



ElderServe Star (HMO I-SNP)

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

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This formulary was updated on 02/17/2026. For more recent information or other questions, please contact us, ElderServe Health Member Services, at 1-800-580-7000 or, for TTY users, TTY/TDD 711, seven days a week from 8 a.m. to 8 p.m., or visit www.ElderServeHealth.org.

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2026 Part D Formulary

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

When this Drug List (formulary) refers to “we,” “us”, or “our,” it means ElderServe Star (HMO I-SNP) When it refers to “plan” or “our plan,” it means ElderServe Star (HMO I-SNP)

This document includes a Drug List (formulary) for our plan which is current as of 02/17/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the ElderServe Star (HMO I-SNP) formulary?

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but ElderServe Star (HMO I-SNP) may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <https://elderserveststar.org/members/member-materials/>.

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

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

restrictions.

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the ElderServe Star (HMO I-SNP)’s formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or both after we add a corresponding drug. We may also apply new restrictions to the brand name drug or original biological product, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the ElderServe Star (HMO I-SNP)’s formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 contract year formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 contract year coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 02/17/2026. To get updated information about the drugs covered by ElderServe Star (HMO I-SNP) please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR, HYPERTENSION / LIPIDS. If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 93. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable

biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** ElderServe Star (HMO I-SNP) requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from ElderServe Star (HMO I-SNP) before you fill your prescriptions. If you don’t get approval, ElderServe Star (HMO I-SNP) may not cover the drug.
- **Quantity Limits:** For certain drugs, ElderServe Star (HMO I-SNP) limits the amount of the drug that ElderServe Star (HMO I-SNP) will cover. For example, ElderServe Star (HMO I-SNP) provides 60 tablets per 30 days per prescription for STREPTOMYCIN. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, ElderServe Star (HMO I-SNP) 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, ElderServe Star (HMO I-SNP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, ElderServe Star (HMO I-SNP) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask ElderServe Star (HMO I-SNP) to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the ElderServe Star (HMO I-SNP)’s formulary?” on page V for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that ElderServe Star (HMO I-SNP) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by ElderServe Star (HMO I-SNP) When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by ElderServe Star (HMO I-SNP)
- You can ask ElderServe Star (HMO I-SNP) to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the ElderServe Star (HMO I-SNP)'s formulary?

You can ask ElderServe Star (HMO I-SNP), to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, ElderServe Star (HMO I-SNP) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, ElderServe Star (HMO I-SNP) will only approve your request for an exception if the alternative drugs included on the plan's formulary or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

For more information

For more detailed information about your ElderServe Star (HMO I-SNP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about ElderServe Star (HMO I-SNP), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

ElderServe Star (HMO I-SNP) formulary

The formulary below provides coverage information about the drugs covered by ElderServe Star (HMO I-SNP) If you have trouble finding your drug in the list, turn to the Index that begins on page 93.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., DIFICID ORAL TABLET) and generic drugs are listed in lower-case italics (e.g erythromycin ethylsuccinate oral tablet).

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

List of Abbreviations

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits			
ANTI - INFECTIVES					
ANTIFUNGAL AGENTS					
<i>amphotericin b</i>	1	B/D PA; MO	<i>ketoconazole oral</i>	1	MO
<i>amphotericin b liposome</i>	1	B/D PA	<i>micafungin</i>	1	MO
<i>caspofungin</i>	1		<i>nystatin oral suspension</i>	1	MO
<i>clotrimazole mucous membrane</i>	1	MO	<i>nystatin oral tablet</i>	1	MO
CRESEMBA ORAL	1	PA	<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA; MO; QL (96 per 30 days)
<i>fluconazole</i>	1	MO	<i>terbinafine hcl oral</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO	<i>voriconazole intravenous</i>	1	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	PA	<i>voriconazole oral suspension for reconstitution</i>	1	PA; MO
<i>flucytosine</i>	1	MO	<i>voriconazole oral tablet</i>	1	PA; MO
<i>griseofulvin microsize</i>	1	MO	<i>voriconazole-hpbcd</i>	1	PA
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	MO	ANTIVIRALS		
<i>itraconazole oral capsule</i>	1	MO; QL (120 per 30 days)	<i>abacavir</i>	1	MO
<i>itraconazole oral solution</i>	1	MO	<i>abacavir-lamivudine</i>	1	MO
			<i>acyclovir oral capsule</i>	1	MO
			<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
			<i>acyclovir oral suspension 200 mg/5 ml (5 ml)</i>	1	
			<i>acyclovir oral tablet</i>	1	MO
			<i>acyclovir sodium intravenous solution</i>	1	B/D PA; MO
			<i>adefovir</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 02/17/2026.

<i>amantadine hcl</i>	1	MO	EVOTAZ	1	MO
APTIVUS	1	MO	<i>famciclovir</i>	1	MO
<i>atazanavir</i>	1	MO	<i>fosamprenavir</i>	1	MO
BARACLUDE ORAL SOLUTION	1	MO	<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
BIKTARVY	1	MO	<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
CABENUVA	1	MO	GENVOYA	1	MO
<i>cidofovir</i>	1	MO	INTELENCE ORAL TABLET 25 MG	1	MO
CIMDUO	1	MO	ISENTRESS HD	1	MO
<i>darunavir oral tablet 600 mg</i>	1	MO	ISENTRESS ORAL POWDER IN PACKET	1	MO
<i>darunavir oral tablet 800 mg</i>	1	MO	ISENTRESS ORAL TABLET	1	MO
DELSTRIGO	1	MO	ISENTRESS ORAL TABLET,CHEWAB LE 100 MG	1	MO
DESCOVY	1	MO	ISENTRESS ORAL TABLET,CHEWAB LE 25 MG	1	MO
DOVATO	1	MO	JULUCA	1	MO
EDURANT	1	MO	KALETRA ORAL SOLUTION	1	MO
EDURANT PED	1	MO	<i>lamivudine</i>	1	MO
<i>efavirenz oral tablet</i>	1	MO	<i>lamivudine- zidovudine</i>	1	MO
<i>efavirenz- emtricitabin-tenofov</i>	1	MO	LEDIPASVIR- SOFOSBUVIR	1	PA; MO; QL (28 per 28 days)
<i>efavirenz-lamivu- tenofov disop</i>	1	MO			
<i>emtricitabine</i>	1	MO			
<i>emtricitabine- tenofov (tdf)</i>	1	MO			
<i>emtricitabine- tenofov df</i>	1	MO			
EMTRIVA ORAL SOLUTION	1	MO			
<i>entecavir</i>	1	MO			
<i>etravirine</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 02/17/2026.

LIVTENCITY	1	PA; LA; QL (120 per 30 days)	PIFELTRO	1	MO
<i>lopinavir-ritonavir oral tablet</i>	1	MO	PREVYMIS INTRAVENOUS	1	PA
<i>maraviroc</i>	1	MO	PREVYMIS ORAL TABLET 240 MG	1	PA; MO; QL (56 per 28 days)
MAVYRET ORAL PELLETS IN PACKET	1	PA; MO; QL (168 per 28 days)	PREVYMIS ORAL TABLET 480 MG	1	PA; MO; QL (28 per 28 days)
MAVYRET ORAL TABLET	1	PA; MO; QL (84 per 28 days)	PREZCOBIX	1	MO
<i>nevirapine oral suspension</i>	1	MO	PREZISTA ORAL SUSPENSION	1	MO
<i>nevirapine oral tablet</i>	1	MO	PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO	RELENZA DISKHALER	1	MO
NORVIR ORAL POWDER IN PACKET	1	MO	RETROVIR INTRAVENOUS	1	MO
ODEFSEY	1	MO	REYATAZ ORAL POWDER IN PACKET	1	MO
<i>oseltamivir</i>	1	MO	<i>ribavirin oral capsule</i>	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	1	QL (20 per 30 days)	<i>ribavirin oral tablet 200 mg</i>	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	1	QL (11 per 30 days)	<i>rimantadine</i>	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 30 days)	<i>ritonavir</i>	1	MO
			RUKOBIA	1	MO
			SELZENTRY ORAL SOLUTION	1	MO
			SOFOSBUVIR- VELPATASVIR	1	PA; MO; QL (28 per 28 days)

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

This drug list was last updated on 02/17/2026.

STRIBILD	1	MO	<i>zidovudine oral capsule</i>	1	MO
SUNLENCA	1				
SYMTUZA	1	MO	<i>zidovudine oral syrup</i>	1	MO
<i>tenofovir disoproxil fumarate</i>	1	MO	<i>zidovudine oral tablet</i>	1	MO
TIVICAY ORAL TABLET 50 MG	1	MO	CEPHALOSPORINS		
TIVICAY PD	1	MO	<i>cefaclor oral capsule</i>	1	MO
TRIUMEQ	1	MO	<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
TRIUMEQ PD	1	MO			
TROGARZO	1	MO; LA			
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)	<i>cefadroxil oral capsule</i>	1	MO
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)	<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>valganciclovir oral recon soln</i>	1	MO			
<i>valganciclovir oral tablet</i>	1	MO	<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
VEMLIDY	1	MO			
VIRACEPT ORAL TABLET	1	MO	<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
VIREAD ORAL POWDER	1	MO	<i>cefazolin injection recon soln 100 gram, 300 gram</i>	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO	<i>cefazolin intravenous recon soln 1 gram, 10 gram</i>	1	
VOSEVI	1	PA; MO; QL (28 per 28 days)	<i>cefdinir oral capsule</i>	1	MO
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	MO			

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This drug list was last updated on 02/17/2026.

<i>cefdinir oral suspension for reconstitution</i>	1	MO	<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefepime in dextrose, iso-osm</i>	1		<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA; MO
<i>cefepime injection</i>	1	MO	<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	PA; MO
<i>cefixime oral capsule</i>	1	MO	<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	PA
<i>cefixime oral suspension for reconstitution</i>	1	MO	<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cefoxitin in dextrose, iso-osm</i>	1	PA	<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO	<i>tazicef injection</i>	1	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA	<i>tazicef intravenous</i>	1	PA
<i>cefpodoxime</i>	1	MO	TEFLARO	1	PA; MO
<i>cefprozil</i>	1	MO	ERYTHROMYCINS / OTHER MACROLIDES		
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO	<i>azithromycin intravenous</i>	1	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	1	PA	<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>ceftriaxone in dextrose, iso-os</i>	1	MO	<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO	<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1		<i>clarithromycin</i>	1	MO
<i>ceftriaxone intravenous</i>	1	MO			

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This drug list was last updated on 02/17/2026.

DIFICID ORAL TABLET	1	QL (20 per 10 days)	<i>clindamycin phosphate injection</i>	1	PA; MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO	COARTEM	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1		<i>colistin (colistimethate na)</i>	1	PA; MO; QL (30 per 10 days)
<i>erythromycin oral</i>	1	MO	<i>dapsone oral</i>	1	MO
<i>fidaxomicin</i>	1	QL (20 per 10 days)	DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO
MISCELLANEOUS ANTIINFECTIVES			<i>daptomycin intravenous recon soln 500 mg</i>	1	MO
<i>albendazole</i>	1	MO	EMVERM	1	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO	<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)
ARIKAYCE	1	PA; LA	<i>ethambutol</i>	1	MO
<i>atovaquone</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	PA; MO
<i>atovaquone-proguanil</i>	1	MO	<i>gentamicin injection</i>	1	PA; MO
<i>aztreonam</i>	1	PA; MO	<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO
CAYSTON	1	PA; MO; LA; QL (84 per 56 days)	<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>chloramphenicol sod succinate</i>	1		<i>imipenem-cilastatin</i>	1	PA; MO
<i>chloroquine phosphate</i>	1	MO	IMPAVIDO	1	PA; MO
<i>clindamycin hcl</i>	1	MO	<i>isoniazid injection</i>	1	
<i>clindamycin in 5 % dextrose</i>	1	PA; MO	<i>isoniazid oral</i>	1	MO

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This drug list was last updated on 02/17/2026.

<i>ivermectin oral tablet 3 mg</i>	1	PA; MO; QL (20 per 30 days)	<i>praziquantel</i>	1	MO
<i>ivermectin oral tablet 6 mg</i>	1	PA; QL (8 per 30 days)	PRIFTIN	1	MO
<i>lincomycin</i>	1	PA	PRIMAQUINE	1	MO
<i>linezolid in dextrose 5%</i>	1	PA; MO	<i>pyrazinamide</i>	1	MO
<i>linezolid oral suspension for reconstitution</i>	1	MO	<i>pyrimethamine</i>	1	PA; MO
<i>linezolid oral tablet</i>	1	MO	<i>quinine sulfate</i>	1	MO
<i>linezolid-0.9% sodium chloride</i>	1	PA	<i>rifabutin</i>	1	MO
<i>mefloquine</i>	1	MO	<i>rifampin intravenous</i>	1	MO
<i>meropenem intravenous recon soln 1 gram, 2 gram</i>	1	PA; QL (30 per 10 days)	<i>rifampin oral</i>	1	MO
<i>meropenem intravenous recon soln 500 mg</i>	1	PA; QL (10 per 10 days)	SIRTURO	1	PA; LA
<i>metro i.v.</i>	1	PA; MO	STREPTOMYCIN	1	PA; MO; QL (60 per 30 days)
<i>metronidazole in nacl (iso-os)</i>	1	PA; MO	<i>tigecycline</i>	1	PA; MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO	<i>tinidazole</i>	1	MO
<i>neomycin</i>	1	MO	TOBI PODHALER	1	MO; QL (224 per 56 days)
<i>nitazoxanide</i>	1	MO; QL (12 per 30 days)	<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days)
<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)	<i>tobramycin inhalation</i>	1	PA; MO; QL (224 per 28 days)
<i>pentamidine injection</i>	1		<i>tobramycin sulfate injection recon soln</i>	1	PA; QL (9 per 14 days)
			<i>tobramycin sulfate injection solution</i>	1	PA; MO
			VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	QL (4000 per 10 days)

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This drug list was last updated on 02/17/2026.

VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	QL (1000 per 10 days)	XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	QL (4050 per 10 days)	XIFAXAN ORAL TABLET 550 MG	1	PA; MO; QL (90 per 30 days)
PENICILLINS					
<i>vancomycin intravenous recon soln 1,000 mg</i>	1	MO; QL (20 per 10 days)	<i>amoxicillin oral capsule</i>	1	MO
<i>vancomycin intravenous recon soln 10 gram</i>	1	QL (2 per 10 days)	<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>vancomycin intravenous recon soln 5 gram</i>	1	QL (4 per 10 days)	<i>amoxicillin oral tablet</i>	1	MO
<i>vancomycin intravenous recon soln 500 mg</i>	1	MO; QL (10 per 10 days)	<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>vancomycin intravenous recon soln 750 mg</i>	1	MO; QL (27 per 10 days)	<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)	<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)	<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	1	PA	<i>ampicillin oral capsule 500 mg</i>	1	MO
			<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	PA; MO
			<i>ampicillin sodium intravenous</i>	1	PA

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<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	PA; MO	PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	PA
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	PA			
<i>ampicillin-sulbactam intravenous</i>	1	PA	<i>penicillin g potassium</i>	1	PA; MO
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO	<i>penicillin g sodium</i>	1	PA; MO
BICILLIN L-A	1	PA	<i>penicillin v potassium</i>	1	MO
<i>dicloxacillin</i>	1	MO	<i>pfizerpen-g</i>	1	PA
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	PA	<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	1	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	PA; MO	<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	1	PA			
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	PA	QUINOLONES		
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	PA	<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>oxacillin injection recon soln 2 gram</i>	1	PA; MO	<i>ciprofloxacin in 5 % dextrose</i>	1	PA; MO
			<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	1	

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<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	PA	<i>doxycycline hyclate oral capsule</i>	1	MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	PA; MO	<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	MO
<i>levofloxacin intravenous</i>	1	PA	<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>levofloxacin oral solution</i>	1	MO	<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>levofloxacin oral tablet</i>	1	MO	<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>moxifloxacin oral</i>	1	MO	<i>minocycline oral capsule</i>	1	MO
<i>moxifloxacin-sod.chloride(iso)</i>	1	PA; MO	<i>minocycline oral tablet</i>	1	MO
SULFA'S / RELATED AGENTS					
<i>sulfadiazine</i>	1	MO	<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO	<i>tetracycline oral capsule</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO	URINARY TRACT AGENTS		
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO	<i>fosfomicin tromethamine</i>	1	MO
TETRACYCLINES					
<i>demeclocycline</i>	1	MO	<i>methenamine hippurate</i>	1	MO
<i>doxy-100</i>	1	PA; MO	<i>methenamine mandelate</i>	1	MO
<i>doxycycline hyclate intravenous</i>	1	PA			

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<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

BOMYNTRA	1	B/D PA; MO
<i>dexrazoxane hcl</i>	1	B/D PA; MO
ELITEK	1	MO
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	1	B/D PA
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln</i>	1	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	1	B/D PA
<i>mesna intravenous</i>	1	B/D PA; MO
<i>mesna oral</i>	1	MO
WYOST	1	B/D PA; MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>abirtega</i>	1	PA; QL (120 per 30 days)
ADCETRIS	1	B/D PA; MO
ADSTILADRIN	1	PA
AKEEGA	1	PA; LA; QL (60 per 30 days)
ALECENSA	1	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (30 per 180 days)
<i>anastrozole</i>	1	MO
ANKTIVA	1	PA; MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO
ASPARLAS	1	PA
AUGTYRO ORAL CAPSULE 160 MG	1	PA; QL (60 per 30 days)

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AUGTYRO ORAL CAPSULE 40 MG	1	PA; QL (240 per 30 days)	<i>bortezomib injection recon soln 3.5 mg</i>	1	B/D PA; MO
AVMAPKI-FAKZYNJA	1	PA; QL (66 per 28 days)	BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; QL (180 per 30 days)
AYVAKIT	1	PA; LA; QL (30 per 30 days)	BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; QL (330 per 30 days)
<i>azacitidine</i>	1	B/D PA; MO	BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days)
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO	BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days)
<i>azathioprine sodium</i>	1	B/D PA; MO	BRAFTOVI	1	PA; MO; LA; QL (180 per 30 days)
BALVERSA	1	PA; LA	BRUKINSA ORAL TABLET	1	PA; LA; QL (60 per 30 days)
BAVENCIO	1	B/D PA; LA	<i>busulfan</i>	1	B/D PA
BEIZRAY-ALBUMIN	1	B/D PA	CABOMETYX	1	PA; MO; LA; QL (30 per 30 days)
BELEODAQ	1	B/D PA	CALQUENCE (ACALABRUTINIB MAL)	1	PA; LA; QL (60 per 30 days)
<i>bendamustine intravenous recon soln</i>	1	B/D PA; MO	CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days)
BENDEKA	1	B/D PA; MO	CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days)
BESPONSA	1	B/D PA; MO; LA	<i>carboplatin intravenous solution</i>	1	B/D PA; MO
<i>bexarotene</i>	1	PA; MO			
<i>bicalutamide</i>	1	MO			
BIZENGRI	1	PA			
BLENREP	1	PA			
<i>bleomycin</i>	1	B/D PA; MO			
BLINCYTO INTRAVENOUS KIT	1	B/D PA			
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA			

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

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This drug list was last updated on 02/17/2026.

DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)	ELIGARD (4 MONTH)	1	PA; MO
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days)	ELIGARD (6 MONTH)	1	PA; MO
<i>decitabine</i>	1	B/D PA; MO	ELREXFIO	1	PA
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA	ELZONRIS	1	B/D PA; LA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	B/D PA; MO	EMPLICITI	1	B/D PA; MO
<i>doxorubicin intravenous recon soln</i>	1	B/D PA; MO	EMRELIS	1	PA
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO	ENSACOVE	1	PA; LA; QL (60 per 30 days)
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA	ENVARBUS XR	1	B/D PA; MO
<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO	<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
DROXIA	1	MO	EPKINLY	1	PA
ELAHERE	1	PA; LA	ERBITUX	1	B/D PA; MO
ELIGARD	1	PA; MO	<i>eribulin</i>	1	B/D PA
ELIGARD (3 MONTH)	1	PA; MO	ERIVEDGE	1	PA; MO; QL (30 per 30 days)
			ERLEADA ORAL TABLET 240 MG	1	PA; MO; QL (30 per 30 days)
			ERLEADA ORAL TABLET 60 MG	1	PA; MO; QL (120 per 30 days)
			<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days)
			<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days)
			ETOPOPHOS	1	B/D PA; MO

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<i>etoposide intravenous</i>	1	B/D PA; MO	FIRMAGON KIT W DILUENT	1	PA; MO
EULEXIN	1		SYRINGE		
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days)	SUBCUTANEOUS RECON SOLN 80 MG		
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; MO; QL (150 per 30 days)	<i>floxuridine</i>	1	B/D PA
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; MO; QL (90 per 30 days)	<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; MO; QL (60 per 30 days)	<i>fludarabine intravenous solution</i>	1	B/D PA
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	1	B/D PA; MO	<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D PA; MO	<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA
<i>exemestane</i>	1	MO	FOTIVDA	1	PA; LA; QL (21 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA; MO	FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 per 28 days)
			FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 per 28 days)
			<i>fulvestrant</i>	1	B/D PA; MO
			FYARRO	1	PA
			GAVRETO	1	PA; LA; QL (120 per 30 days)
			GAZYVA	1	B/D PA; MO
			<i>gefitinib</i>	1	PA; MO; QL (30 per 30 days)

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This drug list was last updated on 02/17/2026.

<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO	<i>hydroxyurea</i> IBRANCE	1	MO PA; MO; QL (21 per 28 days)
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA	IBTROZI	1	PA; QL (90 per 30 days)
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO	ICLUSIG	1	PA; QL (30 per 30 days)
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA	<i>idarubicin</i> IDHIFA	1	B/D PA; MO PA; MO; LA; QL (30 per 30 days)
<i>gengraf oral capsule</i>	1	B/D PA; MO	<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
GILOTRIF	1	PA; MO; QL (30 per 30 days)	<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	1	MO	<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
GLEOSTINE ORAL CAPSULE 100 MG	1	MO	<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	1	PA; QL (126 per 28 days)	<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA; QL (84 per 28 days)	IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (90 per 30 days)
GOMEKLI ORAL TABLET FOR SUSPENSION	1	PA; QL (168 per 28 days)	IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days)
GRAFAPEX	1	B/D PA	IMBRUVICA ORAL SUSPENSION	1	PA; QL (324 per 30 days)
HERNEXEOS	1	PA; MO; QL (90 per 30 days)			

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This drug list was last updated on 02/17/2026.

IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; QL (30 per 30 days)	ITOVEBI ORAL TABLET 3 MG	1	PA; MO; QL (60 per 30 days)
IMDELLTRA	1	PA; MO	ITOVEBI ORAL TABLET 9 MG	1	PA; MO; QL (30 per 30 days)
IMFINZI	1	B/D PA; MO; LA	IWILFIN	1	PA; LA; QL (240 per 30 days)
IMJUDO	1	PA; MO			
IMKELDI	1	PA; MO; QL (280 per 28 days)	IXEMPRA	1	B/D PA; MO
			JAKAFI	1	PA; MO; QL (60 per 30 days)
INLEXZO	1	PA; MO; LA			
INLURIYO	1	PA	JAYPIRCA ORAL TABLET 100 MG	1	PA; QL (60 per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days)	JAYPIRCA ORAL TABLET 50 MG	1	PA; QL (30 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)	JEMPERLI	1	PA; MO
			JEVTANA	1	B/D PA; MO
INQOVI	1	PA; MO; QL (5 per 28 days)	JYLAMVO	1	B/D PA; MO
			KADCYLA	1	PA; MO
INREBIC	1	PA; MO; LA; QL (120 per 30 days)	KEYTRUDA	1	PA; MO
			KEYTRUDA QLEX	1	PA; MO
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO	KIMMTRAK	1	B/D PA
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA	KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days)
<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	B/D PA; MO	KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days)
ISTODAX	1	B/D PA; MO			

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This drug list was last updated on 02/17/2026.

KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 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; QL (60 per 30 days)
KOMZIFTI	1	PA; QL (90 per 30 days)	<i>letrozole</i>	1	MO
KOSELUGO	1	PA	LEUKERAN	1	MO
KRAZATI	1	PA; QL (180 per 30 days)	<i>leuprolide subcutaneous kit</i>	1	PA; MO
KYPROLIS	1	B/D PA	LIBTAYO	1	PA; LA
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	1	PA; MO	<i>lomustine oral capsule 10 mg</i>	1	
<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days)	<i>lomustine oral capsule 100 mg, 40 mg</i>	1	
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; QL (30 per 30 days)	LONSURF	1	PA; MO
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; QL (60 per 30 days)	LOQTORZI	1	PA; MO
<i>lenalidomide</i>	1	PA; MO; QL (28 per 28 days)	LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; MO; QL (30 per 30 days)	LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; MO; QL (90 per 30 days)	LUMAKRAS ORAL TABLET 120 MG	1	PA; MO; QL (240 per 30 days)
			LUMAKRAS ORAL TABLET 240 MG	1	PA; MO; QL (120 per 30 days)
			LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; QL (90 per 30 days)
			LUNSUMIO	1	PA; MO

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LUPRON DEPOT	1	PA; MO	MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days)
LYNOZYFIC	1	PA			
LYNPARZA	1	PA; MO; QL (120 per 30 days)	MEKTOVI	1	PA; MO; LA; QL (180 per 30 days)
LYSODREN	1		<i>melphalan hcl</i>	1	B/D PA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	1	PA; LA; QL (84 per 28 days)	<i>mercaptopurine oral suspension</i>	1	MO
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	1	PA; LA; QL (112 per 28 days)	<i>mercaptopurine oral tablet</i>	1	MO
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	1	PA; LA; QL (140 per 28 days)	<i>methotrexate sodium</i>	1	B/D PA; MO
MATULANE	1		<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA	<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA; MO	<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO	<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; MO
<i>megestrol oral tablet</i>	1	PA; MO	<i>mitoxantrone</i>	1	B/D PA; MO
MEKINIST ORAL RECON SOLN	1	PA; MO; QL (1260 per 30 days)	MODEYSO	1	PA; QL (20 per 28 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days)	MONJUVI	1	PA; LA
			<i>mycophenolate mofetil (hcl)</i>	1	B/D PA; MO
			<i>mycophenolate mofetil oral capsule</i>	1	B/D PA; MO

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This drug list was last updated on 02/17/2026.

<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA; MO	<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA; MO	<i>octreotide acetate injection syringe</i>	1	PA; MO
<i>mycophenolate sodium</i>	1	B/D PA; MO	<i>octreotide, microspheres</i>	1	PA; MO
MYHIBBIN	1	B/D PA; MO	ODOMZO	1	PA; MO; LA; QL (30 per 30 days)
MYLOTARG	1	B/D PA; MO; LA	OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56 per 28 days)
NELARABINE	1	B/D PA; MO	OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	1	PA; QL (96 per 28 days)
NEMLUVIO	1	PA; MO; QL (2 per 28 days)	OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16 per 28 days)
NERLYNX	1	PA; MO; LA	OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20 per 28 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	1	PA; MO; QL (112 per 28 days)	OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24 per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	1	PA; MO; QL (120 per 30 days)	OJJAARA	1	PA; QL (30 per 30 days)
<i>nilutamide</i>	1	PA; MO	ONCASPAR	1	B/D PA
NINLARO	1	PA; MO; QL (3 per 28 days)	ONIVYDE	1	B/D PA
NUBEQA	1	PA; MO; LA; QL (120 per 30 days)	ONUREG	1	PA; MO; QL (14 per 28 days)
NULOJIX	1	B/D PA; MO			
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO			

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This drug list was last updated on 02/17/2026.

OPDIVO	1	PA; MO	PEMAZYRE	1	PA; LA; QL (28 per 28 days)
OPDIVO QVANTIG	1	PA; MO			
OPDUALAG	1	PA; MO	<i>pemetrexed disodium</i>	1	B/D PA; MO
ORGOVYX	1	PA; LA; QL (30 per 28 days)	<i>intravenous recon soln 1,000 mg, 500 mg</i>		
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days)	<i>pemetrexed disodium</i>	1	B/D PA; MO
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days)	<i>intravenous recon soln 100 mg</i>		
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA	<i>pemetrexed disodium</i>	1	B/D PA
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA; MO	<i>intravenous recon soln 750 mg</i>		
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO	PERJETA	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA	PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; QL (28 per 28 days)
<i>paclitaxel</i>	1	B/D PA; MO	PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; QL (56 per 28 days)
<i>paclitaxel protein- bound</i>	1	B/D PA; MO	POLIVY	1	PA; MO
PADCEV	1	PA; MO	POMALYST	1	PA; MO; LA; QL (21 per 28 days)
<i>pazopanib oral tablet 200 mg</i>	1	PA; MO; QL (120 per 30 days)	POTELIGEO	1	PA
PAZOPANIB ORAL TABLET 400 MG	1	PA; MO; QL (120 per 30 days)	PRALATREXATE	1	B/D PA; MO
			PROGRAF INTRAVENOUS	1	B/D PA; MO

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This drug list was last updated on 02/17/2026.

