2025

Формуляр (Список покрываемых лекарственных препаратов)

RiverSpring MAP (HMO D-SNP)

ИНФОРМАЦИЯ К ПРОЧТЕНИЮ: В ЭТОМ ДОКУМЕНТЕ СОДЕРЖИТСЯ ИНФОРМАЦИЯ О ЛЕКАРСТВАХ, КОТОРЫЕ МЫ ОПЛАЧИВАЕМ В РАМКАХ ДАННОГО СТРАХОВОГО ПЛАНА

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СОДЕРЖАНИЕ

ЧТО ТАКОЕ ФОРМУЛЯР RIVERSPRING MAP?

МОГУТ ЛИ ВНОСИТЬСЯ ИЗМЕНЕНИЯ В ФОРМУЛЯР (СПИСОК ПРЕПАРАТОВ)?

ЧТО ТАКОЕ ДЖЕНЕРИКИ?

ЕСТЬ ЛИ КАКИЕ-ЛИБО ОГРАНИЧЕНИЯ В ОТНОШЕНИИ МОЕГО ПОКРЫТИЯ?

ЧТО ДЕЛАТЬ, ЕСЛИ МОЙ ПРЕПАРАТ НЕ ВНЕСЕН В ФОРМУЛЯР?

КАК ПОДАТЬ ЗАПРОС ОБ ИСКЛЮЧЕНИИ В ОТНОШЕНИИ ПРЕПАРАТОВ, ВКЛЮЧЕННЫХ В ФОРМУЛЯР ПЛАНА RIVERSPRING MAP (HMO D-SNP)?

ЧТО НЕОБХОДИМО СДЕЛАТЬ ДО ТОГО, КАК Я СМОГУ ОБСУДИТЬ СО СВОИМ ВРАЧОМ ЗАМЕНУ ЛЕКАРСТВ ИЛИ ЗАПРОС О ПРЕДОСТАВЛЕНИИ ИСКЛЮЧЕНИЯ?

ДОПОЛНИТЕЛЬНАЯ ИНФОРМАЦИЯ

ФОРМУЛЯР RIVERSPRING MAP

СПИСОК СОКРАЩЕНИЙ

ПРОТИВОИНФЕКЦИОННЫЕ ПРЕПАРАТЫ

ПРОТИВОГРИБКОВЫЕ ПРЕПАРАТЫ

ПРОТИВОВИРУСНЫЕ ПРЕПАРАТЫ

ЦЕФАЛОСПОРИНЫ

ЭРИТРОМИЦИН/ДРУГИЕ МАКРОЛИДЫ

ПРОЧИЕ ПРОТИВОИНФЕКЦИОННЫЕ ПРЕПАРАТЫ

ПЕНИЦИЛЛИН

ХИНОЛОНЫ

СУЛЬФАНИЛАМИДЫ/РОДСТВЕННЫЕ ПРЕПАРАТЫ

ТЕТРАЦИКЛИНЫ

ПРЕПАРАТЫ ДЛЯ ЛЕЧЕНИЯ ИНФЕКЦИЙ МОЧЕВЫВОДЯЩИХ ПУТЕЙ

ПРОТИВООПУХОЛЕВЫЕ ПРЕПАРАТЫ/ИММУНОДЕПРЕССАНТЫ

ВСПОМОГАТЕЛЬНЫЕ СРЕДСТВА

ПРОТИВООПУХОЛЕВЫЕ ПРЕПАРАТЫ/ИММУНОДЕПРЕССАНТЫ

ПРЕПАРАТЫ ДЛЯ ВНС/ЦНС, НЕВРОЛОГИЯ/ПСИХИАТРИЯ

ПРОТИВОСУДОРОЖНЫЕ ПРЕПАРАТЫ

ПРЕПАРАТЫ ДЛЯ ЛЕЧЕНИЯ БОЛЕЗНИ ПАРКИНСОНА

ПРЕПАРАТЫ ДЛЯ ЛЕЧЕНИЯ МИГРЕНИ/КЛАСТЕРНЫХ ГОЛОВНЫХ БОЛЕЙ

ПРОЧИЕ НЕВРОЛОГИЧЕСКИЕ ПРЕПАРАТЫ

МИОРЕЛАКСАНТЫ/АНТИСПАЗМОЛИТИЧЕСКИЕ ПРЕПАРАТЫ

НАРКОТИЧЕСКИЕ АНАЛЬГЕТИКИ

НЕНАРКОТИЧЕСКИЕ АНАЛЬГЕТИКИ

ПСИХОТЕРАПЕВТИЧЕСКИЕ ПРЕПАРАТЫ

ПРЕПАРАТЫ ДЛЯ СЕРДЕЧНО-СОСУДИСТОЙ СИСТЕМЫ, ЛЕЧЕНИЯ ГИПЕРТОНИИ/ЛИПИДЫ

АНТИАРИТМИЧЕСКИЕ ПРЕПАРАТЫ

АНТИГИПЕРТЕНЗИВНЫЕ ПРЕПАРАТЫ

ПРЕПАРАТЫ ДЛЯ КОАГУЛЯЦИОННОЙ ТЕРАПИИ

ПРЕПАРАТЫ ДЛЯ СНИЖЕНИЯ УРОВНЯ ЛИПИДОВ/ХОЛЕСТЕРИНА

ПРОЧИЕ ПРЕПАРАТЫ ДЛЯ СЕРДЕЧНО-СОСУДИСТОЙ СИСТЕМЫ

НИТРАТЫ

ДЕРМАТОЛОГИЧЕСКИЕ/МЕСТНЫЕ ПРЕПАРАТЫ

АНТИПСОРИАТИЧЕСКИЕ/АНТИСЕБОРЕЙНЫЕ ПРЕПАРАТЫ

ПРОЧИЕ ДЕРМАТОЛОГИЧЕСКИЕ ПРЕПАРАТЫ

ПРЕПАРАТЫ ДЛЯ ТЕРАПИИ АКНЕ

МЕСТНЫЕ АНТИБАКТЕРИАЛЬНЫЕ ПРЕПАРАТЫ

МЕСТНЫЕ ПРОТИВОГРИБКОВЫЕ ПРЕПАРАТЫ

МЕСТНЫЕ ПРОТИВОВИРУСНЫЕ ПРЕПАРАТЫ

МЕСТНЫЕ КОРТИКОСТЕРОИДЫ

МЕСТНЫЕ СРЕДСТВА ОТ ЧЕСОТКИ/ПЕДИКУЛЕЗА

ДИАГНОСТИКА/ПРОЧИЕ СРЕДСТВА

АНОРЕКСАНТЫ

АНТИДОТЫ

РАСТВОРЫ ДЛЯ ОРОШЕНИЯ

ПРОЧИЕ ПРЕПАРАТЫ

ПРЕПАРАТЫ ДЛЯ ЛЕЧЕНИЯ НИКОТИНОВОЙ ЗАВИСИМОСТИ

СРЕДСТВА ДЛЯ ЛЕЧЕНИЯ БОЛЕЗНЕЙ УХА, ГОРЛА И НОСА

ПРОЧИЕ ПРЕПАРАТЫ

ПРЕПАРАТЫ ДЛЯ ЛЕЧЕНИЯ БОЛЕЗНЕЙ УХА

СТЕРОИДЫ/АНТИБИОТИКИ ДЛЯ ЛЕЧЕНИЯ УШНЫХ ИНФЕКЦИЙ

ПРЕПАРАТЫ ДЛЯ ЛЕЧЕНИЯ ЭНДОКРИННЫХ ЗАБОЛЕВАНИЙ/ДИАБЕТА

ГОРМОНЫ НАДПОЧЕЧНИКОВ

АНТИТИРЕОИДНЫЕ ПРЕПАРАТЫ

ПРЕПАРАТЫ ДЛЯ ТЕРАПИИ ДИАБЕТА

ПРОЧИЕ ГОРМОНАЛЬНЫЕ ПРЕПАРАТЫ

ГОРМОНЫ ЩИТОВИДНОЙ ЖЕЛЕЗЫ

ГАСТРОЭНТЕРОЛОГИЧЕСКИЕ ПРЕПАРАТЫ

ПРОТИВОДИАРЕЙНЫЕ СРЕДСТВА/АНТИСПАСТИЧЕСКИЕ ПРЕПАРАТЫ

ПРОЧИЕ ГАСТРОЭНТЕРОЛОГИЧЕСКИЕ ПРЕПАРАТЫ

ПРЕПАРАТЫ ДЛЯ ЛЕЧЕННИЯ ЯЗВЕННОЙ БОЛЕЗНИ

ИММУНОЛОГИЯ, ВАКЦИНЫ/БИОПРЕПАРАТЫ

БИОЛОГИЧЕСКИЕ ЛЕКАРСТВЕННЫЕ ПРЕПАРАТЫ

ВАКЦИНЫ/ПРОЧИЕ ИММУНОЛОГИЧЕСКИЕ ПРЕПАРАТЫ

РАСХОДНЫЕ МАТЕРИАЛЫ

ПРЕПАРАТЫ ДЛЯ ЛЕЧЕНИЯ ОПОРНО-ДВИГАТЕЛЬНОГО АППАРАТА/РЕВМАТОЛОГИЯ

ПРЕПАРАТЫ ДЛЯ ТЕРАПИИ ПОДАГРЫ

ПРЕПАРАТЫ ДЛЯ ТЕРАПИИ ОСТЕОПОРОЗА

ПРОЧИЕ РЕВМАТОЛОГИЧЕСКИЕ ПРЕПАРАТЫ

АКУШЕРСКИЕ/ГИНЕКОЛОГИЧЕСКИЕ ПРЕПАРАТЫ

ЭСТРОГЕНЫ/ПРОГЕСТИНЫ

ПРОЧИЕ АКУШЕРСКИЕ/ГИНЕКОЛОГИЧЕСКИЕ ПРЕПАРАТЫ

ОРАЛЬНЫЕ КОНТРАЦЕПТИВЫ/СВЯЗАННЫЕ СРЕДСТВА

ПРЕПАРАТЫ ОКСИТОЦИНА

ОФТАЛЬМОЛОГИЧЕСКИЕ ПРЕПАРАТЫ

АНТИБИОТИКИ

ПРОТИВОВИРУСНЫЕ ПРЕПАРАТЫ

БЕТА-БЛОКАТОРЫ

ПРОЧИЕ ОФТАЛЬМОЛОГИЧЕСКИЕ ПРЕПАРАТЫ

НЕСТЕРОИДНЫЕ ПРОТИВОВОСПАЛИТЕЛЬНЫЕ ПРЕПАРАТЫ

ПЕРОРАЛЬНЫЕ ПРЕПАРАТЫ ДЛЯ ЛЕЧЕНИЯ ГЛАУКОМЫ

ПРОЧИЕ ПРЕПАРАТЫ ДЛЯ ЛЕЧЕНИЯ ГЛАУКОМЫ

КОМБИНАЦИИ СТЕРОИДОВ И АНТИБИОТИКОВ

СТЕРОИДЫ

СИМПАТОМИМЕТИКИ

ПРЕПАРАТЫ ДЛЯ ЛЕЧЕНИЯ РЕСПИРАТОРНЫХ ЗАБОЛЕВАНИЙ И АЛЛЕРГИИ

АНТИГИСТАМИННЫЕ/ПРОТИВОАЛЛЕРГИЧЕСКИЕ ПРЕПАРАТЫ

ЛЕГОЧНЫЕ ПРЕПАРАТЫ

УРОЛОГИЧЕСКИЕ ПРЕПАРАТЫ

АНТИХОЛИНЕРГИЧЕСКИЕ/АНТИСПАСТИЧЕСКИЕ ПРЕПАРАТЫ

ПРЕПАРАТЫ ДЛЯ ЛЕЧЕНИЯ ДОБРОКАЧЕСТВЕННОЙ ГИПЕРПЛАЗИИ ПРЕДСТАТЕЛЬНОЙ ЖЕЛЕЗЫ (ВРН)

ПРОЧИЕ УРОЛОГИЧЕСКИЕ ПРЕПАРАТЫ

ВИТАМИНЫ, ГЕМАТИНИКИ/ЭЛЕКТРОЛИТЫ

ПРЕПАРАТЫ КРОВИ

ЭЛЕКТРОЛИТЫ

ПРОДУКТЫ ПИТАНИЯ

ВИТАМИНЫ/ГЕМАТИНИКИ

УКАЗАТЕЛЬ ЛЕКАРСТВЕННЫХ СРЕДСТВ

Примечание для действующих участников: Содержание данного формуляра изменилось по сравнению с прошлым годом. Ознакомьтесь с настоящим документом, чтобы убедиться, что в нем все еще содержатся принимаемые вами препараты.

Местоимения «мы», «нас», «нам» и «наш», используемые в этом списке препаратов (формуляре), относятся к плану RiverSpring MAP (HMO D-SNP). Термины «план» и «наш план» означают план RiverSpring MAP (HMO D-SNP).

Настоящий документ содержит перечень препаратов (формуляр) нашего плана, действительный на 19 августа 2023 года. Свяжитесь с нами, чтобы получить обновленную версию формуляра. Наша контактная информация, а также дата последнего обновления формуляра указаны на лицевой и задней стороне обложки.

Как правило, вы должны обращаться в сетевые аптеки для получения рецептурных препаратов в рамках ваших льгот. Доступные льготы, содержание формуляра, сеть аптек и/или размер доплат/сострахования могут измениться 1 января 2024 года и иногда в течение года.

Что такое формуляр RiverSpring MAP?

Формуляр – это список покрываемых лекарственных препаратов, составленный организацией RiverSpring MAP (HMO D-SNP) совместно с группой поставщиков медицинских услуг и включающий лекарственные средства, которые считаются необходимой частью программы качественного медицинского обслуживания. Как правило, стоимость препаратов, перечисленных в формуляре, покрывается RiverSpring MAP (HMO D-SNP), если препарат необходим с медицинской точки зрения и для его получения участник обращается в сетевую аптеку RiverSpring MAP (HMO D-SNP), а также если соблюдаются остальные правила плана. Для получения дополнительной информации о выдаче препаратов по рецепту см. «Подтверждение страхового покрытия».

Могут ли вноситься изменения в формуляр (список препаратов)?

Большинство изменений в покрытии препаратов начинают действовать с 1 января, но сотрудники плана RiverSpring MAP (HMO D-SNP) могут дополнять список препаратов или исключать из него лекарства, а также изменять для них уровень разделения затрат или вносить новые ограничения в течение всего года. Мы должны следовать правилам Medicare при внесении таких изменений.

Изменения, которые могут затронуть вас в этом году: в нижеуказанных случаях изменения в покрытии препаратов затронут вас в течение года:

- **Новые дженерики.** Мы можем незамедлительно исключить фирменный препарат из нашего списка препаратов, если заменим его новым дженериком, который относится к тому же или более низкому уровню разделения затрат и в отношении которого действуют такие же ограничения или меньшее количество ограничений. Кроме того, при добавлении нового дженерика может быть принято решение сохранить фирменный препарат в нашем Списке препаратов, но при добавлении нового дженерика фирменный препарат будет немедленно перемещен на другой уровень разделения затрат или в его отношении будут введены новые ограничения. Возможно применение и той, и другой меры. Если вы в настоящее время принимаете данный фирменный препарат, мы можем не уведомить вас заблаговременно о внесении нами такого изменения, но в дальнейшем мы предоставим вам информацию об изменениях, которые мы внесли.

- Если мы внесем соответствующие изменения, вы или ваш поставщик, который выписал вам рецепт, можете попросить нас сделать исключение и продолжить оплачивать для вас фирменный препарат. Уведомление, которое мы вам предоставим, также будет содержать информацию о том, как попросить о предоставлении исключения. Кроме того, вы можете найти соответствующую информацию в нижеуказанном разделе под названием «Как подать запрос об исключении в отношении препаратов, включенных в формуляр плана RiverSpring MAP (HMO D-SNP)?»

Препараты, выведенные из обращения. Если Управление по санитарному надзору за качеством пищевых продуктов и медикаментов признает препарат из нашего формуляра небезопасным или производитель препарата выведет его из обращения, мы сразу же исключим препарат из нашего формуляра и уведомим участников, которые его принимают.

- **Прочие изменения.** Мы можем вносить и другие изменения, которые затрагивают участников, в настоящее время принимающих определенный препарат. Например, мы можем добавить новый дженерик для замены фирменного препарата, который в настоящее время включен в формуляр, или добавить новые ограничения для фирменного препарата, или перевести его на другой уровень рзделения затрат, или и то, и другое. Или же мы можем внести изменения на основе новых клинических рекомендаций. Когда мы исключаем препараты из нашего формуляра или вводим требование о необходимости предварительного разрешения, устанавливаем количественные ограничения и/или вводим требование о необходимости поэтапной терапии, мы обязаны уведомить участников, которых затрагивают такие изменения, не менее чем за 30 дней до вступления соответствующего изменения в силу или при обращении участника в аптеку с целью пополнения запасов лекарственных препаратов. В таком случае участнику будет предоставлен 30-дневный запас препарата.
    - Вы или специалист, выписавший вам рецепт, можете попросить нас сделать исключение и продолжить покрывать для вас фирменный препарат. Уведомление, которое мы вам предоставим, также будет содержать информацию о том, как попросить о предоставлении исключения. Кроме того, вы можете найти соответствующую информацию в нижеуказанном разделе под названием «Как подать запрос об исключении в отношении препаратов, включенных в формуляр плана RiverSpring MAP (HMO D-SNP)?»

Изменения, которые не затронут вас, если в настоящее время вы принимаете определенный препарат. Как правило, если вы принимаете покрываемый препарат, входивший в наш формуляр на начало 2024 года, мы не станем отменять или сокращать покрытие такого препарата в течение 2024 года, за исключением вышеописанных случаев. Это означает, что такие препараты останутся доступными в рамках той же схемы разделения затрат и без новых ограничений для тех участников, которые принимают их в течение оставшегося до конца года срока. В течение года вы не будете получать уведомления об изменениях, которые вас не затрагивают. Однако начиная с 1 января следующего года такие изменения вас коснутся, и поэтому важно ознакомиться со списком препаратов на следующий год и проверить его на предмет каких-либо изменений, касающихся препаратов.

Прилагаемый формуляр актуален на 19 августа 2023 года. Чтобы получить актуальную информацию о препаратах, покрываемых планом RiverSpring MAP (HMO D-SNP), свяжитесь с нами. Наша контактная информация указана на лицевой и задней стороне обложки. В случае внеплановых изменений, произошедших в течение года, обновления печатных формуляров будут публиковаться на корректировочных листах.

Как использовать формуляр?

Поиск вашего препарата в формуляре можно произвести двумя способами:

По заболеванию

Формуляр начинается со страницы 7. Препараты в этом формуляре сгруппированы по категориям в зависимости от заболеваний, для лечения которых они предназначены. Например, лекарства, используемые для лечения сердечно-сосудистых заболеваний, указаны в категории «БЕТА-БЛОКАТОРЫ». Если вы знаете, для чего назначается ваш препарат, найдите соответствующую категорию в списке, который начинается со страницы 157. Затем найдите свой препарат в соответствующей категории.

По алфавиту

Если вы не знаете, в какой категории следует искать препарат, обратитесь к указателю, который начинается на странице 163. Указатель представляет собой алфавитный список всех препаратов, включенных в настоящий документ. В указателе приводятся фирменные препараты и дженерики. Выполните поиск по указателю, чтобы найти свой препарат. Рядом со своим препаратом вы увидите номер страницы, на которой размещается информация о покрытии. Откройте страницу, обозначенную в указателе, и найдите название своего препарата в первом столбце списка.

Что такое дженерики?

RiverSpring MAP (HMO D-SNP) покрывает как фирменные препараты, так и дженерики. Дженерик – это одобренный Управлением по санитарному надзору за качеством пищевых продуктов и медикаментов (FDA) препарат, содержащий такое же действующее вещество, как и фирменный. Как правило, дженерики стоят дешевле фирменных препаратов.

Есть ли какие-либо ограничения в отношении моего покрытия?

В отношении некоторых препаратов, покрываемых страховым планом, могут действовать дополнительные требования или ограничения. Такие требования и ограничения могут включать:

- **Предварительное разрешение:** план RiverSpring MAP (HMO D-SNP) требует, чтобы вы или ваш [лечащий врач] получили предварительное разрешение на определенные препараты. Это значит, что вам потребуется разрешение RiverSpring MAP (HMO D-SNP), чтобы получить эти препараты по рецепту. Если вы не получите одобрение плана RiverSpring MAP (HMO D-SNP), мы можем не включить препарат в покрытие.

- **Количественные ограничения:** для некоторых препаратов RiverSpring MAP (HMO D-SNP) ограничивает количество препарата, которое будет покрыто RiverSpring MAP (HMO D-SNP).

- **Поэтапная терапия:** в некоторых случаях RiverSpring MAP (HMO D-SNP) требует, чтобы вы сначала попробовали определенные препараты для лечения вашего заболевания. Только после этого в покрытие будет внесен другой препарат для лечения этого заболевания. Например, если для лечения вашего заболевания используются препарат A и препарат B, то RiverSpring MAP (HMO D-SNP) может включить в покрытие препарат B только после того, как вы вначале попробуете принимать препарат A. Если препарат A вам не подойдет, RiverSpring MAP (HMO D-SNP) включит в покрытие препарат B.

