

2026

Formulary (List of Covered Drugs)



ElderServe STAR (HMO I-SNP)

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

HPMS Approved Formulary File Submission ID 00026056, Version: 14

This formulary was updated on 08/19/2026. 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.

Contents

2026 Part D Formulary	i
What is the ElderServe STAR (HMO I-SNP) formulary?	i
Can the formulary change?	i
How do I use the formulary?	iii
Medical Condition	iii
Alphabetical Listing	iii
What are generic drugs?	iii
What are original biological products and how are they related to biosimilars?	iii
Are there any restrictions on my coverage?	iv
What if my drug is not on the formulary?	iv
How do I request an exception to the ElderServe STAR (HMO I-SNP)'s formulary?	v
What can I do if my drug is not on the formulary or has a restriction?	1
For more information	1
ElderServe STAR (HMO I-SNP) formulary	1
List of Abbreviations	2
ANTI - INFECTIVES	3
ANTIFUNGAL AGENTS	3
ANTIVIRALS	3
CEPHALOSPORINS	6
ERYTHROMYCINS / OTHER MACROLIDES	8
MISCELLANEOUS ANTIINFECTIVES	8
PENICILLINS	11
QUINOLONES	12
SULFA'S / RELATED AGENTS	13
TETRACYCLINES	13
URINARY TRACT AGENTS	13
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	14
ADJUNCTIVE AGENTS	14
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	14
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	29

ANTICONVULSANTS	30
ANTIPARKINSONISM AGENTS.....	34
MIGRAINE / CLUSTER HEADACHE THERAPY.....	34
MISCELLANEOUS NEUROLOGICAL THERAPY	35
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY	37
NARCOTIC ANALGESICS.....	37
NON-NARCOTIC ANALGESICS.....	39
PSYCHOTHERAPEUTIC DRUGS	40
CARDIOVASCULAR, HYPERTENSION / LIPIDS	48
ANTIARRHYTHMIC AGENTS.....	48
ANTIHYPERTENSIVE THERAPY	48
COAGULATION THERAPY.....	52
LIPID/CHOLESTEROL LOWERING AGENTS	54
MISCELLANEOUS CARDIOVASCULAR AGENTS	55
NITRATES.....	56
DERMATOLOGICALS/TOPICAL THERAPY	57
ANTIPSORIATIC / ANTISEBORRHEIC	57
MISCELLANEOUS DERMATOLOGICALS	59
THERAPY FOR ACNE.....	60
TOPICAL ANTIBACTERIALS	61
TOPICAL ANTIFUNGALS	61
TOPICAL ANTIVIRALS	61
TOPICAL CORTICOSTEROIDS.....	62
TOPICAL SCABICIDES / PEDICULICIDES	63
DIAGNOSTICS / MISCELLANEOUS AGENTS	63
ANTIDOTES.....	63
IRRIGATING SOLUTIONS.....	63
MISCELLANEOUS AGENTS	63
SMOKING DETERRENTS.....	65
EAR, NOSE / THROAT MEDICATIONS.....	66
MISCELLANEOUS AGENTS	66

MISCELLANEOUS OTIC PREPARATIONS.....	66
OTIC STEROID / ANTIBIOTIC	66
ENDOCRINE/DIABETES	66
ADRENAL HORMONES.....	66
ANTITHYROID AGENTS.....	67
DIABETES THERAPY	67
MISCELLANEOUS HORMONES	72
THYROID HORMONES.....	73
GASTROENTEROLOGY	74
ANTIDIARRHEALS / ANTISPASMODICS	74
MISCELLANEOUS GASTROINTESTINAL AGENTS.....	74
ULCER THERAPY.....	77
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	78
BIOTECHNOLOGY DRUGS	78
VACCINES / MISCELLANEOUS IMMUNOLOGICALS.....	80
MISCELLANEOUS SUPPLIES.....	81
MISCELLANEOUS SUPPLIES.....	81
MUSCULOSKELETAL / RHEUMATOLOGY	83
GOUT THERAPY.....	83
OSTEOPOROSIS THERAPY	83
OTHER RHEUMATOLOGICALS	84
OBSTETRICS / GYNECOLOGY	85
ESTROGENS / PROGESTINS.....	85
MISCELLANEOUS OB/GYN	87
ORAL CONTRACEPTIVES / RELATED AGENTS	87
OXYTOCICS	89
OPHTHALMOLOGY	89
ANTIBIOTICS	89
ANTIVIRALS	90
BETA-BLOCKERS	90
MISCELLANEOUS OPHTHALMOLOGICS	90

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS.....	91
ORAL DRUGS FOR GLAUCOMA.....	91
OTHER GLAUCOMA DRUGS	91
STEROID-ANTIBIOTIC COMBINATIONS	91
STERIODS	91
SYMPATHOMIMETICS.....	92
RESPIRATORY AND ALLERGY	92
ANTIHISTAMINE / ANTIALLERGENIC AGENTS	92
PULMONARY AGENTS	92
UROLOGICALS	97
ANTICHOLINERGICS / ANTISPASMODICS	97
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY	97
MISCELLANEOUS UROLOGICALS.....	98
VITAMINS, HEMATINICS / ELECTROLYTES	98
BLOOD DERIVATIVES	98
ELECTROLYTES.....	98
MISCELLANEOUS NUTRITION PRODUCTS	100
VITAMINS / HEMATINICS.....	100
Index	102

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 08/19/2026. 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://elderserveSTAR.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 08/19/2026. 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 102. 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 102.

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
<i>amphotericin b liposome</i>	1	B/D PA
<i>caspofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA ORAL	1	PA
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	PA
<i>flucytosine</i>	1	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	MO
<i>itraconazole oral capsule</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>itraconazole oral solution</i>	1	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	1	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole intravenous recon soln</i>	1	PA
<i>voriconazole oral suspension for reconstitution</i>	1	PA; MO
<i>voriconazole oral tablet</i>	1	PA; MO
<i>voriconazole-hpbc</i>	1	PA
ANTIVIRALS		
<i>abacavir</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

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<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
<i>amantadine hcl</i>	1	MO
APTIVUS	1	MO
<i>atazanavir</i>	1	MO
BARACLUDE ORAL SOLUTION	1	MO
BIKTARVY	1	MO
CABENUVA	1	MO
<i>cidofovir</i>	1	
CIMDUO	1	MO
<i>darunavir oral tablet 600 mg</i>	1	MO
<i>darunavir oral tablet 800 mg</i>	1	MO
DELSTRIGO	1	MO
DESCOVY	1	MO
DOVATO	1	MO
EDURANT	1	MO
EDURANT PED	1	MO
<i>efavirenz oral tablet</i>	1	MO
<i>efavirenz-emtricitabin-tenofov</i>	1	MO
<i>efavirenz-lamivu-tenofov disop</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofov (tdf)</i>	1	MO
<i>emtricitabine-rilpivirine-tenofov</i>	1	MO
EMTRIVA ORAL SOLUTION	1	MO
<i>entecavir</i>	1	MO
<i>etravirine</i>	1	MO
EVOTAZ	1	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
GENVOYA	1	MO
IDVYNZO	1	MO
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD	1	MO
ISENTRESS ORAL POWDER IN PACKET	1	MO
ISENTRESS ORAL TABLET	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA	1	MO
KALETRA ORAL SOLUTION	1	MO
LAGEVRIO (EUA)	1	QL (40 per 30 days)
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEDIPASVIR-SOFOSBUVIR	1	PA; MO; QL (28 per 28 days)
LIVTENCITY	1	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral tablet</i>	1	MO
<i>maraviroc</i>	1	MO
MAVYRET ORAL PELLETS IN PACKET	1	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	1	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	1	MO
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
NORVIR ORAL POWDER IN PACKET	1	MO
ODEFSEY	1	MO
<i>oseltamivir</i>	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	1	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)-100 MG (5)	1	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 30 days)
PIFELTRO	1	MO
PREVYMIS INTRAVENOUS	1	PA
PREVYMIS ORAL TABLET 240 MG	1	PA; MO; QL (56 per 28 days)
PREVYMIS ORAL TABLET 480 MG	1	PA; MO; QL (28 per 28 days)
PREZCOBIX	1	MO
PREZISTA ORAL SUSPENSION	1	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
RELENZA DISKHALER	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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
RETROVIR INTRAVENOUS	1	MO
REYATAZ ORAL POWDER IN PACKET	1	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rilpivirine hcl</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	1	MO
SELZENTRY ORAL SOLUTION	1	MO
SOFOSBUVIR-VELPATASVIR	1	PA; MO; QL (28 per 28 days)
STRIBILD	1	MO
SUNLENCA	1	
SYMITUZA	1	MO
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY ORAL TABLET 50 MG	1	MO
TIVICAY PD	1	MO
TRIUMEQ	1	MO
TRIUMEQ PD	1	MO
TROGARZO	1	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	1	MO
<i>valganciclovir oral tablet</i>	1	MO
VEMLIDY	1	MO
VIRACEPT ORAL TABLET	1	MO
VIREAD ORAL POWDER	1	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO
VOSEVI	1	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	MO
<i>zidovudine oral capsule</i>	1	MO
<i>zidovudine oral syrup</i>	1	MO
<i>zidovudine oral tablet</i>	1	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 100 gram, 300 gram</i>	1	
<i>cefazolin intravenous recon soln 1 gram, 10 gram</i>	1	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	1	MO
<i>cefepime in dextrose,iso-osm</i>	1	
<i>cefepime injection</i>	1	MO
<i>cefixime oral capsule</i>	1	MO
<i>cefixime oral suspension for reconstitution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftaroline fosamil</i>	1	PA
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	1	PA
<i>ceftriaxone in dextrose,iso-os</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>ceftriaxone intravenous</i>	1	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	PA; MO

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>tazicef injection</i>	1	PA; MO
TEFLARO	1	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	PA; MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	1	MO
DIFICID ORAL TABLET	1	QL (20 per 10 days)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	MO
<i>fidaxomicin</i>	1	QL (20 per 10 days)
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO
ARIKAYCE	1	PA; LA
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam</i>	1	PA; MO
CAYSTON	1	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin in 5 % dextrose</i>	1	PA; MO
<i>clindamycin phosphate injection</i>	1	PA; MO
COARTEM	1	MO
<i>colistin (colistimethate na)</i>	1	PA; MO; QL (30 per 10 days)
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO
EMVERM	1	MO
<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)
<i>ethambutol</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>gentamicin injection</i>	1	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	1	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>imipenem-cilastatin</i>	1	PA; MO
IMPAVIDO	1	PA; MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL (20 per 30 days)
<i>ivermectin oral tablet 6 mg</i>	1	PA; QL (8 per 30 days)
<i>lincomycin</i>	1	PA
<i>linezolid in dextrose 5%</i>	1	PA; MO
<i>linezolid oral suspension for reconstitution</i>	1	MO
<i>linezolid oral tablet</i>	1	MO
<i>mefloquine</i>	1	MO
<i>meropenem intravenous recon soln 1 gram, 2 gram</i>	1	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	1	PA; QL (10 per 10 days)
<i>metro i.v.</i>	1	PA; MO
<i>metronidazole in nacl (iso-os)</i>	1	PA; MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO; QL (12 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	1	
<i>praziquantel</i>	1	MO
PRIFTIN	1	MO
PRIMAQUINE	1	MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA; MO
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin intravenous</i>	1	MO
<i>rifampin oral</i>	1	MO
SIRTURO	1	PA; LA
STREPTOMYCIN	1	PA; MO; QL (60 per 30 days)
<i>tigecycline</i>	1	PA; MO
<i>tinidazole</i>	1	MO
TOBI PODHALER	1	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	1	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	1	PA; QL (9 per 14 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin sulfate injection solution 10 mg/ml</i>	1	PA
<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	PA; MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	QL (4050 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	1	MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	1	QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	MO; QL (10 per 10 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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin intravenous recon soln 750 mg</i>	1	QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	1	PA
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO
<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
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	PA
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO
BICILLIN L-A	1	PA
<i>dicloxacillin</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	PA; 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
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	PA
<i>oxacillin injection recon soln 2 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>penicillin g potassium</i>	1	PA; MO
<i>penicillin g sodium</i>	1	PA; MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	1	PA; MO
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	PA; MO
<i>levofloxacin oral solution</i>	1	MO
<i>levofloxacin oral tablet</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin-sod.chloride(iso)</i>	1	PA; MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	1	MO
<i>doxy-100</i>	1	PA; MO
<i>doxycycline hyclate intravenous</i>	1	PA
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	1	MO
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	MO
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate oral tablet</i>	1	MO
<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

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BOMYNTRA	1	B/D PA; MO
<i>dexrazoxane hcl</i>	1	B/D PA; MO
ELITEK	1	MO
KHAPZORY	1	B/D PA
<i>leucovorin calcium oral</i>	1	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

Drug Name	Drug Tier	Requirements /Limits
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)
AUGTYRO ORAL CAPSULE 40 MG	1	PA; QL (240 per 30 days)
AVMAPKI-FAKZYNJA	1	PA; QL (66 per 28 days)
AYVAKIT	1	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	1	B/D PA; MO

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium</i>	1	B/D PA
BALVERSA	1	PA; LA
BAVENCIO	1	B/D PA; LA
BEIZRAY-ALBUMIN	1	B/D PA
BELEODAQ	1	B/D PA
<i>bendamustine intravenous recon soln</i>	1	B/D PA; MO
BENDEKA	1	B/D PA; MO
BESPOUSA	1	B/D PA; MO; LA
<i>bexarotene</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
BIZENGRI	1	PA
BLNREP	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
<i>bortezomib injection recon soln 3.5 mg</i>	1	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; QL (330 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days)
<i>bosutinib oral tablet 100 mg</i>	1	PA; QL (90 per 30 days)
<i>bosutinib oral tablet 400 mg, 500 mg</i>	1	PA; QL (30 per 30 days)
BRAFTOVI	1	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL TABLET	1	PA; LA; QL (60 per 30 days)
<i>busulfan</i>	1	B/D PA
CABOMETYX	1	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	B/D PA; MO

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine</i>	1	B/D PA; MO
<i>clofarabine</i>	1	B/D PA
COLUMVI	1	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; QL (84 per 28 days)
COPIKTRA	1	PA; LA; QL (56 per 28 days)
COTELLIC	1	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	1	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET 50 MG	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine modified</i>	1	B/D PA; MO
<i>cyclosporine oral capsule</i>	1	B/D PA; MO
CYRAMZA	1	B/D PA; MO
<i>cytarabine</i>	1	B/D PA; MO
<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
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA; MO
<i>dactinomycin</i>	1	B/D PA; MO
DANYELZA	1	B/D PA
DANZITEN	1	PA; QL (112 per 28 days)
DARZALEX	1	B/D PA; MO; LA
DARZALEX FASPRO	1	B/D PA; MO
<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

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>daunorubicin</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	1	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA
<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
<i>doxorubicin intravenous recon soln</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO
DROXIA	1	MO

Drug Name	Drug Tier	Requirements /Limits
ELAHERE	1	PA; LA
ELIGARD	1	PA; MO
ELIGARD (3 MONTH)	1	PA; MO
ELIGARD (4 MONTH)	1	PA; MO
ELIGARD (6 MONTH)	1	PA; MO
ELREXFIO	1	PA
ELZONRIS	1	B/D PA; LA
EMPLICITI	1	B/D PA; MO
EMRELIS	1	PA
ENSACOVE	1	PA; LA; QL (60 per 30 days)
ENVARUSUS XR	1	B/D PA; MO
EPKINLY	1	PA
ERBITUX	1	B/D PA; MO
<i>eribulin</i>	1	B/D PA
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)

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days)
ETOPOPHOS	1	B/D PA; MO
<i>etoposide intravenous</i>	1	B/D PA; MO
EULEXIN	1	
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</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>exemestane</i>	1	MO
FAVLYXA	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA; MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA
FOTIVDA	1	PA; LA; QL (21 per 28 days)
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

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
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)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<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
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
<i>gengraf oral capsule</i>	1	B/D PA; MO
GILOTRIF	1	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	1	
GLEOSTINE ORAL CAPSULE 100 MG	1	

