 50 mg	1	MO
naproxen oral tablet 250 mg, 375 mg, 500 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
oxaprozin oral tablet 600 mg	1	MO
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
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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	MO; NEDS; QL (4.8 per 365 days)
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, 30 mg, 5 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 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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
citalopram oral solution 10 mg/5 ml	1	MO; QL (600 per 30 days)
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	QL (90 per 30 days)
clozapine oral tablet 200 mg, 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; QL (30 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	MO; QL (90 per 30 days)
dextroamphetamine-amphetamine oral tablet 30 mg	1	MO; QL (60 per 30 days)
diazepam intensol oral concentrate 5 mg/ml	1	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)

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 10/20/2026

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	1	MO; QL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 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	PA; MO; NEDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	1	MO; QL (600 per 30 days)
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)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG	1	PA; NEDS; QL (30 per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 36.3 MG, 54.5 MG, 72.6 MG	1	PA; MO; NEDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	1	PA; MO; NEDS; QL (32 per 365 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; QL (12 per 180 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	1	PA; QL (8 per 180 days)
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)
fluoxetine (pmdd) oral tablet 10 mg	1	QL (30 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	1	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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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; QL (600 per 30 days)
fluoxetine oral tablet 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral tablet 20 mg	1	MO; QL (120 per 30 days)
fluphenazine decanoate injection solution 25 mg/ml	1	MO
fluphenazine hcl injection solution 2.5 mg/ml	1	
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 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	
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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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	MO
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	PA; MO; QL (180 per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml	1	MO; QL (900 per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	1	MO; QL (1800 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	MO; QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	MO; QL (90 per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 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	
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; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG, 5 MG	1	PA; MO; 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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
phenelzine oral tablet 15 mg	1	MO
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 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)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	1	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml, 50 mg/2 ml	1	NEDS; QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 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	PA; 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; MO; LA; NEDS; QL (540 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 10/20/2026

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 (30 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, 300 mg, 50 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)
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)
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	PA; NEDS
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA; MO; NEDS; QL (30 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	
zolpidem oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA; MO; NEDS; QL (28 per 180 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; MO; NEDS; QL (14 per 365 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	1	QL (2 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	QL (1 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 200 mg, 400 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
MULTAQ ORAL TABLET 400 MG	1	PA; MO; QL (60 per 30 days)
pacerone oral tablet 100 mg, 200 mg	1	
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
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	
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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	
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
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 oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	MO
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	
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	MO
eplerenone oral tablet 25 mg, 50 mg	1	MO
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	
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 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	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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
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 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	MO
nisoldipine oral tablet extended release 24 hr 34 mg, 8.5 mg	1	
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
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	MO
pindolol oral tablet 10 mg, 5 mg	1	MO
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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	
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
timolol maleate oral tablet 10 mg	1	
timolol maleate oral tablet 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
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
UPTRAVI ORAL TABLET 100 MCG, 150 MCG	1	PA; MO
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; MO; LA
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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 oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 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		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	MO
BRILINTA ORAL TABLET 90 MG	1	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 oral tablet 25 mg, 50 mg, 75 mg	1	MO
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)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3)	1	MO; QL (120 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	1	MO; QL (60 per 30 days)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	1	QL (120 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg	1	PA; MO; NEDS; QL (30 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, 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 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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	MO
heparin, porcine (pf) injection syringe 5,000 unit/0.5 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	
pentoxifylline oral tablet extended release 400 mg	1	MO
prasugrel hcl oral tablet 10 mg, 5 mg	1	MO
rivaroxaban oral tablet 2.5 mg	1	MO; QL (60 per 30 days)
ticagrelor oral tablet 60 mg	1	MO; QL (60 per 30 days)
ticagrelor oral tablet 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)
XARELTO ORAL TABLET 2.5 MG	1	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
gemfibrozil oral tablet 600 mg	1	MO
icosapent ethyl oral capsule 0.5 gram, 1 gram	1	MO
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	MO
NEXLIZET ORAL TABLET 180-10 MG	1	PA; MO; QL (30 per 30 days)
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
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
prevalite oral powder in packet 4 gram	1	MO
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		
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	1	MO
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	1	QL (240 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	1	PA; MO; QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	MO; QL (60 per 30 days)
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	MO; QL (60 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA; MO; QL (30 per 30 days)
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO
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 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	PA; 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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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 INTRAVENOUS SOLUTION 130 MG/26 ML	1	MO
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
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)
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML	1	PA; MO; QL (2.22 per 365 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; NEDS; QL (0.5 per 28 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	1	MO
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)

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

This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; 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
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)
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)
EUCRISA TOPICAL OINTMENT 2 %	1	PA; MO; QL (100 per 28 days)
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution 2 %, 5 %	1	MO
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 2 %, 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-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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
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)
VALCHLOR TOPICAL GEL 0.016 %	1	PA; MO; NEDS
THERAPY FOR ACNE		
accutane oral capsule 10 mg, 20 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 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 %	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	

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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)
nyamyc topical powder 100,000 unit/gram	1	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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO
alclometasone topical cream 0.05 %	1	MO
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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
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		
malathion topical lotion 0.5 %	1	MO
permethrin topical cream 5 %	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	MO
anagrelide oral capsule 0.5 mg, 1 mg	1	MO
carglumic acid oral tablet, dispersible 200 mg	1	PA; MO; NEDS
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
d5 %-0.45 % sodium chloride intravenous parenteral solution	1	MO
deferasirox oral tablet 180 mg, 360 mg	1	PA; MO; NEDS
deferasirox oral tablet 90 mg	1	PA; MO
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	1	PA; MO; NEDS
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	1	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	1	
dextrose 5 % in water (d5w) intravenous parenteral solution	1	MO
dextrose 5 % in water (d5w) intravenous piggyback 5 %	1	MO
dextrose 5%-0.2 % sod chloride 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
glutamine (sickle cell) oral powder in packet 5 gram	1	PA; MO; NEDS; QL (180 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; LA; NEDS
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; QL (30 per 30 days)
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
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
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; LA; NEDS
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	1	PA; MO; QL (30 per 30 days)

