

WellSense Added Value (HMO) 2026 Formulary

(List of Covered Drugs or “Drug List”)

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

HPMS Approved Formulary File Submission ID: 26064

This formulary was updated on 02/25/2026. We have made no changes to this formulary since 02/17/2026. For more recent information or other questions, please contact the WellSense Member Service department at **855-833-8128** (TTY users should call **711**), Monday through Friday 8 a.m. to 8 p.m. (April 1 through September 30, except holidays) or seven days a week (October 1 through March 31) or visit wellsense.org/yourmedicare.

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 WellSense Health Plan. When it refers to “plan” or “our plan,” it means WellSense Added Value (HMO).

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the WellSense Added Value 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 WellSense Health Plan 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. WellSense will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a WellSense 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 we may add or remove drugs on the formulary during the year 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:

wellsense.org/yourmedicare.

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 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 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 WellSense Added Value'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 sales by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. 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 WellSense Added Value'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 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 02/17/2026. To get updated information about the drugs covered by WellSense Added Value, please contact us. Our contact information appears on the front and back cover pages. Printed formularies are available upon request and may be updated throughout the year. You can review our plan's up-to-date formulary online at wellsense.org/yourmedicare or by contacting Member Service to request a copy. We will notify you via mail if mid-year non-maintenance formulary changes occur.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. 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 7. 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 114. 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?

WellSense Added Value 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 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:** WellSense Added Value requires you or your prescriber to get prior

authorization for certain drugs. This means that you will need to get approval from WellSense Added Value before you fill your prescriptions. If you don't get approval, WellSense Added Value may not cover the drug.

- **Quantity Limits:** For certain drugs, WellSense Added Value limits the amount of the drug that WellSense Added Value will cover. For example, WellSense Added Value provides 30 capsules per prescription for omeprazole. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, WellSense Added Value 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, WellSense Added Value may not cover Drug B unless you try Drug A first. If Drug A does not work for you, WellSense Added Value 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that 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 WellSense Added Value 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 WellSense Added Value's formulary?" on page 6 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 Service and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that WellSense Added Value does not cover your drug, you have two options:

- You can ask Member Service for a list of similar drugs that are covered by WellSense Added Value. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by WellSense Added Value
- You can ask WellSense Added Value 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 WellSense Added Value's Formulary?

You can ask WellSense Added Value 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, WellSense Added Value 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, WellSense Added Value will only approve your request for an exception if the alternative drugs included on the plan's formulary or applying the restrictions 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.

Enrollees who are undergoing a change in care are eligible for a temporary supply to ensure the continuity of needed medications across care settings. If the enrollee is not in their transition period during their care change or is in the transition period but has already received their transition supply fill days' supply maximum, the system will reject the claim and appropriate reject codes are returned to the pharmacy. The network pharmacy receives additional secondary messaging (If Level of Care) and training to inform the pharmacy of the appropriate procedure. In the circumstance where an enrollee is changing care setting and may not have access to current prescriptions, the network

pharmacy may contact the Express Scripts help desk for an override to dispense a temporary transition supply.

For more information

For more detailed information about your WellSense Added Value prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

WellSense Added Value Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by WellSense Added Value. If you have trouble finding your drug in the list, turn to the Index that begins on page 114.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., OZEMPIC) and generic drugs are listed in lower-case italics (e.g., *lisinopril*).

The information in the Requirements/Limits column tells you if WellSense Added Value has any special requirements for coverage of your drug.

WellSense Health Plan is an HMO plan with a Medicare contract. Enrollment in WellSense Medicare Advantage HMO plans depends on contract renewal.

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

List of Abbreviations

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

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

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

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

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| ANTI - INFECTIVES | | |
| ANTIFUNGAL AGENTS | | |
| <i>amphotericin b</i> | 1 | B/D PA; MO |
| <i>amphotericin b liposome</i> | 1 | B/D PA |
| <i>casprofungin</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</i> | 1 | PA; MO |
| <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 02/17/2026.

| 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 | MO |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>efavirenz-emtricitabin-tenofov</i> | 1 | MO |
| <i>efavirenz-lamivu-tenofov disop</i> | 1 | MO |
| <i>emtricitabine</i> | 1 | MO |
| <i>emtricitabine-tenofov (tdf)</i> | 1 | MO |
| <i>emtricitabine-rilpivirine-tenof df</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 |
| INTELENCE ORAL TABLET 25 MG | 1 | MO |
| ISENTRESS HD | 1 | MO |
| ISENTRESS ORAL POWDER IN PACKET | 1 | MO |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| ISENTRESS ORAL TABLET | 1 | MO |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | 1 | MO |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | 1 | MO |
| JULUCA | 1 | MO |
| KALETRA ORAL SOLUTION | 1 | MO |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| <i>nevirapine oral tablet</i> | 1 | MO |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | 1 | MO |
| 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------|-----------|-----------------------------|
| PREZCOBIX | 1 | MO |
| PREZISTA ORAL SUSPENSION | 1 | MO |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 1 | MO |
| RELENZA DISKHALER | 1 | MO |
| 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>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 | |
| SYM TUZA | 1 | MO |
| <i>tenofovir disoproxil fumarate</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| 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) |
| <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 |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <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 | |
| <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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <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 |
| <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>ceftazidime injection recon soln 1 gram, 2 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 02/17/2026.

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <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 |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>tazicef intravenous</i> | 1 | PA |
| 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 |
| <i>erythromycin ethylsuccinate oral tablet</i> | 1 | |
| <i>erythromycin oral</i> | 1 | MO |
| <i>fidaxomicin</i> | 1 | QL (20 per 10 days) |
| MISCELLANEOUS ANTIINFECTIVES | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| <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 |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| 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; MO |
| <i>hydroxychloroquine oral tablet 200 mg</i> | 1 | MO |
| <i>imipenem-cilastatin</i> | 1 | PA; MO |
| IMPAVIDO | 1 | PA; MO |
| <i>isoniazid injection</i> | 1 | |
| <i>isoniazid oral</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| <i>ivermectin oral tablet 3 mg</i> | 1 | PA; MO; 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>linezolid-0.9% sodium chloride</i> | 1 | PA |
| <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) |

| 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| <i>tobramycin sulfate injection recon soln</i> | 1 | PA; QL (9 per 14 days) |
| <i>tobramycin sulfate injection solution</i> | 1 | PA; MO |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML | 1 | QL (4000 per 10 days) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| <i>vancomycin intravenous recon soln 750 mg</i> | 1 | MO; 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 |

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

| 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</i> | 1 | PA |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| BICILLIN L-A | 1 | PA |
| <i>dicloxacillin</i> | 1 | MO |
| <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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>penicillin v potassium</i> | 1 | MO |
| <i>pfizerpen-g</i> | 1 | PA |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|------------------|----------------------------|
| <i>levofloxacin intravenous</i> | 1 | PA |
| <i>levofloxacin oral solution</i> | 1 | MO |
| <i>levofloxacin oral tablet</i> | 1 | MO |
| <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</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <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 |
| <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</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> | 1 | MO |
| <i>nitrofurantoin monohyd/m-cryst</i> | 1 | MO |
| <i>trimethoprim</i> | 1 | MO |
| ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS | | |
| ADJUNCTIVE AGENTS | | |
| BOMYNTRA | 1 | B/D PA; MO |
| <i>dexrazoxane hcl</i> | 1 | B/D PA; MO |
| ELITEK | 1 | MO |
| KHAPZORY INTRAVENOUS RECON SOLN 175 MG | 1 | B/D PA |
| <i>leucovorin calcium oral</i> | 1 | MO |
| <i>levoleucovorin calcium intravenous recon soln</i> | 1 | B/D PA; MO |
| <i>levoleucovorin calcium intravenous solution</i> | 1 | B/D PA |
| <i>mesna intravenous</i> | 1 | B/D PA; MO |
| <i>mesna oral</i> | 1 | MO |
| WYOST | 1 | B/D PA; MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS | | |
| <i>abiraterone oral tablet 250 mg</i> | 1 | PA; MO; QL (120 per 30 days) |
| <i>abiraterone oral tablet 500 mg</i> | 1 | PA; MO; QL (60 per 30 days) |
| <i>abirtega</i> | 1 | PA; QL (120 per 30 days) |
| ADCETRIS | 1 | B/D PA; MO |
| ADSTILADRIN | 1 | PA |
| AKEEGA | 1 | PA; LA; QL (60 per 30 days) |
| ALECENSA | 1 | PA; MO; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 1 | PA; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 1 | PA; QL (60 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK | 1 | PA; QL (30 per 180 days) |
| <i>anastrozole</i> | 1 | MO |
| ANKTIVA | 1 | PA; MO |
| <i>arsenic trioxide intravenous solution 1 mg/ml</i> | 1 | B/D PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| <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 |
| <i>azathioprine oral tablet 50 mg</i> | 1 | B/D PA; MO |
| <i>azathioprine sodium</i> | 1 | B/D PA; MO |
| 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 |
| BESPONSA | 1 | B/D PA; MO; LA |
| <i>bexarotene</i> | 1 | PA; MO |
| <i>bicalutamide</i> | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| BIZENGRIB | 1 | PA |
| BLENREP | 1 | PA |
| <i>bleomycin</i> | 1 | B/D PA; MO |
| BLINCYTO INTRAVENOUS KIT | 1 | B/D PA |
| BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG | 1 | B/D PA |
| <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) |
| 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) |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| 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 |
| <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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|
| 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 |
| CYCLOPHOSPHAMIDE ORAL TABLET 25 MG | 1 | B/D PA |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG | 1 | B/D PA; MO |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| <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 |
| <i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i> | 1 | PA; MO; QL (30 per 30 days) |
| <i>dasatinib oral tablet 20 mg</i> | 1 | PA; MO; QL (90 per 30 days) |
| <i>dasatinib oral tablet 70 mg</i> | 1 | PA; MO; QL (60 per 30 days) |
| DATROWAY | 1 | PA; MO |
| <i>daunorubicin</i> | 1 | B/D PA |
| 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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
| ELAHERE | 1 | PA; LA |
| ELIGARD | 1 | PA; MO |
| ELIGARD (3 MONTH) | 1 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| 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) |
| ENVARBUS XR | 1 | B/D PA; MO |
| <i>epirubicin intravenous solution 200 mg/100 ml</i> | 1 | B/D PA |
| 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) |

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

| 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 |

| 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| FRUZAQLA ORAL CAPSULE 5 MG | 1 | PA; QL (21 per 28 days) |
| <i>fulvestrant</i> | 1 | B/D PA; MO |
| FYARRO | 1 | PA |
| GAVRETO | 1 | PA; LA; QL (120 per 30 days) |
| GAZYVA | 1 | B/D PA; MO |
| <i>gefitinib</i> | 1 | PA; MO; QL (30 per 30 days) |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------------------|
| GILOTRIF | 1 | PA; MO; QL (30 per 30 days) |
| GLEOSTINE ORAL CAPSULE 10 MG, 40 MG | 1 | MO |
| GLEOSTINE ORAL CAPSULE 100 MG | 1 | MO |
| 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 |
| IBRANCE | 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>ifosfamide intravenous reconstituted solution</i> | 1 | B/D PA; MO |
| <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 (30 per 30 days) |
| IMBRUVICA ORAL SUSPENSION | 1 | PA; QL (324 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 1 | PA; QL (30 per 30 days) |
| IMDELLTRA | 1 | PA; MO |
| IMFINZI | 1 | B/D PA; MO; LA |
| IMJUDO | 1 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| IMKELDI | 1 | PA; MO; QL (280 per 28 days) |
| INLEXZO | 1 | PA; MO; LA |
| INLURIYO | 1 | PA |
| 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| 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 |
| JAKAFI | 1 | PA; MO; QL (60 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| 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 |
| KRAZATI | 1 | PA; QL (180 per 30 days) |
| KYPROLIS | 1 | B/D PA |
| <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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| 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 X 2), 24 MG/DAY (10 MG X 2-4 MG X 1) | 1 | PA; MO; QL (90 per 30 days) |
| LENVIMA ORAL CAPSULE 14 MG/DAY (10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) | 1 | PA; MO; 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 |
| <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 |
| LORBRENA ORAL TABLET 100 MG | 1 | PA; MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| 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 |
| 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) |
| LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5) | 1 | PA; LA; QL (140 per 28 days) |
| MATULANE | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| <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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| NELARABINE | 1 | B/D PA; MO |
| 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, microsp heres</i> | 1 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| ODOMZO | 1 | PA; MO; LA; QL (30 per 30 days) |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 1 | PA; QL (56 per 28 days) |
| 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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| 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) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| 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 |
| <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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| POMALYST | 1 | PA; MO; LA; QL (21 per 28 days) |
| POTELIGEO | 1 | PA |
| PRALATREXATE | 1 | B/D PA; MO |
| PROGRAF INTRAVENOUS | 1 | B/D PA; MO |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| <i>romidepsin intravenous recon soln</i> | 1 | B/D PA |
| ROMVIMZA | 1 | PA; LA; QL (8 per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | 1 | PA; MO; QL (150 per 30 days) |
| 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 |
| 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| SCSEMBLIX ORAL TABLET 100 MG | 1 | PA; QL (120 per 30 days) |
| SCSEMBLIX ORAL TABLET 20 MG | 1 | PA; QL (60 per 30 days) |
| SCSEMBLIX ORAL TABLET 40 MG | 1 | PA; QL (300 per 30 days) |
| SIGNIFOR | 1 | PA |
| SIMULECT | 1 | B/D PA; MO |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------------------|
| TAFINLAR ORAL CAPSULE | 1 | PA; MO; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION | 1 | PA; MO; QL (840 per 28 days) |
| TAGRISSEO | 1 | PA; MO; LA; QL (30 per 30 days) |
| TALVEY | 1 | PA |
| TALZENNA | 1 | PA; MO; QL (30 per 30 days) |
| <i>tamoxifen</i> | 1 | MO |
| TAZVERIK | 1 | PA; LA |
| 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <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 |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------|-----------|----------------------------------|
| UNITUXIN | 1 | B/D 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) |
| 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 (60 per 30 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|-----------|------------------------------|
| VIZIMPRO | 1 | PA; MO; QL (30 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) |
| 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 | 1 | PA; LA |
| XTANDI ORAL CAPSULE | 1 | PA; MO; QL (120 per 30 days) |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH | | |
| ANTICONVULSANTS | | |
| BRIVIACT INTRAVENOUS | 1 | MO; QL (600 per 30 days) |
| BRIVIACT ORAL SOLUTION | 1 | MO; QL (600 per 30 days) |
| BRIVIACT ORAL TABLET | 1 | MO; QL (60 per 30 days) |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i> | 1 | MO |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | 1 | MO |
| <i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i> | 1 | |
| <i>carbamazepine oral tablet</i> | 1 | MO |
| <i>carbamazepine oral tablet extended release 12 hr</i> | 1 | MO |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | 1 | MO |
| <i>clobazam oral suspension</i> | 1 | PA; MO; QL (480 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <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, disintegratin g 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 1 | MO; QL (90 per 30 days) |
| <i>clonazepam oral tablet, disintegratin g 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 |
| FINTEPLA | 1 | PA; LA; QL (360 per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>fosphenytoin</i> | 1 | MO |
| FYCOMPA ORAL SUSPENSION | 1 | MO; QL (720 per 30 days) |
| <i>gabapentin oral capsule 100 mg, 400 mg</i> | 1 | MO; QL (270 per 30 days) |
| <i>gabapentin oral capsule 300 mg</i> | 1 | MO; QL (360 per 30 days) |
| <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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| <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 |
| <i>levetiracetam oral tablet extended release 24 hr</i> | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i> | 1 | PA; MO |
| <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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| <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 |
| <i>roweepra</i> | 1 | MO |
| <i>rufinamide oral suspension</i> | 1 | PA; MO |
| <i>rufinamide oral tablet</i> | 1 | PA; MO |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG | 1 | |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG | 1 | MO |
| SUBVENITE ORAL SUSPENSION | 1 | |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| <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 |
| <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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| 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) |
| 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 | MO |
| <i>benztropine oral</i> | 1 | PA; MO |
| <i>bromocriptine oral capsule</i> | 1 | |
| <i>bromocriptine oral tablet</i> | 1 | MO |
| <i>carbidopa</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| <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 |
| 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| 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) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| <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) |
| 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| <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 |
| <i>fingolimod</i> | 1 | PA; MO; QL (30 per 30 days) |
| <i>galantamine oral capsule, ext rel. pellets 24 hr</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <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) |
| <i>memantine oral capsule, sprinkle, er 24hr</i> | 1 | PA; MO |
| <i>memantine oral solution</i> | 1 | PA; MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <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) |
| ZEPOSIA STARTER KIT (28-DAY) | 1 | PA; MO; QL (28 per 180 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| 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 INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML | 1 | B/D PA; MO |
| LIORESAL INTRATHECAL SOLUTION 50 MCG/ML | 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------|-----------|---------------------|
| VYVGART | 1 | PA; MO; LA |
| VYVGART HYTRULO | 1 | PA; MO; LA |