Drug Name	Drug Tier	Requirements /Limits
GOMEKLI ORAL CAPSULE 1 MG	1	PA; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION	1	PA; QL (168 per 28 days)
GRAFAPEX	1	B/D PA
HERNEXEOS	1	PA; MO; QL (90 per 30 days)
<i>hydroxyurea</i>	1	MO
HYRNUO	1	PA; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 125 MG	1	PA; MO; QL (21 per 28 days)
IBRANCE ORAL TABLET	1	PA; MO; QL (21 per 28 days)
IBTROZI	1	PA; QL (90 per 30 days)
ICLUSIG	1	PA; QL (30 per 30 days)
<i>idarubicin</i>	1	B/D PA; MO
IDHIFA	1	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION	1	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET	1	PA; QL (28 per 28 days)
IMDELLTRA	1	PA; MO
IMFINZI	1	B/D PA; MO; LA
IMJUDO	1	PA; MO
IMKELDI	1	PA; MO; QL (280 per 28 days)
INLEXZO	1	PA; MO; LA
INLURIYO	1	PA

Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)
INQOVI	1	PA; MO; QL (5 per 28 days)
INREBIC	1	PA; MO; LA; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	B/D PA; MO
ISTODAX	1	B/D PA; MO
ITOVEBI ORAL TABLET 3 MG	1	PA; MO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	1	PA; MO; QL (30 per 30 days)
IWILFIN	1	PA; LA; QL (240 per 30 days)
IXEMPRA	1	B/D PA; MO

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
JAKAFI	1	PA; MO; QL (60 per 30 days)
JAKAFI XR	1	PA; MO; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA; QL (30 per 30 days)
JEMPERLI	1	PA; MO
JEVTANA	1	B/D PA; MO
JYLAMVO	1	B/D PA; MO
KADCYLA	1	PA; MO
KEYTRUDA	1	PA; MO
KEYTRUDA QLEX	1	PA; MO
KIMMTRAK	1	B/D PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 days)
KOMZIFTI	1	PA; QL (90 per 30 days)
KOSELUGO	1	PA

Drug Name	Drug Tier	Requirements /Limits
KRAZATI	1	PA; QL (180 per 30 days)
KYPROLIS	1	B/D PA; MO
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	1	PA; MO
<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; QL (60 per 30 days)
<i>lenalidomide</i>	1	PA; MO; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; MO; QL (90 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
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)
<i>letrozole</i>	1	MO
LEUKERAN	1	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LIBTAYO	1	PA; LA
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9)	1	PA; LA; QL (18 per 28 days)
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	1	PA; LA; QL (27 per 28 days)
<i>lomustine oral capsule 10 mg</i>	1	
<i>lomustine oral capsule 100 mg, 40 mg</i>	1	
LONSURF	1	PA; MO
LOQTORZI	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	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
LUNSUMIO VELO	1	PA; MO
LUPRON DEPOT	1	PA; MO
LYNOZYFIC	1	PA
LYNPARZA	1	PA; MO; QL (120 per 30 days)
LYSODREN	1	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	1	PA; LA; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	1	PA; LA; QL (112 per 28 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	1	PA; LA; QL (140 per 28 days)
MATULANE	1	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL RECON SOLN	1	PA; MO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days)
MEKTOVI	1	PA; MO; LA; QL (180 per 30 days)
<i>melphalan hcl</i>	1	B/D PA
<i>mercaptopurine oral suspension</i>	1	MO
<i>mercaptopurine oral tablet</i>	1	MO
<i>methotrexate sodium</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; MO
<i>mitoxantrone</i>	1	B/D PA; MO
MODEYSO	1	PA; QL (20 per 28 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
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA; MO
<i>mycophenolate sodium</i>	1	B/D PA; MO
MYHIBBIN	1	B/D PA; MO
MYLOTARG	1	B/D PA; MO; LA
NELARABINE	1	B/D PA; MO

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
NEMLUVIO	1	PA; MO; QL (2 per 28 days)
NERLYNX	1	PA; MO; LA
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	1	PA; MO; QL (112 per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>nilutamide</i>	1	PA; MO
NINLARO	1	PA; MO; QL (3 per 28 days)
NUBEQA	1	PA; MO; LA; QL (120 per 30 days)
NULOJIX	1	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection syringe</i>	1	PA; MO
<i>octreotide, microspheres</i>	1	PA
ODOMZO	1	PA; MO; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	1	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24 per 28 days)
OJJAARA	1	PA; QL (30 per 30 days)
ONCASPAR	1	B/D PA
ONIVYDE	1	B/D PA
ONUREG	1	PA; MO; QL (14 per 28 days)
OPDIVO	1	PA; MO
OPDIVO QVANTIG	1	PA; MO
OPDUALAG	1	PA; MO
ORGOVYX	1	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA; MO
<i>paclitaxel protein-bound</i>	1	B/D PA; MO
PADCEV	1	PA; MO
<i>pazopanib oral tablet 200 mg</i>	1	PA; MO; QL (120 per 30 days)
PAZOPANIB ORAL TABLET 400 MG	1	PA; MO; QL (120 per 30 days)
PEMAZYRE	1	PA; LA; QL (28 per 28 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	1	B/D PA
PERJETA	1	B/D PA; MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; QL (56 per 28 days)
POLIVY	1	PA; MO
<i>pomalidomide</i>	1	PA; MO; QL (21 per 28 days)
POTELIGEO	1	PA
<i>pralatrexate intravenous solution 20 mg/ml (1 ml)</i>	1	B/D PA; MO
PRALATREXATE INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	1	B/D PA; MO
PROGRAF INTRAVENOUS	1	B/D PA

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA; MO
QINLOCK	1	PA; LA; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; MO; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA; MO; LA; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA; QL (240 per 30 days)
REZLIDHIA	1	PA; QL (60 per 30 days)
REZUROCK	1	PA; LA; QL (30 per 30 days)
<i>romidepsin intravenous recon soln</i>	1	B/D PA
<i>romidepsin intravenous solution</i>	1	B/D PA; MO
ROMVIMZA	1	PA; LA; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	1	PA; MO; QL (336 per 28 days)
RUBRACA	1	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	1	PA; MO
RYBREVANT	1	PA; MO
RYBREVANT FASPRO	1	PA; MO
RYDAPT	1	PA; MO; QL (224 per 28 days)
RYLAZE	1	B/D PA
RYTELO	1	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG	1	PA; MO
SARCLISA	1	PA; LA
SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 per 30 days)
SIGNIFOR	1	PA

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
SIMULECT	1	B/D PA
<i>sirolimus</i>	1	B/D PA; MO
SOLTAMOX	1	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA; MO
<i>sorafenib</i>	1	PA; MO; QL (120 per 30 days)
STIVARGA	1	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	1	PA; MO; QL (28 per 28 days)
SYLVANT	1	B/D PA; MO
TABLOID	1	MO
TABRECTA	1	PA; MO
<i>tacrolimus oral capsule</i>	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; MO; QL (840 per 28 days)
TAGRISSO	1	PA; MO; LA; QL (30 per 30 days)
TALVEY	1	PA

Drug Name	Drug Tier	Requirements /Limits
TALZENNA	1	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TECENTRIQ	1	B/D PA; MO; LA
TECENTRIQ HYBREZA	1	B/D PA; MO; LA
TECVAYLI	1	PA
TEMODAR	1	B/D PA; MO
<i>temsirolimus</i>	1	B/D PA; MO
TEPMETKO	1	PA; LA
TEVIMBRA	1	PA
THALOMID ORAL CAPSULE 100 MG	1	PA; MO; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	1	PA; MO; QL (28 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO
TIBSOVO	1	PA
TIVDAK	1	PA; MO
<i>topotecan</i>	1	B/D PA; MO
<i>toremifene</i>	1	MO
<i>torpenz</i>	1	PA; QL (30 per 30 days)
TRAZIMERA	1	B/D PA; MO

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; MO
<i>tretinoin (antineoplastic)</i>	1	MO
TRODELVY	1	PA; LA
TRUQAP	1	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days)
TURALIO	1	PA; LA; QL (120 per 30 days)
UNITUXIN	1	B/D PA
UNLOXCYT	1	PA
<i>valrubicin</i>	1	B/D PA; MO
VANFLYTA	1	PA; QL (56 per 28 days)
VECTIBIX	1	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	1	PA; LA; QL (42 per 180 days)
VERZENIO	1	PA; MO; LA; QL (56 per 28 days)
<i>vinblastine</i>	1	B/D PA; MO
<i>vincristine</i>	1	B/D PA; MO
<i>vinorelbine</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days)
VONJO	1	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	1	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	1	PA; QL (30 per 30 days)
VYLOY	1	PA; LA
VYXEOS	1	B/D PA
WELIREG	1	PA; LA
XALKORI ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
XALKORI ORAL PELLETT 150 MG	1	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	1	PA; MO; QL (120 per 30 days)
XERMELO	1	PA; LA; QL (84 per 28 days)
XOSPATA	1	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	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)

Drug Name	Drug Tier	Requirements /Limits
XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days)
YERVOY	1	B/D PA; MO
YONDELIS	1	B/D PA
<i>yulithira</i>	1	PA; QL (30 per 30 days)
ZALTRAP	1	B/D PA; MO
ZEJULA	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**

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
ANTICONVULSANTS		
<i>brivaracetam intravenous</i>	1	MO; QL (600 per 30 days)
<i>brivaracetam oral solution</i>	1	MO; QL (600 per 30 days)
<i>brivaracetam oral tablet</i>	1	MO; QL (60 per 30 days)
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

Drug Name	Drug Tier	Requirements /Limits
<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)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DIACOMIT	1	PA; LA
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	1	MO
<i>divalproex</i>	1	MO
EPIDIOLEX	1	PA; MO; LA
<i>eslicarbazepine oral tablet 200 mg</i>	1	MO; QL (180 per 30 days)
<i>eslicarbazepine oral tablet 400 mg</i>	1	MO; QL (90 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	1	MO; QL (60 per 30 days)
<i>ethosuximide</i>	1	MO
<i>felbamate</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
FINTEPLA	1	PA; LA; QL (360 per 30 days)
<i>fosphenytoin</i>	1	
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 200 mg</i>	1	QL (540 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 450 mg, 750 mg, 900 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	1	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lacosamide intravenous</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	1	MO
<i>methsuximide</i>	1	MO
NAYZILAM	1	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	1	MO
<i>oxcarbazepine oral tablet</i>	1	MO
<i>perampanel oral suspension</i>	1	MO; QL (720 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)
<i>perampanel oral tablet 4 mg, 6 mg</i>	1	MO; QL (60 per 30 days)
<i>phenobarbital oral elixir</i>	1	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	1	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>relgaabi oral capsule 300 mg</i>	1	QL (360 per 30 days)
<i>relgaabi oral capsule 400 mg</i>	1	QL (270 per 30 days)
<i>roweepra</i>	1	MO
<i>rufinamide oral suspension</i>	1	PA; MO
<i>rufinamide oral tablet</i>	1	PA; MO
SPRITAM	1	
SUBVENITE ORAL SUSPENSION	1	MO
<i>subvenite oral tablet</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA; MO
<i>topiramate oral solution</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	1	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	1	PA; MO; LA
<i>vigadrone</i>	1	PA; LA
XCOPRI MAINTENANCE PACK	1	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	MO; QL (28 per 180 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	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)

ANTIPARKINSONISM AGENTS

<i>benztropine injection</i>	1	
<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
<i>carbidopa-levodopa- entacapone</i>	1	MO
<i>entacapone</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
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

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
<i>naratriptan</i>	1	MO; QL (18 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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
NURTEC ODT	1	PA; QL (16 per 30 days)
QULIPTA	1	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet</i>	1	MO; QL (24 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	1	MO; QL (24 per 28 days)
<i>sumatriptan nasal</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
UBRELVY	1	PA; QL (20 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; MO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
AUSTEDO XR	1	PA; MO; QL (30 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; MO; QL (28 per 180 days)
BRIUMVI	1	PA; MO; QL (24 per 180 days)
<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (56 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>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	1	MO
<i>donepezil oral tablet,disintegrating</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>fingolimod</i>	1	PA; MO; QL (30 per 30 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	MO
<i>galantamine oral solution</i>	1	MO
<i>galantamine oral tablet</i>	1	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)
INGREZZA	1	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PK(TARDIV)	1	PA; LA; QL (28 per 180 days)
INGREZZA SPRINKLE	1	PA; LA; QL (30 per 30 days)
KESIMPTA PEN	1	PA; MO; QL (1.6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
<i>memantine-donepezil</i>	1	PA; MO
NUEDEXTA	1	PA; MO
RADICAVA ORS	1	PA; MO
RADICAVA ORS STARTER KIT SUSP	1	PA; MO
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
<i>teriflunomide</i>	1	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days)
VUMERITY	1	PA; MO; QL (120 per 30 days)
ZEPOSIA	1	PA; MO; QL (30 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
ZEPOSIA STARTER KIT (28-DAY)	1	PA; MO; QL (28 per 180 days)
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
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	1	MO
LIORESAL	1	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	MO
<i>revonto</i>	1	
<i>tizanidine oral tablet</i>	1	MO
VYVGART	1	PA; MO; LA
VYVGART HYTRULO	1	PA; MO; LA
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
BELBUCA	1	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch</i>	1	PA; MO; QL (4 per 28 days)
<i>endocet</i>	1	QL (360 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	1	QL (5550 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone injection solution 2 mg/ml</i>	1	
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL (60 per 30 days)
<i>methadone injection solution</i>	1	
<i>methadone intensol</i>	1	PA; QL (90 per 30 days)
<i>methadone oral concentrate</i>	1	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (600 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (240 per 30 days)
<i>methadose oral concentrate</i>	1	PA; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	
<i>morphine concentrate oral solution</i>	1	QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	1	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	1	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral solution</i>	1	QL (900 per 30 days)
<i>morphine oral tablet</i>	1	QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	1	QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	QL (180 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone oral solution</i>	1	QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days)
SUBLOCADE	1	MO
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film</i>	1	MO
<i>buprenorphine-naloxone sublingual tablet</i>	1	MO
<i>butorphanol injection</i>	1	MO
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)
<i>celecoxib</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac sodium topical drops</i>	1	MO; QL (300 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	MO; QL (224 per 28 days)
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>etodolac oral tablet extended release 24 hr</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<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	
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO
<i>piroxicam</i>	1	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
VIVITROL	1	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; QL (2.4 per 56 days)

Drug Name	Drug Tier	Requirements /Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	1	MO; QL (1 per 28 days)
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>amphetamine</i>	1	MO
<i>aripiprazole oral solution</i>	1	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA INITIO	1	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	MO; QL (3.2 per 28 days)
<i>armodafinil</i>	1	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	1	ST; QL (60 per 30 days)
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEP ACK	1	ST; QL (51 per 180 days)
BELSOMRA	1	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
BYSANTI	1	ST; QL (60 per 30 days)
BYSANTI TITRATION PACK A	1	ST; QL (8 per 180 days)
BYSANTI TITRATION PACK B	1	ST; QL (12 per 180 days)
BYSANTI TITRATION PACK C	1	ST; QL (8 per 180 days)
CAPLYTA	1	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	1	
<i>chlorpromazine oral</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<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	
COBENFY	1	MO; QL (60 per 30 days)
COBENFY STARTER PACK	1	MO; QL (56 per 180 days)
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	1	MO
<i>diazepam injection</i>	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	1	MO
<i>doxepin oral concentrate</i>	1	MO
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	MO; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM	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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG	1	ST; QL (30 per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 36.3 MG, 54.5 MG, 72.6 MG	1	ST; MO; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	1	ST; MO; QL (32 per 180 days)
FANAPT	1	ST; MO; QL (60 per 30 days)
FANAPT TITRATION PACK A	1	ST; MO; QL (8 per 180 days)
FANAPT TITRATION PACK B	1	ST; QL (12 per 180 days)
FANAPT TITRATION PACK C	1	ST; QL (8 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	1	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	QL (30 per 30 days)
<i>flumazenil</i>	1	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl injection</i>	1	
<i>fluphenazine hcl oral</i>	1	MO
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>haloperidol</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	MO
<i>imipramine hcl</i>	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	MO
<i>lorazepam injection</i>	1	PA

