

# WellSense Medicare Advantage 2026 Formulary

(List of Covered Drugs or “Drug List”)

- **WellSense Choice (HMO)**
- **WellSense Signature (HMO)**
- **WellSense Signature Access (PPO)**

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

HPMS Approved Formulary File Submission ID: 26065 Version 05

This formulary was updated on 09/19/2025. We have made no changes to this formulary since 08/28/2025. 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](https://wellsense.org/yourmedicare)**.

Y0172\_NHMA\_Formulary\_2026\_C

**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 Medicare Advantage HMO and PPO plans.

This document includes a Drug List (formulary) for our plan, which is current as of 08/28/2025. 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 Medicare Advantage 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, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [wellsense.org/yourmedicare](https://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 that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the WellSense Medicare Advantage'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, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the WellSense Medicare Advantage 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 08/28/2028. To get updated information about the drugs covered by WellSense Medicare Advantage 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](https://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 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category Cardiovascular, Hypertension/Lipids. If you know what your drug is used for, look for the category name in the list that begins on page 9. 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 113. 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 Medicare Advantage 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 Medicare Advantage requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from WellSense Medicare Advantage before you fill your prescriptions. If you don't get approval, WellSense Medicare Advantage may not cover the drug.

- **Quantity Limits:** For certain drugs, WellSense Medicare Advantage limits the amount of the drug that WellSense Medicare Advantage will cover. For example, WellSense Medicare Advantage 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 Medicare Advantage 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 Medicare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, WellSense Medicare Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that 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 Medicare Advantage 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 Medicare Advantage 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 Medicare Advantage 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 Medicare Advantage. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by WellSense Medicare Advantage.
- You can ask WellSense Medicare Advantage 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 Medicare Advantage's Formulary?**

You can ask WellSense Medicare Advantage 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 Medicare Advantage limits

the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, WellSense Medicare Advantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for a tiering or 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 Medicare Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about WellSense Medicare Advantage, 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 Medicare Advantage Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by WellSense Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 113.

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 Medicare Advantage has any special requirements for coverage of your drug.

WellSense Medicare Advantage HMO and PPO are types of Medicare Advantage plans offered by WellSense Health Plan with a Medicare contract. Enrollment in the WellSense Medicare Advantage HMO and PPO 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
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	4	B/D PA
<i>amphotericin b</i>	4	B/D PA; MO
<i>amphotericin b liposome</i>	5	B/D PA
<i>caspofungin</i>	4	
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA ORAL	5	PA
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	PA
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	4	MO
<i>nystatin oral</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet</i>	4	PA; MO
<i>voriconazole-hpbc</i>	5	PA
<b>ANTIVIRALS</b>		
<i>abacavir</i>	3	MO
<i>abacavir-lamivudine</i>	3	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral suspension 200 mg/5 ml (5 ml)</i>	4	

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	4	MO
<i>amantadine hcl</i>	2	MO
APTIVUS	5	MO
<i>atazanavir</i>	4	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
CABENUVA	5	MO
<i>cidofovir</i>	5	B/D PA; MO
CIMDUO	5	MO
<i>darunavir oral tablet 600 mg</i>	4	MO
<i>darunavir oral tablet 800 mg</i>	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
EDURANT	5	MO
EDURANT PED	5	MO
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitabine-tenofovir</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	MO
<i>emtricitabine</i>	4	MO
<i>emtricitabine-tenofovir (tdf)</i>	4	MO
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	5	
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	4	MO
<i>etravirine</i>	4	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	4	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	
<i>ganciclovir sodium intravenous reconstruction solution</i>	2	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA
GENVOYA	5	MO
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
KALETRA ORAL SOLUTION	4	MO
<i>lamivudine</i>	3	MO
<i>lamivudine-zidovudine</i>	3	MO
LEDIPASVIR-SOFOSBUVIR	5	PA; MO; QL (28 per 28 days)
LIVTENCITY	5	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>maraviroc</i>	5	MO
MAVYRET ORAL PELLETS IN PACKET	5	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	5	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	3	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)-100 MG (5)	2	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 30 days)
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	PA
PREVYMIS ORAL TABLET	5	PA; MO; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
RELENZA DISKHALER	4	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SOFOSBUVIR-VELPATASVIR	5	PA; MO; QL (28 per 28 days)
STRIBILD	5	MO
SUNLENCA	5	
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
<i>tenofovir disoproxil fumarate</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
TIVICAY ORAL TABLET 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	4	MO
TROGARZO	5	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO
<i>zidovudine oral capsule</i>	3	MO

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	2	MO
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	2	
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefazolin intravenous recon soln 1 gram</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime</i>	4	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose, iso-os</i>	4	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>tazicef injection</i>	4	PA; MO
<i>tazicef intravenous</i>	4	PA
TEFLARO	5	PA; MO

### **ERYTHROMYCINS / OTHER MACROLIDES**

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin intravenous</i>	4	PA; MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin</i>	2	MO
DIFICID ORAL TABLET	5	MO; QL (20 per 10 days)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin oral</i>	4	MO

### **MISCELLANEOUS ANTIINFECTIVES**

<i>albendazole</i>	4	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE	5	PA; LA
<i>atovaquone</i>	4	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam</i>	4	PA; MO
CAYSTON	5	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	4	PA; MO
<i>clindamycin phosphate injection</i>	4	PA; MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	5	PA; MO; QL (30 per 10 days)
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
EMVERM	5	MO
<i>ertapenem</i>	4	PA; MO; QL (14 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol</i>	3	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>	4	PA; MO
<i>gentamicin injection</i>	4	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	4	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin</i>	4	PA; MO
IMPAVIDO	5	PA; MO
<i>isoniazid injection</i>	4	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral tablet 3 mg</i>	3	PA; MO; QL (20 per 30 days)
<i>ivermectin oral tablet 6 mg</i>	3	PA; QL (8 per 30 days)
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA; MO
<i>linezolid oral suspension for reconstitution</i>	5	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 1 gram, 2 gram</i>	3	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	3	PA; QL (10 per 10 days)
<i>metro i.v.</i>	4	PA; MO
<i>metronidazole in nacl (iso-os)</i>	4	PA; MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO; QL (12 per 30 days)
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	4	MO
<i>praziquantel</i>	4	MO
PRIFTIN	3	MO
PRIMAQUINE	4	MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
SIRTURO	5	PA; LA
STREPTOMYCIN	5	PA; MO; QL (60 per 30 days)
<i>tigecycline</i>	4	PA; MO
<i>tinidazole</i>	3	MO
TOBI PODHALER	5	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	4	PA; MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	4	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)

Drug Name	Drug Tier	Requirements/Limits
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; MO; QL (90 per 30 days)
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	PA; MO
<i>ampicillin sodium intravenous</i>	4	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous</i>	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	PA
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	4	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA
<i>penicillin g potassium</i>	4	PA; MO
<i>penicillin g sodium</i>	4	PA; MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	4	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous</i>	4	PA
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral</i>	3	MO
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA; MO
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
<b>TETRACYCLINES</b>		
<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	4	PA; MO
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>mondoxylene nl oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule</i>	4	MO
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine</i>	4	MO
<i>methenamine hippurate</i>	3	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>trimethoprim</i>	2	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl</i>	5	B/D PA; MO
ELITEK	5	MO
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	5	B/D PA
<i>leucovorin calcium oral</i>	3	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium intravenous reconstituted solution</i>	5	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna intravenous</i>	2	B/D PA; MO
<i>mesna oral</i>	5	MO
WYOST	5	B/D PA; MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>abirtega</i>	4	PA; QL (120 per 30 days)
ADCETRIS	5	B/D PA; MO
ADSTILADRIN	5	PA
AKEEGA	5	PA; LA; QL (60 per 30 days)
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK	5	PA; QL (30 per 180 days)
<i>anastrozole</i>	2	MO
ANKTIVA	5	PA; MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO
ASPARLAS	5	PA
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 per 30 days)
AVMAPKI-FAKZYNJA	5	PA; QL (66 per 28 days)
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA; MO
BALVERSA	5	PA; LA
BAVENCIO	5	B/D PA; LA
BELEODAQ	5	B/D PA

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bendamustine intravenous recon soln</i>	5	B/D PA; MO
BENDEKA	5	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BIZENGRI	5	PA
<i>bleomycin</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	5	PA; MO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; MO; QL (330 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BRAFTOVI	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	5	PA; LA; QL (120 per 30 days)
<i>busulfan</i>	5	B/D PA
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
COLUMVI	5	PA; MO

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; LA; QL (60 per 30 days)
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	3	B/D PA
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution</i>	3	B/D PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA; MO
DANYELZA	5	B/D PA
DANZITEN	5	PA; QL (112 per 28 days)
DARZALEX	5	B/D PA; MO; LA
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i>	5	PA; MO; QL (90 per 30 days)
<i>dasatinib oral tablet 70 mg</i>	5	PA; MO; QL (60 per 30 days)
DATROWAY	5	PA; MO
<i>daunorubicin</i>	2	B/D PA

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

This drug list was last updated on 08/28/2025.

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
ELAHERE	5	PA; LA
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO
ELREXFIO	5	PA
ELZONRIS	5	B/D PA; LA
EMPLICITI	5	B/D PA; MO
EMRELIS	5	PA
ENVARUSUS XR	4	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA
EPKINLY	5	PA
ERBITUX	5	B/D PA; MO
<i>eribulin</i>	5	B/D PA
ERIVEDGE	5	PA; MO; QL (30 per 30 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINASE	5	B/D PA
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
EULEXIN	5	
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (150 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	3	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO
<i>exemestane</i>	4	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; MO
<i>floxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA
FOTIVDA	5	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days)
<i>fulvestrant</i>	5	B/D PA; MO
FYARRO	5	PA
GAVRETO	5	PA; LA; QL (120 per 30 days)
GAZYVA	5	B/D PA; MO
<i>gefitinib</i>	5	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<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>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gengraf oral capsule</i>	3	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	MO
GLEOSTINE ORAL CAPSULE 100 MG	5	MO
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION	5	PA; QL (168 per 28 days)
GRAFAPEX	5	B/D PA
<i>hydroxyurea</i>	2	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
IBRANCE	5	PA; MO; QL (21 per 28 days)
IBTROZI	5	PA; QL (90 per 30 days)
ICLUSIG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
IMDELLTRA	5	PA; MO
IMFINZI	5	B/D PA; MO; LA
IMJUDO	5	PA; MO
IMKELDI	5	PA; MO; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
ISTODAX	5	B/D PA; MO
ITOVEBI ORAL TABLET 3 MG	5	PA; MO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA; MO; QL (30 per 30 days)
IWILFIN	5	PA; LA; QL (240 per 30 days)
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days)
JEMPERLI	5	PA; MO
JEVTANA	5	B/D PA; MO
JYLAMVO	4	B/D PA; MO
KADCYLA	5	PA; MO
KEYTRUDA	5	PA; MO
KIMMTRAK	5	B/D PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KOSELUGO	5	PA
KRAZATI	5	PA; QL (180 per 30 days)
KYPROLIS	5	B/D PA
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA; MO
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; QL (28 per 28 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	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)	5	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)	5	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	2	MO
LEUKERAN	5	MO
<i>leuprolide subcutaneous kit</i>	4	PA; MO
LIBTAYO	5	PA; LA
LONSURF	5	PA; MO
LOQTORZI	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA; MO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA; MO; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; MO; QL (90 per 30 days)
LUNSUMIO	5	PA; MO
LUPRON DEPOT	5	PA; MO
LYNOZYFIC	5	PA
LYNPARZA	5	PA; MO; QL (120 per 30 days)
LYSODREN	5	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; LA; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; LA; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; LA; QL (140 per 28 days)
MARGENZA	5	B/D PA

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melfalan hcl</i>	5	B/D PA
<i>mercaptopurine oral suspension</i>	5	MO
<i>mercaptopurine oral tablet</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
MONJUVI	5	PA; LA
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
MYHIBBIN	5	B/D PA; MO
MYLOTARG	5	B/D PA; MO; LA

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>nelarabine</i>	5	B/D PA; MO
NEMLUVIO	5	PA; MO; QL (2 per 28 days)
NERLYNX	5	PA; MO; LA
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA; MO; QL (112 per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>nilutamide</i>	5	PA; MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection syringe</i>	4	PA; MO
<i>octreotide,microspheres</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24 per 28 days)
OJJAARA	5	PA; QL (30 per 30 days)
ONCASPAR	5	B/D PA
ONIVYDE	5	B/D PA
ONUREG	5	PA; MO; QL (14 per 28 days)
OPDIVO	5	PA; MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
OPDIVO QVANTIG	5	PA; MO
OPDUALAG	5	PA; MO
ORGOVYX	5	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel</i>	2	B/D PA; MO
<i>paclitaxel protein-bound</i>	5	B/D PA; MO
PADCEV	5	PA; MO
<i>paraplatin</i>	2	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>pazopanib</i>	5	PA; MO; QL (120 per 30 days)
PEMAZYRE	5	PA; LA; QL (28 per 28 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	B/D PA
PERJETA	5	B/D PA; MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	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)	5	PA; QL (56 per 28 days)
POLIVY	5	PA; MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
POMALYST	5	PA; MO; LA; QL (21 per 28 days)
POTELIGEO	5	PA
PRALATREXATE	5	B/D PA; MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
QINLOCK	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; MO; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA; MO; LA; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240 per 30 days)
REZLIDHIA	5	PA; QL (60 per 30 days)
REZUROCK	5	PA; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>romidepsin intravenous recon soln</i>	5	B/D PA
ROMVIMZA	5	PA; LA; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; MO; QL (336 per 28 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYBREVANT	5	PA; MO
RYDAPT	5	PA; MO; QL (224 per 28 days)
RYLAZE	5	B/D PA
RYTELO	5	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG	5	PA; MO
SARCLISA	5	PA; LA

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
SCSEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days)
SIGNIFOR	5	PA
SIMULECT	3	B/D PA; MO
<i>sirolimus</i>	4	B/D PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; MO
<i>sorafenib</i>	5	PA; MO; QL (120 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	5	PA; MO; QL (28 per 28 days)
SYLVANT	5	B/D PA; MO
TABLOID	4	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral capsule</i>	3	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days)
TAGRISSEO	5	PA; MO; LA; QL (30 per 30 days)
TALVEY	5	PA
TALZENNA	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TAZVERIK	5	PA; LA
TECENTRIQ	5	B/D PA; MO; LA
TECENTRIQ HYBREZA	5	B/D PA; MO; LA
TECVAYLI	5	PA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
TEPMETKO	5	PA; LA
TEVIMBRA	5	PA
THALOMID ORAL CAPSULE 100 MG	5	PA; MO; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	5	PA; MO; QL (28 per 28 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO
TIBSOVO	5	PA
TIVDAK	5	PA; MO
<i>topotecan</i>	5	B/D PA; MO
<i>toremifene</i>	5	MO
<i>torpenz</i>	5	PA; QL (30 per 30 days)
TRAZIMERA	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRODELVY	5	PA; LA
TRUQAP	5	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
UNITUXIN	5	B/D PA
<i>valrubicin</i>	5	B/D PA; MO
VANFLYTA	5	PA; QL (56 per 28 days)
VECTIBIX	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 180 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VONJO	5	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days)
VYLOY	5	PA; LA
VYXEOS	5	B/D PA
WELIREG	5	PA; LA
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; MO; QL (120 per 30 days)
XERMELO	5	PA; LA; QL (84 per 28 days)
XOSPATA	5	PA; LA; QL (90 per 30 days)
XPOVIO	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YERVOY	5	B/D PA; MO
YONDELIS	5	B/D PA
ZALTRAP	5	B/D PA; MO
ZEJULA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZEPZELCA	5	PA
ZIIHERA	5	PA
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO; QL (120 per 30 days)
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (90 per 30 days)
ZYNLONTA	5	PA; LA
ZYNYZ	5	PA; MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
BRIVIACT INTRAVENOUS	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	3	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIACOMIT	5	PA; LA
<i>diazepam rectal</i>	4	MO
DILANTIN 30 MG	4	MO
<i>divalproex</i>	2	MO
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	2	MO
EPRONTIA	4	PA; MO
<i>eslicarbazepine oral tablet 200 mg</i>	5	MO; QL (180 per 30 days)
<i>eslicarbazepine oral tablet 400 mg</i>	5	MO; QL (90 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	5	MO; QL (60 per 30 days)
<i>ethosuximide</i>	3	MO
<i>felbamate</i>	4	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
FINTEPLA	5	PA; LA; QL (360 per 30 days)
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	4	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
<i>methsuximide</i>	4	MO
<b>NAYZILAM</b>	3	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	5	MO; QL (30 per 30 days)
<i>perampanel oral tablet 2 mg</i>	4	MO; QL (60 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	5	MO; QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenobarbital oral elixir</i>	4	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	3	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution</i>	2	

