

Medicare and Medicaid Working Together

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

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

Formulary ID: **26026**, Version: **19**

This formulary was updated on **03/24/2026**. For more recent information or other questions, please contact us at 1-866-650-1274 (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.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which prescription drugs and over-the-counter (OTC) drugs and non-drug products are covered by Sentara Medicare. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Sentara Medicare. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

Formulary ID: 26026 Version: 19
This formulary was updated on 03/24/2026
H4499_1024_SHCFF_370004_C



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Last formulary update **03/24/2026**

Table of Contents

A. Disclaimers	IV
B. Frequently Asked Questions (FAQ).....	VI
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “ <i>Drug List</i> ” for short.).....	VI
B2. Does the <i>Drug List</i> ever change?.....	VII
B3. What happens when there is a change to the <i>Drug List</i> ?	VII
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	IX
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	IX
B6. What happens if Sentara Medicare changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?	IX
B7. How can I find a drug on the <i>Drug List</i> ?	X
B8. What if the drug I want to take is not on the <i>Drug List</i> ?	X
B9. What if I am a new Sentara Medicare member and can’t find my drug on the <i>Drug List</i> or have a problem getting my drug?.....	X
B10. Can I ask for an exception to cover my drug?	XI
B11. How can I ask for an exception?	XI
B12. How long does it take to get an exception?	XI
B13. What are generic drugs?.....	XII
B14. What are original biological products and how are they related to biosimilars?	XII
B15. What are OTC drugs?.....	XII
B16. Does Sentara Medicare cover non-drug OTC products?.....	XII
B17. Does Sentara Medicare cover long-term supplies of prescriptions?	XII
B18. Can I get prescriptions delivered to my home from my local pharmacy?	XIII
B19. What is my copayment?.....	XIII
C. Overview of the <i>List of Covered Drugs</i>	XIII



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C1. List of Drugs by Medical Condition.....	XIII
Sentara Community Complete Formulary	XIV
D. Index of Covered Drugs	15
Multi-Language Insert	17



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Last formulary update **03/24/2026**

A. Disclaimers

This is a list of drugs that members can get in Sentara Medicare.

- ❖ You can always check Sentara Medicare's up-to-date *List of Covered Drugs* online at sentarahealthplans.com/plans/medicare/prescription-drugs or by calling Member Services at 1-866-650-1274 (TTY 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. This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-866-650-1274 TTY Relay 1-800-828-1140 or 711. This call is free.
- ❖ To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, contact Member Services.
- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-866-650-1274 (TTY: 711). Someone that speaks your language can help you. This is a free service. Members with alternative hearing or speech communication needs can dial 711 to reach a Telecommunications Relay Services (TRS) operator who can help you. Auxiliary aids and services are available upon request at no cost. Visit us online anytime at sentarahealthplans.com or dmas.virginia.gov.

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 1-866-650-1274 (TTY: 711). Someone who speaks English 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 1-866-650-1274. 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 1-866-650-1274。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 1-866-650-1274。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 1-866-650-1274. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.



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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 au 1-866-650-1274. 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 quý vị cần thông dịch viên xin gọi 1-866-650-1274 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-650-1274. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-650-1274 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 телефону 1-866-650-1274. 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 (TTY: 711) 1-866-650-1274. 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 1-866-650-1274 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 1-866-650-1274. 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 1-866-650-1274. 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 1-866-650-1274. 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 1-866-650-1274. Ta usługa jest bezpłatna.



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 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. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

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。通訳をご用命になるには、1-866-650-1274 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。

Bengali: আপনার স্বাস্থ্য বা ওষুধের প্ল্যান সংক্রান্ত কোনো প্রশ্নের জন্য আমাদের বিনামূল্যে অনুবাদক পরিষেবা উপলভ্য রয়েছে। অনুবাদকের পরিষেবা পেতে, অনুগ্রহ করে আমাদের 1-866-650-1274 (TTY: 711) নম্বরে কল করুন। বাংলা জানে এমন কেউ আপনাকে সাহায্য করবে। এই পরিষেবা বিনামূল্যে পাওয়া যায়।

Farsi: ما خدمات مترجم شفاهی رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دریافت خدمات مترجم شفاهی، فقط با شماره 1-866-650-1274 (TTY: 711) با ما تماس بگیرید. فردی که فارسی صحبت می کند می تواند به شما کمک کند. این خدمات رایگان است.

Nepali: तपाईंसँग हाम्रा स्वास्थ्य वा औषधिको योजनाका बारेमा तपाईंसँग भएका कुनै पनि प्रश्नका जवाफ दिनका लागि हामीसँग नि:शुल्क दोभासे हुन्छ। दोभासे प्राप्त गर्नका लागि, हामीलाई 1-866-650-1274 (TTY: 711) मा फोन गर्नुहोस्। नेपाली बोल्ने कोही व्यक्तिले तपाईंलाई मद्दत गर्न सक्नुहुन्छ। यो नि:शुल्क सेवा हो।

Urdu: ہماری صحت یا دواؤں کے پلان کے متعلق آپ کے کسی بھی سوال کا جواب دینے کے لیے مفت ترجمان کی خدمات دستیاب ہیں۔ ترجمان کی خدمت حاصل کرنے کے لیے، ہمیں اس نمبر پر کال کریں 1-866-650-1274 (TTY: 711)۔ کوئی ایسا شخص جو اردو بولتا ہو، آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

Telegu: మా హెల్త్ మరియు డ్రగ్ గురించి మీకున్న ఏవైనా ప్రశ్నలకు సమాధానాలను అందించడానికి మా వద్ద ఉచిత ఇంటర్ప్రిటర్ సేవలు అందుబాటులో ఉన్నాయి. ఇంటర్ప్రిటర్ను పొందడానికి 1-866-650-1274 (TTY: 711) పై మాకు కాల్ చేయండి. తెలుగు మాట్లాడే ఎవరైనా మీకు సహాయపడగలరు. ఇది ఉచిత సేవ.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts in section D are the drugs covered by Sentara Medicare. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Sentara Medicare will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Sentara Medicare agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Sentara Medicare network pharmacy.



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 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. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at sentarahealthplans.com/plans/medicare/prescription-drugs or call Member Services at 1-866-650-1274 (TTY: 711).

B2. Does the *Drug List* ever change?

Yes, and Sentara Medicare must follow Medicare and Cardinal Care rules when making changes. We may add or remove drugs on the *Drug List* during the year.

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

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

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

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

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

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

- You can always check Sentara Medicare's up-to-date *Drug List* online at sentarahealthplans.com/plans/medicare/prescription-drugs. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the number in the footer of this document to check the current *Drug List*.

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

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug may appear on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 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. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- We can make these changes only if the drug we are adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
- Some of these drug types may be new to you. For more information, refer to Section B14. You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change.

If your drug is taken off the market, you should contact your prescriber for possible drug alternatives available on our Sentara Medicare drug list.

- You can find an up-to-date list of drugs that we cover on our website at sentarahealthplans.com/plans/medicare/prescription-drugs, or
- call Member Services at the numbers listed in the footer of this document.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.
- When these changes happen, we will:
 - Tell you at least 30 days before we make the change to the *Drug List* **or**
 - Let you know and give you a 30-day supply of the drug after you ask for a refill.

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

- if there is a similar drug on the *Drug List* you can take instead **or**



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- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

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

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

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Sentara Medicare before you fill your prescription. Prior authorization is different from a referral. Sentara Medicare may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Sentara Medicare limits the amount of a drug you can get.
- **Step therapy:** Sometimes Sentara Medicare requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. Under Virginia law, your doctor or other prescriber must document either verbally or in writing why they feel the first drug is not effective for you and ask for the other drug to be covered.
- **Indication-based coverage:** If Sentara Medicare covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered

You can find out if your drug has any additional requirements or limits by looking in the tables in section **D**. You can also get more information by visiting our website at sentarahealthplans.com/plans/medicare/prescription-drugs. We have posted documents online that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table in the List of Drugs by drug type has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Sentara Medicare changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

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



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 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. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

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

There are two ways to find a drug:

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

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find the Index of Covered Drugs in section D. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs as well as over-the-counter (OTC) drugs are listed in the index.

To search by medical condition, find section C1 labeled “List of Drugs by Medical Condition.” The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in **CARDIOVASCULAR AGENTS**. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the *Drug List*, call Member Services at the numbers listed in the footer of this document and ask about it. If you learn that Sentara Medicare will not cover the drug, you can do one of these things:

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

B9. What if I am a new Sentara Medicare member and can't find my drug on the *Drug List* or have a problem getting my drug?

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

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

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our *Drug List*, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Sentara Medicare, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that Sentara Medicare does not consider to be a Part D drug, you have the right to get a one-time, 72-hour emergency supply of the drug.



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 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. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

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

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

If you are a current member and experience a change in your level of care that requires you to transition from one facility to another, we may cover a one-time temporary fill of the prescription you have now. You can get the temporary one-time fill exception regardless of whether or not you are in your first 90 days of program enrollment. Have your doctor or pharmacist contact Sentara Medicare Member Services at 1-866-650-1274 (TTY users call 711) for more details. Calls to this number are free. You can call this number 24 hours per day, 7 days per week.

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

Yes. You can ask Sentara Medicare to make an exception to cover a drug that is not on the *Drug List*.

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

- For example, Sentara Medicare may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 9** section 7.4 of the *Evidence of Coverage* to learn more about exceptions.

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

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

You and your provider can ask the plan to make an exception and cover the drug in the way you would like it covered. If your provider says that you have medical reasons that justify asking us for an exception, your provider can help you request an exception. For example, you can ask the plan to cover a drug even though it is not on the plan's "Drug List." Or you can ask the plan to make an exception and cover the drug without restrictions.

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



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 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. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

Last formulary update **03/24/2026**

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Sentara Medicare covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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 forms 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 more information on drug types, refer to **Chapter 5** of the *Evidence of Coverage*.

B15. What are OTC drugs?

OTC stands for “over-the-counter.” Sentara Medicare covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Sentara Medicare *Drug List* to find out what OTC drugs are covered.

B16. Does Sentara Medicare cover non-drug OTC products?

Sentara Medicare covers some non-drug OTC products when they are written as prescriptions by your provider. Contact your Care Coordinator, your provider, or Member Services for more information.

You can read the Sentara Medicare *Drug List* to find out what non-drug OTC products are covered. You can also find information on covered non-drug OTC products by referring to **Chapter 4** of the *Evidence of Coverage*.

B17. Does Sentara Medicare cover long-term supplies of prescriptions?

Sentara Medicare offers two ways to get a long-term supply (also called an extended supply) of maintenance drugs on our plan's “Drug List.” (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

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



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 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. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

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

B19. What is my copayment?

Sentara Medicare members have a copayment for prescription and OTC drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

Every drug on the plan's "Drug List" is in one of two (2) cost-sharing tiers. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- Cost-Sharing Tier 1 (lowest cost) are generic drugs.
- Cost-Sharing Tier 2 (highest cost) are brand name drugs.
- OTCs have a \$0 copayment

To find out which cost-sharing tier your drug is in, look it up in the plan's "Drug List."

If you have questions, call Member Services at the numbers listed in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Sentara Medicare. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by Sentara Medicare.

C1. List of Drugs by Medical Condition

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

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.



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 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. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

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

Sentara Community Complete 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 **107**.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *atorvastatin calcium oral tablet*), brand-name drugs are capitalized (for example., EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE).

The information in the "Requirements/Limits" column tells you if Sentara Medicare has any special rules for covering your drug.