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

This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
riluzole oral tablet 50 mg	1	PA; MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
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; NEDS
sodium phenylbutyrate oral tablet 500 mg	1	PA; MO; NEDS
sodium polystyrene sulfonate oral powder 15 gram	1	MO
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	MO
sps (with sorbitol) rectal enema 30-40 gram/120 ml	1	
trientine oral capsule 250 mg	1	PA; MO; NEDS; QL (240 per 30 days)
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	MO
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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	MO
olopatadine nasal spray,non-aerosol 0.6 %	1	MO
periogard mucous membrane mouthwash 0.12 %	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
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		
dexamethasone oral elixir 0.5 mg/5 ml	1	MO
dexamethasone oral solution 0.5 mg/5 ml	1	MO
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	MO
fludrocortisone oral tablet 0.1 mg	1	MO
hydrocortisone oral tablet 10 mg, 20 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone sod succinate injection recon soln 100 mg	1	
methylprednisolone acetate injection suspension 40 mg/ml, 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
methylprednisolone sodium succ injection recon soln 125 mg, 40 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), 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 (48 pack), 5 mg (48 pack)	1	
prednisone oral tablets,dose pack 10 mg, 5 mg	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
dapagliflozin oral tablet 10 mg	1	MO; QL (30 per 30 days)
dapagliflozin oral tablet 5 mg	1	MO; QL (60 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg	1	MO; QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg	1	MO; QL (60 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
diazoxide oral suspension 50 mg/ml	1	MO
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	1	MO
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/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
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) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	MO
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
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	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	MO; QL (30 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
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA; QL (9 per 30 days)
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)
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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 ORAL TABLET 1.5 MG	1	PA; QL (30 per 180 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	1	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	MO; QL (30 per 30 days)
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; QL (30 per 30 days)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	1	MO; QL (60 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	1	MO; QL (30 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	1	MO; QL (60 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	QL (30 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)
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 2.5-1,000 MG	1	QL (60 per 30 days)
MISCELLANEOUS HORMONES		
cabergoline oral tablet 0.5 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	MO; QL (3.7 per 28 days)
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 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 oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	MO
mifepristone oral tablet 300 mg	1	PA; MO; NEDS; QL (120 per 30 days)
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
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 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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 (polycys kidney dis) oral tablet 15 mg	1	PA; MO; NEDS; QL (240 per 30 days)
tolvaptan (polycys kidney dis) oral tablet 30 mg	1	PA; MO; NEDS; QL (120 per 30 days)
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	1	PA; MO; NEDS; QL (56 per 28 days)
tolvaptan oral tablet 15 mg, 30 mg	1	PA; MO; NEDS
zelvysia oral powder in packet 100 mg	1	
zelvysia oral powder in packet 500 mg	1	PA; NEDS
THYROID HORMONES		
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
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	1	
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		
dicyclomine oral capsule 10 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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	MO
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
loperamide oral capsule 2 mg	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg	1	PA; MO; QL (60 per 30 days)
alosetron oral tablet 1 mg	1	PA; MO; NEDS; QL (60 per 30 days)
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	PA; MO; NEDS
compro rectal suppository 25 mg	1	MO
constulose oral solution 10 gram/15 ml	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; MO
enulose oral solution 10 gram/15 ml	1	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; MO; NEDS
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	MO
gavilyte-n oral recon soln 420 gram	1	MO
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)
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 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 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; QL (30 per 30 days)
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
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	
peg-electrolyte oral recon soln 420 gram	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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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	
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
ursodiol oral tablet 250 mg, 500 mg	1	MO
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	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, 40 mg	1	MO; QL (30 per 30 days)
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	1	MO
famotidine oral tablet 20 mg, 40 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	1	MO; QL (30 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	1	MO
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
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)
ranitidine hcl oral tablet 150 mg, 300 mg	1	MO
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 PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	1	PA; LA; QL (2 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)
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
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
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	

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
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 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
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	1	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	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
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	B/D PA; 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	B/D PA; 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
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	

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	V
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	B/D PA; 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	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	V
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 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
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/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
VIMKUNYA (PF) 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	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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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)
JUBBONTI 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)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA; MO; QL (1 per 180 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	1	PA; MO; NEDS; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; MO; NEDS
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)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4.8 per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4.8 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	1	PA; MO; NEDS; QL (2.4 per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; NEDS; QL (2.4 per 28 days)
leflunomide oral tablet 10 mg, 20 mg	1	MO; QL (30 per 30 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)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	1	PA; MO; NEDS; QL (30 per 30 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	1	PA; MO; NEDS; QL (30 per 30 days)
penicillamine oral tablet 250 mg	1	PA; MO
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)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; NEDS; QL (168 per 365 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; MO; NEDS; QL (3 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; MO; NEDS; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
tofacitinib oral solution 1 mg/ml	1	PA; MO; NEDS; QL (300 per 30 days)
tofacitinib oral tablet 10 mg, 5 mg	1	PA; MO; NEDS; QL (60 per 30 days)
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	1	PA; MO; NEDS; QL (30 per 30 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; MO; NEDS; QL (3.6 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; MO; NEDS; QL (3.6 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
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 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, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (8 per 28 days)
dotti transdermal patch semiweekly 0.0375 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
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.075 mg/24 hr	1	MO; QL (8 per 28 days)
estradiol transdermal patch semiweekly 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr	1	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr	1	QL (4 per 28 days)
estradiol transdermal patch weekly 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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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, 0.05 mg/24 hr, 0.075 mg/24 hr	1	QL (8 per 28 days)
lyllana transdermal patch semiweekly 0.1 mg/24 hr	1	MO; 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
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	
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 VAGINAL CREAM 0.625 MG/GRAM	1	
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 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	

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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	MO
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
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
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	MO
cryselle (28) oral tablet 0.3-30 mg-mcg	1	MO
cyred eq oral tablet 0.15-0.03 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
enskyce oral tablet 0.15-0.03 mg	1	MO
estarylla oral tablet 0.25-0.035 mg	1	MO
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
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
juleber oral tablet 0.15-0.03 mg	1	MO
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)	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 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, 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
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	
luizza oral tablet 1-20 mg-mcg	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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
nikki (28) oral tablet 3-0.02 mg	1	MO
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
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
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-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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 1-35 mg-mcg, 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
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	MO
OXYTOCICS		
methylergonovine oral tablet 0.2 mg	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
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
BESIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	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)
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	MO
ofloxacin ophthalmic (eye) drops 0.3 %	1	MO
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
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
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
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	MO
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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.07 %, 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 %, 0.5 %	1	MO
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		
bimatoprost ophthalmic (eye) drops 0.01 %	1	MO
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
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
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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	MO; QL (10 per 14 days)
STEROIDS		
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
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	1	MO
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 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 %, 0.2 %	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
cetirizine oral solution 1 mg/ml	1	MO
cyproheptadine oral tablet 4 mg	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)
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 oral syrup 6.25 mg/5 ml	1	MO
promethazine oral tablet 12.5 mg, 25 mg, 50 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
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 oral syrup 2 mg/5 ml	1	MO
albuterol sulfate oral tablet 2 mg, 4 mg	1	MO
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; QL (120 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	1	PA; MO; LA; NEDS; QL (60 per 30 days)
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 160-18-4.8 MCG/ACTUATION, 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 mg/2 ml	1	B/D PA; 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (10.2 per 30 days)
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)
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
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	1	PA; MO; NEDS; QL (24 per 28 days)
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 hfa aerosol inhaler 17 mcg/actuation	1	MO; QL (25.8 per 30 days)
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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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
nintedanib oral capsule 100 mg, 150 mg	1	PA; MO; NEDS; QL (60 per 30 days)
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)
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)
pirfenidone oral capsule 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	1	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	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) oral tablet 20 mg	1	PA; MO; 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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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
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	MO
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)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	1	PA; MO; 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)

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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		
ANTICHOLINERGICS / ANTISPASMODICS		
mirabegron oral suspension,extended rel recon 8 mg/ml	1	
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	1	MO; QL (30 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	MO; QL (30 per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	1	MO; QL (600 per 30 days)
oxybutynin chloride oral tablet 5 mg	1	MO
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	1	MO; QL (60 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	1	MO; QL (30 per 30 days)
solifenacin oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
tolterodine oral tablet 1 mg, 2 mg	1	MO; QL (60 per 30 days)
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; QL (30 per 30 days)
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
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	MO
tadalafil oral tablet 5 mg	1	PA; MO; QL (30 per 30 days)