PROGRAF ORAL GRANULES IN PACKET	1	B/D PA; MO	ROZLYTREK ORAL PELLETS IN PACKET	1	PA; MO; QL (336 per 28 days)
QINLOCK	1	PA; LA; QL (90 per 30 days)	RUBRACA	1	PA; MO; LA; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; MO; LA; QL (60 per 30 days)	RUXIENCE	1	PA; MO
RETEVMO ORAL TABLET 40 MG	1	PA; MO; LA; QL (90 per 30 days)	RYBREVANT	1	PA; MO
REVUFORJ ORAL TABLET 110 MG	1	PA; QL (120 per 30 days)	RYDAPT	1	PA; MO; QL (224 per 28 days)
REVUFORJ ORAL TABLET 160 MG	1	PA; QL (60 per 30 days)	RYLAZE	1	B/D PA
REVUFORJ ORAL TABLET 25 MG	1	PA; QL (240 per 30 days)	RYTELO	1	PA
REZLIDHIA	1	PA; QL (60 per 30 days)	SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG	1	PA; MO
REZUROCK	1	PA; LA; QL (30 per 30 days)	SARCLISA	1	PA; LA
<i>romidepsin intravenous recon soln</i>	1	B/D PA	SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 per 30 days)
ROMVIMZA	1	PA; LA; QL (8 per 28 days)	SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (60 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (150 per 30 days)	SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days)	SIGNIFOR	1	PA
			SIMULECT	1	B/D PA; MO
			<i>sirolimus</i>	1	B/D PA; MO
			SOLTAMOX	1	MO

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This drug list was last updated on 02/17/2026.

SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA; MO	TECENTRIQ	1	B/D PA; MO; LA
<i>sorafenib</i>	1	PA; MO; QL (120 per 30 days)	TECENTRIQ HYBREZA	1	B/D PA; MO; LA
STIVARGA	1	PA; MO; QL (84 per 28 days)	TECVAYLI	1	PA
<i>sunitinib malate</i>	1	PA; MO; QL (28 per 28 days)	TEMODAR	1	B/D PA; MO
SYLVANT	1	B/D PA; MO	<i>temsirolimus</i>	1	B/D PA; MO
TABLOID	1	MO	TEPMETKO	1	PA; LA
TABRECTA	1	PA; MO	TEVIMBRA	1	PA
<i>tacrolimus oral capsule</i>	1	B/D PA; MO	THALOMID ORAL CAPSULE 100 MG	1	PA; MO; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)	THALOMID ORAL CAPSULE 50 MG	1	PA; MO; QL (28 per 28 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; MO; QL (840 per 28 days)	<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA
TAGRISSO	1	PA; MO; LA; QL (30 per 30 days)	<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO
TALVEY	1	PA	TIBSOVO	1	PA
TALZENNA	1	PA; MO; QL (30 per 30 days)	TIVDAK	1	PA; MO
<i>tamoxifen</i>	1	MO	<i>topotecan</i>	1	B/D PA; MO
TAZVERIK	1	PA; LA	<i>toremifene</i>	1	MO
			<i>torpenz</i>	1	PA; QL (30 per 30 days)
			TRAZIMERA	1	B/D PA; MO
			TRELSTAR INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N	1	PA; MO
			<i>tretinoin (antineoplastic)</i>	1	MO

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This drug list was last updated on 02/17/2026.

TRODELVY	1	PA; LA	VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days)
TRUQAP	1	PA; QL (64 per 28 days)	VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days)
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days)	VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days)	VIZIMPRO	1	PA; MO; QL (30 per 30 days)
TURALIO	1	PA; LA; QL (120 per 30 days)	VONJO	1	PA; QL (120 per 30 days)
UNITUXIN	1	B/D PA	VORANIGO ORAL TABLET 10 MG	1	PA; QL (60 per 30 days)
<i>valrubicin</i>	1	B/D PA; MO	VORANIGO ORAL TABLET 40 MG	1	PA; QL (30 per 30 days)
VANFLYTA	1	PA; QL (56 per 28 days)	VYLOY	1	PA; LA
VECTIBIX	1	B/D PA; MO	VYXEOS	1	B/D PA
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)	WELIREG	1	PA; LA
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (180 per 30 days)	XALKORI ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days)	XALKORI ORAL PELLETT 150 MG	1	PA; MO; QL (180 per 30 days)
VENCLEXTA STARTING PACK	1	PA; LA; QL (42 per 180 days)	XALKORI ORAL PELLETT 20 MG, 50 MG	1	PA; MO; QL (120 per 30 days)
VERZENIO	1	PA; MO; LA; QL (60 per 30 days)	XERMELO	1	PA; LA; QL (84 per 28 days)
<i>vinblastine</i>	1	B/D PA; MO	XOSPATA	1	PA; LA; QL (90 per 30 days)
<i>vincristine</i>	1	B/D PA; MO			
<i>vinorelbine</i>	1	B/D PA; MO			

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This drug list was last updated on 02/17/2026.

XPOVIO	1	PA; LA
XTANDI ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days)
YERVOY	1	B/D PA; MO
YONDELIS	1	B/D PA
ZALTRAP	1	B/D PA; MO
ZEJULA ORAL TABLET	1	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	1	PA; MO; QL (224 per 28 days)
ZEPZELCA	1	PA
ZIIHERA	1	PA
ZIRABEV	1	B/D PA; MO
ZOLADEX	1	PA; MO
ZOLINZA	1	PA; MO; QL (120 per 30 days)
ZYDELIG	1	PA; MO; QL (60 per 30 days)
ZYKADIA	1	PA; MO; QL (90 per 30 days)
ZYNLONTA	1	PA; LA
ZYNYZ	1	PA; MO

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

BRIVIACT INTRAVENOUS	1	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	1	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	1	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	MO
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</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)

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<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)	<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 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>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)	<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
DIACOMIT	1	PA; LA	<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>diazepam rectal</i>	1	MO	<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	1	PA; MO; QL (30 per 30 days)
DILANTIN 30 MG	1	MO	<i>gabapentin oral tablet extended release 24 hr 450 mg, 750 mg, 900 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>divalproex</i>	1	MO	<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	1	PA; MO; QL (90 per 30 days)
EPIDIOLEX	1	PA; MO; LA	<i>lacosamide intravenous</i>	1	MO; QL (1200 per 30 days)
<i>eslicarbazepine oral tablet 200 mg</i>	1	MO; QL (180 per 30 days)	<i>lacosamide oral solution</i>	1	MO; QL (1200 per 30 days)
<i>eslicarbazepine oral tablet 400 mg</i>	1	MO; QL (90 per 30 days)	<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	1	MO; QL (60 per 30 days)	<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>ethosuximide</i>	1	MO	<i>lamotrigine oral tablet</i>	1	MO
<i>felbamate</i>	1	MO	<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
FINTEPLA	1	PA; LA; QL (360 per 30 days)	<i>lamotrigine oral tablet, disintegrating</i>	1	MO
<i>fosphenytoin</i>	1	MO			
FYCOMPA ORAL SUSPENSION	1	MO; QL (720 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)			

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This drug list was last updated on 02/17/2026.

<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO	<i>perampanel oral tablet 4 mg, 6 mg</i>	1	MO; QL (60 per 30 days)
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1		<i>phenobarbital oral elixir</i>	1	PA; MO
<i>levetiracetam intravenous</i>	1	MO	<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO	<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1		<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>levetiracetam oral tablet</i>	1	MO	<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO	<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>methsuximide</i>	1	MO	<i>phenytoin oral tablet, chewable</i>	1	MO
NAYZILAM	1	PA; MO; QL (10 per 30 days)	<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>oxcarbazepine oral suspension</i>	1	MO	<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>oxcarbazepine oral tablet</i>	1	MO	<i>phenytoin sodium intravenous solution</i>	1	
<i>perampanel oral suspension</i>	1	MO; QL (720 per 30 days)	<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>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	1	MO; QL (30 per 30 days)			
<i>perampanel oral tablet 2 mg</i>	1	MO; QL (60 per 30 days)			

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This drug list was last updated on 02/17/2026.

<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)	<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA; MO
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)	<i>topiramate oral solution</i>	1	PA; MO
PRIMIDONE ORAL TABLET 125 MG	1	MO	<i>topiramate oral tablet</i>	1	PA; MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO	<i>valproate sodium</i>	1	MO
<i>roweepra</i>	1	MO	<i>valproic acid</i>	1	MO
<i>rufinamide oral suspension</i>	1	PA; MO	<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>rufinamide oral tablet</i>	1	PA; MO	<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG	1		VALTOCO	1	PA; MO; QL (10 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	1	MO	<i>vigabatrin</i>	1	PA; MO; LA
SUBVENITE ORAL SUSPENSION	1		<i>vigadrone</i>	1	PA; LA
<i>subvenite oral tablet</i>	1	MO	XCOPRI MAINTENANCE PACK	1	MO; QL (56 per 28 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days)	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)	XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days)
<i>tiagabine</i>	1	MO			

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XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	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	MO; QL (28 per 180 days)
ZONISADE	1	PA; MO
<i>zonisamide</i>	1	PA; MO
ZTALMY	1	PA; LA; QL (1100 per 30 days)

<i>carbidopa-levodopa- entacapone</i>	1	MO
<i>entacapone</i>	1	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; QL (300 per 30 days)
NEUPRO	1	MO
<i>pramipexole oral tablet</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole oral tablet</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>trihexyphenidyl oral tablet</i>	1	MO

ANTIPARKINSONISM AGENTS

<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	MO

MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR	1	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	QL (8 per 28 days)
EMGALITY PEN	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	1	MO

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<i>naratriptan</i>	1	MO; QL (18 per 28 days)	AUSTEDO XR TITRATION	1	PA; MO; QL (28 per 180 days)
NURTEC ODT	1	PA; QL (16 per 30 days)	KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK		
QULIPTA	1	PA; MO; QL (30 per 30 days)	12-18-24-30 MG		
<i>rizatriptan oral tablet</i>	1	MO; QL (24 per 28 days)	BRIUMVI	1	PA; MO; QL (24 per 180 days)
<i>rizatriptan oral tablet, disintegrating</i>	1	MO; QL (24 per 28 days)	<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
<i>sumatriptan nasal</i>	1	MO; QL (18 per 28 days)	<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (56 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)	<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)	<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)	<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
UBRELVY	1	PA; QL (20 per 30 days)	<i>donepezil oral tablet 23 mg</i>	1	MO
MISCELLANEOUS NEUROLOGICAL THERAPY					
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; MO; QL (120 per 30 days)	<i>donepezil oral tablet, disintegrating</i>	1	MO
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; QL (60 per 30 days)	<i> fingolimod</i>	1	PA; MO; QL (30 per 30 days)
AUSTEDO XR	1	PA; MO; QL (30 per 30 days)	<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	MO

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<i>galantamine oral solution</i>	1	MO	<i>memantine-donepezil</i>	1	PA; MO
<i>galantamine oral tablet</i>	1	MO	NUEDEXTA	1	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)	RADICAVA ORS	1	PA; MO
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)	RADICAVA ORS STARTER KIT SUSP	1	PA; MO
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)	<i>rivastigmine</i>	1	MO
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)	<i>rivastigmine tartrate</i>	1	MO
INGREZZA	1	PA; LA; QL (30 per 30 days)	<i>teriflunomide</i>	1	PA; MO; QL (30 per 30 days)
INGREZZA INITIATION PK(TARDIV)	1	PA; LA; QL (28 per 180 days)	<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days)
INGREZZA SPRINKLE	1	PA; LA; QL (30 per 30 days)	<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days)
KESIMPTA PEN	1	PA; MO; QL (1.6 per 28 days)	VUMERITY	1	PA; MO; QL (120 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA; MO	ZEPOSIA	1	PA; MO; QL (30 per 30 days)
<i>memantine oral solution</i>	1	PA; MO	ZEPOSIA STARTER KIT (28-DAY)	1	PA; MO; QL (28 per 180 days)
<i>memantine oral tablet</i>	1	PA; MO	ZEPOSIA STARTER PACK (7-DAY)	1	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY					
			<i>baclofen oral tablet</i>	1	MO
			<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; MO

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<i>dantrolene intravenous</i>	1		<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>dantrolene oral</i>	1	MO	<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	1	B/D PA; MO	BELBUCA	1	PA; MO; QL (60 per 30 days)
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	1	B/D PA	<i>buprenorphine hcl injection syringe</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO	<i>buprenorphine hcl sublingual</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	MO	<i>buprenorphine transdermal patch</i>	1	PA; MO; QL (4 per 28 days)
<i>revonto</i>	1		<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days)
<i>tizanidine oral tablet</i>	1	MO	<i>endocet oral tablet 5-325 mg</i>	1	MO; QL (360 per 30 days)
VYVGART	1	PA; MO; LA	<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; QL (10 per 30 days)
VYVGART HYTRULO	1	PA; MO; LA	<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	1	QL (5550 per 30 days)
NARCOTIC ANALGESICS			<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)			
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)			

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<i>hydrocodone- acetaminophen oral tablet 10-325 mg, 5- 325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)	<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)
<i>hydrocodone- acetaminophen oral tablet 2.5-325 mg</i>	1	QL (360 per 30 days)	<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
<i>hydrocodone- ibuprofen oral tablet 7.5-200 mg</i>	1	MO; QL (50 per 30 days)	<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	1		<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO	<i>methadose oral concentrate</i>	1	PA; MO; QL (90 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO	<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	
<i>hydromorphone injection syringe 2 mg/ml</i>	1		<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO
<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)	<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)	<i>morphine injection syringe 4 mg/ml</i>	1	MO
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days)	<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	1	MO
<i>methadone injection solution</i>	1		<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>methadone intensol</i>	1	PA; MO; QL (90 per 30 days)	<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>methadone oral concentrate</i>	1	PA; QL (90 per 30 days)	<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)

