# 2026

# 處方藥一覽表（承保藥物清單）



# ElderServe MAP (HMO D-SNP)

**請閱讀：本文件包含**

**有關本計劃承保藥物的資訊**

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**本處方藥一覽表更新於 10/16/2026。如需最新資訊或有其他問題，請聯絡 ElderServe Health Plan會員服務部，電話：1-800-362-2266，TTY 使用者可致電 TTY/TDD 711，辦公時間為每週七天，上午 8 點至晚上 8 點，或瀏覽 www.ElderServeHealth.org。**

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**2026 D 部分處方藥一覽表**

**現有會員注意事項：**本處方藥一覽表自去年已變更。請閱讀本文件，確保本處方藥一覽表仍然包含您使用的藥物。

藥物清單（處方藥一覽表）中的「我們」或「我們的」指的是 ElderServe MAP (HMO D-SNP)

而「計劃」或「我們的計劃」指代 ElderServe MAP (HMO D-SNP)

本文件包括我們計劃的藥物清單（處方藥一覽表），該清單最近更新於 10/16/2026。如需獲取最新的藥物清單（處方藥一覽表），請聯絡我們。我們的聯絡資訊以及最後更新藥物清單（處方藥一覽表）的日期載於封面和封底。

您通常必須使用網絡內藥房才能享受處方藥福利。福利、處方藥一覽表、藥房網絡和/或共付額/共同保險可能會在 2026 年 1 月 1 日及一年中不時更改。

**什麼是 ElderServe MAP (HMO D-SNP) 處方藥一覽表？**

在本文件中，術語「藥物清單」和「處方藥一覽表」表示同一清單。處方藥一覽表是 ElderServe MAP (HMO D-SNP) 透過諮詢醫療服務提供者團隊所選出的受保藥物清單，代表其被認定是高品質治療計劃中不可或缺的處方藥治療。只要具有醫療必要性，且於 ElderServe MAP (HMO D-SNP) 網絡內藥房配藥，並遵守其他計劃規則， ElderServe MAP (HMO D-SNP) 通常會承保列於我們處方藥一覽表中的藥物。如需更多有關如何配取您的處方藥的資訊，請查看您的承保範圍說明書。

**處方藥一覽表是否會變更？**

大部分藥物承保範圍變更發生在 1 月 1 日，但 ElderServe MAP (HMO D-SNP) 可能會在年中添加或刪除處方藥一覽表上的藥物、將其轉移到不同的費用分攤等級或添加新的限制。進行變更時，我們必須遵守 Medicare 的規定。處方藥一覽表的更新每月都會發佈於我們的網站：https://elderservemap.org/members/member-materials/。

**今年可能會影響到您的變更：**在下列情況中，您將受到年內承保範圍變更的影響：

- **即時替換某些新版本的品牌藥和原研生物製品。**如果我們用某種具有相同或更少限制的新版本藥物來取代該藥物，我們可能會立即將其從處方藥一覽表中刪除。當我們將新版本的藥物添加到我們的處方藥一覽表中時，我們可能決定將品牌藥或原始生物製品保留在我們的處方藥一覽表中，但立即添加新的限制。

只有當我們添加新的品牌藥的仿製藥，或添加已經在處方藥一覽表中的原始生物產品的某些新的生物仿製藥版本時，我們才能立即做出這些變更（例如，添加可互換的生物仿製藥，無需新處方即可由藥房替代原始生物產品）。

如果您目前正在服用品牌藥或原始生物製品，我們在立即做出變更之前可能不會提前告知您，但我們稍後會向您提供有關我們所做的具體變更的資訊。

如果我們作出變更，您或您的開處方者可以要求我們作出例外處理，並繼續為您承保正在變更的藥物。如需瞭解更多資訊，請參閱下面標題為「我該如何 申請 ElderServe MAP (HMO D-SNP) 處方藥一覽表的例外處理？」的部分。

其中一些藥物類型對您來說可能是新的。如需瞭解更多資訊，請參見下文的「什麼是原研生物製品，它們與生物仿製藥有何關係？」一節。

- **藥物退出市場。**如果某種藥物被製造商撤回銷售，或者美國食品藥物管理局 (FDA) 出於安全或有效性原因決定撤回該藥物，我們可能會立即將該藥物從我們的處方藥一覽表中刪除，並隨後向服用該藥物的會員發出通知。

- **其他變更。**我們可能會做出其他影響正在服用藥物的會員的變更。例如，我們可能會添加一種新的仿製藥來取代目前在處方藥一覽表中的品牌藥，或者添加一種新的生物仿製藥來取代目前在處方藥一覽表中的原始生物製品，或者在添加相應的藥物後添加新的限制。我們也可能對品牌藥或原始生物製品或兩者施加新的限制。我們也可能會根據新的臨床指南作出變更。若我們自處方藥一覽表中移除了藥物，對某個藥物新增了事先授權、數量上限和/或階段療法限制，則我們必須在該變更生效前至少 30 天通知受影響的會員。或者，當會員要求續配藥物時，他們可能會收到 30 天的藥物供應和變更通知。

如果我們作出其他變更，您或您的開處方者可以要求我們為您作出例外處理，並繼續承保您一直以來使用的藥物。我們向您傳送的通知將詳細介紹如何 請例外處理，您也可以在後文的「我該如何 請 ElderServe MAP (HMO D-SNP) 處方藥一覽表的例外處理？」
章節中查看更多資訊。

**變更不會影響您當前正在使用的藥物。**一般而言，若您在服用年初受到承保的 2026 合約年度處方藥一覽表上的藥物，我們不會在 2026 合約年度承保年度中終止或減少此藥物的承保，正如上文所述。換言之，在承保年度的剩餘時間內，此藥物將以相同的分攤費用向使用此藥物的會員提供，且不設新的限制。對於不會影響您的變更，今年內您不會收到有關直接通知。然而，自明年的 1 月 1 日起，此類變更將會影響到您，因此務必檢查新福利年度的處方藥一覽表，瞭解藥物是否有任何變更。

隨附的處方藥一覽表更新於 10/16/2026。如需瞭解有關 ElderServe MAP (HMO D-SNP) 承保藥物的最新資訊，請聯絡我們。我們的聯絡資訊在封面和封底頁均有提供。

**如何使用處方藥一覽表？**

有兩種方法在處方藥一覽表中查找您所需的藥物：

**病症**

處方藥一覽表從第 2 頁開始。本處方藥一覽表中的藥物按照所治療的病症類型分類。例如，用於治療心臟病的藥物列於心血管、高血壓/血脂類別之下。若您瞭解藥物的用途，請在從第 2 頁開始的清單中查找類別名稱。然後，在此類別名稱下查找所需的藥物。

**按字母順序排列的清單**

若您不確定應尋找哪一個類別，則應在開始於第 95 頁的索引中尋找所需的藥物。索引按字母排列本文件包含的所有藥物。品牌藥和普通藥均列在該索引中。查找索引，找到您的藥物。藥物旁邊註有頁碼，您可在相應頁碼查找承保範圍資訊。轉到該索引中所列的頁碼，在清單的第一欄即可找到所需的藥物名稱。

**什麼是普通藥？**

ElderServe MAP (HMO D-SNP) 既承保品牌藥，也承保普通藥。普通藥是一種由 FDA 核准，具有與品牌藥相同活性成分的藥物。一般來說，普通藥的效果與品牌藥一樣好，而且通常比品牌藥便宜。許多品牌藥皆有普通藥可供替代。根據州法律，普通藥通常可以在藥房替代品牌藥，而無需新處方。

**什麼是原始生物製品以及它們與生物仿製藥有何關係？**

當我們提到處方藥一覽表上的藥物時，可能是指某種典型藥物，也可能是指某種生物製品。生物製品是比典型藥物更複雜的藥物。由於生物製品比典型藥物更複雜，因此它們沒有通用形態，而是具有稱為生物仿製藥的替代藥物。一般而言，生物仿製藥的效果與原研生物製品無異，而且費用更低。部分原研生物製品有生物仿製藥可供替代。某些生物仿製藥是可互換生物仿製藥，根據州法律，藥房無需新處方即可用其替代原研生物製品，這一點與用普通藥替代品牌藥類似。

有關藥物類型的討論，請參閱承保範圍說明書第 5 章第 3.1 節，「「藥物清單」說明何種 D 部分藥物有承保。」

**對於我享受的承保範圍是否有任何限制？**

某些承保藥物可能有其他要求或承保範圍限制。這些要求和限制可能包括：

- **事先授權：**ElderServe MAP (HMO D-SNP) 要求您或您的處方醫生取得某些藥物的事先授權。這意味著您在配取處方藥之前，必須首先獲得 ElderServe MAP (HMO D-SNP) 的批准。如未得到核准，則 ElderServe MAP (HMO D-SNP) 可能不會承保該藥物。

- **數量限制：**對於某些藥物，ElderServe MAP (HMO D-SNP) 限制 ElderServe MAP (HMO D-SNP) 將承保的藥物數量。例如，對於 STREPTOMYCIN，ElderServe MAP (HMO D-SNP) 每張處方單的承保劑量為 30 天內最多 60 錠。這可以另外附加在標準的一個月或三個月藥量上。

- **階段療法：**在一些情況下，ElderServe MAP (HMO D-SNP) 要求您首先根據病症嘗試特定藥物治療，此後我們才會為該病症承保另一種藥物。例如，如果藥物 A 和藥物 B 都可用來治療您的病症，如果您不首先嘗試藥物 A，ElderServe MAP (HMO D-SNP) 可能不會為您承保藥物 B。若藥物 A 對您不起效，則 ElderServe MAP (HMO D-SNP) 將會承保藥物 B。

您可以透過第 1 頁開始的處方藥一覽表查詢您的藥物是否有額外的要求或限制。您也可以透過瀏覽我們的網站，取得更多關於特定承保藥物適用之限制的資訊。我們已在線上刊載文件，解釋我們事先授權和階段療法的限制。您也可以要求我們寄一份給您。我們的聯絡資訊，以及我們更新處方藥一覽表的最新日期，都將顯示在文件的封面和封底。

您可以向 ElderServe MAP (HMO D-SNP)請對這些限制進行例外處理，或向我們索取一份列有可治療您的病症的其他類似藥物的清單。有關如何　請例外處理的資訊，請參閱第 IV 頁的「我該如何　請 ElderServe MAP (HMO D-SNP) 處方藥一覽表的例外處理？」一節。

**如果所需藥物不在處方藥一覽表上，該怎麼辦？**

若您的藥物不在此處方藥一覽表（承保藥物清單）上，那麼您首先應該聯絡會員服務部，詢問您的藥物是否在承保範圍內。

如果您得知 ElderServe MAP (HMO D-SNP) 不承保您的藥物，您有兩種選擇：

- 您可以向會員服務部索取一份 ElderServe MAP (HMO D-SNP) 承保的類似藥物清單。在收到清單後，請向您的醫師出示清單，並要求醫師開具 ElderServe MAP (HMO D-SNP) 承保的類似藥物。

- 您可以要求 ElderServe MAP (HMO D-SNP) 破例承保您的藥物。請查看以下關於如何申請例外處理的資訊。

**我該如何申請 ElderServe MAP (HMO D-SNP) 處方藥一覽表的例外處理？**

您可以要求 ElderServe MAP (HMO D-SNP) 在承保規則以外進行例外處理。您可以申請多種例外處理。

- 您可以要求我們承保不在我們的處方藥一覽表上的藥物。如獲批准，此藥物將按預定費用分攤等級獲得承保，且您不得要求我們以更低的費用分攤等級提供此藥物。

- 您可以要求我們免除承保範圍限制，包括事先授權、階段療法或藥物數量限制。例如，對於某些藥物，ElderServe MAP (HMO D-SNP) 限制了我們承保的藥物數量。如果您的藥物有藥量限制，您可以要求我們豁免限制，承保更多的藥量。

一般來說，只有當計劃處方中包含的替代藥物或應用限制對您不那麼有效和/或會給您帶來不良影響時，ElderServe MAP (HMO D-SNP) 才會核准您的例外處理請求。

您或您的處方醫生應聯絡我們請求處方藥一覽表例外處理，包括承保範圍限制的例外。***當您要求作出例外處理時，您的處方醫生需要解釋您需要例外處理的醫學原因。***通常，我們在收到處方醫生的支持聲明後，必須在 72 小時內做出決定。如果您認為並且我們同意，等待長達 72 小時的決定可能會嚴重損害您的健康，您可以要求加急（快速）裁決。如果我們同意，或者您的處方醫生要求快速做出決定，我們必須在收到您的處方醫生的支援聲明後 24 小時內做出裁決。