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO
<i>rufinamide oral tablet</i>	4	PA; MO
SPRITAM	4	MO
<i>subvenite</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	PA; MO
<i>topiramate oral solution</i>	4	PA
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
VALTOCO	3	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; MO; LA
<i>vigadrone</i>	5	PA; LA
XCOPRI MAINTENANCE PACK	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	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)	5	MO; QL (28 per 180 days)
ZONISADE	5	PA; MO
<i>zonisamide</i>	2	PA; MO
ZTALMY	5	PA; LA; QL (1100 per 30 days)

#### ANTIPARKINSONISM AGENTS

<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	4	MO
<i>carbidopa- levodopa</i>	2	MO
<i>carbidopa- levodopa- entacapone</i>	4	MO
<i>entacapone</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300 per 30 days)
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl</i>	2	MO
<i>trihexyphenidyl oral tablet</i>	1	MO

#### MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	5	
<i>dihydroergotamine nasal</i>	5	QL (8 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	3	MO
<i>naratriptan</i>	3	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
QULIPTA	3	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (24 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	3	MO; QL (24 per 28 days)
<i>sumatriptan</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	4	QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
UBRELVY	3	PA; QL (20 per 30 days)

### MISCELLANEOUS NEUROLOGICAL THERAPY

AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; MO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; MO; QL (60 per 30 days)
AUSTEDO XR	5	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	5	PA; MO; QL (28 per 180 days)
BRIUMVI	5	PA; MO; QL (24 per 180 days)

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dalfampridine</i>	3	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; MO; QL (56 per 28 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	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>	4	MO
<i>donepezil oral tablet, disintegrating</i>	2	MO
<i>fingolimod</i>	5	PA; MO; QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	3	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
INGREZZA	5	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PK(TARDIV)	5	PA; LA; QL (28 per 180 days)
INGREZZA SPRINKLE	5	PA; LA; QL (30 per 30 days)
KESIMPTA PEN	5	PA; MO; QL (1.6 per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	3	PA; MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>memantine oral tablet</i>	2	PA; MO
<i>memantine-donepezil</i>	3	PA; MO
NUEDEXTA	5	PA; MO
RADICAVA ORS	5	PA; MO
RADICAVA ORS STARTER KIT SUSP	5	PA; MO
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	3	MO
<i>teriflunomide</i>	5	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
VUMERITY	5	PA; MO; QL (120 per 30 days)
ZEPOSIA	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	5	PA; MO; QL (28 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA STARTER PACK (7-DAY)	5	PA; MO; QL (7 per 180 days)
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	3	MO
<i>revonto</i>	2	
<i>tizanidine oral tablet</i>	2	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
VYVGART	5	PA; MO; LA
VYVGART HYTRULO	5	PA; MO; LA

<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120 mg-12 mg/5 ml (5 ml), 300 mg-30 mg/12.5 ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
BELBUCA	3	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
<i>buprenorphine transdermal patch</i>	4	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>	3	QL (360 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	3	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>	4	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	3	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	3	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	MO; QL (50 per 30 days)

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	4	
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	4	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	4	
<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	3	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	3	
<i>methadone intensol</i>	3	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	3	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; MO; QL (600 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	3	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	3	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO
<i>morphine concentrate oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	4	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	4	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	4	
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	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>	3	MO; QL (360 per 30 days)
SUBLOCADE	5	MO
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film</i>	3	MO
<i>buprenorphine-naloxone sublingual tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol injection</i>	2	MO
<i>butorphanol nasal</i>	4	MO; QL (10 per 28 days)
<i>celecoxib</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1%</i>	3	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	5	MO; QL (224 per 28 days)
<i>diclofenac-misoprostol</i>	4	MO
<i>diflunisal</i>	3	MO
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	3	MO
<i>etodolac oral tablet extended release 24 hr</i>	4	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
JOURNAVX	4	MO; QL (30 per 90 days)
KLOXXADO	4	MO
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine</i>	2	
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>oxaprozin oral tablet</i>	4	MO
<i>piroxicam</i>	3	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO

### PSYCHOTHERAPEUTIC DRUGS

ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 720 MG/2.4 ML	5	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 960 MG/3.2 ML	5	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	5	MO; QL (1 per 28 days)
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	3	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	4	MO; QL (60 per 30 days)
ARISTADA INITIO	5	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY	4	ST; QL (60 per 30 days)
BELSOMRA	3	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>bupirone</i>	2	MO
CAPLYTA	4	MO; QL (30 per 30 days)

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlorpromazine injection</i>	2	MO
<i>chlorpromazine oral</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
COBENFY	4	MO; QL (60 per 30 days)
COBENFY STARTER PACK	4	MO; QL (56 per 180 days)
<i>desipramine</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desvenlafaxine succinate</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine oral capsule, extended release 24hr</i>	4	MO
<i>dextroamphetamine oral tablet</i>	3	MO
<i>diazepam injection</i>	2	PA
<i>diazepam intensol</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM	5	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)
FANAPT	4	ST; MO; QL (60 per 30 days)
FANAPT TITRATION PACK A	4	ST; MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	3	QL (28 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	QL (30 per 30 days)
<i>flumazenil</i>	2	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl</i>	4	MO
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	4	

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	4	MO
<i>haloperidol lactate injection</i>	4	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
<i>imipramine hcl</i>	4	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days)
<i>lithium carbonate</i>	2	MO
<i>lithium citrate</i>	2	

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lorazepam injection</i>	2	PA; MO
<i>lorazepam intensol</i>	2	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	4	MO; QL (60 per 30 days)
MARPLAN	4	MO
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl oral tablet, chewable</i>	4	MO
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet, disintegrating</i>	3	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	4	
<i>molindone oral tablet 5 mg</i>	4	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO
<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet, disintegrating</i>	4	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	5	ST; MO; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG	5	ST; MO; QL (30 per 30 days)
OPIPZA ORAL FILM 5 MG	5	ST; MO; QL (180 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	4	
<i>perphenazine</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	MO; QL (60 per 30 days)
RALDESY	5	ST; MO
<i>ramelteon</i>	3	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	3	MO; QL (2 per 28 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml</i>	5	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 50 mg/2 ml</i>	5	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO	5	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<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)	5	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA; MO
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	2	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	3	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	
<i>vilazodone</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	3	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; MO; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; MO; QL (14 per 365 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days)

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	MO
<i>amiodarone oral</i>	2	MO
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	
<i>lidocaine (pf) intravenous</i>	2	

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	4	
<i>mexiletine</i>	3	MO
MULTAQ	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	2	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>	3	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazide</i>	2	MO
<i>captopril</i>	1	MO

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>captopril-hydrochlorothiazide</i>	2	
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine transdermal patch</i>	4	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr 360 mg, 420 mg</i>	2	
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
EDARBI	3	MO
EDARBYCLOR	3	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	3	MO
<i>esmolol intravenous solution</i>	2	

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>ethacrynate sodium</i>	5	
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	4	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	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>	3	MO; QL (180 per 30 days)
<i>isradipine</i>	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol intravenous solution</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	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>	4	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiazide</i>	2	MO
<i>metoprolol tartrate intravenous</i>	2	

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metyrosine</i>	5	PA; MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	4	MO
<i>nebivolol</i>	2	MO
<i>nicardipine intravenous solution</i>	2	
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine oral capsule</i>	4	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipine-hcthiazone</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	4	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pindolol</i>	3	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	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>	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazide</i>	2	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>	2	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate oral</i>	4	MO
<i>toremide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL TABLET	5	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	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>	2	B/D PA; MO
<i>verapamil intravenous</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral tablet extended release</i>	2	MO
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
CABLIVI INJECTION KIT	5	PA; LA
CEPROTIN (BLUE BAR)	3	PA; MO
CEPROTIN (GREEN BAR)	3	PA; MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	3	MO; QL (60 per 30 days)
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	4	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
DOPTELET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO; QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START	3	MO; QL (74 per 180 days)
<i>eltrombopag olamine</i>	5	PA; MO
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	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>	5	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	3	
<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>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	3	
<i>heparin (porcine) injection cartridge</i>	3	
<i>heparin (porcine) injection solution</i>	3	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/0.5 ML	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel hcl</i>	3	MO
<i>protamine</i>	2	
<i>rivaroxaban oral suspension for reconstitution</i>	3	QL (775 per 28 days)
<i>rivaroxaban oral tablet</i>	3	MO; QL (60 per 30 days)
<i>ticagrelor</i>	3	MO
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	3	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	MO; QL (60 per 30 days)
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cholestyramine (with sugar)</i>	3	MO
<i>cholestyramine light</i>	3	MO
<i>colesevelam</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	4	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	2	
<i>fenofibric acid (choline)</i>	4	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	3	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	3	PA; MO
NEXLIZET	3	PA; MO
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters</i>	2	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	3	MO
REPATHA	3	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (7 per 28 days)
REPATHA SURECLICK	3	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)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CAMZYOS	5	PA; MO; QL (30 per 30 days)
<i>digoxin oral solution</i>	3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO
<i>dobutamine</i>	2	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>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	QL (60 per 30 days)
ENTRESTO SPRINKLE	3	QL (240 per 30 days)
<i>ivabradine</i>	3	MO; QL (60 per 30 days)
<i>milrinone</i>	2	B/D PA
<i>milrinone in 5 % dextrose</i>	2	B/D PA
<i>norepinephrine bitartrate</i>	2	
<i>ranolazine</i>	3	MO
<i>sacubitril-valsartan</i>	3	QL (60 per 30 days)
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	5	PA; MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
VYNDAQEL	5	PA; MO

### NITRATES

<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO

### DERMATOLOGICALS/TOPICAL THERAPY

#### ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	5	PA; MO; QL (10 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INTRAVENOUS	5	PA; QL (20 per 28 days)

COSENTYX PEN	5	PA; MO; QL (5 per 28 days)
--------------	---	----------------------------

COSENTYX PEN (2 PENS)	5	PA; MO; QL (10 per 28 days)
-----------------------	---	-----------------------------

COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (5 per 28 days)
---	---	----------------------------

COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; QL (2.5 per 28 days)
--	---	------------------------------

COSENTYX UNOREADY PEN	5	PA; MO; QL (10 per 28 days)
-----------------------	---	-----------------------------

SELARSDI INTRAVENOUS	5	PA; MO; QL (104 per 180 days)
----------------------	---	-------------------------------

SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
--	---	------------------------------

SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
--	---	----------------------------

<i>selenium sulfide topical lotion</i>	2	MO
--	---	----

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 84 days)
STELARA INTRAVENOUS	5	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TREMFYA INTRAVENOUS	5	PA; MO; QL (20 per 28 days)
TREMFYA PEN	5	PA; MO; QL (2 per 28 days)
TREMFYA PEN INDUCTION PK- CROHN	5	PA; MO; QL (12 per 180 days)
TREMFYA SUBCUTANEOUS	5	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
USTEKINUMAB INTRAVENOUS	5	PA; MO; QL (104 per 180 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
YESINTEK INTRAVENOUS	5	PA; MO; QL (104 per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ADBRY	5	PA; MO; QL (6 per 28 days)

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ammonium lactate</i>	2	MO
<i>chloroprocaine (pf)</i>	2	
<i>dermacinrx lidocan</i>	4	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
EUCRISA	4	PA; MO; QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imiquimod topical cream in packet 5 %</i>	3	MO
<i>lidocaine (pf) injection solution</i>	2	
<i>lidocaine hcl injection solution</i>	2	
<i>lidocaine hcl laryngotracheal</i>	3	
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (50 per 30 days)
<i>lidocaine viscous</i>	2	
<i>lidocaine-epinephrine</i>	2	

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
<i>lidocan iii</i>	4	PA; QL (90 per 30 days)
<i>lidocan iv</i>	4	PA; QL (90 per 30 days)
<i>lidocan v</i>	4	PA; QL (90 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	PA; MO
<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	3	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
REGRANEX	5	PA; QL (15 per 30 days)
SANTYL	3	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
<i>tridacaine ii</i>	4	PA; QL (90 per 30 days)
VALCHLOR	5	PA; MO
<b>THERAPY FOR ACNE</b>		
<i>accutane</i>	4	
<i>amnestem</i>	4	
<i>azelaic acid</i>	4	MO
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	3	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
<i>tazarotene topical gel</i>	4	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>zenatane</i>	4	

### TOPICAL ANTIBACTERIALS

<i>gentamicin topical</i>	3	MO; QL (60 per 30 days)
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO

### TOPICAL ANTIFUNGALS

<i>ciclodan topical solution</i>	2	QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	3	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; QL (6.6 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole nitrate</i>	4	MO; QL (85 per 28 days)
<i>ketconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>klayesta</i>	3	MO; QL (180 per 30 days)
<i>naftifine topical gel</i>	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	3	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	3	MO; QL (60 per 28 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>nystop</i>	3	MO; QL (180 per 30 days)

### TOPICAL ANTIVIRALS

<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	4	MO; QL (5 per 30 days)

### TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream 1%</i>	2	MO
<i>alclometasone</i>	3	MO
<i>betamethasone dipropionate</i>	3	MO
<i>betamethasone valerate topical cream</i>	3	MO
<i>betamethasone valerate topical lotion</i>	3	MO
<i>betamethasone valerate topical ointment</i>	3	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	3	MO
<i>betamethasone, augmented topical lotion</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical ointment</i>	3	MO
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream 0.05 %</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>desonide topical cream</i>	4	MO
<i>desonide topical ointment</i>	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	3	MO
<i>fluticasone propionate topical ointment</i>	3	MO
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream 0.5 %</i>	2	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO; QL (60 per 30 days)
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>ANTIDOTES</b>		
<i>acetylcysteine intravenous</i>	3	
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	2	
<i>ringer's irrigation</i>	4	MO
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	3	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
<i>carglumic acid</i>	5	PA; MO
<i>cevimeline</i>	4	MO
CHEMET	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	MO
<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO
<i>deferasirox oral tablet</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; MO
<i>deferiprone</i>	5	PA; MO
<i>deferoxamine</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
<i>dextrose 50 % in water (d50w)</i>	4	
<i>dextrose 70 % in water (d70w)</i>	4	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa oral capsule 100 mg</i>	4	PA; MO
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; MO
<i>glutamine (sickle cell)</i>	5	PA; MO
INCRELEX	5	LA

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>kionex (with sorbitol)</i>	3	
<i>levocarnitine (with sugar)</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
LOKELMA	3	MO
<i>midodrine</i>	3	MO
<i>nitisinone</i>	5	PA; MO
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA
REVCOVI	5	PA; LA
REZDIFFRA	5	PA; MO; QL (30 per 30 days)
<i>riluzole</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	PA; MO
<i>sodium benzoate-sod phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; MO
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 25.2 GRAM	3	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	3	MO
<i>water for irrigation, sterile</i>	4	MO
XIAFLEX	5	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO

### SMOKING DETERRENTS

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl (smoking deter)</i>	2	MO
NICOTROL NS	4	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	4	MO
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	4	
<i>varenicline tartrate oral tablets, dose pack</i>	4	MO

## EAR, NOSE / THROAT MEDICATIONS

### MISCELLANEOUS AGENTS

<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	3	MO; QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	3	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoride (sodium) dental paste</i>	2	MO
<i>fraiche 5000</i>	2	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	2	MO; QL (30 per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	2	MO; QL (30 per 20 days)
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>periogard</i>	2	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetate dental</i>	2	MO

### MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>flac otic oil</i>	4	

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ofloxacin otic (ear)</i>	3	MO

### OTIC STEROID / ANTIBIOTIC

<i>ciprofloxacin-dexamethasone</i>	3	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO

## ENDOCRINE/DIABETES

### ADRENAL HORMONES

<i>cortisone</i>	2	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets, dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>prednisolone oral solution</i>	2	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>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	2	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets, dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	MO
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	2	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
ACCU-CHEK GUIDE TEST STRIPS	B	MO
<i>alcohol pads</i>	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
BAQSIMI	3	MO
DAPAGLIFLOZIN PROPANEDIOL	3	MO; QL (30 per 30 days)
<i>diazoxide</i>	5	MO
DROPSAFE ALCOHOL PREP PADS	3	PA
<i>exenatide subcutaneous pen injector 10 mcg/dose (250 mcg/ml) 2.4 ml</i>	3	PA; QL (2.4 per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	3	PA; QL (1.2 per 30 days)
FARXIGA	3	MO; QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	MO
FIASP PENFILL U-100 INSULIN	3	MO
FIASP U-100 INSULIN	3	MO
FREESTYLE INSULINX STRIP	B	MO
FREESTYLE INSULINX TEST STRIPS	B	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LITE STRIPS	B	MO
FREESTYLE PRECISION NEO STRIPS	B	MO
FREESTYLE TEST	B	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glucagon emergency kit (human)</i>	3	MO
GLYXAMBI	3	MO; QL (30 per 30 days)
GVOKE	3	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO

Drug Name	Drug Tier	Requirements/Limits
INPEFA	3	PA; MO; QL (30 per 30 days)
INSULIN ASPART U-100	3	MO
INSULIN LISPRO	3	MO
INSULIN LISPRO PROTAMIN-LISPRO	3	MO
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	
<i>liraglutide</i>	3	PA; QL (9 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	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)

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	3	MO
NOVOLIN 70-30 FLEXPEN U-100	3	MO
NOVOLIN N FLEXPEN	3	MO
NOVOLIN N NPH U-100 INSULIN	3	MO
NOVOLIN R FLEXPEN	3	MO
NOVOLIN R REGULAR U100 INSULIN	3	MO
NOVOLOG FLEXPEN U-100 INSULIN	3	MO
NOVOLOG MIX 70-30 U-100 INSULIN	3	MO
NOVOLOG MIX 70-30 FLEXPEN U-100	3	MO
NOVOLOG PENFILL U-100 INSULIN	3	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG U-100 INSULIN ASPART	3	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
PRECISION XTRA TEST	3	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RYBELSUS	3	PA; MO; QL (30 per 30 days)
<i>saxagliptin</i>	3	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	3	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>	3	MO; QL (30 per 30 days)
SOLIQUA 100/33	3	QL (15 per 25 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)

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

This drug list was last updated on 08/28/2025.

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	3	MO; QL (60 per 30 days)
TRULICITY	3	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	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	3	MO; QL (60 per 30 days)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	5	PA; MO
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon) injection</i>	5	MO
<i>calcitonin (salmon) nasal</i>	3	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet</i>	4	PA; MO
<i>clomid</i>	2	PA; MO
<i>clomiphene citrate</i>	2	PA
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	4	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	MO
<i>doxercalciferol intravenous</i>	2	MO
<i>doxercalciferol oral</i>	4	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	PA; MO
JYNARQUE ORAL TABLET	5	PA; LA
KANUMA	5	PA; MO
LUMIZYME	5	PA; MO
MEPSEVII	5	PA; MO
<i>mifepristone oral tablet 300 mg</i>	5	PA; MO
NAGLAZYME	5	PA; MO; LA

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous</i>	2	
<i>paricalcitol oral</i>	4	MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO
STRENSIQ	5	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate</i>	3	PA; MO
<i>testosterone transdermal gel</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>	3	PA; MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62% (20.25 mg/1.25 gram)</i>	4	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62% (40.5 mg/2.5 gram)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	4	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	5	PA; MO
<i>tolvaptan (polycys kidney dis)</i>	5	PA
VIMIZIM	5	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO

## THYROID HORMONES

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	2	
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	2	MO
<i>unithroid</i>	1	MO

## GASTROENTEROLOGY

### ANTIDIARRHEALS / ANTISPASMODICS

<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet 20 mg</i>	2	MO
<i>diphenoxylate-atropine oral liquid</i>	4	
<i>diphenoxylate-atropine oral tablet</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	MO
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO

### MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron oral tablet 0.5 mg</i>	4	PA; MO
<i>alosetron oral tablet 1 mg</i>	5	PA; MO
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	3	MO
<i>betaine</i>	5	MO
<i>budesonide oral capsule, delayed, extend.release</i>	4	MO
<i>budesonide oral tablet, delayed and ext.release</i>	5	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
CIMZIA POWDER FOR RECONST	5	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	5	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; MO; QL (2 per 28 days)
CINVANTI	3	MO
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
<i>dronabinol</i>	4	PA
<i>droperidol injection solution</i>	2	MO
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>generlac</i>	2	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	2	
<i>granisetron hcl oral</i>	3	B/D PA; MO
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator 1%</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator 2.5%</i>	2	
INFLIXIMAB	5	PA; QL (20 per 28 days)
<i>lactulose oral solution</i>	2	MO
LINZESS	3	MO; QL (30 per 30 days)
<i>lubiprostone</i>	4	MO; QL (60 per 30 days)

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release</i>	4	
<i>mesalamine oral capsule, extended release 24hr</i>	4	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	2	MO
<i>nitroglycerin rectal</i>	3	MO
<i>ondansetron hcl (pf) injection solution</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ondansetron hcl (pf) injection syringe</i>	2	
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte</i>	1	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	2	MO
<i>proctosol hc topical</i>	2	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>proctozone-hc</i>	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	ST; MO; QL (12 per 30 days)
REMICADE	5	PA; MO; QL (20 per 28 days)
<i>scopolamine base</i>	4	MO
SKYRIZI INTRAVENOUS	5	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	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>	4	MO
<i>sodium,potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	4	
SUCRAID	5	PA
<i>sulfasalazine</i>	2	MO
SYMPROIC	3	MO; QL (30 per 30 days)
TRULANCE	3	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI	3	B/D PA
VIBERZI	5	MO; QL (60 per 30 days)
VOWST	5	PA; LA

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

This drug list was last updated on 08/28/2025.

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	3	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600-252,600 UNIT	5	MO
ZYMFENTRA	5	PA; MO; QL (2 per 28 days)

<b>ULCER THERAPY</b>		
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	3	MO; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine intravenous</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	3	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	3	MO; QL (60 per 30 days)
<i>misoprostol</i>	3	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO

## IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	PA; MO
ARCALYST	5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
BESREMI	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
FULPHILA	5	PA; MO
ILARIS (PF)	5	PA; MO; LA; QL (2 per 28 days)
NIVESTYM	5	PA; MO
NYVEPRIA	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
<i>plerixafor</i>	5	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	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
RELEUKO SUBCUTANEOUS	4	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	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSVO (PF)	1	V
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADUL T)(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAXIA (PF)	3	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMUNEX-C	5	PA; MO
GARDASIL 9 (PF)	1	V

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	3	
HYPERHEP B	3	
HYPERHEP B NEONATAL	3	
IMOVAX RABIES VACCINE (PF)	1	B/D PA; V
INFANRIX (DTAP) (PF)	3	
IPOL	1	V
IXCHIQ (PF)	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	3	
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)	3	
PEDVAX HIB (PF)	3	

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA (PF)	1	V
PENMENVY MEN A-B-C-W-Y (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG- 5LF- 62 DU/0.5 ML	3	
PRIORIX (PF)	1	V
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	1	B/D PA; V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX ORAL SUSPENSION	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
STAMARIL (PF)	1	V
TENIVAC (PF)	1	V
TICE BCG	3	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	3	
VAXCHORA VACCINE	1	V
VIMKUNYA	1	V
VIVOTIF	1	MO; V
XEMBIFY	5	B/D PA; MO; LA
YF-VAX (PF)	1	V

## MISCELLANEOUS SUPPLIES

## MISCELLANEOUS SUPPLIES

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK GUIDE GLUCOSE METER	B	MO
ACCU-CHEK GUIDE ME GLUCOSE MTR	B	MO
NOVO PEN NEEDLE	3	PA; MO
CEQR SIMPLICITY	3	MO
CEQR SIMPLICITY INSERTER	3	MO
DEXCOM G6 RECEIVER	B	
DEXCOM G6 SENSOR	B	MO
DEXCOM G6 TRANSMITTER	B	MO
DEXCOM G7 RECEIVER	B	
DEXCOM G7 SENSOR	B	MO
FREESTYLE FREEDOM LITE	B	MO
FREESTYLE INSULINX	B	
FREESTYLE LIBRE 14 DAY READER	B	

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 14 DAY SENSOR	B	
FREESTYLE LIBRE 2 PLUS SENSOR	B	MO
FREESTYLE LIBRE 2 READER	B	MO
FREESTYLE LIBRE 2 SENSOR	B	
FREESTYLE LIBRE 3 PLUS SENSOR	B	MO
FREESTYLE LIBRE 3 READER	B	MO
FREESTYLE LIBRE 3 SENSOR	B	
FREESTYLE LITE METER	B	MO
GAUZE PADS 2 X 2	3	PA; MO
EMBECTA INSULIN SYRINGE	3	PA; MO
BD PEN NEEDLE	3	PA; MO
OMNIPOD 5 (G6/LIBRE 2 PLUS)	3	MO
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	MO

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 INTRO(G6/LIBRE 2PLUS)	3	MO; QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	MO
EMBECTA PEN NEEDLE	3	PA; MO
PRECISION XTRA MONITOR	B	MO
BD INSULIN SYRINGE	3	PA; MO

## MUSCULOSKELETAL / RHEUMATOLOGY

### GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat</i>	3	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO

### OSTEOPOROSIS THERAPY

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate oral solution</i>	2	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	5	PA; MO; QL (2.48 per 28 days)
CONEXXENCE	3	QL (1 per 180 days)
<i>ibandronate intravenous solution</i>	2	PA
<i>ibandronate intravenous syringe</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
JUBBONTI	3	MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	3	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5	PA; MO; QL (2.48 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)

#### OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
BENLYSTA	5	PA; MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HADLIMA	5	PA; MO; QL (4.8 per 28 days)
HADLIMA PUSHTOUCH	5	PA; MO; QL (4.8 per 28 days)
HADLIMA(CF)	5	PA; MO; QL (2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH	5	PA; MO; QL (2.4 per 28 days)
KINERET	5	PA; QL (20.1 per 30 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
OTEZLA	5	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)	5	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ	5	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	QL (55 per 180 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (3 per 28 days)
TYENNE AUTOINJECTOR	5	PA; MO; QL (3.6 per 28 days)
TYENNE INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
TYENNE SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (480 per 24 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)

## OBSTETRICS / GYNECOLOGY

### ESTROGENS / PROGESTINS

<i>abigale</i>	3	
<i>abigale lo</i>	3	
<i>camila</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>deblitane</i>	2	MO
DEPO-SUBQ PROVERA 104	3	MO
<i>dotti</i>	3	MO; QL (8 per 28 days)
DUAVEE	3	MO
<i>emzahh</i>	2	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	MO
<i>estradiol transdermal patch semiweekly</i>	3	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	3	MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	4	MO
<i>estradiol valerate</i>	4	MO
<i>estradiol-norethindrone acet</i>	3	MO
<i>fyavolv</i>	4	MO
<i>gallifrey</i>	2	MO
<i>heather</i>	2	MO
IMVEXXY MAINTENANCE PACK	3	MO
IMVEXXY STARTER PACK	3	MO
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	4	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>lyleq</i>	2	MO
<i>lyllana</i>	3	MO; QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesterone</i>	2	MO
<i>meleya</i>	2	
<i>mimvey</i>	3	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	MO
<i>norethindrone acetate estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	MO
<i>orquidea</i>	2	
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
<i>progesterone</i>	2	MO
<i>progesterone micronized</i>	3	MO
<i>sharobel</i>	2	MO
<i>yuvafem</i>	4	
<b>MISCELLANEOUS OB/GYN</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal</i>	3	MO
<i>eluryng</i>	3	MO
<i>etonogestrel-ethinyl estradiol</i>	3	
LILETTA	3	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	3	MO
<i>mifepristone oral tablet 200 mg</i>	2	LA
MYFEMBREE	5	PA; MO
NEXPLANON	3	
<i>norelgestromin-ethin.estradiol</i>	3	
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>xulane</i>	3	
<i>zafemy</i>	3	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethyst (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra eq</i>	2	MO

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>camrese</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>desog-e.estradiol/e.estradiol</i>	2	
<i>drospirenone-e.estradiol-lm. fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest</i>	2	MO
<i>enpresse</i>	2	
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diaceth estradiol</i>	2	
<i>falmina (28)</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>introvale</i>	2	
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1/50 (28)</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estradiol -e.estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	

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

This drug list was last updated on 08/28/2025.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levora-28</i>	2	
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	
<i>lo-zumandimine (28)</i>	2	MO
<i>luteria (28)</i>	2	
<i>marlissa (28)</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-lyyah</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.25-0.035 mg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>portia 28</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	
<i>syeda</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	4	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	4	MO
<i>tri-lyyah</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	
<i>tri-sprintec (28)</i>	2	MO
<i>turqoz (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>wera (28)</i>	2	MO
<i>zovia 1-35 (28)</i>	2	MO
<i>zumandimine (28)</i>	2	MO

### OXYTOCICS

<i>methylergonovine oral</i>	4	PA
------------------------------	---	----

### OPHTHALMOLOGY

#### ANTIBIOTICS

<i>bacitracin ophthalmic (eye)</i>	3	
<i>bacitracin-polymyxin b</i>	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	4	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	3	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
<i>neomycin-bacitracin-polymyxin</i>	3	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>neo-polycin</i>	3	
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO; QL (10 per 14 days)

#### ANTIVIRALS

<i>trifluridine</i>	3	MO
ZIRGAN	4	MO

#### BETA-BLOCKERS

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol ophthalmic (eye)</i>	3	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops (not single use)</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	3	MO
BYOOVIZ	5	PA; MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
<i>cyclosporine ophthalmic (eye)</i>	3	MO; QL (60 per 30 days)
CYSTARAN	5	PA
<i>epinastine</i>	3	MO
MIEBO (PF)	3	MO; QL (3 per 30 days)
OXERVATE	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
PAVBLU	5	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	3	PA
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
<i>sulfacetamide-prednisolone</i>	2	MO
XDEMVY	5	PA; QL (10 per 42 days)
XIIDRA	3	MO; QL (60 per 30 days)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac</i>	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	3	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
acetazolamide sodium	2	MO
methazolamide	4	MO
<b>OTHER GLAUCOMA DRUGS</b>		
bimatoprost ophthalmic (eye)	3	MO
dorzolamide	2	MO
dorzolamide-timolol	2	MO
latanoprost	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
miostat	2	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	3	MO
travoprost	3	MO
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
neomycin-bacitracin-poly-hc	3	MO
neomycin-polymyxin b-dexameth	2	MO
neomycin-polymyxin-hc ophthalmic (eye)	4	MO
neo-polycin hc	3	

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
tobramycin-dexamethasone	3	MO; QL (10 per 14 days)
<b>STERIODS</b>		
dexamethasone sodium phosphate ophthalmic (eye)	2	MO
fluorometholone	3	MO
INVELTYS	3	MO
loteprednol etabonate	3	MO
OZURDEX	5	MO
prednisolone acetate	2	MO
prednisolone sodium phosphate ophthalmic (eye)	2	MO
<b>SYMPATHOMIMETICS</b>		
apraclonidine	3	MO
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	3	MO
brimonidine ophthalmic (eye) drops 0.2 %	2	MO
<b>RESPIRATORY AND ALLERGY</b>		