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 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. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

Last formulary update **03/24/2026**

D. Index of Covered Drugs

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

If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 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. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

Last formulary update **03/24/2026**



Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>amphotericin b injection recon soln 50 mg</i>	1	B/D PA; MO
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	1	B/D PA
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	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)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	MO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	PA; MO; NEDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	MO
<i>griseofulvin microsize oral tablet 500 mg</i>	1	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	MO
<i>itraconazole oral capsule 100 mg</i>	1	MO; QL (120 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	1	MO
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	MO
<i>nystatin oral suspension 100,000 unit/ml</i>	1	MO
<i>nystatin oral tablet 500,000 unit</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	PA; MO; NEDS; QL (96 per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	MO
<i>voriconazole intravenous recon soln 200 mg</i>	1	PA; MO; NEDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA; MO; NEDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	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 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	MO
<i>abacavir oral tablet 300 mg</i>	1	MO
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	MO
<i>acyclovir oral capsule 200 mg</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D PA; MO
<i>adefovir oral tablet 10 mg</i>	1	MO
<i>amantadine hcl oral capsule 100 mg</i>	1	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	MO
<i>amantadine hcl oral tablet 100 mg</i>	1	MO
APTIVUS ORAL CAPSULE 250 MG	1	MO; NEDS
<i>atazanavir oral capsule 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	1	MO; QL (30 per 30 days)
BARACLUDGE 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
<i>darunavir oral tablet 600 mg</i>	1	MO; NEDS; QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</i>	1	MO; NEDS; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	1	MO; NEDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	MO; NEDS
DOVATO ORAL TABLET 50-300 MG	1	MO; NEDS
EDURANT ORAL TABLET 25 MG	1	MO; NEDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	1	MO; NEDS
<i>efavirenz oral tablet 600 mg</i>	1	MO; QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	MO; NEDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	MO; NEDS
<i>emtricitabine oral capsule 200 mg</i>	1	MO

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

This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	MO; NEDS; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	MO; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-25-300 mg</i>	1	MO; NEDS
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	MO; NEDS
EVOTAZ ORAL TABLET 300-150 MG	1	MO; NEDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	MO
<i>fosamprenavir oral tablet 700 mg</i>	1	MO; NEDS
GENVOYA ORAL TABLET 150-150-200-10 MG	1	MO; NEDS
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD ORAL TABLET 600 MG	1	MO; NEDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	MO; NEDS
ISENTRESS ORAL TABLET 400 MG	1	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA ORAL TABLET 50-25 MG	1	MO; NEDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	1	MO
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	1	QL (40 per 180 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	MO
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	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)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	MO
<i>maraviroc oral tablet 150 mg, 300 mg</i>	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 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
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)
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	MO
<i>nevirapine oral tablet 200 mg</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO
NORVIR ORAL POWDER IN PACKET 100 MG	1	MO
ODEFSEY ORAL TABLET 200-25-25 MG	1	MO; NEDS
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	MO
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	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
<i>ribavirin oral capsule 200 mg</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine oral tablet 100 mg</i>	1	MO
<i>ritonavir oral tablet 100 mg</i>	1	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 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 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO; NEDS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; MO; NEDS; QL (28 per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO; NEDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	1	NEDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	MO; NEDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	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
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	MO; NEDS; QL (1080 per 30 days)
<i>valganciclovir oral tablet 450 mg</i>	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
<i>zidovudine oral capsule 100 mg</i>	1	MO
<i>zidovudine oral syrup 10 mg/ml</i>	1	MO
<i>zidovudine oral tablet 300 mg</i>	1	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	MO
<i>cefadroxil oral capsule 500 mg</i>	1	MO

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

This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin intravenous recon soln 10 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	MO
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>cefixime oral capsule 400 mg</i>	1	MO
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	MO
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	MO
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	MO
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>ceftazidime injection recon soln 6 gram</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	MO
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	MO; NEDS

ERYTHROMYCINS / OTHER MACROLIDES

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

This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin intravenous recon soln 500 mg</i>	1	MO
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	PA; NEDS; QL (136 per 10 days)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	MO
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	MO
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	MO
<i>fidaxomicin oral tablet 200 mg</i>	1	PA; NEDS; QL (20 per 10 days)
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	1	MO; NEDS
<i>amikacin injection solution 500 mg/2 ml</i>	1	MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	1	PA; LA; NEDS
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	MO
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	MO
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; MO; LA; NEDS; QL (84 per 56 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	MO

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	MO
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml</i>	1	MO
COARTEM ORAL TABLET 20-120 MG	1	MO
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	MO; QL (30 per 10 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	MO
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO; NEDS
<i>ertapenem injection recon soln 1 gram</i>	1	MO; QL (14 per 14 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	MO
<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	MO
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; MO; NEDS; QL (84 per 28 days)
<i>isoniazid oral solution 50 mg/5 ml</i>	1	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	MO
<i>ivermectin oral tablet 3 mg</i>	1	PA; MO; QL (20 per 30 days)
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	MO
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	MO; NEDS; QL (1800 per 30 days)
<i>linezolid oral tablet 600 mg</i>	1	MO; QL (60 per 30 days)
<i>mefloquine oral tablet 250 mg</i>	1	MO
<i>meropenem intravenous recon soln 1 gram</i>	1	QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	1	QL (10 per 10 days)
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>neomycin oral tablet 500 mg</i>	1	MO

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>nitazoxanide oral tablet 500 mg</i>	1	MO; NEDS
<i>pentamidine inhalation recon soln 300 mg</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	MO
PRETOMANID ORAL TABLET 200 MG	1	PA; QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	1	MO
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	1	MO
<i>pyrazinamide oral tablet 500 mg</i>	1	MO
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; MO; NEDS
<i>quinine sulfate oral capsule 324 mg</i>	1	MO
<i>rifabutin oral capsule 150 mg</i>	1	MO
<i>rifampin intravenous recon soln 600 mg</i>	1	MO
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	MO
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; LA; NEDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	1	MO; NEDS
<i>tigecycline intravenous recon soln 50 mg</i>	1	MO; NEDS
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	MO; NEDS; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA; MO; NEDS; QL (280 per 56 days)
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	MO
<i>vancomycin intravenous recon soln 1,000 mg</i>	1	MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	1	MO
<i>vancomycin oral capsule 125 mg, 250 mg</i>	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		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	MO
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>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</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	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	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	1	NEDS
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	
<i>oxacillin injection recon soln 2 gram</i>	1	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	
<i>penicillin g potassium injection recon soln 20 million unit</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	MO
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	1	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	MO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>moxifloxacin oral tablet 400 mg</i>	1	MO
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MO
TETRACYCLINES		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	MO
<i>doxy-100 intravenous recon soln 100 mg</i>	1	MO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	MO

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral tablet 100 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	MO
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	MO
<i>methenamine hippurate oral tablet 1 gram</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	MO
<i>trimethoprim oral tablet 100 mg</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	MO
<i>mesna oral tablet 400 mg</i>	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		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; NEDS; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; NEDS; QL (60 per 30 days)
<i>abirtega oral tablet 250 mg</i>	1	PA; QL (120 per 30 days)
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)

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole oral tablet 1 mg</i>	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)
<i>azathioprine oral tablet 50 mg</i>	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)
<i>bexarotene oral capsule 75 mg</i>	1	PA; MO; NEDS
<i>bexarotene topical gel 1 %</i>	1	PA; MO; NEDS; QL (60 per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	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 400 MG, 500 MG	1	PA; MO; NEDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
BRUKINSA ORAL 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)
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)

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
COTELLIC ORAL TABLET 20 MG	1	PA; MO; LA; NEDS; QL (63 per 28 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	1	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	B/D PA; MO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D PA; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D PA; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D PA; MO
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA; NEDS; QL (120 per 30 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	1	PA; MO; NEDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg, 70 mg</i>	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)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG	1	PA; MO
ENVARUSUS 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)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; NEDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; NEDS; QL (60 per 30 days)
EULEXIN ORAL CAPSULE 125 MG	1	PA; NEDS; QL (180 per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; MO; NEDS; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; MO; NEDS; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; MO; NEDS; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; MO; NEDS; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D PA; MO; NEDS
<i>exemestane oral tablet 25 mg</i>	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)
<i>gefitinib oral tablet 250 mg</i>	1	PA; MO; NEDS; QL (30 per 30 days)
<i>gengraf oral capsule 100 mg, 25 mg</i>	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)
HERNEXEOS ORAL TABLET 60 MG	1	PA; MO; NEDS; QL (90 per 30 days)
<i>hydroxyurea oral capsule 500 mg</i>	1	MO
HYRNUO ORAL TABLET 10 MG	1	PA; NEDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA; MO; NEDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA; MO; NEDS; QL (21 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	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)
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)
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)

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
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)
<i>lapatinib oral tablet 250 mg</i>	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)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	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)
<i>letrozole oral tablet 2.5 mg</i>	1	MO
LEUKERAN ORAL TABLET 2 MG	1	PA; MO; NEDS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA; MO
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	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

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
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
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet 20 mg, 40 mg</i>	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)
<i>mercaptopurine oral suspension 20 mg/ml</i>	1	PA; MO; NEDS
<i>mercaptopurine oral tablet 50 mg</i>	1	MO
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B/D PA; MO
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B/D PA; MO
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	B/D PA; MO
MODEYSO ORAL CAPSULE 125 MG	1	PA; NEDS; QL (20 per 28 days)
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	B/D PA; MO; NEDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B/D PA; MO

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
NERLYNX ORAL TABLET 40 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	1	PA; MO; QL (112 per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	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)
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO; NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
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)
<i>pazopanib oral tablet 200 mg</i>	1	PA; MO; NEDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA; LA; NEDS; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; NEDS; QL (28 per 28 days)

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
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)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; LA; 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)
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
<i>sirolimus oral solution 1 mg/ml</i>	1	B/D PA; MO; NEDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D PA; MO
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	PA; MO; NEDS

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib oral tablet 200 mg</i>	1	PA; MO; NEDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA; MO; NEDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	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)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	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)
TAGRISSE 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)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	MO
TAZVERIK ORAL TABLET 200 MG	1	PA; LA; NEDS; QL (240 per 30 days)
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)
<i>toremifene oral tablet 60 mg</i>	1	MO; NEDS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	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)

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
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)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA; MO; NEDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA; NEDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	1	PA; NEDS; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	1	PA; NEDS; QL (30 per 30 days)
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 PELLETT 150 MG	1	PA; MO; NEDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 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)	1	PA; LA; NEDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1)	1	PA; LA; NEDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1)	1	PA; LA; NEDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA; LA; NEDS; QL (24 per 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)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)
ZOLINZA ORAL CAPSULE 100 MG	1	PA; MO; NEDS; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA; MO; NEDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA; MO; NEDS; QL (90 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
BRIVIACT ORAL SOLUTION 10 MG/ML	1	PA; MO; NEDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	PA; MO; NEDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet 200 mg</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	MO
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE 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)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	MO
DILANTIN 30 MG ORAL CAPSULE 30 MG	1	MO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA; MO; LA; NEDS
<i>eslicarbazepine oral tablet 200 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>eslicarbazepine oral tablet 400 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	1	MO
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	MO
<i>felbamate oral suspension 600 mg/5 ml</i>	1	PA; MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA; LA; NEDS; QL (360 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	MO
<i>methsuximide oral capsule 300 mg</i>	1	MO
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	MO
<i>perampanel oral suspension 0.5 mg/ml</i>	1	PA; MO; NEDS; QL (720 per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	1	PA; MO; NEDS; QL (30 per 30 days)
<i>perampanel oral tablet 2 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	1	PA; MO; NEDS; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable 50 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	1	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA; MO; NEDS; QL (2400 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide oral tablet 200 mg</i>	1	PA; MO; NEDS; QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i>	1	PA; MO; NEDS; QL (240 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	1	PA; MO; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	1	PA; QL (30 per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	1	PA; MO; NEDS; QL (1500 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	PA; MO; NEDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	MO
<i>topiramate oral solution 25 mg/ml</i>	1	PA; MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid oral capsule 250 mg</i>	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)
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA; MO; LA; NEDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	1	PA; MO; LA; NEDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	1	PA; LA; NEDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i>	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)

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	PA; MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	PA; MO; NEDS; QL (28 per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	PA; MO; NEDS; QL (900 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA; LA; NEDS; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	MO
<i>carbidopa oral tablet 25 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>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</i>	1	MO
<i>entacapone oral tablet 200 mg</i>	1	MO
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	MO
<i>selegiline hcl oral capsule 5 mg</i>	1	MO
<i>selegiline hcl oral tablet 5 mg</i>	1	MO
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	MO

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	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)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	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)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	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)

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This drug list was last updated on 03/24/2026

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)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; MO; NEDS; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; NEDS; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; MO; NEDS; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	1	PA; MO; NEDS; QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	MO; QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	MO; QL (60 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; MO; NEDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; MO; NEDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; NEDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	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)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	PA; MO; QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	PA; MO; QL (60 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; MO; NEDS; QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	MO; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	MO; QL (30 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	PA; MO; QL (30 per 30 days)

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; NEDS; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	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		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	MO
<i>baclofen oral tablet 5 mg</i>	1	MO; QL (90 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	MO; QL (90 per 30 days)
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	MO
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; NEDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; NEDS; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; NEDS; QL (180 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	MO
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA; MO; NEDS; QL (4 per 28 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	MO; QL (180 per 30 days)