Чтобы узнать о наличии дополнительных требований или ограничений в отношении вашего препарата, ознакомьтесь с формуляром, который начинается на стр. 7. Вы также можете получить дополнительную информацию об ограничениях, действующих в отношении некоторых покрываемых препаратов, ознакомившись с нашим веб-сайтом. На веб-сайте размещены документы, разъясняющие процедуру получения предварительного разрешения и требования в отношении поэтапной терапии. Вы также можете обратиться к нам за бумажной копией соответствующих документов. Наша контактная информация, а также дата последнего обновления формуляра указаны на лицевой и задней стороне обложки.

Вы можете обратиться в RiverSpring MAP (HMO D-SNP) с просьбой в порядке исключения снять указанные ограничения либо предоставить список альтернативных препаратов, используемых для лечения вашего заболевания. См. раздел «Как подать запрос об исключении в отношении препаратов, включенных в формуляр плана RiverSpring MAP (HMO D-SNP)?» на странице 11, где указана информация о том, как запросить исключение.

Что делать, если мой препарат не внесен в формуляр?

Если ваш препарат не включен в формуляр (перечень покрываемых препаратов), в первую очередь вам необходимо обратиться в отдел обслуживания участников и уточнить, входит ли препарат в покрытие.

Если вы выясните, что план RiverSpring MAP (HMO D-SNP) не покрывает ваш препарат, у вас есть два варианта:

- Вы можете попросить отдел обслуживания участников предоставить список альтернативных препаратов, покрываемых RiverSpring MAP (HMO D-SNP). Когда вы получите список, покажите его своему врачу и попросите его выписать рецепт на аналогичный препарат, который покрывается планом RiverSpring MAP (HMO D-SNP).

- Вы можете обратиться в RiverSpring MAP (HMO D-SNP) с просьбой в порядке исключения внести ваш препарат в покрытие. См. информацию ниже о том, как попросить об исключении.

Как подать запрос об исключении в отношении препаратов, включенных в формуляр плана RiverSpring MAP (HMO D-SNP)?

Вы можете попросить план RiverSpring MAP сделать исключение в отношении правил нашего покрытия. Есть несколько видов исключений, о которых вы можете просить у представителей плана.

- Вы можете обратиться к нам с запросом о предоставлении покрытия для лекарства, даже если оно не внесено в наш формуляр. При получении одобрения препарат будет оплачиваться на определенных условиях разделения затрат, и у вас не будет возможности требовать предоставления препарата по меньшей стоимости.

- Вы можете обратиться с просьбой об оплате препарата, включенного в формуляр, на условиях, действующих для более низкого уровня разделения затрат.

- Вы можете попросить нас отменить ограничения на покрытие в отношении вашего лекарства. Например, иногда план RiverSpring MAP (HMO D-SNP) ограничивает количество покрываемого препарата. Если в отношении вашего препарата действуют количественные ограничения, вы можете обратиться с просьбой отменить эти ограничения и увеличить количество покрываемого препарата.

Как правило, RiverSpring MAP (HMO D-SNP) выносит положительные решения по просьбам об исключениях только в том случае, если альтернативные препараты, включенные в формуляр плана, [препараты, относящиеся к более низкому уровню разделения затрат] или дополнительные ограничения по применению не окажут должного эффекта на ваше лечение и/или вызовут неблагоприятные побочные последствия.

Чтобы подать просьбу об исключении в отношении первоначального решения о страховом покрытии или ограничения по применению, вам необходимо связаться с нами. **При подаче запроса об исключении в отношении препаратов, включенных в формуляр, или в отношении ограничений, связанных с препаратами, вы должны предоставить заявление от поставщика, который выписал вам рецепт, или врача, поддерживающего ваш запрос.** Как правило, мы выносим решение в течение 72 часов с момента получения нами заявления поставщика, выписавшего вам рецепт и поддерживающего ваш запрос. Вы можете просить о вынесении решения об исключении по ускоренной процедуре, если вы или ваш врач считаете, что 72-часовое ожидание решения может нанести значительный вред вашему здоровью. Если ваш запрос на вынесение решения по ускоренной процедуре будет принят, мы обязаны будем предоставить вам решение в течение 24 часов после получения заявления в поддержку вашего запроса от вашего врача или другого поставщика, выписавшего вам рецепт.

Что необходимо сделать до того, как я смогу обсудить со своим врачом замену лекарств или запрос о предоставлении исключения?

Будучи новым или действующим участником нашей программы, вы можете принимать препараты, которые не включены в наш формуляр. Или вы можете принимать препараты, которые внесены в формуляр, но в отношении них действуют ограничения. Например, вам может потребоваться предварительное разрешение от нас, прежде чем вы сможете воспользоваться своим рецептом. Вы должны пообщаться со своим врачом и решить, следует ли вам перейти на подходящий препарат из числа тех препаратов, которые мы покрываем, или попросить о предоставлении исключения, чтобы мы оплатили тот препарат, который вы принимаете. В определенных случаях мы можем оплачивать ваш препарат в течение первых 90 дней после вашей регистрации в плане, пока вы с вашим врачом вырабатываете план дальнейших действий.

Для каждого из препаратов, которые не внесены в наш формуляр или в отношении которых действуют ограничения, мы оплатим временный 30-дневный запас. Если ваш рецепт выписан на меньшее число дней, мы разрешим пополнить запас препарата на общий срок, не превышающий 30 дней приема. После получения вами такого 30-дневного запаса мы больше не будем оплачивать соответствующие препараты, даже если вы участвуете в плане менее 90 дней.

Если вы проживаете в учреждении долгосрочного ухода и вам требуется препарат, не внесенный в наш формуляр, или препарат, в отношении которого действуют ограничения, и при этом истекли первые 90 дней вашего участия в нашем плане, мы оплатим экстренный 31-дневный запас препарата, пока вы будете подавать запрос на предоставление исключения из правил формуляра.

Пациенты, переживающие изменения в медицинском обслуживании, имеют право на получение временного запаса лекарств, чтобы гарантировать непрерывность лекарственного обеспечения в разных медицинских учреждениях. Если пациент при смене медицинского учреждения не проходит переходный период, связанный со сменой планов, или проходит переходный период, но уже получил максимальное количество препарата, предназначенное для переходного периода, система отклонит заявку, и в аптеку будут переданы соответствующие коды. Сетевая аптека получает дополнительные сообщения (об уровне оказания медицинской помощи) и инструкции в целях информирования аптеки о надлежащей процедуре. В случаях, когда участник меняет медицинское учреждение и может не иметь доступа к текущим назначениям, сетевая аптека может связаться со службой поддержки Express Scripts для изменения решения о предоставлении препарата для переходного периода. Соответствующие уведомления о переходе направляются участнику и поставщику, выписавшему рецепт, в установленные сроки. Поскольку такие участники чувствительны к перебоям в оказании медицинской помощи, Express Scripts также ежедневно предоставляет данные об отклоненных заявках в планы, чтобы обеспечить контроль за пациентами, переживающими изменения в медицинском обслуживании, и гарантировать надлежащее осуществление перехода.

Дополнительная информация

Для получения дополнительной информации о покрытии рецептурных препаратов в рамках плана RiverSpring MAP (HMO D-SNP) см. «Подтверждение страхового покрытия» и прочие материалы плана.

С вопросами об особенностях страхового плана RiverSpring MAP (HMO D-SNP) обращайтесь к нам. Наша контактная информация, а также дата последнего обновления формуляра указаны на лицевой и задней стороне обложки.

Если у вас есть вопросы общего характера касательно покрытия рецептурных препаратов Medicare, обращайтесь в Medicare по номеру 1-800-MEDICARE (1-800-633-4227) в любое время суток и в любой день недели. Пользователям TTY следует звонить по номеру 1-877-486-2048. Или посетите веб-сайт http://www.medicare.gov.

Формуляр RiverSpring MAP

В приведенном ниже формуляре содержится информация о покрытии лекарственных препаратов в рамках плана RiverSpring MAP (HMO DSNP). Если у вас возникли сложности с поиском препарата в списке, обратитесь к указателю, который начинается на странице 163.

В первом столбце таблицы приведены названия препаратов. Названия фирменных препаратов пишутся заглавными буквами (например, DIFLUCAN), а дженериков – строчным курсивом (например*, флуконазол).*

Информация в столбце «Требования/ограничения» указывает на наличие особых требований к покрытию данного препарата со стороны плана RiverSpring MAP (HMO D-SNP).

Ниже приведен список сокращений, которые могут встречаться в данном документе в столбце «Требования/ограничения», содержащем информацию о наличии особых требований к покрытию препарата.

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

List of Abbreviations

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	1	B/D PA
amphotericin b	1	B/D PA; MO
caspofungin	1	
clotrimazole mucous membrane	1	MO
CRESEMBA ORAL	1	PA
fluconazole	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	PA
flucytosine	1	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	MO
itraconazole oral capsule	1	MO; QL (120 per 30 days)
itraconazole oral solution	1	MO
ketoconazole oral	1	MO
micafungin	1	MO
nystatin oral	1	MO
posaconazole oral tablet,delayed release (dr/ec)	1	PA; MO; QL (96 per 30 days)
terbinafine hcl oral	1	MO
voriconazole intravenous	1	PA; MO
voriconazole oral suspension for reconstitution	1	PA; MO
voriconazole oral tablet	1	PA; MO
voriconazole-hpbcd	1	PA
ANTIVIRALS		
abacavir	1	MO
abacavir-lamivudine	1	MO
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral suspension 200 mg/5 ml (5 ml)	1	
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	1	B/D PA; MO
adefovir	1	MO
amantadine hcl	1	MO
APTIVUS	1	MO
atazanavir	1	MO
BARACLUDE ORAL SOLUTION	1	MO
BIKTARVY	1	MO
CABENUVA	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 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
cidofovir	1	B/D PA; MO
CIMDUO	1	MO
COMPLERA	1	MO
darunavir	1	MO
DELSTRIGO	1	MO
DESCOVY	1	MO
DOVATO	1	MO
EDURANT	1	MO
EDURANT PED	1	MO
efavirenz oral tablet	1	MO
efavirenz-emtricitabin-tenofov	1	MO
efavirenz-lamivu-tenofov disop	1	MO
emtricitabine	1	MO
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg	1	MO
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg	1	MO
emtricita-rilpivirine-tenof df	1	
EMTRIVA ORAL SOLUTION	1	MO
entecavir	1	MO
etravirine	1	MO
EVOTAZ	1	MO
famciclovir	1	MO
fosamprenavir	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	1	
ganciclovir sodium intravenous recon soln	1	B/D PA; MO
ganciclovir sodium intravenous solution	1	B/D PA
GENVOYA	1	MO
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD	1	MO
ISENTRESS ORAL POWDER IN PACKET	1	MO
ISENTRESS ORAL TABLET	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA	1	MO
KALETRA ORAL SOLUTION	1	MO
lamivudine	1	MO
lamivudine-zidovudine	1	MO
LEDIPASVIR-SOFOSBUVIR	1	PA; MO; QL (28 per 28 days)
LIVTENCITY	1	PA; LA; QL (120 per 30 days)
lopinavir-ritonavir oral tablet	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 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
maraviroc	1	MO
MAVYRET ORAL PELLETS IN PACKET	1	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	1	PA; MO; QL (84 per 28 days)
nevirapine oral suspension	1	
nevirapine oral tablet	1	MO
nevirapine oral tablet extended release 24 hr 400 mg	1	MO
NORVIR ORAL POWDER IN PACKET	1	MO
ODEFSEY	1	MO
oseltamivir	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	1	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)-100 MG (5)	1	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 30 days)
PIFELTRO	1	MO
PREVYMIS INTRAVENOUS	1	PA
PREVYMIS ORAL TABLET	1	PA; MO; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG	1	
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	MO
PREZISTA ORAL SUSPENSION	1	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
RELENZA DISKHALER	1	MO
RETROVIR INTRAVENOUS	1	MO
REYATAZ ORAL POWDER IN PACKET	1	MO
ribavirin oral capsule	1	MO
ribavirin oral tablet 200 mg	1	MO
rimantadine	1	MO
ritonavir	1	MO
RUKOBIA	1	MO
SELZENTRY ORAL SOLUTION	1	MO
SOFOSBUVIR-VELPATASVIR	1	PA; MO; QL (28 per 28 days)
STRIBILD	1	MO
SUNLENCA	1	
SYMTUZA	1	MO
SYNAGIS	1	MO; LA
tenofovir disoproxil fumarate	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 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
TIVICAY ORAL TABLET 50 MG	1	MO
TIVICAY PD	1	MO
TRIUMEQ	1	MO
TRIUMEQ PD	1	MO
TROGARZO	1	MO; LA
valacyclovir oral tablet 1 gram	1	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QL (60 per 30 days)
valganciclovir oral recon soln	1	MO
valganciclovir oral tablet	1	MO
VEMLIDY	1	MO
VIRACEPT ORAL TABLET	1	MO
VIREAD ORAL POWDER	1	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO
VOSEVI	1	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	MO
zidovudine oral capsule	1	MO
zidovudine oral syrup	1	MO
zidovudine oral tablet	1	MO
CEPHALOSPORINS		
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml	1	
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram, 100 gram, 300 gram	1	
cefazolin intravenous recon soln 1 gram	1	
cefdinir oral capsule	1	MO
cefdinir oral suspension for reconstitution	1	MO
cefepime in dextrose,iso-osm	1	
cefepime injection	1	MO
cefixime	1	MO
cefoxitin in dextrose, iso-osm	1	PA
cefoxitin intravenous recon soln 1 gram, 2 gram	1	PA; MO

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
cefoxitin intravenous recon soln 10 gram	1	PA
cefpodoxime	1	MO
cefprozil	1	MO
ceftazidime injection recon soln 1 gram, 2 gram	1	PA; MO
ceftazidime injection recon soln 6 gram	1	PA
ceftriaxone in dextrose,iso-os	1	MO
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone injection recon soln 10 gram	1	
ceftriaxone intravenous	1	MO
cefuroxime axetil oral tablet	1	MO
cefuroxime sodium injection recon soln 750 mg	1	PA; MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	PA; MO
cefuroxime sodium intravenous recon soln 7.5 gram	1	PA
cephalexin oral capsule 250 mg, 500 mg	1	MO
cephalexin oral suspension for reconstitution	1	MO
tazicef injection	1	PA; MO
tazicef intravenous	1	PA
TEFLARO	1	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	1	PA; MO
azithromycin oral packet	1	MO
azithromycin oral suspension for reconstitution	1	MO
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	MO
clarithromycin	1	MO
DIFICID ORAL TABLET	1	MO; QL (20 per 10 days)
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral tablet	1	
erythromycin oral	1	MO
fidaxomicin	1	QL (20 per 10 days)
MISCELLANEOUS ANTIINFECTIVES		

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
albendazole	1	MO
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	PA; MO
ARIKAYCE	1	PA; LA
atovaquone	1	MO
atovaquone-proguanil	1	MO
aztreonam	1	PA; MO
CAYSTON	1	PA; MO; LA; QL (84 per 56 days)
chloramphenicol sod succinate	1	
chloroquine phosphate	1	MO
clindamycin hcl	1	MO
clindamycin in 5 % dextrose	1	PA; MO
clindamycin phosphate injection	1	PA; MO
COARTEM	1	MO
colistin (colistimethate na)	1	PA; MO; QL (30 per 10 days)
dapsone oral	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO
daptomycin intravenous recon soln 500 mg	1	MO
EMVERM	1	MO
ertapenem	1	PA; MO; QL (14 per 14 days)
ethambutol	1	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	1	PA; MO
gentamicin injection	1	PA; MO
gentamicin sulfate (ped) (pf)	1	PA; MO
hydroxychloroquine oral tablet 200 mg	1	MO
imipenem-cilastatin	1	PA; MO
isoniazid injection	1	
isoniazid oral	1	MO
ivermectin oral tablet 3 mg	1	PA; MO; QL (20 per 30 days)
ivermectin oral tablet 6 mg	1	PA; QL (8 per 30 days)
lincomycin	1	PA
linezolid in dextrose 5%	1	PA; MO
linezolid oral suspension for reconstitution	1	MO
linezolid oral tablet	1	MO
linezolid-0.9% sodium chloride	1	PA
mefloquine	1	MO

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Drug Name	Drug Tier	Requirements /Limits
meropenem intravenous recon soln 1 gram, 2 gram	1	PA; QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	1	PA; QL (10 per 10 days)
metro i.v.	1	PA; MO
metronidazole in nacl (iso-os)	1	PA; MO
metronidazole oral tablet 250 mg, 500 mg	1	MO
neomycin	1	MO
nitazoxanide	1	MO; QL (12 per 30 days)
pentamidine inhalation	1	B/D PA; MO; QL (1 per 28 days)
pentamidine injection	1	MO
praziquantel	1	MO
PRIFTIN	1	MO
PRIMAQUINE	1	MO
pyrazinamide	1	MO
pyrimethamine	1	PA; MO
quinine sulfate	1	MO
rifabutin	1	MO
rifampin intravenous	1	MO
rifampin oral	1	MO
SIRTURO	1	PA; LA
STREPTOMYCIN	1	PA; MO; QL (60 per 30 days)
tigecycline	1	PA; MO
tinidazole	1	MO
TOBI PODHALER	1	MO; QL (224 per 56 days)
tobramycin in 0.225 % nacl	1	PA; MO; QL (280 per 28 days)
tobramycin inhalation	1	PA; MO; QL (224 per 28 days)
tobramycin sulfate injection recon soln	1	PA; QL (9 per 14 days)
tobramycin sulfate injection solution	1	PA; MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)
vancomycin intravenous recon soln 1,000 mg	1	PA; MO; QL (20 per 10 days)
vancomycin intravenous recon soln 10 gram	1	PA; QL (2 per 10 days)
vancomycin intravenous recon soln 5 gram	1	PA; QL (4 per 10 days)

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Drug Name	Drug Tier	Requirements /Limits
vancomycin intravenous recon soln 500 mg	1	PA; MO; QL (10 per 10 days)
vancomycin intravenous recon soln 750 mg	1	PA; MO; QL (27 per 10 days)
vancomycin oral capsule 125 mg	1	PA; MO; QL (40 per 10 days)
vancomycin oral capsule 250 mg	1	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	1	PA
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; MO; QL (90 per 30 days)
PENICILLINS		
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution	1	MO
amoxicillin-pot clavulanate oral tablet	1	MO
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	MO
amoxicillin-pot clavulanate oral tablet,chewable	1	
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	PA; MO
ampicillin sodium intravenous	1	PA
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	PA; MO
ampicillin-sulbactam injection recon soln 15 gram	1	PA
ampicillin-sulbactam intravenous	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO
BICILLIN L-A	1	PA
dicloxacillin	1	MO

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Drug Name	Drug Tier	Requirements /Limits
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	1	PA
nafcillin injection recon soln 1 gram, 2 gram	1	PA; MO
nafcillin injection recon soln 10 gram	1	PA
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	PA
oxacillin injection recon soln 1 gram, 10 gram	1	PA
oxacillin injection recon soln 2 gram	1	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	PA
penicillin g potassium	1	PA; MO
penicillin g sodium	1	PA; MO
penicillin v potassium	1	MO
pfizerpen-g	1	PA
piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1	MO
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	MO
ciprofloxacin in 5 % dextrose	1	PA; MO
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	1	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	1	PA
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	PA; MO
levofloxacin intravenous	1	PA
levofloxacin oral solution	1	MO
levofloxacin oral tablet	1	MO
moxifloxacin oral	1	MO
moxifloxacin-sod.chloride(iso)	1	PA; MO
SULFA'S / RELATED AGENTS		
sulfadiazine	1	MO

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Drug Name	Drug Tier	Requirements /Limits
sulfamethoxazole-trimethoprim intravenous	1	PA; MO
sulfamethoxazole-trimethoprim oral suspension	1	MO
sulfamethoxazole-trimethoprim oral tablet	1	MO
TETRACYCLINES		
demeclocycline	1	MO
doxy-100	1	PA; MO
doxycycline hyclate intravenous	1	PA
doxycycline hyclate oral capsule	1	MO
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	MO
minocycline oral capsule	1	MO
minocycline oral tablet	1	MO
mondoxyne nl oral capsule 100 mg	1	
tetracycline oral capsule	1	MO
URINARY TRACT AGENTS		
methenamine hippurate	1	MO
methenamine mandelate	1	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
trimethoprim	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BOMYNTRA	1	B/D PA; MO
dexrazoxane hcl	1	B/D PA; MO
ELITEK	1	MO
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	1	B/D PA
leucovorin calcium oral	1	MO
levoleucovorin calcium intravenous recon soln	1	B/D PA; MO
levoleucovorin calcium intravenous solution	1	B/D PA
mesna intravenous	1	B/D PA; MO
mesna oral	1	MO