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days)
LYBALVI	1	MO; QL (30 per 30 days)
MARPLAN	1	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release</i>	1	MO
<i>methylphenidate hcl oral tablet,chewable</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1	
<i>molindone oral tablet 5 mg</i>	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	1	MO
NUPLAZID	1	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	1	
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	1	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	1	MO; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG	1	MO; QL (30 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
OPIPZA ORAL FILM 5 MG	1	MO; QL (180 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	1	
<i>perphenazine</i>	1	MO
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
RALDESY	1	ST; MO
<i>ramelteon</i>	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	1	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	1	QL (2 per 28 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)
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
SECUADO	1	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>sodium oxybate</i>	1	PA; MO; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA; MO
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranlycypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	MO
TRINTELLIX	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 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	
<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)

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	QL (1 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	
<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	

Drug Name	Drug Tier	Requirements /Limits
<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, 200 mg</i>	1	
<i>procainamide injection</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	1	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	MO
<i>aliskiren</i>	1	MO
<i>amiloride</i>	1	MO
<i>amiloride- hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine- benazepril</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>azilsartan medoxomil</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine transdermal patch</i>	1	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI	1	MO
EDARBYCLOR	1	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium</i>	1	
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	1	
<i>furosemide oral solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection</i>	1	
<i>hydralazine oral</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	1	MO; QL (180 per 30 days)
<i>isradipine</i>	1	
KERENDIA	1	PA; QL (30 per 30 days)
<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
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1	

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>mannitol 25 % intravenous solution</i>	1	
<i>matzim la</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metyrosine</i>	1	PA; MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nebivolol</i>	1	MO
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine oral capsule</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	1	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	1	MO
<i>timolol maleate oral tablet 10 mg</i>	1	
<i>timolol maleate oral tablet 20 mg, 5 mg</i>	1	MO
<i>torsemid oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	1	PA; MO; LA
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	1	PA; MO; LA; QL (200 per 180 days)
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	1	B/D PA; MO
<i>verapamil intravenous solution</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	1	MO
<i>aminocaproic acid oral</i>	1	MO
<i>aspirin-dipyridamole</i>	1	MO
CABLIVI INJECTION KIT	1	PA; LA
CEPROTIN (BLUE BAR)	1	PA; MO
CEPROTIN (GREEN BAR)	1	PA; MO
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	1	MO; QL (60 per 30 days)
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
DOPTelet (10 TAB PACK)	1	PA; MO; LA
DOPTelet (15 TAB PACK)	1	PA; MO; LA
DOPTelet (30 TAB PACK)	1	PA; MO; LA
DOPTelet SPRINKLE	1	PA; MO; LA
ELIQUIS DVT-PE TREAT 30D START	1	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET	1	MO; QL (60 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG	1	MO; QL (140 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 1.5 MG (0.5 MG X 3)	1	MO; QL (420 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	1	MO; QL (560 per 28 days)
ELIQUIS SPRINKLE	1	QL (70 per 28 days)
<i>eltrombopag olamine</i>	1	PA; MO
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (56 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (44.8 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1	MO; QL (33.6 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<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
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection solution</i>	1	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE	1	MO
<i>jantoven</i>	1	
<i>pentoxifylline</i>	1	MO
<i>prasugrel hcl</i>	1	MO
<i>protamine</i>	1	
<i>rivaroxaban oral suspension for reconstitution</i>	1	MO; QL (775 per 28 days)
<i>rivaroxaban oral tablet</i>	1	MO; QL (60 per 30 days)
<i>ticagrelor</i>	1	MO
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	1	MO; QL (51 per 180 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	1	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>cholestyramine (with sugar)</i>	1	MO
<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
<i>fenofibrate nanocrystallized</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	1	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	1	PA; MO
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)
REPATHA SURECLICK	1	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	1	PA; MO; QL (30 per 30 days)
<i>digoxin oral solution</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>dobutamine</i>	1	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<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)

Drug Name	Drug Tier	Requirements /Limits
<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 ointment</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
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)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	1	PA; MO; QL (10 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
OTULFI INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
OTULFI 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)
OTULFI 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)
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; QL (0.5 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)

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
SELARSDI INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
SELARSDI SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1 per 28 days)
<i>selenium sulfide topical lotion</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (2 per 84 days)
STELARA INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
TREMFYA INTRAVENOUS	1	PA; MO; QL (20 per 28 days)
TREMFYA ONE-PRESS	1	PA; MO; QL (2 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)
YESINTEK SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	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)

Drug Name	Drug Tier	Requirements /Limits
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
EUCRISA	1	PA; MO; QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>glydo</i>	1	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine topical ointment</i>	1	MO; QL (50 per 30 days)
<i>lidocaine-epinephrine</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
<i>lidocan iii</i>	1	PA; QL (90 per 30 days)
<i>lidocan iv</i>	1	PA; QL (90 per 30 days)
<i>lidocan v</i>	1	PA; QL (90 per 30 days)
<i>methoxsalen</i>	1	MO
PANRETIN	1	PA; MO
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	1	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	1	
SANTYL	1	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
VALCHLOR	1	PA; MO
THERAPY FOR ACNE		
<i>acutane</i>	1	
<i>amnestem</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

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<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)

Drug Name	Drug Tier	Requirements /Limits
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<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>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole 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	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		

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<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

Drug Name	Drug Tier	Requirements /Limits
<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)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>desonide topical cream</i>	1	MO
<i>desonide topical ointment</i>	1	MO
<i>fluocinolone</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	1	MO
<i>fluticasone propionate topical ointment</i>	1	MO
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>mometasone topical</i>	1	MO
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>triderm topical cream 0.5 %</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	1	MO
<i>permethrin</i>	1	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	1	
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

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
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

Drug Name	Drug Tier	Requirements /Limits
<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
<i>glutamine (sickle cell)</i>	1	PA; MO
INCRELEX	1	LA
<i>kionex oral suspension</i>	1	
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
LOKELMA	1	MO
<i>midodrine</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>nitisinone</i>	1	PA; MO
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; MO; LA
REVCovi	1	PA; LA
REZDIFFRA	1	PA; MO; QL (30 per 30 days)
<i>riluzole</i>	1	PA; 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 phenylacetate</i>	1	
<i>sodium chloride 0.9 % intravenous</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate oral powder</i>	1	PA
<i>sodium phenylbutyrate oral tablet</i>	1	PA; MO
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sodium polystyrene sulfonate oral suspension</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
<i>trientine oral capsule 250 mg</i>	1	PA; MO
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	1	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
<i>water for irrigation, sterile</i>	1	MO
XIAFLEX	1	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	MO
NICOTROL NS	1	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	1	

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<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>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 28 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>periogard</i>	1	MO
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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)
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	1	

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection syringe</i>	1	
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone oral solution</i>	1	MO
<i>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)</i>	1	MO
<i>prednisone intensol</i>	1	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	MO
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	1	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
DIABETES THERAPY		

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
ACCU-CHEK GUIDE TEST STRIPS	1	MO
<i>alcohol pads</i>	1	PA; MO
BAQSIMI	1	MO
<i>dapagliflozin</i>	1	MO; QL (30 per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg</i>	1	MO; QL (30 per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (60 per 30 days)
<i>diazoxide</i>	1	MO
DROPSAFE ALCOHOL PREP PADS	1	PA
FIASP FLEXTOUCH U-100 INSULIN	1	MO
FIASP PENFILL U-100 INSULIN	1	MO

Drug Name	Drug Tier	Requirements /Limits
FIASP U-100 INSULIN	1	MO
FREESTYLE INSULINX STRIP	1	MO
FREESTYLE INSULINX TEST STRIPS	1	MO
FREESTYLE LITE STRIPS	1	MO
FREESTYLE PRECISION NEO STRIPS	1	MO
FREESTYLE TEST	1	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLYXAMBI	1	MO; QL (30 per 30 days)
GVOKE	1	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO
GVOKE HYPOPEN 2-PACK	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO

Drug Name	Drug Tier	Requirements /Limits
HUMALOG KWIKPEN INSULIN	1	MO
HUMALOG MIX 50-50 KWIKPEN	1	MO
HUMALOG MIX 75-25 KWIKPEN	1	MO
HUMALOG MIX 75-25(U-100)INSULN	1	MO
HUMALOG U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 KWIKPEN	1	MO
HUMULIN N NPH INSULIN KWIKPEN	1	MO
HUMULIN N NPH U-100 INSULIN	1	MO
HUMULIN R REGULAR U-100 INSULN	1	MO
HUMULIN R U-500 (CONC) INSULIN	1	
HUMULIN R U-500 (CONC) KWIKPEN	1	MO
INPEFA	1	PA; MO; QL (30 per 30 days)
INSULIN LISPRO	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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
INSULIN LISPRO PROTAMIN- LISPRO	1	MO
JANUMET	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA	1	MO; QL (30 per 30 days)
JARDIANCE	1	MO; QL (30 per 30 days)
JENTADUETO	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	MO; QL (30 per 30 days)
KIRSTY	1	
KIRSTY PEN	1	
LANTUS SOLOSTAR U-100 INSULIN	1	

Drug Name	Drug Tier	Requirements /Limits
LANTUS U-100 INSULIN	1	MO
<i>liraglutide</i>	1	PA; QL (9 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-200 INSULIN	1	MO
LYUMJEV U-100 INSULIN	1	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	1	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NOVOLIN 70/30 U- 100 INSULIN	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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
NOVOLIN 70-30 FLEXPEN U-100	1	MO
NOVOLIN N FLEXPEN	1	MO
NOVOLIN N NPH U-100 INSULIN	1	MO
NOVOLIN R FLEXPEN	1	MO
NOVOLIN R REGULAR U100 INSULIN	1	MO
NOVOLOG MIX 70-30 U-100 INSULIN	1	MO
NOVOLOG MIX 70-30FLEXPEN U-100	1	MO
NOVOLOG PENFILL U-100 INSULIN	1	MO
OZEMPIC ORAL	1	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS	1	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
PRECISION XTRA TEST	1	MO
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS	1	PA; QL (30 per 30 days)
<i>saxagliptin</i>	1	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (30 per 30 days)
<i>sitagliptin phos-metformin oral tablet</i>	1	MO; QL (60 per 30 days)
<i>sitagliptin phosphate</i>	1	MO; QL (30 per 30 days)
SOLQUA 100/33	1	QL (15 per 25 days)
SYNJARDY	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
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	1	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	1	PA; MO
<i>cabergoline</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>calcitonin (salmon) injection</i>	1	MO
<i>calcitonin (salmon) nasal</i>	1	MO
<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	
<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
<i>doxercalciferol intravenous</i>	1	MO
<i>doxercalciferol oral</i>	1	MO
ELAPRASE	1	PA; MO
FABRAZYME	1	PA; MO
KANUMA	1	PA; MO
LUMIZYME	1	PA; MO
MEPSEVII	1	PA; MO

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>mifepristone oral tablet 300 mg</i>	1	PA; MO
<i>milophene</i>	1	PA; MO
NAGLAZYME	1	PA; MO; LA
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	MO
<i>sapropterin</i>	1	PA; MO
SOMAVERT	1	PA; MO
STRENSIQ	1	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate</i>	1	PA; MO
<i>testosterone transdermal gel</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	1	PA; MO
<i>tolvaptan (polycys kidney dis)</i>	1	PA; MO
VIMIZIM	1	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
THYROID HORMONES		
<i>levothyroxine intravenous recon soln</i>	1	

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<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 intravenous</i>	1	
<i>liothyronine oral</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	

Drug Name	Drug Tier	Requirements /Limits
<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	
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)

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	1	PA; QL (4 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; QL (2 per 28 days)
CINVANTI	1	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	1	MO
CREON	1	MO
<i>cromolyn oral</i>	1	MO
<i>dimenhydrinate injection solution</i>	1	MO
<i>dronabinol oral capsule</i>	1	PA; MO
<i>droperidol injection solution</i>	1	
<i>enulose</i>	1	MO
<i>fosaprepitant</i>	1	MO
GATTEX 30-VIAL	1	PA; MO
GATTEX ONE- VIAL	1	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral</i>	1	B/D PA; MO
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
INFLIXIMAB	1	PA; QL (20 per 28 days)
<i>lactulose oral solution</i>	1	MO
LINZESS	1	MO; QL (30 per 30 days)
LIVDELZI	1	PA; QL (30 per 30 days)
<i>lubiprostone</i>	1	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral capsule, extended release 250 mg</i>	1	
<i>mesalamine oral capsule, extended release 500 mg</i>	1	MO
<i>mesalamine oral capsule, extended release 24hr</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>nitroglycerin rectal</i>	1	MO
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO
<i>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
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	
RELISTOR SUBCUTANEOUS SOLUTION	1	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	ST; MO; QL (18 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	ST; MO; QL (12 per 30 days)
REMICADE	1	PA; MO; QL (20 per 28 days)
<i>scopolamine base</i>	1	MO
SKYRIZI INTRAVENOUS	1	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days)
<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

Drug Name	Drug Tier	Requirements /Limits
SYMPROIC	1	MO; QL (30 per 30 days)
TRULANCE	1	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI	1	B/D PA
VIBERZI	1	MO; QL (60 per 30 days)
VOWST	1	PA; LA
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
ZYMFENTRA	1	PA; MO; QL (2 per 28 days)

ULCER THERAPY

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>esomeprazole sodium</i>	1	MO
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine intravenous solution 10 mg/ml</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (60 per 30 days)
<i>misoprostol</i>	1	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	PA; MO
ARCALYST	1	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days)
BESREMI	1	PA; LA
BETASERON SUBCUTANEOUS KIT	1	PA; MO; QL (14 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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; MO
ILARIS (PF)	1	PA; MO; LA; QL (2 per 28 days)
NIVESTYM	1	PA; MO
NYVEPRIA	1	PA; MO
OMNITROPE	1	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	1	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	1	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULA R	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)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
<i>plerixafor</i>	1	B/D PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO
RELEUKO SUBCUTANEOUS	1	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	1	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
DENGVAIXA (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) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V

Drug Name	Drug Tier	Requirements /Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	1	
HYPERHEP B	1	
HYPERHEP B NEONATAL	1	
IMOVAX RABIES VACCINE (PF)	1	B/D PA; V
INFANRIX (DTAP) (PF)	1	
IPOL	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	1	
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	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

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	B/D PA; V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX ORAL SUSPENSION	1	
ROTATEQ VACCINE	1	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
TENIVAC (PF)	1	V
TICE BCG	1	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V

Drug Name	Drug Tier	Requirements /Limits
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 (PF)	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
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
CEQUR 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

Drug Name	Drug Tier	Requirements /Limits
FREESTYLE LIBRE 3 READER	1	MO
FREESTYLE LIBRE 3 SENSOR	1	
FREESTYLE LITE METER	1	MO
GAUZE PADS 2 X 2	1	PA; MO
EMBECTA INSULIN SYRINGE	1	PA; MO
BD PEN NEEDLE	1	PA; MO
OMNIPOD 5 (LIBRE 2/3 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 (LIBRE2/3PLUS)	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
PIVOT INSULIN PUMP STARTER KIT	1	QL (1 per 720 days)
PIVOT SUPPLY KIT	1	

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
PRECISION XTRA MONITOR	1	MO
TWIIST REFILL KIT(CSST-NDL-SYR)	1	
TWIIST RFL(INFUS-CSST-NDL-SYR)	1	
TWIIST STARTER KIT	1	QL (1 per 720 days)
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)

Drug Name	Drug Tier	Requirements /Limits
<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)
PROLIA	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)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>teriparatide (only ndcs starting with 47781)</i>	1	PA; MO; QL (2.48 per 28 days)
TYMLOS	1	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	1	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)
BENLYSTA	1	PA; MO
ENBREL MINI	1	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (8 per 28 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)
HADLIMA PUSHTOUCH	1	PA; MO; QL (4.8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HADLIMA(CF)	1	PA; MO; QL (2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH	1	PA; MO; QL (2.4 per 28 days)
KINERET	1	PA; QL (18.76 per 28 days)
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
<i>milnacipran oral tablet</i>	1	MO; QL (60 per 30 days)
<i>milnacipran oral tablets,dose pack</i>	1	MO; QL (55 per 180 days)
OTEZLA	1	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 180 days)
OTEZLA XR	1	PA; MO; QL (30 per 30 days)
OTEZLA XR INITIATION	1	PA; MO; QL (41 per 180 days)
<i>penicillamine oral tablet</i>	1	PA; MO