| NARCOTIC ANALGESICS | | |
|---|---|-----------------------------|
| <i>acetaminophen-codeine oral solution 120 mg-12 mg/5 ml (5 ml), 300 mg-30 mg/12.5 ml</i> | 1 | QL (4500 per 30 days) |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | 1 | MO; QL (4500 per 30 days) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| <i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i> | 1 | QL (360 per 30 days) |
| <i>endocet oral tablet 5-325 mg</i> | 1 | MO; 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; MO; QL (10 per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i> | 1 | QL (5550 per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | 1 | MO; QL (5550 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | 1 | MO; QL (360 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i> | 1 | QL (360 per 30 days) |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i> | 1 | MO; QL (50 per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <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 | MO |
| <i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i> | 1 | MO |
| <i>hydromorphone injection syringe 2 mg/ml</i> | 1 | |
| <i>hydromorphone oral liquid</i> | 1 | MO; QL (2400 per 30 days) |
| <i>hydromorphone oral tablet</i> | 1 | MO; QL (180 per 30 days) |
| <i>hydromorphone oral tablet extended release 24 hr</i> | 1 | PA; MO; QL (60 per 30 days) |
| <i>methadone injection solution</i> | 1 | |
| <i>methadone intensol</i> | 1 | PA; MO; 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; MO; QL (600 per 30 days) |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>morphine oral tablet</i> | 1 | MO; QL (180 per 30 days) |
| <i>morphine oral tablet extended release</i> | 1 | PA; MO; QL (120 per 30 days) |
| <i>oxycodone oral capsule</i> | 1 | MO; QL (360 per 30 days) |
| <i>oxycodone oral concentrate</i> | 1 | MO; QL (180 per 30 days) |
| <i>oxycodone oral solution</i> | 1 | MO; QL (1200 per 30 days) |
| <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i> | 1 | MO; QL (180 per 30 days) |
| <i>oxycodone oral tablet 5 mg</i> | 1 | MO; QL (360 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | 1 | MO; 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 |
| <i>diclofenac sodium topical drops</i> | 1 | MO; QL (300 per 28 days) |
| <i>diclofenac sodium topical gel 1%</i> | 1 | MO; QL (1000 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| <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 | |
| <i>naloxone injection solution</i> | 1 | MO |
| <i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i> | 1 | |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i> | 1 | MO |
| <i>naltrexone</i> | 1 | MO |
| <i>naproxen oral tablet</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| <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,EXT ENDED REL SYRING 720 MG/2.4 ML | 1 | MO; QL (2.4 per 56 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 960 MG/3.2 ML | 1 | MO; QL (3.2 per 56 days) |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| 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) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML | 1 | MO; QL (2.4 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| 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 | 1 | ST; QL (60 per 30 days) |
| BELSOMRA | 1 | PA; QL (30 per 30 days) |
| <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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>bupropion hcl oral tablet sustained-release 12 hr</i> | 1 | MO; QL (60 per 30 days) |
| <i>buspirone</i> | 1 | MO |
| CAPLYTA | 1 | MO; QL (30 per 30 days) |
| <i>chlorpromazine injection</i> | 1 | MO |
| <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) |
| <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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| 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 e-amphetamine oral capsule, extended release 24hr</i> | 1 | MO |
| <i>dextroamphetamine e-amphetamine oral tablet</i> | 1 | MO |
| <i>diazepam injection</i> | 1 | PA |
| <i>diazepam intensol</i> | 1 | PA; 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <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 |
| <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 | 1 | ST; MO; QL (30 per 30 days) |
| EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK | 1 | ST; MO; QL (32 per 180 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| 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) |
| 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>fluphenazine hcl</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 |
| <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 | MO |
| <i>haloperidol lactate intramuscular</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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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) |
| 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| 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 | |
| <i>lorazepam injection</i> | 1 | PA; MO |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| <i>lurasidone oral tablet 80 mg</i> | 1 | MO; QL (60 per 30 days) |
| MARPLAN | 1 | |
| <i>methylphenidate hcl oral capsule,erbiphasic 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 |
| <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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <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 | MO |
| <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 | ST; MO; QL (90 per 30 days) |
| OPIPZA ORAL FILM 2 MG | 1 | ST; MO; QL (30 per 30 days) |
| OPIPZA ORAL FILM 5 MG | 1 | ST; 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| <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) |
| <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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| 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</i> | 1 | QL (2 per 28 days) |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml</i> | 1 | MO; 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) |

| 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) |
| SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054) | 1 | PA; 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>tranylcypromine</i> | 1 | MO |
| <i>trazodone</i> | 1 | MO |
| <i>trifluoperazine</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>trimipramine</i> | 1 | MO |
| TRINTELLIX | 1 | QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i> | 1 | MO; QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 75 mg</i> | 1 | MO; QL (90 per 30 days) |
| <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 | MO |
| <i>zolpidem oral tablet</i> | 1 | MO; QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 1 | PA; MO; QL (28 per 365 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| ZURZUVAE ORAL CAPSULE 30 MG | 1 | PA; MO; QL (14 per 365 days) |
| 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 | MO |
| <i>amiodarone oral</i> | 1 | MO |
| <i>dofetilide</i> | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>flecainide</i> | 1 | MO |
| <i>ibutilide fumarate</i> | 1 | |
| <i>lidocaine (pf) intravenous</i> | 1 | |
| <i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i> | 1 | |
| <i>mexiletine</i> | 1 | MO |
| MULTAQ | 1 | MO |
| <i>pacerone oral tablet 100 mg, 400 mg</i> | 1 | |
| <i>pacerone oral tablet 200 mg</i> | 1 | MO |
| <i>procainamide injection</i> | 1 | |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>amiloride</i> | 1 | MO |
| <i>amiloride-hydrochlorothiazide</i> | 1 | MO |
| <i>amlodipine</i> | 1 | MO |
| <i>amlodipine-benazepril</i> | 1 | MO |
| <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>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 | MO |
| <i>bumetanide oral</i> | 1 | MO |
| <i>candesartan</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>candesartan-hydrochlorothiazid</i> | 1 | MO |
| <i>captopril</i> | 1 | MO |
| <i>captopril-hydrochlorothiazid e</i> | 1 | |
| <i>cartia xt</i> | 1 | MO |
| <i>carvedilol</i> | 1 | MO |
| <i>chlorothiazide sodium</i> | 1 | MO |
| <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</i> | 1 | MO |
| <i>diltiazem hcl intravenous</i> | 1 | |
| <i>diltiazem hcl oral capsule, ext. rel 24h degradable</i> | 1 | |
| <i>diltiazem hcl oral capsule, extended release 12 hr</i> | 1 | MO |
| <i>diltiazem hcl oral capsule, extended release 24 hr</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>diltiazem hcl oral capsule, extended release 24hr</i> | 1 | MO |
| <i>diltiazem hcl oral tablet</i> | 1 | MO |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 240 mg, 300 mg</i> | 1 | MO |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg</i> | 1 | |
| <i>dilt-xr</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-hydrochlorothiazid e</i> | 1 | MO |
| <i>eplerenone</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 solution</i> | 1 | MO |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 1 | MO |
| <i>furosemide oral tablet</i> | 1 | MO |
| <i>hydralazine</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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 | |
| <i>mannitol 25 % intravenous solution</i> | 1 | MO |
| <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 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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-amlodipine-hydrochlorothiazide</i> | 1 | MO |
| <i>olmesartan-hydrochlorothiazide</i> | 1 | MO |
| <i>osmitrol 20 %</i> | 1 | |
| <i>perindopril erbumine</i> | 1 | MO |
| <i>phentolamine</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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>spironolactone-hydrochlorothiazide</i> | 1 | MO |
| <i>telmisartan</i> | 1 | MO |
| <i>telmisartan-amlodipine</i> | 1 | MO |
| <i>telmisartan-hydrochlorothiazide</i> | 1 | MO |
| <i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i> | 1 | MO; QL (30 per 30 days) |
| <i>terazosin oral capsule 10 mg</i> | 1 | MO; QL (60 per 30 days) |
| <i>tiadylter</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| <i>timolol maleate oral</i> | 1 | MO |
| <i>toremide 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 | 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-hydrochlorothiazid e</i> | 1 | MO |
| <i>veletri</i> | 1 | B/D PA; MO |
| <i>verapamil intravenous</i> | 1 | |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| <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 | MO |
| <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 |
| DOPTELET (10 TAB PACK) | 1 | PA; MO; LA |
| DOPTELET (15 TAB PACK) | 1 | PA; MO; LA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| DOPTELET (30 TAB PACK) | 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 | QL (420 per 28 days) |
| ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4) | 1 | 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) |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> | 1 | MO; QL (28 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> | 1 | MO; QL (22.4 per 28 days) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i> | 1 | MO; QL (16.8 per 28 days) |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> | 1 | MO; QL (11.2 per 28 days) |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 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 | |
| <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 |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | 1 | |
| HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML | 1 | MO |
| HEPARIN, PORCINE (PF) INJECTION SYRINGE | 1 | MO |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i> | 1 | MO |
| <i>jantoven oral tablet 6 mg</i> | 1 | |
| <i>pentoxifylline</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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| 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) |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| <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) |
| <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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------|-----------|-------------------------|
| <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 |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| <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) |
| <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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|-----------|-------------------------|
| <i>norepinephrine bitartrate</i> | 1 | |
| <i>ranolazine</i> | 1 | MO |
| <i>sacubitril-valsartan</i> | 1 | MO; QL (60 per 30 days) |
| VERQUVO | 1 | MO; QL (30 per 30 days) |
| VYNDAMAX | 1 | PA; MO |
| VYNDAQEL | 1 | PA |

NITRATES

| | | |
|---|---|----|
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | 1 | MO |
| <i>isosorbide mononitrate</i> | 1 | MO |
| <i>nitro-bid</i> | 1 | MO |
| <i>nitroglycerin sublingual</i> | 1 | MO |
| <i>nitroglycerin transdermal patch 24 hour</i> | 1 | MO |
| <i>nitroglycerin translingual</i> | 1 | MO |

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

| | | |
|------------------|---|----|
| <i>acitretin</i> | 1 | MO |
|------------------|---|----|

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| <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) |
| OTULFI INTRAVENOUS | 1 | PA; MO; QL (104 per 180 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------------|
| 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) |
| PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 90 MG/ML | 1 | PA; MO; QL (1 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------------|
| 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; MO; 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 | 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) |
| TREMFYA INTRAVENOUS | 1 | PA; MO; QL (20 per 28 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| 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) |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 1 | PA; MO; QL (4.56 per 28 days) |
| 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 laryngotracheal</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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <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) |
| <i>lidocaine topical ointment</i> | 1 | MO; QL (50 per 30 days) |
| <i>lidocaine viscous</i> | 1 | |
| <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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>pimecrolimus</i> | 1 | PA; MO; QL (100 per 30 days) |
| <i>podofilox topical solution</i> | 1 | |
| <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 |
| <i>tacrolimus topical</i> | 1 | PA; MO; QL (100 per 30 days) |
| <i>tridacaine ii</i> | 1 | PA; QL (90 per 30 days) |
| VALCHLOR | 1 | PA; MO |
| THERAPY FOR ACNE | | |
| <i>acutane</i> | 1 | |
| <i>amnesteam</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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| <i>clindamycin phosphate topical lotion</i> | 1 | MO; QL (120 per 30 days) |
| <i>clindamycin phosphate topical solution</i> | 1 | MO; QL (120 per 30 days) |
| <i>ery pads</i> | 1 | MO |
| <i>erythromycin with ethanol topical solution</i> | 1 | MO |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 1 | |
| <i>metronidazole topical</i> | 1 | MO |
| <i>tazarotene topical cream</i> | 1 | PA; MO |
| <i>tazarotene topical gel</i> | 1 | PA; MO |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> | 1 | PA; MO |
| <i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i> | 1 | PA; MO |
| <i>zenatane</i> | 1 | |
| TOPICAL ANTIBACTERIALS | | |
| <i>gentamicin topical</i> | 1 | MO; QL (60 per 30 days) |
| <i>mupirocin</i> | 1 | MO; QL (44 per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| <i>sulfacetamide sodium (acne)</i> | 1 | MO |
| TOPICAL ANTIFUNGALS | | |
| <i>cicloclodan topical solution</i> | 1 | QL (6.6 per 28 days) |
| <i>cicloclodan topical cream</i> | 1 | MO; QL (90 per 28 days) |
| <i>cicloclodan topical gel</i> | 1 | MO; QL (100 per 28 days) |
| <i>cicloclodan topical shampoo</i> | 1 | MO; QL (120 per 28 days) |
| <i>cicloclodan topical solution</i> | 1 | MO; QL (6.6 per 28 days) |
| <i>cicloclodan topical suspension</i> | 1 | MO; QL (60 per 28 days) |
| <i>clotrimazole topical cream</i> | 1 | MO; QL (45 per 28 days) |
| <i>clotrimazole topical solution</i> | 1 | MO; QL (30 per 28 days) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|-----------|--------------------------|
| <i>klayesta</i> | 1 | MO; QL (180 per 30 days) |
| <i>naftifine topical gel</i> | 1 | MO; QL (60 per 28 days) |
| <i>nyamyc</i> | 1 | MO; QL (180 per 30 days) |
| <i>nystatin topical cream</i> | 1 | MO; QL (30 per 28 days) |
| <i>nystatin topical ointment</i> | 1 | MO; QL (30 per 28 days) |
| <i>nystatin topical powder</i> | 1 | MO; QL (180 per 30 days) |
| <i>nystatin-triamcinolone</i> | 1 | MO; QL (60 per 28 days) |
| <i>nystop</i> | 1 | MO; QL (180 per 30 days) |

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

| TOPICAL CORTICOSTEROIDS | | |
|---|---|----|
| <i>ala-cort topical cream</i> | 1 | MO |
| <i>alclometasone</i> | 1 | MO |
| <i>betamethasone dipropionate</i> | 1 | MO |
| <i>betamethasone valerate topical cream</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>betamethasone valerate topical lotion</i> | 1 | MO |
| <i>betamethasone valerate topical ointment</i> | 1 | MO |
| <i>betamethasone, augmented topical cream</i> | 1 | MO |
| <i>betamethasone, augmented topical gel</i> | 1 | MO |
| <i>betamethasone, augmented topical lotion</i> | 1 | MO |
| <i>betamethasone, augmented topical ointment</i> | 1 | MO |
| <i>clobetasol scalp</i> | 1 | MO; QL (100 per 28 days) |
| <i>clobetasol topical cream 0.05 %</i> | 1 | MO; QL (120 per 28 days) |
| <i>clobetasol topical foam</i> | 1 | MO; QL (100 per 28 days) |
| <i>clobetasol topical gel</i> | 1 | MO; QL (120 per 28 days) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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) |
| <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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <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 |
| <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

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|-----------|---------------------|
| 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 |
| 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>d5 %-0.45 % sodium chloride</i> | 1 | MO |
| <i>deferasirox oral granules in packet</i> | 1 | PA; MO |
| <i>deferasirox oral tablet</i> | 1 | PA; MO |
| <i>deferasirox oral tablet, dispersible 125 mg</i> | 1 | PA; MO |
| <i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> | 1 | PA; MO |
| <i>deferiprone</i> | 1 | PA; MO |
| <i>deferoxamine</i> | 1 | B/D PA; MO |
| <i>dextrose 10 % and 0.2 % nacl</i> | 1 | |
| <i>dextrose 10 % in water (d10w)</i> | 1 | |
| <i>dextrose 25 % in water (d25w)</i> | 1 | |
| <i>dextrose 5 % in water (d5w)</i> | 1 | MO |
| <i>dextrose 5 %-lactated ringers</i> | 1 | MO |
| <i>dextrose 5%-0.2 % sod chloride</i> | 1 | |
| <i>dextrose 5%-0.3 % sod.chloride</i> | 1 | |
| <i>dextrose 50 % in water (d50w)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 (with sorbitol)</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 |
| <i>nitisinone</i> | 1 | PA; MO |
| <i>pilocarpine hcl oral</i> | 1 | MO |
| PROLASTIN-C INTRAVENOUS SOLUTION | 1 | PA; MO; LA |
| REVCIVI | 1 | PA; LA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| 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-sod phenylacet</i> | 1 | |
| <i>sodium chloride 0.9 % intravenous</i> | 1 | MO |
| <i>sodium chloride irrigation</i> | 1 | MO |
| <i>sodium phenylbutyrate</i> | 1 | PA; MO |
| <i>sodium polystyrene sulfonate oral powder</i> | 1 | MO |
| <i>sodium polystyrene sulfonate oral suspension</i> | 1 | |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 | |
| <i>varenicline tartrate oral tablets, dose pack</i> | 1 | MO |