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (4 per 30 days)
<i>epinephrine injection solution</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine oral</i>	4	PA; MO
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	3	B/D PA; MO
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	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>	2	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
<i>alyq</i>	5	PA; MO; QL (60 per 30 days)
<i>ambriasantan</i>	5	PA; MO; LA; QL (30 per 30 days)
<i>arformoterol</i>	4	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA	3	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)	3	MO; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	5	PA; MO; LA; QL (60 per 30 days)
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>breyana</i>	3	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	3	QL (10.2 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	QL (8 per 30 days)
<i>cromolyn inhalation</i>	3	B/D PA; MO
DULERA	3	MO; QL (13 per 30 days)
FASENRA PEN	5	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; MO; QL (1 per 28 days)
<i>flunisolide</i>	3	MO; QL (50 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	4	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	4	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	4	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	5	PA; MO
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO	5	PA; MO; QL (56 per 28 days)
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OPSYNVI	5	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME	5	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 per 30 days)
<i>roflumilast</i>	4	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	5	PA; MO
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	4	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	2	MO
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	
<i>tiotropium bromide</i>	3	QL (90 per 90 days)

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)
TYVASO	5	B/D PA; MO; QL (81.2 per 28 days)
TYVASO INSTITUTIONAL START KIT	5	B/D PA; QL (11.6 per 180 days)
TYVASO REFILL KIT	5	B/D PA; MO; QL (81.2 per 28 days)
TYVASO STARTER KIT	5	B/D PA; MO; QL (81.2 per 180 days)
WINREVAIR	5	PA; MO; QL (1 per 21 days)
<i>wixela inhub</i>	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	4	MO

## UROLOGICALS

### ANTICHOLINERGICS / ANTISPASMODICS

<i>mirabegron</i>	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>solifenacin</i>	2	MO
<i>tolterodine</i>	3	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>trosipium oral tablet</i>	2	MO

### BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	1	MO

### MISCELLANEOUS UROLOGICALS

<i>alprostadil</i>	2	
<i>bethanechol chloride</i>	2	MO
CYSTAGON	4	PA; LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
RENACIDIN	3	MO
<i>tadalafil oral tablet 2.5 mg</i>	4	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil oral tablet 5 mg</i>	4	PA; MO; QL (30 per 30 days)

### VITAMINS, HEMATINICS / ELECTROLYTES

#### BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	4	
<i>alburx (human) 25 %</i>	4	
<i>alburx (human) 5 %</i>	4	
<i>albutein 25 %</i>	4	
<i>albutein 5 %</i>	4	

#### ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	3	PA; MO
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con oral packet 20</i>	4	MO
<i>klor-con/ef</i>	2	MO
<i>lactated ringers intravenous</i>	4	MO
<i>magnesium chloride injection</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
<i>potassium acetate</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<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>	4	
<i>potassium chloride intravenous</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet</i>	4	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	MO

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	
<i>ringer's intravenous</i>	4	
<i>sodium acetate</i>	4	
<i>sodium bicarbonate intravenous</i>	4	
<i>sodium chloride 0.45 % intravenous</i>	4	MO
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride intravenous</i>	4	
<i>sodium phosphate</i>	4	MO
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
<i>electrolyte-148</i>	3	
<i>electrolyte-48 in d5w</i>	4	
<i>electrolyte-a</i>	3	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
ISOLYTE S PH 7.4	4	

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

This drug list was last updated on 08/28/2025.

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P IN 5 % DEXTROSE	4	
ISOLYTE-S	4	
PLENAMINE	4	B/D PA
<i>premasol 10 %</i>	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA
TROPHAMINE 10 %	4	B/D PA
<b>VITAMINS / HEMATINICS</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO
<i>wescap-pn dha</i>	2	MO

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

This drug list was last updated on 08/28/2025.

## Index

<b>A</b>		
<i>abacavir</i> .....	9	
<i>abacavir-lamivudine</i> .....	9	
ABELCET .....	9	
<i>abigale</i> .....	96	
<i>abigale lo</i> .....	96	
ABILIFY ASIMTUFII .....	48	
ABILIFY MAINTENA.....	48	
<i>abiraterone</i> .....	21	
<i>abirtega</i> .....	21	
ABRYSVO (PF) .....	90	
<i>acamprosate</i> .....	72	
<i>acarbose</i> .....	77	
ACCU-CHEK GUIDE		
GLUCOSE METER.....	92	
ACCU-CHEK GUIDE ME		
GLUCOSE MTR .....	92	
ACCU-CHEK GUIDE TEST		
STRIPS.....	77	
<i>accutane</i> .....	69	
<i>acebutolol</i> .....	57	
<i>acetaminophen-codeine</i> ..	45	
<i>acetazolamide</i> .....	101	
<i>acetazolamide sodium</i> .....	102	
<i>acetic acid</i> .....	72, 75	
<i>acetylcysteine</i> .....	72, 103	
<i>acitretin</i> .....	66	
ACTEMRA .....	94	
ACTEMRA ACTPEN.....	94	
ACTHIB (PF) .....	90	
ACTIMMUNE .....	89	
<i>acyclovir</i> .....	9, 10, 71	
<i>acyclovir sodium</i> .....	10	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)		
.....	90	
ADBRY .....	67	
ADCETRIS .....	21	
<i>adefovir</i> .....	10	
ADEMPAS.....	103	
<i>adenosine</i> .....	56	
<i>adrenalin</i> .....	103	
ADSTILADRIN.....	21	
ADVAIR HFA.....	103	
AIMOVIG AUTOINJECTOR		
.....	41	
AKEEGA .....	21	
<i>ala-cort</i> .....	71	
<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> .....	71	
<i>alcohol pads</i> .....	77	
ALDURAZYME.....	82	
ALECENSA.....	21	
<i>alendronate</i> .....	94	
<i>alfuzosin</i> .....	109	
<i>aliskiren</i> .....	57	
<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> .....	97	
ALUNBRIG .....	21	
ALVESCO .....	104	
<i>alyacen 1/35 (28)</i> .....	97	
<i>alyacen 7/7/7 (28)</i> .....	97	
<i>alyq</i> .....	104	
<i>amantadine hcl</i> .....	10	
<i>ambrisentan</i> .....	104	
<i>amethyst (28)</i> .....	97	
<i>amikacin</i> .....	14	
<i>amiloride</i> .....	57	
<i>amiloride-</i>		
<i>hydrochlorothiazide</i> .....	57	
<i>aminocaproic acid</i> .....	61	
<i>amiodarone</i> .....	56	
<i>amitriptyline</i> .....	48	
<i>amlodipine</i> .....	57	
<i>amlodipine-atorvastatin</i> ...	63	
<i>amlodipine-benazepril</i> .....	57	
<i>amlodipine-olmesartan</i> ....	57	
<i>amlodipine-valsartan</i> .....	57	
<i>amlodipine-valsartan-</i>		
<i>hcthiazid</i> .....	57	
<i>ammonium lactate</i> .....	68	
<i>amnesteam</i> .....	69	
<i>amoxapine</i> .....	48	
<i>amoxicillin</i> .....	17	
<i>amoxicillin-pot clavulanate</i>	17	
<i>amphotericin b</i> .....	9	
<i>amphotericin b liposome</i> ....	9	
<i>ampicillin</i> .....	17	
<i>ampicillin sodium</i> .....	18	
<i>ampicillin-sulbactam</i> .....	18	
<i>anagrelide</i> .....	72	
<i>anastrozole</i> .....	21	
ANKTIVA .....	21	
<i>apraclonidine</i> .....	102	
<i>aprepitant</i> .....	84	
<i>apri</i> .....	97	
APTIVUS .....	10	
<i>aranelle (28)</i> .....	97	
ARCALYST.....	89	
AREXVY (PF) .....	90	
<i>arformoterol</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 08/28/2025.

ARIKAYCE.....	14	<i>azithromycin</i> .....	14	BICILLIN L-A.....	18
<i>aripiprazole</i> .....	49	<i>aztreonam</i> .....	15	BIKTARVY .....	10
ARISTADA.....	49	<i>azurette (28)</i> .....	98	<i>bimatoprost</i> .....	102
ARISTADA INITIO.....	49	<b>B</b>		<i>bisoprolol fumarate</i> .....	57
<i>armodafinil</i> .....	49	<i>bacitracin</i> .....	100	<i>bisoprolol-</i>	
<i>arsenic trioxide</i> .....	21	<i>bacitracin-polymyxin b</i> ...	100	<i>hydrochlorothiazide</i> .....	57
<i>asenapine maleate</i> .....	49	<i>baclofen</i> .....	44	BIZENGRI .....	22
ASMANEX HFA.....	104	<i>balsalazide</i> .....	84	<i>bleomycin</i> .....	22
ASMANEX TWISTHALER		BALVERSA .....	21	BLINCYTO .....	22
.....	104	BAQSIMI.....	77	BONSITY .....	94
ASPARLAS.....	21	BARACLUDGE .....	10	BOOSTRIX TDAP .....	90
<i>aspirin-dipyridamole</i> .....	61	BAVENCIO .....	21	<i>bortezomib</i> .....	22
ASSURE ID INSULIN		BCG VACCINE, LIVE (PF)		BORTEZOMIB .....	22
SAFETY .....	92	.....	90	<i>bosentan</i> .....	104
<i>atazanavir</i> .....	10	BD PEN NEEDLE .....	93	BOSULIF .....	22
<i>atenolol</i> .....	57	BELBUCA .....	45	BRAFTOVI.....	22
<i>atenolol-chlorthalidone</i> ....	57	BELEODAQ .....	21	BREO ELLIPTA .....	104
<i>atomoxetine</i> .....	49	BELSOMRA.....	49	<i>breyna</i> .....	104
<i>atorvastatin</i> .....	63	<i>benazepril</i> .....	57	BREZTRI AEROSPHERE	104
<i>atovaquone</i> .....	14	<i>benazepril-</i>		<i>brimonidine</i> .....	102
<i>atovaquone-proguanil</i> .....	15	<i>hydrochlorothiazide</i> .....	57	BRIUMVI.....	42
<i>atropine</i> .....	101	<i>bendamustine</i> .....	22	BRIVIACT .....	37
ATROVENT HFA .....	104	BENDEKA .....	22	<i>bromfenac</i> .....	101
<i>abra eq</i> .....	97	BENLYSTA.....	94	<i>bromocriptine</i> .....	41
AUGMENTIN.....	18	<i>benztropine</i> .....	41	BRUKINSA.....	22
AUGTYRO.....	21	BESPONSIA.....	22	<i>budesonide</i> .....	84, 105
AUSTEDO .....	42	BESREMI.....	89	<i>budesonide-formoterol</i> ...	105
AUSTEDO XR .....	42	<i>betaine</i> .....	84	<i>bumetanide</i> .....	57
AUSTEDO XR TITRATION		<i>betamethasone</i>		<i>buprenorphine hcl</i> .....	45
KT(WK1-4).....	42	<i>dipropionate</i> .....	71	<i>buprenorphine transdermal</i>	
AUVELITY .....	49	<i>betamethasone valerate</i> ...	71	<i>patch</i> .....	45
<i>aviane</i> .....	98	<i>betamethasone, augmented</i>		<i>buprenorphine-naloxone</i> ..	47
AVMAPKI-FAKZYNJA.....	21	.....	71	<i>bupropion hcl</i> .....	49
AVONEX .....	89	BETASERON .....	89	<i>bupropion hcl (smoking</i>	
AYVAKIT .....	21	<i>betaxolol</i> .....	57, 101	<i>deter</i> ).....	75
<i>azacitidine</i> .....	21	<i>bethanechol chloride</i> .....	109	<i>bupirone</i> .....	49
<i>azathioprine</i> .....	21	BEVESPI AEROSPHERE	104	<i>busulfan</i> .....	22
<i>azathioprine sodium</i> .....	21	<i>bexarotene</i> .....	22	<i>butorphanol</i> .....	47
<i>azelaic acid</i> .....	69	BEXSERO .....	90	BYOOVIZ.....	101
<i>azelastine</i> .....	75, 101	<i>bicalutamide</i> .....	22		

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

This drug list was last updated on 08/28/2025.

<b>C</b>		
CABENUVA.....	10	
cabergoline.....	82	
CABLIVI.....	61	
CABOMETYX.....	22	
caffeine citrate.....	73	
calcipotriene .....	66	
calcitonin (salmon).....	82	
calcitriol .....	82	
calcium acetate(phosphat bind).....	109	
calcium chloride.....	109	
calcium gluconate .....	109	
CALQUENCE (ACALABRUTINIB MAL) .....	22	
camila .....	96	
camrese .....	98	
CAMZYOS.....	65	
candesartan .....	57	
candesartan- hydrochlorothiazid .....	57	
CAPLYTA .....	49	
CAPRELSA .....	22	
captopril .....	57	
captopril- hydrochlorothiazide .....	58	
carbamazepine.....	37	
carbidopa .....	41	
carbidopa-levodopa.....	41	
carbidopa-levodopa- entacapone.....	41	
carboplatin.....	22	
carglumic acid .....	73	
carmustine .....	22	
carteolol .....	101	
cartia xt.....	58	
carvedilol.....	58	
caspofungin.....	9	
CAYSTON.....	15	
cefaclor .....	13	
cefadroxil.....	13	
cefazolin.....	13	
cefazolin in dextrose (iso- os).....	13	
cefdinir.....	13	
cefepime.....	13	
cefepime in dextrose,iso- osm.....	13	
cefixime.....	13	
cefoxitin .....	13	
cefoxitin in dextrose, iso- osm.....	13	
cefpodoxime .....	13	
cefprozil .....	13	
ceftazidime .....	13	
ceftriaxone .....	14	
ceftriaxone in dextrose,iso- os .....	13	
cefuroxime axetil .....	14	
cefuroxime sodium.....	14	
celecoxib.....	47	
cephalexin .....	14	
CEPROTIN (BLUE BAR)...	61	
CEPROTIN (GREEN BAR)	61	
CEQUR SIMPLICITY.....	92	
CEQUR SIMPLICITY INSERTER .....	92	
cetirizine.....	103	
cevimeline .....	73	
CHEMET.....	73	
chloramphenicol sod succinate .....	15	
chlorhexidine gluconate ...	75	
chloroprocaine (pf).....	68	
chloroquine phosphate.....	15	
chlorothiazide sodium .....	58	
chlorpromazine.....	50	
chlorthalidone .....	58	
cholestyramine (with sugar) .....	64	
cholestyramine light.....	64	
ciclodan.....	70	
ciclopirox .....	70	
cidofovir.....	10	
cilostazol.....	61	
CIMDUO.....	10	
CIMZIA.....	85	
CIMZIA POWDER FOR RECONST .....	85	
CIMZIA STARTER KIT .....	85	
cinacalcet .....	82	
CINRYZE.....	105	
CINVANTI.....	85	
ciprofloxacin.....	19	
ciprofloxacin hcl...19, 75, 100		
ciprofloxacin in 5 % dextrose .....	19	
ciprofloxacin- dexamethasone.....	76	
cisplatin.....	22	
citalopram .....	50	
cladribine .....	22	
claravis .....	69	
clarithromycin .....	14	
clindamycin hcl.....	15	
clindamycin in 5 % dextrose .....	15	
clindamycin phosphate .....	15, 69, 97	
CLINIMIX 5%/D15W SULFITE FREE.....	111	
CLINIMIX 4.25%/D10W SULF FREE.....	111	
CLINIMIX 4.25%/D5W SULFIT FREE.....	73	
CLINIMIX 5%- D20W(SULFITE-FREE)	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 08/28/2025.