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; MO; NEDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; NEDS; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; NEDS; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; NEDS; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	NEDS; QL (360 per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	1	MO; NEDS; QL (2400 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	MO; NEDS; QL (180 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; NEDS; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; NEDS; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; NEDS; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; MO; NEDS; QL (240 per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	1	MO; NEDS; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	1	PA; MO; NEDS; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	PA; MO; NEDS; QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	1	MO; NEDS; QL (360 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	1	MO; NEDS; QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	MO; NEDS; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; NEDS; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; NEDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; NEDS; QL (360 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	MO
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	MO; NEDS; QL (10 per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	MO
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	MO
<i>diclofenac sodium topical drops 1.5 %</i>	1	PA; MO; QL (300 per 30 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	MO
<i>diflunisal oral tablet 500 mg</i>	1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	MO
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	MO
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 30 days)
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	1	MO; QL (4 per 28 days)
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO
<i>naloxone injection solution 0.4 mg/ml</i>	1	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO
<i>naltrexone oral tablet 50 mg</i>	1	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet 600 mg</i>	1	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO
<i>tramadol oral tablet 50 mg</i>	1	MO; NEDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	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)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	MO
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO; QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	1	MO; NEDS; QL (60 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	1	MO; QL (60 per 30 days)

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This drug list was last updated on 03/24/2026

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)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	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)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	PA; MO; NEDS; QL (30 per 30 days)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	MO
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram oral solution 10 mg/5 ml</i>	1	MO; QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	MO; QL (360 per 30 days)
<i>clozapine oral tablet 100 mg, 25 mg</i>	1	QL (90 per 30 days)
<i>clozapine oral tablet 200 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	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)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	MO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	MO; QL (120 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin oral concentrate 10 mg/ml</i>	1	MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	PA; MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	PA; MO; QL (90 per 30 days)

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	PA; MO; NEDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	MO; QL (30 per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 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)
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)
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	MO; QL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	MO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	MO

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This drug list was last updated on 03/24/2026

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

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	MO
<i>lithium carbonate oral tablet 300 mg</i>	1	MO
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	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; QL (180 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	MO; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	MO; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	MO; QL (90 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	MO
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1	
<i>molindone oral tablet 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	MO
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline oral solution 10 mg/5 ml</i>	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)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	MO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	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)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	MO; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	MO
<i>phenelzine oral tablet 15 mg</i>	1	MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	MO
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	1	PA; MO; NEDS; QL (1800 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ramelteon oral tablet 8 mg</i>	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)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml</i>	1	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	1	MO; NEDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	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)
<i>sertraline oral concentrate 20 mg/ml</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	1	PA; LA; NEDS; QL (540 per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	1	PA; MO; NEDS; QL (30 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	MO; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>tranylcypromine oral tablet 10 mg</i>	1	MO
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	PA; NEDS
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	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)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	MO
<i>zolpidem oral tablet 10 mg, 5 mg</i>	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)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	MO
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	MO
MULTAQ ORAL TABLET 400 MG	1	PA; MO; QL (60 per 30 days)
<i>pacerone oral tablet 100 mg, 400 mg</i>	1	
<i>pacerone oral tablet 200 mg</i>	1	MO
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	MO
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	MO
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	MO
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	MO
<i>amiloride oral tablet 5 mg</i>	1	MO
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	MO
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
<i>bumetanide injection solution 0.25 mg/ml</i>	1	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	MO
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	MO; QL (4 per 28 days)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg</i>	1	MO; QL (90 per 30 days)
<i>diltiazem hcl oral capsule,extended release 12 hr 60 mg, 90 mg</i>	1	MO; QL (180 per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	MO
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	MO
<i>furosemide injection solution 10 mg/ml</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	MO
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	1	PA; QL (30 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>methyldopa oral tablet 250 mg</i>	1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
<i>metyrosine oral capsule 250 mg</i>	1	PA; MO; NEDS
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	MO
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	MO
<i>nimodipine oral capsule 30 mg</i>	1	MO
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 8.5 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 34 mg</i>	1	MO
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	MO
<i>olmesartan-amlodipin-hcthiiazid 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</i>	1	MO
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	MO
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	MO
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	MO
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	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 TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; MO; LA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	MO
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	MO
COAGULATION THERAPY		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	MO
BRILINTA ORAL TABLET 90 MG	1	MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	1	MO; QL (60 per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	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)

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>eltrombopag olamine oral powder in packet 12.5 mg</i>	1	PA; MO; NEDS; QL (30 per 30 days)
<i>eltrombopag olamine oral powder in packet 25 mg</i>	1	PA; MO; NEDS; QL (180 per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA; MO; NEDS; QL (30 per 30 days)
<i>eltrombopag olamine oral tablet 75 mg</i>	1	PA; MO; NEDS; QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	1	MO; NEDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	1	MO; NEDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	1	MO; NEDS; QL (18 per 30 days)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	MO
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	1	MO
<i>jantoven oral tablet 6 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	MO
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>rivaroxaban oral tablet 2.5 mg</i>	1	MO; QL (60 per 30 days)
<i>ticagrelor oral tablet 60 mg</i>	1	MO; QL (60 per 30 days)
<i>ticagrelor oral tablet 90 mg</i>	1	MO
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	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)

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TABLET 2.5 MG	1	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>cholestyramine light oral powder in packet 4 gram</i>	1	MO
<i>cholestyramine oral powder in packet 4 gram</i>	1	MO
<i>colesevelam oral powder in packet 3.75 gram</i>	1	MO
<i>colesevelam oral tablet 625 mg</i>	1	MO
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	MO
<i>ezetimibe oral tablet 10 mg</i>	1	MO
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	MO
<i>gemfibrozil oral tablet 600 mg</i>	1	MO
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	MO
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
NEXLIZET ORAL TABLET 180-10 MG	1	PA; MO; QL (30 per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	MO
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	MO
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>prevalite oral powder in packet 4 gram</i>	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)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	1	PA; QL (450 per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	MO
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	1	QL (240 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	MO; QL (60 per 30 days)
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	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		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	MO
<i>nitro-bid transdermal ointment 2 %</i>	1	MO
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA; MO
<i>calcipotriene scalp solution 0.005 %</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	MO; QL (120 per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; NEDS; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; NEDS; QL (10 per 28 days)
SELARSDI SUBCUTANEOUS 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)
<i>selenium sulfide topical lotion 2.5 %</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; NEDS; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; NEDS; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
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)

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
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)
<i>ammonium lactate topical cream 12 %</i>	1	MO
<i>ammonium lactate topical lotion 12 %</i>	1	MO
<i>diclofenac sodium topical gel 3 %</i>	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)
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution 2 %, 5 %</i>	1	MO
<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	MO; QL (30 per 30 days)
<i>lidocaine iii topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 per 30 days)
PANRETIN TOPICAL GEL 0.1 %	1	PA; MO; NEDS
<i>pimecrolimus topical cream 1 %</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution 0.5 %</i>	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	MO; QL (180 per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	1	MO
<i>ssd topical cream 1 %</i>	1	MO
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	PA; MO; QL (100 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	1	PA; MO; NEDS
THERAPY FOR ACNE		
<i>accutane oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>azelaic acid topical gel 15 %</i>	1	MO
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindacin etz topical swab 1 %</i>	1	MO
<i>clindamycin phosphate topical gel 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	1	MO
<i>ery pads topical swab 2 %</i>	1	MO
<i>erythromycin with ethanol topical solution 2 %</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	MO
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	MO
<i>metronidazole topical lotion 0.75 %</i>	1	MO
<i>tazarotene topical cream 0.1 %</i>	1	PA; MO
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; MO
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream 0.1 %</i>	1	MO; QL (60 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	MO; QL (60 per 30 days)
<i>mupirocin topical ointment 2 %</i>	1	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream 0.77 %</i>	1	MO; QL (90 per 28 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate topical lotion 0.1 %</i>	1	MO; QL (120 per 30 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	1	MO; QL (180 per 30 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	1	MO; QL (180 per 30 days)
<i>betamethasone, augmented topical gel 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	MO; QL (180 per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream 0.05 %</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	1	MO; QL (236 per 28 days)
<i>clodan topical shampoo 0.05 %</i>	1	MO; QL (236 per 28 days)
<i>desonide topical cream 0.05 %</i>	1	MO; QL (60 per 30 days)
<i>desonide topical ointment 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	MO; QL (118.28 per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream 0.05 %</i>	1	MO; QL (50 per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	1	MO; QL (50 per 30 days)
<i>hydrocortisone topical cream 1 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	MO; QL (180 per 30 days)
<i>mometasone topical cream 0.1 %</i>	1	MO; QL (180 per 30 days)
<i>mometasone topical ointment 0.1 %</i>	1	MO; QL (180 per 30 days)
<i>mometasone topical solution 0.1 %</i>	1	MO; QL (180 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	MO; QL (454 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream 0.5 %</i>	1	QL (454 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion topical lotion 0.5 %</i>	1	MO
<i>permethrin topical cream 5 %</i>	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	MO
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	MO
<i>carglumic acid oral tablet, dispersible 200 mg</i>	1	PA; MO; NEDS
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	1	PA; MO; NEDS
<i>deferasirox oral tablet 90 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	PA; MO; NEDS
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA; MO; NEDS
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	1	PA; MO; NEDS; QL (180 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; LA; NEDS
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet 330 mg</i>	1	MO
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	1	MO; QL (30 per 30 days)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	1	PA; MO; NEDS
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	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)
<i>riluzole oral tablet 50 mg</i>	1	PA; MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride irrigation solution 0.9 %</i>	1	MO
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA; MO; NEDS
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA; MO; NEDS
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	1	MO
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	MO
<i>trientine oral capsule 250 mg</i>	1	PA; MO; NEDS; QL (240 per 30 days)

SMOKING DETERRENENTS

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	MO
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	1	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	1	

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	MO
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	MO; QL (30 per 30 days)
<i>kourzeq dental paste 0.1 %</i>	1	MO
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	MO
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	MO
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	MO

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear) solution 2 %</i>	1	MO
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	MO
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	MO
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	MO
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	MO

OTIC STEROID / ANTIBIOTIC

<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	MO

ENDOCRINE/DIABETES

ADRENAL HORMONES

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<i>fludrocortisone oral tablet 0.1 mg</i>	1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	MO
<i>prednisone oral solution 5 mg/5 ml</i>	1	MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
<i>prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>alcohol pads topical pads, medicated</i>	1	PA; MO
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	1	MO
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	1	MO; QL (30 per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	1	MO
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	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 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 SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
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) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	
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
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
JANUMET ORAL TABLET 50-1,000 MG, 50- 500 MG	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	1	MO; QL (60 per 30 days)
JENTADUETO 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
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	1	PA; QL (9 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	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)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	MO

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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 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; MO; QL (30 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	QL (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)

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Drug Name	Drug Tier	Requirements/Limits
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 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet 0.5 mg</i>	1	MO
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	MO; QL (3.7 per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	MO
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	1	MO; NEDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	MO
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	MO
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	MO
<i>mifepristone oral tablet 300 mg</i>	1	PA; MO; NEDS; QL (120 per 30 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	MO
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	PA; MO; NEDS
<i>sapropterin oral tablet,soluble 100 mg</i>	1	PA; MO; NEDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; MO; NEDS
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	1	PA; MO; NEDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i>	1	PA; MO; NEDS; QL (240 per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablet 30 mg</i>	1	PA; MO; NEDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>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)</i>	1	PA; MO; NEDS; QL (56 per 28 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA; MO; NEDS
THYROID HORMONES		
<i>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</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	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
<i>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</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule 10 mg</i>	1	MO
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	MO
<i>dicyclomine oral tablet 20 mg</i>	1	MO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	MO
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>loperamide oral capsule 2 mg</i>	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>alosetron oral tablet 1 mg</i>	1	PA; MO; NEDS; QL (60 per 30 days)
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1	B/D PA; MO; QL (2 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	1	B/D PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1	B/D PA; MO; QL (6 per 28 days)
<i>balsalazide oral capsule 750 mg</i>	1	MO
<i>betaine oral powder 1 gram/scoop</i>	1	MO; NEDS
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	1	MO
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1	PA; MO; NEDS
<i>compro rectal suppository 25 mg</i>	1	MO
<i>constulose oral solution 10 gram/15 ml</i>	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
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	MO
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D PA; MO
<i>enulose oral solution 10 gram/15 ml</i>	1	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; MO; NEDS
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	MO
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>gavilyte-n oral recon soln 420 gram</i>	1	
<i>generlac oral solution 10 gram/15 ml</i>	1	MO
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D PA; MO
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	MO

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

This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	MO
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	MO
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	MO
<i>mesalamine rectal suppository 1,000 mg</i>	1	MO
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	MO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
MOVANTI ^K ORAL TABLET 12.5 MG, 25 MG	1	MO; QL (30 per 30 days)
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	1	MO; QL (30 per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg-electrolyte oral recon soln 420 gram</i>	1	MO
<i>prochlorperazine maleate oral oral tablet 10 mg, 5 mg</i>	1	MO
<i>prochlorperazine rectal suppository 25 mg</i>	1	MO
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	MO
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	MO
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	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
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	MO
<i>ursodiol oral capsule 300 mg</i>	1	MO