**如果我的藥物不在處方藥一覽表中或受到限制，我該怎麼辦？**

作為本計劃的新會員或老會員，您使用的藥物可能未列在我們的處方藥一覽表上。或者，您可能正在服用我們處方藥一覽表中的藥物，但有承保限制，例如事先授權。您應該和您的開處方者討論以下問題：是否請承保範圍裁決以表明您符合批准標準、是否改用我們承保的替代藥物，或是否請處方藥一覽表例外處理以便我們承保您使用的藥物。當您和您的醫生討論適合您的行動方案時，某些情況下，我們可能會在您成為計劃會員後的前<*必須至少 90*> 天內為您的藥物提供承保。

對於所有不在我們處方藥一覽表上或有承保限制的藥物，我們將承保 30 天的臨時供藥。如果您的處方上的供藥時間不足此數，我們將允許重複配藥，以提供最多 30 天的藥量。如果承保未被核准，在提供頭 30 天藥量之後，我們將不再為您支付這些藥物的費用，即使您成為計劃會員還不足 90 天。

若您是長期護理機構的住戶，且需要不在我們處方藥一覽表上的藥物，或您獲得藥物的能力受到限制，但您成為我們計劃會員已超過頭 90 天，則在您尋求處方藥一覽表例外處理時，我們將會對該藥物承保 31 天份量的緊急藥量。

**查詢詳細資訊**

如需瞭解更多關於 ElderServe MAP (HMO D-SNP) 處方藥保險的詳細資訊，請查閱您的承保範圍說明書及其他計劃資料。

如果您對 ElderServe MAP (HMO D-SNP) 有疑問，請聯絡我們。我們的聯絡資訊，以及我們更新處方藥一覽表的最新日期，都將顯示在文件的封面和封底。

若您對 Medicare 聯邦醫療保險處方藥承保範圍有任何疑問，請致電 Medicare 聯邦醫療保險，電話：1-800-MEDICARE (1-800-633-4227)，服務時間為每天 24 小時，每週 7 天。TTY 使用者應致電 1-877-486-2048。或瀏覽 http://www.medicare.gov。

**ElderServe MAP (HMO D-SNP) 處方藥一覽表**

以下處方藥一覽表提供了有關 ElderServe MAP (HMO D- SNP) 承保藥物的承保資訊。如果您未能在清單內找到您需要的藥物，請閱覽始於第 95 頁的索引。

表格的第一欄列出了藥物名稱。品牌藥用大寫字母表示（如 DIFICID ORAL TABLET），普通藥則用小寫斜體字母表示（如 erythromycin ethylsuccinate oral tablet）。

以下是可能出現在後續頁面「要求/限制」一欄中的縮寫列表，您從中可以看出藥物承保是否有任何特殊要求。

**縮寫列表**

**B/D PA：**此種處方藥可能根據具體情況在 Medicare B 或 D 部分下獲承保。如需裁決，需要提交說明藥物的使用及使用情境的資訊。

**LA：**供應有限。此處方藥可能只在某些藥房提供。如需更多資訊，請致電客戶服務部。

**MO：**郵購藥物。此種處方藥可透過我們的郵購服務及零售網絡藥房獲取。考慮就您的長期（保養）藥物（如高血壓藥物）使用郵寄訂購。零售網絡藥房可能更適合短期處方（如抗生素）。

**PA：**事先授權。就若干藥物而言，此計劃可能要求您或您的醫師獲得事先核准。這意味著您在配藥前需獲得批准。若您未取得批准，我們可能不會承保該藥物。

**QL：**供藥量限制。就若干藥物而言，此計劃會限制我們承保的藥物劑量。

**ST：**階段療法。在某些情況下，計畫在給付另一種適用於您的病情的藥物前，需要您先嘗試某些藥物來治療您的疾病。例如，如果藥物 A 和藥物 B 都可用來治療您的病症，如果您不首先嘗試藥物 A，我們可能不會為您承保藥物 B。若藥物 A 對您不起效，則我們將會承保藥物 B。

**V：**根據美國疾病管制與預防中心 (CDC) 免疫實踐諮詢委員會 (ACIP) 的建議，該疫苗免費提供給成年人使用。

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **ANTI - INFECTIVES** | | |
| ANTIFUNGAL AGENTS | | |
| *amphotericin b* | 1 | B/D PA |
| *amphotericin b liposome* | 1 | B/D PA |
| *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 suspension* | 1 | MO |
| *nystatin oral tablet* | 1 | MO |
| *posaconazole oral tablet,delayed release (dr/ec)* | 1 | PA; MO; QL (96 per 30 days) |
| *terbinafine hcl oral* | 1 | MO |
| *voriconazole intravenous recon soln* | 1 | PA |
| *voriconazole oral suspension for reconstitution* | 1 | PA; MO |
| *voriconazole oral tablet* | 1 | PA; MO |
| *voriconazole-hpbcd* | 1 | PA |
| ANTIVIRALS | | |
| *abacavir* | 1 | MO |
| *abacavir-lamivudine* | 1 | MO |
| *acyclovir oral capsule* | 1 | MO |
| *acyclovir oral suspension 200 mg/5 ml* | 1 | MO |
| *acyclovir oral suspension 200 mg/5 ml (5 ml)* | 1 | |
| *acyclovir oral tablet* | 1 | MO |
| *acyclovir sodium intravenous solution* | 1 | B/D PA; MO |
| *adefovir* | 1 | MO |
| *amantadine hcl* | 1 | MO |
| APTIVUS | 1 | MO |
| *atazanavir* | 1 | MO |
| BARACLUDE ORAL SOLUTION | 1 | MO |
| BIKTARVY | 1 | MO |
| CABENUVA | 1 | MO |

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

This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *cidofovir* | 1 | |
| CIMDUO | 1 | MO |
| *darunavir oral tablet 600 mg* | 1 | MO |
| *darunavir oral tablet 800 mg* | 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)* | 1 | MO |
| *emtricita-rilpivirine-tenof df* | 1 | MO |
| EMTRIVA ORAL SOLUTION | 1 | MO |
| *entecavir* | 1 | MO |
| *etravirine* | 1 | MO |
| EVOTAZ | 1 | MO |
| *famciclovir* | 1 | MO |
| *fosamprenavir* | 1 | MO |
| *ganciclovir sodium intravenous recon soln* | 1 | B/D PA; MO |
| *ganciclovir sodium intravenous solution* | 1 | B/D PA |
| GENVOYA | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| IDVYNSO | 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 |
| LAGEVRIO (EUA) | 1 | QL (40 per 30 days) |
| *lamivudine* | 1 | MO |
| *lamivudine-zidovudine* | 1 | MO |
| LEDIPASVIR-SOFOSBUVIR | 1 | PA; MO; QL (28 per 28 days) |
| LIVTENCITY | 1 | PA; LA; QL (120 per 30 days) |
| *lopinavir-ritonavir oral tablet* | 1 | MO |
| *maraviroc* | 1 | MO |
| MAVYRET ORAL PELLETS IN PACKET | 1 | PA; MO; QL (168 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 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| MAVYRET ORAL TABLET | 1 | PA; MO; QL (84 per 28 days) |
| *nevirapine oral suspension* | 1 | MO |
| *nevirapine oral tablet* | 1 | MO |
| *nevirapine oral tablet extended release 24 hr* | 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 240 MG | 1 | PA; MO; QL (56 per 28 days) |
| PREVYMIS ORAL TABLET 480 MG | 1 | PA; MO; QL (28 per 28 days) |
| PREZCOBIX | 1 | MO |
| PREZISTA ORAL SUSPENSION | 1 | MO |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 1 | MO |
| RELENZA DISKHALER | 1 | MO |
| RETROVIR INTRAVENOUS | 1 | MO |
| REYATAZ ORAL POWDER IN PACKET | 1 | MO |
| *ribavirin oral capsule* | 1 | MO |
| *ribavirin oral tablet 200 mg* | 1 | MO |
| *rilpivirine hcl* | 1 | MO |
| *rimantadine* | 1 | MO |
| *ritonavir* | 1 | MO |
| RUKOBIA | 1 | MO |
| SOFOSBUVIR-VELPATASVIR | 1 | PA; MO; QL (28 per 28 days) |
| STRIBILD | 1 | MO |
| SUNLENCA | 1 | |
| SYMTUZA | 1 | MO |
| *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 |

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

This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 100 gram, 300 gram* | 1 | |
| *cefazolin intravenous recon soln 10 gram* | 1 | |
| *cefdinir oral capsule* | 1 | MO |
| *cefdinir oral suspension for reconstitution* | 1 | MO |
| *cefepime in dextrose,iso-osm* | 1 | |
| *cefepime injection* | 1 | MO |
| *cefixime oral capsule* | 1 | MO |
| *cefixime oral suspension for reconstitution* | 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 |

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

This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *cefprozil* | 1 | MO |
| *ceftaroline fosamil* | 1 | PA |
| *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 recon soln 2 gram* | 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 |
| TEFLARO | 1 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ERYTHROMYCINS / OTHER MACROLIDES | | |
| *azithromycin intravenous* | 1 | PA; 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 | QL (20 per 10 days) |
| *ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg* | 1 | MO |
| *erythromycin ethylsuccinate oral tablet* | 1 | |
| *erythromycin oral capsule,delayed release(dr/ec)* | 1 | |
| *erythromycin oral tablet* | 1 | MO |
| *erythromycin oral tablet,delayed release (dr/ec)* | 1 | MO |
| *fidaxomicin* | 1 | QL (20 per 10 days) |
| MISCELLANEOUS ANTIINFECTIVES | | |
| *albendazole* | 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 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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) |
| *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 |
| *hydroxychloroquine oral tablet 200 mg* | 1 | MO |
| *imipenem-cilastatin* | 1 | PA; MO |
| IMPAVIDO | 1 | PA |
| *isoniazid injection* | 1 | |
| *isoniazid oral* | 1 | MO |
| *ivermectin oral tablet 3 mg* | 1 | PA; QL (20 per 30 days) |
| *ivermectin oral tablet 6 mg* | 1 | PA; QL (8 per 30 days) |
| *lincomycin* | 1 | PA |
| *linezolid in dextrose 5%* | 1 | PA; MO |
| *linezolid oral suspension for reconstitution* | 1 | MO |
| *linezolid oral tablet* | 1 | MO |
| *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) |
| *metronidazole in nacl (iso-os)* | 1 | PA; MO |

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

This drug list was last updated on 10/16/2026.

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

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This drug list was last updated on 10/16/2026.

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

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

This drug list was last updated on 10/16/2026.