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
RINVOQ LQ	1	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	1	QL (55 per 180 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; MO; QL (3 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tofacitinib oral solution</i>	1	PA; MO; QL (480 per 24 days)
<i>tofacitinib oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>tofacitinib oral tablet extended release 24 hr</i>	1	PA; MO; QL (30 per 30 days)
TYENNE AUTOINJECTOR	1	PA; MO; QL (3.6 per 28 days)
TYENNE INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
TYENNE SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>abigale</i>	1	MO
<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

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr</i>	1	QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
DUAVEE	1	MO
<i>emzahh</i>	1	MO
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr</i>	1	QL (8 per 28 days)
<i>estradiol transdermal patch semiweekly 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.0375 mg/24 hr, 0.05 mg/24 hr</i>	1	QL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>estradiol valerate</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	MO
<i>fyavolv</i>	1	MO
<i>gallifrey</i>	1	MO
<i>heather</i>	1	MO
IMVEXXY MAINTENANCE PACK	1	MO
IMVEXXY STARTER PACK	1	MO
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	MO
<i>lyleq</i>	1	MO
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr</i>	1	QL (8 per 28 days)
<i>lyllana transdermal patch semiweekly 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
<i>lyza</i>	1	
<i>medroxyprogesterone</i>	1	MO
<i>meleya</i>	1	MO
<i>mimvey</i>	1	MO
<i>nora-be</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone (contraceptive)</i>	1	
<i>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>orquidea</i>	1	MO
PREMARIN ORAL	1	MO
PREMARIN VAGINAL	1	
PREMPHASE	1	MO
PREMPRO	1	MO
<i>progesterone</i>	1	MO
<i>progesterone micronized oral</i>	1	MO
<i>sharobel</i>	1	MO
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	1	MO
<i>eluryng</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	
LILETTA	1	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mifepristone oral tablet 200 mg</i>	1	LA
MYFEMBREE	1	PA; MO
NEXPLANON	1	
<i>norelgestromin-ethin.estradiol</i>	1	MO
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>xulane</i>	1	
<i>zafemy</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	1	
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	
<i>amethyst (28)</i>	1	
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette (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
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>daysee</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinet</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>falmina (28)</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jasmiel (28)</i>	1	MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>kalliga</i>	1	
<i>kariva (28)</i>	1	
<i>kelnor 1/35 (28)</i>	1	MO
<i>kurvelo (28)</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	
<i>levonorg-eth estradiol triphasic</i>	1	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	
<i>lo-zumandimine (28)</i>	1	MO
<i>lutra (28)</i>	1	
<i>marlissa (28)</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>mono-linyah</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norgestimate-ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>portia 28</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>syeda</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
<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

Drug Name	Drug Tier	Requirements /Limits
<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
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

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<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
<i>carteolol</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops (not single use)</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
BYOOVIZ	1	PA
<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	MO; QL (60 per 30 days)
CYSTARAN	1	PA
<i>epinastine</i>	1	MO
MIEBO (PF)	1	MO; QL (3 per 30 days)
OXERVATE	1	PA; MO
PAVBLU	1	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide-prednisolone</i>	1	MO
XDEMVI	1	PA; QL (10 per 42 days)
XIIDRA	1	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	1	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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 OPHTHALMIC (EYE) OINTMENT	1	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	1	MO; QL (10 per 14 days)
STERIODS		
<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

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<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		
ANTIHISTAMINE / ANTIALLERGENIC 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	

Drug Name	Drug Tier	Requirements /Limits
<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
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	B/D PA; MO
ADEMPAS	1	PA; MO; LA; QL (90 per 30 days)
ADVAIR HFA	1	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	1	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	1	MO; QL (6.1 per 30 days)
<i>alyq</i>	1	PA; MO; QL (60 per 30 days)
<i>ambrisentan</i>	1	PA; MO; LA; QL (30 per 30 days)
<i>arformoterol</i>	1	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA	1	MO; QL (13 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	1	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	1	QL (2 per 28 days)
ATROVENT HFA	1	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	1	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	1	PA; MO; LA; QL (60 per 30 days)
BREO ELLIPTA	1	MO; QL (60 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>breyana</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	1	QL (10.2 per 30 days)
CINRYZE	1	PA; MO
COMBIVENT RESPIMAT	1	QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO
DULERA	1	MO; QL (13 per 30 days)
FASENRA PEN	1	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; QL (1 per 28 days)
<i>flunisolide</i>	1	MO; QL (50 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; MO; QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	1	PA; MO
<i>ipratropium bromide inhalation hfa aerosol inhaler</i>	1	MO; QL (25.8 per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	B/D PA; MO
<i>ipratropium-albuterol</i>	1	B/D PA; MO

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
KALYDECO	1	PA; MO; QL (56 per 28 days)
<i>macitentan</i>	1	PA; MO; QL (30 per 30 days)
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	1	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	1	MO
<i>nintedanib</i>	1	PA; MO; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR	1	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; QL (0.4 per 28 days)
OPSYNVI	1	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days)
<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)
PULMOZYME	1	B/D PA; MO

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	QL (21.2 per 30 days)
<i>roflumilast</i>	1	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	1	PA; MO
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SYMDEKO	1	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	1	MO
<i>terbutaline subcutaneous</i>	1	
TEZSPIRE	1	PA; MO; QL (1.91 per 30 days)
<i>theophylline oral elixir</i>	1	MO
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
<i>tiotropium bromide</i>	1	QL (90 per 90 days)
TRELEGY ELLIPTA	1	MO; QL (60 per 30 days)

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; MO; QL (84 per 28 days)
TYVASO	1	B/D PA; MO; QL (81.2 per 28 days)
TYVASO INSTITUTIONAL START KIT	1	B/D PA; QL (11.6 per 180 days)
TYVASO REFILL KIT	1	B/D PA; MO; QL (81.2 per 28 days)
TYVASO STARTER KIT	1	B/D PA; MO; QL (81.2 per 180 days)
WINREVAIR	1	PA; MO; QL (1 per 21 days)
<i>wixela inhub</i>	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	1	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

GEMTESA	1	MO
<i>mirabegron oral tablet extended release 24 hr</i>	1	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>solifenacin</i>	1	MO
<i>tolterodine</i>	1	MO
<i>trospium oral tablet</i>	1	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	1	MO
<i>dutasteride</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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>dutasteride-tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadil</i>	1	
<i>bethanechol chloride</i>	1	MO
CYSTAGON	1	PA; LA
ELMIRON	1	MO
<i>glycine urologic solution</i>	1	
K-PHOS NO 2	1	MO
K-PHOS ORIGINAL	1	MO
<i>potassium citrate oral tablet extended release</i>	1	MO
RENACIDIN	1	MO
<i>tadalafil oral tablet 2.5 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	1	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		

Drug Name	Drug Tier	Requirements /Limits
<i>albumin, human 25 %</i>	1	
<i>alburx (human) 25 %</i>	1	
<i>alburx (human) 5 %</i>	1	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	PA; MO
<i>calcium chloride</i>	1	
<i>calcium gluconate intravenous</i>	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	1	MO
<i>lactated ringers intravenous</i>	1	MO
<i>magnesium chloride injection</i>	1	

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	
<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>magnesium sulfate injection</i>	1	
<i>potassium acetate</i>	1	
<i>potassium chlorid-d5-0.45%nacl</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex</i>	1	
<i>potassium chloride in lr-d5</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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 intravenous</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral packet 20 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	

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

This drug list was last updated on 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)</i>	1	
<i>sodium chloride 0.45 % intravenous</i>	1	MO
<i>sodium chloride 3 % hypertonic</i>	1	
<i>sodium chloride 5 % hypertonic</i>	1	MO
<i>sodium chloride intravenous</i>	1	
<i>sodium phosphate</i>	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	1	B/D PA
<i>electrolyte-148</i>	1	
<i>electrolyte-48 in d5w</i>	1	
<i>electrolyte-a</i>	1	
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	
ISOLYTE-S	1	
PLENAMINE	1	B/D PA
<i>premasol 10 %</i>	1	B/D PA
<i>travasol 10 %</i>	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

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 08/19/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>prenatal vitamin oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>wescap-pn dha</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 08/19/2026.

Index

A		
<i>abacavir</i>	2	<i>adrenalin</i> .....81
<i>abacavir-lamivudine</i>	2	ADSTILADRIN .....12
<i>abigale</i>	75	ADVAIR HFA .....81
<i>abigale lo</i>	75	<i>afirmelle</i>.....77
ABILIFY ASIMTUFII.....	35	AIMOVIG AUTOINJECTOR
ABILIFY MAINTENA.....	35	30
<i>abiraterone</i>	12	AKEEGA.....12
<i>abirtega</i>	12	<i>ala-cort</i>.....54
ABRYSVO (PF).....	70	<i>albendazole</i>.....7
<i>acamprosate</i>	56	<i>albumin, human 25 %</i>87
<i>acarbose</i>	60	<i>alburx (human) 25 %</i>87
ACCU-CHEK GUIDE		<i>alburx (human) 5 %</i>87
GLUCOSE METER.....	72	<i>albutein 25 %</i>87
ACCU-CHEK GUIDE ME		<i>albutein 5 %</i>87
GLUCOSE MTR.....	72	<i>albuterol sulfate</i>.....82
ACCU-CHEK GUIDE TEST		<i>alclometasone</i>.....54
STRIPS.....	60	<i>alcohol pads</i>.....60
<i>accutane</i>	53	ALDURAZYME.....64
<i>acebutolol</i>	43	ALECENSA.....12
<i>acetaminophen-codeine</i>	32	<i>alendronate</i>.....73
<i>acetazolamide</i>	80	<i>alfuzosin</i>.....86
<i>acetazolamide sodium</i>	80	<i>aliskiren</i>.....43
<i>acetic acid</i>	56, 58	<i>allopurinol</i>.....73
<i>acetylcysteine</i>	56, 81	<i>allopurinol sodium</i>.....73
<i>acitretin</i>	50	<i>aloprim</i>.....73
ACTEMRA.....	74	<i>alosetron</i>.....66
ACTEMRA ACTPEN.....	74	<i>alprostadil</i>.....86
ACTHIB (PF).....	70	<i>altavera (28)</i>.....77
ACTIMMUNE.....	69	ALUNBRIG.....12
<i>acyclovir</i>	2, 54	ALVESCO.....82
<i>acyclovir sodium</i>	2	<i>alyacen 1/35 (28)</i>.....77
ADACEL(TDAP		<i>alyacen 7/7/7 (28)</i>.....77
ADOLESN/ADULT)(PF) 70		<i>alyq</i>.....82
ADBRY.....	52	<i>amantadine hcl</i>.....2
ADCETRIS.....	12	<i>ambrisentan</i>.....82
<i>adefovir</i>	2	<i>amethyst (28)</i>.....77
ADEMPAS.....	81	<i>amikacin</i>.....7
<i>adenosine</i>	42	<i>amiloride</i>.....43
		<i>amiloride-hydrochlorothiazide</i>
		43
		<i>aminocaproic acid</i>.....46
		<i>amiodarone</i>.....42
		<i>amitriptyline</i>.....35
		<i>amlodipine</i>.....43
		<i>amlodipine-atorvastatin</i>.....48
		<i>amlodipine-benazepril</i>.....43
		<i>amlodipine-olmesartan</i>.....43
		<i>amlodipine-valsartan</i>.....43
		<i>amlodipine-valsartan-hcthiiazid</i>
		43
		<i>ammonium lactate</i>.....52
		<i>amnestem</i>.....53
		<i>amoxapine</i>.....35
		<i>amoxicillin</i>.....9
		<i>amoxicillin-pot clavulanate</i> ...9
		<i>amphetamine</i>.....35
		<i>amphotericin b</i>.....2
		<i>amphotericin b liposome</i>.....2
		<i>ampicillin</i>.....9
		<i>ampicillin sodium</i>.....9
		<i>ampicillin-sulbactam</i>.....9
		<i>anagrelide</i>.....56
		<i>anastrozole</i>.....12
		ANKTIVA.....12
		<i>apraclonidine</i>.....81
		<i>aprepitant</i>.....66
		<i>apri</i>.....77
		APTIVUS.....2
		<i>aranelle (28)</i>.....77
		ARCALYST.....69
		AREXVY (PF).....70
		<i>arformoterol</i>.....82
		ARIKAYCE.....7
		<i>aripiprazole</i>.....35
		ARISTADA.....35, 36
		ARISTADA INITIO.....35
		<i>armodafinil</i>.....36

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

This drug list was last updated on 08/19/2026.

<i>arsenic trioxide</i>	12	<i>balsalazide</i>	66	BONSITY	73
<i>asenapine maleate</i>	36	BALVERSA.....	12	BOOSTRIX TDAP.....	70
ASMANEX HFA	82	BAQSIMI	60	<i>bortezomib</i>	13
ASMANEX TWISTHALER.....	82	BARACLUDE.....	2	BORTEZOMIB	13
ASPARLAS	12	BAVENCIO	12	<i>bosentan</i>	82
<i>aspirin-dipyridamole</i>	46	BCG VACCINE, LIVE (PF).....	70	BOSULIF	13
ASSURE ID INSULIN		BD PEN NEEDLE	73	<i>bosutinib</i>	13
SAFETY	72	BEIZRAY-ALBUMIN.....	12	BRAFTOVI	13
<i>atazanavir</i>	2	BELBUCA	32	BREO ELLIPTA	82
<i>atenolol</i>	43	BELEODAQ	12	<i>breyana</i>	83
<i>atenolol-chlorthalidone</i>	43	BELSOMRA	36	BREZTRI AEROSPHERE.....	83
<i>atomoxetine</i>	36	<i>benazepril</i>	43	<i>brimonidine</i>	81
<i>atorvastatin</i>	48	<i>benazepril-hydrochlorothiazide</i>		BRIUMVI.....	31
<i>atovaquone</i>	7	.....	43	<i>brivaracetam</i>	26
<i>atovaquone-proguanil</i>	7	<i>bendamustine</i>	12	BRIVIACT	26
<i>atropine</i>	80	BENDEKA	12	<i>bromfenac</i>	80
ATROVENT HFA	82	BENLYSTA	74	<i>bromocriptine</i>	29
<i>aubra eq</i>	77	<i>benztropine</i>	29	BRUKINSA.....	13
AUGMENTIN.....	9	BESPONSIA.....	12	<i>budesonide</i>	66, 83
AUGTYRO	12	BESREMI.....	69	<i>budesonide-formoterol</i>	83
AUSTEDO	30, 31	<i>betaine</i>	66	<i>bumetanide</i>	43
AUSTEDO XR.....	31	<i>betamethasone dipropionate</i>	54	<i>buprenorphine hcl</i>	33
AUSTEDO XR TITRATION		<i>betamethasone valerate</i>	54, 55	<i>buprenorphine transdermal</i>	
KT(WK1-4).....	31	<i>betamethasone, augmented</i>	55	<i>patch</i>	33
AUVELITY.....	36	BETASERON	69	<i>buprenorphine-naloxone</i>	34
<i>aviane</i>	77	<i>betaxolol</i>	43, 79	<i>bupropion hcl</i>	36
AVMAPKI-FAKZYNJA	12	<i>bethanechol chloride</i>	86	<i>bupropion hcl (smoking deter)</i>	
AVONEX	69	BEVESPI AEROSPHERE	82	.....	58
AYVAKIT.....	12	<i>bexarotene</i>	12	<i>buspirone</i>	36
<i>azacitidine</i>	12	BEXSERO.....	70	<i>busulfan</i>	13
<i>azathioprine</i>	12	<i>bicalutamide</i>	12	<i>butorphanol</i>	34
<i>azathioprine sodium</i>	12	BICILLIN L-A	9	BYOOVIZ	80
<i>azelaic acid</i>	53	BIKTARVY	3	BYSANTI.....	36
<i>azelastine</i>	58, 80	<i>bimatoprost</i>	80	BYSANTI TITRATION	
<i>azilsartan medoxomil</i>	43	<i>bisoprolol fumarate</i>	43	PACK A.....	36
<i>azithromycin</i>	6	<i>bisoprolol-hydrochlorothiazide</i>		BYSANTI TITRATION	
<i>aztreonam</i>	7	.....	43	PACK B.....	36
<i>azurette (28)</i>	77	BIZENGRI	12	BYSANTI TITRATION	
B		BLENREP	12	PACK C.....	36
<i>bacitracin</i>	79	<i>bleomycin</i>	12	C	
<i>bacitracin-polymyxin b</i>	79	BLINCYTO.....	12	CABENUVA.....	3
<i>baclofen</i>	32	BOMYNTRA	11	<i>cabergoline</i>	64

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

This drug list was last updated on 08/19/2026.