CLINIMIX 6%-D5W (SULFITE-FREE).....111	<i>cortisone</i> .....76	<i>dantrolene</i> ..... 44
CLINIMIX 8%- D10W(SULFITE-FREE) .111	COSENTYX.....66	DANYELZA ..... 23
CLINIMIX 8%- D14W(SULFITE-FREE) .111	COSENTYX (2 SYRINGES) .....66	DANZITEN..... 23
<i>clobazam</i> .....37	COSENTYX PEN.....66	DAPAGLIFLOZIN PROPANEDIOL ..... 77
<i>clobetasol</i> .....71	COSENTYX PEN (2 PENS) .....66	<i>dapsone</i> .....15
<i>clobetasol-emollient</i> .....71	COSENTYX UNOREADY PEN.....66	DAPTACEL (DTAP PEDIATRIC) (PF)..... 90
<i>clofarabine</i> .....22	COTELLIC ..... 23	<i>daptomycin</i> .....15
<i>clomid</i> ..... 82	CREON ..... 85	DAPTOMYCIN.....15
<i>clomiphene citrate</i> ..... 82	CRESEMBA..... 9	<i>darunavir</i> ..... 10
<i>clomipramine</i> ..... 50	<i>cromolyn</i> ..... 85, 101, 105	DARZALEX..... 23
<i>clonazepam</i> .....37	<i>cryselle (28)</i> .....98	<i>dasatinib</i> ..... 23
<i>clonidine (pf)</i> ..... 47, 58	CRYSVITA.....82	<i>dasetta 1/35 (28)</i> ..... 98
<i>clonidine hcl</i> .....50, 58	<i>cyclobenzaprine</i> .....44	<i>dasetta 7/7/7 (28)</i> ..... 98
<i>clonidine transdermal patch</i> ..... 58	<i>cyclophosphamide</i> ..... 23	DATROWAY ..... 23
<i>clopidogrel</i> ..... 61	CYCLOPHOSPHAMIDE ..23	<i>daunorubicin</i> ..... 23
<i>clorazepate dipotassium</i> ..50	<i>cyclosporine</i> ..... 23, 101	DAURISMO ..... 24
<i>clotrimazole</i> ..... 9, 70	<i>cyclosporine modified</i> .....23	<i>daysee</i> .....98
<i>clotrimazole-betamethasone</i> ..... 70	CYRAMZA..... 23	<i>deblitane</i> .....96
<i>clozapine</i> ..... 50	<i>cyred eq</i> .....98	<i>decitabine</i> ..... 24
COARTEM.....15	CYTAGON.....109	<i>deferasirox</i> ..... 73
COBENFY ..... 50	CYSTARAN ..... 101	<i>deferiprone</i> ..... 73
COBENFY STARTER PACK ..... 50	<i>cytarabine</i> ..... 23	<i>deferoxamine</i> ..... 73
<i>colchicine</i> ..... 93	<i>cytarabine (pf)</i> ..... 23	DELSTRIGO ..... 10
<i>colesevelam</i> ..... 64	<b>D</b>	<i>demeclocycline</i> ..... 20
<i>colestipol</i> ..... 64	<i>d10 %-0.45 % sodium chloride</i> ..... 73	DENG VAXIA (PF) .....90
<i>colistin (colistimethate na)</i> 15	<i>d2.5 %-0.45 % sodium chloride</i> ..... 73	<i>denta 5000 plus</i> ..... 75
COLUMVI.....22	<i>d5 % and 0.9 % sodium chloride</i> ..... 73	<i>dentagel</i> ..... 75
COMBIVENT RESPIMAT105	<i>d5 %-0.45 % sodium chloride</i> ..... 73	DEPO-SUBQ PROVERA 104 .....96
COMETRIQ.....23	<i>dabigatran etexilate</i> .....61	<i>dermacinrx lidocan</i> .....68
<i>compro</i> ..... 85	<i>dacarbazine</i> ..... 23	DESCOVY ..... 10
CONEXXENCE..... 94	<i>dactinomycin</i> ..... 23	<i>desipramine</i> .....50
<i>constulose</i> ..... 85	<i>dalfampridine</i> .....43	<i>desmopressin</i> ..... 82
COPIKTRA .....23	<i>danazol</i> .....82	<i>desog-</i> <i>e.estradiol/e.estradiol</i> ...98
CORTIFOAM..... 85		<i>desonide</i> .....71

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

This drug list was last updated on 08/28/2025.

<i>dexamethasone intensol</i> .. 76	<i>dicyclomine</i> .....84	<i>doxycycline monohydrate</i> 20
<i>dexamethasone sodium</i>	DIFICID .....14	DRIZALMA SPRINKLE.....51
<i>phos (pf)</i> ..... 76	<i>diflunisal</i> .....47	<i>dronabinol</i> ..... 85
<i>dexamethasone sodium</i>	<i>digoxin</i> .....65	<i>droperidol</i> ..... 85
<i>phosphate</i> ..... 76, 102	<i>dihydroergotamine</i> .....41	DROPSAFE ALCOHOL
DEXCOM G6 RECEIVER. 92	DILANTIN 30 MG .....37	PREP PADS..... 77
DEXCOM G6 SENSOR... 92	<i>diltiazem hcl</i> .....58	<i>drospirenone-e.estradiol-</i>
DEXCOM G6	<i>dilt-xr</i> .....58	<i>lm.fa</i> .....98
TRANSMITTER..... 92	<i>dimenhydrinate</i> .....85	<i>drospirenone-ethinyl</i>
DEXCOM G7 RECEIVER. 92	<i>dimethyl fumarate</i> .....43	<i>estradiol</i> .....98
DEXCOM G7 SENSOR .... 92	<i>diphenhydramine hcl</i> .....103	DROXIA..... 24
<i>dexrazoxane hcl</i> ..... 20	<i>diphenoxylate-atropine</i> ....84	<i>droxidopa</i> ..... 73
<i>dextroamphetamine-</i>	<i>dipyridamole</i> .....61	DUAVEE .....96
<i>amphetamine</i> .....50	<i>disulfiram</i> ..... 73	DULERA .....105
<i>dextrose 10 % and 0.2 % nacl</i>	<i>divalproex</i> .....37	<i>duloxetine</i> .....51
.....73	<i>dobutamine</i> .....65	DUPIXENT PEN .....68
<i>dextrose 10 % in water</i>	<i>dobutamine in d5w</i> .....65	DUPIXENT SYRINGE.....68
( <i>d10w</i> ).....73	<i>docetaxel</i> .....24	<i>dutasteride</i> ..... 109
<i>dextrose 25 % in water</i>	<i>dofetilide</i> .....56	<i>dutasteride-tamsulosin</i> ... 109
( <i>d25w</i> ) .....73	<i>donepezil</i> .....43	<b>E</b>
<i>dextrose 5 % in water (d5w)</i>	<i>dopamine</i> .....65	<i>econazole nitrate</i> .....70
.....73	<i>dopamine in 5 % dextrose</i> 65	EDARBI..... 58
<i>dextrose 5 %-lactated</i>	DOPTELET (10 TAB PACK)	EDARBYCLOR ..... 58
<i>ringers</i> .....73	.....61	EDURANT..... 10
<i>dextrose 5%-0.2 % sod</i>	DOPTELET (15 TAB PACK)	EDURANT PED ..... 10
<i>chloride</i> .....73	.....61	<i>efavirenz</i> ..... 10
<i>dextrose 5%-0.3 %</i>	DOPTELET (30 TAB PACK)	<i>efavirenz-emtricitabin-</i>
<i>sod.chloride</i> .....73	.....62	<i>tenofov</i> ..... 10
<i>dextrose 50 % in water</i>	<i>dorzolamide</i> ..... 102	<i>efavirenz-lamivu-tenofov</i>
( <i>d50w</i> ).....73	<i>dorzolamide-timolol</i> .....102	<i>disop</i> ..... 10
<i>dextrose 70 % in water</i>	<i>dotti</i> .....96	<i>effer-k</i> ..... 109
( <i>d70w</i> ).....73	DOVATO.....10	ELAHERE..... 24
DIACOMIT.....37	<i>doxazosin</i> ..... 58	ELAPRASE..... 82
<i>diazepam</i> .....37, 50	<i>doxepin</i> .....50	<i>electrolyte-148</i> ..... 111
<i>diazepam intensol</i> ..... 50	<i>doxercalciferol</i> .....82	<i>electrolyte-48 in d5w</i> ..... 111
<i>diazoxide</i> .....77	<i>doxorubicin</i> .....24	<i>electrolyte-a</i> ..... 111
<i>diclofenac potassium</i> ..... 47	<i>doxorubicin, peg-liposomal</i>	ELIGARD..... 24
<i>diclofenac sodium</i> 47, 68, 101	.....24	ELIGARD (3 MONTH)..... 24
<i>diclofenac-misoprostol</i> .... 47	<i>doxy-100</i> .....20	ELIGARD (4 MONTH)..... 24
<i>dicloxacillin</i> .....18	<i>doxycycline hyclate</i> .....20	ELIGARD (6 MONTH)..... 24

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

This drug list was last updated on 08/28/2025.

<i>elimest</i> .....	98	ENTRESTO SPRINKLE.....	65	<i>ethynodiol diac-eth estradiol</i> .....	98
ELIQUIS .....	62	<i>enulose</i> .....	85	<i>etodolac</i> .....	47
ELIQUIS DVT-PE TREAT 30D START .....	62	ENVARUSUS XR.....	24	<i>etonogestrel-ethinyl</i> <i>estradiol</i> .....	97
ELITEK.....	20	EPIDIOLEX.....	37	ETOPOPHOS .....	25
ELMIRON .....	109	<i>epinastine</i> .....	101	<i>etoposide</i> .....	25
ELREXFIO .....	24	<i>epinephrine</i> .....	103	<i>etravirine</i> .....	10
<i>eltrombopag olamine</i> .....	62	<i>epirubicin</i> .....	24	EUCRISA.....	68
<i>eluryng</i> .....	97	<i>epitol</i> .....	37	EULEXIN .....	25
ELZONRIS.....	24	EPKINLY.....	24	<i>everolimus (antineoplastic)</i> .....	25
EMGALITY PEN.....	41	<i>eplerenone</i> .....	58	<i>everolimus</i> <i>(immunosuppressive)</i> ....	25
EMGALITY SYRINGE .....	42	EPRONTIA.....	37	EVOTAZ .....	10
EMPLICITI.....	24	ERBITUX.....	24	<i>exemestane</i> .....	25
EMRELIS.....	24	<i>ergotamine-caffeine</i> .....	42	<i>exenatide</i> .....	77
EMSAM.....	51	<i>eribulin</i> .....	24	<i>ezetimibe</i> .....	64
<i>emtricitabine</i> .....	10	ERIVEDGE .....	24	<i>ezetimibe-simvastatin</i> .....	64
<i>emtricitabine-tenofovir (tdf)</i> .....	10	ERLEADA.....	25	<b>F</b>	
<i>emtricitabine-tenofovir</i> .....	10	<i>erlotinib</i> .....	25	FABRAZYME .....	82
EMTRIVA .....	10	<i>errin</i> .....	96	<i>falmina (28)</i> .....	98
EMVERM.....	15	<i>ertapenem</i> .....	15	<i>famciclovir</i> .....	10
<i>emzahn</i> .....	96	ERWINASE.....	25	<i>famotidine</i> .....	88
<i>enalapril maleate</i> .....	58	<i>ery pads</i> .....	69	<i>famotidine (pf)</i> .....	88
<i>enalaprilat</i> .....	58	<i>ery-tab</i> .....	14	<i>famotidine (pf)-nacl (iso-</i> <i>os)</i> .....	88
<i>enalapril-</i> <i>hydrochlorothiazide</i> .....	58	<i>erythromycin</i> .....	14, 100	FANAPT .....	51
ENBREL .....	94	<i>erythromycin ethylsuccinate</i> .....	14	FANAPT TITRATION PACK A.....	51
ENBREL MINI.....	94	<i>erythromycin with ethanol</i> .....	69	FARXIGA.....	77
ENBREL SURECLICK.....	95	<i>escitalopram oxalate</i> .....	51	FASENRA .....	105
<i>endocet</i> .....	45	<i>eslicarbazepine</i> .....	37	FASENRA PEN .....	105
ENGERIX-B (PF).....	90	<i>esmolol</i> .....	58	<i>febuxostat</i> .....	93
ENGERIX-B PEDIATRIC (PF) .....	90	<i>esomeprazole magnesium</i> .....	88	<i>felbamate</i> .....	37
<i>enoxaparin</i> .....	62	<i>esomeprazole sodium</i> .....	88	<i>felodipine</i> .....	59
<i>enpresse</i> .....	98	<i>estarylla</i> .....	98	<i>fenofibrate</i> .....	64
<i>enskyce</i> .....	98	<i>estradiol</i> .....	96	<i>fenofibrate micronized</i> .....	64
<i>entacapone</i> .....	41	<i>estradiol valerate</i> .....	96	<i>fenofibrate nanocrystallized</i> .....	64
<i>entecavir</i> .....	10	<i>estradiol-norethindrone acet</i> .....	96		
ENTRESTO.....	65	<i>eszopiclone</i> .....	51		
		<i>ethacrynate sodium</i> .....	59		
		<i>ethambutol</i> .....	15		
		<i>ethosuximide</i> .....	37		

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

This drug list was last updated on 08/28/2025.

<i>fenofibric acid</i> .....	64	<i>fluticasone propionate</i> .....	72, 105	FREESTYLE LIBRE 3 SENSOR.....	93
<i>fenofibric acid (choline)</i> ....	64	FLUTICASONE PROPIONATE.....	105	FREESTYLE LITE METER .....	93
<i>fentanyl</i> .....	45	<i>fluticasone propion-</i> <i>salmeterol</i> .....	105	FREESTYLE LITE STRIPS .....	78
FETZIMA.....	51	<i>fluvastatin</i> .....	64	FREESTYLE PRECISION NEO STRIPS .....	78
FIASP FLEXTOUCH U-100 INSULIN.....	77	<i>fluvoxamine</i> .....	51	FREESTYLE TEST .....	78
FIASP PENFILL U-100 INSULIN.....	77	<i>fomepizole</i> .....	90	FRUZAQLA.....	26
FIASP U-100 INSULIN.....	77	<i>fondaparinux</i> .....	62	FULPHILA .....	89
<i>finasteride</i> .....	109	<i>formoterol fumarate</i> .....	105	<i>fulvestrant</i> .....	26
<i> fingolimod</i> .....	43	<i>fosamprenavir</i> .....	10	<i>furosemide</i> .....	59
FINTEPLA .....	38	<i>fosaprepitant</i> .....	85	FUZEON .....	10
FIRMAGON KIT W DILUENT SYRINGE .....	25	<i>fosfomycin tromethamine</i> 20		FYARRO.....	26
<i>flac otic oil</i> .....	75	<i>fosinopril</i> .....	59	<i>fyavolv</i> .....	96
<i>flecainide</i> .....	56	<i>fosinopril-</i> <i>hydrochlorothiazide</i> .....	59	FYCOMPA.....	38
<i>floxuridine</i> .....	25	<i>fosphenytoin</i> .....	38	<b>G</b>	
<i>fluconazole</i> .....	9	FOTIVDA.....	26	<i>gabapentin</i> .....	38
<i>fluconazole in nacl (iso-osm)</i> .....	9	<i>fraiche 5000</i> .....	75	<i>galantamine</i> .....	43
<i>flucytosine</i> .....	9	FREESTYLE FREEDOM LITE .....	92	<i>gallifrey</i> .....	96
<i>fludarabine</i> .....	25	FREESTYLE INSULINX ..	77, 92	GAMASTAN.....	90
<i>fludrocortisone</i> .....	76	FREESTYLE INSULINX TEST STRIPS .....	77	GAMUNEX-C.....	90
<i>flumazenil</i> .....	51	FREESTYLE LIBRE 14 DAY READER .....	92	<i>ganciclovir sodium</i> .....	10
<i>flunisolide</i> .....	105	FREESTYLE LIBRE 14 DAY SENSOR.....	93	GARDASIL 9 (PF) .....	90
<i>fluocinolone</i> .....	71	FREESTYLE LIBRE 2 PLUS SENSOR.....	93	<i>gatifloxacin</i> .....	100
<i>fluocinolone acetonide oil</i> 76		FREESTYLE LIBRE 2 READER .....	93	GATTEX 30-VIAL .....	85
<i>fluocinolone and shower cap</i> .....	71	FREESTYLE LIBRE 2 SENSOR.....	93	GATTEX ONE-VIAL .....	85
<i>fluocinonide</i> .....	71, 72	FREESTYLE LIBRE 3 PLUS SENSOR.....	93	GAUZE PAD .....	93
<i>fluocinonide-emollient</i> .....	72	FREESTYLE LIBRE 3 READER .....	93	<i>gavilyte-c</i> .....	85
<i>fluoride (sodium)</i> .....	75, 112	FREESTYLE LIBRE 3 READER .....	93	<i>gavilyte-g</i> .....	85
<i>fluorometholone</i> .....	102			<i>gavilyte-n</i> .....	85
<i>fluorouracil</i> .....	25, 26, 68			GAVRETO .....	26
<i>fluoxetine</i> .....	51			GAZYVA.....	26
<i>fluphenazine decanoate</i> ....	51			<i>gefitinib</i> .....	26
<i>fluphenazine hcl</i> .....	51			<i>gemcitabine</i> .....	26
<i>flurbiprofen</i> .....	48			GEMCITABINE .....	26
<i>flurbiprofen sodium</i> .....	101			<i>gemfibrozil</i> .....	64

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

This drug list was last updated on 08/28/2025.