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

This drug list was last updated on 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
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
magnesium chloride injection solution 200 mg/ml (20 %)	1	
magnesium sulfate injection solution 500 mg/ml (50 %)	1	
magnesium sulfate injection syringe 500 mg/ml (50 %)	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 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, 20 meq/100 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

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	MO
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	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	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
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
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	

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 10/20/2026

Drug Name	Drug Tier	Requirements/Limits
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 10/20/2026

Index

A

abacavir 9
abacavir-lamivudine 9
abigale 88
abigale lo 88
ABILIFY ASIMTUFII 42
ABILIFY MAINTENA 42
abiraterone 20
abirtega 20
ABRYSVO (PF) 81
acamprosate 65
acarbose 69
accutane 62
acebutolol 51
acetaminophen-codeine 39
acetazolamide 95
acetic acid 68
acetylcysteine 97
acitretin 59
ACTHIB (PF) 81
ACTIMMUNE 80
acyclovir 9, 63
acyclovir sodium 9
ADACEL(TDAP ADOLESN/ADULT)(PF) 82
ADBRY 61
adefovir 9
ADEMPAS 97
ADVAIR HFA 97
AIMOVIG AUTOINJECTOR 37
AKEEGA 21
ala-cort 64
albendazole 15
albuterol sulfate 97
alclometasone 64
alcohol pads 69
ALECENSA 21
alendronate 86
alfuzosin 101
aliskiren 51
allopurinol 85
alosetron 77
ALPHAGAN P 96
alprazolam 42
altavera (28) 90
ALUNBRIG 21
alyacen 1/35 (28) 90
amantadine hcl 9
ambrisentan 97
amikacin 15
amiloride 51
amiloride-hydrochlorothiazide 51
amiodarone 51
amitriptyline 42
amlodipine 51
amlodipine-benazepril 51
amlodipine-olmesartan 51
amlodipine-valsartan 51
ammonium lactate 61
amnesteem 62
amoxapine 42
amoxicillin 17, 18
amoxicillin-pot clavulanate 18
amphotericin b 8
amphotericin b liposome 8
ampicillin 18
ampicillin sodium 18
ampicillin-sulbactam 18
anagrelide 65
anastrozole 21
ANORO ELLIPTA 97
apraclonidine 96
aprepitant 77
apri 90
APTIVUS 9
aranelle (28) 90
ARCALYST 80
AREXVY (PF) 82
arformoterol 97
ARIKAYCE 15
aripiprazole 42
ARISTADA 43
ARISTADA INITIO 43
armodafinil 43
ARNUITY ELLIPTA 97
asenapine maleate 43
aspirin-dipyridamole 56
atazanavir 9
atenolol 51
atenolol-chlorthalidone 51
atomoxetine 43
atorvastatin 57
atovaquone 15
atovaquone-proguanil 15
atropine 94
aubra eq 90
AUGMENTIN 18
AUGTYRO 21
AUSTEDO 37
AUSTEDO XR 38
AUSTEDO XR TITRATION KT(WK1-4) 38
AUVELITY 43
aviane 90
AVMAPKI-FAKZYNJA 21
AVONEX 80
AYVAKIT 21
AZASITE 93
azathioprine 21
azelaic acid 62
azelastine 67, 94
azithromycin 14
aztreonam 15

B

bacitracin 93
bacitracin-polymyxin b 93
baclofen 39
balsalazide 77
BALVERSA 21
BAQSIMI 69
BARACLUDE 9
BCG VACCINE, LIVE (PF) 82
benazepril 51
benazepril-hydrochlorothiazide 51
BENLYSTA 86
benztropine 36
BESIFLOXACIN 93
BESIVANCE 93
BESREMI 80
BESREMI PEN 80
betaine 77
betamethasone dipropionate 64

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 10/20/2026

betamethasone valerate 64
betamethasone, augmented .. 64
BETASERON 80
betaxolol 52, 94
bethanechol chloride 101
bexarotene 21
BEXSERO 82
bicalutamide 21
BICILLIN C-R 18
BICILLIN L-A 18
BIKTARVY 9
bimatoprost 95
bisoprolol fumarate 52
bisoprolol-hydrochlorothiazide 52
BOOSTRIX TDAP 82
bosentan 97
BOSULIF 21
bosutinib 21
BOTOX 82
BRAFTOVI 21
BREO ELLIPTA 97
breyna 97
BREZTRI AEROSPHERE .. 97
BRILINTA 56
brimonidine 96
brimonidine-timolol 95
brivaracetam 32
bromfenac 95
bromocriptine 36
BRUKINSA 21
budesonide 77, 97
budesonide-formoterol 98
bumetanide 52
buprenorphine 39
buprenorphine hcl 39
buprenorphine-naloxone 40, 41
bupropion hcl 43
bupropion hcl (smoking deter) 67
buspirone 43
butalbital-acetaminophen-caff 40
butorphanol 41
C
cabergoline 74
CABOMETYX 21
calcipotriene 59
calcitonin (salmon) 75
calcitriol 59, 75
CALQUENCE (ACALABRUTINIB MAL) 21
camila 88
candesartan 52
candesartan-hydrochlorothiazid 52
CAPLYTA 43
CAPRELSA 22
captopril 52
carbamazepine 32
carbidopa 36
carbidopa-levodopa 36
carbidopa-levodopa-entacapone 36
carglumic acid 65
carteolol 94
cartia xt 52
carvedilol 52
caspofungin 8
CAYSTON 15
cefaclor 12, 13
cefadroxil 13
cefazolin 13
cefazolin in dextrose (iso-os) 13
cefdinir 13
cefepime 13
CEFEPIME IN DEXTROSE 5 % 13
cefepime in dextrose,iso-osm 13
cefixime 13
cefoxitin 13
cefoxitin in dextrose, iso-osm 13
cefpodoxime 13
cefprozil 13
ceftaroline fosamil 13
ceftazidime 13
ceftriaxone 14
CEFTRIAXONE 14
ceftriaxone in dextrose,iso-os 14
cefuroxime axetil 14
cefuroxime sodium 14
celecoxib 41
cephalexin 14
cetirizine 96
chlorhexidine gluconate 67
chloroquine phosphate 15
chlorpromazine 43
chlorthalidone 52
chlorzoxazone 39
cholestyramine (with sugar) .57
cholestyramine light 57
ciclopirox 63
cilostazol 56
CIMDUO 9
cimetidine 79
cinacalcet 75
ciprofloxacin hcl 19, 68, 93
ciprofloxacin in 5 % dextrose 19
ciprofloxacin-dexamethasone 68
citalopram 44
claravis 62
clarithromycin 14
clindacin etz 62
clindacin p 62
clindamycin hcl 15
CLINDAMYCIN IN 0.9 % SOD CHLOR 15
clindamycin in 5 % dextrose .15
clindamycin pediatric 15
clindamycin phosphate ..15, 62, 89
CLINIMIX 5%/D15W SULFITE FREE 103
CLINIMIX 4.25%/D10W SULF FREE 103
CLINIMIX 4.25%/D5W SULFIT FREE 65
CLINIMIX 5%-D20W(SULFITE-FREE) 103
clobazam 32
clobetasol 64
clodan 64
clomipramine 44
clonazepam 32
clonidine 52
clonidine hcl 52
clopidogrel 56
clorazepate dipotassium 44
clotrimazole 8, 63