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<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)	<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)	<i>diclofenac sodium oral</i>	1	MO
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)	<i>diclofenac sodium topical drops</i>	1	MO; QL (300 per 28 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)	<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)	<i>diclofenac sodium topical solution in metered-dose pump</i>	1	MO; QL (224 per 28 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)	<i>diclofenac-misoprostol</i>	1	MO
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)	<i>diflunisal</i>	1	MO
SUBLOCADE	1	MO	<i>etodolac oral capsule</i>	1	MO
NON-NARCOTIC ANALGESICS					
<i>buprenorphine-naloxone sublingual film</i>	1	MO	<i>etodolac oral tablet</i>	1	MO
<i>buprenorphine-naloxone sublingual tablet</i>	1	MO	<i>etodolac oral tablet extended release 24 hr</i>	1	MO
<i>butorphanol injection</i>	1	MO	<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)	<i>ibu</i>	1	MO
<i>celecoxib</i>	1	MO	<i>ibuprofen oral suspension</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1		<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
			<i>ibuprofen oral tablet 600 mg</i>	1	
			JOURNAVX	1	MO; QL (30 per 90 days)
			KLOXXADO	1	MO
			<i>lurbiro</i>	1	

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<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)	ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; QL (2.4 per 56 days)
<i>nabumetone</i>	1	MO			
<i>nalbuphine</i>	1				
<i>naloxone injection solution</i>	1	MO			
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	1		ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; QL (3.2 per 56 days)
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO			
<i>naltrexone</i>	1	MO			
<i>naproxen oral tablet</i>	1	MO			
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO	ABILIFY MAINTENANCE	1	MO; QL (1 per 28 days)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO	<i>amitriptyline</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO	<i>amoxapine</i>	1	MO
<i>piroxicam</i>	1	MO	<i>amphetamine</i>	1	MO
<i>salsalate</i>	1	MO	<i>aripiprazole oral solution</i>	1	MO
<i>sulindac</i>	1	MO	<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)	<i>aripiprazole oral tablet, disintegrating</i>	1	MO; QL (60 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)	ARISTADA INITIO	1	MO; QL (4.8 per 365 days)
VIVITROL	1	MO	ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days)
PSYCHOTHERAPEUTIC DRUGS					

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ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days)	<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days)	<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	MO; QL (3.2 per 28 days)	<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>armodafinil</i>	1	PA; MO; QL (30 per 30 days)	<i>buspirone</i>	1	MO
<i>asenapine maleate</i>	1	MO; QL (60 per 30 days)	CAPLYTA	1	MO; QL (30 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)	<i>chlorpromazine injection</i>	1	MO
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)	<i>chlorpromazine oral</i>	1	MO
AUVELITY	1	ST; QL (60 per 30 days)	<i>citalopram oral solution</i>	1	MO
BELSOMRA	1	PA; QL (30 per 30 days)	<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO	<i>clomipramine</i>	1	MO
			<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
			<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
			<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
			<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
			<i>clozapine oral tablet</i>	1	
			<i>clozapine oral tablet, disintegrating</i>	1	

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COBENFY	1	MO; QL (60 per 30 days)	DRIZALMA ORAL CAPSULE, DELAYED REL	1	MO; QL (60 per 30 days)
COBENFY STARTER PACK	1	MO; QL (56 per 180 days)	SPRINKLE 20 MG, 30 MG, 60 MG		
<i>desipramine</i>	1	MO	DRIZALMA ORAL CAPSULE, DELAYED REL	1	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)	SPRINKLE 40 MG		
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	MO	<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	MO	EMSAM	1	MO
<i>diazepam injection</i>	1	PA	<i>escitalopram oxalate oral solution</i>	1	MO
<i>diazepam intensol</i>	1	PA; QL (240 per 30 days)	<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)	<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)	EXXUA ORAL TABLET EXTENDED RELEASE 24 HR	1	ST; MO; QL (30 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL (1200 per 30 days)	EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	1	ST; MO; QL (32 per 180 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)	FANAPT	1	ST; MO; QL (60 per 30 days)
<i>doxepin oral capsule</i>	1	MO	FANAPT TITRATION PACK A	1	ST; MO; QL (8 per 180 days)
<i>doxepin oral concentrate</i>	1	MO	FANAPT TITRATION PACK B	1	ST; QL (12 per 180 days)
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)			

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FANAPT TITRATION PACK C	1	ST; QL (8 per 180 days)	<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	QL (28 per 180 days)	<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR	1	QL (30 per 30 days)	<i>haloperidol lactate injection</i>	1	MO
<i>flumazenil</i>	1		<i>haloperidol lactate intramuscular</i>	1	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)	<i>haloperidol lactate oral</i>	1	MO
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (120 per 30 days)	<i>imipramine hcl</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)	INVEGA HAFYERA INTRAMUSCULA R SYRINGE 1,092 MG/3.5 ML	1	MO; QL (3.5 per 180 days)
<i>fluoxetine oral solution</i>	1	MO	INVEGA HAFYERA INTRAMUSCULA R SYRINGE 1,560 MG/5 ML	1	MO; QL (5 per 180 days)
<i>fluphenazine decanoate</i>	1	MO	INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days)
<i>fluphenazine hcl</i>	1	MO	INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 156 MG/ML	1	MO; QL (1 per 28 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)			
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)			
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)			
<i>haloperidol</i>	1	MO			

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This drug list was last updated on 02/17/2026.

<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)	<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1		<i>paroxetine hcl oral suspension</i>	1	MO
<i>molindone oral tablet 5 mg</i>	1	MO	<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>nefazodone</i>	1	MO	<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>nortriptyline oral capsule</i>	1	MO	<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>nortriptyline oral solution</i>	1	MO	<i>pentobarbital sodium injection solution</i>	1	
NUPLAZID	1	PA; MO; QL (30 per 30 days)	<i>perphenazine</i>	1	MO
<i>olanzapine intramuscular</i>	1	MO	<i>phenelzine</i>	1	MO
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)	<i>pimozide</i>	1	MO
<i>olanzapine oral tablet, disintegrating</i>	1	MO; QL (30 per 30 days)	<i>protriptyline</i>	1	MO
OPIPZA ORAL FILM 10 MG	1	ST; MO; QL (90 per 30 days)	<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG	1	ST; MO; QL (30 per 30 days)	<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
OPIPZA ORAL FILM 5 MG	1	ST; MO; QL (180 per 30 days)	<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	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>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
			RALDESY	1	ST; MO

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<i>ramelteon</i>	1	MO; QL (30 per 30 days)	SECUADO	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	1	MO; QL (30 per 30 days)	<i>sertraline oral concentrate</i>	1	MO
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml</i>	1	QL (2 per 28 days)	<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml</i>	1	MO; QL (2 per 28 days)	<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	1	MO; QL (2 per 28 days)	SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	1	PA; LA; QL (540 per 30 days)
<i>risperidone oral solution</i>	1	MO	SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA; 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>thioridazine</i>	1	MO
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)	<i>thiothixene</i>	1	MO
<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>tranylcypromine</i>	1	MO
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)	<i>trazodone</i>	1	MO
			<i>trifluoperazine</i>	1	MO
			<i>trimipramine</i>	1	MO
			TRINTELLIX	1	QL (30 per 30 days)
			<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
			<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)

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<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION N 405 MG	1	QL (1 per 28 days)
VERSACLOZ	1				
<i>vilazodone</i>	1	MO; QL (30 per 30 days)			
VRAYLAR ORAL CAPSULE	1	MO; 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</i>	1	MO; QL (60 per 30 days)			
<i>ziprasidone mesylate</i>	1	MO			
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)			
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA; MO; QL (28 per 365 days)			
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; MO; QL (14 per 365 days)			
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION N 210 MG	1	QL (2 per 28 days)			
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION N 300 MG	1	QL (2 per 28 days)			
CARDIOVASCULAR, HYPERTENSION / LIPIDS ANTIARRHYTHMIC AGENTS					
			<i>adenosine</i>	1	
			<i>amiodarone intravenous solution</i>	1	MO
			<i>amiodarone oral</i>	1	MO
			<i>dofetilide</i>	1	MO
			<i>flecainide</i>	1	MO
			<i>ibutilide fumarate</i>	1	
			<i>lidocaine (pf) intravenous</i>	1	
			<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
			<i>mexiletine</i>	1	MO
			MULTAQ	1	MO
			<i>pacerone oral tablet 100 mg, 400 mg</i>	1	
			<i>pacerone oral tablet 200 mg</i>	1	MO
			<i>procainamide injection</i>	1	

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This drug list was last updated on 02/17/2026.

<i>propafenone oral capsule, extended release 12 hr</i>	1	MO	<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
<i>propafenone oral tablet</i>	1	MO	<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO	<i>bumetanide injection</i>	1	MO
<i>sotalol af</i>	1		<i>bumetanide oral</i>	1	MO
<i>sotalol oral</i>	1	MO	<i>candesartan</i>	1	MO
ANTIHYPERTENSIVE THERAPY					
<i>acebutolol</i>	1	MO	<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>aliskiren</i>	1	MO	<i>captopril</i>	1	MO
<i>amiloride</i>	1	MO	<i>captopril-hydrochlorothiazide</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	MO	<i>cartia xt</i>	1	MO
<i>amlodipine</i>	1	MO	<i>carvedilol</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO	<i>chlorothiazide sodium</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO	<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO	<i>clonidine transdermal patch</i>	1	MO; QL (4 per 28 days)
<i>amlodipine-valsartan-hcthiazid</i>	1	MO	<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>atenolol</i>	1	MO	<i>clonidine hcl oral tablet</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO	<i>diltiazem hcl intravenous</i>	1	
<i>benazepril</i>	1	MO	<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	MO			
<i>betaxolol oral</i>	1	MO			

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<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO	<i>ethacrynate sodium</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO	<i>felodipine</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO	<i>fosinopril</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO	<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 240 mg, 300 mg</i>	1	MO	<i>furosemide injection solution</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg</i>	1		<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>dilt-xr</i>	1	MO	<i>furosemide oral tablet</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)	<i>hydralazine</i>	1	MO
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)	<i>hydrochlorothiazide</i>	1	MO
EDARBI	1	MO	<i>indapamide</i>	1	MO
EDARBYCLOR	1	MO	<i>irbesartan</i>	1	MO
<i>enalapril maleate oral tablet</i>	1	MO	<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>enalaprilat intravenous solution</i>	1		<i>isosorbide-hydralazine</i>	1	MO; QL (180 per 30 days)
<i>enalapril-hydrochlorothiazide</i>	1	MO	<i>isradipine</i>	1	
<i>epplerenone</i>	1	MO	KERENDIA	1	PA; QL (30 per 30 days)
<i>esmolol intravenous solution</i>	1		<i>labetalol intravenous solution</i>	1	
			<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
			<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
			<i>lisinopril</i>	1	MO

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<i>lisinopril-hydrochlorothiazide</i>	1	MO	<i>olmesartan</i>	1	MO
<i>losartan</i>	1	MO	<i>olmesartan-amlodipin-hctiazid</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO	<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1		<i>osmitrol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO	<i>perindopril erbumine</i>	1	MO
<i>matzim la</i>	1	MO	<i>phentolamine</i>	1	
<i>metolazone</i>	1	MO	<i>pindolol</i>	1	MO
<i>metoprolol succinate</i>	1	MO	<i>prazosin</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO	<i>propranolol intravenous</i>	1	
<i>metoprolol tartrate intravenous</i>	1		<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO	<i>propranolol oral solution</i>	1	MO
<i>metyrosine</i>	1	PA; MO	<i>propranolol oral tablet</i>	1	MO
<i>minoxidil oral</i>	1	MO	<i>quinapril</i>	1	MO
<i>moexipril</i>	1	MO	<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>nadolol</i>	1	MO	<i>ramipril</i>	1	MO
<i>nebivolol</i>	1	MO	<i>spironolactone oral tablet</i>	1	MO
<i>nicardipine intravenous solution</i>	1		<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>nicardipine oral</i>	1	MO	<i>telmisartan</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO	<i>telmisartan-amlodipine</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO	<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>nimodipine oral capsule</i>	1	MO			

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<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)	<i>verapamil oral tablet extended release</i>	1	MO
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)	COAGULATION THERAPY		
<i>tiadylt er</i>	1	MO	<i>aminocaproic acid intravenous</i>	1	MO
<i>timolol maleate oral</i>	1	MO	<i>aminocaproic acid oral</i>	1	MO
<i>toremide oral</i>	1	MO	<i>aspirin-dipyridamole</i>	1	MO
<i>trandolapril</i>	1	MO	CABLIVI INJECTION KIT	1	PA; LA
<i>trandolapril-verapamil</i>	1	MO	CEPROTIN (BLUE BAR)	1	PA; MO
<i>treprostinil sodium</i>	1	PA; MO; LA	CEPROTIN (GREEN BAR)	1	PA; MO
<i>triamterene-hydrochlorothiazid</i>	1	MO	<i>cilostazol</i>	1	MO
UPTRAVI ORAL TABLET	1	PA; MO; LA; QL (60 per 30 days)	<i>clopidogrel oral tablet 300 mg</i>	1	MO
UPTRAVI ORAL TABLETS,DOSE PACK	1	PA; MO; LA; QL (200 per 180 days)	<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>valsartan oral tablet</i>	1	MO	<i>dabigatran etexilate</i>	1	MO; QL (60 per 30 days)
<i>valsartan-hydrochlorothiazide</i>	1	MO	<i>dipyridamole intravenous</i>	1	
<i>veletri</i>	1	B/D PA; MO	<i>dipyridamole oral</i>	1	MO
<i>verapamil intravenous</i>	1		DOPTELET (10 TAB PACK)	1	PA; MO; LA
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO	DOPTELET (15 TAB PACK)	1	PA; MO; LA
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	MO	DOPTELET (30 TAB PACK)	1	PA; MO; LA
<i>verapamil oral tablet</i>	1	MO	ELIQUIS DVT-PE TREAT 30D START	1	MO; QL (74 per 180 days)