CABLIVI.....	46	<i>cefepime</i>	5	<i>cinacalcet</i>	64
CABOMETYX.....	13	<i>cefepime in dextrose, iso-osm</i> ..	5	CINRYZE.....	83
<i>caffeine citrate</i>	56	<i>cefixime</i>	5	CINVANTI.....	66
<i>calcipotriene</i>	50	<i>cefoxitin</i>	6	<i>ciprofloxacin</i>	10
<i>calcitonin (salmon)</i>	64	<i>cefoxitin in dextrose, iso-osm</i> .	6	<i>ciprofloxacin hcl</i>	10, 58, 79
<i>calcitriol</i>	64	<i>cefpodoxime</i>	6	<i>ciprofloxacin in 5 % dextrose</i>	
<i>calcium acetate(phosphat bind)</i>		<i>cefprozil</i>	6	.....	10
.....	87	<i>ceftaroline fosamil</i>	6	<i>ciprofloxacin-dexamethasone</i>	
<i>calcium chloride</i>	87	<i>ceftazidime</i>	6	.....	59
<i>calcium gluconate</i>	87	<i>ceftriaxone</i>	6	<i>cisplatin</i>	13
CALQUENCE		<i>ceftriaxone in dextrose, iso-os</i> .	6	<i>citalopram</i>	36
(ACALABRUTINIB MAL)		<i>cefuroxime axetil</i>	6	<i>cladribine</i>	13
.....	13	<i>cefuroxime sodium</i>	6	<i>claravis</i>	53
<i>camila</i>	75	<i>celecoxib</i>	34	<i>clarithromycin</i>	6
<i>camrese</i>	77	<i>cephalexin</i>	6	<i>clindamycin hcl</i>	7
CAMZYOS	49	CEPROTIN (BLUE BAR) ...	46	<i>clindamycin in 5 % dextrose</i> ...7	
<i>candesartan</i>	43	CEPROTIN (GREEN BAR) 46		<i>clindamycin phosphate</i> ....7, 53,	
<i>candesartan-</i>		CEQUR SIMPLICITY	72	77	
<i>hydrochlorothiazid</i>	43	CEQUR SIMPLICITY		CLINIMIX 5%/D15W	
CAPLYTA	36	INSERTER.....	72	SULFITE FREE	88
CAPRELSA	13	<i>cetirizine</i>	81	CLINIMIX 4.25%/D10W	
<i>captopril</i>	43	<i>cevimeline</i>	56	SULF FREE.....	88
<i>captopril-hydrochlorothiazide</i>		CHEMET.....	56	CLINIMIX 4.25%/D5W	
.....	43	<i>chloramphenicol sod succinate</i>		SULFIT FREE	56
<i>carbamazepine</i>	26	.....	7	CLINIMIX 5%-	
<i>carbidopa</i>	29	<i>chlorhexidine gluconate</i>	58	D20W(SULFITE-FREE)..88	
<i>carbidopa-levodopa</i>	29, 30	<i>chloroprocaine (pf)</i>	52	CLINIMIX 6%-D5W	
<i>carbidopa-levodopa-</i>		<i>chloroquine phosphate</i>	7	(SULFITE-FREE)	88
<i>entacapone</i>	30	<i>chlorothiazide sodium</i>	43	CLINIMIX 8%-	
<i>carboplatin</i>	13	<i>chlorpromazine</i>	36	D10W(SULFITE-FREE)..88	
<i>carglumic acid</i>	56	<i>chlorthalidone</i>	43	CLINIMIX 8%-	
<i>carmustine</i>	13	<i>cholestyramine (with sugar)</i> .48		D14W(SULFITE-FREE)..88	
<i>carteolol</i>	79	<i>cholestyramine light</i>	48	<i>clobazam</i>	26
<i>cartia xt</i>	43	<i>ciclodan</i>	54	<i>clobetasol</i>	55
<i>carvedilol</i>	43	<i>ciclopirox</i>	54	<i>clobetasol-emollient</i>	55
<i>casprofungin</i>	2	<i>cidofovir</i>	3	<i>clofarabine</i>	13
CAYSTON.....	7	<i>cilostazol</i>	46	<i>clomid</i>	64
<i>cefaclor</i>	5	CIMDUO.....	3	<i>clomiphene citrate</i>	64
<i>cefadroxil</i>	5	CIMZIA.....	66	<i>clomipramine</i>	36
<i>cefazolin</i>	5	CIMZIA POWDER FOR		<i>clonazepam</i>	26
<i>cefazolin in dextrose (iso-os)</i> .5		RECONST.....	66	<i>clonidine (pf)</i>	34, 43
<i>cefdinir</i>	5	CIMZIA STARTER KIT	66	<i>clonidine hcl</i>	36, 43

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 08/19/2026.

<i>clonidine transdermal patch</i>.....43	CYRAMZA.....14	<i>deferasirox</i>.....56
<i>clopidogrel</i> .....46	<i>cyred eq</i> .....77	<i>deferiprone</i> .....56
<i>clorazepate dipotassium</i> .36, 37	CYSTAGON .....86	<i>deferoxamine</i> .....56
<i>clotrimazole</i> .....2, 54	CYSTARAN .....80	DELSTRIGO .....3
<i>clotrimazole-betamethasone</i> .54	<i>cytarabine</i>.....14	<i>demeclocycline</i> .....11
<i>clozapine</i>.....37	<i>cytarabine (pf)</i> .....14	DENG VAXIA (PF) .....70
COARTEM .....7	D	<i>denta 5000 plus</i>.....58
COBENFY .....37	<i>d10 %-0.45 % sodium chloride</i>	<i>dentagel</i> .....58
COBENFY STARTER PACK	56	DEPO-SUBQ PROVERA 104
.....37	<i>d2.5 %-0.45 % sodium</i>	75
<i>colchicine</i> .....73	<i>chloride</i>.....56	<i>dermacinrx lidocan</i>.....52
<i>colesevelam</i> .....48	<i>d5 % and 0.9 % sodium</i>	DESCOVY .....3
<i>colestipol</i> .....48	<i>chloride</i>.....56	<i>desipramine</i> .....37
<i>colistin (colistimethate na)</i> .....7	<i>d5 %-0.45 % sodium chloride</i>	<i>desmopressin</i> .....64
COLUMVI .....13	56	<i>desog-e.estradiol/e.estradiol</i> 77
COMBIVENT RESPIMAT .83	<i>dabigatran etexilate</i>.....46	<i>desonide</i> .....55
COMETRIQ .....13	<i>dacarbazine</i> .....14	<i>desvenlafaxine succinate</i> .....37
<i>compro</i>.....66	<i>dactinomycin</i> .....14	<i>dexamethasone</i> .....59
CONEXXENCE.....73	<i>dalfampridine</i> .....31	<i>dexamethasone intensol</i>.....59
<i>conjugated estrogens</i> .....75	<i>danazol</i> .....64	<i>dexamethasone sodium phos</i>
<i>constulose</i> .....66	<i>dantrolene</i>.....32	<i>(pf)</i> .....59
COPIKTRA.....13	DANYELZA .....14	<i>dexamethasone sodium</i>
CORTIFOAM .....66	DANZITEN.....14	<i>phosphate</i>.....59, 81
<i>cortisone</i> .....59	<i>dapagliflozin</i>.....60	DEXCOM G6 RECEIVER ..72
COSENTYX.....50	<i>dapagliflozin-metformin</i> .....60	DEXCOM G6 SENSOR.....72
COSENTYX (2 SYRINGES)	<i>dapsone</i>.....7	DEXCOM G6
.....50	DAPTACEL (DTAP	TRANSMITTER .....72
COSENTYX PEN .....50	PEDIATRIC) (PF).....70	DEXCOM G7 RECEIVER ..72
COSENTYX PEN (2 PENS)50	<i>daptomycin</i> .....7	DEXCOM G7 SENSOR.....72
COSENTYX UNOREADY	DAPTOMYCIN .....7	<i>dexrazoxane hcl</i> .....11
PEN .....50	<i>darunavir</i>.....3	<i>dextroamphetamine-</i>
COTELLIC.....13	DARZALEX .....14	<i>amphetamine</i>.....37
CREON .....66	DARZALEX FASPRO .....14	<i>dextrose 10 % and 0.2 % nacl</i>
CRESEMBA .....2	<i>dasatinib</i> .....14	56
<i>cromolyn</i>.....66, 80, 83	<i>dasetta 1/35 (28)</i>.....77	<i>dextrose 10 % in water (d10w)</i>
<i>cryselle (28)</i>.....77	<i>dasetta 7/7/7 (28)</i>.....77	56
CRYSVITA .....64	DATROWAY .....14	<i>dextrose 25 % in water (d25w)</i>
<i>cyclobenzaprine</i>.....32	<i>daunorubicin</i> .....14	56
<i>cyclophosphamide</i> .....13	DAURISMO.....14	<i>dextrose 5 % in water (d5w)</i> .56
CYCLOPHOSPHAMIDE ....14	<i>daysee</i> .....77	<i>dextrose 5 %-lactated ringers</i>
<i>cyclosporine</i> .....14, 80	<i>deblitane</i> .....75	56
<i>cyclosporine modified</i> .....14	<i>decitabine</i> .....14	

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 08/19/2026.

<i>dextrose 5%-0.2 % sod chloride</i>	56	DOPTelet (30 TAB PACK)	46	<i>efavirenz-lamivu-tenofov disop</i>	3
<i>dextrose 5%-0.3 % sod.chloride</i>	57	DOPTelet SPRINKLE.....	46	<i>effe-r-k</i>	87
<i>dextrose 50 % in water (d50w)</i>	57	<i>dorzolamide</i>	80	ELAhERE	14
<i>dextrose 70 % in water (d70w)</i>	57	<i>dorzolamide-timolol</i>	80	ELAPRASE	64
DIACOMIT	26	<i>dotti</i>	76	<i>electrolyte-148</i>	88
<i>diazepam</i>	26, 37	DOVATO	3	<i>electrolyte-48 in d5w</i>	88
<i>diazepam intensol</i>	37	<i>doxazosin</i>	44	<i>electrolyte-a</i>	88
<i>diazoxide</i>	60	<i>doxepin</i>	37	ELIGARD.....	14
<i>diclofenac potassium</i>	34	<i>doxercalciferol</i>	64	ELIGARD (3 MONTH)	14
<i>diclofenac sodium</i>	34, 52, 80	<i>doxorubicin</i>	14	ELIGARD (4 MONTH)	15
<i>diclofenac-misoprostol</i>	34	<i>doxorubicin, peg-liposomal</i> ..	14	ELIGARD (6 MONTH)	15
<i>dicloxacillin</i>	10	<i>doxy-100</i>	11	<i>elinest</i>	77
<i>dicyclomine</i>	65	<i>doxycycline hyclate</i>	11	ELIQUIS.....	46, 47
DIFICID	6	<i>doxycycline monohydrate</i>	11	ELIQUIS DVT-PE TREAT	
<i>diflunisal</i>	34	DRIZALMA SPRINKLE.....	37	30D START.....	46
<i>digoxin</i>	49	<i>dronabinol</i>	66	ELIQUIS SPRINKLE	47
<i>dihydroergotamine</i>	30	<i>droperidol</i>	66	ELITEK	11
DILANTIN 30 MG	26	DROPSAFE ALCOHOL		ELMIRON	86
<i>diltiazem hcl</i>	43, 44	PREP PADS	60	ELREXFIO	15
<i>dilt-xr</i>	44	<i>drospirenone-e.estradiol-lm.fa</i>	77	<i>eltrombopag olamine</i>	47
<i>dimenhydrinate</i>	66	<i>drospirenone-ethinyl estradiol</i>	77	<i>eluryng</i>	77
<i>dimethyl fumarate</i>	31	DROXIA	14	ELZONRIS.....	15
<i>diphenhydramine hcl</i>	81	<i>droxidopa</i>	57	EMGALITY PEN.....	30
<i>diphenoxylate-atropine</i>	65	DUAVEE.....	76	EMGALITY SYRINGE.....	30
<i>dipyridamole</i>	46	DULERA.....	83	EMPLICITI	15
<i>disulfiram</i>	57	<i>duloxetine</i>	37	EMRELIS	15
<i>divalproex</i>	26	DUPIXENT PEN	52	EMSAM	37
<i>dobutamine</i>	49	DUPIXENT SYRINGE.....	52	<i>emtricitabine</i>	3
<i>dobutamine in d5w</i>	49	<i>dutasteride</i>	86	<i>emtricitabine-tenofovir (tdf)</i> ...	3
<i>docetaxel</i>	14	<i>dutasteride-tamsulosin</i>	86	<i>emtricitabine-tenofovir (tdf)</i> ...	3
<i>dofetilide</i>	42	E		EMTRIVA.....	3
<i>donepezil</i>	31	<i>econazole nitrate</i>	54	EMVERM.....	7
<i>dopamine</i>	49	EDARBI.....	44	<i>emzakh</i>	76
<i>dopamine in 5 % dextrose</i> ...	49	EDARBYCLOR.....	44	<i>enalapril maleate</i>	44
DOPTelet (10 TAB PACK)	46	EDURANT	3	<i>enalaprilat</i>	44
DOPTelet (15 TAB PACK)	46	EDURANT PED	3	<i>enalapril-hydrochlorothiazide</i>	44
		<i>efavirenz</i>	3	ENBREL.....	74
		<i>efavirenz-emtricitabin-tenofov</i> 3		ENBREL MINI	74
				ENBREL SURECLICK	74
				<i>endocet</i>	33

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 08/19/2026.