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Drug Name	Drug Tier	Requirements /Limits
MESNEX ORAL	1	MO
WYOST	1	B/D PA; MO
XGEVA	1	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	PA; MO; QL (120 per 30 days)
abiraterone oral tablet 500 mg	1	PA; MO; QL (60 per 30 days)
abirtega	1	PA; QL (120 per 30 days)
ABRAXANE	1	B/D PA; MO
ADCETRIS	1	B/D PA; MO
ADSTILADRIN	1	PA
AKEEGA	1	PA; LA; QL (60 per 30 days)
ALECENSA	1	PA; MO; QL (240 per 30 days)
ALIQOPA	1	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (30 per 180 days)
anastrozole	1	MO
ANKTIVA	1	PA; MO
arsenic trioxide intravenous solution 1 mg/ml	1	B/D PA
arsenic trioxide intravenous solution 2 mg/ml	1	B/D PA; MO
ASPARLAS	1	PA
AUGTYRO ORAL CAPSULE 160 MG	1	PA; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA; QL (240 per 30 days)
AVMAPKI-FAKZYNJA	1	PA; QL (66 per 28 days)
AYVAKIT	1	PA; LA; QL (30 per 30 days)
azacitidine	1	B/D PA; MO
azathioprine oral tablet 50 mg	1	B/D PA; MO
azathioprine sodium	1	B/D PA; MO
BALVERSA	1	PA; LA
BAVENCIO	1	B/D PA; LA
BELEODAQ	1	B/D PA
bendamustine intravenous recon soln	1	B/D PA; MO
BENDEKA	1	B/D PA; MO
BESPONSA	1	B/D PA; MO; LA
bexarotene	1	PA; MO
bicalutamide	1	MO
BIZENGRI	1	PA
bleomycin	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA
bortezomib injection recon soln 3.5 mg	1	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; QL (330 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days)
BRAFTOVI	1	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	1	PA; LA; QL (120 per 30 days)
BRUKINSA ORAL TABLET	1	PA; LA; QL (60 per 30 days)
busulfan	1	B/D PA
CABOMETYX	1	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days)
carboplatin intravenous solution	1	B/D PA; MO
carmustine intravenous recon soln 100 mg	1	B/D PA; MO
cisplatin intravenous solution	1	B/D PA; MO
cladribine	1	B/D PA; MO
clofarabine	1	B/D PA
COLUMVI	1	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; QL (84 per 28 days)
COPIKTRA	1	PA; LA; QL (60 per 30 days)
COTELLIC	1	PA; MO; LA; QL (63 per 28 days)
cyclophosphamide intravenous recon soln	1	B/D PA; MO
cyclophosphamide oral capsule	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
CYCLOPHOSPHAMIDE ORAL TABLET	1	B/D PA
cyclosporine modified oral capsule	1	B/D PA; MO
cyclosporine modified oral solution	1	B/D PA
cyclosporine oral capsule	1	B/D PA; MO
CYRAMZA	1	B/D PA; MO
cytarabine	1	B/D PA; MO
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	1	B/D PA; MO
cytarabine (pf) injection solution 20 mg/ml	1	B/D PA
dacarbazine	1	B/D PA; MO
dactinomycin	1	B/D PA; MO
DANYELZA	1	B/D PA
DANZITEN	1	PA; QL (112 per 28 days)
DARZALEX	1	B/D PA; MO; LA
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	1	PA; MO; QL (30 per 30 days)
dasatinib oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
dasatinib oral tablet 70 mg	1	PA; MO; QL (60 per 30 days)
DATROWAY	1	PA; MO
daunorubicin	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days)
decitabine	1	B/D PA; MO
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/8 ml (10 mg/ml)	1	B/D PA
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)	1	B/D PA; MO
doxorubicin intravenous recon soln	1	B/D PA; MO
doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml	1	B/D PA; MO
doxorubicin intravenous solution 2 mg/ml	1	B/D PA
doxorubicin, peg-liposomal	1	B/D PA; MO
DROXIA	1	MO
ELAHERE	1	PA; LA
ELIGARD	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ELIGARD (3 MONTH)	1	PA; MO
ELIGARD (4 MONTH)	1	PA; MO
ELIGARD (6 MONTH)	1	PA; MO
ELREXFIO	1	PA
ELZONRIS	1	B/D PA; LA
EMPLICITI	1	B/D PA; MO
EMRELIS	1	PA
ENVARSUS XR	1	B/D PA; MO
epirubicin intravenous solution 200 mg/100 ml	1	B/D PA
EPKINLY	1	PA
ERBITUX	1	B/D PA; MO
eribulin	1	B/D PA
ERIVEDGE	1	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	1	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA; MO; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; QL (30 per 30 days)
erlotinib oral tablet 25 mg	1	PA; MO; QL (60 per 30 days)
ERWINASE	1	B/D PA
ETOPOPHOS	1	B/D PA; MO
etoposide intravenous	1	B/D PA; MO
EULEXIN	1	
everolimus (antineoplastic) oral tablet	1	PA; MO; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg	1	PA; MO; QL (330 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	1	PA; MO; QL (240 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	1	PA; MO; QL (180 per 30 days)
everolimus (immunosuppressive) oral tablet 0.25 mg	1	B/D PA; MO
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	1	B/D PA; MO
exemestane	1	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA; MO
floxuridine	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
fludarabine intravenous recon soln	1	B/D PA; MO
fludarabine intravenous solution	1	B/D PA
fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml	1	B/D PA; MO
fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml	1	B/D PA
FOTIVDA	1	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 per 28 days)
fulvestrant	1	B/D PA; MO
FYARRO	1	PA
GAVRETO	1	PA; LA; QL (120 per 30 days)
GAZYVA	1	B/D PA; MO
gefitinib	1	PA; MO; QL (30 per 30 days)
gemcitabine intravenous recon soln 1 gram, 200 mg	1	B/D PA; MO
gemcitabine intravenous recon soln 2 gram	1	B/D PA
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)	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
gengraf	1	B/D PA; MO
GILOTRIF	1	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	1	MO
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	1	MO
GOMEKLI ORAL CAPSULE 1 MG	1	PA; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION	1	PA; QL (168 per 28 days)
GRAFAPEX	1	B/D PA
hydroxyurea	1	MO
IBRANCE	1	PA; MO; QL (21 per 28 days)
IBTROZI	1	PA; QL (90 per 30 days)
ICLUSIG	1	PA; QL (30 per 30 days)
idarubicin	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
IDHIFA	1	PA; MO; LA; QL (30 per 30 days)
ifosfamide intravenous recon soln	1	B/D PA; MO
ifosfamide intravenous solution 1 gram/20 ml	1	B/D PA; MO
ifosfamide intravenous solution 3 gram/60 ml	1	B/D PA
imatinib oral tablet 100 mg	1	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	1	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; QL (30 per 30 days)
IMDELLTRA	1	PA; MO
IMFINZI	1	B/D PA; MO; LA
IMJUDO	1	PA; MO
IMKELDI	1	PA; MO; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)
INQOVI	1	PA; MO; QL (5 per 28 days)
INREBIC	1	PA; MO; LA; QL (120 per 30 days)
irinotecan intravenous solution 100 mg/5 ml	1	B/D PA; MO
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	1	B/D PA
irinotecan intravenous solution 40 mg/2 ml	1	B/D PA; MO
ISTODAX	1	B/D PA; MO
ITOVEBI ORAL TABLET 3 MG	1	PA; MO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	1	PA; MO; QL (30 per 30 days)
IWILFIN	1	PA; LA; QL (240 per 30 days)
IXEMPRA	1	B/D PA; MO
JAKAFI	1	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JAYPIRCA ORAL TABLET 50 MG	1	PA; MO; QL (30 per 30 days)
JEMPERLI	1	PA; MO
JEVTANA	1	B/D PA; MO
JYLAMVO	1	B/D PA; MO
KADCYLA	1	PA; MO
KEYTRUDA	1	PA; MO
KIMMTRAK	1	B/D PA
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 days)
KOSELUGO	1	PA
KRAZATI	1	PA; QL (180 per 30 days)
KYPROLIS	1	B/D PA
lanreotide subcutaneous syringe 120 mg/0.5 ml	1	PA; MO
lapatinib	1	PA; MO; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	1	PA; MO; QL (28 per 28 days)
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	1	PA; MO; QL (60 per 30 days)
letrozole	1	MO
LEUKERAN	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 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
leuprolide subcutaneous kit	1	PA; MO
LIBTAYO	1	PA; LA
LONSURF	1	PA; MO
LOQTORZI	1	PA; MO
LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA; MO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	1	PA; MO; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; QL (90 per 30 days)
LUNSUMIO	1	PA; MO
LUPRON DEPOT	1	PA; MO
LYNOZYFIC	1	PA
LYNPARZA	1	PA; MO; QL (120 per 30 days)
LYSODREN	1	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	1	PA; LA; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	1	PA; LA; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	1	PA; LA; QL (140 per 28 days)
MARGENZA	1	B/D PA
MATULANE	1	
megestrol oral suspension 400 mg/10 ml (10 ml)	1	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	PA; MO
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	1	PA; MO
megestrol oral tablet	1	PA; MO
MEKINIST ORAL RECON SOLN	1	PA; MO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days)
MEKTOVI	1	PA; MO; LA; QL (180 per 30 days)
melphalan hcl	1	B/D PA
mercaptopurine oral suspension	1	MO
mercaptopurine oral tablet	1	MO
methotrexate sodium	1	B/D PA; MO
methotrexate sodium (pf) injection recon soln	1	B/D PA

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
methotrexate sodium (pf) injection solution	1	B/D PA; MO
mitomycin intravenous recon soln 20 mg, 5 mg	1	B/D PA; MO
mitomycin intravenous recon soln 40 mg	1	B/D PA; MO
mitoxantrone	1	B/D PA; MO
MONJUVI	1	PA; LA
mycophenolate mofetil (hcl)	1	B/D PA; MO
mycophenolate mofetil oral capsule	1	B/D PA; MO
mycophenolate mofetil oral suspension for reconstitution	1	B/D PA; MO
mycophenolate mofetil oral tablet	1	B/D PA; MO
mycophenolate sodium	1	B/D PA; MO
MYHIBBIN	1	B/D PA; MO
MYLOTARG	1	B/D PA; MO; LA
nelarabine	1	B/D PA; MO
NERLYNX	1	PA; MO; LA
nilotinib hcl oral capsule 150 mg, 200 mg	1	PA; MO; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg	1	PA; MO; QL (120 per 30 days)
nilutamide	1	PA; MO
NINLARO	1	PA; MO; QL (3 per 28 days)
NUBEQA	1	PA; MO; LA; QL (120 per 30 days)
NULOJIX	1	B/D PA; MO
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	1	PA; MO
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA; MO
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	1	PA; MO
octreotide acetate injection syringe 500 mcg/ml (1 ml)	1	PA; MO
octreotide,microspheres	1	PA
ODOMZO	1	PA; MO; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	1	PA; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	1	PA; QL (96 per 28 days)

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24 per 28 days)
OJJAARA	1	PA; QL (30 per 30 days)
ONCASPAR	1	B/D PA
ONIVYDE	1	B/D PA
ONUREG	1	PA; MO; QL (14 per 28 days)
OPDIVO	1	PA; MO
OPDIVO QVANTIG	1	PA; MO
OPDUALAG	1	PA; MO
ORGOVYX	1	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days)
oxaliplatin intravenous recon soln 100 mg	1	B/D PA
oxaliplatin intravenous recon soln 50 mg	1	B/D PA; MO
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	1	B/D PA; MO
oxaliplatin intravenous solution 200 mg/40 ml	1	B/D PA
paclitaxel	1	B/D PA; MO
paclitaxel protein-bound	1	B/D PA; MO
PADCEV	1	PA; MO
paraplatin	1	B/D PA
pazopanib	1	PA; MO; QL (120 per 30 days)
PEMAZYRE	1	PA; LA; QL (28 per 28 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg	1	B/D PA; MO
pemetrexed disodium intravenous recon soln 100 mg	1	B/D PA; MO
pemetrexed disodium intravenous recon soln 750 mg	1	B/D PA
PERJETA	1	B/D PA; MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; QL (28 per 28 days)

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; QL (56 per 28 days)
POLIVY	1	PA; MO
POMALYST	1	PA; MO; LA; QL (21 per 28 days)
POTELIGEO	1	PA
PRALATREXATE	1	B/D PA; MO
PROGRAF INTRAVENOUS	1	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA; MO
PURIXAN	1	
QINLOCK	1	PA; LA; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; MO; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA; MO; LA; QL (90 per 30 days)
REVLIMID	1	PA; MO; LA; QL (28 per 28 days)
REVUFORJ ORAL TABLET 110 MG	1	PA; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA; QL (240 per 30 days)
REZLIDHIA	1	PA; QL (60 per 30 days)
REZUROCK	1	PA; LA; QL (30 per 30 days)
romidepsin intravenous recon soln	1	B/D PA
ROMVIMZA	1	PA; LA; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	1	PA; MO; QL (336 per 28 days)
RUBRACA	1	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	1	PA; MO
RYBREVANT	1	PA; MO
RYDAPT	1	PA; MO; QL (224 per 28 days)
RYLAZE	1	B/D PA
RYTELO	1	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	1	PA; MO
SARCLISA	1	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 per 30 days)
SIGNIFOR	1	PA
SIMULECT	1	B/D PA; MO
sirolimus oral solution	1	B/D PA; MO
sirolimus oral tablet	1	B/D PA; MO
SOLTAMOX	1	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA; MO
sorafenib	1	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA; MO; QL (90 per 30 days)
SPRYCEL ORAL TABLET 70 MG	1	PA; MO; QL (60 per 30 days)
STIVARGA	1	PA; MO; QL (84 per 28 days)
sunitinib malate	1	PA; MO; QL (30 per 30 days)
SYLVANT	1	B/D PA; MO
TABLOID	1	MO
TABRECTA	1	PA; MO
tacrolimus oral capsule	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; MO; QL (840 per 28 days)
TAGRISSO	1	PA; MO; LA; QL (30 per 30 days)
TALVEY	1	PA
TALZENNA	1	PA; MO; QL (30 per 30 days)
tamoxifen	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days)
TAZVERIK	1	PA; LA
TECENTRIQ	1	B/D PA; MO; LA
TECENTRIQ HYBREZA	1	B/D PA; MO; LA
TECVAYLI	1	PA
TEMODAR INTRAVENOUS	1	B/D PA; MO
temsirolimus	1	B/D PA; MO
TEPMETKO	1	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
TEVIMBRA	1	PA
THALOMID ORAL CAPSULE 100 MG	1	PA; MO; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	1	PA; MO; QL (28 per 28 days)
thiotepa injection recon soln 100 mg	1	B/D PA
thiotepa injection recon soln 15 mg	1	B/D PA; MO
TIBSOVO	1	PA
TIVDAK	1	PA; MO
topotecan	1	B/D PA; MO
toremifene	1	MO
torpenz	1	PA; QL (30 per 30 days)
TRAZIMERA	1	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; MO
tretinoin (antineoplastic)	1	MO
TRODELVY	1	PA; LA
TRUQAP	1	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; QL (120 per 30 days)
UNITUXIN	1	B/D PA
valrubicin	1	B/D PA; MO
VANFLYTA	1	PA; QL (56 per 28 days)
VECTIBIX	1	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	1	PA; LA; QL (42 per 180 days)
VERZENIO	1	PA; MO; LA; QL (60 per 30 days)
vinblastine	1	B/D PA; MO
vincristine	1	B/D PA; MO
vinorelbine	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VIZIMPRO	1	PA; MO; QL (30 per 30 days)
VONJO	1	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	1	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	1	PA; QL (30 per 30 days)
VYLOY INTRAVENOUS RECON SOLN 100 MG	1	PA; LA
VYLOY INTRAVENOUS RECON SOLN 300 MG	1	PA
VYXEOS	1	B/D PA
WELIREG	1	PA; LA
XALKORI ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	1	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	1	PA; MO; QL (120 per 30 days)
XERMELO	1	PA; LA; QL (84 per 28 days)
XOSPATA	1	PA; LA; QL (90 per 30 days)
XPOVIO	1	PA; LA
XTANDI ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days)
YERVOY	1	B/D PA; MO
YONDELIS	1	B/D PA
ZALTRAP	1	B/D PA; MO
ZANOSAR	1	B/D PA; MO
ZEJULA ORAL TABLET	1	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	1	PA; MO; QL (240 per 30 days)
ZEPZELCA	1	PA
ZIIHERA	1	PA
ZIRABEV	1	B/D PA; MO
ZOLADEX	1	PA; MO
ZOLINZA	1	PA; MO; QL (120 per 30 days)
ZYDELIG	1	PA; MO; QL (60 per 30 days)
ZYKADIA	1	PA; MO; QL (90 per 30 days)
ZYNLONTA	1	PA; LA
ZYNYZ	1	PA; MO
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
APTIOM ORAL TABLET 200 MG	1	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	1	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS	1	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	1	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	1	MO; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml	1	
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	1	MO
carbamazepine oral tablet,chewable 100 mg	1	MO
clobazam oral suspension	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DIACOMIT	1	PA; LA
diazepam rectal	1	MO
DILANTIN 30 MG	1	MO
divalproex	1	MO
EPIDIOLEX	1	PA; MO; LA
epitol	1	MO
EPRONTIA	1	PA; MO
eslicarbazepine oral tablet 200 mg	1	MO; QL (180 per 30 days)
eslicarbazepine oral tablet 400 mg	1	MO; QL (90 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	1	MO; QL (60 per 30 days)
ethosuximide	1	MO
felbamate	1	MO
FINTEPLA	1	PA; LA; QL (360 per 30 days)
fosphenytoin	1	MO
FYCOMPA ORAL SUSPENSION	1	MO; QL (720 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	1	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	MO; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	1	PA; MO; QL (30 per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg	1	PA; MO; QL (90 per 30 days)
lacosamide intravenous	1	MO; QL (1200 per 30 days)
lacosamide oral solution	1	MO; QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	1	MO; QL (60 per 30 days)
lacosamide oral tablet 50 mg	1	MO; QL (120 per 30 days)
lamotrigine oral tablet	1	MO
lamotrigine oral tablet, chewable dispersible	1	MO
lamotrigine oral tablet,disintegrating	1	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml	1	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml	1	
levetiracetam intravenous	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet	1	MO
levetiracetam oral tablet extended release 24 hr	1	MO
methsuximide	1	MO
NAYZILAM	1	PA; MO; QL (10 per 30 days)
oxcarbazepine oral suspension	1	MO
oxcarbazepine oral tablet	1	MO

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Drug Name	Drug Tier	Requirements /Limits
perampanel oral tablet 10 mg, 12 mg, 8 mg	1	MO; QL (30 per 30 days)
perampanel oral tablet 2 mg	1	MO; QL (60 per 30 days)
perampanel oral tablet 4 mg, 6 mg	1	MO; QL (60 per 30 days)
phenobarbital oral elixir	1	PA; MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	1	PA
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	PA; MO
phenobarbital sodium injection solution 130 mg/ml	1	MO
phenobarbital sodium injection solution 65 mg/ml	1	
phenytoin oral suspension 125 mg/5 ml	1	MO
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended oral capsule 100 mg	1	MO
phenytoin sodium extended oral capsule 200 mg, 300 mg	1	
phenytoin sodium intravenous solution	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)
pregabalin oral solution	1	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	1	MO
primidone oral tablet 250 mg, 50 mg	1	MO
roweepra oral tablet 500 mg	1	MO
rufinamide oral suspension	1	PA; MO
rufinamide oral tablet 200 mg	1	PA; MO
rufinamide oral tablet 400 mg	1	PA; MO
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	1	
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	1	MO
subvenite	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
tiagabine	1	MO
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	PA; MO
topiramate oral solution	1	PA
topiramate oral tablet	1	PA; MO
valproate sodium	1	MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	1	
VALTOCO	1	PA; MO; QL (10 per 30 days)
vigabatrin	1	PA; MO; LA
vigadrone	1	PA; LA
vigpoder	1	PA; LA
XCOPRI MAINTENANCE PACK	1	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	MO; QL (28 per 180 days)
ZONISADE	1	PA; MO
zonisamide	1	PA; MO
ZTALMY	1	PA; LA; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
benztropine injection	1	MO
benztropine oral	1	PA; MO
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa	1	MO
carbidopa-levodopa-entacapone	1	MO
entacapone	1	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; QL (300 per 30 days)
NEUPRO	1	MO
pramipexole oral tablet	1	MO
rasagiline	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ropinirole oral tablet	1	MO
ropinirole oral tablet extended release 24 hr	1	MO
selegiline hcl	1	MO
trihexyphenidyl oral tablet	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	1	PA; MO; QL (1 per 30 days)
dihydroergotamine injection	1	
dihydroergotamine nasal	1	QL (8 per 28 days)
EMGALITY PEN	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
ergotamine-caffeine	1	MO
naratriptan	1	MO; QL (18 per 28 days)
NURTEC ODT	1	PA; QL (16 per 30 days)
QULIPTA	1	PA; MO; QL (30 per 30 days)
rizatriptan oral tablet	1	MO; QL (24 per 28 days)
rizatriptan oral tablet,disintegrating	1	MO; QL (24 per 28 days)
sumatriptan nasal	1	MO; QL (18 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (8 per 28 days)
UBRELVY	1	PA; QL (20 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; MO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	1	PA; MO; QL (90 per 30 days)