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol oral tablet 250 mg, 500 mg</i>	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		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	1	MO; QL (30 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (60 per 30 days)
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral suspension 100 mg/ml</i>	1	MO
<i>sucralfate oral tablet 1 gram</i>	1	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

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

This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA; MO; NEDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA; LA; NEDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; MO; NEDS; QL (14 per 28 days)
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
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 SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/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

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Drug Name	Drug Tier	Requirements/Limits
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	
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 SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	V
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
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

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Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
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
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	

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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
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
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	V
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
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 INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	1	V
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	1	MO; V
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	1	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

GAUZE PADS 2 X 2	1	PA; MO
INSULIN PEN NEEDLE	1	PA; MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	PA; MO
NEEDLES, INSULIN DISP.,SAFETY	1	PA; MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral tablet 0.6 mg</i>	1	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	MO
<i>probenecid oral tablet 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet 60 mg</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA; MO; QL (1 per 180 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	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)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	1	PA; MO; NEDS; QL (2.4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; NEDS; QL (2.4 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	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)
<i>penicillamine oral tablet 250 mg</i>	1	PA; MO
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)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; MO; NEDS; QL (3.6 per 28 days)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; MO; NEDS; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; MO; NEDS; QL (300 per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; MO; NEDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA; MO; NEDS; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>abigale lo oral tablet 0.5-0.1 mg</i>	1	MO
<i>abigale oral tablet 1-0.5 mg</i>	1	MO
<i>camila oral tablet 0.35 mg</i>	1	MO
<i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	1	MO
<i>deblitane oral tablet 0.35 mg</i>	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	MO
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.0375 mg/24 hr, 0.075 mg/24 hr</i>	1	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	1	MO
<i>errin oral tablet 0.35 mg</i>	1	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	MO
<i>estradiol vaginal tablet 10 mcg</i>	1	MO
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	MO
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	MO
<i>heather oral tablet 0.35 mg</i>	1	MO
<i>incassia oral tablet 0.35 mg</i>	1	MO
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	MO
<i>lyleq oral tablet 0.35 mg</i>	1	MO
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
<i>lyllana transdermal patch semiweekly 0.0375 mg/24 hr, 0.05 mg/24 hr</i>	1	QL (8 per 28 days)

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	MO
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	MO
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>meleya oral tablet 0.35 mg</i>	1	MO
<i>mimvey oral tablet 1-0.5 mg</i>	1	MO
<i>nora-be oral tablet 0.35 mg</i>	1	MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	MO
<i>orquidea oral tablet 0.35 mg</i>	1	MO
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.625-2.5 MG	1	
PREMPRO ORAL TABLET 0.45-1.5 MG, 0.625-5 MG	1	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	MO
<i>sharobel oral tablet 0.35 mg</i>	1	MO
<i>yuvafem vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	1	MO
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	MO
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	1	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	1	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	MO
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	MO
<i>terconazole vaginal suppository 80 mg</i>	1	MO
<i>tranexamic acid oral tablet 650 mg</i>	1	MO
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	MO
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>apri oral tablet 0.15-0.03 mg</i>	1	MO
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	MO
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>cryselles (28) oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	MO
<i>estarylla oral tablet 0.25-0.035 mg</i>	1	MO
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>feirza oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	MO
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	MO
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	MO
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	MO
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	MO
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>juleber oral tablet 0.15-0.03 mg</i>	1	MO
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	MO
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	MO
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	MO
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	MO
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	MO
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	MO
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>luizza oral tablet 1-20 mg-mcg</i>	1	MO
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	MO
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	MO
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	MO
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mili oral tablet 0.25-0.035 mg</i>	1	MO
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>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</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	MO
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	MO
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	MO
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	MO
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	MO
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	MO
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	MO
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	1	MO
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	MO
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	MO
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	MO
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	MO
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	MO
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	MO
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	MO
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	MO
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	MO
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	MO
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	MO
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	MO

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE OPHTHALMIC (EYE) DROPS 1 %	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	1	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	MO
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	MO; QL (70 per 30 days)
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	MO
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	MO
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	MO
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	MO; QL (10 per 14 days)

ANTIVIRALS

<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	MO
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	MO

BETA-BLOCKERS

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Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	MO
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	MO
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	PA; NEDS
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	MO
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	MO
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	1	PA; NEDS; QL (10 per 42 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	1	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.09 %</i>	1	MO
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	MO
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	MO
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	MO
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	MO
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	MO
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	MO
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	MO
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	MO; QL (10 per 14 days)
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	MO
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	MO
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %</i>	1	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	MO
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>cyproheptadine oral tablet 4 mg</i>	1	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	MO
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	MO
<i>levocetirizine oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	MO
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	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)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	MO
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	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)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	MO; QL (25.8 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	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)
<i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	1	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	MO; QL (60 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	B/D PA; MO
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	1	PA; MO; NEDS; QL (24 per 28 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA; MO; NEDS
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	1	MO
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	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)
<i>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</i>	1	B/D PA; MO
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1	MO
<i>montelukast oral tablet 10 mg</i>	1	MO
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; NEDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; MO; NEDS; QL (60 per 30 days)
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)
<i>pirfenidone oral capsule 267 mg</i>	1	PA; MO; NEDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	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
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	PA; MO; QL (30 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	1	PA; MO; NEDS
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; NEDS; QL (60 per 30 days)

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	MO
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	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)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; NEDS; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; NEDS; QL (1 per 28 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	1	B/D PA; MO; NEDS; QL (90 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	1	
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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	MO; QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	MO; QL (600 per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	1	MO; QL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	1	MO; QL (30 per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	MO; QL (60 per 30 days)
<i>tropium oral tablet 20 mg</i>	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	MO
<i>dutasteride oral capsule 0.5 mg</i>	1	MO; QL (30 per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	MO; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin oral capsule 0.4 mg</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; LA
ELMIRON ORAL CAPSULE 100 MG	1	MO
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	MO
<i>tadalafil oral tablet 5 mg</i>	1	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	MO
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	MO
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	MO

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This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	MO
<i>klor-con oral packet 20 meq</i>	1	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	1	MO
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	MO
<i>potassium chloride oral packet 20 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	

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

This drug list was last updated on 03/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	MO
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	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
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	B/D PA
<i>premasol 10 % intravenous parenteral solution 10 %</i>	1	B/D PA
<i>travasol 10 % intravenous parenteral solution 10 %</i>	1	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>prenatal vitamin oral tablet oral tablet 27 mg iron-1 mg</i>	1	MO

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

This drug list was last updated on 03/24/2026

Index

A		
<i>abacavir</i>	9	
<i>abacavir-lamivudine</i>	9	
<i>abigale</i>	83	
<i>abigale lo</i>	83	
ABILIFY ASIMTUFII.....	40	
ABILIFY MAINTENA.....	40	
<i>abiraterone</i>	19	
<i>abirtega</i>	19	
ABRYSVO (PF).....	77	
<i>acamprosate</i>	62	
<i>acarbose</i>	65	
<i>accutane</i>	59	
<i>acebutolol</i>	49	
<i>acetaminophen-codeine</i>	37	
<i>acetazolamide</i>	89	
<i>acetic acid</i>	64	
<i>acetylcysteine</i>	91	
<i>acitretin</i>	56	
ACTHIB (PF).....	77	
ACTIMMUNE.....	76	
<i>acyclovir</i>	9, 60	
<i>acyclovir sodium</i>	9	
ADACEL(TDAP ADOLESN/ADULT)(PF)	77	
ADBRY.....	58	
<i>adefovir</i>	9	
ADEMPAS.....	91	
ADVAIR HFA.....	91	
AIMOVIG AUTOINJECTOR	35	
AKEEGA.....	19	
<i>ala-cort</i>	60	
<i>albendazole</i>	14	
<i>albuterol sulfate</i>	91, 92	
<i>alclometasone</i>	60	
<i>alcohol pads</i>	65	
ALECENSA.....	19	
<i>alendronate</i>	81	
<i>alfuzosin</i>	96	
<i>aliskiren</i>	49	
<i>allopurinol</i>	80	
<i>alosetron</i>	72	
ALPHAGAN P.....	91	
<i>alprazolam</i>	40	
<i>altavera (28)</i>	85	
ALUNBRIG.....	19	
<i>alyacen 1/35 (28)</i>	85	
<i>amantadine hcl</i>	9	
<i>ambrisentan</i>	92	
<i>amikacin</i>	14	
<i>amiloride</i>	49	
<i>amiloride-hydrochlorothiazide</i>	49	
<i>amiodarone</i>	48	
<i>amitriptyline</i>	40	
<i>amlodipine</i>	49	
<i>amlodipine-benazepril</i>	49	
<i>amlodipine-olmesartan</i>	49	
<i>amlodipine-valsartan</i>	49	
<i>ammonium lactate</i>	58	
<i>amnesteem</i>	59	
<i>amoxapine</i>	40	
<i>amoxicillin</i>	16, 17	
<i>amoxicillin-pot clavulanate</i> ..	17	
<i>amphotericin b</i>	8	
<i>amphotericin b liposome</i>	8	
<i>ampicillin</i>	17	
<i>ampicillin sodium</i>	17	
<i>ampicillin-sulbactam</i>	17	
<i>anagrelide</i>	62	
<i>anastrozole</i>	20	
ANORO ELLIPTA.....	92	
<i>apraclonidine</i>	91	
<i>aprepitant</i>	72, 73	
<i>apri</i>	85	
APTIVUS.....	9	
<i>aranelle (28)</i>	85	
ARCALYST.....	76	
AREXVY (PF).....	77	
<i>arformoterol</i>	92	
ARIKAYCE.....	14	
<i>aripiprazole</i>	40	
ARISTADA.....	41	
ARISTADA INITIO.....	41	
<i>armodafinil</i>	41	
ARNUITY ELLIPTA.....	92	
<i>asenapine maleate</i>	41	
<i>aspirin-dipyridamole</i>	53	
<i>atazanavir</i>	9	
<i>atenolol</i>	49	
<i>atenolol-chlorthalidone</i>	49	
<i>atomoxetine</i>	41	
<i>atorvastatin</i>	55	
<i>atovaquone</i>	14	
<i>atovaquone-proguanil</i>	14	
<i>atropine</i>	89	
ATROVENT HFA.....	92	
<i>aubra eq</i>	85	
AUGMENTIN.....	17	
AUGTYRO.....	20	
AUSTEDO.....	35	
AUSTEDO XR.....	36	
AUSTEDO XR TITRATION KT(WK1-4).....	36	
AUVELITY.....	41	
<i>aviane</i>	85	
AVMAPKI-FAKZYNJA.....	20	
AVONEX.....	76	
AYVAKIT.....	20	
AZASITE.....	88	
<i>azathioprine</i>	20	
<i>azelaic acid</i>	59	
<i>azelastine</i>	64, 89	
<i>azithromycin</i>	14	
<i>aztreonam</i>	14	
B		
<i>bacitracin</i>	88	
<i>bacitracin-polymyxin b</i>	88	
<i>baclofen</i>	37	
<i>balsalazide</i>	73	
BALVERSA.....	20	
BAQSIMI.....	65	
BARACLUDGE.....	9	
BCG VACCINE, LIVE (PF)	77	
<i>benazepril</i>	49	
<i>benazepril-hydrochlorothiazide</i>	49	
BENLYSTA.....	81	
<i>benztropine</i>	34	
BESIVANCE.....	88	
BESREMI.....	76	
<i>betaine</i>	73	
<i>betamethasone dipropionate</i>	60	
<i>betamethasone valerate</i> ..	60, 61	