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

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 100 mg, 50 mg* | 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 |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| URINARY TRACT AGENTS | | |
| *fosfomycin tromethamine* | 1 | MO |
| *methenamine hippurate* | 1 | MO |
| *methenamine mandelate oral tablet* | 1 | MO |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | 1 | MO |
| *nitrofurantoin monohyd/m-cryst* | 1 | MO |
| *trimethoprim* | 1 | MO |
| **ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS** | | |
| ADJUNCTIVE AGENTS | | |
| BOMYNTRA | 1 | B/D PA; MO |
| *dexrazoxane hcl* | 1 | B/D PA; MO |
| ELITEK | 1 | MO |
| KHAPZORY | 1 | B/D PA |
| *leucovorin calcium oral* | 1 | MO |
| *levoleucovorin calcium intravenous solution* | 1 | B/D PA |
| *mesna intravenous* | 1 | B/D PA; MO |
| *mesna oral* | 1 | MO |
| WYOST | 1 | B/D PA; MO |
| ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS | | |
| *abiraterone oral tablet 250 mg* | 1 | PA; MO; QL (120 per 30 days) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *abiraterone oral tablet 500 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *abirtega* | 1 | PA; QL (120 per 30 days) |
| ADCETRIS | 1 | B/D PA; MO |
| ADSTILADRIN | 1 | PA |
| AKEEGA | 1 | PA; LA; QL (60 per 30 days) |
| ALECENSA | 1 | PA; MO; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 1 | PA; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 1 | PA; QL (60 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK | 1 | PA; QL (30 per 180 days) |
| *anastrozole* | 1 | MO |
| ANKTIVA | 1 | PA; MO |
| *arsenic trioxide intravenous solution 1 mg/ml* | 1 | B/D PA |
| *arsenic trioxide intravenous solution 2 mg/ml* | 1 | B/D PA; MO |
| ASPARLAS | 1 | PA |
| AUGTYRO ORAL CAPSULE 160 MG | 1 | PA; QL (60 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 1 | PA; QL (240 per 30 days) |
| AVMAPKI-FAKZYNJA | 1 | PA; QL (66 per 28 days) |
| AYVAKIT | 1 | PA; LA; QL (30 per 30 days) |
| *azacitidine* | 1 | B/D PA; MO |
| *azathioprine oral tablet 50 mg* | 1 | B/D PA; MO |
| *azathioprine sodium* | 1 | B/D PA |
| BALVERSA | 1 | PA; LA |
| BAVENCIO | 1 | B/D PA; LA |
| BEIZRAY-ALBUMIN | 1 | B/D PA |
| 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 |
| BLENREP | 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) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BOSULIF ORAL CAPSULE 50 MG | 1 | PA; MO; QL (330 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 1 | PA; MO; QL (90 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 1 | PA; MO; QL (30 per 30 days) |
| *bosutinib oral tablet 100 mg* | 1 | PA; MO; QL (90 per 30 days) |
| *bosutinib oral tablet 400 mg, 500 mg* | 1 | PA; MO; QL (30 per 30 days) |
| BRAFTOVI | 1 | PA; MO; LA; QL (180 per 30 days) |
| BRUKINSA ORAL TABLET | 1 | PA; LA; QL (60 per 30 days) |
| *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 |
| CAVHANZA | 1 | PA; LA; QL (112 per 28 days) |
| *cisplatin intravenous solution* | 1 | B/D PA; MO |
| *cladribine* | 1 | B/D PA; MO |
| *clofarabine* | 1 | B/D PA |
| COLUMVI | 1 | PA; MO |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | 1 | PA; MO; QL (56 per 28 days) |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 1 | PA; MO; QL (112 per 28 days) |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY) | 1 | PA; MO; QL (84 per 28 days) |
| COPIKTRA | 1 | PA; LA; QL (56 per 28 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 50 MG | 1 | B/D PA; MO |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *cyclosporine modified* | 1 | B/D PA; MO |
| *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 |
| DARZALEX FASPRO | 1 | B/D PA; MO |
| *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 |
| DECNUPAZ | 1 | PA |
| *docetaxel intravenous solution 160 mg/16 ml (10 mg/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), 20 mg/ml (1 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 |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ELIGARD (6 MONTH) | 1 | PA; MO |
| ELREXFIO | 1 | PA |
| ELZONRIS | 1 | B/D PA; LA |
| EMPLICITI | 1 | B/D PA; MO |
| EMRELIS | 1 | PA |
| ENSACOVE | 1 | PA; LA; QL (60 per 30 days) |
| ENVARSUS XR | 1 | B/D PA; MO |
| 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) |
| 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 (150 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 3 mg* | 1 | PA; MO; QL (90 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 5 mg* | 1 | PA; MO; QL (60 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 |
| FAVLYXA | 1 | B/D PA |
| 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 |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 |
| *gengraf oral capsule* | 1 | B/D PA; MO |
| GILOTRIF | 1 | PA; MO; QL (30 per 30 days) |
| GLEOSTINE ORAL CAPSULE 10 MG, 40 MG | 1 | |
| GLEOSTINE ORAL CAPSULE 100 MG | 1 | |
| 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 |
| HYRNUO | 1 | PA; QL (120 per 30 days) |
| IBRANCE ORAL CAPSULE 125 MG | 1 | PA; MO; QL (21 per 28 days) |
| IBRANCE ORAL TABLET | 1 | PA; MO; QL (21 per 28 days) |
| IBTROZI | 1 | PA; QL (90 per 30 days) |
| ICLUSIG | 1 | PA; QL (30 per 30 days) |
| *idarubicin* | 1 | B/D PA; MO |
| IDHIFA | 1 | PA; MO; LA; QL (30 per 30 days) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 (90 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 1 | PA; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION | 1 | PA; QL (324 per 30 days) |
| IMBRUVICA ORAL TABLET | 1 | PA; QL (28 per 28 days) |
| IMDELLTRA | 1 | PA; MO |
| IMFINZI | 1 | B/D PA; MO; LA |
| IMJUDO | 1 | PA; MO |
| IMKELDI | 1 | PA; MO; QL (280 per 28 days) |
| INLEXZO | 1 | PA; MO; LA |
| INLURIYO | 1 | PA |
| INLYTA ORAL TABLET 1 MG | 1 | PA; MO; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 1 | PA; MO; QL (120 per 30 days) |
| INQOVI | 1 | PA; MO; QL (5 per 28 days) |
| INREBIC | 1 | PA; MO; LA; QL (120 per 30 days) |
| *irinotecan intravenous solution 100 mg/5 ml* | 1 | B/D PA; MO |
| *irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml* | 1 | B/D PA |
| *irinotecan intravenous solution 40 mg/2 ml* | 1 | B/D PA; MO |
| ISTODAX | 1 | B/D PA; MO |
| ITOVEBI ORAL TABLET 3 MG | 1 | PA; MO; QL (60 per 30 days) |
| ITOVEBI ORAL TABLET 9 MG | 1 | PA; MO; QL (30 per 30 days) |
| IWILFIN | 1 | PA; LA; QL (240 per 30 days) |
| IXEMPRA | 1 | B/D PA; MO |
| JAKAFI | 1 | PA; MO; QL (60 per 30 days) |
| JAKAFI XR | 1 | PA; MO; QL (30 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 1 | PA; QL (60 per 30 days) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| JAYPIRCA ORAL TABLET 50 MG | 1 | PA; QL (30 per 30 days) |
| JEMPERLI | 1 | PA; MO |
| JEVTANA | 1 | B/D PA; MO |
| JIDEYTRO ORAL TABLET 100 MG | 1 | PA; LA; QL (30 per 30 days) |
| JIDEYTRO ORAL TABLET 25 MG | 1 | PA; LA; QL (90 per 30 days) |
| JYLAMVO | 1 | B/D PA; MO |
| KADCYLA | 1 | PA; MO |
| KEYTRUDA | 1 | PA; MO |
| KEYTRUDA QLEX | 1 | PA; MO |
| KIMMTRAK | 1 | B/D PA |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 1 | PA; MO; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 1 | PA; MO; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 1 | PA; MO; QL (63 per 28 days) |
| KOMZIFTI | 1 | PA; QL (90 per 30 days) |
| KOSELUGO | 1 | PA |
| KRAZATI | 1 | PA; QL (180 per 30 days) |
| KYPROLIS | 1 | B/D PA; MO |
| *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* | 1 | PA; MO; QL (28 per 28 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG | 1 | PA; MO; QL (30 per 30 days) |
| LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) | 1 | PA; MO; QL (90 per 30 days) |
| 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 |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9) | 1 | PA; LA; QL (18 per 28 days) |
| LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9) | 1 | PA; LA; QL (27 per 28 days) |
| *lomustine oral capsule 10 mg* | 1 | |
| *lomustine oral capsule 100 mg, 40 mg* | 1 | |
| 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 |
| LUNSUMIO VELO | 1 | PA; MO |
| LUPRON DEPOT | 1 | PA; MO |
| LYNOZYFIC | 1 | PA |
| LYNPARZA | 1 | PA; MO; QL (120 per 30 days) |
| LYSODREN | 1 | |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3) | 1 | PA; LA; QL (84 per 28 days) |
| LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4) | 1 | PA; LA; QL (112 per 28 days) |
| LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5) | 1 | PA; LA; QL (140 per 28 days) |
| 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) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| 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* | 1 | B/D PA; MO |
| *mitomycin intravenous recon soln 40 mg* | 1 | B/D PA; MO |
| *mitomycin intravenous recon soln 5 mg* | 1 | B/D PA |
| *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 |
| NEMLUVIO | 1 | PA; MO; QL (2 per 28 days) |
| NERLYNX | 1 | PA; MO; LA |
| *nilotinib hcl oral capsule 150 mg, 200 mg* | 1 | PA; MO; QL (112 per 28 days) |
| *nilotinib hcl oral capsule 50 mg* | 1 | PA; MO; QL (120 per 30 days) |
| *nilutamide* | 1 | PA; MO |
| NINLARO | 1 | PA; MO; QL (3 per 28 days) |
| NUBEQA | 1 | PA; MO; LA; QL (120 per 30 days) |
| NULOJIX | 1 | B/D PA; MO |
| *octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml* | 1 | PA; MO |
| *octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml* | 1 | PA; MO |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *octreotide acetate injection syringe* | 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) |
| 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 |
| *oxaliplatin intravenous recon soln 50 mg* | 1 | B/D PA; MO |
| *oxaliplatin intravenous solution* | 1 | B/D PA; MO |
| *paclitaxel* | 1 | B/D PA; MO |
| *paclitaxel protein-bound* | 1 | B/D PA; MO |
| PADCEV | 1 | PA; MO |
| *pazopanib oral tablet 200 mg* | 1 | PA; MO; QL (120 per 30 days) |
| PAZOPANIB ORAL TABLET 400 MG | 1 | PA; MO; QL (120 per 30 days) |
| PEMAZYRE | 1 | PA; LA; QL (28 per 28 days) |
| *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 |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 |
| *pomalidomide* | 1 | PA; MO; QL (21 per 28 days) |
| POTELIGEO | 1 | PA |
| *pralatrexate intravenous solution 20 mg/ml (1 ml)* | 1 | B/D PA; MO |
| PRALATREXATE INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML) | 1 | B/D PA; MO |
| PROGRAF INTRAVENOUS | 1 | B/D PA |
| PROGRAF ORAL GRANULES IN PACKET | 1 | B/D PA; MO |