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

This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	1	PA; MO; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	1	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; MO; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; MO; QL (28 per 180 days)
BRIUMVI	1	PA; MO; QL (24 per 180 days)
dalfampridine	1	PA; MO; QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; MO; QL (56 per 28 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; MO; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; MO; QL (60 per 30 days)
donepezil oral tablet 10 mg, 5 mg	1	MO
donepezil oral tablet 23 mg	1	MO
donepezil oral tablet,disintegrating	1	MO
fingolimod	1	PA; MO; QL (30 per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr	1	MO
galantamine oral solution	1	MO
galantamine oral tablet	1	MO
glatiramer subcutaneous syringe 20 mg/ml	1	PA; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days)
INGREZZA	1	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PK(TARDIV)	1	PA; LA; QL (28 per 180 days)

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
INGREZZA SPRINKLE	1	PA; LA; QL (30 per 30 days)
KESIMPTA PEN	1	PA; MO; QL (1.6 per 28 days)
memantine oral capsule,sprinkle,er 24hr	1	PA; MO
memantine oral solution	1	PA; MO
memantine oral tablet	1	PA; MO
memantine-donepezil	1	PA; MO
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	1	PA; MO
NUEDEXTA	1	PA; MO
RADICAVA ORS	1	PA; MO
RADICAVA ORS STARTER KIT SUSP	1	PA; MO
rivastigmine	1	MO
rivastigmine tartrate	1	MO
teriflunomide	1	PA; MO; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	1	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA; MO; QL (120 per 30 days)
VUMERITY	1	PA; MO; QL (120 per 30 days)
ZEPOSIA	1	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	1	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY)	1	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet	1	MO
cyclobenzaprine oral tablet 10 mg, 5 mg	1	PA; MO
dantrolene intravenous	1	
dantrolene oral	1	MO
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release 180 mg	1	MO
revonto	1	
tizanidine oral tablet	1	MO
VYVGART	1	PA; MO; LA
VYVGART HYTRULO	1	PA; MO; LA
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml	1	QL (4500 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)
BELBUCA	1	PA; MO; QL (60 per 30 days)
buprenorphine hcl injection syringe	1	
buprenorphine hcl sublingual	1	MO
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1	QL (360 per 30 days)
endocet oral tablet 5-325 mg	1	MO; QL (360 per 30 days)
fentanyl citrate (pf) injection solution	1	
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg	1	PA; MO; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	1	PA; MO; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; MO; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml	1	QL (5550 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	1	QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml	1	
hydromorphone injection solution 2 mg/ml	1	MO
hydromorphone injection syringe 1 mg/ml, 4 mg/ml	1	MO
hydromorphone injection syringe 2 mg/ml	1	
hydromorphone oral liquid	1	MO; QL (2400 per 30 days)

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
hydromorphone oral tablet	1	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	1	PA; MO; QL (60 per 30 days)
methadone injection solution	1	
methadone intensol	1	PA; MO; QL (90 per 30 days)
methadone oral concentrate	1	PA; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; MO; QL (240 per 30 days)
methadose oral concentrate	1	PA; MO; QL (90 per 30 days)
morphine (pf) injection solution 0.5 mg/ml	1	
morphine (pf) injection solution 1 mg/ml	1	MO
morphine concentrate oral solution	1	MO; QL (900 per 30 days)
morphine injection syringe 4 mg/ml	1	MO
morphine intravenous solution 10 mg/ml, 4 mg/ml	1	MO
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	1	
morphine oral solution	1	MO; QL (900 per 30 days)
morphine oral tablet	1	MO; QL (180 per 30 days)
morphine oral tablet extended release	1	PA; MO; QL (120 per 30 days)
oxycodone oral capsule	1	MO; QL (360 per 30 days)
oxycodone oral concentrate	1	MO; QL (180 per 30 days)
oxycodone oral solution	1	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	MO; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; QL (90 per 30 days)

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	1	PA; MO; QL (60 per 30 days)
SUBLOCADE	1	MO
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film 12-3 mg	1	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)
butorphanol injection	1	MO
butorphanol nasal	1	MO; QL (10 per 28 days)
celecoxib	1	MO
clonidine (pf) epidural solution 5,000 mcg/10 ml	1	
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical gel 1 %	1	MO; QL (1000 per 28 days)
diclofenac sodium topical solution in metered-dose pump	1	MO; QL (224 per 28 days)
diclofenac-misoprostol	1	MO
diflunisal	1	MO
etodolac oral capsule	1	MO
etodolac oral tablet	1	MO
etodolac oral tablet extended release 24 hr	1	MO
flurbiprofen oral tablet 100 mg	1	MO
ibu	1	MO
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 800 mg	1	MO
ibuprofen oral tablet 600 mg	1	
JOURNAVX	1	MO; QL (30 per 90 days)
meloxicam oral tablet	1	MO; QL (30 per 30 days)
nabumetone	1	MO
nalbuphine	1	
naloxone injection solution	1	MO
naloxone injection syringe 0.4 mg/ml (prefilled syringe)	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	MO
naloxone nasal	1	MO

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
naltrexone	1	MO
naproxen oral tablet	1	MO
naproxen oral tablet,delayed release (dr/ec)	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
oxaprozin oral tablet	1	MO
piroxicam	1	MO
salsalate	1	MO
sulindac	1	MO
tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)
VIVITROL	1	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	1	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	1	MO; QL (1 per 28 days)
amitriptyline	1	MO
amoxapine	1	MO
aripiprazole oral solution	1	MO
aripiprazole oral tablet	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	1	MO; QL (60 per 30 days)
ARISTADA INITIO	1	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days)

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	MO; QL (3.2 per 28 days)
armodafinil	1	PA; MO; QL (30 per 30 days)
asenapine maleate	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)
AUVELITY	1	ST; QL (60 per 30 days)
BELSOMRA	1	PA; QL (30 per 30 days)
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	1	MO; QL (60 per 30 days)
buspirone	1	MO
CAPLYTA	1	MO; QL (30 per 30 days)
chlorpromazine injection	1	MO
chlorpromazine oral	1	MO
citalopram oral solution	1	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine	1	MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium oral tablet 15 mg	1	PA; MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	PA; MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	PA; MO; QL (360 per 30 days)
clozapine oral tablet	1	
clozapine oral tablet,disintegrating	1	
COBENFY	1	MO; QL (60 per 30 days)
COBENFY STARTER PACK	1	MO; QL (56 per 180 days)
desipramine	1	MO
desvenlafaxine succinate	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	MO
dextroamphetamine-amphetamine oral tablet	1	MO
diazepam injection	1	PA
diazepam intensol	1	PA; MO; QL (240 per 30 days)
diazepam oral concentrate	1	PA; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	PA; MO; QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)	1	PA; QL (1200 per 30 days)
diazepam oral tablet	1	PA; MO; QL (120 per 30 days)
doxepin oral capsule	1	MO
doxepin oral concentrate	1	MO
doxepin oral tablet	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
EMSAM	1	MO
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone	1	MO; QL (30 per 30 days)
FANAPT	1	ST; MO; QL (60 per 30 days)
FANAPT TITRATION PACK A	1	ST; MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	1	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	QL (30 per 30 days)
flumazenil	1	
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QL (120 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral solution	1	MO
fluphenazine decanoate	1	MO

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Drug Name	Drug Tier	Requirements /Limits
fluphenazine hcl	1	MO
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
haloperidol	1	MO
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	MO
haloperidol lactate injection	1	MO
haloperidol lactate intramuscular	1	
haloperidol lactate oral	1	MO
imipramine hcl	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (1.75 per 90 days)

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days)
lithium carbonate	1	MO
lithium citrate	1	
lorazepam injection	1	PA; MO
lorazepam intensol	1	PA; QL (150 per 30 days)
lorazepam oral concentrate	1	PA; MO; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	PA; MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	PA; MO; QL (150 per 30 days)
loxapine succinate	1	MO
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	MO; QL (30 per 30 days)
lurasidone oral tablet 80 mg	1	MO; QL (60 per 30 days)
MARPLAN	1	MO
methylphenidate hcl oral capsule,er biphasic 50-50	1	MO
methylphenidate hcl oral solution	1	MO
methylphenidate hcl oral tablet	1	MO
methylphenidate hcl oral tablet extended release	1	MO
methylphenidate hcl oral tablet,chewable	1	MO
mirtazapine oral tablet	1	MO
mirtazapine oral tablet,disintegrating	1	MO
modafinil oral tablet 100 mg	1	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; MO; QL (60 per 30 days)
molindone oral tablet 10 mg, 25 mg	1	
molindone oral tablet 5 mg	1	MO
nefazodone	1	MO
nortriptyline oral capsule	1	MO
nortriptyline oral solution	1	MO
NUPLAZID	1	PA; MO; QL (30 per 30 days)
olanzapine intramuscular	1	MO
olanzapine oral tablet	1	MO; QL (30 per 30 days)
olanzapine oral tablet,disintegrating	1	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	1	ST; MO; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG	1	ST; MO; QL (30 per 30 days)
OPIPZA ORAL FILM 5 MG	1	ST; MO; QL (180 per 30 days)

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral suspension	1	MO
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	MO; QL (60 per 30 days)
pentobarbital sodium injection solution	1	
perphenazine	1	MO
phenelzine	1	MO
pimozide	1	MO
protriptyline	1	MO
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)
RALDESY	1	MO
ramelteon	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	1	MO; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	1	MO; QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml	1	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 50 mg/2 ml	1	MO; QL (2 per 28 days)
risperidone oral solution	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
SECUADO	1	MO; QL (30 per 30 days)

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	1	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA; MO
thioridazine	1	MO
thiothixene	1	MO
tranylcypromine	1	MO
trazodone	1	MO
trifluoperazine	1	MO
trimipramine	1	MO
TRINTELLIX	1	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	1	MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	1	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	1	MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	1	MO; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	1	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	1	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	1	MO; QL (0.21 per 28 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet	1	MO; QL (90 per 30 days)
VERSACLOZ	1	

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
vilazodone	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	1	MO; QL (30 per 30 days)
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
ziprasidone hcl	1	MO; QL (60 per 30 days)
ziprasidone mesylate	1	MO
zolpidem oral tablet	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA; MO; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; MO; QL (14 per 365 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	QL (1 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
adenosine	1	
amiodarone intravenous solution	1	B/D PA; MO
amiodarone oral	1	MO
dofetilide	1	MO
flecainide	1	MO
ibutilide fumarate	1	
lidocaine (pf) intravenous	1	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	1	
mexiletine	1	MO
MULTAQ	1	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
procainamide injection	1	
propafenone oral capsule,extended release 12 hr	1	MO

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This drug list was last updated on 09/16/2025.

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

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
diltiazem hcl oral tablet	1	MO
diltiazem hcl oral tablet extended release 24 hr 120 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg	1	
dilt-xr	1	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
EDARBI	1	MO
EDARBYCLOR	1	MO
enalapril maleate oral tablet	1	MO
enalaprilat intravenous solution	1	
enalapril-hydrochlorothiazide	1	MO
eplerenone	1	MO
esmolol intravenous solution	1	
ethacrynate sodium	1	
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection solution	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
hydralazine	1	MO
hydrochlorothiazide	1	MO
indapamide	1	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isosorbide-hydralazine	1	MO; QL (180 per 30 days)
isradipine	1	
KERENDIA	1	PA; QL (30 per 30 days)
labetalol intravenous solution	1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
mannitol 20 %	1	
mannitol 25 % intravenous solution	1	MO

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Drug Name	Drug Tier	Requirements /Limits
matzim la	1	MO
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate intravenous	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO
metyrosine	1	PA; MO
minoxidil oral	1	MO
moexipril	1	MO
nadolol	1	MO
nebivolol	1	MO
nicardipine intravenous solution	1	
nicardipine oral	1	MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine oral capsule	1	MO
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	1	MO
olmesartan-hydrochlorothiazide	1	MO
osmitrol 20 %	1	
perindopril erbumine	1	MO
phentolamine	1	
pindolol	1	MO
prazosin	1	MO
propranolol intravenous	1	
propranolol oral capsule,extended release 24 hr	1	MO
propranolol oral solution	1	MO
propranolol oral tablet	1	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO
ramipril	1	MO
spironolactone oral tablet	1	MO
spironolacton-hydrochlorothiaz	1	MO
telmisartan	1	MO
telmisartan-amlodipine	1	MO
telmisartan-hydrochlorothiazid	1	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
tiadylt er	1	MO
timolol maleate oral	1	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil	1	MO

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Drug Name	Drug Tier	Requirements /Limits
treprostinil sodium	1	PA; MO; LA
triamterene-hydrochlorothiazid	1	MO
UPTRAVI ORAL TABLET	1	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	1	PA; MO; LA; QL (200 per 180 days)
valsartan oral tablet	1	MO
valsartan-hydrochlorothiazide	1	MO
veletri	1	B/D PA; MO
verapamil intravenous	1	
verapamil oral capsule, 24 hr er pellet ct	1	MO
verapamil oral capsule,ext rel. pellets 24 hr	1	MO
verapamil oral tablet	1	MO
verapamil oral tablet extended release	1	MO
COAGULATION THERAPY		
aminocaproic acid intravenous	1	MO
aminocaproic acid oral	1	MO
aspirin-dipyridamole	1	MO
BRILINTA	1	MO
CABLIVI INJECTION KIT	1	PA; LA
CEPROTIN (BLUE BAR)	1	PA; MO
CEPROTIN (GREEN BAR)	1	PA; MO
cilostazol	1	MO
clopidogrel oral tablet 300 mg	1	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dabigatran etexilate	1	MO; QL (60 per 30 days)
dipyridamole intravenous	1	
dipyridamole oral	1	MO
DOPTELET (10 TAB PACK)	1	PA; MO; LA
DOPTELET (15 TAB PACK)	1	PA; MO; LA
DOPTELET (30 TAB PACK)	1	PA; MO; LA
ELIQUIS DVT-PE TREAT 30D START	1	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET	1	MO; QL (60 per 30 days)
eltrombopag olamine	1	PA; MO
enoxaparin subcutaneous solution	1	MO; QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO; QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO; QL (22.4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	1	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	MO; QL (11.2 per 28 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	1	MO
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml	1	
heparin (porcine) injection cartridge	1	
heparin (porcine) injection solution	1	MO
heparin (porcine) injection syringe 5,000 unit/ml	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	MO
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE	1	MO
jantoven	1	MO
pentoxifylline	1	MO
prasugrel hcl	1	MO
PROMACTA	1	PA; MO; LA
protamine	1	
rivaroxaban oral suspension for reconstitution	1	QL (775 per 28 days)
rivaroxaban oral tablet	1	MO; QL (60 per 30 days)
ticagrelor	1	MO
warfarin	1	MO

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
XARELTO DVT-PE TREAT 30D START	1	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	1	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	1	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin	1	MO; QL (30 per 30 days)
atorvastatin	1	MO; QL (30 per 30 days)
cholestyramine (with sugar)	1	MO
cholestyramine light	1	MO
colesevelam	1	MO
colestipol oral granules	1	MO
colestipol oral packet	1	
colestipol oral tablet	1	MO
ezetimibe	1	MO
ezetimibe-simvastatin	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate nanocrystallized	1	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid	1	
fenofibric acid (choline)	1	MO
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
gemfibrozil	1	MO
icosapent ethyl	1	MO
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
NEXLETOL	1	PA; MO
NEXLIZET	1	PA; MO
niacin oral tablet 500 mg	1	MO
niacin oral tablet extended release 24 hr	1	MO
omega-3 acid ethyl esters	1	MO
pitavastatin calcium	1	MO; QL (30 per 30 days)
pravastatin	1	MO; QL (30 per 30 days)
prevalite	1	MO
REPATHA	1	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	1	PA; QL (7 per 28 days)
REPATHA SURECLICK	1	PA; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
rosuvastatin	1	MO; QL (30 per 30 days)
simvastatin	1	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	1	PA; MO; QL (30 per 30 days)
digoxin oral solution	1	MO
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	MO
dobutamine	1	B/D PA
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)	1	B/D PA
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)	1	B/D PA
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	1	B/D PA; MO
dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	1	B/D PA
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	1	B/D PA; MO
ENTRESTO	1	QL (60 per 30 days)
ENTRESTO SPRINKLE	1	QL (240 per 30 days)
ivabradine	1	MO; QL (60 per 30 days)
milrinone	1	B/D PA
milrinone in 5 % dextrose	1	B/D PA
norepinephrine bitartrate	1	
ranolazine	1	MO
sacubitril-valsartan	1	MO; QL (60 per 30 days)
sodium nitroprusside	1	B/D PA
VERQUVO	1	MO; QL (30 per 30 days)
VYNDAMAX	1	PA; MO
VYNDAQEL	1	PA; MO
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO
isosorbide mononitrate	1	MO
nitro-bid	1	MO

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Drug Name	Drug Tier	Requirements /Limits
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)	1	B/D PA
nitroglycerin intravenous	1	B/D PA
nitroglycerin sublingual	1	MO
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	MO
calcipotriene scalp	1	MO; QL (120 per 30 days)
calcipotriene topical cream	1	MO; QL (120 per 30 days)
calcipotriene topical ointment	1	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	1	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS	1	PA; QL (20 per 28 days)
COSENTYX PEN	1	PA; MO; QL (5 per 28 days)
COSENTYX PEN (2 PENS)	1	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	1	PA; MO; QL (10 per 28 days)
SELARSDI INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
selenium sulfide topical lotion	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE	1	PA; MO; QL (2 per 28 days)
SOTYKTU	1	PA; MO; QL (30 per 30 days)
STELARA INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
TREMFYA INTRAVENOUS	1	PA; MO; QL (20 per 28 days)
TREMFYA PEN	1	PA; MO; QL (2 per 28 days)
TREMFYA PEN INDUCTION PK-CROHN	1	PA; MO; QL (12 per 180 days)
TREMFYA SUBCUTANEOUS	1	PA; MO; QL (2 per 28 days)
YESINTEK INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	1	PA; MO; QL (6 per 28 days)
ammonium lactate	1	MO
chloroprocaine (pf)	1	

Drug Name	Drug Tier	Requirements /Limits
CIBINQO	1	PA; MO; QL (30 per 30 days)
dermacinrx lidocan	1	PA; QL (90 per 30 days)
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
glydo	1	MO; QL (60 per 30 days)
imiquimod topical cream in packet 5 %	1	MO
lidocaine (pf) injection solution	1	
lidocaine hcl injection solution	1	
lidocaine hcl laryngotracheal	1	

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Drug Name	Drug Tier	Requirements /Limits
lidocaine hcl mucous membrane jelly	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane jelly in applicator	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution 2 %	1	MO
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	1	MO; QL (36 per 30 days)
lidocaine viscous	1	
lidocaine-epinephrine	1	
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	1	
lidocaine-prilocaine topical cream	1	MO; QL (30 per 30 days)
lidocan iii	1	PA; QL (90 per 30 days)
lidocan iv	1	PA; QL (90 per 30 days)
lidocan v	1	PA; QL (90 per 30 days)
methoxsalen	1	MO
PANRETIN	1	PA; MO
pimecrolimus	1	PA; MO; QL (100 per 30 days)
podofilox topical solution	1	MO
polocaine injection solution 1 % (10 mg/ml)	1	
polocaine-mpf	1	
SANTYL	1	MO; QL (180 per 30 days)
silver sulfadiazine	1	MO
ssd	1	MO
tacrolimus topical	1	PA; MO; QL (100 per 30 days)
tridacaine ii	1	PA; QL (90 per 30 days)
VALCHLOR	1	PA; MO
THERAPY FOR ACNE		
accutane	1	
amnesteem	1	
azelaic acid	1	MO
claravis	1	
clindamycin phosphate topical gel	1	MO; QL (120 per 30 days)
clindamycin phosphate topical gel, once daily	1	MO; QL (150 per 30 days)
clindamycin phosphate topical lotion	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	1	MO; QL (120 per 30 days)
ery pads	1	MO

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
erythromycin with ethanol topical solution	1	MO
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
metronidazole topical	1	MO
tazarotene topical cream	1	PA; MO
tazarotene topical gel	1	PA; MO
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA; MO
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	PA; MO
zenatane	1	
TOPICAL ANTIBACTERIALS		
gentamicin topical	1	MO; QL (60 per 30 days)
mupirocin	1	MO; QL (44 per 30 days)
sulfacetamide sodium (acne)	1	MO
TOPICAL ANTIFUNGALS		
ciclodan topical solution	1	QL (6.6 per 28 days)
ciclopirox topical cream	1	MO; QL (90 per 28 days)
ciclopirox topical gel	1	MO; QL (100 per 28 days)
ciclopirox topical shampoo	1	MO; QL (120 per 28 days)
ciclopirox topical solution	1	MO; QL (6.6 per 28 days)
ciclopirox topical suspension	1	MO; QL (60 per 28 days)
clotrimazole topical cream	1	MO; QL (45 per 28 days)
clotrimazole topical solution	1	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	1	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	1	MO; QL (60 per 28 days)
econazole nitrate	1	MO; QL (85 per 28 days)
ketoconazole topical cream	1	MO; QL (60 per 28 days)
ketoconazole topical shampoo	1	MO; QL (120 per 28 days)
klayesta	1	MO; QL (180 per 30 days)
naftifine topical gel	1	MO; QL (60 per 28 days)
nyamyc	1	MO; QL (180 per 30 days)
nystatin topical cream	1	MO; QL (30 per 28 days)
nystatin topical ointment	1	MO; QL (30 per 28 days)
nystatin topical powder	1	MO; QL (180 per 30 days)
nystatin-triamcinolone	1	MO; QL (60 per 28 days)
nystop	1	MO; QL (180 per 30 days)

