RiverSpring MAP (HMO D-SNP)

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

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This formulary was updated on 10/14/2025. For more recent information or other questions, please contact us, RiverSpring Health Plan Member Services, at 1-800-362-2266 or, for TTY users, TTY/TDD 711, seven days a week from 8 a.m. to 8 p.m., or visit https://riverspringhealthplans.org/.

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Table of Contents

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

When this Drug List (Formulary) refers to "we," "us", or "our," it means RiverSpring MAP (HMO D-SNP). When it refers to "plan" or "our plan," it means RiverSpring MAP (HMO D-SNP).

This document includes a Drug List (formulary) for our plan which is current as October 10, 2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the RiverSpring MAP formulary?

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

Can the formulary change?

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the RiverSpring MAP (HMO D-SNP)'s Formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions both after we add a corresponding drug. We may also apply new restrictions to the brand name drug or original biological product, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30-days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as October 10, 2024. To get updated information about the drugs covered by RiverSpring MAP (HMO D-SNP) please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR, HYPERTENSION / LIPIDS. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 90. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5*,* Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** RiverSpring MAP (HMO D-SNP) requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from RiverSpring MAP (HMO D-SNP) before you fill your prescriptions. If you don't get approval, RiverSpring MAP (HMO D-SNP) may not cover the drug.

- **Quantity Limits:** For certain drugs, RiverSpring MAP (HMO D-SNP) limits the amount of the drug that RiverSpring MAP (HMO D-SNP) will cover. For example, RiverSpring MAP (HMO D-SNP) provides a DOSE PACK 150-100 MG per prescription for PAXLOVID ORAL TABLETS. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, RiverSpring MAP (HMO D-SNP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, RiverSpring MAP (HMO D-SNP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, RiverSpring MAP (HMO D-SNP) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our

website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask RiverSpring MAP (HMO D-SNP) to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the RiverSpring MAP (HMO D-SNP)'s formulary?" on page IV for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. RiverSpring MAP (HMO D-SNP) may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that RiverSpring MAP (HMO D-SNP) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by RiverSpring MAP (HMO D-SNP). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by RiverSpring MAP (HMO D-SNP).

- You can ask RiverSpring MAP (HMO D-SNP) to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the RiverSpring MAP (HMO D-SNP)'s Formulary?

You can ask RiverSpring MAP (HMO D-SNP) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, RiverSpring MAP (HMO D-SNP) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to

an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

In some cases, enrollees who change treatment settings due to a change in level of care. Enrollees who are undergoing a change in care are eligible for a temporary supply to ensure the continuity of needed medications across care settings. If the enrollee is not in their transition period during their care change, or is in the transition period but has already received their transition supply fill days maximum, the system will reject the claim and appropriate reject codes are returned to the pharmacy. Express Scripts provides additional secondary messaging (If Level of Care) and training to inform the network pharmacy of the appropriate procedure. In the circumstance where an enrollee is changing care setting and may not have access to current prescriptions, the network pharmacy may contact the Express Scripts help desk for an override to dispense a temporary transition supply. Appropriate transition notifications are generated to the enrollee and the prescriber in the required timetable. As these enrollees are vulnerable to disruption in care, Express Scripts also provides daily rejected claims data to the Plans for oversight of these enrollees experiencing a change in their care to assure the transition has been effectuated.

For more information

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

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

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

RiverSpring MAP (HMO D-SNP) Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by RiverSpring MAP (HMO D-SNP). If you have trouble finding your drug in the list, turn to the Index that begins on page 90.

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

The information in the Requirements/Limits column tells you if RiverSpring MAP (HMO D-SNP) has any special requirements for coverage of your drug.

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		
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

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

This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
CABENUVA	1	MO
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)

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

This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
lopinavir-ritonavir oral tablet	1	MO
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	

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

This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
SYMTUZA	1	MO
SYNAGIS	1	MO; LA
tenofovir disoproxil fumarate	1	MO
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	

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

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Drug Name	Drug Tier	Requirements /Limits
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
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

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

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Drug Name	Drug Tier	Requirements /Limits
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		
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)

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

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Drug Name	Drug Tier	Requirements /Limits
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
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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	

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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)

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

This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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

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This drug list was last updated on 10/14/2025.