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

<i>betamethasone, augmented</i> ..61	CALQUENCE	<i>cinacalcet</i>.....70
BETASERON 76	(ACALABRUTINIB MAL)	<i>ciprofloxacin hcl</i> .....18, 64, 88
<i>betaxolol</i> 49, 89	.....20	<i>ciprofloxacin in 5 % dextrose</i>
<i>bethanechol chloride</i>.....96	<i>camila</i>.....83	.....18
<i>bexarotene</i> .....20	<i>candesartan</i> .....49	<i>ciprofloxacin-dexamethasone</i>
BEXSERO.....77	<i>candesartan-</i>	.....64
<i>bicalutamide</i> .....20	<i>hydrochlorothiazid</i> .....49	<i>citalopram</i>.....42
BICILLIN C-R 17	CAPLYTA.....41	<i>claravis</i> .....59
BICILLIN L-A 17	CAPRELSA.....20	<i>clarithromycin</i> .....14
BIKTARVY .....9	<i>captopril</i> .....49	<i>clindacin etz</i>.....59
<i>bisoprolol fumarate</i>.....49	<i>carbamazepine</i>.....30	<i>clindamycin hcl</i>.....14
<i>bisoprolol-hydrochlorothiazide</i>	<i>carbidopa</i>.....34	<i>clindamycin in 5 % dextrose</i> .15
.....49	<i>carbidopa-levodopa</i>.....34	<i>clindamycin pediatric</i> .....15
BOOSTRIX TDAP 77	<i>carbidopa-levodopa-</i>	<i>clindamycin phosphate</i> ..15, 59,
<i>bosentan</i> .....92	<i>entacapone</i>.....34	84
BOSULIF .....20	<i>carglumic acid</i>.....62	CLINIMIX 5%/D15W
BRAFTOVI.....20	<i>carteolol</i>.....89	SULFITE FREE .....98
BREO ELLIPTA .....92	<i>cartia xt</i>.....49	CLINIMIX 4.25%/D10W
<i>breyna</i>.....92	<i>carvedilol</i>.....49	SULF FREE.....98
BREZTRI AEROSPHERE ..92	<i>casprofungin</i> .....8	CLINIMIX 4.25%/D5W
BRILINTA 53	CAYSTON .....14	SULFIT FREE.....62
<i>brimonidine</i> .....91	<i>cefaclor</i> .....12	CLINIMIX 5%-
<i>brimonidine-timolol</i>.....90	<i>cefadroxil</i>.....12, 13	D20W(SULFITE-FREE)..98
BRIVIACT .....30	<i>cefazolin</i>.....13	<i>clobazam</i>.....30
<i>bromfenac</i>.....89	<i>cefdinir</i>.....13	<i>clobetasol</i>.....61
<i>bromocriptine</i> .....34	<i>cefepime</i>.....13	<i>clodan</i> .....61
BRUKINSA .....20	<i>cefixime</i>.....13	<i>clomipramine</i> .....42
<i>budesonide</i>.....73, 92	<i>cefoxitin</i> .....13	<i>clonazepam</i> .....30
<i>budesonide-formoterol</i> .....92	<i>cefpodoxime</i>.....13	<i>clonidine</i> .....50
<i>bumetanide</i> .....49	<i>cefprozil</i> .....13	<i>clonidine hcl</i> .....49
<i>buprenorphine</i> .....37	<i>ceftazidime</i>.....13	<i>clopidogrel</i>.....53
<i>buprenorphine hcl</i> .....37	<i>ceftriaxone</i> .....13	<i>clorazepate dipotassium</i> .....42
<i>buprenorphine-naloxone</i> .....38	<i>cefuroxime axetil</i> .....13	<i>clotrimazole</i> .....8, 60
<i>bupropion hcl</i> .....41	<i>cefuroxime sodium</i>.....13	<i>clotrimazole-betamethasone</i> .60
<i>bupropion hcl (smoking deter)</i>	<i>celecoxib</i>.....39	<i>clozapine</i>.....42
.....64	<i>cephalexin</i>.....13	COARTEM.....15
<i>bupirone</i>.....41	<i>cetirizine</i> .....91	COBENFY .....42
<i>butalbital-acetaminophen-caff</i>	<i>chlorhexidine gluconate</i> .....64	COBENFY STARTER PACK
.....37	<i>chloroquine phosphate</i> .....14	.....42
<i>butorphanol</i> .....39	<i>chlorpromazine</i>.....41	<i>colchicine</i>.....80
C	<i>chlorthalidone</i> .....49	<i>colesevelam</i>.....55
<i>cabergoline</i>.....70	<i>chlorzoxazone</i>.....37	<i>colestipol</i>.....55
CABOMETYX.....20	<i>cholestyramine</i>.....55	<i>colistin (colistimethate na)</i> ...15
<i>calcipotriene</i>.....56	<i>cholestyramine light</i> .....55	COMBIVENT RESPIMAT..92
<i>calcitonin (salmon)</i>.....70	<i>ciclopirox</i>.....59, 60	COMETRIQ .....20
<i>calcitriol</i> .....56, 70	<i>cilostazol</i>.....53	<i>compro</i> .....73
	CIMDUO.....9	<i>conjugated estrogens</i> .....83
	<i>cimetidine</i> .....75	<i>constulose</i> .....73

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

COPIKTRA.....	20	<i>demeclocycline</i>	18	<i>doxazosin</i>	50
CORLANOR.....	56	DEPO-SUBQ PROVERA 104		<i>doxepin</i>	42
COSENTYX.....	57	.....	83	<i>doxercalciferol</i>	71
COSENTYX (2 SYRINGES)		DESCOVY	9	<i>doxy-100</i>	18
.....	57	<i>desipramine</i>	42	<i>doxycycline hyclate</i>	18
COSENTYX PEN (2 PENS)	57	<i>desmopressin</i>	71	<i>doxycycline monohydrate</i>	18,
COSENTYX UNOREADY		<i>desonide</i>	61	19	
PEN	57	<i>desvenlafaxine succinate</i>	42	DRIZALMA SPRINKLE	42
COTELLIC.....	21	<i>dexamethasone</i>	65	<i>dronabinol</i>	73
CREON	73	<i>dexamethasone sodium</i>		<i>drospirenone-ethinyl estradiol</i>	
CRESEMBA	8	<i>phosphate</i>	90	.....	85
<i>cromolyn</i>	73, 89, 92	<i>dextroamphetamine-</i>		<i>droxidopa</i>	63
<i>cryselle (28)</i>	85	<i>amphetamine</i>	42	DUAVEE.....	83
<i>cyclobenzaprine</i>	37	<i>dextrose 10 % and 0.2 % nacl</i>		DULERA.....	93
<i>cyclophosphamide</i>	21	.....	62	<i>duloxetine</i>	43
CYCLOPHOSPHAMIDE....	21	<i>dextrose 10 % in water (d10w)</i>		DUPIXENT PEN.....	58
<i>cyclosporine</i>	21, 89	.....	62	DUPIXENT SYRINGE.....	58
<i>cyclosporine modified</i>	21	<i>dextrose 5 % in water (d5w).</i>	62	<i>dutasteride</i>	96
<i>cyproheptadine</i>	91	<i>dextrose 5%-0.2 % sod</i>		<i>dutasteride-tamsulosin</i>	96
<i>cyred eq</i>	85	<i>chloride</i>	63	E	
CYSTAGON	96	DIACOMIT	30, 31	<i>econazole nitrate</i>	60
CYSTARAN	89	<i>diazepam</i>	31, 42	EDURANT	9
D		<i>diazepam intensol</i>	42	EDURANT PED	9
<i>d10 %-0.45 % sodium chloride</i>		<i>diazoxide</i>	65	<i>efavirenz</i>	9
.....	62	<i>diclofenac potassium</i>	39	<i>efavirenz-emtricitabin-tenofovr9</i>	
<i>d2.5 %-0.45 % sodium</i>		<i>diclofenac sodium</i>	39, 58, 89	<i>efavirenz-lamivu-tenofov disop</i>	
<i>chloride</i>	62	<i>diclofenac-misoprostol</i>	39	.....	9
<i>d5 % and 0.9 % sodium</i>		<i>dicloxacillin</i>	17	ELIGARD.....	21
<i>chloride</i>	62	<i>dicyclomine</i>	72	ELIGARD (3 MONTH)	21
<i>d5 %-0.45 % sodium chloride</i>		DIFICID	14	ELIGARD (4 MONTH)	21
.....	62	<i>diflunisal</i>	39	ELIGARD (6 MONTH)	21
<i>dabigatran etexilate</i>	53	<i>difluprednate</i>	90	ELIQUIS.....	53
<i>dalfampridine</i>	36	<i>digoxin</i>	56	ELIQUIS DVT-PE TREAT	
<i>danazol</i>	71	<i>dihydroergotamine</i>	35	30D START.....	53
<i>dantrolene</i>	37	DILANTIN 30 MG	31	ELMIRON.....	96
DANZITEN.....	21	<i>diltiazem hcl</i>	50	<i>eltrombopag olamine</i>	54
DAPAGLIFLOZIN		<i>dilt-xr</i>	50	<i>eluryng</i>	84
PROPANEDIOL	65	<i>dimethyl fumarate</i>	36	EMGALITY PEN.....	35
<i>dapsone</i>	15	<i>diphenoxylate-atropine</i>	72	EMGALITY SYRINGE.....	35
DAPTACEL (DTAP		<i>dipyridamole</i>	53	EMSAM	43
PEDIATRIC) (PF).....	77	<i>disulfiram</i>	63	<i>emtricitabine</i>	9
<i>daptomycin</i>	15	<i>divalproex</i>	31	<i>emtricitabine-tenofovir (tdf)</i> .10	
<i>darunavir</i>	9	<i>dofetilide</i>	48	<i>emtricitabine-tenofovir (tdf)</i> .10	
<i>dasatinib</i>	21	<i>donepezil</i>	36	EMTRIVA.....	10
DAURISMO.....	21	<i>dorzolamide</i>	90	<i>enalapril maleate</i>	50
<i>deblitane</i>	83	<i>dorzolamide-timolol</i>	90	<i>enalapril-hydrochlorothiazide</i>	
<i>deferasirox</i>	62	<i>dotti</i>	83	.....	50
DELSTRIGO.....	9	DOVATO	9	ENBREL.....	81

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

ENBREL MINI.....	81	EXXUA.....	43	<i>fluorouracil</i>	58
ENBREL SURECLICK.....	81	<i>ezetimibe</i>	55	<i>fluoxetine</i>	43
ENGERIX-B (PF).....	77	<i>ezetimibe-simvastatin</i>	55	<i>fluoxetine (pmd)</i>	43
ENGERIX-B PEDIATRIC		F		<i>fluphenazine decanoate</i>	43
(PF).....	77	<i>falmina (28)</i>	85	<i>fluphenazine hcl</i>	43, 44
<i>enilloring</i>	84	<i>famciclovir</i>	10	<i>flurbiprofen</i>	39
<i>enoxaparin</i>	54	<i>famotidine</i>	75	<i>flurbiprofen sodium</i>	89
ENSACOVE.....	21	FANAPT.....	43	<i>fluticasone propionate</i>	93
<i>enskyce</i>	85	FANAPT TITRATION PACK		<i>fluticasone propion-salmeterol</i>	
<i>entacapone</i>	34	A.....	43	.....	93
<i>entecavir</i>	10	FARXIGA.....	65	<i>fluvoxamine</i>	44
ENTRESTO SPRINKLE.....	56	FASENRA.....	93	<i>fondaparinux</i>	54
<i>emulose</i>	73	FASENRA PEN.....	93	<i>formoterol fumarate</i>	93
ENVARUSUS XR.....	21	<i>febuxostat</i>	80	<i>fosamprenavir</i>	10
EPIDIOLEX.....	31	<i>feirza</i>	85	<i>fosfomycin tromethamine</i>	19
<i>epinastine</i>	89	<i>felbamate</i>	31	<i>fosinopril</i>	50
<i>epinephrine</i>	91	<i>felodipine</i>	50	<i>fosinopril-hydrochlorothiazide</i>	
<i>eplerenone</i>	50	<i>fenofibrate</i>	55	.....	50
ERIVEDGE.....	21	<i>fenofibrate micronized</i>	55	FOTIVDA.....	22
ERLEADA.....	21	<i>fenofibrate nanocrystallized</i>	55	FRUZAQLA.....	22
<i>erlotinib</i>	21, 22	<i>fenofibric acid (choline)</i>	55	<i>furosemide</i>	50
<i>errin</i>	83	<i>fentanyl</i>	38	<i>fyavolv</i>	83
<i>ertapenem</i>	15	FETZIMA.....	43	G	
<i>ery pads</i>	59	FIASP FLEXTOUCH U-100		<i>gabapentin</i>	31
<i>erythromycin</i>	14, 88	INSULIN.....	66	<i>galantamine</i>	36
<i>erythromycin ethylsuccinate</i>	14	FIASP PENFILL U-100		GAMUNEX-C.....	77
<i>erythromycin with ethanol</i>	59	INSULIN.....	66	GARDASIL 9 (PF).....	77
<i>escitalopram oxalate</i>	43	FIASP U-100 INSULIN.....	66	<i>gatifloxacin</i>	88
<i>eslicarbazepine</i>	31	<i>fidaxomicin</i>	14	GATTEX 30-VIAL.....	73
<i>esomeprazole magnesium</i>	75	<i>finasteride</i>	96	GAUZE PAD.....	80
<i>estarylla</i>	85	<i>fingolimod</i>	36	<i>gavilyte-c</i>	73
<i>estradiol</i>	83	FINTEPLA.....	31	<i>gavilyte-g</i>	73
<i>estradiol valerate</i>	83	FIRMAGON KIT W		<i>gavilyte-n</i>	73
<i>estradiol-norethindrone acet</i>	83	DILUENT SYRINGE.....	22	GAVRETO.....	22
<i>eszopiclone</i>	43	<i>flac otic oil</i>	64	<i>gefitinib</i>	22
<i>ethambutol</i>	15	<i>flecainide</i>	48	<i>gemfibrozil</i>	55
<i>ethosuximide</i>	31	<i>fluconazole</i>	8	<i>generlac</i>	73
<i>etodolac</i>	39	<i>fluconazole in nacl (iso-osm)</i>	8	<i>engraf</i>	22
<i>etonogestrel-ethinyl estradiol</i>		<i>flucytosine</i>	8	<i>gentamicin</i>	15, 59, 88
.....	84	<i>fludrocortisone</i>	65	<i>gentamicin in nacl (iso-osm)</i>	15
<i>etravirine</i>	10	<i>flunisolide</i>	93	GENVOYA.....	10
EUCRISA.....	58	<i>fluocinolone</i>	61	GILOTRIF.....	22
EULEXIN.....	22	<i>fluocinolone acetone oil</i>	64	<i>glatiramer</i>	36
<i>everolimus (antineoplastic)</i>	22	<i>fluocinolone and shower cap</i>	61	<i>glatopa</i>	36
<i>everolimus</i>		<i>fluocinonide</i>	61	<i>glimepiride</i>	66
(immunosuppressive).....	22	<i>fluocinonide-emollient</i>	61	<i>glipizide</i>	66
EVOTAZ.....	10	<i>fluoride (sodium)</i>	98	<i>glipizide-metformin</i>	66
<i>exemestane</i>	22	<i>fluorometholone</i>	90	<i>glutamine (sickle cell)</i>	63