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
TOPICAL ANTIVIRALS		
acyclovir topical ointment	1	PA; MO; QL (30 per 30 days)
penciclovir	1	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO
alclometasone	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate topical cream	1	MO
betamethasone valerate topical lotion	1	MO
betamethasone valerate topical ointment	1	MO
betamethasone, augmented topical cream	1	MO
betamethasone, augmented topical gel	1	MO
betamethasone, augmented topical lotion	1	MO
betamethasone, augmented topical ointment	1	MO
clobetasol scalp	1	MO; QL (100 per 28 days)
clobetasol topical cream 0.05 %	1	MO; QL (120 per 28 days)
clobetasol topical foam	1	MO; QL (100 per 28 days)
clobetasol topical gel	1	MO; QL (120 per 28 days)
clobetasol topical lotion	1	MO; QL (118 per 28 days)
clobetasol topical ointment	1	MO; QL (120 per 28 days)
clobetasol topical shampoo	1	MO; QL (236 per 28 days)
clobetasol-emollient topical cream	1	MO; QL (120 per 28 days)
desonide topical cream	1	MO
desonide topical ointment	1	MO
fluocinolone	1	MO
fluocinolone and shower cap	1	MO
fluocinonide topical cream 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide topical gel	1	MO; QL (120 per 30 days)
fluocinonide topical ointment	1	MO; QL (120 per 30 days)
fluocinonide topical solution	1	MO; QL (120 per 30 days)
fluocinonide-emollient	1	MO; QL (120 per 30 days)
fluticasone propionate topical cream	1	MO
fluticasone propionate topical ointment	1	MO

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Drug Name	Drug Tier	Requirements /Limits
halobetasol propionate topical cream	1	MO
halobetasol propionate topical ointment	1	MO
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
mometasone topical	1	MO
prednicarbate topical ointment	1	
triamcinolone acetonide topical cream	1	MO
triamcinolone acetonide topical lotion	1	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	MO
triderm topical cream 0.5 %	1	
TOPICAL SCABICIDES / PEDICULICIDES		
malathion	1	MO
permethrin	1	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
acetylcysteine intravenous	1	
IRRIGATING SOLUTIONS		
lactated ringers irrigation	1	
neomycin-polymyxin b gu	1	
ringer's irrigation	1	MO
MISCELLANEOUS AGENTS		
acamprosate	1	MO
acetic acid irrigation	1	MO
anagrelide	1	MO
caffeine citrate intravenous	1	
caffeine citrate oral	1	MO
carglumic acid	1	PA; MO
cevimeline	1	MO
CHEMET	1	PA
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA
d10 %-0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
deferasirox oral granules in packet	1	PA; MO
deferasirox oral tablet	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
deferasirox oral tablet, dispersible 125 mg	1	PA; MO
deferasirox oral tablet, dispersible 250 mg, 500 mg	1	PA; MO
deferiprone	1	PA; MO
deferoxamine	1	B/D PA; MO
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	
dextrose 25 % in water (d25w)	1	
dextrose 5 % in water (d5w)	1	MO
dextrose 5 %-lactated ringers	1	MO
dextrose 5%-0.2 % sod chloride	1	
dextrose 5%-0.3 % sod.chloride	1	
dextrose 50 % in water (d50w)	1	
dextrose 70 % in water (d70w)	1	
disulfiram oral tablet 250 mg	1	MO
disulfiram oral tablet 500 mg	1	
droxidopa	1	PA; MO
glutamine (sickle cell)	1	PA; MO
INCRELEX	1	LA
kionex (with sorbitol)	1	

Drug Name	Drug Tier	Requirements /Limits
levocarnitine (with sugar)	1	MO
levocarnitine oral solution 100 mg/ml	1	MO
levocarnitine oral tablet	1	MO
LOKELMA	1	MO
midodrine	1	MO
nitisinone	1	PA; MO
pilocarpine hcl oral	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; MO; LA
REZDIFFRA	1	PA; MO; QL (30 per 30 days)
riluzole	1	PA; MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
sevelamer carbonate oral tablet	1	PA; MO
sodium benzoate-sod phenylacet	1	
sodium chloride 0.9 % intravenous	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate	1	PA; MO
sodium polystyrene sulfonate oral powder	1	MO
sps (with sorbitol) oral	1	MO
sps (with sorbitol) rectal	1	

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Drug Name	Drug Tier	Requirements /Limits
trientine oral capsule 250 mg	1	PA; MO
VELPHORO	1	PA; MO
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 25.2 GRAM	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	1	MO
water for irrigation, sterile	1	MO
XIAFLEX	1	PA
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
NICOTROL NS	1	MO
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	MO
varenicline tartrate oral tablet 1 mg (56 pack)	1	
varenicline tartrate oral tablets,dose pack	1	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	MO; QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	1	QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
denta 5000 plus	1	MO
dentagel	1	MO
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	MO
fraiche 5000	1	
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
kourzeq	1	
oralone	1	
periogard	1	MO
sf	1	MO
sf 5000 plus	1	MO
sodium fluoride 5000 dry mouth	1	MO
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	MO
triamcinolone acetonide dental	1	MO
MISCELLANEOUS OTIC PREPARATIONS		

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Drug Name	Drug Tier	Requirements /Limits
acetic acid otic (ear)	1	MO
ciprofloxacin hcl otic (ear)	1	MO
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone	1	MO; QL (7.5 per 7 days)
neomycin-polymyxin-hc otic (ear)	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	MO
dexamethasone oral solution	1	MO
dexamethasone oral tablet	1	MO
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	MO
dexamethasone sodium phosphate injection	1	MO
fludrocortisone	1	MO
hydrocortisone oral	1	MO
methylprednisolone acetate	1	MO
methylprednisolone oral tablet	1	B/D PA; MO
methylprednisolone oral tablets,dose pack	1	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
methylprednisolone sodium succ intravenous	1	MO
prednisolone oral solution	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)	1	
prednisone intensol	1	MO
prednisone oral solution	1	MO
prednisone oral tablet	1	MO
prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)	1	

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Drug Name	Drug Tier	Requirements /Limits
prednisone oral tablets,dose pack 10 mg, 5 mg	1	MO
triamcinolone acetonide injection suspension 10 mg/ml	1	
triamcinolone acetonide injection suspension 40 mg/ml	1	MO
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	1	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
alcohol pads	1	PA; MO
BAQSIMI	1	MO
BYDUREON BCISE	1	PA; QL (4 per 28 days)
diazoxide	1	MO
DROPSAFE ALCOHOL PREP PADS	1	PA
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml	1	PA; QL (2.4 per 30 days)
exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml	1	PA; QL (1.2 per 30 days)
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLYXAMBI	1	MO; QL (30 per 30 days)
GVOKE	1	MO

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Drug Name	Drug Tier	Requirements /Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO
GVOKE HYPOPEN 2-PACK	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO
HUMALOG KWIKPEN INSULIN	1	MO
HUMALOG MIX 50-50 KWIKPEN	1	MO
HUMALOG MIX 75-25 KWIKPEN	1	MO
HUMALOG MIX 75-25(U-100)INSULN	1	MO
HUMALOG U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 KWIKPEN	1	MO
HUMULIN N NPH INSULIN KWIKPEN	1	MO
HUMULIN N NPH U-100 INSULIN	1	MO
HUMULIN R REGULAR U-100 INSULN	1	MO
HUMULIN R U-500 (CONC) INSULIN	1	MO
HUMULIN R U-500 (CONC) KWIKPEN	1	MO
INPEFA	1	PA; MO; QL (30 per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	1	MO
JANUMET	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA	1	MO; QL (30 per 30 days)
JARDIANCE	1	MO; QL (30 per 30 days)
JENTADUETO	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	1	MO
LANTUS U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-200 INSULIN	1	MO
LYUMJEV U-100 INSULIN	1	MO
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
MOUNJARO	1	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; QL (3 per 28 days)
pioglitazone	1	MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
RYBELSUS	1	PA; MO; QL (30 per 30 days)
saxagliptin	1	MO; QL (30 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	1	MO; QL (60 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	1	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SEGLUROMET ORAL TABLET 2.5-500 MG	1	MO; QL (120 per 30 days)
SOLIQUA 100/33	1	QL (90 per 30 days)
STEGLATRO	1	MO; QL (30 per 30 days)
SYMLINPEN 120	1	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	1	PA; MO; QL (6 per 30 days)
SYNJARDY	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	1	MO
TOUJEO SOLOSTAR U-300 INSULIN	1	MO
TRADJENTA	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	MO; QL (60 per 30 days)
TRULICITY	1	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	1	PA; MO
cabergoline	1	MO
calcitonin (salmon) injection	1	MO
calcitonin (salmon) nasal	1	MO
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule	1	MO
calcitriol oral solution	1	
cinacalcet oral tablet 30 mg, 60 mg	1	PA; MO
cinacalcet oral tablet 90 mg	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
clomid	1	PA; MO
clomiphene citrate	1	PA
CRYSVITA	1	PA; MO; LA
danazol	1	MO
desmopressin injection	1	MO
desmopressin nasal spray with pump	1	MO
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral	1	MO
doxercalciferol intravenous	1	MO
doxercalciferol oral	1	MO
ELAPRASE	1	PA; MO
FABRAZYME	1	PA; MO
KANUMA	1	PA; MO
LUMIZYME	1	PA; MO
MEPSEVII	1	PA; MO
mifepristone oral tablet 300 mg	1	PA; MO
NAGLAZYME	1	PA; MO; LA
pamidronate intravenous solution	1	MO
paricalcitol intravenous	1	
paricalcitol oral	1	MO
sapropterin	1	PA; MO
SOMAVERT	1	PA; MO
STRENSIQ	1	PA; LA

Drug Name	Drug Tier	Requirements /Limits
testosterone cypionate intramuscular oil 100 mg/ml	1	PA; MO
testosterone cypionate intramuscular oil 200 mg/ml, 200 mg/ml (1 ml)	1	PA
testosterone enanthate	1	PA; MO
testosterone transdermal gel	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
testosterone transdermal solution in metered pump w/app	1	PA; MO; QL (180 per 30 days)
tolvaptan	1	PA; MO
tolvaptan (polycys kidney dis) oral tablet	1	PA
VIMIZIM	1	PA; MO; LA
zoledronic acid intravenous solution	1	B/D PA; MO
THYROID HORMONES		
levo-t	1	
levothyroxine intravenous recon soln	1	
levothyroxine oral tablet	1	MO
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	1	MO
liothyronine	1	MO
unithroid	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine injection solution 0.4 mg/ml	1	
atropine injection syringe 0.1 mg/ml	1	
atropine intravenous solution 0.4 mg/ml	1	
atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)	1	
dicyclomine intramuscular	1	MO
dicyclomine oral capsule	1	MO
dicyclomine oral solution	1	MO
dicyclomine oral tablet 20 mg	1	MO
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet	1	MO
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	1	
glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)	1	MO
glycopyrrolate injection	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
loperamide oral capsule	1	MO
opium tincture	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg	1	PA; MO
alosetron oral tablet 1 mg	1	PA; MO
aprepitant	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
balsalazide	1	MO
betaine	1	MO
budesonide oral capsule,delayed,extend.release	1	MO
budesonide oral tablet,delayed and ext.release	1	MO
CIMZIA POWDER FOR RECONST	1	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	1	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; QL (2 per 28 days)
CINVANTI	1	MO
compro	1	MO
constulose	1	MO
CORTIFOAM	1	MO
CREON	1	MO
cromolyn oral	1	MO
dimenhydrinate injection solution	1	MO
dronabinol	1	B/D PA
droperidol injection solution	1	MO
ENTYVIO	1	PA; MO; QL (2 per 28 days)
enulose	1	MO
fosaprepitant	1	MO
GATTEX 30-VIAL	1	PA; MO
GATTEX ONE-VIAL	1	PA; MO
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-n	1	
generlac	1	MO
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	1	MO
granisetron hcl intravenous solution 1 mg/ml	1	MO
granisetron hcl intravenous solution 1 mg/ml (1 ml)	1	
granisetron hcl oral	1	B/D PA; MO
hydrocortisone rectal	1	MO
hydrocortisone topical cream with perineal applicator 1 %	1	MO
hydrocortisone topical cream with perineal applicator 2.5 %	1	
lactulose oral solution	1	MO
LINZESS	1	MO; QL (30 per 30 days)
lubiprostone	1	MO; QL (60 per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine oral capsule (with del rel tablets)	1	MO

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
mesalamine oral capsule, extended release	1	
mesalamine oral capsule,extended release 24hr	1	MO
mesalamine oral tablet,delayed release (dr/ec)	1	MO
mesalamine rectal	1	MO
mesalamine with cleansing wipe	1	MO
metoclopramide hcl injection solution	1	MO
metoclopramide hcl injection syringe	1	
metoclopramide hcl oral solution	1	MO
metoclopramide hcl oral tablet	1	MO
nitroglycerin rectal	1	MO
OCALIVA	1	PA; MO; LA; QL (30 per 30 days)
ondansetron hcl (pf) injection solution	1	MO
ondansetron hcl (pf) injection syringe	1	
ondansetron hcl intravenous	1	MO
ondansetron hcl oral solution	1	B/D PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; MO
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	B/D PA; MO
palonosetron intravenous solution 0.25 mg/5 ml	1	MO
palonosetron intravenous syringe	1	
peg 3350-electrolytes	1	
peg-electrolyte	1	MO
prochlorperazine	1	MO
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	MO
prochlorperazine maleate oral	1	MO
procto-med hc	1	MO
proctosol hc topical	1	MO
proctozone-hc	1	MO
RELISTOR SUBCUTANEOUS SOLUTION	1	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	ST; MO; QL (12 per 30 days)
REMICADE	1	PA; MO; QL (20 per 28 days)
SANCUSO	1	MO
scopolamine base	1	MO
SKYRIZI INTRAVENOUS	1	PA; MO; QL (30 per 180 days)

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	1	MO
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)	1	
SUCRAID	1	PA
sulfasalazine	1	MO
SYMPROIC	1	MO; QL (30 per 30 days)
TRULANCE	1	QL (30 per 30 days)
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
VARUBI	1	B/D PA
VIBERZI	1	MO; QL (60 per 30 days)
VOWST	1	PA; LA
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	1	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600-252,600 UNIT	1	MO
ZYMFENTRA	1	PA; MO; QL (2 per 28 days)
ULCER THERAPY		
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 40 mg	1	MO
famotidine (pf)	1	MO

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
famotidine (pf)-nacl (iso-os)	1	MO
famotidine intravenous	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO; QL (60 per 30 days)
misoprostol	1	MO
nizatidine oral capsule	1	MO
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
pantoprazole intravenous	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO; QL (60 per 30 days)
sucralfate oral suspension	1	MO
sucralfate oral tablet	1	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

Drug Name	Drug Tier	Requirements /Limits
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	PA; MO
ARCALYST	1	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days)
BESREMI	1	PA; LA
BETASERON SUBCUTANEOUS KIT	1	PA; MO; QL (14 per 28 days)
FULPHILA	1	PA; MO
ILARIS (PF)	1	PA; MO; LA; QL (2 per 28 days)
NIVESTYM	1	PA; MO
NYVEPRIA	1	PA; MO
OMNITROPE	1	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	1	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	1	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
plerixafor	1	B/D PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO
RELEUKO SUBCUTANEOUS	1	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	1	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
DENGVAXIA (PF)	1	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
fomepizole	1	
GAMASTAN	1	MO
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF)	1	B/D PA; V

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Drug Name	Drug Tier	Requirements /Limits
HIBERIX (PF)	1	
HIZENTRA	1	B/D PA; MO
HYPERHEP B	1	
HYPERHEP B NEONATAL	1	
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF)	1	
IPOL	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	1	
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	1	V
PEDIARIX (PF)	1	
PEDVAX HIB (PF)	1	
PENBRAYA (PF)	1	V
PENMENVY MEN A-B-C-W-Y (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	1	
PRIORIX (PF)	1	V
PRIVIGEN	1	PA; MO
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX ORAL SUSPENSION	1	
ROTATEQ VACCINE	1	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
TENIVAC (PF)	1	V
TICE BCG	1	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V

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Drug Name	Drug Tier	Requirements /Limits
VARIVAX (PF)	1	V
VARIZIG	1	
VAXCHORA VACCINE	1	V
VIMKUNYA	1	V
VIVOTIF	1	MO; V
YF-VAX (PF)	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	1	PA; MO
CEQUR SIMPLICITY	1	MO
CEQUR SIMPLICITY INSERTER	1	MO
GAUZE PADS 2 X 2	1	PA; MO
EMBECTA INSULIN SYRINGE	1	PA; MO
BD PEN NEEDLE	1	PA; MO
OMNIPOD 5 (G6/LIBRE 2 PLUS)	1	MO
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	1	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	1	MO
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	1	MO; QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	1	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	1	MO
EMBECTA PEN NEEDLE	1	PA; MO
BD INSULIN SYRINGE	1	PA; MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	MO
allopurinol sodium	1	
aloprim	1	
colchicine oral tablet	1	MO
febuxostat	1	MO
probenecid	1	MO
probenecid-colchicine	1	MO
OSTEOPOROSIS THERAPY		
alendronate oral solution	1	MO; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
BONSITY	1	PA; MO; QL (2.48 per 28 days)
CONEXXENCE	1	PA; MO; QL (1 per 180 days)
ibandronate intravenous solution	1	PA

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Drug Name	Drug Tier	Requirements /Limits
ibandronate intravenous syringe	1	PA; MO
ibandronate oral	1	MO; QL (1 per 30 days)
JUBBONTI	1	PA; MO; QL (1 per 180 days)
PROLIA	1	PA; MO; QL (1 per 180 days)
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	1	MO; QL (4 per 28 days)
teriparatide (only ndcs starting with 47781)	1	PA; MO; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	1	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)
BENLYSTA	1	PA; MO
CYLTEZO(CF) PEN	1	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	1	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV	1	PA; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
ENBREL MINI	1	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	1	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	1	PA; MO; QL (8 per 28 days)
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	1	PA; MO; QL (4 per 28 days)

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days)
leflunomide	1	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	1	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	1	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; QL (2.8 per 28 days)
OTEZLA	1	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 180 days)
penicillamine oral tablet	1	PA; MO
RIDAURA	1	MO

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
RINVOQ LQ	1	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	1	QL (55 per 180 days)
TYENNE AUTOINJECTOR	1	PA; MO; QL (3.6 per 28 days)
TYENNE INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
TYENNE SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	1	PA; MO; QL (480 per 24 days)
XELJANZ ORAL TABLET	1	PA; MO; QL (60 per 30 days)
XELJANZ XR	1	PA; MO; QL (30 per 30 days)
YUFLYMA(CF) AI CROHN'S-UC-HS	1	PA; MO; QL (3 per 180 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
abigale	1	PA
abigale lo	1	PA
camila	1	MO
deblitane	1	MO
DEPO-SUBQ PROVERA 104	1	MO
dotti	1	PA; MO; QL (8 per 28 days)
DUAVEE	1	MO
emzahh	1	MO
errin	1	MO
estradiol oral	1	PA; MO
estradiol transdermal patch semiweekly	1	PA; MO; QL (8 per 28 days)

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This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
estradiol transdermal patch weekly	1	PA; MO; QL (4 per 28 days)
estradiol vaginal	1	MO
estradiol valerate	1	MO
estradiol-norethindrone acet	1	PA; MO
fyavolv	1	PA; MO
gallifrey	1	MO
heather	1	MO
IMVEXXY MAINTENANCE PACK	1	MO
IMVEXXY STARTER PACK	1	MO
incassia	1	MO
jencycla	1	MO
jinteli	1	PA; MO
lyleq	1	MO
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	PA; MO; QL (8 per 28 days)
lyllana transdermal patch semiweekly 0.0375 mg/24 hr	1	PA; QL (8 per 28 days)
lyza	1	
medroxyprogesterone	1	MO
meleya	1	MO
mimvey	1	PA; MO
nora-be	1	MO
norethindrone (contraceptive)	1	
norethindrone acetate	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	PA; MO
orquidea	1	MO
PREMARIN ORAL	1	MO
PREMARIN VAGINAL	1	MO
PREMPHASE	1	MO
PREMPRO	1	MO
progesterone	1	MO
progesterone micronized	1	MO
sharobel	1	MO
yuvafem	1	
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal	1	MO
eluryng	1	MO
etonogestrel-ethinyl estradiol	1	
LILETTA	1	MO
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	MO
mifepristone oral tablet 200 mg	1	LA
MYFEMBREE	1	PA; MO
NEXPLANON	1	