| QINLOCK | 1 | PA; LA; QL (90 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | 1 | PA; MO; LA; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 1 | PA; MO; LA; QL (90 per 30 days) |
| REVUFORJ ORAL TABLET 110 MG | 1 | PA; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 160 MG | 1 | PA; QL (60 per 30 days) |
| REVUFORJ ORAL TABLET 25 MG | 1 | PA; QL (240 per 30 days) |
| REZLIDHIA | 1 | PA; QL (60 per 30 days) |
| REZUROCK | 1 | PA; LA; QL (30 per 30 days) |
| *romidepsin intravenous recon soln* | 1 | B/D PA |
| *romidepsin intravenous solution* | 1 | B/D PA; MO |
| ROMVIMZA | 1 | PA; LA; QL (8 per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | 1 | PA; MO; QL (150 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 1 | PA; MO; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET | 1 | PA; MO; QL (336 per 28 days) |
| RUBRACA | 1 | PA; MO; LA; QL (120 per 30 days) |
| RUXIENCE | 1 | PA; MO |
| RYBREVANT | 1 | PA; MO |
| RYBREVANT FASPRO | 1 | PA; MO |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| RYDAPT | 1 | PA; MO; QL (224 per 28 days) |
| RYLAZE | 1 | B/D PA |
| RYTELO | 1 | PA |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG | 1 | PA; MO |
| SARCLISA | 1 | PA; LA |
| SARCLISA ESCENA | 1 | PA |
| SCEMBLIX ORAL TABLET 100 MG | 1 | PA; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 1 | PA; QL (60 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 1 | PA; QL (300 per 30 days) |
| SIGNIFOR | 1 | PA |
| SIMULECT | 1 | B/D PA |
| *sirolimus* | 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) |
| STIVARGA | 1 | PA; MO; QL (84 per 28 days) |
| *sunitinib malate* | 1 | PA; MO; QL (28 per 28 days) |
| SYLVANT | 1 | B/D PA; MO |
| TABLOID | 1 | MO |
| TABRECTA | 1 | PA; MO |
| *tacrolimus oral capsule* | 1 | B/D PA; MO |
| TAFINLAR ORAL CAPSULE | 1 | PA; MO; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION | 1 | PA; MO; QL (840 per 28 days) |
| TAGRISSO | 1 | PA; MO; LA; QL (30 per 30 days) |
| TALVEY | 1 | PA |
| TALZENNA | 1 | PA; MO; QL (30 per 30 days) |
| *tamoxifen* | 1 | MO |
| TECENTRIQ | 1 | B/D PA; MO; LA |
| TECENTRIQ HYBREZA | 1 | B/D PA; MO; LA |
| TECVAYLI | 1 | PA |
| TEMODAR | 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) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| THALOMID ORAL CAPSULE 50 MG | 1 | PA; MO; QL (28 per 28 days) |
| *thiotepa injection recon soln 100 mg* | 1 | B/D PA |
| *thiotepa injection recon soln 15 mg* | 1 | B/D PA; MO |
| TIBSOVO | 1 | PA |
| TIVDAK | 1 | PA; MO |
| *topotecan* | 1 | B/D PA; MO |
| *toremifene* | 1 | MO |
| *torpenz* | 1 | PA; QL (30 per 30 days) |
| TRAZIMERA | 1 | B/D PA; MO |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 1 | PA; MO |
| *tretinoin (antineoplastic)* | 1 | MO |
| TRODELVY | 1 | PA; LA |
| TRUQAP | 1 | PA; QL (64 per 28 days) |
| TUKYSA ORAL TABLET 150 MG | 1 | PA; LA; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 1 | PA; LA; QL (300 per 30 days) |
| TURALIO | 1 | PA; LA; QL (120 per 30 days) |
| UNITUXIN | 1 | B/D PA |
| UNLOXCYT | 1 | 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) |
| VEPPANU | 1 | PA; QL (30 per 30 days) |
| VERZENIO | 1 | PA; MO; LA; QL (56 per 28 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) |
| VONJO | 1 | PA; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG | 1 | PA; QL (60 per 30 days) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VORANIGO ORAL TABLET 40 MG | 1 | PA; QL (30 per 30 days) |
| VYLOY | 1 | PA; LA |
| VYXEOS | 1 | B/D PA |
| WELIREG | 1 | PA; LA |
| XALKORI ORAL CAPSULE | 1 | PA; MO; QL (60 per 30 days) |
| XALKORI ORAL 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 ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK) | 1 | PA; LA |
| XTANDI ORAL CAPSULE | 1 | PA; MO; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 1 | PA; MO; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 1 | PA; MO; QL (60 per 30 days) |
| YERVOY | 1 | B/D PA; MO |
| YONDELIS | 1 | B/D PA |
| *yulithira* | 1 | PA; QL (30 per 30 days) |
| ZALTRAP | 1 | B/D PA; MO |
| ZEJULA | 1 | PA; MO; LA; QL (30 per 30 days) |
| ZELBORAF | 1 | PA; MO; QL (224 per 28 days) |
| ZENBEXUS | 1 | PA; MO; QL (21 per 28 days) |
| ZEPZELCA | 1 | PA |
| ZIIHERA | 1 | PA |
| ZIRABEV | 1 | B/D PA; MO |
| ZOLADEX | 1 | PA; MO |
| ZOLINZA | 1 | PA; MO; QL (120 per 30 days) |
| ZYDELIG | 1 | PA; MO; QL (60 per 30 days) |
| ZYKADIA | 1 | PA; MO; QL (90 per 30 days) |
| ZYNLONTA | 1 | PA; LA |
| ZYNYZ | 1 | PA; MO |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH** | | |
| ANTICONVULSANTS | | |
| *brivaracetam intravenous* | 1 | MO; QL (600 per 30 days) |
| *brivaracetam oral solution* | 1 | MO; QL (600 per 30 days) |
| *brivaracetam oral tablet* | 1 | MO; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS | 1 | MO; QL (600 per 30 days) |
| BRIVIACT ORAL SOLUTION | 1 | MO; QL (600 per 30 days) |
| BRIVIACT ORAL TABLET | 1 | MO; QL (60 per 30 days) |
| *carbamazepine oral capsule, er multiphase 12 hr* | 1 | MO |
| *carbamazepine oral suspension 100 mg/5 ml* | 1 | MO |
| *carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml* | 1 | |
| *carbamazepine oral tablet* | 1 | MO |
| *carbamazepine oral tablet extended release 12 hr* | 1 | MO |
| *carbamazepine oral tablet,chewable 100 mg* | 1 | MO |
| *clobazam oral suspension* | 1 | PA; MO; QL (480 per 30 days) |
| *clobazam oral tablet* | 1 | PA; MO; QL (60 per 30 days) |
| *clonazepam oral tablet 0.5 mg, 1 mg* | 1 | MO; QL (90 per 30 days) |
| *clonazepam oral tablet 2 mg* | 1 | MO; QL (300 per 30 days) |
| *clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | 1 | MO; QL (90 per 30 days) |
| *clonazepam oral tablet,disintegrating 2 mg* | 1 | MO; QL (300 per 30 days) |
| DIACOMIT | 1 | PA; LA |
| *diazepam rectal* | 1 | MO |
| DILANTIN 30 MG | 1 | MO |
| *divalproex* | 1 | MO |
| EPIDIOLEX | 1 | PA; MO; LA |
| *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 | |
| FYCOMPA ORAL SUSPENSION | 1 | MO; QL (720 per 30 days) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *gabapentin oral capsule 100 mg, 400 mg* | 1 | MO; QL (270 per 30 days) |
| *gabapentin oral capsule 200 mg* | 1 | QL (540 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 450 mg, 750 mg, 900 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *gabapentin oral tablet extended release 24 hr 600 mg* | 1 | PA; MO; QL (90 per 30 days) |
| *lacosamide intravenous* | 1 | MO; QL (1200 per 30 days) |
| *lacosamide oral solution* | 1 | MO; QL (1200 per 30 days) |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg* | 1 | MO; QL (60 per 30 days) |
| *lacosamide oral tablet 50 mg* | 1 | MO; QL (120 per 30 days) |
| *lamotrigine oral tablet* | 1 | MO |
| *lamotrigine oral tablet, chewable dispersible* | 1 | MO |
| *lamotrigine oral tablet,disintegrating* | 1 | MO |
| *levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml* | 1 | MO |
| *levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml* | 1 | |
| *levetiracetam intravenous* | 1 | MO |
| *levetiracetam oral solution 100 mg/ml* | 1 | MO |
| *levetiracetam oral solution 500 mg/5 ml (5 ml)* | 1 | |
| *levetiracetam oral tablet* | 1 | MO |
| *levetiracetam oral tablet extended release 24 hr* | 1 | MO |
| LEVETIRACETAM ORAL TABLET FOR SUSPENSION | 1 | MO |
| *methsuximide* | 1 | MO |
| NAYZILAM | 1 | PA; MO; QL (10 per 30 days) |
| *oxcarbazepine oral suspension* | 1 | MO |
| *oxcarbazepine oral tablet* | 1 | MO |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *perampanel oral suspension* | 1 | MO; QL (720 per 30 days) |
| *perampanel oral tablet 10 mg, 12 mg, 8 mg* | 1 | MO; QL (30 per 30 days) |
| *perampanel oral tablet 2 mg* | 1 | MO; QL (60 per 30 days) |
| *perampanel oral tablet 4 mg, 6 mg* | 1 | MO; QL (60 per 30 days) |
| *phenobarbital oral elixir* | 1 | PA; MO |
| *phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg* | 1 | PA |
| *phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg* | 1 | PA; MO |
| *phenobarbital sodium injection solution 130 mg/ml* | 1 | MO |
| *phenobarbital sodium injection solution 65 mg/ml* | 1 | |
| *phenytoin oral suspension 125 mg/5 ml* | 1 | MO |
| *phenytoin oral tablet,chewable* | 1 | MO |
| *phenytoin sodium extended oral capsule 100 mg* | 1 | MO |
| *phenytoin sodium extended oral capsule 200 mg, 300 mg* | 1 | |
| *phenytoin sodium intravenous solution* | 1 | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg* | 1 | MO; QL (90 per 30 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | 1 | MO; QL (60 per 30 days) |
| *pregabalin oral solution* | 1 | MO; QL (900 per 30 days) |
| PRIMIDONE ORAL TABLET 125 MG | 1 | MO |
| *primidone oral tablet 250 mg, 50 mg* | 1 | MO |
| *relgaabi oral capsule 300 mg* | 1 | QL (360 per 30 days) |
| *relgaabi oral capsule 400 mg* | 1 | QL (270 per 30 days) |
| *roweepra* | 1 | MO |
| *rufinamide oral suspension* | 1 | PA; MO |
| *rufinamide oral tablet* | 1 | PA; MO |
| SPRITAM | 1 | |
| SUBVENITE ORAL SUSPENSION | 1 | MO |
| *subvenite oral tablet* | 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 |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 |
| XCOPRI MAINTENANCE PACK | 1 | MO; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 1 | MO; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 1 | MO; QL (60 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14) | 1 | MO; QL (28 per 180 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 1 | MO; QL (28 per 180 days) |
| ZONISADE | 1 | PA; MO |
| *zonisamide* | 1 | PA; MO |
| ZTALMY | 1 | PA; LA; QL (1100 per 30 days) |
| ANTIPARKINSONISM AGENTS | | |
| *benztropine injection* | 1 | |
| *benztropine oral* | 1 | PA; MO |
| *bromocriptine* | 1 | MO |
| *carbidopa* | 1 | MO |
| *carbidopa-levodopa oral tablet* | 1 | MO |
| *carbidopa-levodopa oral tablet extended release* | 1 | MO |
| *carbidopa-levodopa oral tablet,disintegrating* | 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 |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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) |
| *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 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 | 1 | PA; MO; QL (30 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 1 | PA; MO; QL (28 per 180 days) |
| BRIUMVI | 1 | PA; MO; QL (24 per 180 days) |
| *dalfampridine* | 1 | PA; MO; QL (60 per 30 days) |
| *dextromethorphan-quinidine* | 1 | PA; MO |