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 10/20/2026

clotrimazole-betamethasone 63
clozapine 44
COARTEM 15
COBENFY 44
COBENFY STARTER PACK 44
colchicine 85
colesevelam 57, 58
colestipol 58
colistin (colistimethate na) 15
COMBIVENT RESPIMAT 98
COMETRIQ 22
compro 77
conjugated estrogens 88
constulose 77
COPIKTRA 22
CORLANOR 58
COSENTYX 60
COSENTYX (2 SYRINGES) 59
COSENTYX PEN 60
COSENTYX PEN (2 PENS) 59
COSENTYX UNOREADY PEN 60
COTELLIC 22
CREON 77
CRESEMBA 8
cromolyn 77, 94, 98
cryselle (28) 90
CRYSVITA 75
cyclobenzaprine 39
cyclophosphamide 22
CYCLOPHOSPHAMIDE 22
cyclosporine 22, 94
cyclosporine modified 22
cyproheptadine 96
cyred eq 90
CYSTAGON 101
CYSTARAN 94

D

d10 %-0.45 % sodium chloride 65
d2.5 %-0.45 % sodium chloride 65
d5 % and 0.9 % sodium chloride 65
d5 %-0.45 % sodium chloride 66
dabigatran etexilate 56
dalfampridine 38
danazol 75
dantrolene 39
DANZITEN 22
dapagliflozin 69
dapagliflozin-metformin 69
dapsone 15
DAPTACEL (DTAP PEDIATRIC) (PF) 82
daptomycin 15
darunavir 9
dasatinib 22
DAURISMO 22
deblitane 88
deferasirox 66
DELSTRIGO 9
demeclocycline 20
denta 5000 plus 67
dentagel 67
DEPO-SUBQ PROVERA 104 88
dermacinrx lidocan 61
DESCOVY 9
desipramine 44
desmopressin 75
desonide 64
desvenlafaxine succinate 44
dexamethasone 68
dexamethasone sodium phosphate 96
dextroamphetamine-amphetamine 44
dextromethorphan-quinidine 38
dextrose 10 % and 0.2 % nacl 66
dextrose 10 % in water (d10w) 66
dextrose 5 % in water (d5w) 66
dextrose 5%-0.2 % sod chloride 66
DIACOMIT 32
diazepam 32, 44
diazepam intensol 44
diazoxide 70
diclofenac potassium 41
diclofenac sodium 41, 61, 95
diclofenac-misoprostol 41
dicloxacillin 18
dicyclomine 76, 77
DIFICID 14
diflunisal 41
difluprednate 96
digoxin 58, 59
dihydroergotamine 37
DILANTIN 30 MG 32
diltiazem hcl 52
dilt-xr 52
dimethyl fumarate 38
diphenoxylate-atropine 77
dipyridamole 56
disulfiram 66
divalproex 32, 33
dofetilide 51
donepezil 38
dorzolamide 95
dorzolamide-timolol 95
dotti 88
DOVATO 9
doxazosin 53
doxepin 44
doxercalciferol 75
doxy-100 20
doxycycline hyclate 20
doxycycline monohydrate 20
DRIZALMA SPRINKLE 44, 45
dronabinol 77
drospirenone-ethinyl estradiol 90
droxidopa 66
DUAVEE 88
DULERA 98
duloxetine 45
DUPIXENT PEN 61
DUPIXENT SYRINGE 61
dutasteride 101
dutasteride-tamsulosin 101

E

econazole nitrate 63
EDURANT PED 9
efavirenz 9
efavirenz-emtricitabin-tenofov 9
efavirenz-lamivu-tenofov disop 9
effer-k 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 10/20/2026

ELIGARD 22
ELIGARD (3 MONTH) 22
ELIGARD (4 MONTH) 22
ELIGARD (6 MONTH) 22
ELIQUIS 56
ELIQUIS DVT-PE TREAT 30D START 56
ELIQUIS SPRINKLE 56
ELMIRON 101
eltrombopag olamine 56
eluryng 89
EMGALITY PEN 37
EMGALITY SYRINGE 37
EMSAM 45
emtricitabine 10
emtricitabine-tenofovir (tdf) 10
emtricita-rilpivirine-tenof df 10
EMTRIVA 10
enalapril maleate 53
enalapril-hydrochlorothiazide 53
ENBREL 86
ENBREL MINI 86
ENBREL SURECLICK 86
endocet 40
ENGERIX-B (PF) 82
ENGERIX-B PEDIATRIC (PF) 82
enilloring 89
enoxaparin 56, 57
ENSACOVE 22
enskyce 90
entacapone 36
entecavir 10
ENTRESTO SPRINKLE 59
enulose 77
ENVARSUS XR 22, 23
EPIDIOLEX 33
epinastine 94
epinephrine 96
eplerenone 53
ERIVEDGE 23
ERLEADA 23
erlotinib 23
errin 88
ertapenem 15
ery pads 62
ery-tab 14
erythromycin 14, 15, 93
erythromycin ethylsuccinate 14
erythromycin with ethanol 62
escitalopram oxalate 45
eslicarbazepine 33
esomeprazole magnesium 79
estarylla 90
estradiol 88
estradiol valerate 88
estradiol-norethindrone acet 88
eszopiclone 45
ethambutol 15
ethosuximide 33
etodolac 41
etonogestrel-ethinyl estradiol 89
etravirine 10
EUCRISA 61
EULEXIN 23
everolimus (antineoplastic) 23
everolimus (immunosuppressive) 23
EVOTAZ 10
exemestane 23
EXXUA 45
ezetimibe 58
ezetimibe-simvastatin 58

F

falmina (28) 90
famciclovir 10
famotidine 79
FANAPT 45
FANAPT TITRATION PACK A 45
FANAPT TITRATION PACK B 45
FANAPT TITRATION PACK C 45
FASENRA 98
FASENRA PEN 98
febuxostat 85
feirza 90
felbamate 33
felodipine 53
fenofibrate 58
fenofibrate micronized 58
fenofibrate nanocrystallized 58
fenofibric acid (choline) 58
fentanyl 40
FETZIMA 45
FIASP FLEXTOUCH U-100 INSULIN 70
FIASP PENFILL U-100 INSULIN 70
FIASP U-100 INSULIN 70
fidaxomicin 15
finasteride 101
fingolimod 38
FINTEPLA 33
FIRMAGON KIT W DILUENT SYRINGE 23
flac otic oil 68
flecainide 51
fluconazole 8
fluconazole in nacl (iso-osm) 8
flucytosine 8
fludrocortisone 68
flunisolide 98
fluocinolone 64
fluocinolone acetonide oil 68
fluocinolone and shower cap 64
fluocinonide 64
fluocinonide-emollient 64
fluoride (sodium) 67, 104
fluorometholone 96
fluorouracil 61
fluoxetine 46
fluoxetine (pmdd) 45
fluphenazine decanoate 46
fluphenazine hcl 46
flurbiprofen 41
flurbiprofen sodium 95
fluticasone propionate 98
fluticasone propion-salmeterol 98
fluvoxamine 46
fondaparinux 57
formoterol fumarate 98
fosamprenavir 10
fosfomycin tromethamine 20
fosinopril 53
fosinopril-hydrochlorothiazide 53
FOTIVDA 23
FRUZAQLA 23
furosemide 53