<i>gentamicin</i> .....	15, 70, 100
<i>gentamicin in nacl (iso-osm)</i> .....	15
<i>gentamicin sulfate (ped)</i> ( <i>pf</i> ).....	15
GENVOYA.....	10
GILOTRIF .....	26
<i>glatiramer</i> .....	43
<i>glatopa</i> .....	43
GLEOSTINE .....	26
<i>glimepiride</i> .....	78
<i>glipizide</i> .....	78
<i>glipizide-metformin</i> .....	78
<i>glucagon emergency kit</i> ( <i>human</i> ) .....	78
<i>glutamine (sickle cell)</i> .....	73
<i>glycine urologic</i> .....	109
<i>glycine urologic solution</i> .....	109
<i>glycopyrrolate</i> .....	84
<i>glycopyrrolate (pf)</i> .....	84
<i>glycopyrrolate (pf) in water</i> .....	84
<i>glydo</i> .....	68
GLYXAMBI.....	78
GOMEKLI .....	26
GRAFAPEX.....	26
<i>granisetron (pf)</i> .....	85
<i>granisetron hcl</i> .....	85
<i>griseofulvin microsize</i> .....	9
<i>griseofulvin ultramicrosize</i> ..	9
GVOKE.....	78
GVOKE HYPOPEN 1-PACK .....	78
GVOKE HYPOPEN 2-PACK .....	78
GVOKE PFS 1-PACK SYRINGE.....	78
GVOKE PFS 2-PACK SYRINGE.....	78

<b>H</b>	
HADLIMA .....	95
HADLIMA PUSH TOUCH .....	95
HADLIMA(CF) .....	95
HADLIMA(CF) PUSH TOUCH .....	95
<i>halobetasol propionate</i> .....	72
<i>haloperidol</i> .....	51
<i>haloperidol decanoate</i> .....	51, 52
<i>haloperidol lactate</i> .....	52
HAVRIX (PF).....	91
<i>heather</i> .....	96
<i>heparin (porcine)</i> .....	62, 63
<i>heparin (porcine) in 5 % dex</i> .....	62
<i>heparin (porcine) in nacl (pf)</i> .....	62
<i>heparin (porcine) in 0.45% nacl</i> .....	63
HEPARIN(PORCINE) IN 0.45% NACL.....	63
<i>heparin, porcine (pf)</i> .....	63
HEPARIN, PORCINE (PF).....	63
HEPLISAV-B (PF) .....	91
HIBERIX (PF).....	91
HUMALOG JUNIOR KWIKPEN U-100 .....	78
HUMALOG KWIKPEN INSULIN .....	79
HUMALOG MIX 50-50 KWIKPEN .....	79
HUMALOG MIX 75-25 KWIKPEN .....	79
HUMALOG MIX 75-25(U- 100)INSULN .....	79
HUMALOG U-100 INSULIN .....	79
HUMULIN 70/30 U-100 INSULIN .....	79

HUMULIN 70/30 U-100 KWIKPEN.....	79
HUMULIN N NPH INSULIN KWIKPEN.....	79
HUMULIN N NPH U-100 INSULIN.....	79
HUMULIN R REGULAR U- 100 INSULN .....	79
HUMULIN R U-500 (CONC) INSULIN .....	79
HUMULIN R U-500 (CONC) KWIKPEN .....	79
<i>hydralazine</i> .....	59
<i>hydrochlorothiazide</i> .....	59
<i>hydrocodone-</i> <i>acetaminophen</i> .....	45
<i>hydrocodone-ibuprofen</i> ...	45
<i>hydrocortisone</i> .....	72, 76, 85
<i>hydrocortisone-acetic acid</i> .....	76
<i>hydromorphone</i> .....	46
<i>hydromorphone (pf)</i> .....	46
<i>hydroxychloroquine</i> .....	15
<i>hydroxyurea</i> .....	26
<i>hydroxyzine hcl</i> .....	103
HYPERHEP B.....	91
HYPERHEP B NEONATAL .....	91
<b>I</b>	
<i>ibandronate</i> .....	94
IBRANCE.....	27
IBTROZI.....	27
<i>ibu</i> .....	48
<i>ibuprofen</i> .....	48
<i>ibutilide fumarate</i> .....	56
<i>icatibant</i> .....	105
ICLUSIG .....	27
<i>icosapent ethyl</i> .....	64
<i>idarubicin</i> .....	27
IDHIFA .....	27

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

This drug list was last updated on 08/28/2025.

<i>ifosfamide</i> .....	27	<i>introvale</i> .....	98	JARDIANCE.....	79
ILARIS (PF).....	89	INVEGA HAFYERA.....	52	<i>jasmiel (28)</i> .....	98
<i>imatinib</i> .....	27	INVEGA SUSTENNA.....	52	JAYPIRCA.....	28
IMBRUVICA.....	27	INVEGA TRINZA.....	52	JEMPERLI.....	28
IMDELLTRA.....	27	INVELTYS.....	102	<i>jencycla</i> .....	96
IMFINZI.....	27	IPOL.....	91	JENTADUETO.....	79
<i>imipenem-cilastatin</i> .....	15	<i>ipratropium bromide</i> ..	75, 105	JENTADUETO XR.....	79, 80
<i>imipramine hcl</i> .....	52	<i>ipratropium-albuterol</i> .....	106	JEVTANA.....	28
<i>imiquimod</i> .....	68	<i>irbesartan</i> .....	59	<i>jinteli</i> .....	96
IMJUDO.....	27	<i>irbesartan-</i>		<i>jolessa</i> .....	98
IMKELDI.....	27	<i>hydrochlorothiazide</i> .....	59	JOURNAVX.....	48
IMOVAX RABIES VACCINE		<i>irinotecan</i> .....	27, 28	JUBBONTI.....	94
(PF).....	91	ISENTRESS.....	10, 11	<i>juleber</i> .....	98
IMPAVIDO.....	15	ISENTRESS HD.....	10	JULUCA.....	11
IMVEXXY MAINTENANCE		<i>isibloom</i> .....	98	JYLAMVO.....	28
PACK.....	96	ISOLYTE S PH 7.4.....	111	JYNARQUE.....	82
IMVEXXY STARTER PACK		ISOLYTE-P IN 5 %		JYNNEOS (PF).....	91
.....	96	DEXTROSE.....	112	<b>K</b>	
INBRIJA.....	41	ISOLYTE-S.....	112	KADCYLA.....	28
<i>incassia</i> .....	96	<i>isoniazid</i> .....	15	KALETRA.....	11
INCRELEX.....	73	<i>isosorbide dinitrate</i> .....	66	<i>kalliga</i> .....	98
<i>indapamide</i> .....	59	<i>isosorbide mononitrate</i> .....	66	KALYDECO.....	106
INFANRIX (DTAP) (PF)....	91	<i>isosorbide-hydralazine</i> .....	59	KANUMA.....	82
INFLIXIMAB.....	85	<i>isotretinoin</i> .....	69	<i>kariva (28)</i> .....	98
INGREZZA.....	43	<i>isradipine</i> .....	59	<i>kelnor 1/35 (28)</i> .....	98
INGREZZA INITIATION		ISTODAX.....	28	<i>kelnor 1/50 (28)</i> .....	98
PK(TARDIV).....	43	ITOVEBI.....	28	KERENDIA.....	59
INGREZZA SPRINKLE.....	43	<i>itraconazole</i> .....	9	KESIMPTA PEN.....	43
INLYTA.....	27	<i>ivabradine</i> .....	65	<i>ketoconazole</i> .....	9, 70
INPEFA.....	79	<i>ivermectin</i> .....	15	<i>ketorolac</i> .....	101
INQOVI.....	27	IWILFIN.....	28	KEYTRUDA.....	28
INREBIC.....	27	IXCHIQ (PF).....	91	KHAPZORY.....	20
INSULIN ASPART U-100.	79	IXEMPRA.....	28	KIMMTRAK.....	28
INSULIN LISPRO.....	79	IXIARO (PF).....	91	KINERET.....	95
INSULIN LISPRO		<b>J</b>		KINRIX (PF).....	91
PROTAMIN-LISPRO....	79	JAKAFI.....	28	<i>kionex (with sorbitol)</i> .....	74
INSULIN SYRINGE-		<i>jantoven</i> .....	63	KISQALI.....	28
NEEDLE U-100.....	93	JANUMET.....	79	<i>klayesta</i> .....	70
INTELENCE.....	10	JANUMET XR.....	79	<i>klor-con 10</i> .....	109
<i>intralipid</i> .....	111	JANUVIA.....	79	<i>klor-con 8</i> .....	109

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

This drug list was last updated on 08/28/2025.

<i>klor-con m10</i> .....	109	LENVIMA.....	29	<i>lincomycin</i> .....	15
<i>klor-con m15</i> .....	109	<i>lessina</i> .....	98	<i>linezolid</i> .....	15, 16
<i>klor-con m20</i> .....	109	<i>letrozole</i> .....	29	<i>linezolid in dextrose 5%</i> .....	15
<i>klor-con oral packet 20</i> .....	110	<i>leucovorin calcium</i> .....	20	<i>linezolid-0.9% sodium</i>	
<i>klor-con/ef</i> .....	110	LEUKERAN.....	29	<i>chloride</i> .....	16
KLOXXADO.....	48	<i>leuprolide</i> .....	29	LINZESS.....	85
KOSELUGO.....	28	<i>levetiracetam</i> .....	39	LIORESAL .....	44
<i>kourzeq</i> .....	75	<i>levetiracetam in nacl (iso-</i>		<i>liothyronine</i> .....	84
K-PHOS NO 2.....	109	<i>os)</i> .....	38, 39	<i>liraglutide</i> .....	80
K-PHOS ORIGINAL.....	109	<i>levobunolol</i> .....	101	<i>lisinopril</i> .....	59
KRAZATI.....	28	<i>levocarnitine</i> .....	74	<i>lisinopril-hydrochlorothiazide</i>	
<i>kurvelo (28)</i> .....	98	<i>levocarnitine (with sugar)</i> .	74	.....	59
KYPROLIS.....	28	<i>levocetirizine</i> .....	103	<i>lithium carbonate</i> .....	52
<b>L</b>		<i>levofloxacin</i> .....	19, 100	<i>lithium citrate</i> .....	52
<i>l norgest/e.estradiol-</i>		<i>levofloxacin in d5w</i> .....	19	LIVTENCITY .....	11
<i>e.estrad</i> .....	98	<i>levoleucovorin calcium</i> .....	21	LOKELMA .....	74
<i>labetalol</i> .....	59	<i>levonest (28)</i> .....	98	LONSURF.....	29
<i>lacosamide</i> .....	38	<i>levonorgestrel-ethinyl estrad</i>		<i>loperamide</i> .....	84
<i>lactated ringers</i> .....	72, 110	.....	98, 99	<i>lopinavir-ritonavir</i> .....	11
<i>lactulose</i> .....	85	<i>levonorg-eth estrad</i>		LOQTORZI.....	29
<i>lamivudine</i> .....	11	<i>triphasic</i> .....	99	<i>lorazepam</i> .....	53
<i>lamivudine-zidovudine</i> .....	11	<i>levora-28</i> .....	99	<i>lorazepam intensol</i> .....	53
<i>lamotrigine</i> .....	38	<i>levo-t</i> .....	84	LORBRENA.....	29
<i>lanreotide</i> .....	28	<i>levothyroxine</i> .....	84	<i>loryna (28)</i> .....	99
<i>lansoprazole</i> .....	88	<i>levoxyl</i> .....	84	<i>losartan</i> .....	59
LANTUS SOLOSTAR U-100		LIBTAYO .....	29	<i>losartan-hydrochlorothiazide</i>	
INSULIN.....	80	<i>lidocaine</i> .....	68	.....	59
LANTUS U-100 INSULIN	80	<i>lidocaine (pf)</i> .....	56, 68	<i>loteprednol etabonate</i> ....	102
<i>lapatinib</i> .....	28	<i>lidocaine hcl</i> .....	68	<i>lovastatin</i> .....	64
<i>larin 1.5/30 (21)</i> .....	98	<i>lidocaine in 5 % dextrose</i>		<i>low-ogestrel (28)</i> .....	99
<i>larin 1/20 (21)</i> .....	98	<i>(pf)</i> .....	57	<i>loxapine succinate</i> .....	53
<i>larin 24 fe</i> .....	98	<i>lidocaine viscous</i> .....	68	<i>lo-zumandimine (28)</i> .....	99
<i>larin fe 1.5/30 (28)</i> .....	98	<i>lidocaine-epinephrine</i> .....	68	<i>lubiprostone</i> .....	85
<i>larin fe 1/20 (28)</i> .....	98	<i>lidocaine-epinephrine (pf)</i>		LUMAKRAS.....	29
<i>latanoprost</i> .....	102	.....	69	LUMIGAN .....	102
LAZCLUZE.....	28	<i>lidocaine-prilocaine</i> .....	69	LUMIZYME.....	82
LEDIPASVIR-SOFOSBUVIR		<i>lidocan iii</i> .....	69	LUNSUMIO .....	29
.....	11	<i>lidocan iv</i> .....	69	LUPRON DEPOT.....	29
<i>leflunomide</i> .....	95	<i>lidocan v</i> .....	69	<i>lurasidone</i> .....	53
<i>lenalidomide</i> .....	28, 29	LILETTA .....	97	<i>lutera (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 08/28/2025.

<i>lyleq</i> .....	97	<i>memantine-donepezil</i> .....	44	<i>metyrosine</i> .....	60
<i>lyllana</i> .....	97	MENQUADFI (PF).....	91	<i>mexiletine</i> .....	57
LYNOZYFIC .....	29	MENVEO A-C-Y-W-135-		<i>micafungin</i> .....	9
LYNPARZA .....	29	DIP (PF) .....	91	<i>microgestin 1.5/30 (21)</i> .....	99
LYSODREN .....	29	MEPSEVII.....	82	<i>microgestin 1/20 (21)</i> .....	99
LYTGOBI.....	29	<i>mercaptopurine</i> .....	30	<i>microgestin fe 1.5/30 (28)</i> .....	99
LYUMJEV KWIKPEN U-100		<i>meropenem</i> .....	16	<i>microgestin fe 1/20 (28)</i> ...	99
INSULIN.....	80	<i>mesalamine</i> .....	86	<i>midodrine</i> .....	74
LYUMJEV KWIKPEN U-200		<i>mesalamine with cleansing</i>		MIEBO (PF).....	101
INSULIN.....	80	<i>wipe</i> .....	86	<i>mifepristone</i> .....	82, 97
LYUMJEV U-100 INSULIN		<i>mesna</i> .....	21	<i>mili</i> .....	99
.....	80	<i>metformin</i> .....	80	<i>milrinone</i> .....	65
<i>lyza</i> .....	97	<i>methadone</i> .....	46	<i>milrinone in 5 % dextrose</i> ..	65
<b>M</b>		<i>methadone intensol</i> .....	46	<i>mimvey</i> .....	97
<i>magnesium chloride</i> .....	110	<i>methadose</i> .....	46	<i>minocycline</i> .....	20
<i>magnesium sulfate</i> .....	110	<i>methazolamide</i> .....	102	<i>minoxidil</i> .....	60
MAGNESIUM SULFATE IN		<i>methenamine hippurate</i> ...	20	<i>miostat</i> .....	102
D5W .....	110	<i>methenamine mandelate</i> ..	20	<i>mirabegron</i> .....	108
<i>magnesium sulfate in water</i>		<i>methimazole</i> .....	77	<i>mirtazapine</i> .....	53
.....	110	<i>methotrexate sodium</i> .....	30	<i>misoprostol</i> .....	88
<i>malathion</i> .....	72	<i>methotrexate sodium (pf)</i>	30	<i>mitomycin</i> .....	30
<i>mannitol 20 %</i> .....	59	<i>methoxsalen</i> .....	69	<i>mitoxantrone</i> .....	30
<i>mannitol 25 %</i> .....	59	<i>methsuximide</i> .....	39	M-M-R II (PF) .....	91
<i>maraviroc</i> .....	11	<i>methylergonovine</i> .....	100	<i>modafinil</i> .....	53
MARGENZA.....	29	<i>methylphenidate hcl</i> .....	53	<i>moexipril</i> .....	60
<i>marlissa (28)</i> .....	99	<i>methylprednisolone</i> .....	76	<i>molindone</i> .....	53
MARPLAN.....	53	<i>methylprednisolone acetate</i>		<i>mometasone</i> .....	72, 106
MATULANE.....	30	.....	76	<i>mondoxyne nl</i> .....	20
<i>matzim la</i> .....	59	<i>methylprednisolone sodium</i>		MONJUVI.....	30
MAVYRET.....	11	<i>succ</i> .....	76	<i>mono-lynyah</i> .....	99
<i>meclizine</i> .....	86	<i>metoclopramide hcl</i> .....	86	<i>montelukast</i> .....	106
<i>medroxyprogesterone</i> .....	97	<i>metolazone</i> .....	59	<i>morphine</i> .....	46, 47
<i>mefloquine</i> .....	16	<i>metoprolol succinate</i> .....	59	<i>morphine (pf)</i> .....	46
<i>megestrol</i> .....	30	<i>metoprolol ta-</i>		<i>morphine concentrate</i> .....	46
MEKINIST .....	30	<i>hydrochlorothiaz</i> .....	59	MOUNJARO.....	80
MEKTOVI.....	30	<i>metoprolol tartrate</i> ....	59, 60	<i>moxifloxacin</i> .....	19, 100
<i>meleya</i> .....	97	<i>metro i.v.</i> .....	16	<i>moxifloxacin-</i>	
<i>meloxicam</i> .....	48	<i>metronidazole</i> .....	16, 70, 97	<i>sod.chloride(iso)</i> .....	19
<i>melfalan hcl</i> .....	30	<i>metronidazole in nacl (iso-</i>		MRESVIA (PF).....	91
<i>memantine</i> .....	43, 44	<i>os)</i> .....	16	MULTAQ.....	57

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

This drug list was last updated on 08/28/2025.