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

This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg* | 1 | PA; MO; QL (56 per 28 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)* | 1 | PA; MO; QL (120 per 180 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *donepezil oral tablet 10 mg, 5 mg* | 1 | MO |
| *donepezil oral tablet 23 mg* | 1 | MO |
| *donepezil oral tablet,disintegrating* | 1 | MO |
| *fingolimod* | 1 | PA; MO; QL (30 per 30 days) |
| *galantamine oral capsule,ext rel. pellets 24 hr* | 1 | MO |
| *galantamine oral solution* | 1 | MO |
| *galantamine oral tablet* | 1 | MO |
| *glatiramer subcutaneous syringe 20 mg/ml* | 1 | PA; 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 |
| 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 10/16/2026.

| 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 |
| LIORESAL | 1 | B/D PA |
| *pyridostigmine bromide oral tablet 60 mg* | 1 | MO |
| *pyridostigmine bromide oral tablet extended release 180 mg* | 1 | MO |
| *revonto* | 1 | |
| *tizanidine oral tablet* | 1 | MO |
| VYVGART | 1 | PA; MO; LA |
| VYVGART HYTRULO | 1 | PA; MO; LA |
| NARCOTIC ANALGESICS | | |
| *acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml* | 1 | QL (4500 per 30 days) |
| *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* | 1 | QL (360 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; QL (10 per 30 days) |
| *hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml* | 1 | QL (5550 per 30 days) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 1 | QL (360 per 30 days) |
| *hydrocodone-ibuprofen oral tablet 7.5-200 mg* | 1 | 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 | |
| *hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml* | 1 | |
| *hydromorphone oral liquid* | 1 | QL (2400 per 30 days) |
| *hydromorphone oral tablet* | 1 | QL (180 per 30 days) |
| *hydromorphone oral tablet extended release 24 hr* | 1 | PA; QL (60 per 30 days) |
| *methadone injection solution* | 1 | |
| *methadone intensol* | 1 | PA; QL (90 per 30 days) |
| *methadone oral concentrate* | 1 | PA; QL (90 per 30 days) |
| *methadone oral solution 10 mg/5 ml* | 1 | PA; QL (600 per 30 days) |
| *methadone oral solution 5 mg/5 ml* | 1 | PA; QL (1200 per 30 days) |
| *methadone oral tablet 10 mg* | 1 | PA; QL (120 per 30 days) |
| *methadone oral tablet 5 mg* | 1 | PA; QL (240 per 30 days) |
| *methadose oral concentrate* | 1 | PA; QL (90 per 30 days) |
| *morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml* | 1 | |
| *morphine concentrate oral solution* | 1 | QL (900 per 30 days) |
| *morphine injection syringe 4 mg/ml* | 1 | |
| *morphine intravenous solution 10 mg/ml, 4 mg/ml* | 1 | |
| *morphine intravenous syringe 2 mg/ml, 4 mg/ml* | 1 | |
| *morphine oral solution* | 1 | QL (900 per 30 days) |
| *morphine oral tablet* | 1 | QL (180 per 30 days) |
| *morphine oral tablet extended release* | 1 | PA; QL (120 per 30 days) |
| *oxycodone oral capsule* | 1 | QL (360 per 30 days) |
| *oxycodone oral concentrate* | 1 | QL (180 per 30 days) |
| *oxycodone oral solution* | 1 | QL (1200 per 30 days) |
| *oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg* | 1 | QL (180 per 30 days) |
| *oxycodone oral tablet 5 mg* | 1 | QL (360 per 30 days) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 1 | QL (360 per 30 days) |
| SUBLOCADE | 1 | MO |
| NON-NARCOTIC ANALGESICS | | |
| *buprenorphine-naloxone sublingual film* | 1 | MO |
| *buprenorphine-naloxone sublingual tablet* | 1 | MO |
| *butorphanol injection* | 1 | MO |
| *butorphanol nasal* | 1 | MO; QL (10 per 28 days) |
| *celecoxib* | 1 | MO |
| *clonidine (pf) epidural solution 5,000 mcg/10 ml* | 1 | |
| *diclofenac potassium oral tablet 50 mg* | 1 | MO |
| *diclofenac sodium oral* | 1 | MO |
| *diclofenac sodium topical drops* | 1 | MO; QL (300 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) |
| KLOXXADO | 1 | MO |
| *lurbiro* | 1 | |
| *meloxicam oral tablet* | 1 | MO; QL (30 per 30 days) |
| *nabumetone* | 1 | MO |
| *nalbuphine* | 1 | |
| *naloxone injection solution* | 1 | |
| *naloxone injection syringe* | 1 | |
| *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 |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 |
| 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 |
| *amphetamine* | 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 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC | 1 | ST; QL (60 per 30 days) |
| AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK | 1 | ST; QL (51 per 180 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 oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 1 | MO |
| BYSANTI | 1 | ST; QL (60 per 30 days) |
| BYSANTI TITRATION PACK A | 1 | ST; QL (8 per 180 days) |
| BYSANTI TITRATION PACK B | 1 | ST; QL (12 per 180 days) |
| BYSANTI TITRATION PACK C | 1 | ST; QL (8 per 180 days) |
| CAPLYTA | 1 | MO; QL (30 per 30 days) |
| *chlorpromazine injection* | 1 | |
| *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 |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *diazepam intensol* | 1 | PA; QL (240 per 30 days) |
| *diazepam oral concentrate* | 1 | PA; QL (240 per 30 days) |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | 1 | PA; MO; QL (1200 per 30 days) |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)* | 1 | PA; QL (1200 per 30 days) |
| *diazepam oral tablet* | 1 | PA; MO; QL (120 per 30 days) |
| *doxepin oral capsule* | 1 | MO |
| *doxepin oral concentrate* | 1 | MO |
| *doxepin oral tablet* | 1 | MO; QL (30 per 30 days) |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | 1 | MO; QL (60 per 30 days) |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | 1 | MO; QL (30 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) |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG | 1 | ST; QL (30 per 30 days) |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 36.3 MG, 54.5 MG, 72.6 MG | 1 | ST; MO; QL (30 per 30 days) |
| EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK | 1 | ST; MO; QL (32 per 180 days) |
| FANAPT | 1 | ST; MO; QL (60 per 30 days) |
| FANAPT TITRATION PACK A | 1 | ST; MO; QL (8 per 180 days) |
| FANAPT TITRATION PACK B | 1 | ST; QL (12 per 180 days) |
| FANAPT TITRATION PACK C | 1 | ST; QL (8 per 180 days) |
| 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) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 injection* | 1 | |
| *fluphenazine hcl oral* | 1 | MO |
| *fluvoxamine oral tablet 100 mg* | 1 | MO; QL (90 per 30 days) |
| *fluvoxamine oral tablet 25 mg* | 1 | MO; QL (30 per 30 days) |
| *fluvoxamine oral tablet 50 mg* | 1 | MO; QL (60 per 30 days) |
| *haloperidol* | 1 | MO |
| *haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)* | 1 | |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml* | 1 | MO |
| *haloperidol lactate injection* | 1 | |
| *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) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | 1 | MO; QL (1.32 per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 1 | MO; QL (1.75 per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | 1 | MO; QL (2.63 per 90 days) |
| *lithium carbonate* | 1 | MO |
| *lithium citrate oral solution* | 1 | MO |
| *lorazepam injection* | 1 | PA |
| *lorazepam intensol* | 1 | PA; QL (150 per 30 days) |
| *lorazepam oral concentrate* | 1 | PA; MO; QL (150 per 30 days) |
| *lorazepam oral tablet 0.5 mg, 1 mg* | 1 | PA; MO; QL (90 per 30 days) |
| *lorazepam oral tablet 2 mg* | 1 | PA; MO; QL (150 per 30 days) |
| *loxapine succinate* | 1 | MO |
| *lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg* | 1 | MO; QL (30 per 30 days) |
| *lurasidone oral tablet 80 mg* | 1 | MO; QL (60 per 30 days) |
| LYBALVI | 1 | MO; QL (30 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 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 | MO; QL (90 per 30 days) |
| OPIPZA ORAL FILM 2 MG | 1 | MO; QL (30 per 30 days) |
| OPIPZA ORAL FILM 5 MG | 1 | 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) |
| *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 | ST; 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 | QL (2 per 28 days) |
| *risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml* | 1 | MO; QL (2 per 28 days) |
| *risperidone microspheres intramuscular suspension,extended rel recon 50 mg/2 ml* | 1 | 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) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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) |
| *sodium oxybate* | 1 | PA; MO; LA; QL (540 per 30 days) |
| SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) | 1 | PA; MO |
| *thioridazine* | 1 | MO |
| *thiothixene* | 1 | MO |
| *tranylcypromine* | 1 | MO |
| *trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg* | 1 | MO |
| *trifluoperazine* | 1 | MO |
| *trimipramine* | 1 | MO |
| TRINTELLIX | 1 | QL (30 per 30 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 | 1 | MO; QL (30 per 30 days) |
| *zaleplon oral capsule 10 mg* | 1 | MO; QL (60 per 30 days) |
| *zaleplon oral capsule 5 mg* | 1 | MO; QL (30 per 30 days) |
| *ziprasidone hcl* | 1 | MO; QL (60 per 30 days) |
| *ziprasidone mesylate* | 1 | |
| *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) |

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

This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| 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 | |
| *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* | 1 | |
| *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 |
| *aliskiren* | 1 | MO |
| *amiloride* | 1 | MO |
| *amiloride-hydrochlorothiazide* | 1 | |
| *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 |
| *azilsartan medoxomil* | 1 | MO |
| *benazepril* | 1 | MO |
| *benazepril-hydrochlorothiazide* | 1 | MO |
| *betaxolol oral* | 1 | MO |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 1 | MO |
| *bisoprolol-hydrochlorothiazide* | 1 | MO |
| *bumetanide injection* | 1 | |
| *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 | |
| *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 0.1 mg, 0.2 mg, 0.3 mg* | 1 | MO |
| *diltiazem hcl intravenous solution* | 1 | |
| *diltiazem hcl oral capsule,ext.rel 24h degradable* | 1 | MO |
| *diltiazem hcl oral capsule,extended release 12 hr* | 1 | MO |
| *diltiazem hcl oral capsule,extended release 24 hr* | 1 | |
| *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 | |
| *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 |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *fosinopril-hydrochlorothiazide* | 1 | MO |
| *furosemide injection* | 1 | |
| *furosemide oral solution* | 1 | MO |
| *furosemide oral tablet* | 1 | MO |
| *hydralazine injection* | 1 | |
| *hydralazine oral* | 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 | |
| *matzim la* | 1 | MO |
| *metolazone* | 1 | MO |
| *metoprolol succinate* | 1 | MO |
| *metoprolol ta-hydrochlorothiaz* | 1 | MO |
| *metoprolol tartrate intravenous* | 1 | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg* | 1 | MO |
| *metyrosine* | 1 | PA; MO |
| *minoxidil oral* | 1 | MO |
| *moexipril* | 1 | MO |
| *nadolol* | 1 | MO |
| *nebivolol* | 1 | MO |
| *nicardipine intravenous solution* | 1 | |
| *nicardipine oral* | 1 | MO |
| *nifedipine oral tablet extended release* | 1 | MO |
| *nifedipine oral tablet extended release 24hr* | 1 | MO |
| *nimodipine oral capsule* | 1 | MO |
| *olmesartan* | 1 | MO |
| *olmesartan-amlodipin-hcthiazid* | 1 | MO |
| *olmesartan-hydrochlorothiazide* | 1 | MO |
| *osmitrol 20 %* | 1 | |
| *perindopril erbumine* | 1 | MO |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 | |
| *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 tablet 10 mg* | 1 | |
| *timolol maleate oral tablet 20 mg, 5 mg* | 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) |
| *valsartan oral tablet* | 1 | MO |
| *valsartan-hydrochlorothiazide* | 1 | MO |
| *veletri* | 1 | B/D PA; MO |
| *verapamil intravenous solution* | 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 |
| CABLIVI INJECTION KIT | 1 | PA; LA |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CEPROTIN (BLUE BAR) | 1 | PA; MO |
| CEPROTIN (GREEN BAR) | 1 | PA; MO |
| *cilostazol* | 1 | MO |
| *clopidogrel oral tablet 300 mg* | 1 | |
| *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 |
| DOPTELET SPRINKLE | 1 | PA; MO; LA |
| ELIQUIS DVT-PE TREAT 30D START | 1 | MO; QL (74 per 180 days) |
| ELIQUIS ORAL TABLET | 1 | MO; QL (60 per 30 days) |
| ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG | 1 | MO; QL (140 per 28 days) |
| ELIQUIS ORAL TABLET FOR SUSPENSION 1.5 MG (0.5 MG X 3) | 1 | MO; QL (420 per 28 days) |
| ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4) | 1 | MO; QL (560 per 28 days) |
| ELIQUIS SPRINKLE | 1 | QL (70 per 28 days) |
| *eltrombopag olamine* | 1 | PA; MO |
| *enoxaparin subcutaneous solution* | 1 | MO; QL (60 per 30 days) |
| *enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml* | 1 | MO; QL (56 per 28 days) |
| *enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml* | 1 | MO; QL (44.8 per 28 days) |
| *enoxaparin subcutaneous syringe 30 mg/0.3 ml* | 1 | MO; QL (16.8 per 28 days) |
| *enoxaparin subcutaneous syringe 40 mg/0.4 ml* | 1 | MO; QL (22.4 per 28 days) |
| *enoxaparin subcutaneous syringe 60 mg/0.6 ml* | 1 | MO; QL (33.6 per 28 days) |
| *fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml* | 1 | MO |
| *fondaparinux subcutaneous syringe 2.5 mg/0.5 ml* | 1 | MO |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 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 | |
| *pentoxifylline* | 1 | MO |
| *prasugrel hcl* | 1 | MO |
| *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) |
| 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 |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 oral powder in packet* | 1 | MO |
| REPATHA | 1 | PA; QL (6 per 28 days) |
| REPATHA SURECLICK | 1 | PA; QL (6 per 28 days) |
| *rosuvastatin* | 1 | MO; QL (30 per 30 days) |
| *simvastatin* | 1 | MO; QL (30 per 30 days) |
| MISCELLANEOUS CARDIOVASCULAR AGENTS | | |
| CAMZYOS | 1 | PA; MO; QL (30 per 30 days) |
| *digoxin oral solution* | 1 | MO |
| *digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | 1 | MO |
| *dobutamine* | 1 | B/D PA |
| *dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)* | 1 | B/D PA |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 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) |
| VERQUVO | 1 | MO; QL (30 per 30 days) |
| VYNDAMAX | 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 |
| *nitroglycerin sublingual* | 1 | MO |
| *nitroglycerin transdermal ointment* | 1 | |
| *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) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML | 1 | PA; MO; QL (5 per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 1 | PA; MO; QL (2.5 per 28 days) |
| COSENTYX UNOREADY PEN | 1 | PA; MO; QL (10 per 28 days) |
| OTULFI INTRAVENOUS | 1 | PA; MO; QL (104 per 180 days) |
| OTULFI SUBCUTANEOUS SOLUTION | 1 | PA; MO; QL (0.5 per 28 days) |
| OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 1 | PA; MO; QL (0.5 per 28 days) |
| OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML | 1 | PA; MO; QL (1 per 28 days) |
| *pellix* | 1 | QL (120 per 30 days) |
| PYZCHIVA (ONLY NDCS STARTING WITH 61314) INTRAVENOUS SOLUTION 130 MG/26 ML | 1 | PA; MO; QL (104 per 180 days) |
| PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 1 | PA; MO; QL (0.5 per 28 days) |
| PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 1 | PA; MO; QL (0.5 per 28 days) |
| PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 90 MG/ML | 1 | PA; MO; QL (1 per 28 days) |
| SELARSDI INTRAVENOUS | 1 | PA; MO; QL (104 per 180 days) |
| SELARSDI SUBCUTANEOUS SOLUTION | 1 | PA; MO; QL (0.5 per 28 days) |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 1 | PA; MO; QL (0.5 per 28 days) |
| SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML | 1 | PA; MO; QL (1 per 28 days) |
| *selenium sulfide topical lotion* | 1 | MO |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR | 1 | PA; MO; QL (2 per 84 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | 1 | PA; MO; QL (2 per 84 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML | 1 | PA; MO; QL (0.74 per 84 days) |