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ELIQUIS ORAL TABLET	1	MO; QL (60 per 30 days)	<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	MO
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG	1	MO; QL (140 per 28 days)	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
ELIQUIS ORAL TABLET FOR SUSPENSION 1.5 MG (0.5 MG X 3)	1	QL (420 per 28 days)	<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	1	QL (560 per 28 days)	<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
ELIQUIS SPRINKLE	1	QL (70 per 28 days)	<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO
<i>eltrombopag olamine</i>	1	PA; MO	<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)	<i>heparin (porcine) injection cartridge</i>	1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)	<i>heparin (porcine) injection solution</i>	1	MO
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)	HEPARIN (PORCINE) INJECTION SYRINGE 5,000 UNIT/ML	1	
<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)			

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HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1		<i>rivaroxaban oral tablet</i>	1	MO; QL (60 per 30 days)
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO	<i>ticagrelor</i>	1	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1		<i>warfarin</i>	1	MO
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	1	MO	XARELTO DVT-PE TREAT 30D START	1	MO; QL (51 per 180 days)
HEPARIN, PORCINE (PF) INJECTION SYRINGE	1	MO	XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
<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	XARELTO ORAL TABLET 2.5 MG	1	MO; QL (60 per 30 days)
<i>jantoven oral tablet 6 mg</i>	1		LIPID/CHOLESTEROL LOWERING AGENTS		
<i>pentoxifylline</i>	1	MO	<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>prasugrel hcl</i>	1	MO	<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>protamine</i>	1		<i>cholestyramine (with sugar)</i>	1	MO
<i>rivaroxaban oral suspension for reconstitution</i>	1	MO; QL (775 per 28 days)	<i>cholestyramine light</i>	1	MO
			<i>colesevelam</i>	1	MO
			<i>colestipol oral granules</i>	1	MO
			<i>colestipol oral packet</i>	1	
			<i>colestipol oral tablet</i>	1	MO
			<i>ezetimibe</i>	1	MO
			<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
			<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO

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<i>fenofibrate nanocrystallized</i>	1	MO	REPATHA	1	PA; QL (6 per 28 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO	SURECLICK		
<i>fenofibric acid</i>	1		<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibric acid (choline)</i>	1	MO	<i>simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)	MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)	CAMZYOS	1	PA; MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO	<i>digoxin oral solution</i>	1	MO
<i>icosapent ethyl</i>	1	MO	<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)	<i>dobutamine</i>	1	B/D PA
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)	<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
NEXLETOL	1	PA; MO	<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
NEXLIZET	1	PA; MO			
<i>niacin oral tablet 500 mg</i>	1	MO			
<i>niacin oral tablet extended release 24 hr</i>	1	MO			
<i>omega-3 acid ethyl esters</i>	1	MO			
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)			
<i>pravastatin</i>	1	MO; QL (30 per 30 days)			
<i>prevalite</i>	1	MO			
REPATHA	1	PA; QL (6 per 28 days)			

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<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO SPRINKLE	1	QL (240 per 30 days)
<i>ivabradine</i>	1	MO; QL (60 per 30 days)
<i>milrinone</i>	1	B/D PA
<i>milrinone in 5 % dextrose</i>	1	B/D PA
<i>norepinephrine bitartrate</i>	1	
<i>ranolazine</i>	1	MO
<i>sacubitril-valsartan</i>	1	MO; QL (60 per 30 days)
VERQUVO	1	MO; QL (30 per 30 days)
VYNDAMAX	1	PA; MO
VYNDAQEL	1	PA

NITRATES

<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO

<i>nitro-bid</i>	1	MO
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	1	MO
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	1	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS	1	PA; QL (20 per 28 days)
COSENTYX PEN	1	PA; MO; QL (5 per 28 days)
COSENTYX PEN (2 PENS)	1	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (5 per 28 days)

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

This drug list was last updated on 02/17/2026.

COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; QL (2.5 per 28 days)	PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
COSENTYX UNOREADY PEN	1	PA; MO; QL (10 per 28 days)	PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
OTULFI INTRAVENOUS	1	PA; MO; QL (104 per 180 days)	SELARSDI INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
OTULFI SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)	SELARSDI SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 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)
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)	SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
PYZCHIVA (ONLY NDCS STARTING WITH 61314) INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; MO; QL (104 per 180 days)	<i>selenium sulfide topical lotion</i>	1	MO
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)	SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 84 days)
			SKYRIZI SUBCUTANEOUS SYRINGE	1	PA; MO; QL (2 per 84 days)
			STELARA INTRAVENOUS	1	PA; MO; QL (104 per 180 days)

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

This drug list was last updated on 02/17/2026.

STELARA SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)	YESINTEK SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
TREMFYA INTRAVENOUS	1	PA; MO; QL (20 per 28 days)	YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
TREMFYA ONE- PRESS	1	PA; MO; QL (2 per 28 days)	YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
TREMFYA PEN	1	PA; MO; QL (2 per 28 days)			
TREMFYA PEN INDUCTION PK(2PEN)	1	PA; MO; QL (12 per 180 days)			
TREMFYA SUBCUTANEOUS SYRINGE	1	PA; MO; QL (2 per 28 days)			
USTEKINUMAB INTRAVENOUS	1	PA; MO; QL (104 per 180 days)			
USTEKINUMAB SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)			
USTEKINUMAB- AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)			
USTEKINUMAB- AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)			
YESINTEK INTRAVENOUS	1	PA; MO; QL (104 per 180 days)			
MISCELLANEOUS DERMATOLOGICALS					
			ADBRY	1	PA; MO; QL (6 per 28 days)
			<i>ammonium lactate</i>	1	MO
			<i>chloroprocaine (pf)</i>	1	
			<i>dermacinrx lidocan</i>	1	PA; QL (90 per 30 days)
			<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
			DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)
			DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
			DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)

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This drug list was last updated on 02/17/2026.

DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)	<i>lidocaine topical ointment</i>	1	MO; QL (50 per 30 days)
EUCRISA	1	PA; MO; QL (120 per 30 days)	<i>lidocaine viscous</i>	1	
<i>fluorouracil topical cream 5 %</i>	1	MO	<i>lidocaine- epinephrine</i>	1	
<i>fluorouracil topical solution</i>	1	MO	<i>lidocaine- epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %- 1:200,000</i>	1	
<i>glydo</i>	1	MO; QL (60 per 30 days)	<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	1	MO	<i>lidocan iii</i>	1	PA; QL (90 per 30 days)
<i>lidocaine (pf) injection solution</i>	1		<i>lidocan iv</i>	1	PA; QL (90 per 30 days)
<i>lidocaine hcl injection solution</i>	1		<i>lidocan v</i>	1	PA; QL (90 per 30 days)
<i>lidocaine hcl laryngotracheal</i>	1		<i>methoxsalen</i>	1	MO
<i>lidocaine hcl mucous membrane jelly</i>	1	MO; QL (60 per 30 days)	PANRETIN	1	PA; MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)	<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	MO	<i>podofilox topical solution</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO	<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)	<i>polocaine-mpf</i>	1	
			SANTYL	1	MO; QL (180 per 30 days)
			<i>silver sulfadiazine ssd</i>	1	MO
				1	MO

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This drug list was last updated on 02/17/2026.

<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
<i>tridacaine ii</i>	1	PA; QL (90 per 30 days)
VALCHLOR	1	PA; MO

THERAPY FOR ACNE

<i>accutane</i>	1	
<i>amnesteem</i>	1	
<i>azelaic acid</i>	1	MO
<i>claravis</i>	1	
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
<i>ery pads</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical</i>	1	MO
<i>tazarotene topical cream</i>	1	PA; MO

<i>tazarotene topical gel</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</i>	1	

TOPICAL ANTIBACTERIALS

<i>gentamicin topical</i>	1	MO; QL (60 per 30 days)
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	1	MO

TOPICAL ANTIFUNGALS

<i>ciclodan topical solution</i>	1	QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)

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<i>clotrimazole- betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole- betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole nitrate topical cream</i>	1	MO; QL (85 per 28 days)
<i>ketconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>klayesta</i>	1	MO; QL (180 per 30 days)
<i>naftifine topical gel</i>	1	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO; QL (180 per 30 days)
<i>nystatin- triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO; QL (180 per 30 days)

TOPICAL ANTIVIRALS

<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	1	MO; QL (5 per 30 days)

TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream</i>	1	MO
<i>alclometasone</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	1	MO
<i>betamethasone, augmented topical lotion</i>	1	MO
<i>betamethasone, augmented topical ointment</i>	1	MO
<i>clobetasol scalp</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 foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)

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<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)	<i>halobetasol propionate topical ointment</i>	1	MO
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)	<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)	<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)	<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>desonide topical cream</i>	1	MO	<i>mometasone topical</i>	1	MO
<i>desonide topical ointment</i>	1	MO	<i>triamcinolone acetonide topical cream</i>	1	MO
<i>fluocinolone</i>	1	MO	<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO	<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)	<i>triderm topical cream 0.5 %</i>	1	
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)	TOPICAL SCABICIDES / PEDICULICIDES		
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)	<i>malathion</i>	1	MO
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)	<i>permethrin</i>	1	MO; QL (60 per 30 days)
<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)	DIAGNOSTICS / MISCELLANEOUS AGENTS		
<i>fluticasone propionate topical cream</i>	1	MO	ANTIDOTES		
<i>fluticasone propionate topical ointment</i>	1	MO	<i>acetylcysteine intravenous</i>	1	
<i>halobetasol propionate topical cream</i>	1	MO			

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This drug list was last updated on 02/17/2026.

IRRIGATING SOLUTIONS

<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's irrigation</i>	1	MO

MISCELLANEOUS AGENTS

<i>acamprosate</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
<i>anagrelide</i>	1	MO
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
<i>carglumic acid</i>	1	PA; MO
<i>cevimeline</i>	1	MO
CHEMET	1	PA
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox oral granules in packet</i>	1	PA; MO
<i>deferasirox oral tablet</i>	1	PA; MO

<i>deferasirox oral tablet, dispersible 125 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	1	PA; MO
<i>deferiprone</i>	1	PA; MO
<i>deferoxamine</i>	1	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	
<i>dextrose 25 % in water (d25w)</i>	1	
<i>dextrose 5 % in water (d5w)</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose 50 % in water (d50w)</i>	1	
<i>dextrose 70 % in water (d70w)</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</i>	1	PA; MO
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1	PA; MO

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This drug list was last updated on 02/17/2026.

<i>glutamine (sickle cell)</i>	1	PA; MO	<i>sodium phenylbutyrate</i>	1	PA; MO
INCRELEX	1	LA	<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>kionex (with sorbitol)</i>	1		<i>sodium polystyrene sulfonate oral suspension</i>	1	
<i>levocarnitine (with sugar)</i>	1	MO	<i>sps (with sorbitol) oral</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO	<i>sps (with sorbitol) rectal</i>	1	
<i>levocarnitine oral tablet</i>	1	MO	<i>trientine oral capsule 250 mg</i>	1	PA; MO
LOKELMA	1	MO	VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	1	MO
<i>midodrine</i>	1	MO	VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
<i>nitisinone</i>	1	PA; MO	<i>water for irrigation, sterile</i>	1	MO
<i>pilocarpine hcl oral</i>	1	MO	XIAFLEX	1	PA
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; MO; LA	<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
REVCOVI	1	PA; LA	SMOKING DETERRENTS		
REZDIFFRA	1	PA; MO; QL (30 per 30 days)	<i>bupropion hcl (smoking deter)</i>	1	MO
<i>riluzole</i>	1	PA; MO	NICOTROL NS	1	MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)			
<i>sevelamer carbonate oral tablet</i>	1	PA; MO			
<i>sodium benzoate-sodium phenylacet</i>	1				
<i>sodium chloride 0.9 % intravenous</i>	1	MO			
<i>sodium chloride irrigation</i>	1	MO			

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This drug list was last updated on 02/17/2026.

<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	1	
<i>varenicline tartrate oral tablets, dose pack</i>	1	MO

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>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	1	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	MO
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	1	MO; QL (30 per 30 days)

<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	1	MO; QL (30 per 20 days)
<i>kourzeq</i>	1	MO
<i>oralone</i>	1	
<i>periogard</i>	1	MO
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>sodium fluoride 5000 dry mouth</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO

OTIC STEROID / ANTIBIOTIC

<i>ciprofloxacin-dexamethasone</i>	1	MO; QL (7.5 per 7 days)
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This drug list was last updated on 02/17/2026.

neomycin-
polymyxin-hc otic
(ear)

1 MO

methylprednisolone
sodium succ
injection recon soln
125 mg, 40 mg

1 MO

ENDOCRINE/DIABETES

ADRENAL HORMONES

cortisone

1

dexamethasone
intensol

1 MO

dexamethasone oral
elixir

1 MO

dexamethasone oral
solution

1 MO

dexamethasone oral
tablet

1 MO

dexamethasone
sodium phos (pf)
injection solution 10
mg/ml

1 MO

dexamethasone
sodium phosphate
injection solution

1 MO

dexamethasone
sodium phosphate
injection syringe

1

fludrocortisone

1 MO

hydrocortisone oral

1 MO

methylprednisolone
acetate

1 MO

methylprednisolone
oral tablet

1 B/D PA; MO

methylprednisolone
oral tablets,dose
pack

1 MO

methylprednisolone
sodium succ
intravenous

1 MO

prednisolone oral
solution

1 MO

prednisolone sodium
phosphate oral
solution 15 mg/5 ml
(3 mg/ml), 25 mg/5
ml (5 mg/ml), 5 mg
base/5 ml (6.7 mg/5
ml)

1 MO

prednisolone sodium
phosphate oral
solution 15 mg/5 ml
(5 ml)

1

prednisone intensol

1 MO

prednisone oral
solution

1 MO

prednisone oral
tablet

1 MO

prednisone oral
tablets,dose pack 10
mg (48 pack), 5 mg
(48 pack)

1

prednisone oral
tablets,dose pack 10
mg, 5 mg

1 MO

triamcinolone
acetonide injection
suspension 10 mg/ml

1

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This drug list was last updated on 02/17/2026.