EAR, NOSE / THROAT MEDICATIONS

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| MISCELLANEOUS AGENTS | | |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i> | 1 | MO; QL (60 per 30 days) |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> | 1 | QL (60 per 30 days) |
| <i>chlorhexidine gluconate mucous membrane</i> | 1 | MO |
| <i>denta 5000 plus</i> | 1 | MO |
| <i>dentagel</i> | 1 | MO |
| <i>fluoride (sodium) dental cream</i> | 1 | |
| <i>fluoride (sodium) dental gel</i> | 1 | |
| <i>fluoride (sodium) dental paste</i> | 1 | MO |
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i> | 1 | MO; QL (30 per 30 days) |
| <i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i> | 1 | MO; QL (30 per 20 days) |
| <i>kourzeq</i> | 1 | MO |
| <i>oralone</i> | 1 | |
| <i>periogard</i> | 1 | MO |
| <i>sf</i> | 1 | MO |
| <i>sf 5000 plus</i> | 1 | MO |

| 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 | |

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

| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>methylprednisolone sodium succ intravenous</i> | 1 | MO |
| <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>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i> | 1 | |
| <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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| <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 | | |
| <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 |
| DAPAGLIFLOZIN PROPANEDIOL | 1 | MO; QL (30 per 30 days) |
| <i>diazoxide</i> | 1 | MO |
| DROPSAFE ALCOHOL PREP PADS | 1 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| <i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i> | 1 | PA; QL (2.4 per 30 days) |
| <i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i> | 1 | PA; QL (1.2 per 30 days) |
| FARXIGA | 1 | MO; QL (30 per 30 days) |
| FIASP FLEXTOUCH U-100 INSULIN | 1 | MO |
| FIASP PENFILL U-100 INSULIN | 1 | MO |
| 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| <i>glimepiride oral tablet 2 mg</i> | 1 | MO; QL (120 per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> | 1 | MO; QL (60 per 30 days) |
| <i>glipizide oral tablet 10 mg</i> | 1 | MO; QL (120 per 30 days) |
| <i>glipizide oral tablet 5 mg</i> | 1 | MO; QL (240 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 10 mg</i> | 1 | MO; QL (60 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 2.5 mg</i> | 1 | MO; QL (240 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 5 mg</i> | 1 | MO; QL (120 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i> | 1 | MO; QL (240 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | 1 | MO; QL (120 per 30 days) |
| GLYXAMBI | 1 | MO; QL (30 per 30 days) |
| GVOKE | 1 | MO |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 |
| 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)INSULIN | 1 | MO |
| HUMALOG U-100 INSULIN | 1 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| 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 INSULIN | 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 ASPART U-100 SUBCUTANEOUS CARTRIDGE | 1 | MO |
| INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN | 1 | |
| INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| INSULIN LISPRO | 1 | MO |
| 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) |
| LANTUS SOLOSTAR 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 02/17/2026.

| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------|------------------|----------------------------|
| NOVOLIN 70/30 U-100 INSULIN | 1 | MO |
| 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 FLEXPEN U-100 INSULIN | 1 | MO |
| NOVOLOG MIX 70-30 U-100 INSULIN | 1 | MO |
| NOVOLOG MIX 70-30 FLEXPEN U-100 | 1 | MO |
| NOVOLOG PENFILL U-100 INSULIN | 1 | MO |
| NOVOLOG U-100 INSULIN ASPART | 1 | MO |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 1 | PA; QL (3 per 28 days) |
| <i>pioglitazone</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) |
| <i>repaglinide oral tablet 2 mg</i> | 1 | MO; QL (240 per 30 days) |
| RYBELSUS | 1 | PA; MO; 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</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) |
| 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | 1 | MO; QL (60 per 30 days) |
| TRULICITY | 1 | PA; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG | 1 | MO; QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG | 1 | MO; QL (60 per 30 days) |
| MISCELLANEOUS HORMONES | | |
| ALDURAZYME | 1 | PA; MO |
| <i>cabergoline</i> | 1 | MO |
| <i>calcitonin (salmon) injection</i> | 1 | MO |
| <i>calcitonin (salmon) nasal</i> | 1 | MO |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | 1 | |
| <i>calcitriol oral capsule</i> | 1 | MO |
| <i>calcitriol oral solution</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>cinacalcet</i> | 1 | PA; MO |
| <i>clomid</i> | 1 | PA; MO |
| <i>clomiphene citrate</i> | 1 | PA; MO |
| CRYSVITA | 1 | PA; MO; LA |
| <i>danazol</i> | 1 | MO |
| <i>desmopressin injection</i> | 1 | MO |
| <i>desmopressin nasal spray with pump</i> | 1 | MO |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 1 | |
| <i>desmopressin oral</i> | 1 | MO |
| <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 |
| <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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <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) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| <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 (polycystic 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>levo-t</i> | 1 | |
| <i>levothyroxine intravenous recon soln</i> | 1 | |
| <i>levothyroxine oral tablet</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 | MO |
| <i>liomny</i> | 1 | |
| <i>liothyronine</i> | 1 | MO |
| <i>unithroid</i> | 1 | MO |

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

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

| 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 | MO |

MISCELLANEOUS GASTROINTESTINAL AGENTS

| | | |
|---|---|----------------------------|
| <i>alosetron oral tablet 0.5 mg</i> | 1 | PA; MO |
| <i>alosetron oral tablet 1 mg</i> | 1 | PA; MO |
| <i>aprepitant</i> | 1 | B/D PA; MO |
| <i>balsalazide</i> | 1 | MO |
| <i>betaine</i> | 1 | MO |
| <i>budesonide oral capsule, delayed, extend.release</i> | 1 | MO |
| <i>budesonide oral tablet, delayed and ext.release</i> | 1 | MO |
| CIMZIA POWDER FOR RECONST | 1 | PA; MO; QL (2 per 28 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| CIMZIA STARTER KIT | 1 | PA; MO; QL (3 per 180 days) |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML | 1 | PA; QL (2 per 28 days) |
| 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</i> | 1 | PA; MO |
| <i>droperidol injection solution</i> | 1 | MO |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| <i>gavilyte-n</i> | 1 | |
| <i>generlac</i> | 1 | MO |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i> | 1 | MO |
| <i>granisetron hcl intravenous solution 1 mg/ml</i> | 1 | MO |
| <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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>lubiprostone</i> | 1 | MO; QL (60 per 30 days) |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i> | 1 | MO |
| <i>mesalamine oral capsule (with del rel tablets)</i> | 1 | MO |
| <i>mesalamine oral capsule, extended release</i> | 1 | |
| <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 | MO |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
| <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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <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) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| <i>sodium,potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> | 1 | MO |
| <i>sodium,potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i> | 1 | |
| SUCRAID | 1 | PA |
| <i>sulfasalazine</i> | 1 | MO |
| SYMPROIC | 1 | MO; QL (30 per 30 days) |
| 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT | 1 | MO |
| ZYMFENTRA | 1 | PA; MO; QL (2 per 28 days) |

| ULCER THERAPY | | |
|--|---|-------------------------|
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| <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) |
| <i>pantoprazole intravenous</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| <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) |
| FULPHILA | 1 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|
| 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 INTRAMUSCULAR | 1 | PA; MO; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | 1 | PA; MO; QL (1 per 28 days) |
| 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) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML - 94 MCG/0.5 ML | 1 | PA; MO; QL (1 per 180 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <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 |
| VACCINES / MISCELLANEOUS IMMUNOLOGICALS | | |
| ABRYSVO (PF) | 1 | V |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 | 1 | V |
| DAPTACEL (DTAP PEDIATRIC) (PF) | 1 | |
| DENGVAXIA (PF) | 1 | |
| ENGERIX-B (PF) | 1 | B/D PA; V |
| ENGERIX-B PEDIATRIC (PF) | 1 | B/D PA; V |
| <i>fomepizole</i> | 1 | |
| GAMASTAN | 1 | MO |
| GAMUNEX-C | 1 | PA; MO |
| GARDASIL 9 (PF) | 1 | V |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | 1 | V |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | 1 | |
| HEPLISAV-B (PF) | 1 | B/D PA; V |
| HIBERIX (PF) | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------|-----------|---------------------|
| 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 |
| PROQUAD (PF) | 1 | |
| QUADRACEL (PF) | 1 | |
| RABAVERT (PF) | 1 | B/D PA; V |
| RECOMBIVAX HB (PF) | 1 | B/D PA; V |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| ROTARIX ORAL SUSPENSION | 1 | |
| ROTATEQ VACCINE | 1 | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 1 | V; QL (2 per 720 days) |
| STAMARIL (PF) | 1 | V |
| 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 |

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

| 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 | 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 | 1 | MO |

| 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 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------|-----------|-------------------------|
| FREESTYLE LIBRE 3 PLUS SENSOR | 1 | MO |
| 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 (G6/LIBRE 2 PLUS) | 1 | MO |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | 1 | MO; QL (1 per 720 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | 1 | MO |
| OMNIPOD 5 INTRO(G6/LIBRE 2PLUS) | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------|-----------|---------------------|
| PRECISION XTRA MONITOR | 1 | MO |

| | | |
|--------------------|---|--------|
| BD INSULIN SYRINGE | 1 | PA; MO |
|--------------------|---|--------|

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

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

| | | |
|---------------------------|---|--|
| <i>allopurinol sodium</i> | 1 | |
|---------------------------|---|--|

| | | |
|----------------|---|--|
| <i>aloprim</i> | 1 | |
|----------------|---|--|

| | | |
|-------------------------------|---|----|
| <i>colchicine oral tablet</i> | 1 | MO |
|-------------------------------|---|----|

| | | |
|-------------------|---|----|
| <i>febuxostat</i> | 1 | MO |
|-------------------|---|----|

| | | |
|-------------------|---|----|
| <i>probenecid</i> | 1 | MO |
|-------------------|---|----|

| | | |
|------------------------------|---|----|
| <i>probenecid-colchicine</i> | 1 | MO |
|------------------------------|---|----|

OSTEOPOROSIS THERAPY

| | | |
|----------------------------------|---|--------------------------|
| <i>alendronate oral solution</i> | 1 | MO; QL (300 per 28 days) |
|----------------------------------|---|--------------------------|

| | | |
|--------------------------------------|---|-------------------------|
| <i>alendronate oral tablet 10 mg</i> | 1 | MO; QL (30 per 30 days) |
|--------------------------------------|---|-------------------------|

| | | |
|---|---|------------------------|
| <i>alendronate oral tablet 35 mg, 70 mg</i> | 1 | MO; QL (4 per 28 days) |
|---|---|------------------------|

| | | |
|---------|---|-------------------------------|
| BONSITY | 1 | PA; MO; QL (2.48 per 28 days) |
|---------|---|-------------------------------|

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| CONEXXENCE | 1 | MO; QL (1 per 180 days) |
| <i>ibandronate intravenous solution</i> | 1 | PA |
| <i>ibandronate intravenous syringe</i> | 1 | PA; MO |
| <i>ibandronate oral</i> | 1 | MO; QL (1 per 30 days) |
| JUBBONTI | 1 | MO; QL (1 per 180 days) |
| <i>raloxifene</i> | 1 | MO |
| <i>risedronate oral tablet 150 mg</i> | 1 | MO; QL (1 per 30 days) |
| <i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i> | 1 | MO; QL (4 per 28 days) |
| <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) |
| <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

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|------------------------------|
| 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) |
| HADLIMA(CF) | 1 | PA; MO; QL (2.4 per 28 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| HADLIMA(CF) PUSHTOUCH | 1 | PA; MO; QL (2.4 per 28 days) |
| KINERET | 1 | PA; QL (20.1 per 30 days) |
| <i>leflunomide</i> | 1 | MO; QL (30 per 30 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 |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| 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) |
| TYENNE AUTOINJECTOR | 1 | PA; MO; QL (3.6 per 28 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------|-----------|------------------------------|
| TYENNE INTRAVENOUS | 1 | PA; MO; QL (160 per 28 days) |
| TYENNE SUBCUTANEOUS | 1 | PA; MO; QL (3.6 per 28 days) |
| XELJANZ ORAL SOLUTION | 1 | PA; MO; QL (480 per 24 days) |
| XELJANZ ORAL TABLET | 1 | PA; MO; QL (60 per 30 days) |
| XELJANZ XR | 1 | PA; MO; QL (30 per 30 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 |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| <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, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | 1 | MO; QL (8 per 28 days) |
| <i>lyllana transdermal patch semiweekly 0.05 mg/24 hr</i> | 1 | 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 |
| <i>norethindrone (contraceptive)</i> | 1 | |
| <i>norethindrone acetate</i> | 1 | MO |
| <i>norethindrone acetate 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 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| PREMPHASE | 1 | |
| PREMPRO | 1 | MO |
| <i>progesterone</i> | 1 | MO |
| <i>progesterone micronized oral</i> | 1 | MO |
| <i>sharobel</i> | 1 | MO |
| <i>yuvaferm</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 |
| <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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ORAL CONTRACEPTIVES / RELATED AGENTS | | |
| <i>altavera (28)</i> | 1 | MO |
| <i>alyacen 1/35 (28)</i> | 1 | MO |
| <i>alyacen 7/7/7 (28)</i> | 1 | MO |
| <i>amethyst (28)</i> | 1 | MO |
| <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 |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> | 1 | |
| <i>elinest</i> | 1 | MO |
| <i>enskyce</i> | 1 | MO |
| <i>estarylla</i> | 1 | MO |
| <i>ethynodiol diac-eth estradiol</i> | 1 | |
| <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 | |
| <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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>larin fe 1/20 (28)</i> | 1 | MO |
| <i>lessina</i> | 1 | MO |
| <i>levonest (28)</i> | 1 | MO |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i> | 1 | |
| <i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i> | 1 | |
| <i>levonorg-eth estrad triphasic</i> | 1 | MO |
| <i>levora-28</i> | 1 | |
| <i>loryna (28)</i> | 1 | MO |
| <i>low-ogestrel (28)</i> | 1 | |
| <i>lo-zumandimine (28)</i> | 1 | MO |
| <i>lutura (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 |
| <i>mono-lyyah</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>nikki (28)</i> | 1 | MO |
| <i>norethindrone acetate estradiol oral tablet 1.5-30 mg-mcg</i> | 1 | |
| <i>norethindrone acetate 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>sronyx</i> | 1 | |
| <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-lyyah</i> | 1 | MO |

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

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

OXYTOCICS

| | | |
|------------------------------|---|----|
| <i>methylergonovine oral</i> | 1 | PA |
|------------------------------|---|----|

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 |

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

ANTIVIRALS

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| BETA-BLOCKERS | | |
| <i>betaxolol ophthalmic (eye)</i> | 1 | MO |
| <i>carteolol</i> | 1 | MO |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| 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 |
| <i>sulfacetamide sodium ophthalmic (eye) ointment</i> | 1 | |
| <i>sulfacetamide-prednisolone</i> | 1 | MO |
| XDEMVY | 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 |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| 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 |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| STEROIDS | | |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i> | 1 | MO |
| <i>fluorometholone</i> | 1 | MO |
| INVELTYS | 1 | MO |
| <i>loteprednol etabonate</i> | 1 | MO |
| OZURDEX | 1 | MO |
| <i>prednisolone acetate</i> | 1 | MO |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i> | 1 | MO |
| SYMPATHOMIMETICS | | |
| <i>apraclonidine</i> | 1 | MO |
| <i>brimonidine ophthalmic (eye) drops 0.1%, 0.15 %</i> | 1 | MO |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | 1 | MO |
| RESPIRATORY AND ALLERGY | | |
| ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS | | |
| <i>adrenalin injection solution 1 mg/ml</i> | 1 | |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|
| 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) |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml</i> | 1 | B/D PA; MO |
| <i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i> | 1 | B/D PA |
| <i>albuterol sulfate oral syrup</i> | 1 | MO |
| <i>albuterol sulfate 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 02/17/2026.

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATIO N | 1 | MO; QL (12.2 per 30 days) |
| ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATIO N | 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) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------------|
| 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) |
| <i>breyana</i> | 1 | MO; QL (10.3 per 30 days) |
| BREZTRI AEROSPHERE | 1 | MO; QL (10.7 per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| <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) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION | 1 | ST; 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</i> | 1 | B/D PA; MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| <i>ipratropium-albuterol</i> | 1 | B/D PA; MO |
| KALYDECO | 1 | PA; MO; QL (56 per 28 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 |
| 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) |
| OFEV | 1 | PA; MO; QL (60 per 30 days) |
| OPSUMIT | 1 | PA; MO; LA; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| OPSYNVI | 1 | PA; MO; QL (30 per 30 days) |
| 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) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| PULMOZYME | 1 | B/D PA; MO |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| STIOLTO RESPIMAT | 1 | MO; QL (4 per 30 days) |
| STRIVERDI RESPIMAT | 1 | MO; QL (4 per 30 days) |
| 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 | MO |
| <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 | |
| <i>tiotropium bromide</i> | 1 | QL (90 per 90 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|
| TRELEGY ELLIPTA | 1 | MO; QL (60 per 30 days) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|
| 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) |
| 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

| | | |
|--|---|----|
| <i>mirabegron</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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| <i>trosipium oral tablet</i> | 1 | MO |
| BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY | | |
| <i>alfuzosin</i> | 1 | MO |
| <i>dutasteride</i> | 1 | MO |
| <i>dutasteride-tamsulosin</i> | 1 | MO |
| <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</i> | 1 | |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|-----------|-----------------------------|
| <i>tadalafil oral tablet 5 mg</i> | 1 | PA; MO; QL (30 per 30 days) |

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

| | | |
|----------------------------|---|--|
| <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 | MO |
| <i>klor-con m20</i> | 1 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>klor-con oral packet 20</i> | 1 | |
| <i>lactated ringers intravenous</i> | 1 | MO |
| <i>magnesium chloride injection</i> | 1 | |
| 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 solution</i> | 1 | MO |
| <i>magnesium sulfate injection syringe</i> | 1 | |
| <i>potassium acetate</i> | 1 | |
| <i>potassium chlorid-d5-0.45%nacl</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i> | 1 | |
| <i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i> | 1 | |
| <i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i> | 1 | |
| <i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <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 intravenous parenteral solution 20 meq/l</i> | 1 | |
| <i>potassium chloride-d5-0.9%nacl</i> | 1 | |
| <i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i> | 1 | |
| <i>ringer's intravenous</i> | 1 | |
| <i>sodium acetate</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <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 | | |
| <i>CLINIMIX 5%/D15W SULFITE FREE</i> | 1 | B/D PA |
| <i>CLINIMIX 4.25%/D10W SULF FREE</i> | 1 | B/D PA |
| <i>CLINIMIX 5%-D20W(SULFITE-FREE)</i> | 1 | B/D PA |
| <i>CLINIMIX 6%-D5W (SULFITE-FREE)</i> | 1 | B/D PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| 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 |
| <i>prenatal vitamin oral tablet</i> | 1 | MO |
| <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 02/17/2026.