ENGERIX-B (PF)	71	<i>etodolac</i>	34	FETZIMA	38
ENGERIX-B PEDIATRIC		<i>etonogestrel-ethinyl estradiol</i>		FIASP FLEXTOUCH U-100	
(PF)	71	.....	77	INSULIN	60
<i>enoxaparin</i>	47	ETOPOPHOS	15	FIASP PENFILL U-100	
ENSACOVE	15	<i>etoposide</i>	15	INSULIN	60
<i>enskyce</i>	77	<i>etravirine</i>	3	FIASP U-100 INSULIN	60
<i>entacapone</i>	30	EUCRISA	52	<i>fidaxomicin</i>	7
<i>entecavir</i>	3	EULEXIN	15	<i>finasteride</i>	86
ENTRESTO SPRINKLE	49	<i>everolimus (antineoplastic)</i> ..	15	<i> fingolimod</i>	31
<i>enulose</i>	66	<i>everolimus</i>		FINTEPLA	27
ENVARSUS XR	15	(<i>immunosuppressive</i>)	15	FIRMAGON KIT W	
EPIDIOLEX	26	EVOTAZ	3	DILUENT SYRINGE	15
<i>epinastine</i>	80	<i>exemestane</i>	15	<i>flac otic oil</i>	58
<i>epinephrine</i>	81	EXXUA	37, 38	<i>flecainide</i>	42
EPKINLY	15	<i>ezetimibe</i>	48	<i>floxuridine</i>	15
<i>eplerenone</i>	44	<i>ezetimibe-simvastatin</i>	48	<i>fluconazole</i>	2
ERBITUX	15	F		<i>fluconazole in nacl (iso-osm)</i> ..	2
<i>ergotamine-caffeine</i>	30	FABRAZYME	64	<i>flucytosine</i>	2
<i>eribulin</i>	15	<i>falmina (28)</i>	77	<i>fludarabine</i>	16
ERIVEDGE	15	<i>famciclovir</i>	3	<i>fludrocortisone</i>	59
ERLEADA	15	<i>famotidine</i>	69	<i>flumazenil</i>	38
<i>erlotinib</i>	15	<i>famotidine (pf)</i>	69	<i>flunisolide</i>	83
<i>errin</i>	76	<i>famotidine (pf)-nacl (iso-os)</i>	69	<i>fluocinolone</i>	55
<i>ertapenem</i>	7	FANAPT	38	<i>fluocinolone acetonide oil</i>	58
<i>ery pads</i>	53	FANAPT TITRATION PACK		<i>fluocinolone and shower cap</i>	55
<i>ery-tab</i>	6	A	38	<i>fluocinonide</i>	55
<i>erythromycin</i>	6, 7, 79	FANAPT TITRATION PACK		<i>fluocinonide-emollient</i>	55
<i>erythromycin ethylsuccinate</i> ..	6	B	38	<i>fluoride (sodium)</i>	58, 89
<i>erythromycin with ethanol</i>	53	FANAPT TITRATION PACK		<i>fluorometholone</i>	81
<i>escitalopram oxalate</i>	37	C	38	<i>fluorouracil</i>	16, 52
<i>eslicarbazepine</i>	26, 27	FASENRA	83	<i>fluoxetine</i>	38
<i>esmolol</i>	44	FASENRA PEN	83	<i>fluphenazine decanoate</i>	38
<i>esomeprazole magnesium</i>	69	FAVLYXA	15	<i>fluphenazine hcl</i>	38
<i>esomeprazole sodium</i>	69	<i>febuxostat</i>	73	<i>flurbiprofen</i>	34
<i>estarylla</i>	77	<i>felbamate</i>	27	<i>flurbiprofen sodium</i>	80
<i>estradiol</i>	76	<i>felodipine</i>	44	<i>fluticasone propionate</i>	55, 83
<i>estradiol valerate</i>	76	<i>fenofibrate</i>	48	FLUTICASONE	
<i>estradiol-norethindrone acet</i>	76	<i>fenofibrate micronized</i>	48	PROPIONATE	83
<i>eszopiclone</i>	37	<i>fenofibrate nanocrystallized</i> ..	48	<i>fluticasone propion-salmeterol</i>	
<i>ethacrynate sodium</i>	44	<i>fenofibric acid</i>	48	.....	83
<i>ethambutol</i>	7	<i>fenofibric acid (choline)</i>	48	<i>fluvastatin</i>	48
<i>ethosuximide</i>	27	<i>fentanyl</i>	33	<i>fluvoxamine</i>	38

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 08/19/2026.

<i>fomepizole</i>	71	FYARRO.....	16	<i>glycopyrrolate (pf) in water</i> ..	65
<i>fondaparinux</i>	47	<i>fyavolv</i>	76	<i>glydo</i>	52
<i>formoterol fumarate</i>	83	FYCOMPA.....	27	GLYXAMBI.....	61
<i>fosamprenavir</i>	3	G		GOMEKLI.....	16
<i>fosaprepitant</i>	66	<i>gabapentin</i>	27	GRAFAPEX	16
<i>fosfomycin tromethamine</i>	11	<i>galantamine</i>	31	<i>granisetron (pf)</i>	66
<i>fosinopril</i>	44	<i>gallifrey</i>	76	<i>granisetron hcl</i>	66
<i>fosinopril-hydrochlorothiazide</i>		GAMASTAN	71	<i>griseofulvin microsize</i>	2
.....	44	GAMUNEX-C.....	71	<i>griseofulvin ultramicrosize</i>	2
<i>fosphenytoin</i>	27	<i>ganciclovir sodium</i>	3	GVOKE	61
FOTIVDA	16	GARDASIL 9 (PF).....	71	GVOKE HYPOPEN 1-PACK	
FREESTYLE FREEDOM		<i>gatifloxacin</i>	79	.....	61
LITE	72	GATTEX 30-VIAL	66	GVOKE HYPOPEN 2-PACK	
FREESTYLE INSULINX... 60,		GATTEX ONE-VIAL	66	.....	61
72		GAUZE PAD	73	GVOKE PFS 1-PACK	
FREESTYLE INSULINX		<i>gavilyte-c</i>	66	SYRINGE.....	61
TEST STRIPS	60	<i>gavilyte-g</i>	66	GVOKE PFS 2-PACK	
FREESTYLE LIBRE 14 DAY		<i>gavilyte-n</i>	66	SYRINGE.....	61
READER.....	72	GAVRETO.....	16	H	
FREESTYLE LIBRE 14 DAY		GAZYVA	16	HADLIMA	74
SENSOR.....	72	<i>gefitinib</i>	16	HADLIMA PUSHTOUCH ..	74
FREESTYLE LIBRE 2 PLUS		<i>gemcitabine</i>	16	HADLIMA(CF).....	74
SENSOR.....	72	GEMCITABINE	16	HADLIMA(CF)	
FREESTYLE LIBRE 2		<i>gemfibrozil</i>	48	PUSHTOUCH	74
READER.....	72	GEMTESA	86	<i>halobetasol propionate</i>	55
FREESTYLE LIBRE 2		<i>generlac</i>	66	<i>haloperidol</i>	38
SENSOR.....	72	<i>engraf</i>	16	<i>haloperidol decanoate</i>	38
FREESTYLE LIBRE 3 PLUS		<i>gentamicin</i>	7, 54, 79	<i>haloperidol lactate</i>	38
SENSOR.....	72	<i>gentamicin in nacl (iso-osm)</i> ..	7	HAVRIX (PF)	71
FREESTYLE LIBRE 3		<i>gentamicin sulfate (ped) (pf)</i> ..	7	<i>heather</i>	76
READER.....	72	GENVOYA	3	<i>heparin (porcine)</i>	47
FREESTYLE LIBRE 3		GILOTRIF.....	16	<i>heparin (porcine) in 5 % dex</i>	47
SENSOR.....	72	<i>glatiramer</i>	31	<i>heparin (porcine) in nacl (pf)</i>	
FREESTYLE LITE METER	73	<i>glatopa</i>	31	.....	47
FREESTYLE LITE STRIPS	60	GLEOSTINE	16	<i>heparin(porcine) in 0.45% nacl</i>	
FREESTYLE PRECISION		<i>glimepiride</i>	60	.....	48
NEO STRIPS.....	60	<i>glipizide</i>	60	HEPARIN(PORCINE) IN	
FREESTYLE TEST	60	<i>glipizide-metformin</i>	60, 61	0.45% NACL	47
FRUZAQLA.....	16	<i>glutamine (sickle cell)</i>	57	<i>heparin, porcine (pf)</i>	48
FULPHILA.....	69	<i>glycine urologic solution</i>	86	HEPARIN, PORCINE (PF)..	48
<i>fulvestrant</i>	16	<i>glycopyrrolate</i>	65, 66	HEPLISAV-B (PF).....	71
<i>furosemide</i>	44	<i>glycopyrrolate (pf)</i>	65	HERNEXEOS	16

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 08/19/2026.

HIBERIX (PF).....	71	I	INLURIYO.....	17
HUMALOG JUNIOR		<i>ibandronate</i>	INLYTA	17
KWIKPEN U-100	61	IBRANCE	INPEFA	61
HUMALOG KWIKPEN		IBTROZI	INQOVI.....	17
INSULIN	61	<i>ibu</i>	INREBIC	17
HUMALOG MIX 50-50		<i>ibuprofen</i>	INSULIN LISPRO	61
KWIKPEN	61	<i>ibutilide fumarate</i>	INSULIN LISPRO	
HUMALOG MIX 75-25		<i>icatibant</i>	PROTAMIN-LISPRO	61
KWIKPEN	61	ICLUSIG	INSULIN SYRINGE-	
HUMALOG MIX 75-25(U-		<i>icosapent ethyl</i>	NEEDLE U-100	73
100)INSULN.....	61	<i>idarubicin</i>	INTELENCE	3
HUMALOG U-100 INSULIN		IDHIFA	<i>intralipid</i>	88
.....	61	IDVYNOS	<i>introvale</i>	78
HUMULIN 70/30 U-100		<i>ifosfamide</i>	INVEGA HAFYERA.....	38, 39
INSULIN.....	61	ILARIS (PF)	INVEGA SUSTENNA.....	39
HUMULIN 70/30 U-100		<i>imatinib</i>	INVEGA TRINZA	39
KWIKPEN	61	IMBRUVICA	INVELTYS.....	81
HUMULIN N NPH INSULIN		IMDELLTRA.....	IPOLE	71
KWIKPEN	61	IMFINZI.....	<i>ipratropium bromide</i>	58, 83
HUMULIN N NPH U-100		<i>imipenem-cilastatin</i>	<i>ipratropium-albuterol</i>	83
INSULIN.....	61	<i>imipramine hcl</i>	<i>irbesartan</i>	44
HUMULIN R REGULAR U-		<i>imiquimod</i>	<i>irbesartan-hydrochlorothiazide</i>	
100 INSULN	61	IMJUDO .....	.....	44
HUMULIN R U-500 (CONC)		IMKELDI	<i>irinotecan</i>	17
INSULIN.....	61	IMOVAX RABIES VACCINE	ISENTRESS	3
HUMULIN R U-500 (CONC)		(PF).....	ISENTRESS HD	3
KWIKPEN	61	IMPAVIDO	<i>isibloom</i>	78
<i>hydralazine</i>	44	IMVEXXY MAINTENANCE	ISOLYTE S PH 7.4	88
<i>hydrochlorothiazide</i>	44	PACK	ISOLYTE-P IN 5 %	
<i>hydrocodone-acetaminophen</i>	33	IMVEXXY STARTER PACK	DEXTROSE	88
<i>hydrocodone-ibuprofen</i>	33	.....	ISOLYTE-S.....	88
<i>hydrocortisone</i>	55, 59, 66, 67	INBRIJA.....	<i>isoniazid</i>	7
<i>hydrocortisone-acetic acid</i> ...	58	<i>incassia</i>	<i>isosorbide dinitrate</i>	50
<i>hydromorphone</i>	33	INCRELEX	<i>isosorbide mononitrate</i>	50
<i>hydromorphone (pf)</i>	33	<i>indapamide</i>	<i>isosorbide-hydralazine</i>	44
<i>hydroxychloroquine</i>	7	INFANRIX (DTAP) (PF).....	<i>isotretinoin</i>	53
<i>hydroxyurea</i>	16	INFLIXIMAB	<i>isradipine</i>	44
<i>hydroxyzine hcl</i>	81	INGREZZA	ISTODAX.....	17
HYPERHEP B.....	71	INGREZZA INITIATION	ITOVEBI.....	17
HYPERHEP B NEONATAL		PK(TARDIV)	<i>itraconazole</i>	2
.....	71	INGREZZA SPRINKLE.....	<i>ivabradine</i>	49
HYRNUO.....	16	INLEXZO.....	<i>ivermectin</i>	7

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 08/19/2026.

IWILFIN.....	18	KINERET.....	74	<i>larin fe 1/20 (28)</i>	78
IXEMPRA.....	18	KINRIX (PF).....	71	<i>latanoprost</i>	80
IXIARO (PF).....	71	<i>kionex</i>	57	LAZCLUZE	18
J		KIRSTY.....	62	LEDIPASVIR-SOFOSBUVIR	
JAKAFI.....	18	KIRSTY PEN.....	62	.....	3
JAKAFI XR.....	18	KISQALI.....	18	<i>leflunomide</i>	74
<i>jantoven</i>	48	<i>klayesta</i>	54	<i>lenalidomide</i>	18
JANUMET	61	<i>klor-con 10</i>	87	LENVIMA.....	18
JANUMET XR.....	61, 62	<i>klor-con 8</i>	87	<i>lessina</i>	78
JANUVIA.....	62	<i>klor-con m10</i>	87	<i>letrozole</i>	18
JARDIANCE.....	62	<i>klor-con m15</i>	87	<i>leucovorin calcium</i>	11
<i>jasmiel (28)</i>	78	<i>klor-con m20</i>	87	LEUKERAN.....	18
JAYPIRCA.....	18	<i>klor-con oral packet 20</i>	87	<i>leuprolide</i>	19
JEMPERLI	18	KLOXXADO	34	<i>levetiracetam</i>	27, 28
<i>jencycla</i>	76	KOMZIFTI.....	18	LEVETIRACETAM.....	28
JENTADUETO	62	KOSELUGO	18	<i>levetiracetam in nacl (iso-os)</i>	
JENTADUETO XR.....	62	<i>kourzeq</i>	58	.....	27
JEVTANA.....	18	K-PHOS NO 2.....	86	<i>levobunolol</i>	79
<i>jinteli</i>	76	K-PHOS ORIGINAL	86	<i>levocarnitine</i>	57
<i>jolessa</i>	78	KRAZATI	18	<i>levocarnitine (with sugar)</i>	57
JOURNAVX.....	34	<i>kurvelo (28)</i>	78	<i>levocetirizine</i>	81
JUBBONTI.....	74	KYPROLIS	18	<i>levofloxacin</i>	10, 79
<i>juleber</i>	78	L		<i>levofloxacin in d5w</i>	10
JULUCA.....	3	<i>l norgest/e.estradiol-e.estrad</i>	78	<i>levoleucovorin calcium</i>	11
JYLAMVO.....	18	<i>labetalol</i>	44	<i>levonest (28)</i>	78
JYNNEOS (PF)	71	<i>lacosamide</i>	27	<i>levonorgestrel-ethinyl estrad</i>	78
K		<i>lactated ringers</i>	56, 87	<i>levonorg-eth estrad triphasic</i>	78
KADCYLA	18	<i>lactulose</i>	67	<i>levothyroxine</i>	65
KALETRA	3	LAGEVRIO (EUA).....	3	<i>levoxyl</i>	65
<i>kalliga</i>	78	<i>lamivudine</i>	3	LIBTAYO.....	19
KALYDECO.....	83	<i>lamivudine-zidovudine</i>	3	<i>lidocaine</i>	52, 53
KANUMA.....	64	<i>lamotrigine</i>	27	<i>lidocaine (pf)</i>	42, 52
<i>kariva (28)</i>	78	<i>lanreotide</i>	18	<i>lidocaine hcl</i>	52
<i>kelnor 1/35 (28)</i>	78	<i>lansoprazole</i>	69	<i>lidocaine in 5 % dextrose (pf)</i>	
KERENDIA	44	LANTUS SOLOSTAR U-100		.....	42
KESIMPTA PEN	31	INSULIN.....	62	<i>lidocaine-epinephrine</i>	53
<i>ketoconazole</i>	2, 54	LANTUS U-100 INSULIN ..	62	<i>lidocaine-epinephrine (pf)</i>	53
<i>ketorolac</i>	80	<i>lapatinib</i>	18	<i>lidocaine-prilocaine</i>	53
KEYTRUDA.....	18	<i>larin 1.5/30 (21)</i>	78	<i>lidocan iii</i>	53
KEYTRUDA QLEX	18	<i>larin 1/20 (21)</i>	78	<i>lidocan iv</i>	53
KHAPZORY	11	<i>larin 24 fe</i>	78	<i>lidocan v</i>	53
KIMMTRAK.....	18	<i>larin fe 1.5/30 (28)</i>	78	LIFYORLI.....	19

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 08/19/2026.