<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO	FARXIGA	1	MO; QL (30 per 30 days)
ANTITHYROID AGENTS			FIASP FLEXTOUCH U-100 INSULIN	1	MO
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO	FIASP PENFILL U-100 INSULIN	1	MO
<i>propylthiouracil</i>	1	MO	FIASP U-100 INSULIN	1	MO
DIABETES THERAPY			FREESTYLE INSULINX STRIP	1	MO
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)	FREESTYLE INSULINX TEST STRIPS	1	MO
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)	FREESTYLE LITE STRIPS	1	MO
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)	FREESTYLE PRECISION NEO STRIPS	1	MO
ACCU-CHEK GUIDE TEST STRIPS	1	MO	FREESTYLE TEST	1	MO
<i>alcohol pads</i>	1	PA; MO	<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
BAQSIMI	1	MO	<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL	1	MO; QL (30 per 30 days)	<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>diazoxide</i>	1	MO	<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
DROPSAFE ALCOHOL PREP PADS	1	PA	<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	1	PA; QL (2.4 per 30 days)	<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	1	PA; QL (1.2 per 30 days)			

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This drug list was last updated on 02/17/2026.

<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)	HUMALOG JUNIOR KWIKPEN U-100	1	MO
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)	HUMALOG KWIKPEN INSULIN	1	MO
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)	HUMALOG MIX 50-50 KWIKPEN	1	MO
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)	HUMALOG MIX 75-25 KWIKPEN	1	MO
GLYXAMBI	1	MO; QL (30 per 30 days)	HUMALOG MIX 75-25(U-100)INSULN	1	MO
GVOKE	1	MO	HUMALOG U-100 INSULIN	1	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1		HUMULIN 70/30 U-100 INSULIN	1	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	MO	HUMULIN 70/30 U-100 KWIKPEN	1	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO	HUMULIN N NPH INSULIN KWIKPEN	1	MO
GVOKE HYPOPEN 2-PACK	1	MO	HUMULIN N NPH U-100 INSULIN	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO	HUMULIN R REGULAR U-100 INSULN	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO	HUMULIN R U-500 (CONC) INSULIN	1	MO
			HUMULIN R U-500 (CONC) KWIKPEN	1	MO
			INPEFA	1	PA; MO; QL (30 per 30 days)

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This drug list was last updated on 02/17/2026.

INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	1	MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	MO; QL (60 per 30 days)
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	1		JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	MO; QL (30 per 30 days)
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	1	MO	LANTUS SOLOSTAR U-100 INSULIN	1	MO
INSULIN LISPRO	1	MO	LANTUS U-100 INSULIN	1	MO
INSULIN LISPRO PROTAMIN-LISPRO	1	MO	<i>liraglutide</i>	1	PA; QL (9 per 30 days)
JANUMET	1	MO; QL (60 per 30 days)	LYUMJEV KWIKPEN U-100 INSULIN	1	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)	LYUMJEV KWIKPEN U-200 INSULIN	1	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)	LYUMJEV U-100 INSULIN	1	MO
JANUVIA	1	MO; QL (30 per 30 days)	<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
JARDIANCE	1	MO; QL (30 per 30 days)	<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
JENTADUETO	1	MO; QL (60 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)

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This drug list was last updated on 02/17/2026.

MOUNJARO	1	PA; QL (2 per 28 days)	OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; QL (3 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)	<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)	PRECISION XTRA TEST	1	MO
NOVOLIN 70/30 U-100 INSULIN	1	MO	<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	1	MO	<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
NOVOLIN N FLEXPEN	1	MO	<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
NOVOLIN N NPH U-100 INSULIN	1	MO	RYBELSUS	1	PA; MO; QL (30 per 30 days)
NOVOLIN R FLEXPEN	1	MO	<i>saxagliptin</i>	1	MO; QL (30 per 30 days)
NOVOLIN R REGULAR U100 INSULIN	1	MO	<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	MO; QL (60 per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	1	MO	<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (30 per 30 days)
NOVOLOG MIX 70-30 U-100 INSULIN	1	MO	SOLIQUA 100/33	1	QL (15 per 25 days)
NOVOLOG MIX 70-30FLEXPEN U-100	1	MO	SYNJARDY	1	MO; QL (60 per 30 days)
NOVOLOG PENFILL U-100 INSULIN	1	MO			
NOVOLOG U-100 INSULIN ASPART	1	MO			

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This drug list was last updated on 02/17/2026.

SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
TOUJEO MAX U- 300 SOLOSTAR	1	MO
TOUJEO SOLOSTAR U-300 INSULIN	1	MO
TRADJENTA	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	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	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)
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MISCELLANEOUS HORMONES

ALDURAZYME	1	PA; MO
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon) injection</i>	1	MO
<i>calcitonin (salmon) nasal</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	
<i>cinacalcet</i>	1	PA; MO
<i>clomid</i>	1	PA; MO
<i>clomiphene citrate</i>	1	PA; MO
CRYSVITA	1	PA; MO; LA
<i>danazol</i>	1	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral</i>	1	MO

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<i>doxercalciferol intravenous</i>	1	MO	<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; MO; QL (300 per 30 days)
<i>doxercalciferol oral</i>	1	MO			
ELAPRASE	1	PA; MO			
FABRAZYME	1	PA; MO	<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)
KANUMA	1	PA; MO			
LUMIZYME	1	PA; MO			
MEPSEVII	1	PA; MO			
<i>mifepristone oral tablet 300 mg</i>	1	PA; MO	<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>milophene</i>	1	PA; MO			
NAGLAZYME	1	PA; MO; LA			
<i>pamidronate intravenous solution</i>	1	MO	<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>paricalcitol intravenous</i>	1				
<i>paricalcitol oral</i>	1	MO	<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>sapropterin</i>	1	PA; MO			
SOMAVERT	1	PA; MO			
STRENSIQ	1	PA; LA	<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO	<i>tolvaptan</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA	<i>tolvaptan (polycystic kidney dis)</i>	1	PA; MO
<i>testosterone enanthate</i>	1	PA; MO	VIMIZIM	1	PA; MO; LA
<i>testosterone transdermal gel</i>	1	PA; MO; QL (300 per 30 days)	<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
			THYROID HORMONES		
			<i>levo-t</i>	1	

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<i>levothyroxine intravenous recon soln</i>	1	
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liomny</i>	1	
<i>liothyronine</i>	1	MO
<i>unithroid</i>	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>dicyclomine intramuscular</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet 20 mg</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	1	MO
<i>diphenoxylate-atropine oral tablet</i>	1	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	

<i>glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>loperamide oral capsule</i>	1	MO
<i>opium tincture</i>	1	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron oral tablet 0.5 mg</i>	1	PA; MO
<i>alosetron oral tablet 1 mg</i>	1	PA; MO
<i>aprepitant</i>	1	B/D PA; MO
<i>balsalazide</i>	1	MO
<i>betaine</i>	1	MO
<i>budesonide oral capsule, delayed, extended release</i>	1	MO
<i>budesonide oral tablet, delayed and extended release</i>	1	MO
CIMZIA POWDER FOR RECONST	1	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	1	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	1	PA; QL (2 per 28 days)

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This drug list was last updated on 02/17/2026.

CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; QL (2 per 28 days)	<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	1	
CINVANTI	1	MO	<i>granisetron hcl oral</i>	1	B/D PA; MO
<i>compro</i>	1	MO	<i>hydrocortisone rectal</i>	1	MO
<i>constulose</i>	1	MO	<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	MO
CORTIFOAM	1	MO	<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
CREON	1	MO	INFLIXIMAB	1	PA; QL (20 per 28 days)
<i>cromolyn oral</i>	1	MO	<i>lactulose oral solution</i>	1	MO
<i>dimenhydrinate injection solution</i>	1	MO	LINZESS	1	MO; QL (30 per 30 days)
<i>dronabinol</i>	1	PA; MO	LIVDELZI	1	PA; QL (30 per 30 days)
<i>droperidol injection solution</i>	1	MO	<i>lubiprostone</i>	1	MO; QL (60 per 30 days)
<i>enulose</i>	1	MO	<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>fosaprepitant</i>	1	MO	<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
GATTEX 30-VIAL	1	PA; MO	<i>mesalamine oral capsule, extended release</i>	1	
GATTEX ONE- VIAL	1	PA; MO	<i>mesalamine oral capsule, extended release 24hr</i>	1	MO
<i>gavilyte-c</i>	1	MO			
<i>gavilyte-g</i>	1	MO			
<i>gavilyte-n</i>	1				
<i>generlac</i>	1	MO			
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO			
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	MO			

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<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	MO	<i>prochlorperazine</i>	1	MO
<i>mesalamine rectal</i>	1	MO	<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO	<i>prochlorperazine maleate oral</i>	1	MO
<i>metoclopramide hcl injection</i>	1	MO	<i>procto-med hc</i>	1	MO
<i>metoclopramide hcl oral solution</i>	1	MO	<i>proctosol hc topical</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO	<i>proctozone-hc</i>	1	
<i>nitroglycerin rectal</i>	1	MO	RELISTOR SUBCUTANEOUS SOLUTION	1	ST; MO; QL (18 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	1	MO	RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	ST; MO; QL (18 per 30 days)
<i>ondansetron hcl (pf) injection syringe</i>	1		RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	ST; MO; QL (12 per 30 days)
<i>ondansetron hcl intravenous</i>	1	MO	REMICADE	1	PA; MO; QL (20 per 28 days)
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO	<i>scopolamine base</i>	1	MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO	SKYRIZI INTRAVENOUS	1	PA; MO; QL (30 per 180 days)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days)
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO			
<i>palonosetron intravenous syringe</i>	1				
<i>peg 3350-electrolytes</i>	1				
<i>peg-electrolyte</i>	1	MO			

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SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days)	ZENPEP ORAL CAPSULE,DELAY ED 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
<i>sodium,potassium,m ag sulfates oral recon soln 17.5- 3.13-1.6 gram</i>	1	MO			
<i>sodium,potassium,m ag sulfates oral recon soln 17.5- 3.13-1.6 gram 2 pack (480ml)</i>	1				
SUCRAID	1	PA			
<i>sulfasalazine</i>	1	MO			
SYMPROIC	1	MO; QL (30 per 30 days)	ZYMFENTRA	1	PA; MO; QL (2 per 28 days)
TRULANCE	1	QL (30 per 30 days)	ULCER THERAPY		
<i>ursodiol oral capsule 300 mg</i>	1	MO	<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>ursodiol oral tablet</i>	1	MO	<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
VARUBI	1	B/D PA	<i>esomeprazole sodium</i>	1	MO
VIBERZI	1	MO; QL (60 per 30 days)	<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	MO
VOWST	1	PA; LA	<i>famotidine (pf)-nacl (iso-os)</i>	1	MO

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<i>famotidine intravenous solution 10 mg/ml</i>	1	MO	ACTIMMUNE	1	PA; MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO	ARCALYST	1	PA
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)	AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (1 per 28 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (60 per 30 days)	AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days)
<i>misoprostol</i>	1	MO	BESREMI	1	PA; LA
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)	BETASERON SUBCUTANEOUS KIT	1	PA; MO; QL (14 per 28 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)	FULPHILA	1	PA; MO
<i>pantoprazole intravenous</i>	1	MO	ILARIS (PF)	1	PA; MO; LA; QL (2 per 28 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)	NIVESTYM	1	PA; MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)	NYVEPRIA	1	PA; MO
<i>sucralfate oral suspension</i>	1	MO	OMNITROPE	1	PA; MO
<i>sucralfate oral tablet</i>	1	MO	PEGASYS SUBCUTANEOUS SOLUTION	1	MO; QL (4 per 28 days)
			PEGASYS SUBCUTANEOUS SYRINGE	1	MO; QL (2 per 28 days)
			PLEGRIDY INTRAMUSCULAR	1	PA; MO; QL (1 per 28 days)
			PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

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This drug list was last updated on 02/17/2026.

PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)	RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS					
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)	ABRYSVO (PF)	1	V
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)	ADACEL(TDAP ADOLESN/ADULT) (PF)	1	V
<i>plerixafor</i>	1	B/D PA; MO	AREXVY (PF)	1	V
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO	BCG VACCINE, LIVE (PF)	1	V
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO	BEXSERO	1	V
RELEUKO SUBCUTANEOUS	1	PA; MO	BOOSTRIX TDAP	1	V
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	DAPTACEL (DTAP PEDIATRIC) (PF)	1	
			DENGVAXIA (PF)	1	
			ENGERIX-B (PF)	1	B/D PA; V
			ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
			<i>fomepizole</i>	1	
			GAMASTAN	1	MO
			GAMUNEX-C	1	PA; MO
			GARDASIL 9 (PF)	1	V
			HAVRIX (PF)	1	V
			INTRAMUSCULA R SYRINGE 1,440 ELISA UNIT/ML		

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This drug list was last updated on 02/17/2026.

HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1		RABAVERT (PF)	1	B/D PA; V
HEPLISAV-B (PF)	1	B/D PA; V	RECOMBIVAX HB (PF)	1	B/D PA; V
HIBERIX (PF)	1		ROTARIX ORAL SUSPENSION	1	
HYPERHEP B	1		ROTATEQ VACCINE	1	
HYPERHEP B NEONATAL	1		SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V; QL (2 per 720 days)
IMOVAX RABIES VACCINE (PF)	1	B/D PA; V	STAMARIL (PF)	1	V
INFANRIX (DTAP) (PF)	1		TENIVAC (PF)	1	V
IPOL	1	V	TICE BCG	1	B/D PA
IXIARO (PF)	1	V	TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
JYNNEOS (PF)	1	B/D PA; V	TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
KINRIX (PF)	1		TRUMENBA	1	V
MENQUADFI (PF)	1	V	TWINRIX (PF)	1	V
MENVEO A-C-Y- W-135-DIP (PF)	1	V	TYPHIM VI	1	V
M-M-R II (PF)	1	V	VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
MRESVIA (PF)	1	V	VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
PEDIARIX (PF)	1				
PEDVAX HIB (PF)	1				
PENBRAYA (PF)	1	V			
PENMENVY MEN A-B-C-W-Y (PF)	1	V			
PENTACEL (PF)	1				
PRIORIX (PF)	1	V			
PROQUAD (PF)	1				
QUADRACEL (PF)	1				

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This drug list was last updated on 02/17/2026.

VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	1	
VAXCHORA VACCINE	1	V
VIMKUNYA	1	V
VIVOTIF	1	MO; V
XEMBIFY	1	B/D PA; MO; LA
YF-VAX (PF)	1	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

ACCU-CHEK GUIDE GLUCOSE METER	1	MO
ACCU-CHEK GUIDE ME GLUCOSE MTR	1	MO
NOVO PEN NEEDLE	1	PA; MO
CEQR SIMPLICITY	1	MO
CEQR SIMPLICITY INSERTER	1	MO
DEXCOM G6 RECEIVER	1	MO

DEXCOM G6 SENSOR	1	MO
DEXCOM G6 TRANSMITTER	1	MO
DEXCOM G7 RECEIVER	1	MO
DEXCOM G7 SENSOR	1	MO
FREESTYLE FREEDOM LITE	1	MO
FREESTYLE INSULINX	1	
FREESTYLE LIBRE 14 DAY READER	1	
FREESTYLE LIBRE 14 DAY SENSOR	1	
FREESTYLE LIBRE 2 PLUS SENSOR	1	MO
FREESTYLE LIBRE 2 READER	1	MO
FREESTYLE LIBRE 2 SENSOR	1	
FREESTYLE LIBRE 3 PLUS SENSOR	1	MO
FREESTYLE LIBRE 3 READER	1	MO
FREESTYLE LIBRE 3 SENSOR	1	
FREESTYLE LITE METER	1	MO

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GAUZE PADS 2 X 2	1	PA; MO
EMBECTA INSULIN SYRINGE	1	PA; MO
BD PEN NEEDLE	1	PA; MO
OMNIPOD 5 (G6/LIBRE 2 PLUS)	1	MO
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	1	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	1	MO
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	1	MO; QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	1	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	1	MO
EMBECTA PEN NEEDLE	1	PA; MO
PRECISION XTRA MONITOR	1	MO
BD INSULIN SYRINGE	1	PA; MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	1	

<i>aloprim</i>	1	
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
BONSITY	1	PA; MO; QL (2.48 per 28 days)
CONEXXENCE	1	MO; QL (1 per 180 days)
<i>ibandronate intravenous solution</i>	1	PA
<i>ibandronate intravenous syringe</i>	1	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
JUBBONTI	1	MO; QL (1 per 180 days)
<i>raloxifene</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)

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<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)	HADLIMA PUSHTOUCH	1	PA; MO; QL (4.8 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)	HADLIMA(CF)	1	PA; MO; QL (2.4 per 28 days)
<i>teriparatide (only ndcs starting with 47781)</i>	1	PA; MO; QL (2.48 per 28 days)	HADLIMA(CF) PUSHTOUCH	1	PA; MO; QL (2.4 per 28 days)
TYMLOS	1	PA; MO; QL (1.56 per 30 days)	KINERET	1	PA; QL (20.1 per 30 days)
OTHER RHEUMATOLOGICALS			<i>leflunomide</i>	1	MO; QL (30 per 30 days)
ACTEMRA ACTPEN	1	PA; MO; QL (3.6 per 28 days)	OTEZLA	1	PA; MO; QL (60 per 30 days)
ACTEMRA INTRAVENOUS	1	PA; MO; QL (160 per 28 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; QL (55 per 180 days)
ACTEMRA SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)	OTEZLA XR	1	PA; MO; QL (30 per 30 days)
BENLYSTA	1	PA; MO	OTEZLA XR INITIATION	1	PA; MO; QL (41 per 180 days)
ENBREL MINI	1	PA; MO; QL (8 per 28 days)	<i>penicillamine oral tablet</i>	1	PA; MO
ENBREL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (8 per 28 days)	RINVOQ LQ	1	PA; MO; QL (360 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE	1	PA; MO; QL (8 per 28 days)			
ENBREL SURECLICK	1	PA; MO; QL (8 per 28 days)			
HADLIMA	1	PA; MO; QL (4.8 per 28 days)			

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RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; QL (30 per 30 days)	TYENNE INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; QL (84 per 180 days)	TYENNE SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)
SAVELLA ORAL TABLET	1	QL (60 per 30 days)	XELJANZ ORAL SOLUTION	1	PA; MO; QL (480 per 24 days)
SAVELLA ORAL TABLETS,DOSE PACK	1	QL (55 per 180 days)	XELJANZ ORAL TABLET	1	PA; MO; QL (60 per 30 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)	XELJANZ XR	1	PA; MO; QL (30 per 30 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; MO; QL (3 per 28 days)	OBSTETRICS / GYNECOLOGY		
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)	ESTROGENS / PROGESTINS		
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)	<i>abigale</i>	1	MO
TYENNE AUTOINJECTOR	1	PA; MO; QL (3.6 per 28 days)	<i>abigale lo</i>	1	MO
			<i>camila</i>	1	MO
			<i>conjugated estrogens</i>	1	MO
			<i>deblitane</i>	1	MO
			DEPO-SUBQ PROVERA 104	1	MO
			<i>dotti transdermal patch semiweekly 0.025 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>dotti transdermal patch semiweekly 0.0375 mg/24 hr</i>	1	QL (8 per 28 days)

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DUAVEE	1	MO	<i>lyllana transdermal patch semiweekly 0.05 mg/24 hr</i>	1	QL (8 per 28 days)
<i>emzahh</i>	1	MO	<i>lyza</i>	1	
<i>errin</i>	1	MO	<i>medroxyprogesterone</i>	1	MO
<i>estradiol oral</i>	1	MO	<i>meleya</i>	1	MO
<i>estradiol transdermal patch semiweekly</i>	1	MO; QL (8 per 28 days)	<i>mimvey</i>	1	MO
<i>estradiol transdermal patch weekly</i>	1	MO; QL (4 per 28 days)	<i>nora-be</i>	1	MO
<i>estradiol vaginal</i>	1	MO	<i>norethindrone (contraceptive)</i>	1	
<i>estradiol valerate</i>	1	MO	<i>norethindrone acetate</i>	1	MO
<i>estradiol-norethindrone acetate</i>	1	MO	<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	MO
<i>fyavolv</i>	1	MO	<i>orquidea</i>	1	MO
<i>gallifrey</i>	1	MO	PREMARIN ORAL	1	MO
<i>heather</i>	1	MO	PREMARIN VAGINAL	1	MO
IMVEXXY MAINTENANCE PACK	1	MO	PREMPHASE	1	
IMVEXXY STARTER PACK	1	MO	PREMPRO	1	MO
<i>incassia</i>	1	MO	<i>progesterone</i>	1	MO
<i>jencycla</i>	1	MO	<i>progesterone micronized oral</i>	1	MO
<i>jinteli</i>	1	MO	<i>sharobel</i>	1	MO
<i>lyleq</i>	1	MO	<i>yuvafem</i>	1	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)	MISCELLANEOUS OB/GYN		
			<i>clindamycin phosphate vaginal</i>	1	MO
			<i>eluryng</i>	1	MO

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<i>etonogestrel-ethinyl estradiol</i>	1		<i>dasetta 7/7/7 (28)</i>	1	MO
LILETTA	1	MO	<i>daysee</i>	1	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO	<i>desog-e.estradiol/e.estradiol</i>	1	
<i>mifepristone oral tablet 200 mg</i>	1	LA	<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	MO
MYFEMBREE	1	PA; MO	<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
NEXPLANON	1		<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>norelgestromin-ethin.estradiol</i>	1	MO	<i>elinest</i>	1	MO
<i>terconazole</i>	1	MO	<i>enskyce</i>	1	MO
<i>tranexamic acid oral</i>	1	MO	<i>estarylla</i>	1	MO
<i>xulane</i>	1		<i>ethynodiol diac-eth estradiol</i>	1	
<i>zafemy</i>	1	MO	<i>falmina (28)</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS					
<i>altavera (28)</i>	1	MO	<i>introvale</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO	<i>isibloom</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO	<i>jasmiel (28)</i>	1	MO
<i>amethyst (28)</i>	1	MO	<i>jolessa</i>	1	MO
<i>apri</i>	1	MO	<i>juleber</i>	1	MO
<i>aranelle (28)</i>	1	MO	<i>kalliga</i>	1	
<i>aubra eq</i>	1	MO	<i>kariva (28)</i>	1	
<i>aviane</i>	1	MO	<i>kelnor 1/35 (28)</i>	1	MO
<i>azurette (28)</i>	1	MO	<i>kurvelo (28)</i>	1	MO
<i>camrese</i>	1	MO			
<i>cryselle (28)</i>	1	MO			
<i>cyred eq</i>	1	MO			
<i>dasetta 1/35 (28)</i>	1	MO			

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<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1		<i>microgestin fe 1/20 (28)</i>	1	MO
<i>larin 1.5/30 (21)</i>	1	MO	<i>mili</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO	<i>mono-linyah</i>	1	MO
<i>larin 24 fe</i>	1	MO	<i>nikki (28)</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO	<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin fe 1/20 (28)</i>	1	MO	<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>lessina</i>	1	MO	<i>norgestimate-ethinyl estradiol</i>	1	
<i>levonest (28)</i>	1	MO	<i>nortrel 0.5/35 (28)</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1		<i>nortrel 1/35 (21)</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1		<i>nortrel 1/35 (28)</i>	1	MO
<i>levonorg-eth estradiol triphasic</i>	1	MO	<i>nortrel 7/7/7 (28)</i>	1	MO
<i>levora-28</i>	1		<i>philith</i>	1	MO
<i>loryna (28)</i>	1	MO	<i>pimtrea (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1		<i>portia 28</i>	1	MO
<i>lo-zumandimine (28)</i>	1	MO	<i>reclipsen (28)</i>	1	MO
<i>lutra (28)</i>	1		<i>setlakin</i>	1	MO
<i>marlissa (28)</i>	1	MO	<i>sprintec (28)</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO	<i>sronyx</i>	1	
<i>microgestin 1/20 (21)</i>	1	MO	<i>syeda</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO	<i>tarina fe 1-20 eq (28)</i>	1	MO
			<i>tilia fe</i>	1	MO
			<i>tri-estarylla</i>	1	MO
			<i>tri-legest fe</i>	1	MO
			<i>tri-linyah</i>	1	MO

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<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-sprintec (28)</i>	1	MO
<i>turqoz (28)</i>	1	MO
<i>valtya</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>wera (28)</i>	1	MO
<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO

OXYTOCICS

<i>methylergonovine oral</i>	1	PA
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OPHTHALMOLOGY

ANTIBIOTICS

<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b</i>	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	1	MO

<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
NATACYN	1	
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)

ANTIVIRALS

<i>trifluridine</i>	1	MO
ZIRGAN	1	MO

BETA-BLOCKERS

<i>betaxolol ophthalmic (eye)</i>	1	MO
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<i>carteolol</i>	1	MO	<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO	<i>sulfacetamide-prednisolone</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops (not single use)</i>	1	MO	XDEM VY	1	PA; QL (10 per 42 days)
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO	XIIDRA	1	MO; QL (60 per 30 days)
MISCELLANEOUS OPHTHALMOLOGICS			NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO	<i>bromfenac</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO	<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
BYOOVIZ	1	PA	<i>flurbiprofen sodium</i>	1	MO
<i>cromolyn ophthalmic (eye)</i>	1	MO	<i>ketorolac ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	MO; QL (60 per 30 days)	ORAL DRUGS FOR GLAUCOMA		
CYSTARAN	1	PA	<i>acetazolamide</i>	1	MO
<i>epinastine</i>	1	MO	<i>acetazolamide sodium</i>	1	MO
MIEBO (PF)	1	MO; QL (3 per 30 days)	<i>methazolamide</i>	1	MO
OXERVATE	1	PA; MO	OTHER GLAUCOMA DRUGS		
PAVBLU	1	PA; MO	<i>bimatoprost ophthalmic (eye)</i>	1	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO	<i>dorzolamide</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO	<i>dorzolamide-timolol</i>	1	MO
			<i>latanoprost</i>	1	MO
			LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	1	MO

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<i>miostat</i>	1	
RHOPRESSA	1	
ROCKLATAN	1	
SIMBRINZA	1	MO
<i>travoprost</i>	1	MO

STEROID-ANTIBIOTIC COMBINATIONS

<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
TOBRADEX OPTHALMIC (EYE) OINTMENT	1	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	1	MO; QL (10 per 14 days)

STEROIDS

<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
INVELTYS	1	MO
<i>loteprednol etabonate</i>	1	MO
OZURDEX	1	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO

SYMPATHOMIMETICS

<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO

RESPIRATORY AND ALLERGY

ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS

<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (4 per 30 days)
<i>epinephrine injection solution</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO

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<i>levocetirizine oral solution</i>	1	MO	<i>albuterol sulfate oral tablet</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)	ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	1	MO; QL (12.2 per 30 days)
<i>promethazine injection solution</i>	1	MO	ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	1	MO; QL (6.1 per 30 days)
<i>promethazine oral</i>	1	PA; MO	<i>alyq</i>	1	PA; MO; QL (60 per 30 days)
PULMONARY AGENTS			<i>ambriasantan</i>	1	PA; MO; LA; QL (30 per 30 days)
<i>acetylcysteine</i>	1	B/D PA; MO	<i>arformoterol</i>	1	B/D PA; MO; QL (120 per 30 days)
ADEMPAS	1	PA; MO; LA; QL (90 per 30 days)	ASMANEX HFA	1	MO; QL (13 per 30 days)
ADVAIR HFA	1	MO; QL (12 per 30 days)	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	1	MO; QL (1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)			
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</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 inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA			
<i>albuterol sulfate oral syrup</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.

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ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	1	MO; QL (2 per 30 days)	<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	1	QL (2 per 28 days)	<i>budesonide- formoterol</i>	1	QL (10.2 per 30 days)
ATROVENT HFA	1	MO; QL (25.8 per 30 days)	CINRYZE	1	PA; MO
BEVESPI AEROSPHERE <i>bosentan oral tablet</i>	1	MO; QL (10.7 per 30 days)	COMBIVENT RESPIMAT	1	QL (8 per 30 days)
BREO ELLIPTA <i>breyana</i>	1	PA; MO; LA; QL (60 per 30 days)	<i>cromolyn inhalation</i>	1	B/D PA; MO
BREZTRI AEROSPHERE <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	MO; QL (60 per 30 days)	DULERA	1	MO; QL (13 per 30 days)
	1	MO; QL (10.3 per 30 days)	FASENRA PEN	1	PA; MO; QL (1 per 28 days)
	1	MO; QL (10.7 per 30 days)	FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
	1	B/D PA; MO; QL (120 per 30 days)	FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML <i>flunisolide</i>	1	PA; MO; QL (1 per 28 days)
	1	MO; QL (50 per 30 days)	FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	MO; QL (50 per 30 days)
	1	ST; MO; QL (12 per 30 days)	FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; MO; QL (12 per 30 days)
	1	ST; MO; QL (24 per 30 days)		1	ST; MO; QL (24 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.