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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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

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Drug Name	Drug Tier	Requirements /Limits
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
HERNEXEOS	1	PA; MO; QL (90 per 30 days)
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
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)

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This drug list was last updated on 10/14/2025.

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

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Drug Name	Drug Tier	Requirements /Limits
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
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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
MODEYSO	1	PA; QL (20 per 28 days)
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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)
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)

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Drug Name	Drug Tier	Requirements /Limits
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
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)

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Drug Name	Drug Tier	Requirements /Limits
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
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)

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Drug Name	Drug Tier	Requirements /Limits
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)
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

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Drug Name	Drug Tier	Requirements /Limits
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 (224 per 28 days)
ZEPZELCA	1	PA
ZIIHERA	1	PA
ZIRABEV	1	B/D PA; MO
ZOLADEX	1	PA; MO
ZOLINZA	1	PA; MO; QL (120 per 30 days)
ZYDELIG	1	PA; MO; QL (60 per 30 days)
ZYKADIA	1	PA; MO; QL (90 per 30 days)
ZYNLONTA	1	PA; LA
ZYNYZ	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
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

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Drug Name	Drug Tier	Requirements /Limits
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
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)
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)

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Drug Name	Drug Tier	Requirements /Limits
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
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	
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended oral capsule 100 mg	1	MO

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Drug Name	Drug Tier	Requirements /Limits
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, 750 MG	1	
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 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)
tiagabine	1	MO
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	PA; MO
topiramate oral solution	1	PA; MO
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	MO; QL (28 per 180 days)
ZONISADE	1	PA; MO
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
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)

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Drug Name	Drug Tier	Requirements /Limits
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)
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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; MO; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; MO; 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)
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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

Drug Name	Drug Tier	Requirements /Limits
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)
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) injection syringe 100 mcg/2 ml (50 mcg/ml)	1	

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
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	

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
lurbiro	1	
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
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
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

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Drug Name	Drug Tier	Requirements /Limits
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)
FANAPT TITRATION PACK B	1	ST; QL (12 per 180 days)
FANAPT TITRATION PACK C	1	ST; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	1	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	QL (30 per 30 days)
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
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	

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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	
vilazodone	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	1	MO; QL (30 per 30 days)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
propafenone oral tablet	1	MO
quinidine sulfate oral tablet	1	MO
sotalol af	1	
sotalol oral	1	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol	1	MO

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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	

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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	MO; QL (775 per 28 days)
rivaroxaban oral tablet	1	MO; QL (60 per 30 days)
ticagrelor	1	MO
warfarin	1	MO
XARELTO DVT-PE TREAT 30D START	1	MO; QL (51 per 180 days)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
rosuvastatin	1	MO; QL (30 per 30 days)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
STELARA INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
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 ONE-PRESS	1	PA; MO; QL (2 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 SYRINGE	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	
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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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	
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	

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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 topical cream	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)

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

This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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	
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

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

This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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	
trientine oral capsule 250 mg	1	PA; MO
VELPHORO	1	PA; MO
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	1	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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		
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	
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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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	
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

Drug Name	Drug Tier	Requirements /Limits
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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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

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Drug Name	Drug Tier	Requirements /Limits
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)
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)

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Drug Name	Drug Tier	Requirements /Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; QL (3 per 28 days)
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)
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; QL (10.8 per 30 days)
SYMLINPEN 60	1	PA; 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)

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; MO

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
testosterone cypionate intramuscular oil 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)
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
liomny	1	
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	

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Drug Name	Drug Tier	Requirements /Limits
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
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

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Drug Name	Drug Tier	Requirements /Limits
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
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
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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	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
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

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This drug list was last updated on 10/14/2025.