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| 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) |
| TREMFYA INTRAVENOUS | 1 | PA; MO; QL (20 per 28 days) |
| TREMFYA ONE-PRESS | 1 | PA; MO; QL (2 per 28 days) |
| TREMFYA PEN | 1 | PA; MO; QL (2 per 28 days) |
| TREMFYA PEN INDUCTION PK(2PEN) | 1 | PA; MO; QL (12 per 180 days) |
| TREMFYA SUBCUTANEOUS SYRINGE | 1 | PA; MO; QL (2 per 28 days) |
| USTEKINUMAB INTRAVENOUS | 1 | PA; MO; QL (104 per 180 days) |
| USTEKINUMAB SUBCUTANEOUS SOLUTION | 1 | PA; MO; QL (0.5 per 28 days) |
| USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 1 | PA; MO; QL (0.5 per 28 days) |
| USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML | 1 | PA; MO; QL (1 per 28 days) |
| YESINTEK INTRAVENOUS | 1 | PA; MO; QL (104 per 180 days) |
| YESINTEK SUBCUTANEOUS SOLUTION | 1 | PA; MO; QL (0.5 per 28 days) |
| 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 | |
| *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) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| EUCRISA | 1 | PA; MO; QL (120 per 30 days) |
| *fluorouracil topical cream 5 %* | 1 | MO |
| *fluorouracil topical solution* | 1 | MO |
| *glydo* | 1 | MO; QL (60 per 30 days) |
| *imiquimod topical cream in packet 5 %* | 1 | MO |
| *lidocaine (pf) injection solution* | 1 | |
| *lidocaine hcl injection solution* | 1 | |
| *lidocaine hcl laryngotracheal* | 1 | |
| *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 (50 per 30 days) |
| *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) |
| VALCHLOR | 1 | PA; MO |
| THERAPY FOR ACNE | | |
| *accutane* | 1 | |
| *amnesteem* | 1 | |
| *azelaic acid* | 1 | MO |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *claravis* | 1 | |
| *clindamycin phosphate topical gel* | 1 | MO; QL (120 per 30 days) |
| *clindamycin phosphate topical gel, once daily* | 1 | MO; QL (150 per 30 days) |
| *clindamycin phosphate topical lotion* | 1 | MO; QL (120 per 30 days) |
| *clindamycin phosphate topical solution* | 1 | MO; QL (120 per 30 days) |
| *ery pads* | 1 | MO |
| *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 |
| *trilitas* | 1 | PA |
| *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) |
| *naftifine topical gel* | 1 | MO; QL (60 per 28 days) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *nyamyc* | 1 | 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 | MO |
| *alclometasone* | 1 | MO |
| *betamethasone dipropionate* | 1 | MO |
| *betamethasone valerate topical cream* | 1 | MO |
| *betamethasone valerate topical lotion* | 1 | MO |
| *betamethasone valerate topical ointment* | 1 | MO |
| *betamethasone, augmented topical cream* | 1 | MO |
| *betamethasone, augmented topical gel* | 1 | MO |
| *betamethasone, augmented topical lotion* | 1 | MO |
| *betamethasone, augmented topical ointment* | 1 | MO |
| *clobetasol scalp* | 1 | MO; QL (100 per 28 days) |
| *clobetasol topical cream 0.05 %* | 1 | MO; QL (120 per 28 days) |
| *clobetasol topical foam* | 1 | MO; QL (100 per 28 days) |
| *clobetasol topical gel* | 1 | MO; QL (120 per 28 days) |
| *clobetasol topical lotion* | 1 | MO; QL (118 per 28 days) |
| *clobetasol topical ointment* | 1 | MO; QL (120 per 28 days) |
| *clobetasol topical shampoo* | 1 | MO; QL (236 per 28 days) |
| *clobetasol-emollient topical cream* | 1 | MO; QL (120 per 28 days) |
| *desonide topical cream* | 1 | MO |
| *desonide topical ointment* | 1 | MO |
| *fluocinolone* | 1 | MO |
| *fluocinolone and shower cap* | 1 | MO |
| *fluocinonide topical cream 0.05 %* | 1 | MO; QL (120 per 30 days) |
| *fluocinonide topical gel* | 1 | MO; QL (120 per 30 days) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 |
| *triamcinolone acetonide topical cream* | 1 | MO |
| *triamcinolone acetonide topical lotion* | 1 | MO |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | 1 | MO |
| *triderm topical cream 0.5 %* | 1 | |
| TOPICAL SCABICIDES / PEDICULICIDES | | |
| *malathion* | 1 | MO |
| *permethrin* | 1 | MO; QL (60 per 30 days) |
| **DIAGNOSTICS / MISCELLANEOUS AGENTS** | | |
| ANTIDOTES | | |
| *acetylcysteine intravenous* | 1 | |
| IRRIGATING SOLUTIONS | | |
| *lactated ringers irrigation* | 1 | |
| *neomycin-polymyxin b gu* | 1 | |
| *ringer's irrigation* | 1 | MO |
| MISCELLANEOUS AGENTS | | |
| *acamprosate* | 1 | MO |
| *acetic acid irrigation* | 1 | MO |
| *anagrelide* | 1 | MO |
| *caffeine citrate intravenous* | 1 | |
| *caffeine citrate oral* | 1 | MO |
| *carglumic acid* | 1 | PA; MO |
| *cevimeline* | 1 | MO |
| CHEMET | 1 | PA |
| CLINIMIX 4.25%/D5W SULFIT FREE | 1 | B/D PA |
| *d10 %-0.45 % sodium chloride* | 1 | |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 oral capsule 100 mg* | 1 | PA; MO |
| *droxidopa oral capsule 200 mg, 300 mg* | 1 | PA; MO |
| *glutamine (sickle cell)* | 1 | PA; MO |
| INCRELEX | 1 | LA |
| *kionex oral suspension* | 1 | MO |
| *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 |
| REVCOVI | 1 | PA; LA |
| REZDIFFRA | 1 | PA; MO; QL (30 per 30 days) |
| *riluzole* | 1 | PA; MO |
| *risedronate oral tablet 30 mg* | 1 | MO; QL (30 per 30 days) |
| *sevelamer carbonate oral tablet* | 1 | PA; MO |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *sodium benzoate-sod phenylacet* | 1 | |
| *sodium chloride 0.9 % intravenous* | 1 | MO |
| *sodium chloride irrigation* | 1 | MO |
| *sodium phenylbutyrate oral powder* | 1 | PA |
| *sodium phenylbutyrate oral tablet* | 1 | PA; MO |
| *sodium polystyrene sulfonate* | 1 | MO |
| *sps (with sorbitol) oral* | 1 | MO |
| *sps (with sorbitol) rectal* | 1 | |
| *trientine oral capsule 250 mg* | 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) |
| *chlorhexidine gluconate mucous membrane* | 1 | MO |
| *denta 5000 plus* | 1 | MO |
| *dentagel* | 1 | MO |
| *fluoride (sodium) dental cream* | 1 | |
| *fluoride (sodium) dental gel* | 1 | |
| *fluoride (sodium) dental paste* | 1 | MO |
| *ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)* | 1 | MO; QL (30 per 28 days) |
| *ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)* | 1 | MO; QL (30 per 20 days) |

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This drug list was last updated on 10/16/2026.

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

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 |
| *prednisone intensol* | 1 | MO |
| *prednisone oral solution* | 1 | MO |
| *prednisone oral tablet* | 1 | MO |
| *prednisone oral tablet,delayed release (dr/ec)* | 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 |
| 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) |
| ACCU-CHEK GUIDE TEST STRIPS | 1 | MO |
| *alcohol pads* | 1 | PA; MO |
| BAQSIMI | 1 | MO |
| *dapagliflozin* | 1 | MO; QL (30 per 30 days) |
| *dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg* | 1 | MO; QL (30 per 30 days) |
| *dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg* | 1 | MO; QL (60 per 30 days) |
| *diazoxide* | 1 | MO |
| DROPSAFE ALCOHOL PREP PADS | 1 | PA |
| FIASP FLEXTOUCH U-100 INSULIN | 1 | MO |
| FIASP PENFILL U-100 INSULIN | 1 | MO |
| FIASP U-100 INSULIN | 1 | MO |
| FREESTYLE INSULINX STRIP | 1 | MO |
| FREESTYLE INSULINX TEST STRIPS | 1 | MO |
| FREESTYLE LITE STRIPS | 1 | MO |

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

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HUMULIN N NPH U-100 INSULIN | 1 | MO |
| HUMULIN R REGULAR U-100 INSULN | 1 | MO |
| HUMULIN R U-500 (CONC) KWIKPEN | 1 | MO |
| INPEFA ORAL TABLET 200 MG | 1 | PA; MO; QL (30 per 30 days) |
| INPEFA ORAL TABLET 400 MG | 1 | PA; QL (30 per 30 days) |
| INSULIN LISPRO | 1 | MO |
| INSULIN LISPRO PROTAMIN-LISPRO | 1 | MO |
| JANUMET | 1 | MO; QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | 1 | MO; QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 1 | MO; QL (60 per 30 days) |
| JANUVIA | 1 | MO; QL (30 per 30 days) |
| JARDIANCE | 1 | MO; QL (30 per 30 days) |
| JENTADUETO | 1 | MO; QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 1 | MO; QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | 1 | MO; QL (30 per 30 days) |
| KIRSTY | 1 | |
| KIRSTY PEN | 1 | |
| LANTUS SOLOSTAR U-100 INSULIN | 1 | MO |
| LANTUS U-100 INSULIN | 1 | MO |
| *liraglutide* | 1 | PA; QL (9 per 30 days) |
| LYUMJEV KWIKPEN U-100 INSULIN | 1 | MO |
| LYUMJEV KWIKPEN U-200 INSULIN | 1 | MO |
| LYUMJEV U-100 INSULIN | 1 | MO |
| *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) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *nateglinide oral tablet 60 mg* | 1 | MO; QL (180 per 30 days) |
| NOVOLIN 70/30 U-100 INSULIN | 1 | MO |
| NOVOLIN 70-30 FLEXPEN U-100 | 1 | MO |
| NOVOLIN N FLEXPEN | 1 | MO |
| NOVOLIN N NPH U-100 INSULIN | 1 | MO |
| NOVOLIN R FLEXPEN | 1 | MO |
| NOVOLIN R REGULAR U100 INSULIN | 1 | MO |
| NOVOLOG MIX 70-30 U-100 INSULN | 1 | MO |
| NOVOLOG MIX 70-30FLEXPEN U-100 | 1 | MO |
| NOVOLOG PENFILL U-100 INSULIN | 1 | MO |
| OZEMPIC ORAL | 1 | PA; QL (30 per 30 days) |
| OZEMPIC SUBCUTANEOUS | 1 | PA; QL (3 per 28 days) |
| *pioglitazone* | 1 | MO; QL (30 per 30 days) |
| PRECISION XTRA TEST | 1 | MO |
| *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; 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) |
| *sitagliptin phos-metformin oral tablet* | 1 | MO; QL (60 per 30 days) |
| *sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg* | 1 | MO; QL (30 per 30 days) |
| *sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg* | 1 | MO; QL (60 per 30 days) |
| *sitagliptin phosphate* | 1 | MO; QL (30 per 30 days) |
| SOLIQUA 100/33 | 1 | QL (15 per 25 days) |
| SYNJARDY | 1 | MO; QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | 1 | MO; QL (30 per 30 days) |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | 1 | MO; QL (60 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR | 1 | MO |
| TOUJEO SOLOSTAR U-300 INSULIN | 1 | MO |
| TRADJENTA | 1 | MO; QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | 1 | MO; QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | 1 | MO; QL (60 per 30 days) |
| TRULICITY | 1 | PA; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG | 1 | MO; QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 1 | QL (60 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 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 oral capsule* | 1 | MO |
| *calcitriol oral solution* | 1 | |
| *cinacalcet* | 1 | PA; MO |
| *clomid* | 1 | PA; MO |
| *clomiphene citrate* | 1 | PA; MO |
| CRYSVITA | 1 | PA; MO; LA |
| *danazol* | 1 | MO |
| *desmopressin injection* | 1 | |
| *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 |
| *milophene* | 1 | PA; MO |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| 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 |
| *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)* | 1 | PA; MO |
| VIMIZIM | 1 | PA; MO; LA |
| *zoledronic acid intravenous solution* | 1 | B/D PA; MO |
| THYROID HORMONES | | |
| *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 intravenous* | 1 | |
| *liothyronine oral* | 1 | MO |
| *unithroid* | 1 | MO |
| **GASTROENTEROLOGY** | | |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ANTIDIARRHEALS / ANTISPASMODICS | | |
| *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 | MO |
| *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 | |
| 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 200 MG/ML | 1 | PA; QL (4 per 28 days) |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 1 | PA; MO; QL (2 per 28 days) |
| CINVANTI | 1 | MO |
| *compro* | 1 | MO |
| *constulose* | 1 | MO |
| CORTIFOAM | 1 | MO |
| CREON | 1 | MO |
| *cromolyn oral* | 1 | MO |
| *dimenhydrinate injection solution* | 1 | MO |
| *dronabinol oral capsule* | 1 | PA; MO |
| *droperidol injection solution* | 1 | |
| *enulose* | 1 | MO |
| *fosaprepitant* | 1 | MO |
| GATTEX 30-VIAL | 1 | PA; MO |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| GATTEX ONE-VIAL | 1 | PA; MO |
| *gavilyte-c* | 1 | MO |
| *gavilyte-g* | 1 | MO |
| *gavilyte-n* | 1 | MO |
| *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 | |
| INFLIXIMAB | 1 | PA; QL (20 per 28 days) |
| *lactulose oral solution* | 1 | MO |
| LINZESS | 1 | MO; QL (30 per 30 days) |
| LIVDELZI | 1 | PA; QL (30 per 30 days) |
| *lubiprostone* | 1 | MO; QL (60 per 30 days) |
| *meclizine oral tablet 12.5 mg, 25 mg* | 1 | MO |
| *mesalamine* | 1 | MO |
| *mesalamine with cleansing wipe* | 1 | MO |
| *metoclopramide hcl injection* | 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 |
| *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 |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 | |
| 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) |
| *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 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT | 1 | MO |
| ZYMFENTRA | 1 | PA; MO; QL (2 per 28 days) |
| ULCER THERAPY | | |
| *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* | 1 | MO |
| *famotidine (pf) intravenous solution 20 mg/2 ml* | 1 | MO |
| *famotidine (pf)-nacl (iso-os)* | 1 | MO |
| *famotidine intravenous solution 10 mg/ml* | 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 |
| *omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg* | 1 | MO; QL (30 per 30 days) |
| *omeprazole oral capsule,delayed release(dr/ec) 40 mg* | 1 | MO; QL (60 per 30 days) |
| *pantoprazole intravenous* | 1 | MO |
| *pantoprazole oral tablet,delayed release (dr/ec) 20 mg* | 1 | MO; QL (30 per 30 days) |
| *pantoprazole oral tablet,delayed release (dr/ec) 40 mg* | 1 | MO; QL (60 per 30 days) |
| *sucralfate oral suspension* | 1 | MO |
| *sucralfate oral tablet* | 1 | MO |
| **IMMUNOLOGY, VACCINES / BIOTECHNOLOGY** | | |
| BIOTECHNOLOGY DRUGS | | |
| ACTIMMUNE | 1 | PA; MO |
| ARCALYST | 1 | PA |