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Drug Name	Drug Tier	Requirements /Limits
norelgestromin-ethin.estradiol	1	
terconazole	1	MO
tranexamic acid oral	1	MO
xulane	1	
zafemy	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28)	1	MO
alyacen 1/35 (28)	1	MO
alyacen 7/7/7 (28)	1	MO
amethyst (28)	1	MO
apri	1	MO
aranelle (28)	1	MO
aubra eq	1	MO
aviane	1	
azurette (28)	1	MO
camrese	1	MO
cryselle (28)	1	MO
cyred eq	1	MO
dasetta 1/35 (28)	1	MO
dasetta 7/7/7 (28)	1	MO
daysee	1	MO
desog-e.estradiol/e.estradiol	1	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
elinest	1	MO
enpresse	1	
enskyce	1	MO
estarylla	1	MO
ethynodiol diac-eth estradiol	1	
falmina (28)	1	MO
introvale	1	
isibloom	1	MO
jasmiel (28)	1	MO
jolessa	1	MO
juleber	1	MO
kalliga	1	
kariva (28)	1	
kelnor 1/35 (28)	1	MO
kelnor 1/50 (28)	1	MO
kurvelo (28)	1	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin 24 fe	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
lessina	1	MO
levonest (28)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	
levonorg-eth estrad triphasic	1	MO
levora-28	1	
loryna (28)	1	MO
low-ogestrel (28)	1	
lo-zumandimine (28)	1	MO
lutera (28)	1	
marlissa (28)	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
mili	1	MO
mono-linyah	1	MO
nikki (28)	1	MO
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	MO
norgestimate-ethinyl estradiol	1	
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
philith	1	MO
pimtrea (28)	1	MO
portia 28	1	MO
reclipsen (28)	1	MO
setlakin	1	MO
sprintec (28)	1	MO
sronyx	1	
syeda	1	MO
tarina fe 1-20 eq (28)	1	MO
tilia fe	1	MO
tri-estarylla	1	MO
tri-legest fe	1	MO
tri-linyah	1	MO
tri-lo-estarylla	1	MO
tri-lo-marzia	1	MO
tri-lo-sprintec	1	
tri-sprintec (28)	1	MO
turqoz (28)	1	MO
velivet triphasic regimen (28)	1	MO
vestura (28)	1	MO
vienva	1	MO
viorele (28)	1	MO
wera (28)	1	MO
zovia 1-35 (28)	1	MO
zumandimine (28)	1	MO
OXYTOCICS		
methylergonovine oral	1	PA

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Drug Name	Drug Tier	Requirements /Limits
OPHTHALMOLOGY		
ANTIBIOTICS		
bacitracin ophthalmic (eye)	1	
bacitracin-polymyxin b	1	MO
ciprofloxacin hcl ophthalmic (eye)	1	MO
erythromycin ophthalmic (eye)	1	MO; QL (3.5 per 14 days)
gatifloxacin	1	MO
gentamicin ophthalmic (eye) drops	1	MO; QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops 0.5 %	1	MO
levofloxacin ophthalmic (eye) drops 1.5 %	1	
moxifloxacin ophthalmic (eye) drops	1	MO
moxifloxacin ophthalmic (eye) drops, viscous	1	
NATACYN	1	
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
neo-polycin	1	
ofloxacin ophthalmic (eye)	1	MO
polycin	1	
polymyxin b sulf-trimethoprim	1	MO
tobramycin ophthalmic (eye)	1	MO; QL (10 per 14 days)
ANTIVIRALS		
trifluridine	1	MO
ZIRGAN	1	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	MO
carteolol	1	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO
timolol maleate ophthalmic (eye) drops (not single use)	1	MO
timolol maleate ophthalmic (eye) gel forming solution	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops 1 %	1	MO
azelastine ophthalmic (eye)	1	MO
bss	1	
BYOOVIZ	1	PA; MO
CIMERLI	1	PA; MO
cromolyn ophthalmic (eye)	1	MO
cyclosporine ophthalmic (eye)	1	MO; QL (60 per 30 days)

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

This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
CYSTARAN	1	PA
epinastine	1	MO
EYLEA	1	PA; MO
MIEBO (PF)	1	MO; QL (12 per 30 days)
OXERVATE	1	PA; MO
PAVBLU	1	PA; MO
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO
sulfacetamide sodium ophthalmic (eye) drops	1	MO
sulfacetamide sodium ophthalmic (eye) ointment	1	
sulfacetamide-prednisolone	1	MO
XDEMVY	1	PA; QL (10 per 42 days)
XIIDRA	1	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac	1	MO
diclofenac sodium ophthalmic (eye)	1	MO
flurbiprofen sodium	1	MO
ketorolac ophthalmic (eye)	1	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO
acetazolamide sodium	1	MO
methazolamide	1	MO

Drug Name	Drug Tier	Requirements /Limits
OTHER GLAUCOMA DRUGS		
dorzolamide	1	MO
dorzolamide-timolol	1	MO
latanoprost	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO
miostat	1	
RHOPRESSA	1	
ROCKLATAN	1	
SIMBRINZA	1	MO
travoprost	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic (eye)	1	MO
neo-polycin hc	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	1	MO; QL (3.5 per 14 days)
tobramycin-dexamethasone	1	MO; QL (10 per 14 days)
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye)	1	MO
fluorometholone	1	MO
INVELTYS	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 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
loteprednol etabonate	1	MO
OZURDEX	1	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic (eye)	1	MO
SYMPATHOMIMETICS		
apraclonidine	1	MO
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	1	MO
brimonidine ophthalmic (eye) drops 0.2 %	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection solution 1 mg/ml	1	
adrenalin injection solution 1 mg/ml (1 ml)	1	MO
cetirizine oral solution 1 mg/ml	1	MO
diphenhydramine hcl injection solution 50 mg/ml	1	MO
diphenhydramine hcl injection syringe	1	MO
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	1	MO; QL (4 per 30 days)
epinephrine injection solution	1	
hydroxyzine hcl oral tablet	1	PA; MO
levocetirizine oral solution	1	MO
levocetirizine oral tablet	1	MO; QL (30 per 30 days)
promethazine injection solution	1	MO
promethazine oral	1	PA; MO
PULMONARY AGENTS		
acetylcysteine	1	B/D PA; MO
ADEMPAS	1	PA; MO; LA; QL (90 per 30 days)
ADVAIR HFA	1	MO; QL (12 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	MO; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm	1	QL (13.4 per 30 days)

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

This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
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	1	B/D PA; MO
albuterol sulfate inhalation solution for nebulization 5 mg/ml	1	B/D PA
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	1	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	1	MO; QL (6.1 per 30 days)
alyq	1	PA; MO; QL (60 per 30 days)
ambrisentan	1	PA; MO; LA; QL (30 per 30 days)
arformoterol	1	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION	1	QL (13 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	1	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	1	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	1	QL (2 per 28 days)
ATROVENT HFA	1	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	1	MO; QL (10.7 per 30 days)

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

This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
bosentan oral tablet	1	PA; MO; LA; QL (60 per 30 days)
BREO ELLIPTA	1	MO; QL (60 per 30 days)
breyna	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	B/D PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	B/D PA; MO; QL (60 per 30 days)
budesonide-formoterol	1	QL (10.2 per 30 days)
CINRYZE	1	PA; MO
COMBIVENT RESPIMAT	1	QL (8 per 30 days)
cromolyn inhalation	1	B/D PA; MO
DULERA	1	MO; QL (13 per 30 days)
FASENRA PEN	1	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; QL (1 per 28 days)
flunisolide	1	MO; QL (50 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	ST; MO; QL (10.6 per 30 days)
fluticasone propionate nasal	1	MO; QL (16 per 30 days)
fluticasone propion-salmeterol inhalation blister with device	1	MO; QL (60 per 30 days)
formoterol fumarate	1	B/D PA; MO; QL (120 per 30 days)
icatibant	1	PA; MO
ipratropium bromide inhalation	1	B/D PA; MO
ipratropium-albuterol	1	B/D PA; MO
KALYDECO	1	PA; MO; QL (56 per 28 days)
mometasone nasal	1	MO; QL (34 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 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
montelukast oral granules in packet	1	MO
montelukast oral tablet	1	MO
montelukast oral tablet,chewable	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	1	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; QL (0.4 per 28 days)
OFEV	1	PA; MO; QL (60 per 30 days)
OPSUMIT	1	PA; MO; LA; QL (30 per 30 days)
OPSYNVI	1	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days)
pirfenidone oral capsule	1	PA; MO; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	1	PA; MO; QL (270 per 30 days)
pirfenidone oral tablet 801 mg	1	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)
PULMOZYME	1	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	QL (21.2 per 30 days)
roflumilast	1	PA; MO; QL (30 per 30 days)
sajazir	1	PA; MO

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

This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	1	
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
SYMDEKO	1	PA; MO; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; QL (60 per 30 days)
terbutaline oral	1	MO
terbutaline subcutaneous	1	MO
theophylline oral elixir	1	MO
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	MO
theophylline oral tablet extended release 24 hr	1	
tiotropium bromide	1	QL (90 per 90 days)
TRELEGY ELLIPTA	1	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; MO; QL (84 per 28 days)
TYVASO	1	B/D PA; MO; QL (81.2 per 28 days)
TYVASO INSTITUTIONAL START KIT	1	B/D PA; QL (11.6 per 180 days)
TYVASO REFILL KIT	1	B/D PA; MO; QL (81.2 per 28 days)
TYVASO STARTER KIT	1	B/D PA; MO; QL (81.2 per 180 days)
wixela inhub	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)

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

This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
zafirlukast	1	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
mirabegron	1	MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1	MO
oxybutynin chloride oral syrup	1	MO
oxybutynin chloride oral tablet 5 mg	1	MO
oxybutynin chloride oral tablet extended release 24hr	1	MO
solifenacin	1	MO
tolterodine	1	MO
trospium oral tablet	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
dutasteride	1	MO
dutasteride-tamsulosin	1	MO
finasteride oral tablet 5 mg	1	MO
tamsulosin	1	MO
MISCELLANEOUS UROLOGICALS		
alprostadil	1	
bethanechol chloride	1	MO
CYSTAGON	1	PA; LA
ELMIRON	1	MO
glycine urologic	1	
glycine urologic solution	1	
K-PHOS NO 2	1	MO
K-PHOS ORIGINAL	1	MO
potassium citrate oral tablet extended release	1	MO
RENACIDIN	1	MO
tadalafil oral tablet 2.5 mg	1	PA; MO; QL (60 per 30 days)
tadalafil oral tablet 5 mg	1	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		

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

This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
albumin, human 25 %	1	
alburx (human) 25 %	1	
alburx (human) 5 %	1	
albutein 25 %	1	
albutein 5 %	1	
ELECTROLYTES		
calcium acetate(phosphat bind)	1	PA; MO
calcium chloride	1	
calcium gluconate intravenous	1	
effer-k oral tablet, effervescent 25 meq	1	MO
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con oral packet 20	1	MO
klor-con/ef	1	MO
lactated ringers intravenous	1	MO
magnesium chloride injection	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
magnesium sulfate in water	1	
magnesium sulfate injection solution	1	MO
magnesium sulfate injection syringe	1	
potassium acetate	1	
potassium chlorid-d5-0.45%nacl	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	
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	1	
potassium chloride intravenous	1	
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	1	MO
potassium chloride oral packet	1	MO

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

This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
potassium chloride oral tablet extended release 10 meq, 8 meq	1	MO
potassium chloride oral tablet extended release 20 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	1	MO
potassium chloride oral tablet,er particles/crystals 15 meq	1	
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl	1	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	1	
ringer's intravenous	1	
sodium acetate	1	
sodium bicarbonate intravenous	1	
sodium chloride 0.45 % intravenous	1	MO
sodium chloride 3 % hypertonic	1	
sodium chloride 5 % hypertonic	1	MO
sodium chloride intravenous	1	
sodium phosphate	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	1	B/D PA
electrolyte-148	1	
electrolyte-48 in d5w	1	
electrolyte-a	1	
intralipid intravenous emulsion 20 %	1	B/D PA
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	
ISOLYTE-S	1	
PLENAMINE	1	B/D PA
premasol 10 %	1	B/D PA
travasol 10 %	1	B/D PA

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

This drug list was last updated on 09/16/2025.

Drug Name	Drug Tier	Requirements /Limits
TROPHAMINE 10 %	1	B/D PA
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet	1	MO

Drug Name	Drug Tier	Requirements /Limits
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	MO
prenatal vitamin oral tablet	1	MO
wescap-pn dha	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 09/16/2025.

Index

A
abacavir 2
abacavir-lamivudine 2
ABELCET 2
abigale 75
abigale lo 75
ABILIFY ASIMTUFII 36
ABILIFY MAINTENA 36
abiraterone 12
abirtega 12
ABRAXANE 12
ABRYSVO (PF) 70
acamprosate 56
acarbose 60
accutane 53
acebutolol 44
acetaminophen-codeine .. 32, 33
acetazolamide 80
acetazolamide sodium 80
acetic acid 56, 59
acetylcysteine 56, 81
acitretin 51
ACTEMRA 73
ACTEMRA ACTPEN 73
ACTHIB (PF) 70
ACTIMMUNE 69
acyclovir 2, 55
acyclovir sodium 2
ADACEL(TDAP ADOLESN/ADULT)(PF) 70
ADBRY 52
ADCETRIS 12
adefovir 2
ADEMPAS 81
adenosine 43
adrenalin 81
ADSTILADRIN 12
ADVAIR HFA 81
AIMOVIG AUTOINJECTOR 30
AKEEGA 12
ala-cort 55
albendazole 7
albumin, human 25 % 87
alburx (human) 25 % 87
alburx (human) 5 % 87
albutein 25 % 87
albutein 5 % 87
albuterol sulfate 81, 82
alclometasone 55
alcohol pads 60
ALDURAZYME 63
ALECENSA 12
alendronate 72
alfuzosin 86
ALIQOPA 12
aliskiren 44
allopurinol 72
allopurinol sodium 72
aloprim 72
alosetron 65
alprostadil 86
altavera (28) 77
ALUNBRIG 12
ALVESCO 82
alyacen 1/35 (28) 77
alyacen 7/7/7 (28) 77
alyq 82
amantadine hcl 2
ambrisentan 82
amethyst (28) 77
amikacin 7
amiloride 44
amiloride-hydrochlorothiazide 44
aminocaproic acid 47
amiodarone 43
amitriptyline 36
amlodipine 44
amlodipine-atorvastatin 49
amlodipine-benazepril 44
amlodipine-olmesartan 44
amlodipine-valsartan 44
amlodipine-valsartan-hcthiazid 44
ammonium lactate 52
amnesteem 53
amoxapine 36
amoxicillin 9
amoxicillin-pot clavulanate 9
amphotericin b 2
ampicillin 9
ampicillin sodium 9
ampicillin-sulbactam 9
anagrelide 56
anastrozole 12
ANKTIVA 12
apraclonidine 81
aprepitant 65
apri 77
APTIOM 26
APTIVUS 2
aranelle (28) 77
ARCALYST 69
AREXVY (PF) 70
arformoterol 82
ARIKAYCE 7
aripiprazole 36
ARISTADA 36, 37
ARISTADA INITIO 36
armodafinil 37
arsenic trioxide 12
asenapine maleate 37
ASMANEX HFA 82
ASMANEX TWISTHALER 82
ASPARLAS 12
aspirin-dipyridamole 47
ASSURE ID INSULIN SAFETY 72
atazanavir 2
atenolol 44
atenolol-chlorthalidone 44
atomoxetine 37
atorvastatin 49
atovaquone 7
atovaquone-proguanil 7
atropine 65, 79
ATROVENT HFA 82
aubra eq 77

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

This drug list was last updated on 09/16/2025.

AUGMENTIN 9
AUGTYRO 12
AUSTEDO 30
AUSTEDO XR 30, 31
AUSTEDO XR TITRATION KT(WK1-4) 31
AUVELITY 37
aviane 77
AVMAPKI-FAKZYNJA 12
AVONEX 69
AYVAKIT 12
azacitidine 12
azathioprine 12
azathioprine sodium 12
azelaic acid 53
azelastine 58, 79
azithromycin 6
aztreonam 7
azurette (28) 77
B
bacitracin 79
bacitracin-polymyxin b 79
baclofen 32
balsalazide 66
BALVERSA 12
BAQSIMI 60
BARACLUDE 2
BAVENCIO 12
BCG VACCINE, LIVE (PF) 70
BD PEN NEEDLE 72
BELBUCA 33
BELEODAQ 12
BELSOMRA 37
benazepril 44
benazepril-hydrochlorothiazide 44
bendamustine 12
BENDEKA 12
BENLYSTA 73
benztropine 29
BESPONSA 12
BESREMI 69
betaine 66
betamethasone dipropionate 55
betamethasone valerate 55
betamethasone, augmented .. 55
BETASERON 69
betaxolol 44, 79
bethanechol chloride 86
BEVESPI AEROSPHERE ... 82
bexarotene 12
BEXSERO 70
bicalutamide 12
BICILLIN L-A 9
BIKTARVY 2
bisoprolol fumarate 44
bisoprolol-hydrochlorothiazide 44
BIZENGRI 12
bleomycin 12
BLINCYTO 12
BOMYNTRA 11
BONSITY 72
BOOSTRIX TDAP 70
bortezomib 13
BORTEZOMIB 13
bosentan 83
BOSULIF 13
BRAFTOVI 13
BREO ELLIPTA 83
breyna 83
BREZTRI AEROSPHERE ... 83
BRILINTA 47
brimonidine 81
BRIUMVI 31
BRIVIACT 26
bromfenac 80
bromocriptine 29
BRUKINSA 13
bss 79
budesonide 66, 83
budesonide-formoterol 83
bumetanide 44
buprenorphine hcl 33
buprenorphine transdermal patch 33
buprenorphine-naloxone 35
bupropion hcl 37
bupropion hcl (smoking deter) 58
buspirone 37
busulfan 13
butorphanol 35
BYDUREON BCISE 60
BYOOVIZ 79
C
CABENUVA 2
cabergoline 63
CABLIVI 47
CABOMETYX 13
caffeine citrate 56
calcipotriene 51
calcitonin (salmon) 63
calcitriol 63
calcium acetate(phosphat bind) 87
calcium chloride 87
calcium gluconate 87
CALQUENCE (ACALABRUTINIB MAL) 13
camila 75
camrese 77
CAMZYOS 50
candesartan 44
candesartan-hydrochlorothiazid 44
CAPLYTA 37
CAPRELSA 13
captopril 44
captopril-hydrochlorothiazide 44
carbamazepine 26
carbidopa 29
carbidopa-levodopa 29
carbidopa-levodopa-entacapone 29
carboplatin 13
carglumic acid 56
carmustine 13
carteolol 79
cartia xt 44
carvedilol 44
caspofungin 2
CAYSTON 7
cefaclor 5
cefadroxil 5
cefazolin 5

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

This drug list was last updated on 09/16/2025.

cefazolin in dextrose (iso-os) .5
cefdinir 5
cefepime.....5
cefepime in dextrose,iso-osm..5
cefixime.....5
cefoxitin 5, 6
cefoxitin in dextrose, iso-osm.5
cefpodoxime.....6
cefprozil.....6
ceftazidime.....6
ceftriaxone.....6
ceftriaxone in dextrose,iso-os.6
cefuroxime axetil 6
cefuroxime sodium.....6
celecoxib.....35
cephalexin.....6
CEPROTIN (BLUE BAR)...47
CEPROTIN (GREEN BAR) 47
CEQUR SIMPLICITY 72
CEQUR SIMPLICITY INSERTER.....72
cetirizine 81
cevimeline.....56
CHEMET 56
chloramphenicol sod succinate 7
chlorhexidine gluconate 58
chloroprocaine (pf) 52
chloroquine phosphate 7
chlorothiazide sodium 44
chlorpromazine.....37
chlorthalidone 44
cholestyramine (with sugar).49
cholestyramine light 49
CIBINQO 52
ciclodan 54
ciclopirox.....54
cidofovir 3
cilostazol.....47
CIMDUO.....3
CIMERLI 79
CIMZIA.....66
CIMZIA POWDER FOR RECONST.....66
CIMZIA STARTER KIT 66
cinacalcet 63
CINRYZE.....83
CINVANTI.....66
ciprofloxacin.....10
ciprofloxacin hcl.....10, 59, 79
ciprofloxacin in 5 % dextrose 10
ciprofloxacin-dexamethasone 59
cisplatin 13
citalopram 37
cladribine.....13
claravis 53
clarithromycin 6
clindamycin hcl.....7
clindamycin in 5 % dextrose ..7
clindamycin phosphate....7, 53, 76
CLINIMIX 5%/D15W SULFITE FREE 88
CLINIMIX 4.25%/D10W SULF FREE 88
CLINIMIX 4.25%/D5W SULFIT FREE.....56
CLINIMIX 5%-D20W(SULFITE-FREE)..88
CLINIMIX 6%-D5W (SULFITE-FREE) 88
CLINIMIX 8%-D10W(SULFITE-FREE)..88
CLINIMIX 8%-D14W(SULFITE-FREE)..88
clobazam.....26
clobetasol.....55
clobetasol-emollient 55
clofarabine.....13
clomid 64
clomiphene citrate 64
clomipramine.....37
clonazepam 26
clonidine (pf) 35, 44
clonidine hcl 37, 44
clonidine transdermal patch.44
clopidogrel.....47
clorazepate dipotassium.....37
clotrimazole.....2, 54
clotrimazole-betamethasone.54
clozapine.....37
COARTEM.....7
COBENFY 37
COBENFY STARTER PACK 37
colchicine.....72
colesevelam.....49
colestipol.....49
colistin (colistimethate na) 7
COLUMVI 13
COMBIVENT RESPIMAT..83
COMETRIQ 13
COMPLERA 3
compro 66
CONEXXENCE 72
constulose 66
COPIKTRA 13
CORTIFOAM.....66
cortisone 59
COSENTYX.....51
COSENTYX (2 SYRINGES) 51
COSENTYX PEN 51
COSENTYX PEN (2 PENS) 51
COSENTYX UNOREADY PEN.....51
COTELLIC.....13
CREON.....66
CRESEMBA.....2
cromolyn 66, 79, 83
cryselle (28) 77
CRYSVITA 64
cyclobenzaprine 32
cyclophosphamide 13
CYCLOPHOSPHAMIDE 14
cyclosporine.....14, 79
cyclosporine modified.....14
CYLTEZO(CF) 73
CYLTEZO(CF) PEN.....73
CYLTEZO(CF) PEN CROHN'S-UC-HS.....73
CYLTEZO(CF) PEN PSORIASIS-UV 73
CYRAMZA 14
cyred eq 77
CYSTAGON 86

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

This drug list was last updated on 09/16/2025.