Index

| | | |
|-----------------------------------|----------|-------------------------------------|
| A | | |
| <i>abacavir</i> | 8 | <i>amethyst (28)</i> |
| <i>abacavir-lamivudine</i> | 8 | <i>amikacin</i> |
| <i>abigale</i> | 96 | <i>amiloride</i> |
| <i>abigale lo</i> | 96 | <i>amiloride-</i> |
| ABILIFY ASIMTUFII | 47 | <i>hydrochlorothiazide</i> |
| ABILIFY MAINTENA..... | 48 | <i>aminocaproic acid</i> |
| <i>abiraterone</i> | 20 | <i>amiodarone</i> |
| <i>abirtega</i> | 20 | <i>amitriptyline</i> |
| ABRYSVO (PF) | 90 | <i>amlodipine</i> |
| <i>acamprosate</i> | 72 | <i>amlodipine-atorvastatin</i> .. |
| <i>acarbose</i> | 77 | <i>amlodipine-benazepril</i> |
| ACCU-CHEK GUIDE | | <i>amlodipine-olmesartan</i> |
| GLUCOSE METER..... | 92 | <i>amlodipine-valsartan</i> |
| ACCU-CHEK GUIDE ME | | <i>amlodipine-valsartan-</i> |
| GLUCOSE MTR | 92 | <i>hcthiiazid</i> |
| ACCU-CHEK GUIDE TEST | | <i>ammonium lactate</i> |
| STRIPS..... | 77 | <i>amnestem</i> |
| <i>accutane</i> | 69 | <i>amoxapine</i> |
| <i>acebutolol</i> | 56 | <i>amoxicillin</i> |
| <i>acetaminophen-codeine</i> .. | 44 | <i>amoxicillin-pot clavulanate</i> |
| <i>acetazolamide</i> | 101 | ..... |
| <i>acetazolamide sodium</i> | 101 | 16, 17 |
| <i>acetic acid</i> | 72, 75 | <i>amphetamine</i> |
| <i>acetylcysteine</i> | 72, 103 | <i>amphotericin b</i> |
| <i>acitretin</i> | 65 | <i>amphotericin b liposome</i> |
| ACTEMRA | 94 | <i>ampicillin</i> |
| ACTEMRA ACTPEN..... | 94 | <i>ampicillin sodium</i> |
| ACTHIB (PF) | 90 | <i>ampicillin-sulbactam</i> |
| ACTIMMUNE | 89 | <i>anagrelide</i> |
| <i>acyclovir</i> | 8, 9, 70 | <i>anastrozole</i> |
| <i>acyclovir sodium</i> | 9 | ANKTIVA..... |
| ADACEL(TDAP | | <i>apraclonidine</i> |
| ADOLESN/ADULT)(PF) | | <i>aprepitant</i> |
| ..... | 90 | <i>apri</i> |
| ADBRY..... | 67 | APTIVUS |
| ADCETRIS..... | 20 | <i>aranella (28)</i> |
| <i>adefovir</i> | 9 | ARCALYST..... |
| ADEMPAS..... | 103 | AREXVY (PF) |
| <i>adenosine</i> | 55 | |
| <i>adrenalin</i> | 102, 103 | |
| ADSTILADRIN..... | 20 | |
| ADVAIR HFA..... | 103 | |
| AIMOVIG AUTOINJECTOR | | |
| ..... | 41 | |
| AKEEGA | 20 | |
| <i>ala-cort</i> | 70 | |
| <i>albendazole</i> | 14 | |
| <i>albumin, human 25 %</i> | 109 | |
| <i>alburx (human) 25 %</i> | 109 | |
| <i>alburx (human) 5 %</i> | 109 | |
| <i>albutein 25 %</i> | 109 | |
| <i>albutein 5 %</i> | 109 | |
| <i>albuterol sulfate</i> | 103 | |
| <i>alclometasone</i> | 70 | |
| <i>alcohol pads</i> | 77 | |
| ALDURAZYME..... | 82 | |
| ALECENSA..... | 20 | |
| <i>alendronate</i> | 93 | |
| <i>alfuzosin</i> | 109 | |
| <i>aliskiren</i> | 56 | |
| <i>allopurinol</i> | 93 | |
| <i>allopurinol sodium</i> | 93 | |
| <i>aloprim</i> | 93 | |
| <i>alose tron</i> | 84 | |
| <i>alprostadil</i> | 109 | |
| <i>altavera (28)</i> | 98 | |
| ALUNBRIG | 20 | |
| ALVESCO | 104 | |
| <i>alyacen 1/35 (28)</i> | 98 | |
| <i>alyacen 7/7/7 (28)</i> | 98 | |
| <i>alyq</i> | 104 | |
| <i>amantadine hcl</i> | 9 | |
| <i>ambrisentan</i> | 104 | |

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

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

| | | | | | |
|------------------------------------|-----|-----------------------------------|---------|----------------------------------|---------|
| <i>arformoterol</i> | 104 | <i>azelastine</i> | 75, 101 | <i>bexarotene</i> | 20 |
| ARIKAYCE | 14 | <i>azithromycin</i> | 13 | BEXSERO | 90 |
| <i>aripiprazole</i> | 48 | <i>aztreonam</i> | 14 | <i>bicalutamide</i> | 20 |
| ARISTADA..... | 48 | <i>azurette (28)</i> | 98 | BICILLIN L-A..... | 17 |
| ARISTADA INITIO..... | 48 | B | | BIKTARVY | 9 |
| <i>armodafinil</i> | 48 | <i>bacitracin</i> | 100 | <i>bimatoprost</i> | 102 |
| <i>arsenic trioxide</i> | 20 | <i>bacitracin-polymyxin b</i> ... | 100 | <i>bisoprolol fumarate</i> | 56 |
| <i>asenapine maleate</i> | 48 | <i>baclofen</i> | 43 | <i>bisoprolol-</i> | |
| ASMANEX HFA..... | 104 | <i>balsalazide</i> | 84 | <i>hydrochlorothiazide</i> | 56 |
| ASMANEX TWISTHALER | | BALVERSA | 20 | BIZENGRI | 21 |
| ..... | 104 | BAQSIMI..... | 77 | BLENREP | 21 |
| ASPARLAS..... | 20 | BARACLUDGE | 9 | <i>bleomycin</i> | 21 |
| <i>aspirin-dipyridamole</i> | 60 | BAVENCIO | 20 | BLINCYTO | 21 |
| ASSURE ID INSULIN | | BCG VACCINE, LIVE (PF) | | BOMYNTRA | 19 |
| SAFETY | 92 | ..... | 90 | BONSITY | 93 |
| <i>atazanavir</i> | 9 | BD PEN NEEDLE | 93 | BOOSTRIX TDAP | 90 |
| <i>atenolol</i> | 56 | BEIZRAY-ALBUMIN | 20 | <i>bortezomib</i> | 21 |
| <i>atenolol-chlorthalidone</i> ... | 56 | BELBUCA | 44 | BORTEZOMIB | 21 |
| <i>atomoxetine</i> | 48 | BELEODAQ | 20 | <i>bosentan</i> | 104 |
| <i>atorvastatin</i> | 63 | BELSOMRA..... | 48 | BOSULIF | 21 |
| <i>atovaquone</i> | 14 | <i>benazepril</i> | 56 | BRAFTOVI..... | 21 |
| <i>atovaquone-proguanil</i> | 14 | <i>benazepril-</i> | | BREO ELLIPTA | 104 |
| <i>atropine</i> | 101 | <i>hydrochlorothiazide</i> | 56 | <i>breyana</i> | 104 |
| ATROVENT HFA | 104 | <i>bendamustine</i> | 20 | BREZTRI AEROSPHERE | 104 |
| <i>abra eq</i> | 98 | BENDEKA | 20 | <i>brimonidine</i> | 102 |
| AUGMENTIN..... | 17 | BENLYSTA..... | 94 | BRIUMVI..... | 41 |
| AUGTYRO..... | 20 | <i>benztropine</i> | 40 | BRIVIACT | 36 |
| AUSTEDO | 41 | BESPONSA..... | 20 | <i>bromfenac</i> | 101 |
| AUSTEDO XR | 41 | BESREMI..... | 89 | <i>bromocriptine</i> | 40 |
| AUSTEDO XR TITRATION | | <i>betaine</i> | 84 | BRUKINSA..... | 21 |
| KT(WK1-4)..... | 41 | <i>betamethasone</i> | | <i>budesonide</i> | 84, 105 |
| AUVELITY | 48 | <i>dipropionate</i> | 70 | <i>budesonide-formoterol</i> ... | 105 |
| <i>aviane</i> | 98 | <i>betamethasone valerate</i> .. | 70, | <i>bumetanide</i> | 56 |
| AVMAPKI-FAKZYNJA..... | 20 | 71 | | <i>buprenorphine hcl</i> | 44 |
| AVONEX | 89 | <i>betamethasone, augmented</i> | | <i>buprenorphine transdermal</i> | |
| AYVAKIT | 20 | ..... | 71 | <i>patch</i> | 44 |
| <i>azacitidine</i> | 20 | BETASERON | 89 | <i>buprenorphine-naloxone</i> .. | 46 |
| <i>azathioprine</i> | 20 | <i>betaxolol</i> | 56, 101 | <i>bupropion hcl</i> | 48, 49 |
| <i>azathioprine sodium</i> | 20 | <i>bethanechol chloride</i> | 109 | <i>bupropion hcl (smoking</i> | |
| <i>azelaic acid</i> | 69 | BEVESPI AEROSPHERE | 104 | <i>deter</i>)..... | 74 |

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

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

| | | | | | |
|----------------------------------|-----|--------------------------------------|--------|--------------------------------------|-------------|
| <i>buspirone</i> | 49 | <i>cartia xt</i> | 57 | <i>chloroquine phosphate</i> | 14 |
| <i>busulfan</i> | 21 | <i>carvedilol</i> | 57 | <i>chlorothiazide sodium</i> | 57 |
| <i>butorphanol</i> | 46 | <i>casprofungin</i> | 8 | <i>chlorpromazine</i> | 49 |
| BYOOVIZ..... | 101 | CAYSTON..... | 14 | <i>chlorthalidone</i> | 57 |
| C | | <i>cefaclor</i> | 12 | <i>cholestyramine (with sugar)</i> | |
| CABENUVA..... | 9 | <i>cefadroxil</i> | 12 | ..... | 63 |
| <i>cabergoline</i> | 82 | <i>cefazolin</i> | 12 | <i>cholestyramine light</i> | 63 |
| CABLIVI..... | 60 | <i>cefazolin in dextrose (iso-</i> | | <i>ciclodan</i> | 70 |
| CABOMETYX..... | 21 | <i>os)</i> | 12 | <i>ciclopirox</i> | 70 |
| <i>caffeine citrate</i> | 72 | <i>cefdinir</i> | 12 | <i>cidofovir</i> | 9 |
| <i>calcipotriene</i> | 65 | <i>cefepime</i> | 12 | <i>cilostazol</i> | 60 |
| <i>calcitonin (salmon)</i> | 82 | <i>cefepime in dextrose, iso-</i> | | CIMDUO..... | 9 |
| <i>calcitriol</i> | 82 | <i>osm</i> | 12 | CIMZIA..... | 85 |
| <i>calcium acetate(phosphat</i> | | <i>cefixime</i> | 12 | CIMZIA POWDER FOR | |
| <i>bind)</i> | 109 | <i>cefoxitin</i> | 12 | RECONST | 84 |
| <i>calcium chloride</i> | 109 | <i>cefoxitin in dextrose, iso-</i> | | CIMZIA STARTER KIT | 85 |
| <i>calcium gluconate</i> | 109 | <i>osm</i> | 12 | <i>cinacalcet</i> | 82 |
| CALQUENCE | | <i>cefpodoxime</i> | 12 | CINRYZE..... | 105 |
| (ACALABRUTINIB MAL) | | <i>cefprozil</i> | 12 | CINVANTI..... | 85 |
| ..... | 21 | <i>ceftazidime</i> | 12, 13 | <i>ciprofloxacin</i> | 18 |
| <i>camila</i> | 96 | <i>ceftriaxone</i> | 13 | <i>ciprofloxacin hcl</i> | 18, 75, 100 |
| <i>camrese</i> | 98 | <i>ceftriaxone in dextrose, iso-</i> | | <i>ciprofloxacin in 5 % dextrose</i> | |
| CAMZYOS..... | 64 | <i>os</i> | 13 | ..... | 18 |
| <i>candesartan</i> | 56 | <i>cefuroxime axetil</i> | 13 | <i>ciprofloxacin-</i> | |
| <i>candesartan-</i> | | <i>cefuroxime sodium</i> | 13 | <i>dexamethasone</i> | 75 |
| <i>hydrochlorothiazid</i> | 57 | <i>celecoxib</i> | 46 | <i>cisplatin</i> | 21 |
| CAPLYTA | 49 | <i>cephalexin</i> | 13 | <i>citalopram</i> | 49 |
| CAPRELSA | 21 | CEPROTIN (BLUE BAR). 60 | | <i>cladribine</i> | 21 |
| <i>captopril</i> | 57 | CEPROTIN (GREEN BAR) | | <i>claravis</i> | 69 |
| <i>captopril-</i> |  | ..... | 60 | <i>clarithromycin</i> | 13 |
| <i>hydrochlorothiazide</i> | 57 | CEQUR SIMPLICITY..... | 92 | <i>clindamycin hcl</i> | 14 |
| <i>carbamazepine</i> | 36 | CEQUR SIMPLICITY | | <i>clindamycin in 5 % dextrose</i> | |
| <i>carbidopa</i> | 40 | INSERTER | 92 | ..... | 14 |
| <i>carbidopa-levodopa</i> | 40 | <i>cetirizine</i> | 103 | <i>clindamycin phosphate</i> | 14, |
| <i>carbidopa-levodopa-</i> | | <i>cevimeline</i> | 72 | 69, 97 | |
| <i>entacapone</i> | 40 | CHEMET..... | 72 | CLINIMIX 5%/D15W | |
| <i>carboplatin</i> | 21 | <i>chloramphenicol sod</i> | | SULFITE FREE..... | 111 |
| <i>carglumic acid</i> | 72 | <i>succinate</i> | 14 | CLINIMIX 4.25%/D10W | |
| <i>carmustine</i> | 21 | <i>chlorhexidine gluconate</i> | 75 | SULF FREE..... | 111 |
| <i>arteolol</i> | 101 | <i>chlorprocaine (pf)</i> | 67 | | |