<i>mupirocin</i> .....	70	<i>neo-polycin</i> .....	100	<i>nortrel 7/7/7 (28)</i> .....	99
<i>mycophenolate mofetil</i> .....	30	<i>neo-polycin hc</i> .....	102	<i>nortriptyline</i> .....	53
<i>mycophenolate mofetil (hcl)</i> .....	30	NERLYNX .....	31	NORVIR.....	11
<i>mycophenolate sodium</i> .....	30	NEUPRO.....	41	NOVOLIN 70/30 U-100 INSULIN.....	80
MYFEMBREE .....	97	<i>nevirapine</i> .....	11	NOVOLIN 70-30 FLEXPEN U-100.....	80
MYHIBBIN.....	30	NEXLETOL.....	64	NOVOLIN N FLEXPEN ...	80
MYLOTARG .....	30	NEXLIZET .....	64	NOVOLIN N NPH U-100 INSULIN.....	80
<b>N</b>		NEXPLANON .....	97	NOVOLIN R FLEXPEN....	80
<i>nabumetone</i> .....	48	<i>niacin</i> .....	64	NOVOLIN R REGULAR U100 INSULIN .....	80
<i>nadolol</i> .....	60	<i>nicardipine</i> .....	60	NOVOLOG FLEXPEN U- 100 INSULIN .....	80
<i>nafcilin</i> .....	18	NICOTROL NS.....	75	NOVOLOG MIX 70-30 U- 100 INSULN .....	80
<i>nafcilin in dextrose iso-osm</i> .....	18	<i>nifedipine</i> .....	60	NOVOLOG MIX 70- 30FLEXPEN U-100.....	80
<i>naftifine</i> .....	70	<i>nikki (28)</i> .....	99	NOVOLOG PENFILL U-100 INSULIN.....	80
NAGLAZYME.....	82	<i>nilotinib hcl</i> .....	31	NOVOLOG U-100 INSULIN ASPART .....	81
<i>nalbuphine</i> .....	48	<i>nilutamide</i> .....	31	NUBEQA.....	31
<i>naloxone</i> .....	48	<i>nimodipine</i> .....	60	NUCALA .....	106
<i>naltrexone</i> .....	48	NINLARO .....	31	NUDEXTA.....	44
<i>naproxen</i> .....	48	<i>nitazoxanide</i> .....	16	NULOJIX .....	31
<i>naproxen sodium</i> .....	48	<i>nitisinone</i> .....	74	NUPLAZID.....	53
<i>naratriptan</i> .....	42	<i>nitro-bid</i> .....	66	NURTEC ODT.....	42
<i>nateglinide</i> .....	80	<i>nitrofurantoin macrocrystal</i> .....	20	<i>nyamyc</i> .....	70
NAYZILAM .....	39	<i>nitrofurantoin monohyd/m- cryst</i> .....	20	<i>nystatin</i> .....	9, 70
<i>nebivolol</i> .....	60	<i>nitroglycerin</i> .....	66, 86	<i>nystatin-triamcinolone</i> .....	70
<i>nefazodone</i> .....	53	NIVESTYM.....	89	<i>nystop</i> .....	71
<i>nelarabine</i> .....	31	<i>nora-be</i> .....	97	NYVEPRIA.....	89
NEMLUVIO .....	31	<i>norelgestromin- ethin.estradiol</i> .....	97	<b>o</b>	
<i>neomycin</i> .....	16	<i>norepinephrine bitartrate</i> .	65	<i>octreotide acetate</i> .....	31
<i>neomycin-bacitracin-poly- hc</i> .....	102	<i>norethindrone</i> (contraceptive).....	97	<i>octreotide,microspheres</i> ....	31
<i>neomycin-bacitracin- polymyxin</i> .....	100	<i>norethindrone acetate</i> .....	97	ODEFSEY .....	11
<i>neomycin-polymyxin b gu</i> .	72	<i>norethindrone ac-eth estradiol</i> .....	97, 99	ODOMZO .....	31
<i>neomycin-polymyxin b- dexameth</i> .....	102	<i>norgestimate-ethinyl estradiol</i> .....	99	OFEV.....	106
<i>neomycin-polymyxin- gramicidin</i> .....	100	<i>nortrel 0.5/35 (28)</i> .....	99		
<i>neomycin-polymyxin-hc</i> ..	76, 102	<i>nortrel 1/35 (21)</i> .....	99		
		<i>nortrel 1/35 (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 08/28/2025.

<i>ofloxacin</i> .....	76, 100	ORGOVYX.....	32	PEGASYS.....	89
OGSIVEO.....	31	ORKAMBI.....	106	<i>peg-electrolyte</i> .....	86
OJEMDA.....	31	<i>orquidea</i> .....	97	PEMAZYRE.....	32
OJJAARA.....	31	ORSERDU.....	32	<i>pemetrexed disodium</i> .....	32
<i>olanzapine</i> .....	53, 54	<i>oseltamivir</i> .....	11	PEN NEEDLE, DIABETIC	93
<i>olmesartan</i> .....	60	<i>osmitrol 20 %</i> .....	60	PENBRAYA (PF).....	91
<i>olmesartan-amlodipin-</i> <i>hcthiazyd</i> .....	60	OTEZLA.....	95	<i>penciclovir</i> .....	71
<i>olmesartan-</i> <i>hydrochlorothiazide</i> .....	60	OTEZLA STARTER.....	95	<i>penicillamine</i> .....	95
<i>omega-3 acid ethyl esters</i>	64	<i>oxacillin</i> .....	18	PENICILLIN G POT IN	
<i>omeprazole</i> .....	88, 89	<i>oxacillin in dextrose(iso-</i> <i>osm)</i> .....	18	DEXTROSE.....	19
OMNIPOD 5 (G6/LIBRE 2 PLUS).....	93	<i>oxaliplatin</i> .....	32	<i>penicillin g potassium</i> .....	19
OMNIPOD 5 G6-G7 INTRO KT(GEN5).....	93	<i>oxaprozín</i> .....	48	<i>penicillin g sodium</i> .....	19
OMNIPOD 5 G6-G7 PODS (GEN 5).....	93	<i>oxcarbazepine</i> .....	39	<i>penicillin v potassium</i> .....	19
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) .....	93	OXERVATE.....	101	PENMENVY MEN A-B-C- W-Y (PF).....	91
OMNIPOD DASH INTRO KIT (GEN 4).....	93	<i>oxybutynin chloride</i> .....	108	PENTACEL (PF).....	91
OMNIPOD DASH PODS (GEN 4).....	93	<i>oxycodone</i> .....	47	<i>pentamidine</i> .....	16
OMNITROPE.....	89	<i>oxycodone-acetaminophen</i> .....	47	<i>pentobarbital sodium</i> .....	54
ONCASPAR.....	31	OZEMPIC.....	81	<i>pentoxifylline</i> .....	63
<i>ondansetron</i> .....	86	OZURDEX.....	102	<i>perampanel</i> .....	39
<i>ondansetron hcl</i> .....	86	<b>P</b>		<i>perindopril erbumine</i> .....	60
<i>ondansetron hcl (pf)</i> .....	86	<i>pacerone</i> .....	57	<i>periogard</i> .....	75
ONIVYDE.....	31	<i>paclitaxel</i> .....	32	PERJETA.....	32
ONUREG.....	31	<i>paclitaxel protein-bound</i> ..	32	<i>permethrin</i> .....	72
OPDIVO.....	31	PADCEV.....	32	<i>perphenazine</i> .....	54
OPDIVO QVANTIG.....	32	<i>paliperidone</i> .....	54	<i>pfizerpen-g</i> .....	19
OPDUALAG.....	32	<i>palonosetron</i> .....	86	<i>phenelzine</i> .....	54
OPIPZA.....	54	<i>pamidronate</i> .....	83	<i>phenobarbital</i> .....	39
<i>opium tincture</i> .....	84	PANRETIN.....	69	<i>phenobarbital sodium</i> .....	39
OPSUMIT.....	106	<i>pantoprazole</i> .....	89	<i>phentolamine</i> .....	60
OPSYNVI.....	106	<i>paraplatin</i> .....	32	<i>phenytoin</i> .....	39
<i>oralone</i> .....	75	<i>paricalcitol</i> .....	83	<i>phenytoin sodium</i> .....	39
		<i>paroxetine hcl</i> .....	54	<i>phenytoin sodium extended</i> .....	39
		PAVBLU.....	101	<i>philith</i> .....	99
		PAXLOVID.....	11	PIFELTRO.....	11
		<i>pazopanib</i> .....	32	<i>pilocarpine hcl</i> .....	74, 101
		PEDIARIX (PF).....	91	<i>pimecrolimus</i> .....	69
		PEDVAX HIB (PF).....	91	<i>pimozide</i> .....	54
		<i>peg 3350-electrolytes</i> .....	86	<i>pimtrea (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 08/28/2025.

<i>pindolol</i> .....	60	<i>potassium phosphate m-/d-</i> <i>basic</i> .....	111	<i>prochlorperazine maleate</i> <i>oral</i> .....	86
<i>pioglitazone</i> .....	81	POTELIGEO.....	33	PROCRIT.....	90
<i>piperacillin-tazobactam</i> .....	19	PRALATREXATE.....	33	<i>procto-med hc</i> .....	86
PIQRAY.....	32	<i>pramipexole</i> .....	41	<i>proctosol hc</i> .....	86
<i>pirfenidone</i> .....	106	<i>prasugrel hcl</i> .....	63	<i>proctozone-hc</i> .....	87
<i>piroxicam</i> .....	48	<i>pravastatin</i> .....	64	<i>progesterone</i> .....	97
<i>pitavastatin calcium</i> .....	64	<i>praziquantel</i> .....	16	<i>progesterone micronized</i> .....	97
PLEGRIDY.....	89, 90	<i>prazosin</i> .....	60	PROGRAF.....	33
PLENAMINE.....	112	PRECISION XTRA MONITOR.....	93	PROLASTIN-C.....	74
<i>plerixafor</i> .....	90	PRECISION XTRA TEST... ..	81	<i>promethazine</i> .....	103
<i>podofilox</i> .....	69	<i>prednisolone</i> .....	76	<i>propafenone</i> .....	57
POLIVY.....	32	<i>prednisolone acetate</i> .....	102	<i>propranolol</i> .....	60
<i>polocaine</i> .....	69	<i>prednisolone sodium</i> <i>phosphate</i> .....	76, 102	<i>propylthiouracil</i> .....	77
<i>polocaine-mpf</i> .....	69	<i>prednisone</i> .....	76, 77	PROQUAD (PF).....	91
<i>polycin</i> .....	100	<i>prednisone intensol</i> .....	76	<i>protamine</i> .....	63
<i>polymyxin b sulf-</i> <i>trimethoprim</i> .....	100	<i>pregabalin</i> .....	40	<i>protriptyline</i> .....	54
POMALYST.....	33	PREMARIN.....	97	PULMICORT FLEXHALER .....	106
<i>portia 28</i> .....	99	<i>premasol 10 %</i> .....	112	PULMOZYME.....	107
<i>posaconazole</i> .....	9	PREMPHASE.....	97	<i>pyrazinamide</i> .....	16
<i>potassium acetate</i> .....	110	PREMPRO.....	97	<i>pyridostigmine bromide</i> .....	44
<i>potassium chlorid-d5-</i> <i>0.45%nacl</i> .....	110	<i>prenatal vitamin oral tablet</i> .....	112	<i>pyrimethamine</i> .....	16
<i>potassium chloride</i> .....	110, 111	<i>prevalite</i> .....	64	<b>Q</b>	
<i>potassium chloride in</i> <i>0.9%nacl</i> .....	110	PREVYMIS.....	11	QINLOCK.....	33
<i>potassium chloride in 5 %</i> <i>dex</i> .....	110	PREZCOBIX.....	11	QUADRACEL (PF).....	91
<i>potassium chloride in lr-d5</i> .....	110	PREZISTA.....	12	<i>quetiapine</i> .....	54
<i>potassium chloride in water</i> .....	110	PRIFTIN.....	16	<i>quinapril</i> .....	60
<i>potassium chloride-0.45 %</i> <i>nacl</i> .....	111	PRIMAQUINE.....	16	<i>quinapril-</i> <i>hydrochlorothiazide</i> .....	60
<i>potassium chloride-d5-</i> <i>0.2%nacl</i> .....	111	<i>primidone</i> .....	40	<i>quinidine sulfate</i> .....	57
<i>potassium chloride-d5-</i> <i>0.9%nacl</i> .....	111	PRIMIDONE.....	40	<i>quinine sulfate</i> .....	16
<i>potassium citrate</i> .....	109	PRIORIX (PF).....	91	QULIPTA.....	42
		<i>probenecid</i> .....	93	QVAR REDHALER.....	107
		<i>probenecid-colchicine</i> .....	93	<b>R</b>	
		<i>procainamide</i> .....	57	RABAVERT (PF).....	91
		<i>prochlorperazine</i> .....	86	RADICAVA ORS.....	44
		<i>prochlorperazine edisylate</i> .....	86	RADICAVA ORS STARTER KIT SUSP.....	44
				RALDESY.....	54

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

This drug list was last updated on 08/28/2025.