CYSTARAN 80
cytarabine 14
cytarabine (pf) 14
D
d10 %-0.45 % sodium chloride 56
d2.5 %-0.45 % sodium chloride 56
d5 % and 0.9 % sodium chloride 56
d5 %-0.45 % sodium chloride 56
dabigatran etexilate 47
dacarbazine 14
dactinomycin 14
dalfampridine 31
danazol 64
dantrolene 32
DANYELZA 14
DANZITEN 14
dapsone 7
DAPTACEL (DTAP PEDIATRIC) (PF) 70
daptomycin 7
DAPTOMYCIN 7
darunavir 3
DARZALEX 14
dasatinib 14
dasetta 1/35 (28) 77
dasetta 7/7/7 (28) 77
DATROWAY 14
daunorubicin 14
DAURISMO 14
daysee 77
deblitane 75
decitabine 14
deferasirox 56, 57
deferiprone 57
deferoxamine 57
DELSTRIGO 3
demeclocycline 11
DENGVAXIA (PF) 70
denta 5000 plus 58
dentagel 58
DEPO-SUBQ PROVERA 104 75
dermacinrx lidocan 52
DESCOVY 3
desipramine 37
desmopressin 64
desog-e.estradiol/e.estradiol 77
desonide 55
desvenlafaxine succinate 37
dexamethasone 59
dexamethasone intensol 59
dexamethasone sodium phos (pf) 59
dexamethasone sodium phosphate 59, 80
dexrazoxane hcl 11
dextroamphetamine-amphetamine 38
dextrose 10 % and 0.2 % nacl 57
dextrose 10 % in water (d10w) 57
dextrose 25 % in water (d25w) 57
dextrose 5 % in water (d5w) .57
dextrose 5 %-lactated ringers 57
dextrose 5%-0.2 % sod chloride 57
dextrose 5%-0.3 % sod.chloride 57
dextrose 50 % in water (d50w) 57
dextrose 70 % in water (d70w) 57
DIACOMIT 26
diazepam 26, 38
diazepam intensol 38
diazoxide 60
diclofenac potassium 35
diclofenac sodium 35, 52, 80
diclofenac-misoprostol 35
dicloxacillin 9
dicyclomine 65
DIFICID 6
diflunisal 35
digoxin 50
dihydroergotamine 30
DILANTIN 30 MG 26
diltiazem hcl 44, 45
dilt-xr 45
dimenhydrinate 66
dimethyl fumarate 31
diphenhydramine hcl 81
diphenoxylate-atropine 65
dipyridamole 47
disulfiram 57
divalproex 26
dobutamine 50
dobutamine in d5w 50
docetaxel 14
dofetilide 43
donepezil 31
dopamine 50
dopamine in 5 % dextrose 50
DOPTELET (10 TAB PACK) 47
DOPTELET (15 TAB PACK) 47
DOPTELET (30 TAB PACK) 47
dorzolamide 80
dorzolamide-timolol 80
dotti 75
DOVATO 3
doxazosin 45
doxepin 38
doxercalciferol 64
doxorubicin 14
doxorubicin, peg-liposomal ..14
doxy-100 11
doxycycline hyclate 11
doxycycline monohydrate 11
DRIZALMA SPRINKLE 38
dronabinol 66
droperidol 66
DROPSAFE ALCOHOL PREP PADS 60
drospirenone-e.estradiol-lm.fa 77
drospirenone-ethinyl estradiol 77
DROXIA 14
droxidopa 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 09/16/2025.

DUAVEE 75
DULERA 83
duloxetine 38
DUPIXENT PEN 52
DUPIXENT SYRINGE 52
dutasteride 86
dutasteride-tamsulosin 86
E
econazole nitrate 54
EDARBI 45
EDARBYCLOR 45
EDURANT 3
EDURANT PED 3
efavirenz 3
efavirenz-emtricitabin-tenofov 3
efavirenz-lamivu-tenofov disop 3
effer-k 87
ELAHERE 14
ELAPRASE 64
electrolyte-148 88
electrolyte-48 in d5w 88
electrolyte-a 88
ELIGARD 14
ELIGARD (3 MONTH) 15
ELIGARD (4 MONTH) 15
ELIGARD (6 MONTH) 15
elinest 77
ELIQUIS 47
ELIQUIS DVT-PE TREAT 30D START 47
ELITEK 11
ELMIRON 86
ELREXFIO 15
eltrombopag olamine 47
eluryng 76
ELZONRIS 15
EMGALITY PEN 30
EMGALITY SYRINGE 30
EMPLICITI 15
EMRELIS 15
EMSAM 38
emtricitabine 3
emtricitabine-tenofovir (tdf) ... 3
emtricita-rilpivirine-tenof df .. 3
EMTRIVA 3
EMVERM 7
emzahh 75
enalapril maleate 45
enalaprilat 45
enalapril-hydrochlorothiazide 45
ENBREL 73
ENBREL MINI 73
ENBREL SURECLICK 73
endocet 33
ENGERIX-B (PF) 70
ENGERIX-B PEDIATRIC (PF) 70
enoxaparin 47, 48
enpresse 77
enskyce 77
entacapone 29
entecavir 3
ENTRESTO 50
ENTRESTO SPRINKLE 50
ENTYVIO 66
enulose 66
ENVARSUS XR 15
EPIDIOLEX 26
epinastine 80
epinephrine 81
epirubicin 15
epitol 26
EPKINLY 15
eplerenone 45
EPRONTIA 26
ERBITUX 15
ergotamine-caffeine 30
eribulin 15
ERIVEDGE 15
ERLEADA 15
erlotinib 15
errin 75
ertapenem 7
ERWINASE 15
ery pads 53
ery-tab 6
erythrocin (as stearate) 6
erythromycin 6, 79
erythromycin ethylsuccinate ... 6
erythromycin with ethanol 54
escitalopram oxalate 38
eslicarbazepine 26
esmolol 45
esomeprazole magnesium 68
esomeprazole sodium 68
estarylla 77
estradiol 75, 76
estradiol valerate 76
estradiol-norethindrone acet 76
eszopiclone 38
ethacrynate sodium 45
ethambutol 7
ethosuximide 26
ethynodiol diac-eth estradiol 77
etodolac 35
etonogestrel-ethinyl estradiol 76
ETOPOPHOS 15
etoposide 15
etravirine 3
EULEXIN 15
everolimus (antineoplastic) .. 15
everolimus (immunosuppressive) 15
EVOTAZ 3
exemestane 15
exenatide 60
EYLEA 80
ezetimibe 49
ezetimibe-simvastatin 49
F
FABRAZYME 64
falmina (28) 77
famciclovir 3
famotidine 69
famotidine (pf) 68
famotidine (pf)-nacl (iso-os) 69
FANAPT 38
FANAPT TITRATION PACK A 38
FARXIGA 60
FASENRA 83
FASENRA PEN 83
febuxostat 72
felbamate 26
felodipine 45

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

This drug list was last updated on 09/16/2025.

fenofibrate 49
fenofibrate micronized 49
fenofibrate nanocrystallized . 49
fenofibric acid 49
fenofibric acid (choline) 49
fentanyl 33
fentanyl citrate 33
fentanyl citrate (pf) 33
FETZIMA 38
fidaxomicin 6
finasteride 86
fingolimod 31
FINTEPLA 26
FIRMAGON KIT W DILUENT SYRINGE 15
flac otic oil 59
flecainide 43
floxuridine 15
fluconazole 2
fluconazole in nacl (iso-osm) . 2
flucytosine 2
fludarabine 16
fludrocortisone 59
flumazenil 38
flunisolide 83
fluocinolone 55
fluocinolone acetonide oil 59
fluocinolone and shower cap 55
fluocinonide 55
fluocinonide-emollient 55
fluoride (sodium) 58, 89
fluorometholone 80
fluorouracil 16, 52
fluoxetine 38
fluphenazine decanoate 38
fluphenazine hcl 39
flurbiprofen 35
flurbiprofen sodium 80
fluticasone propionate 55, 83
FLUTICASONE PROPIONATE 83
fluticasone propion-salmeterol 83
fluvastatin 49
fluvoxamine 39
fomepizole 70
fondaparinux 48
formoterol fumarate 83
fosamprenavir 3
fosaprepitant 66
fosinopril 45
fosinopril-hydrochlorothiazide 45
fosphenytoin 26
FOTIVDA 16
fraiche 5000 58
FRUZAQLA 16
FULPHILA 69
fulvestrant 16
furosemide 45
FUZEON 3
FYARRO 16
fyavolv 76
FYCOMPA 26, 27

G

gabapentin 27
galantamine 31
gallifrey 76
GAMASTAN 70
ganciclovir sodium 3
GARDASIL 9 (PF) 70
gatifloxacin 79
GATTEX 30-VIAL 66
GATTEX ONE-VIAL 66
GAUZE PAD 72
gavilyte-c 66
gavilyte-g 66
gavilyte-n 66
GAVRETO 16
GAZYVA 16
gefitinib 16
gemcitabine 16
GEMCITABINE 16
gemfibrozil 49
generlac 66
gengraf 16
gentamicin 7, 54, 79
gentamicin in nacl (iso-osm) .. 7
gentamicin sulfate (ped) (pf) .. 7
GENVOYA 3
GILOTRIF 16
glatiramer 31
glatopa 31
GLEOSTINE 16
glimepiride 60
glipizide 60
glipizide-metformin 60
glutamine (sickle cell) 57
glycine urologic 86
glycine urologic solution 86
glycopyrrolate 65
glycopyrrolate (pf) 65
glycopyrrolate (pf) in water .. 65
glydo 52
GLYXAMBI 60
GOMEKLI 16
GRAFAPEX 16
granisetron (pf) 66
granisetron hcl 66
griseofulvin microsize 2
griseofulvin ultramicrosize 2
GVOKE 60
GVOKE HYPOPEN 1-PACK 61
GVOKE HYPOPEN 2-PACK 61
GVOKE PFS 1-PACK SYRINGE 61
GVOKE PFS 2-PACK SYRINGE 61

H

halobetasol propionate 56
haloperidol 39
haloperidol decanoate 39
haloperidol lactate 39
HAVRIX (PF) 70
heather 76
heparin (porcine) 48
heparin (porcine) in 5 % dex 48
heparin (porcine) in nacl (pf) 48
heparin(porcine) in 0.45% nacl 48
HEPARIN(PORCINE) IN 0.45% NACL 48
heparin, porcine (pf) 48
HEPARIN, PORCINE (PF) .. 48
HEPLISAV-B (PF) 70

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

This drug list was last updated on 09/16/2025.

HIBERIX (PF)....71
HIZENTRA....71
HUMALOG JUNIOR KWIKPEN U-100....61
HUMALOG KWIKPEN INSULIN....61
HUMALOG MIX 50-50 KWIKPEN....61
HUMALOG MIX 75-25 KWIKPEN....61
HUMALOG MIX 75-25(U-100)INSULN....61
HUMALOG U-100 INSULIN....61
HUMIRA (PREFERRED NDCS STARTING WITH 00074)....73
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)....73
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074)....74
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074)....74
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS NDCS STARTING WITH 00074)....74
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074)....74
HUMULIN 70/30 U-100 INSULIN....61
HUMULIN 70/30 U-100 KWIKPEN....61
HUMULIN N NPH INSULIN KWIKPEN....61
HUMULIN N NPH U-100 INSULIN....61
HUMULIN R REGULAR U-100 INSULN....61
HUMULIN R U-500 (CONC) INSULIN....61
HUMULIN R U-500 (CONC) KWIKPEN....61
hydralazine....45
hydrochlorothiazide....45
*hydrocodone-acetaminophen*33
hydrocodone-ibuprofen....33
hydrocortisone....56, 59, 66
hydrocortisone-acetic acid...59
hydromorphone....33, 34
hydromorphone (pf)....33
hydroxychloroquine....7
hydroxyurea....16
hydroxyzine hcl....81
HYPERHEP B....71
HYPERHEP B NEONATAL....71

I

ibandronate....72, 73
IBRANCE....16
IBTROZI....16
ibu....35
ibuprofen....35
ibutilide fumarate....43
icatibant....83
ICLUSIG....16
icosapent ethyl....49
idarubicin....16
IDHIFA....17
ifosfamide....17
ILARIS (PF)....69
imatinib....17
IMBRUVICA....17
IMDELLTRA....17
IMFINZI....17
imipenem-cilastatin....7
imipramine hcl....39
imiquimod....52
IMJUDO....17
IMKELDI....17
IMOVAX RABIES VACCINE (PF)....71
IMVEXXY MAINTENANCE PACK....76
IMVEXXY STARTER PACK....76
INBRIJA....29
incassia....76
INCRELEX....57
indapamide....45
INFANRIX (DTAP) (PF).....71
INGREZZA....31
INGREZZA INITIATION PK(TARDIV)....31
INGREZZA SPRINKLE.....32
INLYTA....17
INPEFA....61
INQOVI....17
INREBIC....17
INSULIN LISPRO....61
INSULIN SYRINGE-NEEDLE U-100....72
INTELENCE....3
intralipid....88
introvale....77
INVEGA HAFYERA....39
INVEGA SUSTENNA....39
INVEGA TRINZA....39, 40
INVELTYS....80
IPOL....71
ipratropium bromide.....58, 83
ipratropium-albuterol....83
irbesartan....45
irbesartan-hydrochlorothiazide....45
irinotecan....17
ISENTRESS....3
ISENTRESS HD....3
isibloom....77
ISOLYTE S PH 7.4....88
ISOLYTE-P IN 5 % DEXTROSE....88
ISOLYTE-S....88
isoniazid....7
isosorbide dinitrate....50
isosorbide mononitrate....50
isosorbide-hydralazine....45
isotretinoin....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 09/16/2025.

isradipine 45
ISTODAX 17
ITOVEBI 17
itraconazole 2
ivabradine 50
ivermectin 7
IWILFIN 17
IXEMPRA 17
IXIARO (PF) 71
J
JAKAFI 17
jantoven 48
JANUMET 61
JANUMET XR 61
JANUVIA 61
JARDIANCE 61
jasmiel (28) 77
JAYPIRCA 17, 18
JEMPERLI 18
jencycla 76
JENTADUETO 61
JENTADUETO XR 62
JEVTANA 18
jinteli 76
jolessa 77
JOURNAVX 35
JUBBONTI 73
juleber 77
JULUCA 3
JYLAMVO 18
JYNNEOS (PF) 71
K
KADCYLA 18
KALETRA 3
kalliga 77
KALYDECO 83
KANUMA 64
kariva (28) 77
kelnor 1/35 (28) 77
kelnor 1/50 (28) 77
KERENDIA 45
KESIMPTA PEN 32
ketoconazole 2, 54
ketorolac 80
KEYTRUDA 18
KHAPZORY 11
KIMMTRAK 18
KINRIX (PF) 71
kionex (with sorbitol) 57
KISQALI 18
KISQALI FEMARA CO-PACK 18
klayesta 54
klor-con 10 87
klor-con 8 87
klor-con m10 87
klor-con m15 87
klor-con m20 87
klor-con oral packet 20 87
klor-con/ef 87
KOSELUGO 18
kourzeq 58
K-PHOS NO 2 86
K-PHOS ORIGINAL 86
KRAZATI 18
kurvelo (28) 77
KYPROLIS 18
L
l norgest/e.estradiol-e.estrad 77
labetalol 45
lacosamide 27
lactated ringers 56, 87
lactulose 66
lamivudine 3
lamivudine-zidovudine 3
lamotrigine 27
lanreotide 18
lansoprazole 69
LANTUS SOLOSTAR U-100 INSULIN 62
LANTUS U-100 INSULIN 62
lapatinib 18
larin 1.5/30 (21) 77
larin 1/20 (21) 77
larin 24 fe 77
larin fe 1.5/30 (28) 77
larin fe 1/20 (28) 77
latanoprost 80
LAZCLUZE 18
LEDIPASVIR-SOFOSBUVIR 3
leflunomide 74
lenalidomide 18
LENVIMA 18
lessina 77
letrozole 18
leucovorin calcium 11
LEUKERAN 18
leuprolide 19
levetiracetam 27
levetiracetam in nacl (iso-os) 27
levobunolol 79
levocarnitine 57
levocarnitine (with sugar) 57
levocetirizine 81
levofloxacin 10, 79
levofloxacin in d5w 10
levoleucovorin calcium 11
levonest (28) 77
levonorgestrel-ethinyl estrad 78
levonorg-eth estrad triphasic 78
levora-28 78
levo-t 65
levothyroxine 65
levoxyl 65
LIBTAYO 19
lidocaine 53
lidocaine (pf) 43, 52
lidocaine hcl 52, 53
lidocaine in 5 % dextrose (pf) 43
lidocaine viscous 53
lidocaine-epinephrine 53
lidocaine-epinephrine (pf) 53
lidocaine-prilocaine 53
lidocan iii 53
lidocan iv 53
lidocan v 53
LILETTA 76
lincomycin 7
linezolid 7
linezolid in dextrose 5% 7
linezolid-0.9% sodium chloride 7
LINZESS 66
liothyronine 65
lisinopril 45

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

This drug list was last updated on 09/16/2025.

lisinopril-hydrochlorothiazide 45
lithium carbonate 40
lithium citrate 40
LIVTENCITY 3
LOKELMA 57
LONSURF 19
loperamide 65
lopinavir-ritonavir 3
LOQTORZI 19
lorazepam 40
lorazepam intensol 40
LORBRENA 19
loryna (28) 78
losartan 45
losartan-hydrochlorothiazide 45
loteprednol etabonate 81
lovastatin 49
low-ogestrel (28) 78
loxapine succinate 40
lo-zumandimine (28) 78
lubiprostone 66
LUMAKRAS 19
LUMIGAN 80
LUMIZYME 64
LUNSUMIO 19
LUPRON DEPOT 19
lurasidone 40
lutera (28) 78
lyleq 76
lyllana 76
LYNOZYFIC 19
LYNPARZA 19
LYSODREN 19
LYTGOBI 19
LYUMJEV KWIKPEN U-100 INSULIN 62
LYUMJEV KWIKPEN U-200 INSULIN 62
LYUMJEV U-100 INSULIN 62
lyza 76

M

magnesium chloride 87
magnesium sulfate 87
MAGNESIUM SULFATE IN D5W 87
magnesium sulfate in water 87
malathion 56
mannitol 20 % 45
mannitol 25 % 45
maraviroc 4
MARGENZA 19
marlissa (28) 78
MARPLAN 40
MATULANE 19
matzim la 46
MAVYRET 4
meclizine 66
medroxyprogesterone 76
mefloquine 7
megestrol 19
MEKINIST 19
MEKTOVI 19
meleya 76
meloxicam 35
melphalan hcl 19
memantine 32
memantine-donepezil 32
MENQUADFI (PF) 71
MENVEO A-C-Y-W-135-DIP (PF) 71
MEPSEVII 64
mercaptopurine 19
meropenem 8
mesalamine 66, 67
mesalamine with cleansing wipe 67
mesna 11
MESNEX 12
metformin 62
methadone 34
methadone intensol 34
methadose 34
methazolamide 80
methenamine hippurate 11
methenamine mandelate 11
methimazole 60
methotrexate sodium 19
methotrexate sodium (pf) 19, 20
methoxsalen 53
methsuximide 27
methylergonovine 78
methylphenidate hcl 40
methylprednisolone 59
methylprednisolone acetate 59
methylprednisolone sodium succ 59
metoclopramide hcl 67
metolazone 46
metoprolol succinate 46
metoprolol ta-hydrochlorothiaz 46
metoprolol tartrate 46
metro i.v. 8
metronidazole 8, 54, 76
metronidazole in nacl (iso-os) 8
metyrosine 46
mexiletine 43
micafungin 2
microgestin 1.5/30 (21) 78
microgestin 1/20 (21) 78
microgestin fe 1.5/30 (28) 78
microgestin fe 1/20 (28) 78
midodrine 57
MIEBO (PF) 80
mifepristone 64, 76
mili 78
milrinone 50
milrinone in 5 % dextrose 50
mimvey 76
minocycline 11
minoxidil 46
miostat 80
mirabegron 86
mirtazapine 40
misoprostol 69
mitomycin 20
mitoxantrone 20
M-M-R II (PF) 71
modafinil 40
moexipril 46
molindone 40
mometasone 56, 83
mondoxyne nl 11
MONJUVI 20
mono-linyah 78