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

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

| | | | | |
|--|------------------------------------|--------------|-----------------------------------|----|
| CLINIMIX 4.25%/D5W | CONEXXENCE | 94 | <i>dabigatran etexilate</i> | 60 |
| SULFIT FREE | <i>conjugated estrogens</i> | 96 | <i>dacarbazine</i> | 22 |
| CLINIMIX 5%- | <i>constulose</i> | 85 | <i>dactinomycin</i> | 22 |
| D20W(SULFITE-FREE) 111 | COPIKTRA..... | 22 | <i>dalfampridine</i> | 42 |
| CLINIMIX 6%-D5W | CORTIFOAM | 85 | <i>danazol</i> | 82 |
| (SULFITE-FREE)..... | <i>cortisone</i> | 75 | <i>dantrolene</i> | 43 |
| CLINIMIX 8%- | COSENTYX..... | 65 | DANYELZA | 22 |
| D10W(SULFITE-FREE) 112 | COSENTYX (2 SYRINGES) | 65 | DANZITEN..... | 22 |
| CLINIMIX 8%- | ..... | 65 | DAPAGLIFLOZIN | |
| D14W(SULFITE-FREE) 112 | COSENTYX PEN..... | 65 | PROPANEDIOL | 77 |
| <i>clobazam</i> | COSENTYX PEN (2 PENS) | 65 | <i>dapsone</i> | 14 |
| <i>clobetasol</i> ..... | ..... | 65 | DAPTACEL (DTAP | |
| <i>clobetasol-emollient</i> | COSENTYX UNOREADY | 65 | PEDIATRIC) (PF)..... | 90 |
| <i>clofarabine</i> | PEN..... | 65 | <i>daptomycin</i> | 14 |
| <i>clomid</i> | COTELLIC..... | 22 | DAPTOMYCIN..... | 14 |
| <i>clomiphene citrate</i> | CREON | 85 | <i>darunavir</i> | 9 |
| <i>clomipramine</i> | CRESEMBA..... | 8 | DARZALEX..... | 22 |
| <i>clonazepam</i> | <i>cromolyn</i> | 85, 101, 105 | <i>dasatinib</i> | 22 |
| <i>clonidine (pf)</i> | <i>cryselle (28)</i> | 98 | <i>dasetta 1/35 (28)</i> | 98 |
| <i>clonidine hcl</i> | CRYSVITA..... | 82 | <i>dasetta 7/7/7 (28)</i> | 98 |
| <i>clonidine transdermal patch</i> | <i>cyclobenzaprine</i> | 43 | DATROWAY | 22 |
| ..... | <i>cyclophosphamide</i> | 22 | <i>daunorubicin</i> | 22 |
| ..... | CYCLOPHOSPHAMIDE .. | 22 | DAURISMO | 22 |
| <i>clopidogrel</i> | <i>cyclosporine</i> | 22, 101 | <i>daysee</i> | 98 |
| <i>clorazepate dipotassium</i> .. | <i>cyclosporine modified</i> | 22 | <i>deblitane</i> | 96 |
| <i>clotrimazole</i> | CYRAMZA..... | 22 | <i>decitabine</i> | 22 |
| <i>clotrimazole-betamethasone</i> | <i>cyred eq</i> | 98 | <i>deferasirox</i> | 73 |
| ..... | CYSTAGON..... | 109 | <i>deferiprone</i> | 73 |
| ..... | CYSTARAN | 101 | <i>deferoxamine</i> | 73 |
| <i>clozapine</i> | <i>cytarabine</i> | 22 | DELSTRIGO | 9 |
| COARTEM..... | <i>cytarabine (pf)</i> | 22 | <i>demeclocycline</i> | 18 |
| COBENFY | D | | DENGVAXIA (PF) | 90 |
| COBENFY STARTER PACK | <i>d10 %-0.45 % sodium</i> | | <i>denta 5000 plus</i> | 75 |
| ..... | <i>chloride</i> | 72 | <i>dentagel</i> | 75 |
| <i>colchicine</i> | <i>d2.5 %-0.45 % sodium</i> | | DEPO-SUBQ PROVERA | |
| <i>colesevelam</i> | <i>chloride</i> | 72 | 104 | 96 |
| <i>colestipol</i> | <i>d5 % and 0.9 % sodium</i> | | <i>dermacinrx lidocan</i> | 67 |
| <i>colistin (colistimethate na)</i> 14 | <i>chloride</i> | 72 | DESCOVY | 9 |
| COLUMVI..... | <i>d5 %-0.45 % sodium</i> | | <i>desipramine</i> | 49 |
| COMBIVENT RESPIMAT105 | <i>chloride</i> | 73 | <i>desmopressin</i> | 82 |
| COMETRIQ..... | | | | |
| <i>compro</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 02/17/2026.

| | | |
|-------------------------------|-------------------------------|----------------------------------|
| desog- | diazoxide..... | doxorubicin..... |
| e.estradiol/e.estradiol... 98 | diclofenac potassium .....46 | doxorubicin, peg-liposomal |
| desonide.....71 | diclofenac sodium 46, 67, 101 | 23 |
| desvenlafaxine succinate . 49 | diclofenac-misoprostol ....46 | doxy-100 18 |
| dexamethasone 76 | dicloxacillin..... 17 | doxycycline hyclate 18, 19 |
| dexamethasone intensol .. 76 | dicyclomine.....84 | doxycycline monohydrate .19 |
| dexamethasone sodium | DIFICID 13 | DRIZALMA SPRINKLE..... 50 |
| phos (pf)..... 76 | diflunisal .....46 | dronabinol..... 85 |
| dexamethasone sodium | digoxin .....64 | droperidol..... 85 |
| phosphate 76, 102 | dihydroergotamine..... 41 | DROPSAFE ALCOHOL |
| DEXCOM G6 RECEIVER. 92 | DILANTIN 30 MG .....36 | PREP PADS..... 77 |
| DEXCOM G6 SENSOR.... 92 | diltiazem hcl.....57 | drospirenone-e.estradiol- |
| DEXCOM G6 | dilt-xr 57 | lm.fa.....98 |
| TRANSMITTER..... 92 | dimenhydrinate 85 | drospirenone-ethinyl |
| DEXCOM G7 RECEIVER. 92 | dimethyl fumarate .....42 | estradiol 98 |
| DEXCOM G7 SENSOR 92 | diphenhydramine hcl 103 | DROXIA..... 23 |
| dexrazoxane hcl..... 19 | diphenoxylate-atropine....84 | droxidopa 73 |
| dextroamphetamine- | dipyridamole..... 60 | DUAVEE .....96 |
| amphetamine 49 | disulfiram 73 | DULERA .....105 |
| dextrose 10 % and 0.2 % nacl | divalproex.....36 | duloxetine 50 |
|73 | dobutamine.....64 | DUPIXENT PEN 67 |
| dextrose 10 % in water | dobutamine in d5w.....64 | DUPIXENT SYRINGE..... 68 |
| (d10w).....73 | docetaxel..... 23 | dutasteride 109 |
| dextrose 25 % in water | dofetilide 55 | dutasteride-tamsulosin... 109 |
| (d25w).....73 | donepezil 42 | E |
| dextrose 5 % in water (d5w) | dopamine.....64 | econazole nitrate..... 70 |
|73 | dopamine in 5 % dextrose 64 | EDARBI..... 57 |
| dextrose 5 %-lactated | DOPTELET (10 TAB PACK) | EDARBYCLOR 57 |
| ringers.....73 | 60 | EDURANT.....9 |
| dextrose 5%-0.2 % sod | DOPTELET (15 TAB PACK) | EDURANT PED .....9 |
| chloride .....73 | 60 | efavirenz.....9 |
| dextrose 5%-0.3 % | DOPTELET (30 TAB PACK) | efavirenz-emtricitabin- |
| sod.chloride .....73 |61 | tenofov.....9 |
| dextrose 50 % in water | dorzolamide 102 | efavirenz-lamivu-tenofov |
| (d50w).....73 | dorzolamide-timolol 102 | disop.....9 |
| dextrose 70 % in water | dotti.....96 | effer-k..... 109 |
| (d70w).....73 | DOVATO 9 | ELAHERE..... 23 |
| DIACOMIT..... 36 | doxazosin..... 57 | ELAPRASE..... 82 |
| diazepam.....36, 49 | doxepin..... 49, 50 | electrolyte-148..... 112 |
| diazepam intensol..... 49 | doxercalciferol..... 82 | electrolyte-48 in d5w 112 |

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

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

| | | | | | |
|---|-----|--|---------|---|-----|
| <i>electrolyte-a</i> | 112 | <i>enoxaparin</i> | 61 | <i>ethambutol</i> | 14 |
| ELIGARD | 23 | ENSACOVE..... | 23 | <i>ethosuximide</i> | 36 |
| ELIGARD (3 MONTH)..... | 23 | <i>enskyce</i> | 98 | <i>ethynodiol diac-eth estradiol</i> | 98 |
| ELIGARD (4 MONTH)..... | 23 | <i>entacapone</i> | 40 | <i>etodolac</i> | 46 |
| ELIGARD (6 MONTH)..... | 23 | <i>entecavir</i> | 9 | <i>etonogestrel-ethinyl</i> <i>estradiol</i> | 97 |
| <i>elinest</i> | 98 | ENTRESTO SPRINKLE..... | 64 | ETOPOPHOS | 24 |
| ELIQUIS | 61 | <i>enulose</i> | 85 | <i>etoposide</i> | 24 |
| ELIQUIS DVT-PE TREAT 30D START | 61 | ENVARBUS XR..... | 23 | <i>etravirine</i> | 9 |
| ELIQUIS SPRINKLE..... | 61 | EPIDIOLEX..... | 36 | EUCRISA..... | 68 |
| ELITEK..... | 19 | <i>epinastine</i> | 101 | EULEXIN | 24 |
| ELMIRON | 109 | <i>epinephrine</i> | 103 | <i>everolimus (antineoplastic)</i> | 24 |
| ELREXFIO | 23 | <i>epirubicin</i> | 23 | <i>everolimus</i> <i>(immunosuppressive)</i> | 24 |
| <i>eltrombopag olamine</i> | 61 | EPKINLY | 23 | EVOTAZ | 9 |
| <i>eluryng</i> | 97 | <i>eplerenone</i> | 57 | <i>exemestane</i> | 24 |
| ELZONRIS..... | 23 | ERBITUX..... | 23 | <i>exenatide</i> | 77 |
| EMGALITY PEN..... | 41 | <i>ergotamine-caffeine</i> | 41 | EXXUA | 50 |
| EMGALITY SYRINGE | 41 | <i>eribulin</i> | 23 | <i>ezetimibe</i> | 63 |
| EMPLICITI..... | 23 | ERIVEDGE | 23 | <i>ezetimibe-simvastatin</i> | 63 |
| EMRELIS..... | 23 | ERLEADA..... | 23 | F | |
| EMSAM..... | 50 | <i>erlotinib</i> | 23, 24 | FABRAZYME | 82 |
| <i>emtricitabine</i> | 9 | <i>errin</i> | 96 | <i>falmina (28)</i> | 98 |
| <i>emtricitabine-tenofovir (tdf)</i> | 9 | <i>ertapenem</i> | 14 | <i>famciclovir</i> | 9 |
| <i>emtricitabine-tenofovir</i> | 9 | <i>ery pads</i> | 69 | <i>famotidine</i> | 88 |
| <i>emtricitabine-tenofovir</i> | 9 | <i>ery-tab</i> | 13 | <i>famotidine (pf)</i> | 88 |
| EMTRIVA | 9 | <i>erythromycin</i> | 13, 100 | <i>famotidine (pf)-nacl (iso-</i> <i>os)</i> | 88 |
| EMVERM..... | 14 | <i>erythromycin ethylsuccinate</i> | 13 | FANAPT | 50 |
| <i>emzahn</i> | 96 | <i>erythromycin with ethanol</i> | 69 | FANAPT TITRATION PACK A..... | 50 |
| <i>enalapril maleate</i> | 57 | <i>escitalopram oxalate</i> | 50 | FANAPT TITRATION PACK B..... | 50 |
| <i>enalaprilat</i> | 57 | <i>eslicarbazepine</i> | 36 | FANAPT TITRATION PACK C | 50 |
| <i>enalapril-</i> <i>hydrochlorothiazide</i> | 57 | <i>esmolol</i> | 58 | FARXIGA..... | 77 |
| ENBREL | 94 | <i>esomeprazole magnesium</i> | 88 | FASENRA | 105 |
| ENBREL MINI..... | 94 | <i>esomeprazole sodium</i> | 88 | FASENRA PEN | 105 |
| ENBREL SURECLICK..... | 94 | <i>estarylla</i> | 98 | | |
| <i>endocet</i> | 44 | <i>estradiol</i> | 96 | | |
| ENGERIX-B (PF)..... | 90 | <i>estradiol valerate</i> | 96 | | |
| ENGERIX-B PEDIATRIC (PF)..... | 90 | <i>estradiol-norethindrone acet</i> | 96 | | |
| | | <i>eszopiclone</i> | 50 | | |
| | | <i>ethacrynate sodium</i> | 58 | | |

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

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

| | | | | | |
|---------------------------------------|---------|-------------------------------------|--------|---------------------------------|--------|
| <i>febuxostat</i> | 93 | <i>fluorometholone</i> | 102 | FREESTYLE LIBRE 2 | |
| <i>felbamate</i> | 36 | <i>fluorouracil</i> | 24, 68 | SENSOR..... | 92 |
| <i>felodipine</i> | 58 | <i>fluoxetine</i> | 50 | FREESTYLE LIBRE 3 PLUS | |
| <i>fenofibrate</i> | 63 | <i>fluphenazine decanoate</i> | 50 | SENSOR..... | 93 |
| <i>fenofibrate micronized</i> | 63 | <i>fluphenazine hcl</i> | 51 | FREESTYLE LIBRE 3 | |
| <i>fenofibrate nanocrystallized</i> | | <i>flurbiprofen</i> | 47 | READER..... | 93 |
| ..... | 63 | <i>flurbiprofen sodium</i> | 101 | FREESTYLE LIBRE 3 | |
| <i>fenofibric acid</i> | 63 | <i>fluticasone propionate</i> | 71, | SENSOR..... | 93 |
| <i>fenofibric acid (choline)</i> | 63 | 105 | | FREESTYLE LITE METER | |
| <i>fentanyl</i> | 44 | FLUTICASONE |  | ..... | 93 |
| FETZIMA..... | 50 | PROPIONATE..... | 105 | FREESTYLE LITE STRIPS | 77 |
| FIASP FLEXTOUCH U-100 | | <i>fluticasone propion-</i> | | FREESTYLE PRECISION | |
| INSULIN..... | 77 | <i>salmeterol</i> | 105 | NEO STRIPS | 77 |
| FIASP PENFILL U-100 | | <i>fluvastatin</i> | 63 | FREESTYLE TEST | 77 |
| INSULIN..... | 77 | <i>flvoxamine</i> | 51 | FRUZAQLA..... | 24, 25 |
| FIASP U-100 INSULIN..... | 77 | <i>fomepizole</i> | 90 | FULPHILA | 89 |
| <i>fidaxomicin</i> | 13 | <i>fondaparinux</i> | 61 | <i>fulvestrant</i> | 25 |
| <i>finasteride</i> | 109 | <i>formoterol fumarate</i> | 105 | <i>furosemide</i> | 58 |
| <i> fingolimod</i> | 42 | <i>fosamprenavir</i> | 9 | FYARRO | 25 |
| FINTEPLA | 36 | <i>fosaprepitant</i> | 85 | <i>fyavolv</i> | 96 |
| FIRMAGON KIT W | | <i>fosfomycin tromethamine</i> .. | 19 | FYCOMPA..... | 37 |
| DILUENT SYRINGE | 24 | <i>fosinopril</i> | 58 | G | |
| <i>flac otic oil</i> | 75 | <i>fosinopril-</i> | | <i>gabapentin</i> | 37 |
| <i>flecainide</i> | 56 | <i>hydrochlorothiazide</i> | 58 | <i>galantamine</i> | 42 |
| <i>floxuridine</i> | 24 | <i>fosphenytoin</i> | 37 | <i>gallifrey</i> | 96 |
| <i>fluconazole</i> | 8 | FOTIVDA..... | 24 | GAMASTAN..... | 90 |
| <i>fluconazole in nacl (iso-osm)</i> | | FREESTYLE FREEDOM | | GAMUNEX-C..... | 90 |
| ..... | 8 | LITE | 92 | <i>ganciclovir sodium</i> | 9 |
| <i>flucytosine</i> | 8 | FREESTYLE INSULINX ... | 77, | GARDASIL 9 (PF) | 90 |
| <i>fludarabine</i> | 24 | 92 | | <i>gatifloxacin</i> | 100 |
| <i>fludrocortisone</i> | 76 | FREESTYLE INSULINX | | GATTEX 30-VIAL | 85 |
| <i>flumazenil</i> | 50 | TEST STRIPS | 77 | GATTEX ONE-VIAL | 85 |
| <i>flunisolide</i> | 105 | FREESTYLE LIBRE 14 DAY | | GAUZE PAD | 93 |
| <i>fluocinolone</i> | 71 | READER | 92 | <i>gavilyte-c</i> | 85 |
| <i>fluocinolone acetonide oil</i> .. | 75 | FREESTYLE LIBRE 14 DAY | | <i>gavilyte-g</i> | 85 |
| <i>fluocinolone and shower cap</i> | | SENSOR..... | 92 | <i>gavilyte-n</i> | 85 |
| ..... | 71 | FREESTYLE LIBRE 2 PLUS | | GAVRETO | 25 |
| <i>fluocinonide</i> | 71 | SENSOR..... | 92 | GAZYVA..... | 25 |
| <i>fluocinonide-emollient</i> | 71 | FREESTYLE LIBRE 2 | | <i>gefitinib</i> | 25 |
| <i>fluoride (sodium)</i> | 75, 112 | READER | 92 | <i>gemcitabine</i> | 25 |