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

<i>glycopyrrolate</i>	72	HUMULIN N NPH U-100	INQOVI.....	23
GLYXAMBI	66	INSULIN	INREBIC	23
GOMEKLI	22	HUMULIN R REGULAR U-	INSULIN LISPRO	67
<i>granisetron hcl</i>	73	100 INSULN	INSULIN LISPRO	
<i>griseofulvin microsize</i>	8	HUMULIN R U-500 (CONC)	PROTAMIN-LISPRO	67
<i>griseofulvin ultramicrosize</i>	8	INSULIN	INSULIN PEN NEEDLE	80
<i>guanfacine</i>	44, 50	HUMULIN R U-500 (CONC)	INSULIN SYRINGE (DISP)	
GVOKE.....	66	KWIKPEN.....	U-100.....	80
GVOKE HYOPEN 2-PACK		<i>hydralazine</i>	INTELENCE	10
.....	66	<i>hydrochlorothiazide</i>	<i>intralipid</i>	98
GVOKE PFS 1-PACK		<i>hydrocodone-acetaminophen</i> 38	<i>introvale</i>	85
SYRINGE.....	66	<i>hydrocortisone</i>	INVEGA HAFYERA	44
H		61, 65, 73	INVEGA SUSTENNA	44
HADLIMA	81	<i>hydrocortisone valerate</i>	INVEGA TRINZA	44, 45
HADLIMA PUSH TOUCH..	81	61	I POL	78
HADLIMA(CF)	82	<i>hydrocortisone-acetic acid</i> ...64	<i>ipratropium bromide</i>	64, 93
HADLIMA(CF)		<i>hydromorphone</i>	<i>ipratropium-albuterol</i>	93
PUSH TOUCH.....	81	<i>hydroxychloroquine</i>	<i>irbesartan</i>	51
HAEGARDA	93	<i>hydroxyurea</i>	<i>irbesartan-hydrochlorothiazide</i>	
<i>hailey fe 1/20 (28)</i>	85	<i>hydroxyzine hcl</i>.....	.....	51
<i>halobetasol propionate</i>	61	<i>hydroxyzine pamoate</i>	ISENTRESS	10
<i>haloperidol</i>	44	91	ISENTRESS HD	10
<i>haloperidol decanoate</i>	44	HYRNUO	<i>isibloom</i>	85
<i>haloperidol lactate</i>	44	I	ISOLYTE S PH 7.4	98
HAVRIX (PF)	78	<i>ibandronate</i>	ISOLYTE-P IN 5 %	
<i>heather</i>	83	81	DEXTROSE	98
<i>heparin (porcine)</i>	54	IBRANCE	<i>isoniazid</i>	15
HEPLISAV-B (PF)	78	22	<i>isosorbide dinitrate</i>	56
HERNEXEOS	22	IBTROZI	<i>isosorbide mononitrate</i>	56
HIBERIX (PF).....	78	23	<i>isotretinoin</i>	59
HUMALOG JUNIOR		<i>ibu</i>	<i>isradipine</i>	51
KWIKPEN U-100	66	<i>ibuprofen</i>	ITOVEBI	23
HUMALOG KWIKPEN		39	<i>itraconazole</i>	8
INSULIN.....	66	<i>icatibant</i>	<i>ivabradine</i>	56
HUMALOG MIX 50-50		93	<i>ivermectin</i>	15
KWIKPEN	66	ICLUSIG	IWILFIN.....	23
HUMALOG MIX 75-25		23	IXIARO (PF).....	78
KWIKPEN	67	<i>icosapent ethyl</i>	J	
HUMALOG MIX 75-25(U-		55	<i>jaimiess</i>	85
100)INSULN.....	67	IDHIFA	JAKAFI	23
HUMALOG U-100 INSULIN		23	<i>jantoven</i>	54
.....	67	<i>imatinib</i>	JANUMET	67
HUMULIN 70/30 U-100		23	JANUMET XR.....	68
INSULIN.....	67	IMBRUVICA	JANUVIA.....	68
HUMULIN 70/30 U-100		23	JARDIANCE.....	68
KWIKPEN	67	<i>imipenem-cilastatin</i>	<i>jasmiel (28)</i>	85
HUMULIN N NPH INSULIN		15	JAYPIRCA	23
KWIKPEN	67	<i>imipramine hcl</i>	JENTADUETO	68
		44		
		<i>imipramine pamoate</i>		
		44		
		<i>imiquimod</i>		
		58		
		IMKELDI		
		23		
		IMOVAX RABIES VACCINE		
		(PF).....		
		78		
		IMPAVIDO		
		15		
		<i>incassia</i>		
		83		
		INCRELEX		
		63		
		INCRUSE ELLIPTA.....		
		93		
		<i>indapamide</i>		
		51		
		<i>indomethacin</i>		
		39		
		INFANRIX (DTAP) (PF).....		
		78		
		INLURIYO.....		
		23		
		INLYTA		
		23		

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

JENTADUETO XR.....	68	LAZCLUZE	24	<i>lopinavir-ritonavir</i>	10
<i>jinteli</i>	83	LEDIPASVIR-SOFOSBUVIR		<i>lorazepam</i>	45
JUBBONTI.....	81	.....	10	<i>lorazepam intensol</i>	45
<i>juleber</i>	86	<i>leflunomide</i>	82	LORBRENA.....	24
JULUCA.....	10	<i>lenalidomide</i>	24	<i>loryna (28)</i>	86
JYLAMVO.....	23	LENVIMA.....	24	<i>losartan</i>	51
JYNNEOS (PF).....	78	<i>lessina</i>	86	<i>losartan-hydrochlorothiazide</i>	
K		<i>letrozole</i>	24	.....	51
KALETRA	10	<i>leucovorin calcium</i>	19	<i>loteprednol etabonate</i>	90, 91
KALYDECO	93	LEUKERAN	24	<i>lovastatin</i>	55
<i>kariva (28)</i>	86	<i>leuprolide</i>	24	<i>low-ogestrel (28)</i>	86
<i>kelnor 1/35 (28)</i>	86	<i>levabuterol hcl</i>	93	<i>loxapine succinate</i>	45
KERENDIA	51	<i>levetiracetam</i>	32	<i>lubiprostone</i>	73
KESIMPTA PEN	36	<i>levobunolol</i>	89	<i>luizza</i>	86
<i>ketoconazole</i>	8, 60	<i>levocarnitine</i>	63	LUMAKRAS.....	24
<i>ketorolac</i>	39, 89	<i>levocarnitine (with sugar)</i>	63	LUMIGAN	90
KINRIX (PF).....	78	<i>levocetirizine</i>	91	LUPRON DEPOT	25
KISQALI.....	23	<i>levofloxacin</i>	18	LUPRON DEPOT (3	
<i>klor-con</i>	97	<i>levofloxacin in d5w</i>	18	MONTH).....	24
<i>klor-con 10</i>	96	<i>levonest (28)</i>	86	LUPRON DEPOT (4	
<i>klor-con 8</i>	96	<i>levonorgestrel-ethinyl estrad</i>	86	MONTH).....	24
<i>klor-con m10</i>	96	<i>levonorg-eth estrad triphasic</i>	86	LUPRON DEPOT (6	
<i>klor-con m15</i>	96	<i>levora-28</i>	86	MONTH).....	25
<i>klor-con m20</i>	97	<i>levothyroxine</i>	72	<i>lurasidone</i>	45
KLOXXADO	39	<i>levoxyl</i>	72	<i>luteru (28)</i>	86
KOSELUGO	24	<i>lidocaine</i>	58	LYBALVI.....	45
<i>kourzeq</i>	64	<i>lidocaine hcl</i>	58	<i>lyleq</i>	83
KRAZATI	24	<i>lidocaine viscous</i>	58	<i>lyllana</i>	83
<i>kurvelo (28)</i>	86	<i>lidocaine-prilocaine</i>	58	LYNPARZA.....	25
L		<i>lidocan iii</i>	58	LYSODREN.....	25
<i>l norgest/e.estradiol-e.estrad</i>	86	LILETTA.....	84	LYTGOBI.....	25
<i>labetalol</i>	51	<i>linezolid</i>	15	<i>lyza</i>	84
<i>lacosamide</i>	31	<i>linezolid in dextrose 5%</i>	15	M	
<i>lactulose</i>	73	LINZESS.....	73	<i>magnesium sulfate</i>	97
LAGEVRIO (EUA).....	10	<i>liomny</i>	72	<i>malathion</i>	62
<i>lamivudine</i>	10	<i>liothyronine</i>	72	<i>maraviroc</i>	10
<i>lamivudine-zidovudine</i>	10	<i>liraglutide</i>	68	<i>marlissa (28)</i>	86
<i>lamotrigine</i>	31, 32	<i>lisinopril</i>	51	MARPLAN.....	45
<i>lansoprazole</i>	75	<i>lisinopril-hydrochlorothiazide</i>		MATULANE.....	25
LANTUS SOLOSTAR U-100		.....	51	<i>matzim la</i>	51
INSULIN.....	68	<i>lithium carbonate</i>	45	MAVYRET	11
LANTUS U-100 INSULIN..	68	<i>lithium citrate</i>	45	<i>meclizine</i>	73
<i>lapatinib</i>	24	LIVTENCITY	10	<i>medroxyprogesterone</i>	84
<i>larin 1.5/30 (21)</i>	86	<i>lojaimiess</i>	86	<i>mefloquine</i>	15
<i>larin 1/20 (21)</i>	86	LOKELMA	63	<i>megestrol</i>	25
<i>larin fe 1.5/30 (28)</i>	86	<i>lomustine</i>	24	MEKINIST	25
<i>larin fe 1/20 (28)</i>	86	LONSURF.....	24	MEKTOVI.....	25
<i>latanoprost</i>	90	<i>loperamide</i>	72	<i>meleya</i>	84