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FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	ST; MO; QL (10.6 per 30 days)	NUCALA SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (3 per 28 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)	NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days)
<i>fluticasone propion- salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)	NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; QL (0.4 per 28 days)
<i>formoterol fumarate</i>	1	B/D PA; MO; QL (120 per 30 days)	OFEV	1	PA; MO; QL (60 per 30 days)
<i>icatibant</i>	1	PA; MO	OPSUMIT	1	PA; MO; LA; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO	OPSYNVI	1	PA; MO; QL (30 per 30 days)
<i>ipratropium- albuterol</i>	1	B/D PA; MO	ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)
KALYDECO	1	PA; MO; QL (56 per 28 days)	ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days)
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)	<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days)
<i>montelukast oral granules in packet</i>	1	MO	<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days)
<i>montelukast oral tablet</i>	1	MO	<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>montelukast oral tablet, chewable</i>	1	MO			
NUCALA SUBCUTANEOUS AUTO-INJECTOR	1	PA; MO; LA; QL (3 per 28 days)			

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PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	MO; QL (2 per 30 days)	<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)	SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)	STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)	STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)	SYMDEKO	1	PA; MO; QL (56 per 28 days)
PULMOZYME QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	B/D PA; MO	<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days)
PULMOZYME QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)	<i>terbutaline oral</i>	1	MO
PULMOZYME QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)	<i>terbutaline subcutaneous</i>	1	MO
PULMOZYME QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)	<i>theophylline oral elixir</i>	1	MO
PULMOZYME QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)	<i>theophylline oral solution</i>	1	
PULMOZYME QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)	<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>roflumilast</i>	1	PA; MO; QL (30 per 30 days)	<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>sajazir</i>	1	PA; MO	<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1		<i>theophylline oral tablet extended release 24 hr</i>	1	

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<i>tiotropium bromide</i>	1	QL (90 per 90 days)	XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days)
TRELEGY ELLIPTA	1	MO; QL (60 per 30 days)	XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; MO; QL (56 per 28 days)	XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; MO; QL (84 per 28 days)	<i>zafirlukast</i>	1	MO
TYVASO	1	B/D PA; MO; QL (81.2 per 28 days)	UROLOGICALS		
TYVASO INSTITUTIONAL START KIT	1	B/D PA; QL (11.6 per 180 days)	ANTICHOLINERGICS / ANTISPASMODICS		
TYVASO REFILL KIT	1	B/D PA; MO; QL (81.2 per 28 days)	<i>mirabegron</i>	1	MO
TYVASO STARTER KIT	1	B/D PA; MO; QL (81.2 per 180 days)	<i>oxybutynin chloride oral syrup</i>	1	MO
WINREVAIR	1	PA; MO; QL (1 per 21 days)	<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>wixela inhub</i>	1	QL (60 per 30 days)	<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)	<i>solifenacin</i>	1	MO
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)	<i>tolterodine</i>	1	MO
			<i>tropium oral tablet</i>	1	MO
			BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
			<i>alfuzosin</i>	1	MO
			<i>dutasteride</i>	1	MO
			<i>dutasteride- tamsulosin</i>	1	MO

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<i>finasteride oral tablet 5 mg</i>	1	MO
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<i>tamsulosin</i>	1	MO
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MISCELLANEOUS UROLOGICALS

<i>alprostadil</i>	1	
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<i>bethanechol chloride</i>	1	MO
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CYSTAGON	1	PA; LA
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ELMIRON	1	MO
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<i>glycine urologic</i>	1	
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<i>glycine urologic solution</i>	1	
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K-PHOS NO 2	1	MO
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K-PHOS ORIGINAL	1	MO
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<i>potassium citrate oral tablet extended release</i>	1	MO
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RENACIDIN	1	MO
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<i>tadalafil oral tablet 2.5 mg</i>	1	PA; MO; QL (60 per 30 days)
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<i>tadalafil oral tablet 5 mg</i>	1	PA; MO; QL (30 per 30 days)
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VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	1	
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<i>alburx (human) 25 %</i>	1	
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<i>alburx (human) 5 %</i>	1	
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<i>albutein 25 %</i>	1	
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<i>albutein 5 %</i>	1	
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ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	1	PA; MO
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<i>calcium chloride</i>	1	
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<i>calcium gluconate intravenous</i>	1	
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
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<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1		<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO	<i>potassium chloride oral liquid</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1		<i>potassium chloride oral packet 20 meq</i>	1	MO
<i>potassium acetate</i>	1		<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chlorid-d5-0.45%nacl</i>	1		<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1		<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1		<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride in lr-d5 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 in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1		<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>potassium chloride intravenous</i>	1		<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
			<i>ringer's intravenous</i>	1	
			<i>sodium acetate</i>	1	
			<i>sodium bicarbonate intravenous solution</i>	1	

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<i>sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)</i>	1		CLINIMIX 8%-D14W(SULFITE-FREE)	1	B/D PA
<i>sodium chloride 0.45 % intravenous</i>	1	MO	<i>electrolyte-148</i>	1	
<i>sodium chloride 3 % hypertonic</i>	1		<i>electrolyte-48 in d5w</i>	1	
<i>sodium chloride 5 % hypertonic</i>	1	MO	<i>electrolyte-a</i>	1	
<i>sodium chloride intravenous</i>	1		<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
<i>sodium phosphate</i>	1	MO	ISOLYTE S PH 7.4	1	
MISCELLANEOUS NUTRITION PRODUCTS			ISOLYTE-P IN 5 % DEXTROSE	1	
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA	ISOLYTE-S	1	
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA	PLENAMINE	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA	<i>premasol 10 %</i>	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA	<i>travasol 10 %</i>	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	1	B/D PA	TROPHAMINE 10 %	1	B/D PA
			VITAMINS / HEMATINICS		
			<i>fluoride (sodium) oral tablet</i>	1	MO
			<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
			<i>prenatal vitamin oral tablet</i>	1	MO
			<i>wescap-pn dha</i>	1	MO

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.....	13	<i>celecoxib</i>	34	<i>clarithromycin</i>	6
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<i>carbidopa-levodopa</i>	29	<i>chloroquine phosphate</i>	7	(SULFITE-FREE).....	88
<i>carbidopa-levodopa-</i>		<i>chlorothiazide sodium</i>	42	CLINIMIX 8%-	
<i>entacapone</i>	29	<i>chlorpromazine</i>	36	D10W(SULFITE-FREE)..	88
<i>carboplatin</i>	13	<i>chlorthalidone</i>	42	CLINIMIX 8%-	
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<i>cartia xt</i>	42	<i>ciclopirox</i>	53	<i>clobetasol-emollient</i>	54
<i>carvedilol</i>	42	<i>cidofovir</i>	3	<i>clofarabine</i>	13
<i>casprofungin</i>	2	<i>cilostazol</i>	45	<i>clomid</i>	63
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<i>colesevelam</i>	<i>d2.5 %-0.45 % sodium</i>	<i>dermacinrx lidocan</i>	51
<i>colestipol</i>	<i>chloride</i>	DESCOVY	3
<i>colistin (colistimethate na)</i>	<i>d5 % and 0.9 % sodium</i>	<i>desipramine</i>	36
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<i>cyred eq</i>	<i>deferasirox</i>	<i>chloride</i>	56
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<i>dipyridamole</i>	45	DUPIXENT PEN	51	<i>emtricitabine-tenofovir (tdf)</i> ...	3
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<i>dotti</i>	75	<i>electrolyte-48 in d5w</i>	88	<i>entacapone</i>	29
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<i>ergotamine-caffeine</i>	29	<i>ezetimibe-simvastatin</i>	47	<i>fluconazole</i>	2
<i>eribulin</i>	15	F		<i>fluconazole in nacl (iso-osm)</i> ..	2
ERIVEDGE.....	15	FABRAZYME	64	<i>flucytosine</i>	2
ERLEADA	15	<i>falmina (28)</i>	77	<i>fludarabine</i>	16
<i>erlotinib</i>	15	<i>famciclovir</i>	3	<i>fludrocortisone</i>	58
<i>errin</i>	75	<i>famotidine</i>	68	<i>flumazenil</i>	37
<i>ertapenem</i>	7	<i>famotidine (pf)</i>	68	<i>flunisolide</i>	82
<i>ery pads</i>	52	<i>famotidine (pf)-nacl (iso-os)</i>	68	<i>fluocinolone</i>	54
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<i>erythromycin with ethanol</i>	52	FANAPT TITRATION PACK		<i>fluocinonide-emollient</i>	54
<i>escitalopram oxalate</i>	37	B	37	<i>fluoride (sodium)</i>	57, 88
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<i>estarylla</i>	77	FASENRA PEN	82	<i>fluphenazine hcl</i>	37
<i>estradiol</i>	75	<i>febuxostat</i>	73	<i>flurbiprofen</i>	34
<i>estradiol valerate</i>	75	<i>felbamate</i>	26	<i>flurbiprofen sodium</i>	79
<i>estradiol-norethindrone acet</i>	75	<i>felodipine</i>	43	<i>fluticasone propionate</i>	54, 83
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<i>ethacrynate sodium</i>	43	<i>fenofibrate micronized</i>	47	PROPIONATE	82
<i>ethambutol</i>	7	<i>fenofibrate nanocrystallized</i>	47	<i>fluticasone propion-salmeterol</i>	
<i>ethosuximide</i>	26	<i>fenofibric acid</i>	48	83
<i>ethynodiol diac-eth estradiol</i>	77	<i>fenofibric acid (choline)</i>	48	<i>fluvastatin</i>	48
<i>etodolac</i>	34	<i>fentanyl</i>	32	<i>fluvoxamine</i>	37
<i>etonogestrel-ethinyl estradiol</i>		FETZIMA.....	37	<i>fomepizole</i>	70
.....	76	FIASP FLEXTOUCH U-100		<i>fondaparinux</i>	46
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<i>etoposide</i>	15	FIASP PENFILL U-100		<i>fosamprenavir</i>	3
<i>etravirine</i>	3	INSULIN	59	<i>fosaprepitant</i>	66
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.....	GAMUNEX-C.....	70	<i>griseofulvin ultramicrosize</i>	2
<i>fosphenytoin</i>	<i>ganciclovir sodium</i>	3	GVOKE	60
FOTIVDA	GARDASIL 9 (PF).....	70	GVOKE HYPOPEN 1-PACK
FREESTYLE FREEDOM	<i>gatifloxacin</i>	78	60
LITE	GATTEX 30-VIAL	66	GVOKE HYPOPEN 2-PACK
FREESTYLE INSULINX...59,	GATTEX ONE-VIAL.....	66	60
72	GAUZE PAD	72	GVOKE PFS 1-PACK
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FREESTYLE LIBRE 2	<i>gengraf</i>	16	<i>haloperidol</i>	37
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SENSOR.....	<i>gentamicin sulfate (ped) (pf)</i> ..	7	HAVRIX (PF)	70
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READER.....	GILOTRIF.....	16	<i>heparin (porcine)</i>	46
FREESTYLE LIBRE 3	<i>glatiramer</i>	30	HEPARIN (PORCINE).....	46
SENSOR.....	<i>glatopa</i>	31	<i>heparin (porcine) in 5 % dex</i>	46
FREESTYLE LITE METER	GLEOSTINE	16	<i>heparin (porcine) in nacl (pf)</i>
FREESTYLE LITE STRIPS	<i>glimepiride</i>	59	46
FREESTYLE PRECISION	<i>glipizide</i>	60	<i>heparin(porcine) in 0.45% nacl</i>
NEO STRIPS.....	<i>glipizide-metformin</i>	60	47
FREESTYLE TEST	<i>glutamine (sickle cell)</i>	56	HEPARIN(PORCINE) IN
FRUZAQLA.....	<i>glycine urologic</i>	85	0.45% NACL.....	47
FULPHILA.....	<i>glycine urologic solution</i>	85	<i>heparin, porcine (pf)</i>	47
<i>fulvestrant</i>	<i>glycopyrrolate</i>	65	HEPARIN, PORCINE (PF)..	47
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)Yiddish . שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי . (יידיש נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי . רופן צונעמען אידס און באדינונגס אלער צראוויידינג אינאלארמאציע אין צוטריטלעך אלארמאטירונגען זענען אויך בנימצא פריי . רופן 711 (TTY: 800-580-7000 . אָדער רעדן מיט דיין טרעגער .

(Bengali) ইংরেজিতে মনোযোগ: আপনি যদি অন্য ভাষা বলতে পারেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহায়তা এবং পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। 800-580-7000 (TTY: 711; অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **800-580-7000**(TTY: **711**) lub porozmawiaj ze swoim dostawcą.

)Arabic العربية (

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير (أو تحدث إلى مقدم الخدمة . 800-580-7000)711 المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم

Français (French) ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour

fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **800-580-7000**(TTY: **711**) ou parlez à votre fournisseur.

اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم پر کال کریں یا **800-580-7000** (TTY: **711**) کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **800-580-7000** (TTY: **711**) o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **800-580-7000**(TTY: **711**) ή απευθυνθείτε στον πάροχό σας.

Hindi हिंदी ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। **800-580-7000** (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

ElderServe Star (HMO I-SNP) Notice of Nondiscrimination

ElderServe Star (HMO I-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR CFR § 92.101(a)(2)). ElderServe Star (HMO I-SNP) does not exclude people or treat them less favorable because of race, color, national origin, age, disability, or sex.

ElderServe Star (HMO I-SNP):

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Civil Rights Coordinator. If you believe that ElderServe Star (HMO I-SNP) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

ElderServe Health
ATTN Civil Rights Coordinator
80 West 225th Street
Bronx, NY, 10463

Phone: 1-347-842-3660, TTY 711
Fax: 1-888-341-5009

You may file a grievance in person or by mail, phone, or fax. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ElderServe Health

This formulary was updated on 02/17/2026. For more recent information or other questions, please contact us, ElderServe Health Member Services, at 1-800-580-7000 or, for TTY users, TTY/TDD 711, seven days a week from 8 a.m. to 8 p.m., or visit www.ElderServeHealth.org.