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

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

| | | |
|---|---------------------------------------|---------------------------------------|
| GEMCITABINE.....25 | GVOKE PFS 2-PACK | HUMALOG U-100 INSULIN |
| <i>gemfibrozil</i> 63 | SYRINGE .....78 | 78 |
| <i>generlac</i> 85 | H | HUMULIN 70/30 U-100 |
| <i>gengraf</i> .....25 | HADLIMA .....94 | INSULIN..... 79 |
| <i>gentamicin</i> 14, 69, 100 | HADLIMA PUSHTOUCH .94 | HUMULIN 70/30 U-100 |
| <i>gentamicin in nacl (iso-osm)</i> | HADLIMA(CF) .....94 | KWIKPEN..... 79 |
| 14 | HADLIMA(CF) | HUMULIN N NPH INSULIN |
| <i>gentamicin sulfate (ped)</i> | PUSHTOUCH 95 | KWIKPEN..... 79 |
| (pf)..... 14 | <i>halobetasol propionate</i> 71, 72 | HUMULIN N NPH U-100 |
| GENVOYA..... 9 | <i>haloperidol</i> 51 | INSULIN..... 79 |
| GILOTRIF .....25 | <i>haloperidol decanoate</i> 51 | HUMULIN R REGULAR U- |
| <i>glatiramer</i> 42 | <i>haloperidol lactate</i> 51 | 100 INSULN 79 |
| <i>glatopa</i> 42 | HAVRIX (PF)..... 90 | HUMULIN R U-500 |
| GLEOSTINE .....25 | <i>heather</i> .....96 | (CONC) INSULIN 79 |
| <i>glimepiride</i> 77, 78 | <i>heparin (porcine)</i>.....62 | HUMULIN R U-500 |
| <i>glipizide</i> 78 | HEPARIN (PORCINE) 62 | (CONC) KWIKPEN 79 |
| <i>glipizide-metformin</i> 78 | <i>heparin (porcine) in 5 % dex</i> | <i>hydralazine</i> 58 |
| <i>glutamine (sickle cell)</i>.....73 | 61 | <i>hydrochlorothiazide</i> 58 |
| <i>glycine urologic</i> 109 | <i>heparin (porcine) in nacl (pf)</i> | <i>hydrocodone-</i> |
| <i>glycine urologic solution</i> . 109 | 62 | <i>acetaminophen</i> 44 |
| <i>glycopyrrolate</i> 84 | <i>heparin(porcine) in 0.45%</i> | <i>hydrocodone-ibuprofen</i> ... 44 |
| <i>glycopyrrolate (pf)</i> 84 | <i>nacl</i> 62 | <i>hydrocortisone</i> .....72, 76, 85 |
| <i>glycopyrrolate (pf) in water</i> | HEPARIN(PORCINE) IN | <i>hydrocortisone-acetic acid</i> |
| 84 | 0.45% NACL..... 62 | 75 |
| <i>glydo</i> 68 | <i>heparin, porcine (pf)</i> 62 | <i>hydromorphone</i> 45 |
| GLYXAMBI..... 78 | HEPARIN, PORCINE (PF)62 | <i>hydromorphone (pf)</i> 45 |
| GOMEKLI .....25 | HEPLISAV-B (PF) 90 | <i>hydroxychloroquine</i> 14 |
| GRAFAPEX.....25 | HERNEXEOS..... 25 | <i>hydroxyurea</i> 25 |
| <i>granisetron (pf)</i> 85 | HIBERIX (PF)..... 90 | <i>hydroxyzine hcl</i>.....103 |
| <i>granisetron hcl</i> 85 | HUMALOG JUNIOR | HYPERHEP B 91 |
| <i>griseofulvin microsize</i> 8 | KWIKPEN U-100 78 | HYPERHEP B NEONATAL |
| <i>griseofulvin ultramicrosize</i> .. 8 | HUMALOG KWIKPEN | 91 |
| GVOKE 78 | INSULIN .....78 | I |
| GVOKE HYPOPEN 1-PACK | HUMALOG MIX 50-50 | <i>ibandronate</i> 94 |
| 78 | KWIKPEN 78 | IBRANCE..... 25 |
| GVOKE HYPOPEN 2-PACK | HUMALOG MIX 75-25 | IBTROZI..... 25 |
| 78 | KWIKPEN 78 | <i>ibu</i> 47 |
| GVOKE PFS 1-PACK | HUMALOG MIX 75-25(U- | <i>ibuprofen</i> 47 |
| SYRINGE..... 78 | 100)INSULN 78 | <i>ibutilide fumarate</i> 56 |
| | | <i>icatibant</i>.....105 |

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

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

| | | | | | |
|----------------------------------|----|-------------------------------------|---------|-------------------------------|-------|
| ICLUSIG..... | 25 | INSULIN LISPRO | | J | |
| <i>icosapent ethyl</i> | 63 | PROTAMIN-LISPRO..... | 79 | JAKAFI..... | 27 |
| <i>idarubicin</i> | 25 | INSULIN SYRINGE- | | <i>jantoven</i> | 62 |
| IDHIFA..... | 25 | NEEDLE U-100..... | 93 | JANUMET..... | 79 |
| <i>ifosfamide</i> | 26 | INTELENCE..... | 9 | JANUMET XR..... | 79 |
| ILARIS (PF)..... | 89 | <i>intralipid</i> | 112 | JANUVIA..... | 79 |
| <i>imatinib</i> | 26 | <i>introvale</i> | 98 | JARDIANCE..... | 79 |
| IMBRUVICA..... | 26 | INVEGA HAFYERA..... | 51 | <i>jasmiel (28)</i> | 98 |
| IMDELLTRA..... | 26 | INVEGA SUSTENNA..... | 51 | JAYPIRCA..... | 27 |
| IMFINZI..... | 26 | INVEGA TRINZA..... | 51, 52 | JEMPERLI..... | 27 |
| <i>imipenem-cilastatin</i> | 14 | INVELTYS..... | 102 | <i>jencycla</i> | 97 |
| <i>imipramine hcl</i> | 51 | IPOL..... | 91 | JENTADUETO..... | 79 |
| <i>imiquimod</i> | 68 | <i>ipratropium bromide</i> .. | 75, 105 | JENTADUETO XR..... | 79 |
| IMJUDO..... | 26 | <i>ipratropium-albuterol</i> | 106 | JEVTANA..... | 27 |
| IMKELDI..... | 26 | <i>irbesartan</i> | 58 | <i>jinteli</i> | 97 |
| IMOVAX RABIES VACCINE | | <i>irbesartan-</i> | | <i>jolessa</i> | 98 |
| (PF)..... | 91 | <i>hydrochlorothiazide</i> | 58 | JOURNAVX..... | 47 |
| IMPAVIDO..... | 14 | <i>irinotecan</i> | 26 | JUBBONTI..... | 94 |
| IMVEXXY MAINTENANCE | | ISENTRESS..... | 9, 10 | <i>juleber</i> | 98 |
| PACK..... | 96 | ISENTRESS HD..... | 9 | JULUCA..... | 10 |
| IMVEXXY STARTER PACK | | <i>isibloom</i> | 98 | JYLAMVO..... | 27 |
| ..... | 96 | ISOLYTE S PH 7.4..... | 112 | JYNNEOS (PF)..... | 91 |
| INBRIJA..... | 40 | ISOLYTE-P IN 5 % | | K | |
| <i>incassia</i> | 97 | DEXTROSE..... | 112 | KADCYLA..... | 27 |
| INCRELEX..... | 73 | ISOLYTE-S..... | 112 | KALETRA..... | 10 |
| <i>indapamide</i> | 58 | <i>isoniazid</i> | 14 | <i>kalliga</i> | 98 |
| INFANRIX (DTAP) (PF).... | 91 | <i>isosorbide dinitrate</i> | 65 | KALYDECO..... | 106 |
| INFLIXIMAB..... | 85 | <i>isosorbide mononitrate</i> | 65 | KANUMA..... | 82 |
| INGREZZA..... | 42 | <i>isosorbide-hydralazine</i> | 58 | <i>kariva (28)</i> | 98 |
| INGREZZA INITIATION | | <i>isotretinoin</i> | 69 | <i>kelnor 1/35 (28)</i> | 98 |
| PK(TARDIV)..... | 42 | <i>isradipine</i> | 58 | KERENDIA..... | 58 |
| INGREZZA SPRINKLE..... | 42 | ISTODAX..... | 26 | KESIMPTA PEN..... | 42 |
| INLEXZO..... | 26 | ITOVEBI..... | 27 | <i>ketoconazole</i> | 8, 70 |
| INLURIYO..... | 26 | <i>itraconazole</i> | 8 | <i>ketorolac</i> | 101 |
| INLYTA..... | 26 | <i>ivabradine</i> | 64 | KEYTRUDA..... | 27 |
| INPEFA..... | 79 | <i>ivermectin</i> | 15 | KEYTRUDA QLEX..... | 27 |
| INQOVI..... | 26 | IWILFIN..... | 27 | KHAPZORY..... | 19 |
| INREBIC..... | 26 | IXEMPRA..... | 27 | KIMMTRAK..... | 27 |
| INSULIN ASPART U-100. | 79 | IXIARO (PF)..... | 91 | KINERET..... | 95 |
| INSULIN LISPRO..... | 79 | | | KINRIX (PF)..... | 91 |

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

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

| | | |
|---|--|---|
| <i>kionex (with sorbitol)</i> .....73 | LAZCLUZE 27 | <i>lidocaine-prilocaine</i> 68 |
| KISQALI.....27 | LEDIPASVIR-SOFOSBUVIR | <i>lidocan iii</i> 68 |
| <i>klayesta</i> 70 |10 | <i>lidocan iv</i> 68 |
| <i>klor-con 10</i> 109 | <i>leflunomide</i> 95 | <i>lidocan v</i> 68 |
| <i>klor-con 8</i> 109 | <i>lenalidomide</i> 27 | LILETTA 97 |
| <i>klor-con m10</i> 109 | LENVIMA.....28 | <i>lincomycin</i> .....15 |
| <i>klor-con m15</i> 109 | <i>lessina</i> .....99 | <i>linezolid</i>.....15 |
| <i>klor-con m20</i> 109 | <i>letrozole</i> 28 | <i>linezolid in dextrose 5%</i>.....15 |
| <i>klor-con oral packet 20</i>.....110 | <i>leucovorin calcium</i>.....19 | <i>linezolid-0.9% sodium</i> |
| KLOXXADO..... 47 | LEUKERAN.....28 | <i>chloride</i>.....15 |
| KOMZIFTI.....27 | <i>leuprolide</i>.....28 | LINZESS..... 85 |
| KOSELUGO.....27 | <i>levetiracetam</i> 37, 38 | <i>liomny</i> 84 |
| <i>kourzeq</i>.....75 | <i>levetiracetam in nacl (iso-</i> | LIORESAL 43 |
| K-PHOS NO 2..... 109 | <i>os)</i> 37 | <i>liothyronine</i> 84 |
| K-PHOS ORIGINAL..... 109 | <i>levobunolol</i> 101 | <i>liraglutide</i> 80 |
| KRAZATI.....27 | <i>levocarnitine</i> 73 | <i>lisinopril</i> 58 |
| <i>kurvelo (28)</i> 98 | <i>levocarnitine (with sugar)</i> .73 | <i>lisinopril-hydrochlorothiazide</i> |
| KYPROLIS.....27 | <i>levocetirizine</i> 103 | 58 |
| L | <i>levofloxacin</i>.....18, 100 | <i>lithium carbonate</i> 52 |
| <i>l norgest/e.estradiol-</i> | <i>levofloxacin in d5w</i> 18 | <i>lithium citrate</i> 52 |
| <i>e.estrad</i> 98 | <i>levoleucovorin calcium</i> 19 | LIVDELZI 85 |
| <i>labetalol</i> 58 | <i>levonest (28)</i>.....99 | LIVTENCITY 10 |
| <i>lacosamide</i>.....37 | <i>levonorgestrel-ethinyl estrad</i> | LOKELMA 73 |
| <i>lactated ringers</i>.....72, 110 |99 | <i>lomustine</i> 28 |
| <i>lactulose</i> 85 | <i>levonorg-eth estrad</i> | LONSURF 28 |
| <i>lamivudine</i> 10 | <i>triphasic</i> .....99 | <i>loperamide</i> 84 |
| <i>lamivudine-zidovudine</i> 10 | <i>levora-28</i>.....99 | <i>lopinavir-ritonavir</i> 10 |
| <i>lamotrigine</i>.....37 | <i>levo-t</i> 83 | LOQTORZI..... 28 |
| <i>lanreotide</i>.....27 | <i>levothyroxine</i>.....83 | <i>lorazepam</i> 52 |
| <i>lansoprazole</i> 88 | <i>levoxyl</i> 84 | <i>lorazepam intensol</i> 52 |
| LANTUS SOLOSTAR U-100 | LIBTAYO 28 | LORBRENA..... 28 |
| INSULIN..... 79 | <i>lidocaine</i>.....68 | <i>loryna (28)</i> 99 |
| LANTUS U-100 INSULIN 80 | <i>lidocaine (pf)</i> 56, 68 | <i>losartan</i> 58 |
| <i>lapatinib</i>.....27 | <i>lidocaine hcl</i>.....68 | <i>losartan-hydrochlorothiazide</i> |
| <i>larin 1.5/30 (21)</i> 98 | <i>lidocaine in 5 % dextrose</i> | 58 |
| <i>larin 1/20 (21)</i> 98 | <i>(pf)</i> 56 | <i>loteprednol etabonate</i> ....102 |
| <i>larin 24 fe</i> 98 | <i>lidocaine viscous</i> 68 | <i>lovastatin</i> 63 |
| <i>larin fe 1.5/30 (28)</i> 98 | <i>lidocaine-epinephrine</i> 68 | <i>low-ogestrel (28)</i> 99 |
| <i>larin fe 1/20 (28)</i> 99 | <i>lidocaine-epinephrine (pf)</i> | <i>loxapine succinate</i> 52 |
| <i>latanoprost</i> .....102 |68 | <i>lo-zumandimine (28)</i> 99 |

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

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

| | | | | | |
|-----------------------------------|-----|------------------------------------|--------|--------------------------------------|------------|
| <i>lubiprostone</i> | 86 | <i>mefloquine</i> | 15 | <i>metoprolol succinate</i> | 58 |
| LUMAKRAS..... | 28 | <i>megestrol</i> | 29 | <i>metoprolol ta-</i> | |
| LUMIGAN..... | 102 | MEKINIST..... | 29 | <i>hydrochlorothiaz</i> | 58 |
| LUMIZYME..... | 82 | MEKTOVI..... | 29 | <i>metoprolol tartrate</i> | 58, 59 |
| LUNSUMIO..... | 28 | <i>meleya</i> | 97 | <i>metro i.v.</i> | 15 |
| LUPRON DEPOT..... | 28 | <i>meloxicam</i> | 47 | <i>metronidazole</i> | 15, 69, 97 |
| <i>lurasidone</i> | 52 | <i>melphalan hcl</i> | 29 | <i>metronidazole in nacl (iso-</i> | |
| <i>lurbiro</i> | 47 | <i>memantine</i> | 42, 43 | <i>os)</i> | 15 |
| <i>lutera (28)</i> | 99 | <i>memantine-donepezil</i> | 43 | <i>metyrosine</i> | 59 |
| <i>lyleq</i> | 97 | MENQUADFI (PF)..... | 91 | <i>mexiletine</i> | 56 |
| <i>lyllana</i> | 97 | MENVEO A-C-Y-W-135- | | <i>micafungin</i> | 8 |
| LYNOZYFIC..... | 28 | DIP (PF)..... | 91 | <i>microgestin 1.5/30 (21)</i> | 99 |
| LYNPARZA..... | 28 | MEPSEVII..... | 82 | <i>microgestin 1/20 (21)</i> | 99 |
| LYSODREN..... | 28 | <i>mercaptapurine</i> | 29 | <i>microgestin fe 1.5/30 (28)</i> | 99 |
| LYTGOBI..... | 28 | <i>meropenem</i> | 15 | <i>microgestin fe 1/20 (28)</i> ... | 99 |
| LYUMJEV KWIKPEN U-100 | | <i>mesalamine</i> | 86 | <i>midodrine</i> | 73 |
| INSULIN..... | 80 | <i>mesalamine with cleansing</i> | | MIEBO (PF)..... | 101 |
| LYUMJEV KWIKPEN U-200 | | <i>wipe</i> | 86 | <i>mifepristone</i> | 82, 97 |
| INSULIN..... | 80 | <i>mesna</i> | 19 | <i>mili</i> | 99 |
| LYUMJEV U-100 INSULIN | | <i>metformin</i> | 80 | <i>milophene</i> | 82 |
| ..... | 80 | <i>methadone</i> | 45 | <i>milrinone</i> | 64 |
| <i>lyza</i> | 97 | <i>methadone intensol</i> | 45 | <i>milrinone in 5 % dextrose</i> .. | 64 |
| M | | <i>methadose</i> | 45 | <i>mimvey</i> | 97 |
| <i>magnesium chloride</i> | 110 | <i>methazolamide</i> | 101 | <i>minocycline</i> | 19 |
| <i>magnesium sulfate</i> | 110 | <i>methenamine hippurate</i> | 19 | <i>minoxidil</i> | 59 |
| MAGNESIUM SULFATE IN | | <i>methenamine mandelate</i> ... | 19 | <i>miostat</i> | 102 |
| D5W..... | 110 | <i>methimazole</i> | 77 | <i>mirabegron</i> | 108 |
| <i>magnesium sulfate in water</i> | | <i>methotrexate sodium</i> | 29 | <i>mirtazapine</i> | 52 |
| ..... | 110 | <i>methotrexate sodium (pf)</i> | 29 | <i>misoprostol</i> | 88 |
| <i>malathion</i> | 72 | <i>methoxsalen</i> | 68 | <i>mitomycin</i> | 29 |
| <i>mannitol 20 %</i> | 58 | <i>methsuximide</i> | 38 | <i>mitoxantrone</i> | 29 |
| <i>mannitol 25 %</i> | 58 | <i>methylergonovine</i> | 100 | M-M-R II (PF)..... | 91 |
| <i>maraviroc</i> | 10 | <i>methylphenidate hcl</i> | 52 | <i>modafinil</i> | 52 |
| <i>marlissa (28)</i> | 99 | <i>methylprednisolone</i> | 76 | MODEYSO..... | 29 |
| MARPLAN..... | 52 | <i>methylprednisolone acetate</i> | | <i>moexipril</i> | 59 |
| MATULANE..... | 28 | ..... | 76 | <i>molindone</i> | 52 |
| <i>matzim la</i> | 58 | <i>methylprednisolone sodium</i> | | <i>mometasone</i> | 72, 106 |
| MAVYRET..... | 10 | <i>succ</i> | 76 | <i>mondoxyne nl</i> | 19 |
| <i>meclizine</i> | 86 | <i>metoclopramide hcl</i> | 86 | MONJUVI..... | 29 |
| <i>medroxyprogesterone</i> | 97 | <i>metolazone</i> | 58 | <i>mono-lynyah</i> | 99 |