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

This drug list was last updated on 10/20/2026

fyavolv 88
G
gabapentin 33
galantamine 38
GAMASTAN 82
GAMUNEX-C 82
GARDASIL 9 (PF) 82
gatifloxacin 93
GATTEX 30-VIAL 77
GATTEX ONE-VIAL 77
GAUZE PAD 85
gavilyte-c 77
gavilyte-g 78
gavilyte-n 78
GAVRETO 23
gefitinib 23
gemfibrozil 58
generlac 78
gengraf 23
gentamicin 16, 63, 93
gentamicin in nacl (iso-osm) 16
GENVOYA 10
GILOTRIF 23
glatiramer 38
glatopa 38
glimepiride 70
glipizide 70
glipizide-metformin 70
glutamine (sickle cell) 66
glycopyrrolate 77
GLYXAMBI 70
GOMEKLI 23
granisetron hcl 78
griseofulvin microsize 8
griseofulvin ultramicrosize 8
guanfacine 46, 53
GVOKE 70
GVOKE HYPOPEN 1-PACK 70
GVOKE HYPOPEN 2-PACK 70
GVOKE PFS 1-PACK SYRINGE 70
GVOKE PFS 2-PACK SYRINGE 70
H
HADLIMA 86
HADLIMA PUSHTOUCH 86
HADLIMA(CF) 87
HADLIMA(CF) PUSHTOUCH 87
HAEGARDA 98
hailey fe 1/20 (28) 90
halobetasol propionate 64, 65
haloperidol 46
haloperidol decanoate 46
haloperidol lactate 46
HAVRIX (PF) 82
heather 88
heparin (porcine) 57
heparin, porcine (pf) 57
HEPLISAV-B (PF) 83
HERNEXEOS 24
HIBERIX (PF) 83
HUMALOG JUNIOR KWIKPEN U-100 71
HUMALOG KWIKPEN INSULIN 71
HUMALOG MIX 50-50 KWIKPEN 71
HUMALOG MIX 75-25 KWIKPEN 71
HUMALOG MIX 75-25(U-100)INSULN 71
HUMALOG U-100 INSULIN 71
HUMULIN 70/30 U-100 INSULIN 71
HUMULIN 70/30 U-100 KWIKPEN 71
HUMULIN N NPH INSULIN KWIKPEN 71
HUMULIN N NPH U-100 INSULIN 71
HUMULIN R REGULAR U-100 INSULN 71
HUMULIN R U-500 (CONC) KWIKPEN 71
hydralazine 53
hydrochlorothiazide 53
hydrocodone-acetaminophen 40
hydrocortisone 65, 68, 78
hydrocortisone sod succinate 69
hydrocortisone valerate 65
hydrocortisone-acetic acid 68
hydromorphone 40
hydroxychloroquine 16
hydroxyurea 24
hydroxyzine hcl 96
hydroxyzine pamoate 96
HYRNUO 24
I
ibandronate 86
IBRANCE 24
IBTROZI 24
ibu 41
ibuprofen 41
icatibant 98
ICLUSIG 24
icosapent ethyl 58
IDHIFA 24
IDVYNSO 10
imatinib 24
IMBRUVICA 24
imipenem-cilastatin 16
imipramine hcl 46
imipramine pamoate 46
imiquimod 61
IMKELDI 24
IMOVAX RABIES VACCINE (PF) 83
IMPAVIDO 16
incassia 88
INCRELEX 66
INCRUSE ELLIPTA 98
indapamide 53
indomethacin 41
INFANRIX (DTAP) (PF) 83
INLURIYO 24
INLYTA 24
INQOVI 24
INREBIC 24
INSULIN LISPRO 71, 72
INSULIN LISPRO PROTAMIN-LISPRO 71
INSULIN PEN NEEDLE 85
INSULIN SYRINGE (DISP) U-100 85
INTELENCE 10
intralipid 103
introvale 91
INVEGA HAFYERA 46
INVEGA SUSTENNA 46, 47

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 10/20/2026

INVEGA TRINZA 47
IPOL 83
ipratropium bromide 68, 98
ipratropium-albuterol 98
irbesartan 53
irbesartan-hydrochlorothiazide 53
ISENTRESS 10
ISENTRESS HD 10
isibloom 91
ISOLYTE S PH 7.4 103
ISOLYTE-P IN 5 % DEXTROSE 103
ISOLYTE-S 103
isoniazid 16
isosorbide dinitrate 59
isosorbide mononitrate 59
isotretinoin 62
isradipine 53
ITOVEBI 24
itraconazole 8
ivabradine 59
ivermectin 16
IWILFIN 24
IXIARO (PF) 83
J
jaimiess 91
JAKAFI 24
JAKAFI XR 24
jantoven 57
JANUVIA 72
JARDIANCE 72
jasmiel (28) 91
JAYPIRCA 25
JENTADUETO 72
JENTADUETO XR 72
JIDEYTRO 25
jinteli 89
JUBBONTI 86
juleber 91
JULUCA 10
JYLAMVO 25
JYNNEOS (PF) 83
K
KALETRA 10
KALYDECO 98
kariva (28) 91
kelnor 1/35 (28) 91
KERENDIA 53
KESIMPTA PEN 38
ketoconazole 8, 63
ketorolac 41, 95
KINRIX (PF) 83
KISQALI 25
klayesta 63
klor-con 102
klor-con 10 102
klor-con 8 102
klor-con m10 102
klor-con m15 102
klor-con m20 102
KLOXXADO 41
KOMZIFTI 25
KOSELUGO 25
kourzeq 68
KRAZATI 25
kurvelo (28) 91
L
l norgest/e.estradiol-e.estrad 91
labetalol 53
lacosamide 33
lactulose 78
LAGEVRIO (EUA) 10
lamivudine 10
lamivudine-zidovudine 10
lamotrigine 33
lansoprazole 80
LANTUS SOLOSTAR U-100 INSULIN 72
LANTUS U-100 INSULIN 72
lapatinib 25
larin 1.5/30 (21) 91
larin 1/20 (21) 91
larin fe 1.5/30 (28) 91
larin fe 1/20 (28) 91
latanoprost 95
LAZCLUZE 25
LEDIPASVIR-SOFOSBUVIR 10
leflunomide 87
lenalidomide 25
LENVIMA 25
lessina 91
letrozole 25
leucovorin calcium 20
LEUKERAN 25
leuprolide 25
levalbuterol hcl 99
levetiracetam 33
levobunolol 94
levocarnitine 66
levocarnitine (with sugar) 66
levocetirizine 96
levofloxacin 19
levofloxacin in d5w 19
levonest (28) 91
levonorgestrel-ethinyl estrad 91
levonorg-eth estrad triphasic 91
levothyroxine 76
levoxyl 76
lidocaine 61
lidocaine hcl 61
lidocaine-prilocaine 61
lidocan iii 61
lidocan iv 61
lidocan v 61
LIFYORLI 26
LILETTA 90
linezolid 16
linezolid in dextrose 5% 16
LINZESS 78
liomny 76
liothyronine 76
liraglutide 72
lisinopril 53
lisinopril-hydrochlorothiazide 53
lithium carbonate 47
lithium citrate 47
LIVTENCITY 10
lojaimiess 91
LOKELMA 66
lomustine 26
LONSURF 26
loperamide 77
lopinavir-ritonavir 11
lorazepam 47
lorazepam intensol 47
LORBRENA 26
loryna (28) 91
losartan 53
losartan-hydrochlorothiazide 53
loteprednol etabonate 96