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This drug list was last updated on 10/16/2026.

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

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ABRYSVO (PF) | 1 | V |
| ACTHIB (PF) | 1 | |
| ADACEL(TDAP ADOLESN/ADULT )(PF) | 1 | V |
| AREXVY (PF) | 1 | V |
| BCG VACCINE, LIVE (PF) | 1 | V |
| BEXSERO | 1 | V |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE | 1 | V |
| DAPTACEL (DTAP PEDIATRIC) (PF) | 1 | |
| 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 |
| GAMUNEX-C | 1 | PA; MO |
| GARDASIL 9 (PF) | 1 | V |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | 1 | V |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | 1 | |
| HEPLISAV-B (PF) | 1 | B/D PA; V |
| HIBERIX (PF) | 1 | |
| HYPERHEP B | 1 | |
| HYPERHEP B NEONATAL | 1 | |
| IMOVAX RABIES VACCINE (PF) | 1 | B/D PA; V |
| INFANRIX (DTAP) (PF) | 1 | |
| IPOL | 1 | V |
| IXIARO (PF) | 1 | V |
| JYNNEOS (PF) | 1 | B/D PA; V |
| KINRIX (PF) | 1 | |
| MENQUADFI (PF) | 1 | V |
| MENVEO A-C-Y-W-135-DIP (PF) | 1 | V |
| M-M-R II (PF) | 1 | V |
| MRESVIA (PF) | 1 | V |
| PEDIARIX (PF) | 1 | |
| PEDVAX HIB (PF) | 1 | |
| PENBRAYA (PF) | 1 | V |
| PENMENVY MEN A-B-C-W-Y (PF) | 1 | V |
| PENTACEL (PF) | 1 | |
| PRIORIX (PF) | 1 | V |
| PROQUAD (PF) | 1 | |
| QUADRACEL (PF) | 1 | |
| RABAVERT (PF) | 1 | B/D PA; V |
| RECOMBIVAX HB (PF) | 1 | B/D PA; V |
| ROTARIX | 1 | |
| ROTATEQ VACCINE | 1 | |
| SHINGRIX (PF) | 1 | V; QL (2 per 720 days) |
| TENIVAC (PF) | 1 | V |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| 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 INTRAMUSCULAR SYRINGE | 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 (PF) | 1 | V |
| VIVOTIF | 1 | MO; V |
| XEMBIFY | 1 | B/D PA; MO; LA |
| YF-VAX (PF) | 1 | V |
| **MISCELLANEOUS SUPPLIES** | | |
| MISCELLANEOUS SUPPLIES | | |
| ACCU-CHEK GUIDE GLUCOSE METER | 1 | MO |
| ACCU-CHEK GUIDE ME GLUCOSE MTR | 1 | MO |
| NOVO PEN NEEDLE | 1 | PA; MO |
| CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT) | 1 | MO |
| CEQUR SIMPLICITY DEVICE 2 UNIT (240 UNIT) | 1 | |
| CEQUR SIMPLICITY INSERTER | 1 | MO |
| DEXCOM G6 RECEIVER | 1 | MO |
| DEXCOM G6 SENSOR | 1 | MO |
| DEXCOM G6 TRANSMITTER | 1 | MO |
| DEXCOM G7 RECEIVER | 1 | MO |
| DEXCOM G7 SENSOR | 1 | MO |
| FREESTYLE FREEDOM LITE | 1 | MO |
| FREESTYLE INSULINX | 1 | |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| FREESTYLE LIBRE 14 DAY READER | 1 | |
| FREESTYLE LIBRE 14 DAY SENSOR | 1 | |
| FREESTYLE LIBRE 2 PLUS SENSOR | 1 | MO |
| FREESTYLE LIBRE 2 READER | 1 | MO |
| FREESTYLE LIBRE 2 SENSOR | 1 | |
| FREESTYLE LIBRE 3 PLUS SENSOR | 1 | MO |
| FREESTYLE LIBRE 3 READER | 1 | MO |
| FREESTYLE LIBRE 3 SENSOR | 1 | |
| FREESTYLE LITE METER | 1 | MO |
| GAUZE PADS 2 X 2 | 1 | PA; MO |
| EMBECTA INSULIN SYRINGE | 1 | PA; MO |
| BD PEN NEEDLE | 1 | PA; MO |
| OMNIPOD 5 (LIBRE 2/3 PLUS) | 1 | MO |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | 1 | MO; QL (1 per 720 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | 1 | MO |
| OMNIPOD 5 INTRO (LIBRE2/3PLUS) | 1 | MO; QL (1 per 720 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) | 1 | QL (1 per 720 days) |
| OMNIPOD DASH PODS (GEN 4) | 1 | MO |
| EMBECTA PEN NEEDLE | 1 | PA; MO |
| PIVOT INSULIN PUMP STARTER KIT | 1 | QL (1 per 720 days) |
| PIVOT SUPPLY KIT | 1 | |
| PRECISION XTRA MONITOR | 1 | MO |
| TWIIST REFILL KT(CSST-NDL-SYR) | 1 | |
| TWIIST RFL(INFUS-CSST-NDL-SYR) | 1 | MO |
| TWIIST STARTER KIT | 1 | MO; QL (1 per 720 days) |
| 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 |

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This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 | 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 | MO; QL (1 per 180 days) |
| PROLIA | 1 | 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) |
| TYMLOS | 1 | PA; MO; QL (1.56 per 30 days) |
| OTHER RHEUMATOLOGICALS | | |
| ACTEMRA ACTPEN | 1 | PA; MO; QL (3.6 per 28 days) |
| ACTEMRA INTRAVENOUS | 1 | PA; MO; QL (160 per 28 days) |
| ACTEMRA SUBCUTANEOUS | 1 | PA; MO; QL (3.6 per 28 days) |
| BENLYSTA | 1 | PA; MO |
| ENBREL MINI | 1 | PA; MO; QL (8 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION | 1 | PA; MO; QL (8 per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE | 1 | PA; MO; QL (8 per 28 days) |
| ENBREL SURECLICK | 1 | PA; MO; QL (8 per 28 days) |
| HADLIMA | 1 | PA; MO; QL (4.8 per 28 days) |
| HADLIMA PUSHTOUCH | 1 | PA; MO; QL (4.8 per 28 days) |
| HADLIMA(CF) | 1 | PA; MO; QL (2.4 per 28 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HADLIMA(CF) PUSHTOUCH | 1 | PA; MO; QL (2.4 per 28 days) |
| KINERET | 1 | PA; QL (18.76 per 28 days) |
| *leflunomide* | 1 | MO; QL (30 per 30 days) |
| *milnacipran oral tablet* | 1 | MO; QL (60 per 30 days) |
| *milnacipran oral tablets,dose pack* | 1 | MO; QL (55 per 180 days) |
| OTEZLA | 1 | PA; MO; QL (60 per 30 days) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 1 | PA; MO; QL (55 per 180 days) |
| OTEZLA XR | 1 | PA; MO; QL (30 per 30 days) |
| OTEZLA XR INITIATION | 1 | PA; MO; QL (41 per 180 days) |
| *penicillamine oral tablet* | 1 | PA; MO |
| RINVOQ LQ | 1 | PA; MO; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG | 1 | PA; MO; QL (30 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG | 1 | PA; MO; QL (84 per 180 days) |
| SAVELLA ORAL TABLET | 1 | QL (60 per 30 days) |
| SAVELLA ORAL TABLETS,DOSE PACK | 1 | QL (55 per 180 days) |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML | 1 | PA; MO; QL (4 per 28 days) |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML | 1 | PA; MO; QL (3 per 28 days) |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML | 1 | PA; MO; QL (2 per 28 days) |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 1 | PA; MO; QL (4 per 28 days) |
| *tofacitinib oral solution* | 1 | PA; MO; QL (480 per 24 days) |
| *tofacitinib oral tablet* | 1 | PA; MO; QL (60 per 30 days) |
| *tofacitinib oral tablet extended release 24 hr* | 1 | PA; MO; QL (30 per 30 days) |
| TYENNE AUTOINJECTOR | 1 | PA; MO; QL (3.6 per 28 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TYENNE INTRAVENOUS | 1 | PA; MO; QL (160 per 28 days) |
| TYENNE SUBCUTANEOUS | 1 | PA; MO; QL (3.6 per 28 days) |
| **OBSTETRICS / GYNECOLOGY** | | |
| ESTROGENS / PROGESTINS | | |
| *abigale* | 1 | MO |
| *abigale lo* | 1 | MO |
| *camila* | 1 | MO |
| *conjugated estrogens* | 1 | MO |
| *deblitane* | 1 | MO |
| DEPO-SUBQ PROVERA 104 | 1 | MO |
| *dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | 1 | QL (8 per 28 days) |
| *dotti transdermal patch semiweekly 0.0375 mg/24 hr* | 1 | MO; QL (8 per 28 days) |
| DUAVEE | 1 | MO |
| *emzahh* | 1 | MO |
| *errin* | 1 | MO |
| *estradiol oral* | 1 | MO |
| *estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.075 mg/24 hr* | 1 | MO; QL (8 per 28 days) |
| *estradiol transdermal patch semiweekly 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr* | 1 | QL (8 per 28 days) |
| *estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr* | 1 | QL (4 per 28 days) |
| *estradiol transdermal patch weekly 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | 1 | MO; QL (4 per 28 days) |
| *estradiol vaginal* | 1 | MO |
| *estradiol valerate* | 1 | MO |
| *estradiol-norethindrone acet* | 1 | MO |
| *fyavolv* | 1 | MO |
| *gallifrey* | 1 | MO |
| *heather* | 1 | MO |
| IMVEXXY MAINTENANCE PACK | 1 | MO |
| IMVEXXY STARTER PACK | 1 | MO |
| *incassia* | 1 | MO |
| *jencycla* | 1 | MO |
| *jinteli* | 1 | MO |
| *lyleq* | 1 | MO |
| *lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr* | 1 | QL (8 per 28 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *lyllana transdermal patch semiweekly 0.1 mg/24 hr* | 1 | MO; QL (8 per 28 days) |
| *lyza* | 1 | |
| *medroxyprogesterone* | 1 | MO |
| *meleya* | 1 | MO |
| *mimvey* | 1 | 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 | MO |
| *orquidea* | 1 | MO |
| PREMARIN ORAL | 1 | MO |
| PREMARIN VAGINAL | 1 | |
| 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 | MO |
| *terconazole* | 1 | MO |
| *tranexamic acid oral* | 1 | MO |
| *xulane* | 1 | |
| *zafemy* | 1 | MO |
| ORAL CONTRACEPTIVES / RELATED AGENTS | | |
| *afirmelle* | 1 | |
| *altavera (28)* | 1 | MO |
| *alyacen 1/35 (28)* | 1 | MO |
| *alyacen 7/7/7 (28)* | 1 | MO |
| *amethyst (28)* | 1 | |
| *apri* | 1 | MO |
| *aranelle (28)* | 1 | MO |
| *aubra eq* | 1 | MO |
| *aviane* | 1 | MO |
| *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 |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 |
| *enskyce* | 1 | MO |
| *estarylla* | 1 | MO |
| *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* | 1 | |
| *levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month* | 1 | |
| *levonorg-eth estrad triphasic* | 1 | MO |
| *loryna (28)* | 1 | MO |
| *low-ogestrel (28)* | 1 | |
| *lo-zumandimine (28)* | 1 | MO |
| *lutera (28)* | 1 | |
| *marlissa (28)* | 1 | MO |
| *microgestin 1.5/30 (21)* | 1 | MO |
| *microgestin 1/20 (21)* | 1 | MO |
| *microgestin fe 1.5/30 (28)* | 1 | MO |
| *microgestin fe 1/20 (28)* | 1 | MO |
| *mili* | 1 | MO |
| *mono-linyah* | 1 | MO |
| *nikki (28)* | 1 | MO |
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg* | 1 | MO |
| *norgestimate-ethinyl estradiol* | 1 | |
| *nortrel 0.5/35 (28)* | 1 | MO |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 |
| *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 |
| *valtya* | 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 |
| *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 |
| *ofloxacin ophthalmic (eye)* | 1 | MO |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *polymyxin b sulf-trimethoprim* | 1 | MO |
| *tobramycin ophthalmic (eye)* | 1 | MO; QL (10 per 14 days) |
| ANTIVIRALS | | |
| *trifluridine* | 1 | MO |
| ZIRGAN | 1 | MO |
| BETA-BLOCKERS | | |
| *betaxolol ophthalmic (eye)* | 1 | MO |
| *carteolol* | 1 | MO |
| *levobunolol ophthalmic (eye) drops 0.5 %* | 1 | MO |
| *timolol maleate ophthalmic (eye) drops (not single use)* | 1 | MO |
| *timolol maleate ophthalmic (eye) gel forming solution* | 1 | MO |
| MISCELLANEOUS OPHTHALMOLOGICS | | |
| *atropine ophthalmic (eye) drops 1 %* | 1 | MO |
| *azelastine ophthalmic (eye)* | 1 | MO |
| BYOOVIZ | 1 | PA |
| *cromolyn ophthalmic (eye)* | 1 | MO |
| *cyclosporine ophthalmic (eye)* | 1 | MO; QL (60 per 30 days) |
| CYSTARAN | 1 | PA |
| *epinastine* | 1 | MO |
| MIEBO (PF) | 1 | MO; QL (3 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-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 | | |
| *bimatoprost ophthalmic (eye)* | 1 | MO |
| *dorzolamide* | 1 | MO |
| *dorzolamide-timolol* | 1 | MO |
| *latanoprost* | 1 | MO |