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

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

| | | | |
|-------------------------------------|---------|--------------------------------------|------------------------------------|
| <i>montelukast</i> | 106 | <i>neomycin-bacitracin-poly-</i> | <i>norethindrone</i> |
| <i>morphine</i> | 45, 46 | <i>hc</i> | (<i>contraceptive</i>) |
| <i>morphine (pf)</i> | 45 | <i>neomycin-bacitracin-</i> | <i>norethindrone acetate</i> |
| <i>morphine concentrate</i> | 45 | <i>polymyxin</i> | <i>norethindrone ac-eth</i> |
| MOUNJARO | 80 | <i>neomycin-polymyxin b gu</i> 72 | <i>estradiol</i> |
| <i>moxifloxacin</i> | 18, 100 | <i>neomycin-polymyxin b-</i> | <i>norgestimate-ethinyl</i> |
| <i>moxifloxacin-</i> | | <i>dexameth</i> | <i>estradiol</i> |
| <i>sod.chloride(iso)</i> | 18 | <i>neomycin-polymyxin-</i> | <i>nortrel 0.5/35 (28)</i> |
| MRESVIA (PF) | 91 | <i>gramicidin</i> | <i>nortrel 1/35 (21)</i> |
| MULTAQ | 56 | <i>neomycin-polymyxin-hc</i> .. 75, | <i>nortrel 1/35 (28)</i> |
| <i>mupirocin</i> | 69 | 102 | <i>nortrel 7/7/7 (28)</i> |
| <i>mycophenolate mofetil</i> | 29 | NERLYNX | <i>nortriptyline</i> |
| <i>mycophenolate mofetil (hcl)</i> | 29 | NEUPRO | NORVIR |
| ..... | 29 | <i>nevirapine</i> | NOVOLIN 70/30 U-100 |
| <i>mycophenolate sodium</i> | 29 | NEXLETOL | INSULIN |
| MYFEMBREE | 97 | NEXLIZET | NOVOLIN 70-30 FLEXPEN |
| MYHIBBIN | 29 | NEXPLANON | U-100 |
| MYLOTARG | 29 | <i>niacin</i> | NOVOLIN N FLEXPEN ... |
| N | | <i>nicardipine</i> | NOVOLIN N NPH U-100 |
| <i>nabumetone</i> | 47 | NICOTROL NS | INSULIN |
| <i>nadolol</i> | 59 | <i>nifedipine</i> | NOVOLIN R FLEXPEN |
| <i>nafcilin</i> | 17 | <i>nikki (28)</i> | NOVOLIN R REGULAR |
| <i>nafcilin in dextrose iso-osm</i> | 17 | <i>nilotinib hcl</i> | U100 INSULIN |
| ..... | 17 | <i>nilutamide</i> | NOVOLOG FLEXPEN U- |
| <i>naftifine</i> | 70 | <i>nimodipine</i> | 100 INSULIN |
| NAGLAZYME | 82 | NINLARO | NOVOLOG MIX 70-30 U- |
| <i>nalbuphine</i> | 47 | <i>nitazoxanide</i> | 100 INSULN |
| <i>naloxone</i> | 47 | <i>nitisinone</i> | NOVOLOG MIX 70- |
| <i>naltrexone</i> | 47 | <i>nitro-bid</i> | 30FLEXPEN U-100 |
| <i>naproxen</i> | 47 | <i>nitrofurantoin macrocrystal</i> | NOVOLOG PENFILL U-100 |
| <i>naproxen sodium</i> | 47 | ..... | INSULIN |
| <i>naratriptan</i> | 41 | <i>nitrofurantoin monohyd/m-</i> | NOVOLOG U-100 INSULIN |
| NATACYN | 100 | <i>cryst</i> | ASPART |
| <i>nateglinide</i> | 80 | <i>nitroglycerin</i> | NUBEQA |
| NAYZILAM | 38 | NIVESTYM | NUCALA |
| <i>nebivolol</i> | 59 | <i>nora-be</i> | NUDEXTA |
| <i>nefazodone</i> | 53 | <i>noelgestromin-</i> | NULOJIX |
| NELARABINE | 30 | <i>ethin.estradiol</i> | NUPLAZID |
| NEMLUVIO | 30 | <i>norepinephrine bitartrate</i> .65 | NURTEC ODT |
| <i>neomycin</i> | 15 | | <i>nyamyc</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 02/17/2026.

| | | | | | |
|--|---------|--|--------|---------------------------------------|--------|
| <i>nystatin</i> | 8, 70 | ONIVYDE | 30 | <i>palonosetron</i> | 86 |
| <i>nystatin-triamcinolone</i> | 70 | ONUREG..... | 30 | <i>pamidronate</i> | 82 |
| <i>nystop</i> | 70 | OPDIVO..... | 30 | PANRETIN..... | 68 |
| NYVEPRIA..... | 89 | OPDIVO QVANTIG | 30 | <i>pantoprazole</i> | 88, 89 |
| O | | OPDUALAG | 31 | <i>paricalcitol</i> | 83 |
| <i>octreotide acetate</i> | 30 | OPIPZA..... | 53 | <i>paroxetine hcl</i> | 53 |
| <i>octreotide,microspheres</i> .. | 30 | <i>opium tincture</i> | 84 | PAVBLU | 101 |
| ODEFSEY..... | 10 | OPSUMIT | 106 | PAXLOVID | 10 |
| ODOMZO..... | 30 | OPSYNVI..... | 106 | <i>pazopanib</i> | 31 |
| OFEV..... | 106 | <i>oralone</i> | 75 | PAZOPANIB | 31 |
| <i>ofloxacin</i> | 75, 100 | ORGOVYX..... | 31 | PEDIARIX (PF) | 91 |
| OGSIVEO | 30 | ORKAMBI..... | 106 | PEDVAX HIB (PF) | 91 |
| OJEMDA..... | 30 | <i>orquidea</i> | 97 | <i>peg 3350-electrolytes</i> | 86 |
| OJJAARA..... | 30 | ORSERDU..... | 31 | PEGASYS | 89 |
| <i>olanzapine</i> | 53 | <i>oseltamivir</i> | 10 | <i>peg-electrolyte</i> | 86 |
| <i>olmesartan</i> | 59 | <i>osmitrol 20 %</i> | 59 | PEMAZYRE..... | 31 |
| <i>olmesartan-amlodipin-</i> <i>hcthiazyd</i> | 59 | OTEZLA..... | 95 | <i>pemetrexed disodium</i> | 31 |
| <i>olmesartan-</i> <i>hydrochlorothiazide</i> | 59 | OTEZLA STARTER..... | 95 | PEN NEEDLE, DIABETIC | 93 |
| <i>omega-3 acid ethyl esters</i> | 63 | OTEZLA XR..... | 95 | PENBRAYA (PF)..... | 91 |
| <i>omeprazole</i> | 88 | OTEZLA XR INITIATION .. | 95 | <i>peniclovir</i> | 70 |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)..... | 93 | OTULFI..... | 65, 66 | <i>penicillamine</i> | 95 |
| OMNIPOD 5 G6-G7 INTRO KIT(GEN5)..... | 93 | <i>oxacillin</i> | 17 | PENICILLIN G POT IN DEXTROSE | 17 |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | 93 | <i>oxacillin in dextrose(iso-</i> <i>osm)</i> | 17 | <i>penicillin g potassium</i> | 17 |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) | 93 | <i>oxaliplatin</i> | 31 | <i>penicillin g sodium</i> | 17 |
| OMNIPOD DASH INTRO KIT (GEN 4) | 93 | <i>oxaprozin</i> | 47 | <i>penicillin v potassium</i> | 18 |
| OMNIPOD DASH PODS (GEN 4)..... | 93 | <i>oxcarbazepine</i> | 38 | PENMENVY MEN A-B-C- W-Y (PF) | 91 |
| OMNITROPE..... | 89 | OXERVATE | 101 | PENTACEL (PF)..... | 91 |
| ONCASPAR..... | 30 | <i>oxybutynin chloride</i> | 108 | <i>pentamidine</i> | 15 |
| <i>ondansetron</i> | 86 | <i>oxycodone</i> | 46 | <i>pentobarbital sodium</i> | 53 |
| <i>ondansetron hcl</i> | 86 | <i>oxycodone-acetaminophen</i> | 46 | <i>pentoxifylline</i> | 62 |
| <i>ondansetron hcl (pf)</i> | 86 | OZEMPIC..... | 81 | <i>perampanel</i> | 38 |
| | | OZURDEX..... | 102 | <i>perindopril erbumine</i> | 59 |
| | | P | | <i>periogard</i> | 75 |
| | | <i>pacerone</i> | 56 | PERJETA..... | 31 |
| | | <i>paclitaxel</i> | 31 | <i>permethrin</i> | 72 |
| | | <i>paclitaxel protein-bound</i> ... | 31 | <i>perphenazine</i> | 53 |
| | | PADCEV | 31 | <i>pfizerpen-g</i> | 18 |
| | | <i>paliperidone</i> | 53 | <i>phenelzine</i> | 53 |

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

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

| | | | | | |
|--|----------|--|---------|--|-----|
| <i>phenobarbital</i> | 38 | <i>potassium chloride in Ir-d5</i> | 110 | PRIFTIN | 15 |
| <i>phenobarbital sodium</i> | 38 | <i>potassium chloride in water</i> | 110 | PRIMAQUINE | 15 |
| <i>phentolamine</i> | 59 | <i>potassium chloride-0.45 %</i> <i>nacl</i> | 111 | <i>primidone</i> | 39 |
| <i>phenytoin</i> | 38 | <i>potassium chloride-d5-</i> <i>0.2%nacl</i> | 111 | PRIMIDONE..... | 39 |
| <i>phenytoin sodium</i> | 38 | <i>potassium chloride-d5-</i> <i>0.9%nacl</i> | 111 | PRIORIX (PF) | 91 |
| <i>phenytoin sodium extended</i> | 38 | <i>potassium citrate</i> | 109 | <i>probenecid</i> | 93 |
| <i>philith</i> | 99 | <i>potassium phosphate m-/d-</i> <i>basic</i> | 111 | <i>probenecid-colchicine</i> | 93 |
| PIFELTRO | 10 | POTELIGEO | 32 | <i>procainamide</i> | 56 |
| <i>pilocarpine hcl</i> | 73, 101 | PRALATREXATE..... | 32 | <i>prochlorperazine</i> | 86 |
| <i>pimecrolimus</i> | 69 | <i>pramipexole</i> | 40 | <i>prochlorperazine edisylate</i> | 86 |
| <i>pimozide</i> | 53 | <i>prasugrel hcl</i> | 62 | <i>prochlorperazine maleate</i> <i>oral</i> | 86 |
| <i>pimtree (28)</i> | 99 | <i>pravastatin</i> | 64 | PROCRIT | 90 |
| <i>pindolol</i> | 59 | <i>praziquantel</i> | 15 | <i>procto-med hc</i> | 86 |
| <i>pioglitazone</i> | 81 | <i>prazosin</i> | 59 | <i>proctosol hc</i> | 86 |
| <i>piperacillin-tazobactam</i> | 18 | PRECISION XTRA MONITOR | 93 | <i>proctozone-hc</i> | 87 |
| PIQRAY | 31 | PRECISION XTRA TEST ... | 81 | <i>progesterone</i> | 97 |
| <i>pirfenidone</i> | 106 | <i>prednisolone</i> | 76 | <i>progesterone micronized</i> . | 97 |
| <i>piroxicam</i> | 47 | <i>prednisolone acetate</i> | 102 | PROGRAF | 32 |
| <i>pitavastatin calcium</i> | 63 | <i>prednisolone sodium</i> <i>phosphate</i> | 76, 102 | PROLASTIN-C | 73 |
| PLEGRIDY | 89 | <i>prednisone</i> | 76 | <i>promethazine</i> | 103 |
| PLENAMINE..... | 112 | <i>prednisone intensol</i> | 76 | <i>propafenone</i> | 56 |
| <i>plerixafor</i> | 90 | <i>pregabalin</i> | 38, 39 | <i>propranolol</i> | 59 |
| <i>podofilox</i> | 69 | PREMARIN | 97 | <i>propylthiouracil</i> | 77 |
| POLIVY | 31 | <i>premasol 10 %</i> | 112 | PROQUAD (PF)..... | 91 |
| <i>polocaine</i> | 69 | PREMPHASE | 97 | <i>protamine</i> | 62 |
| <i>polocaine-mpf</i> | 69 | PREMPRO | 97 | <i>protriptyline</i> | 53 |
| <i>polymyxin b sulf-</i> <i>trimethoprim</i> | 100 | <i>prenatal vitamin oral tablet</i> | 112 | PULMICORT FLEXHALER | 106 |
| POMALYST | 32 | <i>prevalite</i> | 64 | PULMOZYME | 107 |
| <i>portia 28</i> | 99 | PREVYMIS | 10 | <i>pyrazinamide</i> | 15 |
| <i>posaconazole</i> | 8 | PREZCOBIX..... | 11 | <i>pyridostigmine bromide</i> ... | 43 |
| <i>potassium acetate</i> | 110 | PREZISTA | 11 | <i>pyrimethamine</i> | 15 |
| <i>potassium chlorid-d5-</i> <i>0.45%nacl</i> | 110 | | | PYZCHIVA (ONLY NDCS STARTING WITH 61314) | 66 |
| <i>potassium chloride</i> | 110, 111 | | | Q | |
| <i>potassium chloride in</i> <i>0.9%nacl</i> | 110 | | | QINLOCK | 32 |
| <i>potassium chloride in 5 %</i> <i>dex</i> | 110 | | | QUADRACEL (PF)..... | 91 |