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

<i>meloxicam</i>	39	<i>moexipril</i>	51	<i>nikki (28)</i>	87
<i>memantine</i>	36	<i>molindone</i>	45	<i>nilotinib hcl</i>	26
MENQUADFI (PF).....	78	<i>mometasone</i>	61, 93	<i>nilutamide</i>	26
MENVEO A-C-Y-W-135-DIP (PF).....	78	<i>montelukast</i>	93	<i>nimodipine</i>	52
<i>mercaptopurine</i>	25	<i>morphine</i>	38	NINLARO	26
<i>meropenem</i>	15	MOUNJARO.....	68	<i>nisoldipine</i>	52
<i>mesalamine</i>	73, 74	MOVANTIK	74	<i>nitazoxanide</i>	16
<i>mesna</i>	19	<i>moxifloxacin</i>	18, 88	<i>nitisinone</i>	63
<i>metformin</i>	68	<i>moxifloxacin-sod.chloride(iso)</i>	18	<i>nitro-bid</i>	56
<i>methadone</i>	38	MRESVIA (PF).....	78	<i>nitrofurantoin macrocrystal</i> .	19
<i>methazolamide</i>	90	MULTAQ.....	48	<i>nitrofurantoin monohyd/m-</i> <i>cryst</i>	19
<i>methenamine hippurate</i>	19	<i>mupirocin</i>	59	<i>nitroglycerin</i>	56, 74
<i>methimazole</i>	65	<i>mycophenolate mofetil</i>	25	NIVESTYM	76
<i>methocarbamol</i>	37	<i>mycophenolate sodium</i>	25	<i>nora-be</i>	84
<i>methotrexate sodium</i>	25	MYRBETRIQ	95, 96	<i>norelgestromin-ethin.estradiol</i>	85
<i>methotrexate sodium (pf)</i>	25	N		<i>norethindrone (contraceptive)</i>	84
<i>methsuximide</i>	32	<i>nabumetone</i>	39	<i>norethindrone acetate</i>	84
<i>methyl dopa</i>	51	<i>nadolol</i>	51	<i>norethindrone ac-eth estradiol</i>	84, 87
<i>methylphenidate hcl</i>	45	<i>nafcilin</i>	17	<i>norgestimate-ethinyl estradiol</i>	87
<i>methylprednisolone</i>	65	<i>naloxone</i>	39	<i>nortrel 0.5/35 (28)</i>	87
<i>metoclopramide hcl</i>	74	<i>naltrexone</i>	39	<i>nortrel 1/35 (21)</i>	87
<i>metolazone</i>	51	<i>naproxen</i>	39, 40	<i>nortrel 1/35 (28)</i>	87
<i>metoprolol succinate</i>	51	<i>naproxen sodium</i>	40	<i>nortrel 7/7/7 (28)</i>	87
<i>metoprolol ta-hydrochlorothiaz</i>	51	<i>naratriptan</i>	35	<i>nortriptyline</i>	46
<i>metoprolol tartrate</i>	51	<i>nateglinide</i>	68	NORVIR.....	11
<i>metronidazole</i>	15, 59, 84	NAYZILAM.....	32	NOVOLIN 70/30 U-100 INSULIN	68
<i>metronidazole in nacl (iso-os)</i>	15	<i>nebivolol</i>	51	NOVOLIN 70-30 FLEXPEN U-100.....	69
<i>metyrosine</i>	51	NEEDLES, INSULIN DISP.,SAFETY	80	NOVOLIN N FLEXPEN	69
<i>mexiletine</i>	48	<i>nefazodone</i>	46	NOVOLIN N NPH U-100 INSULIN	69
<i>micafungin</i>	8	<i>neomycin</i>	15	NOVOLIN R FLEXPEN.....	69
<i>microgestin 1.5/30 (21)</i>	86	<i>neomycin-bacitracin-poly-hc</i> 90		NOVOLIN R REGULAR U100 INSULIN	69
<i>microgestin 1/20 (21)</i>	86	<i>neomycin-bacitracin-</i> <i>polymyxin</i>	88	NOVOLOG FLEXPEN U-100 INSULIN	69
<i>microgestin fe 1.5/30 (28)</i>	86	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	90	NOVOLOG MIX 70-30 U-100 INSULN	69
<i>microgestin fe 1/20 (28)</i>	86	<i>neomycin-polymyxin-</i> <i>gramicidin</i>	88	NOVOLOG MIX 70- 30FLEXPEN U-100	69
<i>midodrine</i>	63	<i>neomycin-polymyxin-hc</i> ..	64, 90	NOVOLOG PENFILL U-100 INSULIN	69
<i>mifepristone</i>	71	NERLYNX.....	26		
<i>mili</i>	87	<i>nevirapine</i>	11		
<i>mimvey</i>	84	NEXLIZET.....	55		
<i>minocycline</i>	19	NEXPLANON.....	84		
<i>minoxidil</i>	51	<i>niacin</i>	55		
<i>mirtazapine</i>	45	<i>nicardipine</i>	51		
<i>misoprostol</i>	75	NICOTROL NS.....	64		
M-M-R II (PF).....	78	<i>nifedipine</i>	51, 52		
<i>modafinil</i>	45				
MODEYSO	25				

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

NOVOLOG U-100 INSULIN	<i>oxcarbazepine</i>	32	<i>pioglitazone</i>	69
ASPART.....	<i>oxybutynin chloride</i>	96	<i>piperacillin-tazobactam</i>	18
NUBEQA	<i>oxycodone</i>	38	PIQRAY	26, 27
NUCALA	<i>oxycodone-acetaminophen</i> ...	38	<i>pirfenidone</i>	94
NUDEXTA	OZEMPIC	69	<i>piroxicam</i>	40
NUPLAZID.....	P		PLASMA-LYTE A	98
NURTEC ODT.....	<i>pacерone</i>	48	PLEGRIDY	76
<i>nyamyc</i>	<i>paliperidone</i>	46	PLENAMINE	98
<i>nystatin</i>	PANRETIN	58	<i>podofilox</i>	58
<i>nystatin-triamcinolone</i>	<i>pantoprazole</i>	75	<i>polymyxin b sulf-trimethoprim</i>	
<i>nystop</i>	<i>paricalcitol</i>	71	.....	88
O	<i>paroxetine hcl</i>	46	POMALYST.....	27
<i>octreotide acetate</i>	PAXLOVID.....	11	<i>portia 28</i>	87
ODEFSEY	<i>pazopanib</i>	26	<i>posaconazole</i>	8
ODOMZO	PEDIARIX (PF)	78	<i>potassium chlorid-d5-</i>	
OFEV	PEDVAX HIB (PF).....	78	0.45%nacl.....	97
<i>ofloxacin</i>	<i>peg 3350-electrolytes</i>	74	<i>potassium chloride</i>	97
OGSIVEO	PEGASYS	76	<i>potassium chloride in</i>	
OJEMDA.....	<i>peg-electrolyte</i>	74	0.9%nacl.....	97
OJJAARA.....	PEMAZYRE	26	<i>potassium chloride in 5 % dex</i>	
<i>olanzapine</i>	PENBRAYA (PF)	78	.....	97
<i>olmesartan</i>	<i>penciclovir</i>	60	<i>potassium chloride in lr-d5</i> ..	97
<i>olmesartan-amlodipin-</i>	<i>penicillamine</i>	82	<i>potassium chloride in water</i> ..	97
<i>hcthiamid</i>	PENICILLIN G POT IN		<i>potassium chloride-0.45 %</i>	
<i>olmesartan-</i>	DEXTROSE	17	nacl	97
<i>hydrochlorothiazide</i>	<i>penicillin g potassium</i>	17	<i>potassium chloride-d5-</i>	
<i>olopatadine</i>	<i>penicillin g sodium</i>	18	0.2%nacl.....	97
<i>omega-3 acid ethyl esters</i>	<i>penicillin v potassium</i>	18	<i>potassium chloride-d5-</i>	
<i>omeprazole</i>	PENMENVY MEN A-B-C-W-		0.9%nacl.....	97
OMNITROPE.....	Y (PF).....	78	<i>potassium citrate</i>	96
<i>ondansetron</i>	PENTACEL (PF)	78	<i>pramipexole</i>	34
<i>ondansetron hcl</i>	<i>pentamidine</i>	16	<i>prasugrel hcl</i>	54
ONUREG	<i>pentoxifylline</i>	54	<i>pravastatin</i>	55
OPIPZA.....	<i>perampanel</i>	32	<i>praziquantel</i>	16
ORGOVYX.....	<i>perindopril erbumine</i>	52	<i>prazosin</i>	52
ORKAMBI.....	<i>periogard</i>	64	<i>prednisolone</i>	65
<i>orquidea</i>	<i>permethrin</i>	62	<i>prednisolone acetate</i>	91
ORSERDU	<i>perphenazine</i>	46	<i>prednisolone sodium</i>	
<i>oseltamivir</i>	<i>phenelzine</i>	46	<i>phosphate</i>	65, 91
OSENVELT	<i>phenobarbital</i>	32	<i>prednisone</i>	65
OTEZLA	<i>phenytoin</i>	32	<i>prednisone intensol</i>	65
OTEZLA STARTER.....	<i>phenytoin sodium extended</i> ..	32	<i>pregabalin</i>	32
OTEZLA XR.....	PIFELTRO	11	PREMARIN	84
OTEZLA XR INITIATION ..	<i>pilocarpine hcl</i>	63, 89	<i>premasol 10 %</i>	98
<i>oxacillin</i>	<i>pimecrolimus</i>	58	PREMPRO	84
<i>oxacillin in dextrose(iso-osm)</i>	<i>pimozide</i>	46	<i>prenatal vitamin oral tablet</i> ..	98
.....	<i>pimtrea (28)</i>	87	PRETOMANID.....	16
<i>oxaprozin</i>	<i>pindolol</i>	52	<i>prevalite</i>	55

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

PREVYMIS.....	11	<i>ramipril</i>	52	S
PREZCOBIX.....	11	<i>ranitidine hcl</i>	75	<i>sacubitril-valsartan</i>
PREZISTA	11	<i>ranolazine</i>	56	<i>sajazir</i>
PRIFTIN.....	16	<i>rasagiline</i>	34	SANTYL
PRIMAQUINE.....	16	<i>reclipsen (28)</i>	87	<i>sapropterin</i>
<i>primidone</i>	32	RECOMBIVAX HB (PF)	79	SCSEMBLIX.....
PRIMIDONE.....	32	RELENZA DISKHALER	11	<i>scopolamine base</i>
PRIORIX (PF).....	79	<i>repaglinide</i>	69	SECUADO
<i>probenecid</i>	80	REPATHA.....	55	SELARSDI
<i>probenecid-colchicine</i>	81	REPATHA SURECLICK	55	<i>selegiline hcl</i>
<i>prochlorperazine</i>	74	RETACRIT	76	<i>selenium sulfide</i>
<i>prochlorperazine maleate oral</i>	74	RETEVMO.....	27	SELZENTRY
PROCRIT	76	REVCOVI	63	SEREVENT DISKUS
<i>procto-med hc</i>	74	REVUFORJ.....	27	<i>sertraline</i>
<i>proctosol hc</i>	74	REXULTI.....	47	<i>setlakin</i>
<i>proctozone-hc</i>	74	REYATAZ	11	<i>sharobel</i>
<i>progesterone micronized</i>	84	REZDIFFRA	63	SHINGRIX (PF).....
PROGRAF	27	REZLIDHIA.....	27	SIGNIFOR.....
PROLASTIN-C.....	63	REZUROCK	27	<i>sildenafil (pulmonary arterial</i> <i>hypertension)</i>
<i>promethazine</i>	91	RHOPRESSA.....	90	<i>silver sulfadiazine</i>
<i>propafenone</i>	48	<i>ribavirin</i>	11	SIMBRINZA
<i>propranolol</i>	52	<i>rifabutin</i>	16	SIMLANDI(CF)
<i>propylthiouracil</i>	65	<i>rifampin</i>	16	SIMLANDI(CF) AUTOINJECTOR
PROQUAD (PF)	79	<i>riluzole</i>	63	<i>simvastatin</i>
<i>protriptyline</i>	46	<i>rimantadine</i>	11	<i>sirolimus</i>
PULMICORT FLEXHALER	94	RINVOQ	82	SIRTURO
PULMOZYME.....	94	<i>risedronate</i>	63, 81	SKYRIZI
<i>pyrazinamide</i>	16	<i>risperidone</i>	47	<i>sodium chloride</i>
<i>pyridostigmine bromide</i>	37	<i>risperidone microspheres</i>	47	<i>sodium chloride 0.45 %</i>
<i>pyrimethamine</i>	16	<i>ritonavir</i>	11	<i>sodium chloride 0.9 %</i>
Q		<i>rivaroxaban</i>	54	<i>sodium chloride 3 %</i> <i>hypertonic</i>
QINLOCK.....	27	<i>rivastigmine</i>	36	<i>sodium chloride 5 %</i> <i>hypertonic</i>
QUADRACEL (PF)	79	<i>rivastigmine tartrate</i>	36	SODIUM OXYBATE
<i>quetiapine</i>	46	<i>rizatRIPTAN</i>	35	<i>sodium phenylbutyrate</i>
<i>quinapril</i>	52	ROCKLATAN	90	<i>sodium polystyrene sulfonate</i> 63
<i>quinapril-hydrochlorothiazide</i>	52	<i>roflumilast</i>	94	SOFOSBUVIR- VELPATASVIR.....
<i>quinidine sulfate</i>	48	ROMVIMZA.....	27	<i>solifenacin</i>
<i>quinine sulfate</i>	16	<i>ropinirole</i>	34	SOLIQUA 100/33
QULIPTA.....	35	<i>rosuvastatin</i>	55	SOLTAMOX.....
R		ROTARIX	79	SOMAVERT
RABAVERT (PF).....	79	<i>roweepa</i>	32	<i>sorafenib</i>
<i>rabeprazole</i>	75	ROZLYTREK	27	<i>sotalol</i>
RALDESY	46	RUBRACA.....	27	<i>sotalol af</i>
<i>raloxifene</i>	81	<i>rufinamide</i>	32, 33	
<i>ramelteon</i>	47	RUKOBIA.....	11	
		RYBELSUS.....	69	
		RYDAPT	27	