LILETTA	77	<i>lurbiro</i>	34	<i>memantine-donepezil</i>	32
<i>lincomycin</i>	7	<i>luter</i> (28).....	78	MENQUADFI (PF)	71
<i>linezolid</i>	8	LYBALVI	39	MENVEO A-C-Y-W-135-DIP	
<i>linezolid in dextrose 5%</i>	7	<i>lyleq</i>	76	(PF)	71
LINZESS	67	<i>lyllana</i>	76	MEPSEVII.....	64
<i>liomny</i>	65	LYNOZYFIC	19	<i>mercaptapurine</i>	20
LIORESAL.....	32	LYNPARZA.....	19	<i>meropenem</i>	8
<i>liothyronine</i>	65	LYSODREN.....	19	<i>mesalamine</i>	67
<i>liraglutide</i>	62	LYTGOBI	19	<i>mesalamine with cleansing</i>	
<i>lisinopril</i>	44	LYUMJEV KWIKPEN U-100		<i>wipe</i>	67
<i>lisinopril-hydrochlorothiazide</i>		INSULIN	62	<i>mesna</i>	11
.....	44	LYUMJEV KWIKPEN U-200		<i>metformin</i>	62
<i>lithium carbonate</i>	39	INSULIN	62	<i>methadone</i>	33
<i>lithium citrate</i>	39	LYUMJEV U-100 INSULIN		<i>methadone intensol</i>	33
LIVDELZI.....	67	.....	62	<i>methadose</i>	33
LIVTENCITY	3	<i>lyza</i>	76	<i>methazolamide</i>	80
LOKELMA	57	M		<i>methenamine hippurate</i>	11
<i>lomustine</i>	19	<i>macitentan</i>	84	<i>methenamine mandelate</i>	11
LONSURF.....	19	<i>magnesium chloride</i>	87	<i>methimazole</i>	60
<i>loperamide</i>	66	<i>magnesium sulfate</i>	87	<i>methotrexate sodium</i>	20
<i>lopinavir-ritonavir</i>	3	MAGNESIUM SULFATE IN		<i>methotrexate sodium (pf)</i>	20
LOQTORZI.....	19	D5W	87	<i>methoxsalen</i>	53
<i>lorazepam</i>	39	<i>magnesium sulfate in water</i> ..	87	<i>methsuximide</i>	28
<i>lorazepam intensol</i>	39	<i>malathion</i>	56	<i>methylergonovine</i>	79
LORBRENA	19	<i>mannitol 20 %</i>	44	<i>methylphenidate hcl</i>	39, 40
<i>loryna (28)</i>	78	<i>mannitol 25 %</i>	45	<i>methylprednisolone</i>	59
<i>losartan</i>	44	<i>maraviroc</i>	3	<i>methylprednisolone acetate</i> ..	59
<i>losartan-hydrochlorothiazide</i>		<i>marlissa (28)</i>	78	<i>methylprednisolone sodium</i>	
.....	44	MARPLAN	39	<i>succ</i>	59
<i>loteprednol etabonate</i>	81	MATULANE.....	19	<i>metoclopramide hcl</i>	67
<i>lovastatin</i>	48, 49	<i>matzim la</i>	45	<i>metolazone</i>	45
<i>low-ogestrel (28)</i>	78	MAVYRET	4	<i>metoprolol succinate</i>	45
<i>loxapine succinate</i>	39	<i>meclizine</i>	67	<i>metoprolol ta-hydrochlorothiaz</i>	
<i>lo-zumandimine (28)</i>	78	<i>medroxyprogesterone</i>	76	.....	45
<i>lubiprostone</i>	67	<i>mefloquine</i>	8	<i>metoprolol tartrate</i>	45
LUMAKRAS	19	<i>megestrol</i>	19	<i>metro i.v.</i>	8
LUMIGAN	80	MEKINIST	19, 20	<i>metronidazole</i>	8, 53, 77
LUMIZYME	64	MEKTOVI.....	20	<i>metronidazole in nacl (iso-os)</i>	8
LUNSUMIO.....	19	<i>meleya</i>	76	<i>metyrosine</i>	45
LUNSUMIO VELO	19	<i>meloxicam</i>	34	<i>mexiletine</i>	42
LUPRON DEPOT	19	<i>melpalan hcl</i>	20	<i>micafungin</i>	2
<i>lurasidone</i>	39	<i>memantine</i>	31, 32	<i>microgestin 1.5/30 (21)</i>	78

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 08/19/2026.

<i>microgestin 1/20 (21)</i>	78	<i>mycophenolate sodium</i>	20	NICOTROL NS	58
<i>microgestin fe 1.5/30 (28)</i>	78	MYFEMBREE	77	<i>nifedipine</i>	45
<i>microgestin fe 1/20 (28)</i>	78	MYHIBBIN.....	20	<i>nikki (28)</i>	78
<i>midodrine</i>	57	MYLOTARG	20	<i>nilotinib hcl</i>	20
MIEBO (PF).....	80	N		<i>nilutamide</i>	20
<i>mifepristone</i>	64, 77	<i>nabumetone</i>	34	<i>nimodipine</i>	45
<i>mili</i>	78	<i>nadolol</i>	45	NINLARO	20
<i>milnacipran</i>	74	<i>nafcillin</i>	10	<i>nintedanib</i>	84
<i>milophene</i>	64	<i>nafcillin in dextrose iso-osm</i> .10		<i>nitazoxanide</i>	8
<i>milrinone</i>	49	<i>naftifine</i>	54	<i>nitisinone</i>	57
<i>milrinone in 5 % dextrose</i>	49	NAGLAZYME.....	64	<i>nitro-bid</i>	50
<i>mimvey</i>	76	<i>nalbuphine</i>	34	<i>nitrofurantoin macrocrystal</i> .11	
<i>minocycline</i>	11	<i>naloxone</i>	35	<i>nitrofurantoin monohyd/m-</i>	
<i>minoxidil</i>	45	<i>naltrexone</i>	35	<i>cryst</i>	11
<i>miostat</i>	80	<i>naproxen</i>	35	<i>nitroglycerin</i>	50, 67
<i>mirabegron</i>	86	<i>naproxen sodium</i>	35	NIVESTYM	69
<i>mirtazapine</i>	40	<i>naratriptan</i>	30	<i>nora-be</i>	76
<i>misoprostol</i>	69	NATACYN	79	<i>norelgestromin-ethin.estradiol</i>	
<i>mitomycin</i>	20	<i>nateglinide</i>	62	.....	77
<i>mitoxantrone</i>	20	NAYZILAM.....	28	<i>norepinephrine bitartrate</i>	49
M-M-R II (PF).....	71	<i>nebivolol</i>	45	<i>norethindrone (contraceptive)</i>	
<i>modafinil</i>	40	<i>nefazodone</i>	40	.....	76
MODEYSO	20	NELARABINE	20	<i>norethindrone acetate</i>	76
<i>moexipril</i>	45	NEMLUVIO.....	20	<i>norethindrone ac-eth estradiol</i>	
<i>molindone</i>	40	<i>neomycin</i>	8	.....	76, 78
<i>mometasone</i>	55, 84	<i>neomycin-bacitracin-poly-hc</i> 80		<i>norgestimate-ethinyl estradiol</i>	
<i>mondoxylene nl</i>	11	<i>neomycin-bacitracin-</i>		.....	78
MONJUVI.....	20	<i>polymyxin</i>	79	<i>nortrel 0.5/35 (28)</i>	78
<i>mono-lynyah</i>	78	<i>neomycin-polymyxin b gu</i>	56	<i>nortrel 1/35 (21)</i>	78
<i>montelukast</i>	84	<i>neomycin-polymyxin b-</i>		<i>nortrel 1/35 (28)</i>	78
<i>morphine</i>	33, 34	<i>dexameth</i>	80	<i>nortrel 7/7/7 (28)</i>	78
<i>morphine (pf)</i>	33	<i>neomycin-polymyxin-</i>		<i>nortriptyline</i>	40
<i>morphine concentrate</i>	33	<i>gramicidin</i>	79	NORVIR.....	4
MOUNJARO.....	62	<i>neomycin-polymyxin-hc</i> ..59, 81		NOVOLIN 70/30 U-100	
<i>moxifloxacin</i>	10, 79	NERLYNX.....	20	INSULIN	62
<i>moxifloxacin-sod.chloride(iso)</i>		NEUPRO	30	NOVOLIN 70-30 FLEXPEN	
.....	10	<i>nevirapine</i>	4	U-100	62
MRESVIA (PF).....	71	NEXLETOL	49	NOVOLIN N FLEXPEN	62
MULTAQ.....	42	NEXLIZET.....	49	NOVOLIN N NPH U-100	
<i>mupirocin</i>	54	NEXPLANON.....	77	INSULIN	62
<i>mycophenolate mofetil</i>	20	<i>niacin</i>	49	NOVOLIN R FLEXPEN.....	62
<i>mycophenolate mofetil (hcl)</i> .20		<i>nicardipine</i>	45		

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

This drug list was last updated on 08/19/2026.

NOVOLIN R REGULAR		OMNIPOD 5 INTRO		P	
U100 INSULIN	62	(LIBRE2/3PLUS).....	73	<i>pacerone</i>	42
NOVOLOG MIX 70-30 U-100		OMNIPOD DASH INTRO		<i>paclitaxel</i>	21
INSULN	62	KIT (GEN 4)	73	<i>paclitaxel protein-bound</i>	21
NOVOLOG MIX 70-		OMNIPOD DASH PODS		PADCEV	21
30FLEXPEN U-100	62	(GEN 4)	73	<i>paliperidone</i>	40
NOVOLOG PENFILL U-100		OMNITROPE.....	70	<i>palonosetron</i>	67
INSULIN	63	ONCASPAR.....	21	<i>pamidronate</i>	64
NUBEQA	20	<i>ondansetron</i>	67	PANRETIN	53
NUCALA	84	<i>ondansetron hcl</i>	67	<i>pantoprazole</i>	69
NUEDEXTA	32	<i>ondansetron hcl (pf)</i>	67	<i>paricalcitol</i>	64
NULOJIX	20	ONIVYDE.....	21	<i>paroxetine hcl</i>	40
NUPLAZID	40	ONUREG	21	PAVBLU	80
NURTEC ODT.....	30	OPDIVO	21	PAXLOVID.....	4
<i>nyamyc</i>	54	OPDIVO QVANTIG.....	21	<i>pazopanib</i>	21
<i>nystatin</i>	2, 54	OPDUALAG	21	PAZOPANIB.....	21
<i>nystatin-triamcinolone</i>	54	OPIPZA	40	PEDIARIX (PF)	71
<i>nystop</i>	54	<i>opium tincture</i>	66	PEDVAX HIB (PF).....	71
NYVEPRIA.....	69	OPSYNVI.....	84	<i>peg 3350-electrolytes</i>	67
O		ORGOVYX.....	21	PEGASYS	70
<i>octreotide acetate</i>	20, 21	ORKAMBI	84	<i>peg-electrolyte</i>	67
<i>octreotide,microspheres</i>	21	<i>orquidea</i>	77	PEMAZYRE.....	21
ODEFSEY	4	ORSERDU	21	<i>pemetrexed disodium</i>	21, 22
ODOMZO	21	<i>oseltamivir</i>	4	PEN NEEDLE, DIABETIC .	73
<i>ofloxacin</i>	59, 79	<i>osmitrol 20 %</i>	45	PENBRAYA (PF)	71
OGSIVEO	21	OTEZLA	74	<i>penciclovir</i>	54
OJEMDA.....	21	OTEZLA STARTER.....	74	<i>penicillamine</i>	75
OJJAARA.....	21	OTEZLA XR.....	75	PENICILLIN G POT IN	
<i>olanzapine</i>	40	OTEZLA XR INITIATION .	75	DEXTROSE	10
<i>olmesartan</i>	45	OTULFI.....	50	<i>penicillin g potassium</i>	10
<i>olmesartan-amlodipin-</i>		<i>oxacillin</i>	10	<i>penicillin g sodium</i>	10
<i>hcthiamid</i>	45	<i>oxacillin in dextrose(iso-osm)</i>	10	<i>penicillin v potassium</i>	10
<i>olmesartan-</i>		.....	10	PENMENVY MEN A-B-C-W-	
<i>hydrochlorothiazide</i>	45	<i>oxaliplatin</i>	21	Y (PF)	71
<i>omega-3 acid ethyl esters</i>	49	<i>oxaprozin</i>	35	PENTACEL (PF).....	71
<i>omeprazole</i>	69	<i>oxcarbazepine</i>	28	<i>pentamidine</i>	8
OMNIPOD 5 (LIBRE 2/3		OXERVATE	80	<i>pentobarbital sodium</i>	40
PLUS).....	73	<i>oxybutynin chloride</i>	86	<i>pentoxifylline</i>	48
OMNIPOD 5 G6-G7 INTRO		<i>oxycodone</i>	34	<i>perampanel</i>	28
KT(GEN5).....	73	<i>oxycodone-acetaminophen</i> ...	34	<i>perindopril erbumine</i>	45
OMNIPOD 5 G6-G7 PODS		OZEMPIC	63	<i>periogard</i>	58
(GEN 5).....	73	OZURDEX.....	81	PERJETA	22

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 08/19/2026.

<i>permethrin</i>	56	<i>potassium chloride in</i>		PRIFTIN	8
<i>perphenazine</i>	40	<i>0.9%nacl</i>	87	PRIMAQUINE	8
<i>pfizerpen-g</i>	10	<i>potassium chloride in 5 % dex</i>		<i>primidone</i>	28
<i>phenelzine</i>	40	.....	87	PRIMIDONE	28
<i>phenobarbital</i>	28	<i>potassium chloride in lr-d5</i> ..	87	PRIORIX (PF)	71
<i>phenobarbital sodium</i>	28	<i>potassium chloride in water</i> ..	87	<i>probenecid</i>	73
<i>phentolamine</i>	45	<i>potassium chloride-0.45 %</i>		<i>probenecid-colchicine</i>	73
<i>phenytoin</i>	28	<i>nacl</i>	88	<i>procainamide</i>	42
<i>phenytoin sodium</i>	28	<i>potassium chloride-d5-</i>		<i>prochlorperazine</i>	67
<i>phenytoin sodium extended</i> ..	28	<i>0.2%nacl</i>	88	<i>prochlorperazine edisylate</i> ...	67
<i>philith</i>	78	<i>potassium chloride-d5-</i>		<i>prochlorperazine maleate oral</i>	
PIFELTRO	4	<i>0.9%nacl</i>	88	.....	67
<i>pilocarpine hcl</i>	57, 80	<i>potassium citrate</i>	86	PROCRIT	70
<i>pimecrolimus</i>	53	<i>potassium phosphate m-/d-</i>		<i>procto-med hc</i>	67
<i>pimozide</i>	40	<i>basic</i>	88	<i>proctosol hc</i>	67
<i>pimtrea (28)</i>	78	POTELIGEO	22	<i>proctozone-hc</i>	67
<i>pindolol</i>	45	<i>pralatrexate</i>	22	<i>progesterone</i>	77
<i>pioglitazone</i>	63	PRALATREXATE.....	22	<i>progesterone micronized</i>	77
<i>piperacillin-tazobactam</i>	10	<i>pramipexole</i>	30	PROGRAF.....	22
PIQRAY	22	<i>prasugrel hcl</i>	48	PROLASTIN-C	57
<i>pirfenidone</i>	84	<i>pravastatin</i>	49	PROLIA.....	74
<i>piroxicam</i>	35	<i>praziquantel</i>	8	<i>promethazine</i>	81
<i>pitavastatin calcium</i>	49	<i>prazosin</i>	45	<i>propafenone</i>	42
PIVOT INSULIN PUMP		PRECISION XTRA		<i>propranolol</i>	45
STARTER KIT	73	MONITOR	73	<i>propylthiouracil</i>	60
PIVOT SUPPLY KIT.....	73	PRECISION XTRA TEST ..	63	PROQUAD (PF).....	71
PLEGRIDY	70	<i>prednisolone</i>	59	<i>protamine</i>	48
PLENAMINE.....	88	<i>prednisolone acetate</i>	81	<i>protriptyline</i>	40
<i>plerixafor</i>	70	<i>prednisolone sodium</i>		PULMICORT FLEXHALER	
<i>podofilox</i>	53	<i>phosphate</i>	59, 81	.....	84
POLIVY	22	<i>prednisone</i>	59	PULMOZYME.....	84
<i>polocaine</i>	53	<i>prednisone intensol</i>	59	<i>pyrazinamide</i>	8
<i>polocaine-mpf</i>	53	<i>pregabalin</i>	28	<i>pyridostigmine bromide</i>	32
<i>polymyxin b sulf-trimethoprim</i>		PREMARIN	77	<i>pyrimethamine</i>	8
.....	79	<i>premasol 10 %</i>	88	PYZCHIVA (ONLY NDCS	
<i>pomalidomide</i>	22	PREMPHASE	77	STARTING WITH 61314)	
<i>portia 28</i>	78	PREMPRO	77	.....	51
<i>posaconazole</i>	2	<i>prenatal vitamin oral tablet</i> ..	89	Q	
<i>potassium acetate</i>	87	<i>prevalite</i>	49	QINLOCK	22
<i>potassium chlorid-d5-</i>		PREVYMIS.....	4	QUADRACEL (PF)	71
<i>0.45%nacl</i>	87	PREZCOBIX.....	4	<i>quetiapine</i>	40, 41
<i>potassium chloride</i>	87, 88	PREZISTA	4	<i>quinapril</i>	45

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

This drug list was last updated on 08/19/2026.