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 10/20/2026

lovastatin 58
low-ogestrel (28) 91
loxapine succinate 47
lubiprostone 78
luizza 91
LUMAKRAS 26
LUPRON DEPOT 26
LUPRON DEPOT (3 MONTH) 26
LUPRON DEPOT (4 MONTH) 26
LUPRON DEPOT (6 MONTH) 26
lurasidone 47
lutera (28) 91
LYBALVI 47
lyleq 89
lyllana 89
LYNPARZA 26
LYSODREN 26
LYTGOBI 26
lyza 89
M
magnesium chloride 102
magnesium sulfate 102
malathion 65
maraviroc 11
marlissa (28) 91
MARPLAN 47
MATULANE 26
matzim la 54
MAVYRET 11
meclizine 78
medroxyprogesterone 89
mefloquine 16
megestrol 26, 27
MEKINIST 27
MEKTOVI 27
meleya 89
meloxicam 41
memantine 38
MENQUADFI (PF) 83
MENVEO A-C-Y-W-135-DIP (PF) 83
mercaptopurine 27
meropenem 16
MEROPENEM-0.9% SODIUM CHLORIDE 16
mesalamine 78
mesalamine with cleansing wipe 78
mesna 20
metformin 72
methadone 40
methadone intensol 40
methadose 40
methazolamide 95
methenamine hippurate 20
methimazole 69
methocarbamol 39
methotrexate sodium 27
methotrexate sodium (pf) 27
methsuximide 33
methyldopa 54
methylergonovine 93
methylphenidate hcl 47, 48
methylprednisolone 69
methylprednisolone acetate 69
methylprednisolone sodium succ 69
metoclopramide hcl 78
metolazone 54
metoprolol succinate 54
metoprolol ta-hydrochlorothiaz 54
metoprolol tartrate 54
metronidazole 16, 62, 90
metronidazole in nacl (iso-os) 16
metyrosine 54
mexiletine 51
micafungin 8
microgestin 1.5/30 (21) 91
microgestin 1/20 (21) 92
microgestin fe 1.5/30 (28) 92
microgestin fe 1/20 (28) 92
midodrine 66
mifepristone 75
mili 92
mimvey 89
minocycline 20
minoxidil 54
mirabegron 101
mirtazapine 48
misoprostol 80
M-M-R II (PF) 83
modafinil 48
MODEYSO 27
moexipril 54
molindone 48
mometasone 65, 99
montelukast 99
morphine 40
MOUNJARO 72
MOVANTIK 78
moxifloxacin 19, 93
MOXIFLOXACIN-SOD.ACE,SUL-WATER 19
moxifloxacin-sod.chloride(iso) 19
MRESVIA (PF) 83
MULTAQ 51
mupirocin 63
mycophenolate mofetil 27
mycophenolate sodium 27
MYRBETRIQ 101
N
nabumetone 41
nadolol 54
nafcillin 18
nafcillin in dextrose iso-osm 18
naloxone 41
naltrexone 41
naproxen 41, 42
naproxen sodium 42
naratriptan 37
nateglinide 72
NAYZILAM 34
nebivolol 54
NEEDLES, INSULIN DISP.,SAFETY 85
nefazodone 48
neomycin 16
neomycin-bacitracin-poly-hc 95
neomycin-bacitracin-polymyxin 93
neomycin-polymyxin b-dexameth 95
neomycin-polymyxin-gramicidin 94
neomycin-polymyxin-hc 68, 95
NERLYNX 27
nevirapine 11
NEXLIZET 58

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 10/20/2026

NEXPLANON 90
niacin.....58
nicardipine 54
NICOTROL NS.....67
nifedipine.....54
nikki (28) 92
nilotinib hcl 27
nilutamide.....27
nimodipine.....54
NINLARO.....27
nintedanib.....99
nisoldipine.....54
nitazoxanide 16
nitisinone.....66
nitro-bid.....59
nitrofurantoin macrocrystal .20
nitrofurantoin monohyd/m-cryst 20
nitroglycerin.....59, 78
NIVESTYM 80
nora-be 89
norelgestromin-ethin.estradiol 90
norethindrone (contraceptive) 89
norethindrone acetate 89
norethindrone ac-eth estradiol 89, 92
norgestimate-ethinyl estradiol 92
nortrel 0.5/35 (28).....92
nortrel 1/35 (21).....92
nortrel 1/35 (28).....92
nortrel 7/7/7 (28).....92
nortriptyline.....48
NORVIR.....11
NOVOLIN 70/30 U-100 INSULIN.....72
NOVOLIN 70-30 FLEXPEN U-100.....73
NOVOLIN N FLEXPEN 73
NOVOLIN N NPH U-100 INSULIN.....73
NOVOLIN R FLEXPEN 73
NOVOLIN R REGULAR U100 INSULIN.....73
NOVOLOG FLEXPEN U-100 INSULIN.....73
NOVOLOG MIX 70-30 U-100 INSULN 73
NOVOLOG MIX 70-30FLEXPEN U-100 73
NOVOLOG PENFILL U-100 INSULIN.....73
NOVOLOG U-100 INSULIN ASPART.....73
NUBEQA 27
NUCALA 99
NUPLAZID.....48
NURTEC ODT.....37
nyamyc.....63
nystatin 8, 63
nystatin-triamcinolone.....63
nystop.....63

O

octreotide acetate 27, 28
octreotide,microspheres 28
ODEFSEY 11
ODOMZO 28
ofloxacin 68, 94
OGSIVEO 28
OJEMDA.....28
OJJAARA.....28
olanzapine 48
olmesartan.....54
olmesartan-amlodipin-hcthiazid 54
olmesartan-hydrochlorothiazide.....54
olopatadine.....68
omega-3 acid ethyl esters 58
omeprazole 80
OMNITROPE.....81
ondansetron.....78
ondansetron hcl 78
ONUREG 28
OPIPZA.....48
ORGOVYX.....28
ORKAMBI 99
orquidea.....89
ORSERDU 28
oseltamivir.....11
OSENVELT 20
OTEZLA 87
OTEZLA STARTER.....87
OTEZLA XR.....87
OTEZLA XR INITIATION .87
oxacillin 18
oxacillin in dextrose(iso-osm) 18
oxaprozin 42
oxcarbazepine.....34
oxybutynin chloride 101
oxycodone 40
oxycodone-acetaminophen ...40
OZEMPIC.....73