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

This drug list was last updated on 09/16/2025.

montelukast.....84
morphine.....34
morphine (pf).....34
morphine concentrate.....34
MOUNJARO.....62
moxifloxacin.....10, 79
moxifloxacin-sod.chloride(iso).....10
MRESVIA (PF).....71
MULTAQ.....43
mupirocin.....54
mycophenolate mofetil.....20
mycophenolate mofetil (hcl).20
mycophenolate sodium.....20
MYFEMBREE.....76
MYHIBBIN.....20
MYLOTARG.....20
MYRBETRIQ.....86
N
nabumetone.....35
nadolol.....46
nafcillin.....10
nafcillin in dextrose iso-osm 10
naftifine.....54
NAGLAZYME.....64
nalbuphine.....35
naloxone.....35
naltrexone.....36
NAMZARIC.....32
naproxen.....36
naproxen sodium.....36
naratriptan.....30
NATACYN.....79
nateglinide.....62
NAYZILAM.....27
nebivolol.....46
nefazodone.....40
nelarabine.....20
neomycin.....8
*neomycin-bacitracin-poly-hc*80
neomycin-bacitracin-polymyxin.....79
neomycin-polymyxin b gu.....56
neomycin-polymyxin b-dexameth.....80
neomycin-polymyxin-gramicidin.....79
neomycin-polymyxin-hc..59, 80
neo-polycin.....79
neo-polycin hc.....80
NERLYNX.....20
NEUPRO.....29
nevirapine.....4
NEXLETOL.....49
NEXLIZET.....49
NEXPLANON.....76
niacin.....49
nicardipine.....46
NICOTROL NS.....58
nifedipine.....46
nikki (28).....78
nilotinib hcl.....20
nilutamide.....20
nimodipine.....46
NINLARO.....20
nitazoxanide.....8
nitisinone.....57
nitro-bid.....50
nitrofurantoin macrocrystal.11
nitrofurantoin monohyd/m-cryst.....11
nitroglycerin.....51, 67
nitroglycerin in 5 % dextrose.....51
NIVESTYM.....69
nizatidine.....69
nora-be.....76
norelgestromin-ethin.estradiol.....77
norepinephrine bitartrate.....50
norethindrone (contraceptive).....76
norethindrone acetate.....76
norethindrone ac-eth estradiol.....76, 78
norgestimate-ethinyl estradiol.....78
nortrel 0.5/35 (28).....78
nortrel 1/35 (21).....78
nortrel 1/35 (28).....78
nortrel 7/7/7 (28).....78
nortriptyline.....40
NORVIR.....4
NUBEQA.....20
NUCALA.....84
NUEDEXTA.....32
NULOJIX.....20
NUPLAZID.....40
NURTEC ODT.....30
nyamyc.....54
nystatin.....2, 54
nystatin-triamcinolone.....54
nystop.....54
NYVEPRIA.....69
O
OCALIVA.....67
octreotide acetate.....20
octreotide,microspheres.....20
ODEFSEY.....4
ODOMZO.....20
OFEV.....84
ofloxacin.....59, 79
OGSIVEO.....20
OJEMDA.....20, 21
OJJAARA.....21
olanzapine.....40
olmesartan.....46
olmesartan-amlodipin-hcthiazid.....46
olmesartan-hydrochlorothiazide.....46
omega-3 acid ethyl esters.....49
omeprazole.....69
OMNIPOD 5 (G6/LIBRE 2 PLUS).....72
OMNIPOD 5 G6-G7 INTRO KT(GEN5).....72
OMNIPOD 5 G6-G7 PODS (GEN 5).....72
OMNIPOD 5 INTRO(G6/LIBRE2PLUS).....72
OMNIPOD DASH INTRO KIT (GEN 4).....72
OMNIPOD DASH PODS (GEN 4).....72
OMNITROPE.....69

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

This drug list was last updated on 09/16/2025.

ONCASPAR 21
ondansetron 67
ondansetron hcl 67
ondansetron hcl (pf) 67
ONIVYDE 21
ONUREG 21
OPDIVO 21
OPDIVO QVANTIG 21
OPDUALAG 21
OPIPZA 40
opium tincture 65
OPSUMIT 84
OPSYNVI 84
oralone 58
ORENCIA 74
ORENCIA (WITH MALTOSE) 74
ORENCIA CLICKJECT 74
ORGOVYX 21
ORKAMBI 84
orquidea 76
ORSERDU 21
oseltamivir 4
osmitrol 20 % 46
OTEZLA 74
OTEZLA STARTER 74
oxacillin 10
oxacillin in dextrose(iso-osm) 10
oxaliplatin 21
oxaprozin 36
oxcarbazepine 27
OXERVATE 80
oxybutynin chloride 86
oxycodone 34
oxycodone-acetaminophen ... 34
OXYCONTIN 34, 35
OZEMPIC 62
OZURDEX 81

P

pacerone 43
paclitaxel 21
paclitaxel protein-bound 21
PADCEV 21
paliperidone 41
palonosetron 67
pamidronate 64
PANRETIN 53
pantoprazole 69
paraplatin 21
paricalcitol 64
paroxetine hcl 41
PAVBLU 80
PAXLOVID 4
pazopanib 21
PEDIARIX (PF) 71
PEDVAX HIB (PF) 71
peg 3350-electrolytes 67
PEGASYS 69
peg-electrolyte 67
PEMAZYRE 21
pemetrexed disodium 21
PEN NEEDLE, DIABETIC . 72
PENBRAYA (PF) 71
penciclovir 55
penicillamine 74
PENICILLIN G POT IN DEXTROSE 10
penicillin g potassium 10
penicillin g sodium 10
penicillin v potassium 10
PENMENVY MEN A-B-C-W-Y (PF) 71
PENTACEL (PF) 71
pentamidine 8
pentobarbital sodium 41
pentoxifylline 48
perampanel 28
perindopril erbumine 46
periogard 58
PERJETA 21
permethrin 56
perphenazine 41
pfizerpen-g 10
phenelzine 41
phenobarbital 28
phenobarbital sodium 28
phentolamine 46
phenytoin 28
phenytoin sodium 28
phenytoin sodium extended .. 28
philith 78
PIFELTRO 4
pilocarpine hcl 57, 80
pimecrolimus 53
pimozide 41
pimtrea (28) 78
pindolol 46
pioglitazone 62
piperacillin-tazobactam 10
PIQRAY 21, 22
pirfenidone 84
piroxicam 36
pitavastatin calcium 49
PLEGRIDY 69, 70
PLENAMINE 88
plerixafor 70
podofilox 53
POLIVY 22
polocaine 53
polocaine-mpf 53
polycin 79
polymyxin b sulf-trimethoprim 79
POMALYST 22
portia 28 78
posaconazole 2
potassium acetate 87
potassium chlorid-d5-0.45%nacl 87
potassium chloride 87, 88
potassium chloride in 0.9%nacl 87
potassium chloride in 5 % dex 87
potassium chloride in lr-d5 .. 87
potassium chloride in water . 87
potassium chloride-0.45 % nacl 88
potassium chloride-d5-0.2%nacl 88
potassium chloride-d5-0.9%nacl 88
potassium citrate 86
potassium phosphate m-/d-basic 88
POTELIGEO 22
PRALATREXATE 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 09/16/2025.

pramipexole 29
prasugrel hcl 48
pravastatin 49
praziquantel 8
prazosin 46
prednicarbate 56
prednisolone 59
prednisolone acetate 81
prednisolone sodium phosphate 59, 81
prednisone 59, 60
prednisone intensol 59
pregabalin 28
PREMARIN 76
premasol 10 % 88
PREMPHASE 76
PREMPRO 76
prenatal vitamin oral tablet .. 89
prevalite 49
PREVYMIS 4
PREZCOBIX 4
PREZISTA 4
PRIFTIN 8
PRIMAQUINE 8
primidone 28
PRIMIDONE 28
PRIORIX (PF) 71
PRIVIGEN 71
probenecid 72
probenecid-colchicine 72
procainamide 43
prochlorperazine 67
prochlorperazine edisylate ... 67
prochlorperazine maleate oral 67
PROCRIT 70
procto-med hc 67
proctosol hc 67
proctozone-hc 67
progesterone 76
progesterone micronized 76
PROGRAF 22
PROLASTIN-C 57
PROLIA 73
PROMACTA 48
promethazine 81
propafenone 43, 44
propranolol 46
propylthiouracil 60
PROQUAD (PF) 71
protamine 48
protriptyline 41
PULMICORT FLEXHALER 84
PULMOZYME 84
PURIXAN 22
pyrazinamide 8
pyridostigmine bromide 32
pyrimethamine 8
Q
QINLOCK 22
QUADRACEL (PF) 71
quetiapine 41
quinapril 46
quinapril-hydrochlorothiazide 46
quinidine sulfate 44
quinine sulfate 8
QULIPTA 30
QVAR REDIHALER 84
R
RABAVERT (PF) 71
RADICAVA ORS 32
RADICAVA ORS STARTER KIT SUSP 32
RALDESY 41
raloxifene 73
ramelteon 41
ramipril 46
ranolazine 50
rasagiline 29
reclipsen (28) 78
RECOMBIVAX HB (PF) 71
RELENZA DISKHALER 4
RELEUKO 70
RELISTOR 67
REMICADE 67
RENACIDIN 86
repaglinide 62
REPATHA 49
REPATHA PUSHTRONEX 49
REPATHA SURECLICK 49
RETACRIT 70
RETEVMO 22
RETROVIR 4
REVLIMID 22
revonto 32
REVUFORJ 22
REXULTI 41
REYATAZ 4
REZDIFFRA 57
REZLIDHIA 22
REZUROCK 22
RHOPRESSA 80
ribavirin 4
RIDAURA 74
rifabutin 8
rifampin 8
riluzole 57
rimantadine 4
ringer's 56, 88
RINVOQ 75
RINVOQ LQ 75
risedronate 57, 73
risperidone 41
risperidone microspheres 41
ritonavir 4
rivaroxaban 48
rivastigmine 32
rivastigmine tartrate 32
rizatriptan 30
ROCKLATAN 80
roflumilast 84
romidepsin 22
ROMVIMZA 22
ropinirole 30
rosuvastatin 50
ROTARIX 71
ROTATEQ VACCINE 71
roweepra 28
ROZLYTREK 22
RUBRACA 22
rufinamide 28
RUKOBIA 4
RUXIENCE 22
RYBELSUS 62
RYBREVANT 22
RYDAPT 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 09/16/2025.

RYLAZE 22
RYTELO 22
S
sacubitril-valsartan 50
sajazir 84
salsalate 36
SANCUSO 67
SANDOSTATIN LAR DEPOT 22
SANTYL 53
sapropterin 64
SARCLISA 22
SAVELLA 75
saxagliptin 62
saxagliptin-metformin 62
SCEMBLIX 23
scopolamine base 67
SECUADO 41
SEGLUROMET 62, 63
SELARSDI 51
selegiline hcl 30
selenium sulfide 51
SELZENTRY 4
sertraline 42
setlakin 78
sevelamer carbonate 57
sf 58
sf 5000 plus 58
sharobel 76
SHINGRIX (PF) 71
SIGNIFOR 23
sildenafil (pulmonary arterial hypertension) 85
silver sulfadiazine 53
SIMBRINZA 80
SIMULECT 23
simvastatin 50
sirolimus 23
SIRTURO 8
SKYRIZI 51, 67, 68
sodium acetate 88
sodium benzoate-sod phenylacet 57
sodium bicarbonate 88
sodium chloride 57, 88
sodium chloride 0.45 % 88
sodium chloride 0.9 % 57
sodium chloride 3 % hypertonic 88
sodium chloride 5 % hypertonic 88
sodium fluoride 5000 dry mouth 58
sodium fluoride 5000 plus 58
sodium fluoride-pot nitrate 58
sodium nitroprusside 50
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054) 42
sodium phenylbutyrate 57
sodium phosphate 88
sodium polystyrene sulfonate 57
sodium,potassium,mag sulfates 68
SOFOSBUVIR-VELPATASVIR 4
solifenacin 86
SOLIQUA 100/33 63
SOLTAMOX 23
SOMATULINE DEPOT 23
SOMAVERT 64
sorafenib 23
sotalol 44
sotalol af 44
SOTYKTU 51
SPIRIVA RESPIMAT 85
spironolactone 46
spironolacton-hydrochlorothiaz 46
SPRAVATO 42
sprintec (28) 78
SPRITAM 28
SPRYCEL 23
sps (with sorbitol) 57
sronyx 78
ssd 53
STEGLATRO 63
STELARA 51, 52
STIOLTO RESPIMAT 85
STIVARGA 23
STRENSIQ 64
STREPTOMYCIN 8
STRIBILD 4
STRIVERDI RESPIMAT 85
SUBLOCADE 35
subvenite 28
SUCRAID 68
sucralfate 69
sulfacetamide sodium 80
sulfacetamide sodium (acne) 54
sulfacetamide-prednisolone 80
sulfadiazine 10
sulfamethoxazole-trimethoprim 11
sulfasalazine 68
sulindac 36
sumatriptan nasal 30
sumatriptan succinate 30
sunitinib malate 23
SUNLENCA 4
syeda 78
SYLVANT 23
SYMDEKO 85
SYMLINPEN 120 63
SYMLINPEN 60 63
SYMPAZAN 28
SYMPROIC 68
SYMTUZA 4
SYNAGIS 4
SYNJARDY 63
SYNJARDY XR 63
T
TABLOID 23
TABRECTA 23
tacrolimus 23, 53
tadalafil 86
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg 85
TAFINLAR 23
TAGRISSO 23
TALVEY 23
TALZENNA 23
tamoxifen 23
tamsulosin 86
tarina fe 1-20 eq (28) 78
TASIGNA 23

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

This drug list was last updated on 09/16/2025.

tazarotene 54
tazicef 6
TAZVERIK 23
TECENTRIQ 23
TECENTRIQ HYBREZA 23
TECVAYLI 23
TEFLARO 6
telmisartan 46
telmisartan-amlodipine 46
telmisartan-hydrochlorothiazid 46
TEMODAR 23
temsirolimus 23
TENIVAC (PF) 71
tenofovir disoproxil fumarate 4
TEPMETKO 23
terazosin 46
terbinafine hcl 2
terbutaline 85
terconazole 77
teriflunomide 32
teriparatide 73
testosterone 64, 65
testosterone cypionate 64
testosterone enanthate 64
tetrabenazine 32
tetracycline 11
TEVIMBRA 24
THALOMID 24
theophylline 85
thioridazine 42
thiotepa 24
thiothixene 42
tiadylt er 46
tiagabine 29
TIBSOVO 24
ticagrelor 48
TICE BCG 71
TICOVAC 71
tigecycline 8
tilia fe 78
timolol maleate 46, 79
tinidazole 8
tiotropium bromide 85
TIVDAK 24
TIVICAY 5
TIVICAY PD 5
tizanidine 32
TOBI PODHALER 8
TOBRADEX 80
tobramycin 8, 79
tobramycin in 0.225 % nacl 8
tobramycin sulfate 8
tobramycin-dexamethasone 80
tolterodine 86
tolvaptan 65
tolvaptan (polycys kidney dis) 65
topiramate 29
topotecan 24
toremifene 24
torpenz 24
torsemide 46
TOUJEO MAX U-300 SOLOSTAR 63
TOUJEO SOLOSTAR U-300 INSULIN 63
TRADJENTA 63
tramadol 36
tramadol-acetaminophen 36
trandolapril 46
trandolapril-verapamil 46
tranexamic acid 77
tranylcypromine 42
travasol 10 % 88
travoprost 80
TRAZIMERA 24
trazodone 42
TRELEGY ELLIPTA 85
TRELSTAR 24
TREMFYA 52
TREMFYA PEN 52
TREMFYA PEN INDUCTION PK-CROHN 52
treprostinil sodium 47
tretinoin (antineoplastic) 24
tretinoin topical 54
triamcinolone acetonide 56, 58, 60
triamterene-hydrochlorothiazid 47
tridacaine ii 53
triderm 56
trientine 58
tri-estarylla 78
trifluoperazine 42
trifluridine 79
trihexyphenidyl 30
TRIJARDY XR 63
TRIKAFTA 85
tri-legest fe 78
tri-linyah 78
tri-lo-estarylla 78
tri-lo-marzia 78
tri-lo-sprintec 78
trimethoprim 11
trimipramine 42
TRINTELLIX 42
tri-sprintec (28) 78
TRIUMEQ 5
TRIUMEQ PD 5
TRODELVY 24
TROGARZO 5
TROPHAMINE 10 % 89
trospium 86
TRULANCE 68
TRULICITY 63
TRUMENBA 71
TRUQAP 24
TUKYSA 24
TURALIO 24
turqoz (28) 78
TWINRIX (PF) 71
TYENNE 75
TYENNE AUTOINJECTOR 75
TYPHIM VI 71
TYVASO 85
TYVASO INSTITUTIONAL START KIT 85
TYVASO REFILL KIT 85
TYVASO STARTER KIT 85

U

UBRELVY 30
ULTRA-FINE INSULIN SYRINGE 72
unithroid 65

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

This drug list was last updated on 09/16/2025.

UNITUXIN 24
UPTRAVI 47
ursodiol 68
UZEDY 42
V
valacyclovir 5
VALCHLOR 53
valganciclovir 5
valproate sodium 29
valproic acid 29
valproic acid (as sodium salt) 29
valrubicin 24
valsartan 47
valsartan-hydrochlorothiazide 47
VALTOCO 29
vancomycin 8, 9
VANCOMYCIN IN 0.9 % SODIUM CHL 8
VANFLYTA 24
VAQTA (PF) 71
varenicline tartrate 58
VARIVAX (PF) 72
VARIZIG 72
VARUBI 68
VAXCHORA VACCINE 72
VECTIBIX 24
veletri 47
velivet triphasic regimen (28) 78
VELPHORO 58
VELTASSA 58
VEMLIDY 5
VENCLEXTA 24
VENCLEXTA STARTING PACK 24
venlafaxine 42
verapamil 47
VERQUVO 50
VERSACLOZ 42
VERZENIO 24
vestura (28) 78
VIBATIV 9
VIBERZI 68
vienva 78
vigabatrin 29
vigadrone 29
vigpoder 29
vilazodone 43
VIMIZIM 65
VIMKUNYA 72
vinblastine 24
vincristine 24
vinorelbine 24
viorele (28) 78
VIRACEPT 5
VIREAD 5
VITRAKVI 24
VIVITROL 36
VIVOTIF 72
VIZIMPRO 25
VONJO 25
VORANIGO 25
voriconazole 2
voriconazole-hpbcd 2
VOSEVI 5
VOWST 68
VRAYLAR 43
VUMERITY 32
VYLOY 25
VYNDAMAX 50
VYNDAQEL 50
VYVGART 32
VYVGART HYTRULO 32
VYXEOS 25
W
warfarin 48
water for irrigation, sterile 58
WELIREG 25
wera (28) 78
wescap-pn dha 89
wixela inhub 85
WYOST 12
X
XALKORI 25
XARELTO 49
XARELTO DVT-PE TREAT 30D START 49
XCOPRI 29
XCOPRI MAINTENANCE PACK 29
XCOPRI TITRATION PACK 29
XDEMVY 80
XELJANZ 75
XELJANZ XR 75
XERMELO 25
XGEVA 12
XIAFLEX 58
XIFAXAN 9
XIGDUO XR 63
XIIDRA 80
XOFLUZA 5
XOLAIR 85, 86
XOSPATA 25
XPOVIO 25
XTANDI 25
xulane 77
Y
YERVOY 25
YESINTEK 52
YF-VAX (PF) 72
YONDELIS 25
YUFLYMA(CF) 75
YUFLYMA(CF) AI CROHN'S-UC-HS 75
YUFLYMA(CF) AUTOINJECTOR 75
yuvafem 76
Z
zafemy 77
zafirlukast 86
zaleplon 43
ZALTRAP 25
ZANOSAR 25
ZEJULA 25
ZELBORAF 25
zenatane 54
ZENPEP 68
ZEPOSIA 32
ZEPOSIA STARTER KIT (28-DAY) 32
ZEPOSIA STARTER PACK (7-DAY) 32
ZEPZELCA 25
zidovudine 5
ZIIHERA 25

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

This drug list was last updated on 09/16/2025.

ziprasidone hcl 43
ziprasidone mesylate 43
ZIRABEV 25
ZIRGAN 79
ZOLADEX 25
zoledronic acid 65
zoledronic acid-mannitol-water 58
ZOLINZA 25
zolpidem 43
ZONISADE 29
zonisamide 29
zovia 1-35 (28) 78
ZTALMY 29
ZUBSOLV 36
zumandimine (28) 78
ZURZUVAE 43
ZYDELIG 25
ZYKADIA 25
ZYMFENTRA 68
ZYNLONTA 25
ZYNYZ 25
ZYPREXA RELPREVV 43

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

This drug list was last updated on 09/16/2025.