<i>raloxifene</i> .....	94	<i>risperidone microspheres</i> 54,	SECUADO .....	55
<i>ramelteon</i> .....	54	55	SELARSDI .....	66
<i>ramipril</i> .....	60	<i>ritonavir</i> .....	<i>selegiline hcl</i> .....	41
<i>ranolazine</i> .....	65	<i>rivaroxaban</i> .....	<i>selenium sulfide</i> .....	66
<i>rasagiline</i> .....	41	<i>rivastigmine</i> .....	SELZENTRY .....	12
<i>reclipsen (28)</i> .....	99	<i>rivastigmine tartrate</i> .....	<i>sertraline</i> .....	55
RECOMBIVAX HB (PF) ....	91	<i>rizatriptan</i> .....	<i>setlakin</i> .....	99
REGANEX.....	69	ROCKLATAN.....	<i>sevelamer carbonate</i> .....	74
RELENZA DISKHALER.....	12	<i>roflumilast</i> .....	<i>sf 75</i>	
RELEUKO .....	90	<i>romidepsin</i> .....	<i>sf 5000 plus</i> .....	75
RELISTOR.....	87	ROMVIMZA .....	<i>sharobel</i> .....	97
REMICADE.....	87	<i>ropinirole</i> .....	SHINGRIX (PF) .....	91
RENACIDIN.....	109	<i>rosuvastatin</i> .....	SIGNIFOR.....	34
<i>repaglinide</i> .....	81	ROTARIX.....	<i>sildenafil (pulmonary arterial</i>	
REPATHA .....	64	ROTATEQ VACCINE.....	<i>hypertension)</i> .....	107
REPATHA PUSHTRONEX		<i>roweepra</i> .....	<i>silver sulfadiazine</i> .....	69
.....	64	ROZLYTREK.....	SIMBRINZA.....	102
REPATHA SURECLICK....	64	RUBRACA.....	SIMLANDI(CF).....	95, 96
RETACRIT .....	90	<i>rufinamide</i> .....	SIMLANDI(CF)	
RETEVMO .....	33	RUKOBIA.....	AUTOINJECTOR.....	95
RETROVIR.....	12	RUXIENCE .....	SIMULECT .....	34
REVCOVI .....	74	RYBELSUS .....	<i>simvastatin</i> .....	64
<i>revonto</i> .....	44	RYBREVANT.....	<i>sirolimus</i> .....	34
REVUFORJ.....	33	RYDAPT.....	SIRTURO.....	16
REXULTI .....	54	RYLAZE .....	SKYRIZI.....	67, 87
REYATAZ.....	12	RYTELO.....	<i>sodium acetate</i> .....	111
REZDIFFRA.....	74	<b>S</b>	<i>sodium benzoate-sod</i>	
REZLIDHIA.....	33	<i>sacubitril-valsartan</i> .....	<i>phenylacet</i> .....	74
REZUROCK.....	33	<i>sajazir</i> .....	<i>sodium bicarbonate</i> .....	111
RHOPRESSA.....	102	<i>salsalate</i> .....	<i>sodium chloride</i> .....	74, 111
<i>ribavirin</i> .....	12	SANDOSTATIN LAR	<i>sodium chloride 0.45 %</i> .....	111
<i>rifabutin</i> .....	16	DEPOT .....	<i>sodium chloride 0.9 %</i> .....	74
<i>rifampin</i> .....	16	SANTYL.....	<i>sodium chloride 3 %</i>	
<i>riluzole</i> .....	74	<i>sapropterin</i> .....	<i>hypertonic</i> .....	111
<i>rimantadine</i> .....	12	SARCLISA.....	<i>sodium chloride 5 %</i>	
<i>ringer's</i> .....	72, 111	SAVELLA .....	<i>hypertonic</i> .....	111
RINVOQ .....	95	<i>saxagliptin</i> .....	<i>sodium fluoride 5000 dry</i>	
RINVOQ LQ.....	95	<i>saxagliptin-metformin</i> .....	<i>mouth</i> .....	75
<i>risedronate</i> .....	74, 94	SCEMBLIX.....	<i>sodium fluoride 5000 plus</i>	75
<i>risperidone</i> .....	55	<i>scopolamine base</i> .....	75	

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

This drug list was last updated on 08/28/2025.

<i>sodium fluoride-pot nitrate</i> .....75	SUBLOCADE.....47	<i>tamsulosin</i> ..... 109
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054) .....55	<i>subvenite</i> ..... 40	<i>tarina fe 1-20 eq (28)</i> ..... 99
<i>sodium phenylbutyrate</i> .... 74	SUCRAID.....87	<i>tazarotene</i> ..... 70
<i>sodium phosphate</i> .....111	<i>sucralfate</i> .....89	<i>tazicef</i> ..... 14
<i>sodium polystyrene</i> <i>sulfonate</i> ..... 74	<i>sulfacetamide sodium</i> ..... 101	TAZVERIK..... 34
<i>sodium,potassium,mag</i> <i>sulfates</i> ..... 87	<i>sulfacetamide sodium (acne)</i> .....70	TECENTRIQ ..... 34
SOFOSBUVIR- VELPATASVIR .....12	<i>sulfacetamide-prednisolone</i> ..... 101	TECENTRIQ HYBREZA... 34
<i>solifenacin</i> .....108	<i>sulfadiazine</i> ..... 19	TECVAYLI ..... 34
SOLQUA 100/33.....81	<i>sulfamethoxazole-</i> <i>trimethoprim</i> ..... 19, 20	TEFLARO ..... 14
SOLTAMOX ..... 34	<i>sulfasalazine</i> ..... 87	<i>telmisartan</i> .....60
SOMATULINE DEPOT .... 34	<i>sulindac</i> .....48	<i>telmisartan-amlodipine</i> ....60
SOMAVERT ..... 83	<i>sumatriptan</i> .....42	<i>telmisartan-</i> <i>hydrochlorothiazid</i> .....60
<i>sorafenib</i> ..... 34	<i>sumatriptan succinate</i> .....42	TEMODAR..... 34
<i>sotalol</i> .....57	<i>sunitinib malate</i> .....34	<i>temsirolimus</i> ..... 34
<i>sotalol af</i> .....57	SUNLENCA..... 12	TENIVAC (PF) ..... 91
SPIRIVA RESPIMAT .....107	<i>syeda</i> .....99	<i>tenofovir disoproxil fumarate</i> .....12
<i>spironolactone</i> ..... 60	SYLVANT .....34	TEPMETKO..... 34
<i>spironolacton-</i> <i>hydrochlorothiaz</i> ..... 60	SYMDEKO ..... 107	<i>terazosin</i> .....60
SPRAVATO.....55	SYMPAZAN..... 40	<i>terbinafine hcl</i> ..... 9
<i>sprintec (28)</i> ..... 99	SYMPROIC.....87	<i>terbutaline</i> .....107
SPRITAM ..... 40	SYMTUZA..... 12	<i>terconazole</i> ..... 97
<i>sps (with sorbitol)</i> ..... 74	SYNAGIS..... 12	<i>teriflunomide</i> ..... 44
<i>sronyx</i> ..... 99	SYNJARDY .....81	TERIPARATIDE ..... 94
<i>ssd</i> ..... 69	SYNJARDY XR..... 81	<i>testosterone</i> ..... 83
STAMARIL (PF) ..... 91	<b>T</b>	<i>testosterone cypionate</i> .... 83
STELARA..... 67	TABLOID.....34	<i>testosterone enanthate</i> ... 83
STIOLTO RESPIMAT .....107	TABRECTA..... 34	<i>tetrabenazine</i> ..... 44
STIVARGA..... 34	<i>tacrolimus</i> ..... 34, 69	<i>tetracycline</i> ..... 20
STRENSIQ..... 83	<i>tadalafil</i> .....109	TEVIMBRA ..... 34
STREPTOMYCIN ..... 16	<i>tadalafil (pulmonary arterial</i> <i>hypertension) oral tablet</i> <i>20 mg</i> ..... 107	THALOMID ..... 34
STRIBILD .....12	TAFINLAR..... 34	<i>theophylline</i> .....107
STRIVERDI RESPIMAT...107	TAGRISSE.....34	<i>thioridazine</i> ..... 55
	TALVEY .....34	<i>thiotepa</i> ..... 35
	TALZENNA.....34	<i>thiothixene</i> ..... 55
	<i>tamoxifen</i> .....34	<i>tiadylt er</i> .....60
		<i>tiagabine</i> .....40
		TIBSOVO ..... 35
		<i>ticagrelor</i> ..... 63

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

This drug list was last updated on 08/28/2025.

TICE BCG.....	91	TRAZIMERA.....	35	TRULICITY.....	82
TICOVAC.....	91	<i>trazodone</i> .....	55	TRUMENBA.....	92
<i>tigecycline</i> .....	16	TRELEGY ELLIPTA.....	108	TRUQAP.....	35
<i>tilia fe</i> .....	99	TRELSTAR.....	35	TUKYSA.....	35
<i>timolol maleate</i> .....	61, 101	TREMFYA.....	67	TURALIO.....	35
<i>tinidazole</i> .....	16	TREMFYA PEN.....	67	<i>turqoz (28)</i> .....	100
<i>tiotropium bromide</i> .....	107	TREMFYA PEN INDUCTION		TWINRIX (PF).....	92
TIVDAK.....	35	PK-CROHN.....	67	TYENNE.....	96
TIVICAY.....	12	<i>treprostinil sodium</i> .....	61	TYENNE AUTOINJECTOR	
TIVICAY PD.....	12	<i>tretinoin (antineoplastic)</i> ..	35	.....	96
<i>tizanidine</i> .....	44	<i>tretinoin topical</i> .....	70	TYMLOS.....	94
TOBI PODHALER.....	16	<i>triamcinolone acetonide</i> ..	72,	TYPHIM VI.....	92
TOBRADEX.....	102	75, 77		TYVASO.....	108
<i>tobramycin</i> .....	16, 100	<i>triamterene-</i>		TYVASO INSTITUTIONAL	
<i>tobramycin in 0.225 % nacl</i>	16	<i>hydrochlorothiazid</i> .....	61	START KIT.....	108
<i>tobramycin sulfate</i> .....	16	<i>tridacaine ii</i> .....	69	TYVASO REFILL KIT.....	108
<i>tobramycin-dexamethasone</i>		<i>triderm</i> .....	72	TYVASO STARTER KIT..	108
.....	102	<i>trientine</i> .....	74	<b>U</b>	
<i>tolterodine</i> .....	108	<i>tri-estarylla</i> .....	99	UBRELVY.....	42
<i>tolvaptan</i> .....	83	<i>trifluoperazine</i> .....	55	ULTRA-FINE INSULIN	
<i>tolvaptan (polycys kidney</i>		<i>trifluridine</i> .....	100	SYRINGE.....	93
<i>dis)</i> .....	83	<i>trihexyphenidyl</i> .....	41	<i>unithroid</i> .....	84
<i>topiramate</i> .....	40	TRIJARDY XR.....	81, 82	UNITUXIN.....	35
<i>topotecan</i> .....	35	TRIKAFTA.....	108	UPTRAVI.....	61
<i>toremifene</i> .....	35	<i>tri-legest fe</i> .....	99	<i>ursodiol</i> .....	87
<i>torpenz</i> .....	35	<i>tri-linyah</i> .....	99	USTEKINUMAB.....	67
<i>toremide</i> .....	61	<i>tri-lo-estarylla</i> .....	99	<b>V</b>	
TOUJEO MAX U-300		<i>tri-lo-marzia</i> .....	100	<i>valacyclovir</i> .....	12
SOLOSTAR.....	81	<i>tri-lo-sprintec</i> .....	100	VALCHLOR.....	69
TOUJEO SOLOSTAR U-		<i>trimethoprim</i> .....	20	<i>valganciclovir</i> .....	12
300 INSULIN.....	81	<i>trimipramine</i> .....	55	<i>valproate sodium</i> .....	40
TRADJENTA.....	81	TRINTELLIX.....	55	<i>valproic acid</i> .....	40
<i>tramadol</i> .....	48	<i>tri-sprintec (28)</i> .....	100	<i>valproic acid (as sodium salt)</i>	
<i>tramadol-acetaminophen</i>	48	TRIUMEQ.....	12	.....	40
<i>trandolapril</i> .....	61	TRIUMEQ PD.....	12	<i>valrubicin</i> .....	35
<i>trandolapril-verapamil</i> .....	61	TRODELVY.....	35	<i>valsartan</i> .....	61
<i>tranexamic acid</i> .....	97	TROGARZO.....	12	<i>valsartan-</i>	
<i>tranylcypromine</i> .....	55	TROPHAMINE 10 %.....	112	<i>hydrochlorothiazide</i> .....	61
<i>travasol 10 %</i> .....	112	<i>trosipium</i> .....	109	VALTOCO.....	40
<i>travoprost</i> .....	102	TRULANCE.....	87	<i>vancomycin</i> .....	17

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

This drug list was last updated on 08/28/2025.

VANCOMYCIN IN 0.9 %	VIVOTIF .....	92	XIAFLEX.....	74
SODIUM CHL .....	VIZIMPRO .....	36	XIFAXAN .....	17
VANFLYTA .....	VONJO .....	36	XIGDUO XR .....	82
VAQTA (PF) .....	VORANIGO .....	36	XIIDRA.....	101
<i>varenicline tartrate</i> .....	<i>voriconazole</i> .....	9	XOFLUZA.....	12
VARIVAX (PF) .....	<i>voriconazole-hpbcd</i> .....	9	XOLAIR.....	108
VARIZIG .....	VOSEVI .....	12	XOSPATA.....	36
VARUBI.....	VOWST .....	87	XPOVIO.....	36
VAXCHORA VACCINE.....	VRAYLAR.....	56	XTANDI.....	36
VECTIBIX.....	VUMERITY .....	44	<i>xulane</i> .....	97
<i>veletri</i> .....	VYLOY .....	36	<b>Y</b>	
<i>velivet triphasic regimen</i>	VYNDAMAX.....	65	YERVOY.....	36
(28).....	VYNDAQEL.....	66	YESINTEK.....	67
VELTASSA.....	VYVGART .....	45	YF-VAX (PF).....	92
VEMLIDY .....	VYVGART HYTRULO .....	45	YONDELIS .....	36
VENCLEXTA .....	VYXEOS .....	36	<i>yuvafem</i> .....	97
VENCLEXTA STARTING	<b>W</b>		<b>Z</b>	
PACK .....	<i>warfarin</i> .....	63	<i>zafemy</i> .....	97
<i>venlafaxine</i> .....	<i>water for irrigation, sterile</i>	74	<i>zafirlukast</i> .....	108
<i>verapamil</i> .....	WELIREG .....	36	<i>zaleplon</i> .....	56
VERQUVO.....	<i>wera (28)</i> .....	100	ZALTRAP .....	36
VERSACLOZ.....	<i>wescap-pn dha</i> .....	112	ZEJULA.....	36
VERZENIO .....	WINREVAIR .....	108	ZELBORAF .....	36
<i>vestura (28)</i> .....	<i>wixela inhub</i> .....	108	<i>zenatane</i> .....	70
VIBATIV .....	WYOST .....	21	ZENPEP .....	88
VIBERZI .....	<b>X</b>		ZEPOSIA.....	44
<i>vienna</i> .....	XALKORI .....	36	ZEPOSIA STARTER KIT	
<i>vigabatrin</i> .....	XARELTO.....	63	(28-DAY) .....	44
<i>vigadrone</i> .....	XARELTO DVT-PE TREAT		ZEPOSIA STARTER PACK	
<i>vilazodone</i> .....	30D START.....	63	(7-DAY) .....	44
VIMIZIM .....	XCOPRI.....	40	ZEPZELCA.....	36
VIMKUNYA.....	XCOPRI MAINTENANCE		<i>zidovudine</i> .....	12, 13
<i>vinblastine</i> .....	PACK.....	40	ZIIHERA .....	36
<i>vincristine</i> .....	XCOPRI TITRATION PACK		<i>ziprasidone hcl</i> .....	56
<i>vinorelbine</i> .....	.....	41	<i>ziprasidone mesylate</i> .....	56
<i>viorele (28)</i> .....	XDEMVI .....	101	ZIRABEV .....	36
VIRACEPT .....	XELJANZ .....	96	ZIRGAN .....	100
VIREAD.....	XELJANZ XR .....	96	ZOLADEX.....	36
VITRAKVI .....	XEMBIFY .....	92	<i>zoledronic acid</i> .....	83
VIVITROL .....	XERMELO.....	36		

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

This drug list was last updated on 08/28/2025.

<i>zoledronic acid-mannitol-</i>	<i>zovia 1-35 (28)</i> .....100	ZYMFENTRA..... 88
<i>water</i> ..... 74	ZTALMY ..... 41	ZYNLONTA ..... 36
ZOLINZA..... 36	<i>zumandimine (28)</i> .....100	ZYNYZ ..... 36
<i>zolpidem</i> ..... 56	ZURZUVAE..... 56	ZYPREXA RELPREVV ..... 56
ZONISADE ..... 41	ZYDELIG ..... 36	
<i>zonisamide</i> ..... 41	ZYKADIA.....36	

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

This drug list was last updated on 08/28/2025.

This formulary was updated on 09/19/2025. We have made no changes to this formulary since 08/28/2025. 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](https://wellsense.org/yourmedicare)**.

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

This drug list was last updated on 08/28/2025.