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

SPIRIVA RESPIMAT	94	TAGRISSE	28	<i>tobramycin</i>	88
<i>spironolactone</i>	52	TALZENNA	28	<i>tobramycin in 0.225 % nacl</i> ..	16
<i>spironolacton-</i>		<i>tamoxifen</i>	28	<i>tobramycin sulfate</i>	16
<i>hydrochlorothiaz</i>	52	<i>tamsulosin</i>	96	<i>tobramycin-dexamethasone</i> ..	90
<i>sprintec (28)</i>	87	<i>tarina 24 fe</i>	87	<i>tolterodine</i>	96
SPRITAM	33	<i>tarina fe 1-20 eq (28)</i>	87	<i>tolvaptan</i>	72
<i>sps (with sorbitol)</i>	63	<i>tasimelteon</i>	47	<i>tolvaptan (polycys kidney dis)</i>	
<i>sronyx</i>	87	<i>tazarotene</i>	59	.....	71, 72
<i>ssd</i>	58	<i>tazicef</i>	13	<i>topiramate</i>	33
STELARA	57	TAZVERIK	28	<i>toremifene</i>	28
STIOLTO RESPIMAT	94	TEFLARO	13	<i>torse mide</i>	53
STIVARGA	28	<i>telmisartan</i>	52	TOUJEO MAX U-300	
STOBOCLO	81	<i>telmisartan-amlodipine</i>	52	SOLOSTAR	70
STREPTOMYCIN	16	<i>telmisartan-hydrochlorothiazid</i>		TOUJEO SOLOSTAR U-300	
STRIBILD	12	.....	52	INSULIN	70
STRIVERDI RESPIMAT	94	<i>temazepam</i>	47	TRADJENTA	70
<i>subvenite</i>	33	TENIVAC (PF)	79	<i>tramadol</i>	40
SUBVENITE	33	<i>tenofovir disoproxil fumarate</i>		<i>tramadol-acetaminophen</i>	40
SUCRAID	74	.....	12	<i>trandolapril</i>	53
<i>sucralfate</i>	75	TEPMETKO	28	<i>tranexamic acid</i>	85
<i>sulfacetamide sodium</i>	89	<i>terazosin</i>	52	<i>tranylcypramine</i>	47
<i>sulfacetamide sodium (acne)</i> ..	59	<i>terbinafine hcl</i>	8	<i>travasol 10 %</i>	98
<i>sulfacetamide-prednisolone</i> ..	89	<i>terbutaline</i>	95	<i>travoprost</i>	90
<i>sulfadiazine</i>	18	<i>terconazole</i>	85	<i>trazodone</i>	47
<i>sulfamethoxazole-trimethoprim</i>		<i>teriflunomide</i>	36	TRELEGY ELLIPTA	95
.....	18	<i>teriparatide</i>	81	TRESIBA FLEXTOUCH U-	
<i>sulfasalazine</i>	74	<i>testosterone</i>	71	100	70
<i>sulindac</i>	40	<i>testosterone cypionate</i>	71	TRESIBA FLEXTOUCH U-	
<i>sumatriptan</i>	35	<i>testosterone enanthate</i>	71	200	70
<i>sumatriptan succinate</i>	35	<i>tetrabenazine</i>	37	TRESIBA U-100 INSULIN ..	70
<i>sunitinib malate</i>	28	<i>tetracycline</i>	19	<i>tretinoin (antineoplastic)</i>	28
SUNLENCA	12	THALOMID	28	<i>tretinoin topical</i>	59
<i>syeda</i>	87	<i>theophylline</i>	95	<i>triamcinolone acetonide</i> 61, 62,	
SYMPAZAN	33	<i>thioridazine</i>	47	64	
SYMTUZA	12	<i>thiothixene</i>	47	<i>triamterene-hydrochlorothiazid</i>	
SYNAREL	71	<i>tiadylt er</i>	53	.....	53
SYNJARDY	69	<i>tiagabine</i>	33	<i>tridacaine ii</i>	59
SYNJARDY XR	69, 70	TIBSOVO	28	<i>triderm</i>	62
SYNTHROID	72	<i>ticagrelor</i>	54	<i>trientine</i>	63
T		TICOVAC	79	<i>tri-estarylla</i>	87
TABLOID	28	<i>tigecycline</i>	16	<i>trifluoperazine</i>	47
TABRECTA	28	<i>tilia fe</i>	87	<i>trifluridine</i>	88
<i>tacrolimus</i>	28, 58	<i>timolol maleate</i>	53, 89	<i>trihexyphenidyl</i>	34, 35
<i>tadalafil</i>	96	<i>tinidazole</i>	16	TRIJARDY XR	70
<i>tadalafil (pulmonary arterial</i>		TIVICAY	12	TRIKAFTA	95
<i>hypertension) oral tablet 20</i>		TIVICAY PD	12	<i>tri-legest fe</i>	87
<i>mg</i>	94	<i>tizanidine</i>	37	<i>tri-lo-estarylla</i>	87
TAFINLAR	28	TOBI PODHALER	16	<i>tri-lo-sprintec</i>	87

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

<i>trimethoprim</i>	19	VEMLIDY.....	12	XDEMVY.....	89
<i>trimipramine</i>	47	VENCLEXTA.....	28	XELJANZ.....	82
TRINTELLIX.....	47	VENCLEXTA STARTING		XELJANZ XR.....	82
<i>tri-sprintec (28)</i>	87	PACK.....	29	XERMELO.....	29
TRIUMEQ.....	12	<i>venlafaxine</i>	48	XIFAXAN.....	16
TRIUMEQ PD.....	12	<i>verapamil</i>	53	XIGDUO XR.....	70
TROPHAMINE 10 %.....	98	VERQUVO.....	56	XIIDRA.....	89
<i>trospium</i>	96	VERSACLOZ.....	48	XOLAIR.....	95
TRULICITY.....	70	VERZENIO.....	29	XOSPATA.....	29
TRUMENBA.....	79	<i>vestura (28)</i>	88	XPOVIO.....	29
TRUQAP.....	28	<i>vienna</i>	88	XTANDI.....	29, 30
TUKYSA.....	28	<i>vigabatrin</i>	33	<i>xulane</i>	85
TURALIO.....	28	<i>vigadrone</i>	33	Y	
<i>turqoz (28)</i>	87	<i>vilazodone</i>	48	YESINTEK.....	57
TWINRIX (PF).....	79	VIMKUNYA.....	80	YF-VAX (PF).....	80
TYENNE.....	82	<i>viorele (28)</i>	88	YUPELRI.....	95
TYENNE AUTOINJECTOR		VIRACEPT.....	12	<i>yuvafem</i>	84
.....	82	VIREAD.....	12	Z	
TYPHIM VI.....	79, 80	VITRAKVI.....	29	<i>zafemy</i>	85
U		VIVITROL.....	40	<i>zafirlukast</i>	95
<i>unithroid</i>	72	VIVOTIF.....	80	<i>zaleplon</i>	48
UPTRAVI.....	53	VIZIMPRO.....	29	ZARXIO.....	77
<i>ursodiol</i>	74, 75	VONJO.....	29	ZEJULA.....	30
USTEKINUMAB.....	57	VORANIGO.....	29	ZELBORAF.....	30
V		<i>voriconazole</i>	8	<i>zenatane</i>	59
<i>valacyclovir</i>	12	VOWST.....	75	ZENPEP.....	75
VALCHLOR.....	59	VRAYLAR.....	48	ZEPOSIA.....	37
<i>valganciclovir</i>	12	VUMERITY.....	37	ZEPOSIA STARTER KIT (28-	
<i>valproic acid</i>	33	W		DAY).....	37
<i>valproic acid (as sodium salt)</i>		<i>warfarin</i>	54	ZEPOSIA STARTER PACK	
.....	33	WELIREG.....	29	(7-DAY).....	37
<i>valsartan</i>	53	WINREVAIR.....	95	<i>zidovudine</i>	12
<i>valsartan-hydrochlorothiazide</i>		<i>wixela inhub</i>	95	<i>ziprasidone hcl</i>	48
.....	53	WYOST.....	19	<i>ziprasidone mesylate</i>	48
VALTOCO.....	33	X		ZIRGAN.....	88
<i>valtya</i>	88	XALKORI.....	29	ZOLINZA.....	30
<i>vancomycin</i>	16	XARELTO.....	54, 55	<i>zolmitriptan</i>	35
<i>vandazole</i>	85	XARELTO DVT-PE TREAT		<i>zolpidem</i>	48
VANFLYTA.....	28	30D START.....	54	ZONISADE.....	34
VAQTA (PF).....	80	XATMEP.....	29	<i>zonisamide</i>	34
<i>varenicline tartrate</i>	64	XCOPRI.....	33	<i>zovia 1-35 (28)</i>	88
VARIVAX (PF).....	80	XCOPRI MAINTENANCE		ZTALMY.....	34
VAXCHORA VACCINE	80	PACK.....	33	ZURZUVAE.....	48
<i>velivet triphasic regimen (28)</i>		XCOPRI TITRATION PACK		ZYDELIG.....	30
.....	88	34	ZYKADIA.....	30

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Medicare and Medicaid Working Together

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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 1-866-650-1274 (TTY: 711). 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 1-866-650-1274 (TTY: 711). 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 1-866-650-1274 (TTY: 711). 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、無料の通訳サービスがあります。通訳をご用命になるには、1-866-650-1274 (TTY: 711)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。

Bengali: আপনার স্বাস্থ্য বা ওষুধের প্ল্যান সংক্রান্ত কোনো প্রশ্নের জন্য আমাদের বিনামূল্যে অনুবাদক পরিষেবা উপলভ্য রয়েছে। অনুবাদকের পরিষেবা পেতে, অনুগ্রহ করে আমাদের 1-866-650-1274 (TTY: 711) নম্বরে কল করুন। বাংলা জানে এমন কেউ আপনাকে সাহায্য করবে। এই পরিষেবা বিনামূল্যে পাওয়া যায়।

Farsi: ما خدمات مترجم شفاهی رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دریافت خدمات مترجم شفاهی، فقط با شماره 1-866-650-1274 (TTY: 711) با ما تماس بگیرید. فردی که فارسی صحبت می کند می تواند به شما کمک کند. این خدمات رایگان است.

Nepali: तपाईंसँग हाम्रा स्वास्थ्य वा औषधिको योजनाका बारेमा तपाईंसँग भएका कुनै पनि प्रश्नका जवाफ दिनका लागि हामीसँग नि:शुल्क दोभासे हुन्छ। दोभासे प्राप्त गर्नका लागि, हामीलाई 1-866-650-1274 (TTY: 711) मा फोन गर्नुहोस्। नेपाली बोल्ने कोही व्यक्तिले तपाईंलाई मद्दत गर्न सक्नुहुन्छ। यो नि:शुल्क सेवा हो।

Urdu: ہماری صحت یا دواؤں کے پلان کے متعلق آپ کے کسی بھی سوال کا جواب دینے کے لیے مفت ترجمان کی خدمات دستیاب ہیں۔ ترجمان کی خدمت حاصل کرنے کے لیے، ہمیں اس نمبر پر کال کریں 1-866-650-1274 (TTY: 711)۔ کوئی ایسا شخص جو اردو بولتا ہو، آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

Telegu: మా హెల్త్ మరియు డ్రగ్ గురించి మీకున్న ఏవైనా ప్రశ్నలకు సమాధానాలను అందించడానికి మా వద్ద ఉచిత ఇంటర్ప్రిటర్ సేవలు అందుబాటులో ఉన్నాయి. ఇంటర్ప్రిటర్ను పొందడానికి 1-866-650-1274 (TTY: 711) పై మాకు కాల్ చేయండి. తెలుగు మాట్లాడే ఎవరైనా మీకు సహాయపడగలరు. ఇది ఉచిత సేవ.

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This formulary was updated on **03/24/2026**. For more recent information or other questions, please contact Sentara Medicare Member Services at 1-866-650-1274 (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.

If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 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. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.



Last formulary update **03/24/2026**