P

pacerone 51
paliperidone.....48
PANRETIN 62
pantoprazole.....80
paricalcitol 75
paroxetine hcl 48
PAXLOVID.....11
pazopanib 28
PAZOPANIB.....28
PEDIARIX (PF) 83
PEDVAX HIB (PF).....83
peg 3350-electrolytes.....78
PEGASYS 81
peg-electrolyte 78
PEMAZYRE.....28
PENBRAYA (PF) 83
penciclovir 63
penicillamine 87
PENICILLIN G POT IN DEXTROSE 18
penicillin g potassium.....19
penicillin g sodium 19
penicillin v potassium.....19
PENMENVY MEN A-B-C-W-Y (PF) 83
PENTACEL (PF).....83
pentamidine 16
pentoxifylline 57
perampanel.....34
perindopril erbumine.....54
periogard.....68
permethrin 65
perphenazine.....48
phenelzine.....49
phenobarbital 34
phenytoin 34
phenytoin sodium extended...34

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 10/20/2026

PIFELTRO 11
pilocarpine hcl 66, 94
pimecrolimus 62
pimozide 49
pimtrea (28) 92
pindolol 54
pioglitazone 73
piperacillin-tazobactam 19
PIPERACILLIN-TAZOBACTAM 19
PIQRAY 28
pirfenidone 99
piroxicam 42
PLASMA-LYTE A 103
PLEGRIDY 81
PLENAMINE 104
podofilox 62
polymyxin b sulf-trimethoprim 94
pomalidomide 28
portia 28 92
posaconazole 8
potassium chlorid-d5-0.45%nacl 102
potassium chloride 102, 103
potassium chloride in 0.9%nacl 102
potassium chloride in 5 % dex 102
potassium chloride in lr-d5 102
potassium chloride in water 102
potassium chloride-0.45 % nacl 103
potassium chloride-d5-0.2%nacl 103
potassium chloride-d5-0.9%nacl 103
potassium citrate 101
pramipexole 36
prasugrel hcl 57
pravastatin 58
praziquantel 16
prazosin 54
prednisolone 69
prednisolone acetate 96
prednisolone sodium phosphate 69, 96
prednisone 69
prednisone intensol 69
pregabalin 34
PREMARIN 89
premasol 10 % 104
PREMPRO 89
prenatal vitamin oral tablet 104
PRETOMANID 16
prevalite 58
PREVYMIS 11
PREZCOBIX 11
PREZISTA 11
PRIMAQUINE 16
primidone 34
PRIMIDONE 34
PRIORIX (PF) 84
probenecid 86
probenecid-colchicine 86
prochlorperazine 79
prochlorperazine maleate oral 79
PROCRIT 81
procto-med hc 79
proctosol hc 79
proctozone-hc 79
progesterone micronized 89
PROGRAF 28
PROLASTIN-C 66
promethazine 96
propafenone 51
propranolol 54, 55
propylthiouracil 69
PROQUAD (PF) 84
protriptyline 49
PULMICORT FLEXHALER 99
PULMOZYME 99
pyrazinamide 17
pyridostigmine bromide 39
pyrimethamine 17

Q

QINLOCK 28
QUADRACEL (PF) 84
quetiapine 49
quinapril 55
quinapril-hydrochlorothiazide 55
quinidine sulfate 51
quinine sulfate 17
QULIPTA 37

R

RABAVERT (PF) 84
rabeprazole 80
RALDESY 49
raloxifene 86
ramelteon 49
ramipril 55
ranitidine hcl 80
ranolazine 59
rasagiline 36
reclipsen (28) 92
RECOMBIVAX HB (PF) 84
RELENZA DISKHALER 11
repaglinide 73
REPATHA 58
REPATHA SURECLICK 58
RETACRIT 81
RETEVMO 29
REVCOVI 66
REVUFORJ 29
REXULTI 49
REYATAZ 11
REZDIFFRA 66
REZLIDHIA 29
REZUROCK 29
RHOPRESSA 95
ribavirin 11
rifabutin 17
rifampin 17
rifapentine 17
rilpivirine hcl 11
riluzole 67
rimantadine 12
RINVOQ 87
RINVOQ LQ 87
risedronate 67, 86
risperidone 49
risperidone microspheres 49
ritonavir 12
rivaroxaban 57
rivastigmine 38
rivastigmine tartrate 38
rizatriptan 37
ROCKLATAN 95
roflumilast 99
ROMVIMZA 29
ropinirole 36

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 10/20/2026

rosuvastatin 58
ROTARIX 84
ROTATEQ VACCINE 84
roweepra 34
ROZLYTREK 29
RUBRACA 29
rufinamide 34
RUKOBIA 12
RYBELSUS 73
RYDAPT 29
S
sacubitril-valsartan 59
sajazir 99
SANTYL 62
sapropterin 75
SCEMBLIX 29
scopolamine base 79
SECUADO 49
SELARSDI 60
selegiline hcl 36
selenium sulfide 60
SEREVENT DISKUS 99
sertraline 49
setlakin 92
sf 68
sf 5000 plus 68
sharobel 89
SHINGRIX (PF) 84
SIGNIFOR 29
sildenafil (pulmonary arterial hypertension) 99
silver sulfadiazine 62
SIMBRINZA 95
SIMLANDI(CF) 87
SIMLANDI(CF) AUTOINJECTOR 87
simvastatin 58
sirolimus 29
SIRTURO 17
sitagliptin phos-metformin ..73, 74
SKYRIZI 60, 79
sodium chloride 67
sodium chloride 0.45 % 103
sodium chloride 0.9 % 67
sodium chloride 3 % hypertonic 103
sodium chloride 5 % hypertonic 103
sodium fluoride 5000 dry mouth 68
sodium fluoride 5000 plus 68
sodium fluoride-pot nitrate ... 68
SODIUM OXYBATE 49
sodium phenylbutyrate 67
sodium polystyrene sulfonate 67
SOFOSBUVIR-VELPATASVIR 12
solifenacin 101
SOLIQUA 100/33 74
SOLTAMOX 29
SOMAVERT 75
sorafenib 29
sotalol 51
sotalol af 51
SPIRIVA RESPIMAT 100
spironolactone 55
spironolacton-hydrochlorothiaz 55
sprintec (28) 92
SPRITAM 34, 35
sps (with sorbitol) 67
ssd 62
STAMARIL (PF) 84
STELARA 60
STIOLTO RESPIMAT 100
STIVARGA 29
STOBOCLO 86
STRENSIQ 75
STREPTOMYCIN 17
STRIBILD 12
STRIVERDI RESPIMAT .. 100
subvenite 35
SUBVENITE 35
SUCRAID 79
sucralfate 80
sulfacetamide sodium 94
sulfacetamide sodium (acne) 63
sulfacetamide-prednisolone .. 94
sulfadiazine 19
sulfamethoxazole-trimethoprim 19
sulfasalazine 79
sulindac 42
sumatriptan 37
sumatriptan succinate 37
sunitinib malate 29
SUNLENCA 12
syeda 92
SYMPAZAN 35
SYMTUZA 12
SYNAREL 75
SYNJARDY 74
SYNJARDY XR 74
SYNTHROID 76
T
TABLOID 29
TABRECTA 29
tacrolimus 30, 62
tadalafil 101
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg 100
TAFINLAR 30
TAGRISSO 30
TALZENNA 30
tamoxifen 30
tamsulosin 101
tarina 24 fe 92
tarina fe 1-20 eq (28) 92
tasimelteon 50
tazarotene 62
tazicef 14
telmisartan 55
telmisartan-amlodipine 55
telmisartan-hydrochlorothiazid 55
temazepam 50
TENIVAC (PF) 84
tenofovir disoproxil fumarate 12
TEPMETKO 30
terazosin 55
terbinafine hcl 8
terbutaline 100
terconazole 90
teriflunomide 39
teriparatide 86
testosterone 75, 76
testosterone cypionate 75
testosterone enanthate 75
tetrabenazine 39
tetracycline 20