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

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

| | | | | | |
|----------------------------------|-----|---------------------------------------|---------|---------------------------------------|---------|
| <i>quetiapine</i> | 53 | RHOPRESSA..... | 102 | SANDOSTATIN LAR | |
| <i>quinapril</i> | 59 | <i>ribavirin</i> | 11 | DEPOT..... | 32 |
| <i>quinapril-</i> | | <i>rifabutin</i> | 15 | SANTYL..... | 69 |
| <i>hydrochlorothiazide</i> | 59 | <i>rifampin</i> | 15 | <i>sapropterin</i> | 83 |
| <i>quinidine sulfate</i> | 56 | <i>riluzole</i> | 74 | SARCLISA..... | 32 |
| <i>quinine sulfate</i> | 15 | <i>rimantadine</i> | 11 | SAVELLA..... | 95 |
| QULIPTA..... | 41 | <i>ringer's</i> | 72, 111 | <i>saxagliptin</i> | 81 |
| QVAR REDIHALER..... | 107 | RINVOQ..... | 95 | <i>saxagliptin-metformin</i> | 81 |
| R | | RINVOQ LQ..... | 95 | SCEMBLIX..... | 33 |
| RABAVERT (PF)..... | 91 | <i>risedronate</i> | 74, 94 | <i>scopolamine base</i> | 87 |
| RADICAVA ORS..... | 43 | <i>risperidone</i> | 54 | SECUADO..... | 54 |
| RADICAVA ORS STARTER | | <i>risperidone microspheres</i> | 54 | SELARSDI..... | 66 |
| KIT SUSP..... | 43 | <i>ritonavir</i> | 11 | <i>selegiline hcl</i> | 40 |
| RALDESY..... | 54 | <i>rivaroxaban</i> | 62 | <i>selenium sulfide</i> | 66 |
| <i>raloxifene</i> | 94 | <i>rivastigmine</i> | 43 | SELZENTRY..... | 11 |
| <i>ramelteon</i> | 54 | <i>rivastigmine tartrate</i> | 43 | <i>sertraline</i> | 54 |
| <i>ramipril</i> | 59 | <i>rizatriptan</i> | 41 | <i>setlakin</i> | 99 |
| <i>ranolazine</i> | 65 | ROCKLATAN..... | 102 | <i>sevelamer carbonate</i> | 74 |
| <i>rasagiline</i> | 40 | <i>roflumilast</i> | 107 | <i>sf 75</i> | |
| <i>reclipsen (28)</i> | 99 | <i>romidepsin</i> | 32 | <i>sf 5000 plus</i> | 75 |
| RECOMBIVAX HB (PF) | 91 | ROMVIMZA..... | 32 | <i>sharobel</i> | 97 |
| RELENZA DISKHALER..... | 11 | <i>ropinirole</i> | 40 | SHINGRIX (PF)..... | 91 |
| RELEUKO..... | 90 | <i>rosuvastatin</i> | 64 | SIGNIFOR..... | 33 |
| RELISTOR..... | 87 | ROTARIX..... | 91 | <i>sildenafil (pulmonary arterial</i> | |
| REMICADE..... | 87 | ROTATEQ VACCINE..... | 91 | <i>hypertension)</i> | 107 |
| RENACIDIN..... | 109 | <i>roweepra</i> | 39 | <i>silver sulfadiazine</i> | 69 |
| <i>repaglinide</i> | 81 | ROZLYTREK..... | 32 | SIMBRINZA..... | 102 |
| REPATHA..... | 64 | RUBRACA..... | 32 | SIMLANDI(CF)..... | 95 |
| REPATHA SURECLICK.... | 64 | <i>rufinamide</i> | 39 | SIMLANDI(CF) | |
| RETACRIT..... | 90 | RUKOBIA..... | 11 | AUTOINJECTOR..... | 95 |
| RETEVMO..... | 32 | RUXIENCE..... | 32 | SIMULECT..... | 33 |
| RETROVIR..... | 11 | RYBELSUS..... | 81 | <i>simvastatin</i> | 64 |
| REVCOVI..... | 73 | RYBREVANT..... | 32 | <i>sirolimus</i> | 33 |
| <i>revonto</i> | 43 | RYDAPT..... | 32 | SIRTURO..... | 15 |
| REVUFORJ..... | 32 | RYLAZE..... | 32 | SKYRIZI..... | 66, 87 |
| REXULTI..... | 54 | RYTELO..... | 32 | <i>sodium acetate</i> | 111 |
| REYATAZ..... | 11 | S | | <i>sodium benzoate-sod</i> | |
| REZDIFFRA..... | 74 | <i>sacubitril-valsartan</i> | 65 | <i>phenylacet</i> | 74 |
| REZLIDHIA..... | 32 | <i>sajazir</i> | 107 | <i>sodium bicarbonate</i> | 111 |
| REZUROCK..... | 32 | <i>salsalate</i> | 47 | <i>sodium chloride</i> | 74, 111 |

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

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

| | | |
|---|--|---|
| sodium chloride 0.45 %.....111 | ssd.....69 | tadalafil..... 109 |
| sodium chloride 0.9 % 74 | STAMARIL (PF).....91 | tadalafil (pulmonary arterial hypertension) oral tablet 20 mg.....107 |
| sodium chloride 3 % hypertonic .....111 | STELARA .....66 | TAFINLAR 33 |
| sodium chloride 5 % hypertonic .....111 | STIOLTO RESPIMAT 107 | TAGRISO 33 |
| sodium fluoride 5000 dry mouth .....75 | STIVARGA 33 | TALVEY 33 |
| sodium fluoride 5000 plus75 | STRENSIQ .....83 | TALZENNA 33 |
| sodium fluoride-pot nitrate.....75 | STREPTOMYCIN 15 | tamoxifen 33 |
| SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054) 54 | STRIBILD..... 11 | tamsulosin..... 109 |
| sodium phenylbutyrate 74 | STRIVERDI RESPIMAT ... 107 | tarina fe 1-20 eq (28)..... 99 |
| sodium phosphate .....111 | SUBLOCADE.....46 | tazarotene 69 |
| sodium polystyrene sulfonate..... 74 | subvenite .....39 | tazicef.....13 |
| sodium,potassium,mag sulfates..... 87 | SUBVENITE .....39 | TAZVERIK..... 33 |
| SOFOSBUVIR- VELPATASVIR 11 | SUCRAID..... 87 | TECENTRIQ 33 |
| solifenacin.....108 | sucrafate.....89 | TECENTRIQ HYBREZA.... 33 |
| SOLQUA 100/33.....81 | sulfacetamide sodium 101 | TECVAYLI 33 |
| SOLTAMOX 33 | sulfacetamide sodium (acne) .....70 | TEFLARO .....13 |
| SOMATULINE DEPOT 33 | sulfacetamide-prednisolone 101 | telmisartan..... 59 |
| SOMAVERT 83 | sulfadiazine 18 | telmisartan-amlodipine 59 |
| sorafenib 33 | sulfamethoxazole- trimethoprim.....18 | telmisartan- hydrochlorothiazid..... 59 |
| sotalol..... 56 | sulfasalazine .....87 | TEMODAR..... 33 |
| sotalol af..... 56 | sulindac .....47 | temsirolimus..... 33 |
| SPIRIVA RESPIMAT .....107 | sumatriptan nasal 41 | TENIVAC (PF) 91 |
| spironolactone 59 | sumatriptan succinate.....41 | tenofovir disoproxil fumarate.....11 |
| spironolacton- hydrochlorothiaz 59 | sunitinib malate .....33 | TEPMETKO..... 33 |
| SPRAVATO..... 54 | SUNLENCA..... 11 | terazosin 59 |
| sprintec (28) 99 | syeda .....99 | terbinafine hcl..... 8 |
| SPRITAM 39 | SYLVANT 33 | terbutaline .....107 |
| sps (with sorbitol) 74 | SYMDEKO 107 | terconazole..... 97 |
| sronyx..... 99 | SYMPAZAN.....39 | teriflunomide 43 |
| | SYMPROIC..... 87 | teriparatide..... 94 |
| | SYMTUZA..... 11 | testosterone 83 |
| | SYNJARDY 81 | testosterone cypionate.... 83 |
| | SYNJARDY XR..... 81 | testosterone enanthate ... 83 |
| | T | tetrabenazine 43 |
| | TABLOID.....33 | tetracycline..... 19 |
| | TABRECTA.....33 | TEVIMBRA 33 |
| | tacrolimus..... 33, 69 | |

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

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

| | | | | | |
|---|---------|---|------------|--------------------------------|-----|
| THALOMID..... | 33 | TRADJENTA..... | 81 | <i>trimipramine</i> | 55 |
| <i>theophylline</i> | 107 | <i>tramadol</i> | 47 | TRINTELLIX..... | 55 |
| <i>thioridazine</i> | 54 | <i>tramadol-acetaminophen</i> | 47 | <i>tri-sprintec (28)</i> | 100 |
| <i>thiotepa</i> | 34 | <i>trandolapril</i> | 60 | TRIUMEQ..... | 11 |
| <i>thiothixene</i> | 54 | <i>trandolapril-verapamil</i> | 60 | TRIUMEQ PD..... | 11 |
| <i>tiadylt er</i> | 59 | <i>tranexamic acid</i> | 97 | TRODELVY..... | 34 |
| <i>tiagabine</i> | 39 | <i>tranylcypromine</i> | 54 | TROGARZO..... | 11 |
| TIBSOVO..... | 34 | <i>travasol 10 %</i> | 112 | TROPHAMINE 10 %..... | 112 |
| <i>ticagrelor</i> | 62 | <i>travoprost</i> | 102 | <i>trospium</i> | 109 |
| TICE BCG..... | 91 | TRAZIMERA..... | 34 | TRULANCE..... | 87 |
| TICOVAC..... | 91 | <i>trazodone</i> | 54 | TRULICITY..... | 82 |
| <i>tigecycline</i> | 15 | TRELEGY ELLIPTA..... | 108 | TRUMENBA..... | 91 |
| <i>tilia fe</i> | 99 | TRELSTAR..... | 34 | TRUQAP..... | 34 |
| <i>timolol maleate</i> | 60, 101 | TREMFYA..... | 66, 67 | TUKYSA..... | 34 |
| <i>tinidazole</i> | 15 | TREMFYA ONE-PRESS...67 | | TURALIO..... | 34 |
| <i>tiotropium bromide</i> | 107 | TREMFYA PEN..... | 67 | <i>turqoz (28)</i> | 100 |
| TIVDAK..... | 34 | TREMFYA PEN INDUCTION | | TWINRIX (PF)..... | 91 |
| TIVICAY..... | 11 | PK(2PEN)..... | 67 | TYENNE..... | 96 |
| TIVICAY PD..... | 11 | <i>treprostinil sodium</i> | 60 | TYENNE AUTOINJECTOR | |
| <i>tizanidine</i> | 43 | <i>tretinoin (antineoplastic)</i> | 34 | ..... | 95 |
| TOBI PODHALER..... | 15 | <i>tretinoin topical</i> | 69 | TYMLOS..... | 94 |
| TOBRADEX..... | 102 | <i>triamcinolone acetonide</i> | 72, 75, 77 | TYPHIM VI..... | 91 |
| <i>tobramycin</i> | 15, 100 | <i>triamterene-</i> | | TYVASO..... | 108 |
| <i>tobramycin in 0.225 % nacl</i> | 15 | <i>hydrochlorothiazid</i> | 60 | TYVASO INSTITUTIONAL | |
| <i>tobramycin sulfate</i> | 16 | <i>tridacaine ii</i> | 69 | START KIT..... | 108 |
| <i>tobramycin-dexamethasone</i> | | <i>triderm</i> | 72 | TYVASO REFILL KIT..... | 108 |
| ..... | 102 | <i>trientine</i> | 74 | TYVASO STARTER KIT.. | 108 |
| <i>tolterodine</i> | 108 | <i>tri-estarylla</i> | 99 | U | |
| <i>tolvaptan</i> | 83 | <i>trifluoperazine</i> | 54 | UBRELVY..... | 41 |
| <i>tolvaptan (polycyst kidney</i> | | <i>trifluridine</i> | 100 | ULTRA-FINE INSULIN | |
| <i>dis)</i> | 83 | <i>trihexyphenidyl</i> | 40 | SYRINGE..... | 93 |
| <i>topiramate</i> | 39 | TRIJARDY XR..... | 81, 82 | <i>unithroid</i> | 84 |
| <i>topotecan</i> | 34 | TRIKAFTA..... | 108 | UNITUXIN..... | 34 |
| <i>toremifene</i> | 34 | <i>tri-legest fe</i> | 99 | UPTRAVI..... | 60 |
| <i>torpenz</i> | 34 | <i>tri-linyah</i> | 99 | <i>ursodiol</i> | 87 |
| <i>toremide</i> | 60 | <i>tri-lo-estarylla</i> | 100 | USTEKINUMAB..... | 67 |
| TOUJEO MAX U-300 | | <i>tri-lo-marzia</i> | 100 | USTEKINUMAB-AEKN..... | 67 |
| SOLOSTAR..... | 81 | <i>tri-lo-sprintec</i> | 100 | V | |
| TOUJEO SOLOSTAR U- | | <i>trimethoprim</i> | 19 | <i>valacyclovir</i> | 11 |
| 300 INSULIN..... | 81 | | | VALCHLOR..... | 69 |

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

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

| | | | | |
|---------------------------------------|--------|--------------------------------------|-----|--------------------------|
| <i>valganciclovir</i> | 11 | <i>vigadrone</i> | 39 | XARELTO DVT-PE TREAT |
| <i>valproate sodium</i> | 39 | <i>vilazodone</i> | 55 | 30D START |
| <i>valproic acid</i> | 39 | VIMIZIM..... | 83 | XCOPRI |
| <i>valproic acid (as sodium salt)</i> | 39 | VIMKUNYA | 92 | XCOPRI MAINTENANCE |
| ..... | 39 | <i>vinblastine</i> | 34 | PACK..... |
| <i>valrubicin</i> | 34 | <i>vincristine</i> | 34 | XCOPRI TITRATION PACK |
| <i>valsartan</i> | 60 | <i>vinorelbine</i> | 34 | ..... |
| <i>valsartan-</i> | | <i>viorele (28)</i> | 100 | XDEMVY |
| <i>hydrochlorothiazide</i> | 60 | VIRACEPT..... | 11 | XELJANZ..... |
| VALTOCO..... | 39 | VIREAD | 11 | XELJANZ XR..... |
| <i>valtya</i> | 100 | VITRAKVI..... | 34 | XEMBIFY..... |
| <i>vancomycin</i> | 16 | VIVITROL | 47 | XERMELO |
| VANCOMYCIN IN 0.9 % | | VIVOTIF | 92 | XIAFLEX..... |
| SODIUM CHL | 16 | VIZIMPRO | 35 | XIFAXAN |
| VANFLYTA | 34 | VONJO | 35 | XIGDUO XR |
| VAQTA (PF) | 91, 92 | VORANIGO | 35 | XIIDRA..... |
| <i>varenicline tartrate</i> | 74 | <i>voriconazole</i> | 8 | XOFLUZA..... |
| VARIVAX (PF) | 92 | <i>voriconazole-hpbcd</i> | 8 | XOLAIR..... |
| VARIZIG | 92 | VOSEVI..... | 11 | XOSPATA..... |
| VARUBI..... | 87 | VOWST | 87 | XPOVIO..... |
| VAXCHORA VACCINE.... | 92 | VRAYLAR..... | 55 | XTANDI..... |
| VECTIBIX..... | 34 | VUMERITY | 43 | <i>xulane</i> |
| <i>veletri</i> | 60 | VYLOY | 35 | Y |
| <i>velivet triphasic regimen</i> | | VYNDAMAX..... | 65 | YERVOY..... |
| (28)..... | 100 | VYNDAQEL..... | 65 | YESINTEK..... |
| VELTASSA..... | 74 | VYVGART | 44 | YF-VAX (PF)..... |
| VEMLIDY | 11 | VYVGART HYTRULO | 44 | YONDELIS |
| VENCLEXTA | 34 | VYXEOS | 35 | <i>yuvafem</i> |
| VENCLEXTA STARTING | | W | | Z |
| PACK | 34 | <i>warfarin</i> | 62 | <i>zafemy</i> |
| <i>venlafaxine</i> | 55 | <i>water for irrigation, sterile</i> | 74 | <i>zafirlukast</i> |
| <i>verapamil</i> | 60 | WELIREG | 35 | <i>zaleplon</i> |
| VERQUVO..... | 65 | <i>wera (28)</i> | 100 | ZALTRAP |
| VERSACLOZ | 55 | <i>wescap-pn dha</i> | 112 | ZEJULA..... |
| VERZENIO | 34 | WINREVAIR | 108 | ZELBORAF |
| <i>vestura (28)</i> | 100 | <i>wixela inhub</i> | 108 | <i>zenatane</i> |
| VIBATIV | 16 | WYOST | 19 | ZENPEP |
| VIBERZI | 87 | X | | ZEPOSIA..... |
| <i>vienva</i> | 100 | XALKORI | 35 | ZEPOSIA STARTER KIT |
| <i>vigabatrin</i> | 39 | XARELTO..... | 63 | (28-DAY)..... |

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

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

| | | | | | |
|--------------------------------------|--------|--|-----|-------------------------------|-----|
| ZEPOSIA STARTER PACK (7-DAY)..... | 43 | ZOLADEX..... | 35 | ZTALMY..... | 40 |
| ZEPZELCA..... | 35 | <i>zoledronic acid</i> | 83 | <i>zumandimine (28)</i> | 100 |
| <i>zidovudine</i> | 11, 12 | <i>zoledronic acid-mannitol-</i> <i>water</i> | 74 | ZURZUVAE..... | 55 |
| ZIIHERA..... | 35 | ZOLINZA..... | 35 | ZYDELIG..... | 35 |
| <i>ziprasidone hcl</i> | 55 | <i>zolpidem</i> | 55 | ZYKADIA..... | 35 |
| <i>ziprasidone mesylate</i> | 55 | ZONISADE..... | 40 | ZYMFENTRA..... | 88 |
| ZIRABEV..... | 35 | <i>zonisamide</i> | 40 | ZYNLONTA..... | 35 |
| ZIRGAN..... | 100 | <i>zovia 1-35 (28)</i> | 100 | ZYNYZ..... | 35 |
| | | | | ZYPREXA RELPREVV..... | 55 |

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This formulary was updated on 02/25/2026. We have made no changes to this formulary since 02/17/2026. For more recent information or other questions, please contact the WellSense Member Service department at **855-833-8128** (TTY users should call **711**), Monday through Friday 8 a.m. to 8 p.m. (April 1 through September 30, except holidays) or seven days a week (October 1 through March 31) or visit **wellsense.org/yourmedicare**.

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