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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
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)	1	

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Drug Name	Drug Tier	Requirements /Limits
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
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)

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Drug Name	Drug Tier	Requirements /Limits
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
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		

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
ACTEMRA ACTPEN	1	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)
BENLYSTA	1	PA; MO
CYLTEZO(CF) PEN	1	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	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)
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)

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Drug Name	Drug Tier	Requirements /Limits
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
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)

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Drug Name	Drug Tier	Requirements /Limits
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; MO
abigale lo	1	PA; MO
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)
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

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Drug Name	Drug Tier	Requirements /Limits
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, 0.0375 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 0.05 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 oral	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	
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

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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	MO
isibloom	1	MO
jasmiel (28)	1	MO
jolessa	1	MO
juleber	1	MO
kalliga	1	
kariva (28)	1	
kelnor 1/35 (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
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	

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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 1.5-30 mg-mcg	1	
norethindrone ac-eth estradiol oral tablet 1-20 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
OPHTHALMOLOGY		
ANTIBIOTICS		
bacitracin ophthalmic (eye)	1	
bacitracin-polymyxin b	1	MO

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Drug Name	Drug Tier	Requirements /Limits
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)

Drug Name	Drug Tier	Requirements /Limits
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)
CYSTARAN	1	PA
epinastine	1	MO
EYLEA	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
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
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

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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 10/14/2025.

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	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)
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)

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

This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
montelukast oral granules in packet	1	MO
montelukast oral tablet	1	MO
montelukast oral tablet,chewable	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 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	1	

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

This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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)
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days)

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

This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
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		
albumin, human 25 %	1	

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
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 10/14/2025.

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	

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This drug list was last updated on 10/14/2025.

Drug Name	Drug Tier	Requirements /Limits
PLENAMINE	1	B/D PA
premasol 10 %	1	B/D PA
travasol 10 %	1	B/D PA
TROPHAMINE 10 %	1	B/D PA
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet	1	MO
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 10/14/2025.

Index

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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-362-2266. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-362-2266. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-362-2266。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-362-2266。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-362-2266. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-362-2266. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-362-2266 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-362-2266. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-362-2266 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-362-2266. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-362-2266. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-362-2266 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-362-2266. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-362-2266. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-362-2266. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-362-2266. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-362-2266 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

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RiverSpring MAP provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **RiverSpring MAP** at 1-800 -362-2266. For TTY/TDD services, call 711.

If you believe that **RiverSpring MAP** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **RiverSpring MAP** by:

Mail:	80 West 225th Street, Bronx, New York 10463
Phone:	(800) 362-2266 (for TTY/TDD services, call 711)
Fax:	(888) 341-5009
In person:	80 West 225th Street, Bronx, New York 10463
Email:	mltcqadept@elderservehealth.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web:	Office for Civil Rights Complaint Portal at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*
Mail:	U.S. Department of Health and Human Services 200 Independence Avenue SW., Room 509F, HHH Building Washington, DC 20201 Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html
Phone:	1-800-368-1019 (TTY/TDD 800-537-7697)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-362-2266 TTY:711	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-362-2266 TTY: 711.	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-362-2266 TTY: 711.	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-362-2266 (رقم هاتف الصم والبكم TTY:711)	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-800-362-2266 TTY: 711.번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-362-2266 (телетайп: TTY: 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-362-2266 TTY: 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-362-2266 TTY: 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-362-2266 TTY: 711.	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-362-2266 TTY: 711.	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (800) 362-2266 TTY: 711	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-362-2266 TTY: 711.	Tagalog
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১1-800-362-2266 TTY: 711.	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-362-2266 TTY: 711.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-362-2266 TTY: 711.	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 800-362-2266 TTY: 711	Urdu

RiverSpring Health Plans

This formulary was updated on 10/14/2025. For more recent information or other questions, please contact us, RiverSpring Health Plan Member Services, at 1-800-362-2266 or, for TTY users, TTY/TDD 711, seven days a week from 8 a.m. to 8 p.m., or visit https://riverspringhealthplans.org/.