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 10/20/2026

THALOMID.....30
theophylline.....100
thioridazine.....50
thiothixene.....50
tiadylt er.....55
tiagabine.....35
TIBSOVO.....30
ticagrelor.....57
TICOVAC.....84
tigecycline.....17
tilia fe.....92
timolol maleate.....55, 94
tinidazole.....17
TIVICAY.....12
TIVICAY PD.....12
tizanidine.....39
TOBI PODHALER.....17
tobramycin.....94
tobramycin in 0.225 % nacl.17
tobramycin sulfate.....17
tobramycin-dexamethasone..96
tofacitinib.....87
tolterodine.....101
tolvaptan.....76
tolvaptan (polycys kidney dis).....76
topiramate.....35
toremifene.....30
torsemide.....55
TOUJEO MAX U-300 SOLOSTAR.....74
TOUJEO SOLOSTAR U-300 INSULIN.....74
TRADJENTA.....74
tramadol.....42
tramadol-acetaminophen.....42
trandolapril.....55
tranexamic acid.....90
tranylcypromine.....50
travasol 10 %.....104
travoprost.....95
trazodone.....50
TRELEGY ELLIPTA.....100
TRESIBA FLEXTOUCH U-100.....74
TRESIBA FLEXTOUCH U-200.....74
TRESIBA U-100 INSULIN.74
tretinoin (antineoplastic).....30
tretinoin topical.....62
triamcinolone acetonide.65, 68
triamterene-hydrochlorothiazid.....55
triderm.....65
trientine.....67
tri-estarylla.....92
trifluoperazine.....50
trifluridine.....94
trihexyphenidyl.....36
TRIJARDY XR.....74
TRIKAFTA.....100
tri-legest fe.....92
tri-lo-estarylla.....92
tri-lo-sprintec.....93
trimethoprim.....20
trimipramine.....50
TRINTELLIX.....50
tri-sprintec (28).....93
TRIUMEQ.....12
TRIUMEQ PD.....12
TROPHAMINE 10 %.....104
trospium.....101
TRULICITY.....74
TRUMENBA.....84
TRUQAP.....30
TUKYSA.....30
TURALIO.....30
turqoz (28).....93
TWINRIX (PF).....85
TYENNE.....88
TYENNE AUTOINJECTOR.....87
TYPHIM VI.....85
U
unithroid.....76
UPTRAVI.....55
ursodiol.....79
USTEKINUMAB.....60
USTEKINUMAB-AEKN....60
V
valacyclovir.....12
VALCHLOR.....62
valganciclovir.....12
valproic acid.....35
valproic acid (as sodium salt).....35
valsartan.....55
valsartan-hydrochlorothiazide.....56
VALTOCO.....35
valtya.....93
vancomycin.....17
VANCOMYCIN.....17
vandazole.....90
VANFLYTA.....30
VAQTA (PF).....85
varenicline tartrate.....67
VARIVAX (PF).....85
VAXCHORA VACCINE.....85
velivet triphasic regimen (28).....93
VEMLIDY.....12
VENCLEXTA.....30
VENCLEXTA STARTING PACK.....30
venlafaxine.....50
verapamil.....56
VERQUVO.....59
VERSACLOZ.....50
VERZENIO.....30
vestura (28).....93
vienva.....93
vigabatrin.....35
vigadrone.....35
vilazodone.....50
VIMKUNYA (PF).....85
viorele (28).....93
VIRACEPT.....12
VIREAD.....12
VITRAKVI.....30
VIVITROL.....42
VIVOTIF.....85
VONJO.....31
VORANIGO.....31
voriconazole.....8
voriconazole-hpbcd.....9
VOWST.....79
VRAYLAR.....50
VUMERITY.....39
W
warfarin.....57
WELIREG.....31
WINREVAIR.....100
wixela inhub.....100

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 10/20/2026

WYOST 20
X
XALKORI 31
XARELTO 57
XARELTO DVT-PE TREAT 30D START 57
XATMEP 31
XCOPRI 35
XCOPRI MAINTENANCE PACK 35
XCOPRI TITRATION PACK 35, 36
XDEMVY 94
XERMELO 31
XIFAXAN 17
XIGDUO XR 74
XIIDRA 94
XOLAIR 100
XOSPATA 31
XPOVIO 31
XTANDI 31
xulane 90
Y
YESINTEK 60, 61
YF-VAX (PF) 85
yulithira 31
YUPELRI 101
yuvafem 89
Z
zafemy 90
zafirlukast 101
zaleplon 50
ZARXIO 81
ZEJULA 31
ZELBORAF 31
zelvysia 76
zenatane 62
ZENBEXUS 31
ZENPEP 79
ZEPOSIA 39
ZEPOSIA STARTER KIT (28-DAY) 39
ZEPOSIA STARTER PACK (7-DAY) 39
zidovudine 12
ziprasidone hcl 50
ziprasidone mesylate 50
ZIRGAN 94
ZOLINZA 32
zolmitriptan 37
zolpidem 50
ZONISADE 36
zonisamide 36
zovia 1-35 (28) 93
ZTALMY 36
ZURZUVAE 50
ZYDELIG 32
ZYKADIA 32
ZYPREXA RELPREVV 50, 51

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

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements
Discrimination is Against the Law

Sentara Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Sentara Medicare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Sentara Medicare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, contact:
  Sentara Medicare Member Services
  PO Box 66189, Virginia Beach, VA 23466
  757-552-7401 or toll free 1-877-552-7401
  TTY Relay 1-800-828-1140 or 711

If you believe that Sentara Medicare has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

Sentara Medicare
1557 Coordinator/Compliance
PO Box 66189
Virginia Beach, VA 23466
757-552-7485

You can file a grievance in person or by mail. If you need help filing a grievance, please contact the 1557 Coordinator at the information listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

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

If you are visually impaired and need large print or other assistance to view this document, please contact us at 1-855-687-6260.

Rev. 08/02/2023
H2563_0823_SHFNN_500597_C

Form Approved
OMB# 0938-1421

Sentara® Health Plans

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-927-6048 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-927-6048. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-927-6048。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-927-6048。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa 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
P.O. Box 66189
Virginia Beach, VA 23466
sentarahealthplans.com

This formulary was updated on **10/20/2026**. 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.