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

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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) |
| *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 oral syrup* | 1 | MO |
| *albuterol sulfate oral tablet* | 1 | MO |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION | 1 | MO; QL (12.2 per 30 days) |
| ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION | 1 | MO; QL (6.1 per 30 days) |
| *alyq* | 1 | PA; MO; QL (60 per 30 days) |
| *ambrisentan* | 1 | PA; MO; LA; QL (30 per 30 days) |
| *arformoterol* | 1 | B/D PA; MO; QL (120 per 30 days) |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 50 MCG/ACTUATION | 1 | MO; QL (13 per 30 days) |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 200 MCG/ACTUATION | 1 | 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) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120) | 1 | MO; QL (2 per 30 days) |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14) | 1 | QL (2 per 28 days) |
| ATROVENT HFA | 1 | MO; QL (25.8 per 30 days) |
| BEVESPI AEROSPHERE | 1 | MO; QL (10.7 per 30 days) |
| *bosentan oral tablet* | 1 | PA; MO; LA; QL (60 per 30 days) |
| BREO ELLIPTA | 1 | MO; QL (60 per 30 days) |
| *breyna* | 1 | MO; QL (10.3 per 30 days) |
| BREZTRI AEROSPHERE | 1 | MO; QL (10.7 per 30 days) |
| *budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml* | 1 | B/D PA; MO; QL (120 per 30 days) |
| *budesonide inhalation suspension for nebulization 1 mg/2 ml* | 1 | B/D PA; MO; QL (60 per 30 days) |
| *budesonide-formoterol* | 1 | QL (10.2 per 30 days) |
| CINRYZE | 1 | PA; MO |
| COMBIVENT RESPIMAT | 1 | QL (8 per 30 days) |
| *cromolyn inhalation* | 1 | B/D PA; MO |
| DULERA | 1 | MO; QL (13 per 30 days) |
| FASENRA PEN | 1 | PA; MO; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML | 1 | PA; MO; QL (0.5 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | 1 | PA; MO; QL (1 per 28 days) |
| *flunisolide* | 1 | MO; QL (50 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION | 1 | ST; MO; QL (12 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION | 1 | ST; MO; QL (24 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation* | 1 | MO; QL (10.6 per 30 days) |
| *fluticasone propionate nasal* | 1 | MO; QL (16 per 30 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 hfa aerosol inhaler* | 1 | MO; QL (25.8 per 30 days) |
| *ipratropium bromide inhalation solution* | 1 | B/D PA; MO |
| *ipratropium-albuterol* | 1 | B/D PA; MO |
| KALYDECO | 1 | PA; MO; QL (56 per 28 days) |
| *macitentan* | 1 | PA; MO; QL (30 per 30 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 |
| *nintedanib* | 1 | PA; MO; QL (60 per 30 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR | 1 | PA; MO; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN | 1 | PA; MO; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 1 | PA; MO; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 1 | PA; MO; LA; QL (0.4 per 28 days) |
| OPSYNVI | 1 | PA; MO; QL (30 per 30 days) |
| 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) |

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

This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PULMOZYME | 1 | B/D PA; MO |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION | 1 | QL (10.6 per 30 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION | 1 | QL (21.2 per 30 days) |
| *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 | |
| *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 | |
| TEZSPIRE | 1 | PA; MO; QL (1.91 per 30 days) |
| *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 | MO |
| *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) |

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

This drug list was last updated on 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TYVASO | 1 | B/D PA; MO; QL (81.2 per 28 days) |
| TYVASO INSTITUTIONAL START KIT | 1 | B/D PA; QL (11.6 per 180 days) |
| TYVASO REFILL KIT | 1 | B/D PA; MO; QL (81.2 per 28 days) |
| TYVASO STARTER KIT | 1 | B/D PA; MO; QL (81.2 per 180 days) |
| WINREVAIR | 1 | PA; MO; QL (1 per 21 days) |
| *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) |
| 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 | | |
| GEMTESA | 1 | MO |
| *mirabegron 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 solution* | 1 | |
| K-PHOS NO 2 | 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 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| 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 | |
| *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 |
| *lactated ringers intravenous* | 1 | MO |
| *magnesium chloride injection* | 1 | |
| MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML | 1 | |
| *magnesium sulfate in water intravenous parenteral solution* | 1 | |
| *magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)* | 1 | |
| *magnesium sulfate injection* | 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* | 1 | |
| *potassium chloride in lr-d5* | 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 10/16/2026.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 20 meq* | 1 | MO |
| *potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq* | 1 | MO |
| *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* | 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 solution* | 1 | |
| *sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)* | 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 |

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 |
|---|---|---|
| *electrolyte-148* | 1 | |
| *electrolyte-a* | 1 | |
| *intralipid intravenous emulsion 20 %* | 1 | B/D PA |
| ISOLYTE S PH 7.4 | 1 | |
| ISOLYTE-P IN 5 % DEXTROSE | 1 | |
| ISOLYTE-S | 1 | |
| PLENAMINE | 1 | B/D PA |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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 |
| *prenatal vitamin oral tablet* | 1 | MO |
| *wescap-pn dha* | 1 | MO |

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

**English** ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **800-362-2266** (TTY: **711**; or speak to your provider.

**Español (Spanish)** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **800-362-2266**(TTY: **711**) o hable con su proveedor.

**中文 (Simplified Chinese)** 注意：如果您说**[**中文**]**，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 800-362-2266（文本电话： 711）或咨询您的服务提供商。

**РУССКИЙ (Russian)** ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **800- 362-2266**(TTY: **711**) или обратитесь к своему поставщику услуг.

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

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.**711**אדער רעדן מיט דיין טרעגער (TTY: **800-362-2266**(

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I

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**(Bengali)** ইংরেজিরে মরNোরhোগ: আপনN hনি অNয ভোষো বলরে পোরেN, োোহরল নবNোমূরলয ভোষো সহোয়ো পনেরষবো আপNোে িNয উপলব্ধ। অযোরেসরhোগয ফমযোরে োথ্য প্রোিরNে িNয উপhুক্ত সহোয়ক সহোয়ো এবং পনেরষবোগুনলও নবNোমূরলয পোওয়ো hোয়। 800-362-2266 (TTY: 711; অথ্বো আপNোে প্রোিNকোেীে সোরথ্ কথ্ো বলুN।

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**)Arabic(العربية**

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **800-362-2266**)**711** ( أو تحدث إلى مقدم الخدمة .

**Français (French)** ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour

fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **800-362-2266**(TTY: **711**) ou parlez à votre fournisseur.

**(Urdu)اردو**

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ )**711 800-362-2266**:TTY) پر کال کریں یا

اپنے فراہم کنندہ سے بات کریں۔

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ElderServe MAP (HMO D-SNP) 遵守適用的美國聯邦民權法，不因種族、膚色、原國籍（包括英語能力受限和母語）、年齡、殘障或性別（適用範圍依 45 CFR § 92.101(a)(2) 有關性別歧視之界定）而實施歧視。ElderServe MAP (HMO D-SNP) 不會因種族、膚色、原國籍、年齡、殘障或性別將人拒之門外或對其不太友好。

ElderServe MAP (HMO D-SNP)：

- 為殘障人士提供合理的修改並免費提供適當的輔助工具和服務，以便與我們進行有效溝通，例如：
  - 合格的手語翻譯員
  - 其他格式的書面資訊（大號字型、音訊、無障礙電子格式、其他格式）
- 為母語非英語的人士提供免費語言服務，其中可能包括：
  - 合格的翻譯員
  - 用其他語言書寫的資訊

如果您需要合理的修改、適當的輔助設備和服務或語言協助服務，請聯絡民權協調員。如果您認為 ElderServe MAP (HMO D-SNP) 未能提供這些服務，或是基於種族、膚色、國籍、年齡、殘疾或性別，用另一種方式歧視您，您可以提出申訴：

ElderServe Health

ATTN Civil Rights Coordinator

80 West 225th Street

Bronx, NY, 10463

電話：1-347-842-3660, TTY 711

傳真：1-888-341-5009

您也可親自或者透過郵件、電話或傳真提出申訴。如果您在提出申訴時需要幫助，民權協調員可以為您提供幫助。

您也可以向美國衛生與公眾服務部的民權辦公室提出民權投訴，
或是可以用電子方式透過民權辦公室投訴入口網站提出，網址為 https://ocrportal.hhs.gov/ocr/portal/lobby.jsf，或透過郵件或電話提出投訴，聯絡方式為：

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

投訴表格可在以下網址獲得：http://www.hhs.gov/ocr/office/file/index.html

# ElderServe Health

本處方藥一覽表更新於 10/16/2026。如需最新資訊或有其他問題，請聯絡 ElderServe Health Plan 會員服務部，電話：1-800-362-2266，TTY 使用者可致電 TTY/TDD 711，辦公時間為每週七天，上午 8 點至晚上 8 點，或瀏覽 www.ElderServeHealth.org。