<i>quinapril-hydrochlorothiazide</i>	<i>rifampin</i>	<i>sapropterin</i>
.....45	<i>rilpivirine hcl</i>	SARCLISA
<i>quinidine sulfate</i>	<i>riluzole</i>	SAVELLA
<i>quinine sulfate</i>	<i>rimantadine</i>	<i>saxagliptin</i>
QULIPTA	<i>ringer's</i>	<i>saxagliptin-metformin</i>
QVAR REDHALER	RINVOQ	SCSEMBLIX
R	RINVOQ LQ	<i>scopolamine base</i>
RABAVERT (PF)	<i>risedronate</i>	SECUADO
RADICAVA ORS	<i>risperidone</i>	SELARSDI
RADICAVA ORS STARTER	<i>risperidone microspheres</i>	<i>selegiline hcl</i>
KIT SUSP	<i>ritonavir</i>	<i>selenium sulfide</i>
RALDESY	<i>rivaroxaban</i>	SELZENTRY
<i>raloxifene</i>	<i>rivastigmine</i>	<i>sertraline</i>
<i>ramelteon</i>	<i>rivastigmine tartrate</i>	<i>setlakin</i>
<i>ramipril</i>	<i>rizatriptan</i>	<i>sevelamer carbonate</i>
<i>ranolazine</i>	ROCKLATAN	<i>sf 58</i>
<i>rasagiline</i>	<i>roflumilast</i>	<i>sf 5000 plus</i>
<i>reclipsen (28)</i>	<i>romidepsin</i>	<i>sharobel</i>
RECOMBIVAX HB (PF)	ROMVIMZA	SHINGRIX (PF)
RELENZA DISKHALER	<i>ropinirole</i>	SIGNIFOR
RELEUKO	<i>rosuvastatin</i>	<i>sildenafil (pulmonary arterial</i>
<i>relgaabi</i>	ROTARIX	<i>hypertension)</i>
RELISTOR	ROTATEQ VACCINE	<i>silver sulfadiazine</i>
REMICADE	<i>roweepra</i>	SIMBRINZA
RENACIDIN	ROZLYTREK	SIMLANDI(CF)
<i>repaglinide</i>	RUBRACA	SIMLANDI(CF)
REPATHA	<i>rufinamide</i>	AUTOINJECTOR
REPATHA SURECLICK	RUKOBIA	SIMULECT
RETACRIT	RUXIENCE	<i>simvastatin</i>
RETEVMO	RYBELSUS	<i>sirolimus</i>
RETROVIR	RYBREVANT	SIRTURO
REVCovi	RYBREVANT FASPRO	<i>sitagliptin phos-metformin</i>
<i>revonto</i>	RYDAPT	<i>sitagliptin phosphate</i>
REVUFORJ	RYLAZE	SKYRIZI
REXULTI	RYTELO	51, 68
REYATAZ	S	<i>sodium acetate</i>
REZDIFFRA	<i>sacubitril-valsartan</i>	<i>sodium benzoate-sod</i>
REZLIDHIA	<i>sajazir</i>	<i>phenylacet</i>
REZUROCK	<i>salsalate</i>	<i>sodium bicarbonate</i>
RHOPRESSA	SANDOSTATIN LAR	<i>sodium chloride</i>
<i>ribavirin</i>	DEPOT	57, 88
<i>rifabutin</i>	SANTYL	<i>sodium chloride 0.45 %</i>
		<i>sodium chloride 0.9 %</i>

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 08/19/2026.

<i>sodium chloride 3 %</i>	SUBVENITE.....29	TECVAYLI.....23
<i>hypertonic</i>.....88	SUCRAID .....68	TEFLARO .....6
<i>sodium chloride 5 %</i>	<i>sucralfate</i>.....69	<i>telmisartan</i>.....45
<i>hypertonic</i>.....88	<i>sulfacetamide sodium</i> .....80	<i>telmisartan-amlodipine</i>.....45
<i>sodium fluoride 5000 dry</i>	<i>sulfacetamide sodium (acne)</i> 54	<i>telmisartan-hydrochlorothiazid</i>
<i>mouth</i>.....58	<i>sulfacetamide-prednisolone</i> ..80	45
<i>sodium fluoride 5000 plus</i> ....58	<i>sulfadiazine</i>.....11	TEMODAR .....23
<i>sodium fluoride-pot nitrate</i> ...58	<i>sulfamethoxazole-trimethoprim</i>	<i>temsirolimus</i> .....23
<i>sodium oxybate</i>.....41	11	TENIVAC (PF) .....71
<i>sodium phenylbutyrate</i> .....57	<i>sulfasalazine</i> .....68	<i>tenofovir disoproxil fumarate</i> .4
<i>sodium phosphate</i>.....88	<i>sulindac</i> .....35	TEPMETKO.....23
<i>sodium polystyrene sulfonate</i> 57	<i>sumatriptan nasal</i>.....30	<i>terazosin</i> .....45
<i>sodium,potassium,mag sulfates</i>	<i>sumatriptan succinate</i>.....30	<i>terbinafine hcl</i>.....2
.....68	<i>sunitinib malate</i> .....23	<i>terbutaline</i>.....85
SOFOSBUVIR-	SUNLENCA.....4	<i>terconazole</i> .....77
VELPATASVIR.....4	<i>syeda</i> .....78	<i>teriflunomide</i>.....32
<i>solifenacin</i> .....86	SYLVANT .....23	<i>teriparatide</i> .....74
SOLQUA 100/33 .....63	SYMDEKO .....85	<i>testosterone</i>.....64, 65
SOLTAMOX.....23	SYMPAZAN.....29	<i>testosterone cypionate</i> .....64
SOMATULINE DEPOT .....23	SYMPROIC.....68	<i>testosterone enanthate</i> .....64
SOMAVERT.....64	SYMTUZA.....4	<i>tetrabenazine</i> .....32
<i>sorafenib</i>.....23	SYNJARDY .....63	<i>tetracycline</i> .....11
<i>sotalol</i>.....43	SYNJARDY XR.....63	TEVIMBRA .....24
<i>sotalol af</i>.....43	T	TEZSPIRE.....85
SPIRIVA RESPIMAT .....85	TABLOID .....23	THALOMID.....24
<i>spironolactone</i> .....45	TABRECTA.....23	<i>theophylline</i> .....85
<i>spironolacton-</i>	<i>tacrolimus</i> .....23, 53	<i>thioridazine</i>.....41
<i>hydrochlorothiaz</i> .....45	<i>tadalafil</i> .....86	<i>thiotepa</i> .....24
SPRAVATO.....41	<i>tadalafil (pulmonary arterial</i>	<i>thiothixene</i> .....41
<i>sprintec (28)</i> .....78	<i>hypertension) oral tablet 20</i>	<i>tiadylt er</i>.....45
SPRITAM.....29	<i>mg</i>.....85	<i>tiagabine</i> .....29
<i>sps (with sorbitol)</i>.....57	TAFINLAR .....23	TIBSOVO.....24
<i>ssd</i>.....53	TAGRISSO .....23	<i>ticagrelor</i> .....48
STELARA.....51	TALVEY .....23	TICE BCG .....71
STIOLTO RESPIMAT .....85	TALZENNA.....23	TICOVAC .....71
STIVARGA.....23	<i>tamoxifen</i> .....23	<i>tigecycline</i>.....8
STRENSIQ.....64	<i>tamsulosin</i>.....86	<i>tilia fe</i>.....78
STREPTOMYCIN .....8	<i>tarina fe 1-20 eq (28)</i>.....78	<i>timolol maleate</i> .....45, 80
STRIBILD.....4	<i>tazarotene</i> .....53	<i>tinidazole</i> .....8
STRIVERDI RESPIMAT ....85	<i>tazicef</i>.....6	<i>tiotropium bromide</i> .....85
SUBLOCADE.....34	TECENTRIQ.....23	TIVDAK.....24
<i>subvenite</i>.....29	TECENTRIQ HYBREZA....23	TIVICAY.....5

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 08/19/2026.

TIVICAY PD	5	<i>tretinoin topical</i>	53	TYENNE AUTOINJECTOR	75
<i>tizanidine</i>	32	<i>triamcinolone acetonide</i> 55, 56, 58, 59		TYMLOS	74
TOBI PODHALER	8	<i>triamterene-hydrochlorothiazid</i>	46	TYPHIM VI	71
TOBRADEX	81	<i>triderm</i>	56	TYVASO	85
<i>tobramycin</i>	8, 79	<i>trientine</i>	57	TYVASO INSTITUTIONAL START KIT	85
<i>tobramycin in 0.225 % nacl</i> ...	8	<i>tri-estarylla</i>	78	TYVASO REFILL KIT	85
<i>tobramycin sulfate</i>	8	<i>trifluoperazine</i>	41	TYVASO STARTER KIT ...	85
<i>tobramycin-dexamethasone</i> ..	81	<i>trifluridine</i>	79	U	
<i>tofacitinib</i>	75	<i>trihexyphenidyl</i>	30	UBRELVY	30
<i>tolterodine</i>	86	TRIJARDY XR	63	ULTRA-FINE INSULIN SYRINGE	73
<i>tolvaptan</i>	65	TRIKAFTA	85	<i>unithroid</i>	65
<i>tolvaptan (polycys kidney dis)</i>	65	<i>tri-legest fe</i>	79	UNITUXIN	24
<i>topiramate</i>	29	<i>tri-lynyah</i>	79	UNLOXCYT	24
<i>topotecan</i>	24	<i>tri-lo-estarylla</i>	79	UPTRAVI	46
<i>toremifene</i>	24	<i>tri-lo-marzia</i>	79	<i>ursodiol</i>	68
<i>torpenz</i>	24	<i>tri-lo-sprintec</i>	79	USTEKINUMAB	51
<i>toremide</i>	46	<i>trimethoprim</i>	11	USTEKINUMAB-AEKN....	51, 52
TOUJEO MAX U-300 SOLOSTAR	63	<i>trimipramine</i>	41	V	
TOUJEO SOLOSTAR U-300 INSULIN	63	TRINTELLIX	41	<i>valacyclovir</i>	5
TRADJENTA	63	<i>tri-sprintec (28)</i>	79	VALCHLOR	53
<i>tramadol</i>	35	TRIUMEQ	5	<i>valganciclovir</i>	5
<i>tramadol-acetaminophen</i>	35	TRIUMEQ PD	5	<i>valproate sodium</i>	29
<i>trandolapril</i>	46	TRODELVY	24	<i>valproic acid</i>	29
<i>trandolapril-verapamil</i>	46	TROGARZO	5	<i>valproic acid (as sodium salt)</i>	29
<i>tranexamic acid</i>	77	TROPHAMINE 10 %	88	<i>valrubicin</i>	24
<i>tranylcypromine</i>	41	<i>trospium</i>	86	<i>valsartan</i>	46
<i>travasol 10 %</i>	88	TRULANCE	68	<i>valsartan-hydrochlorothiazide</i>	46
<i>travoprost</i>	80	TRULICITY	63	VALTOCO	29
TRAZIMERA	24	TRUMENBA	71	<i>valtya</i>	79
<i>trazodone</i>	41	TRUQAP	24	<i>vancomycin</i>	9
TRELEGY ELLIPTA	85	TUKYSA	24	VANCOMYCIN IN 0.9 % SODIUM CHL	8
TRELSTAR	24	TURALIO	24	VANFLYTA	24
TREMFYA	51	<i>turqoz (28)</i>	79	VAQTA (PF)	71, 72
TREMFYA ONE-PRESS ...	51	TWIIST REFILL KT(CSST-NDL-SYR)	73	<i>varenicline tartrate</i>	58
TREMFYA PEN	51	TWIIST RFL(INFUS-CSST-NDL-SYR)	73	VARIVAX (PF)	72
TREMFYA PEN INDUCTION PK(2PEN) .	51	TWIIST STARTER KIT	73		
<i>treprostinil sodium</i>	46	TWINRIX (PF)	71		
<i>tretinoin (antineoplastic)</i>	24	TYENNE	75		

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 08/19/2026.

VARIZIG	72	VUMERITY	32	YF-VAX (PF)	72
VARUBI	68	VYLOY	25	YONDELIS	25
VAXCHORA VACCINE ...	72	VYNDAMAX	50	yulithira	25
VECTIBIX	24	VYNDAQEL	50	yuvafem	77
veletri	46	VYVGART	32	Z	
velivet triphasic regimen (28)		VYVGART HYTRULO	32	zafemy	77
.....	79	VYXEOS	25	zafirlukast	86
VELTASSA	57, 58	W		zaleplon	42
VEMLIDY	5	warfarin	48	ZALTRAP	25
VENCLEXTA	24	water for irrigation, sterile ...	58	ZEJULA	25
VENCLEXTA STARTING		WELIREG	25	ZELBORAF	25
PACK	24	wera (28)	79	zenatane	54
venlafaxine	41	wescap-pn dha	89	ZENPEP	68
verapamil	46	WINREVAIR	85	ZEPOSIA	32
VERQUVO	50	wixela inhub	85	ZEPOSIA STARTER KIT (28-	
VERSACLOZ	42	WYOST	12	DAY)	32
VERZENIO	24	X		ZEPOSIA STARTER PACK	
vestura (28)	79	XALKORI	25	(7-DAY)	32
VIBATIV	9	XARELTO	48	ZEPZELCA	25
VIBERZI	68	XARELTO DVT-PE TREAT		zidovudine	5
vienna	79	30D START	48	ZIIHERA	25
vigabatrin	29	XCOPRI	29	ziprasidone hcl	42
vigadrone	29	XCOPRI MAINTENANCE		ziprasidone mesylate	42
vilazodone	42	PACK	29	ZIRABEV	26
VIMIZIM	65	XCOPRI TITRATION PACK		ZIRGAN	79
VIMKUNYA (PF)	72	.....	29	ZOLADEx	26
vinblastine	24	XDEMvY	80	zoledronic acid	65
vincristine	24	XEMBIFY	72	zoledronic acid-mannitol-water	
vinorelbine	24	XERMELO	25	.....	58
violele (28)	79	XIAFLEX	58	ZOLINZA	26
VIRACEPT	5	XIFAXAN	9	zolpidem	42
VIREAD	5	XIGDUO XR	63, 64	ZONISADE	29
VITRAKVI	24	XIIDRA	80	zonisamide	29
VIVITROL	35	XOFLUZA	5	zovia 1-35 (28)	79
VIVOTIF	72	XOLAIR	86	ZTALMY	29
VONJO	25	XOSPATA	25	zumandimine (28)	79
VORANIGO	25	XPOVIO	25	ZURZUVAE	42
voriconazole	2	XTANDI	25	ZYDELIG	26
voriconazole-hpbccl	2	xulane	77	ZYKADIA	26
VOSEVI	5	Y		ZYMFENTRA	68
VOWST	68	YERVOY	25	ZYNLONTA	26
VRAYLAR	42	YESINTEK	52	ZYNYZ	26

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 08/19/2026.

ZYPREXA RELPREVV42

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 08/19/2026.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **800-580-7000** (TTY: **711**); or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **800-580-7000**(TTY: **711**) o hable con su proveedor.

中文 (Simplified Chinese) 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **800-580-7000**（文本电话：**711**）或咨询您的服务提供商。

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **800-580-7000**(TTY: **711**) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan **800-580-7000**(TTY: **711**) oswa pale avèk founisè w la.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **800-580-7000**(TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **800-580-7000** (TTY: **711**) o parla con il tuo fornitore.

Yiddish . (יידיש נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי .

צונעמען אידס און באדינונגס אלער צראוויידינג אינאלאָרמאַציע אין צוטריטלעך אלאַרמאַטירונגען 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 . **711**(**800-580-7000**المعلومات بتنسيقات يمكن الوصول إليها مجانًا. 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.

(Urdu اردو)

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 08/19/2026. 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.