2026

Formulary (List of Covered Drugs)



ElderServe MAP (HMO D-SNP)

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

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This formulary was updated on 10/16/2026. For more recent information or other questions, please contact us, ElderServe Health Member Services, at 1-800-362-2266 or, for TTY users, TTY/TDD 711, seven days a week from 8 a.m. to 8 p.m., or visit www.ElderServeHealth.org.

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Contents

2026 Part D Formulary i
What is the ElderServe MAP (HMO D-SNP) formulary? i
Can the formulary change? i
How do I use the formulary? iv
Medical Condition iv
Alphabetical Listing iv
What are generic drugs? iv
What are original biological products and how are they related to biosimilars? iv
Are there any restrictions on my coverage? iv
What if my drug is not on the formulary? v
How do I request an exception to the ElderServe MAP (HMO D-SNP)'s formulary? v
What can I do if my drug is not on the formulary or has a restriction? vi
For more information vi
ElderServe MAP (HMO D-SNP) formulary vi
List of Abbreviations 2
ANTI - INFECTIVES 3
ANTIFUNGAL AGENTS 3
ANTIVIRALS 3
CEPHALOSPORINS 6
ERYTHROMYCINS / OTHER MACROLIDES 8
MISCELLANEOUS ANTIINFECTIVES 8
PENICILLINS 11
QUINOLONES 12
SULFA'S / RELATED AGENTS 13
TETRACYCLINES 13
URINARY TRACT AGENTS 13
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS 14
ADJUNCTIVE AGENTS 14
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS 14
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH 30

ANTIPARKINSONISM AGENTS 34
MIGRAINE / CLUSTER HEADACHE THERAPY 34
MISCELLANEOUS NEUROLOGICAL THERAPY 35
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY 37
NARCOTIC ANALGESICS 37
NON-NARCOTIC ANALGESICS 39
PSYCHOTHERAPEUTIC DRUGS 40
CARDIOVASCULAR, HYPERTENSION / LIPIDS 48
ANTIARRHYTHMIC AGENTS 48
ANTIHYPERTENSIVE THERAPY 48
COAGULATION THERAPY 52
LIPID/CHOLESTEROL LOWERING AGENTS 54
MISCELLANEOUS CARDIOVASCULAR AGENTS 55
NITRATES 56
DERMATOLOGICALS/TOPICAL THERAPY 56
ANTIPSORIATIC / ANTISEBORRHEIC 56
MISCELLANEOUS DERMATOLOGICALS 58
THERAPY FOR ACNE 60
TOPICAL ANTIBACTERIALS 61
TOPICAL ANTIFUNGALS 61
TOPICAL ANTIVIRALS 61
TOPICAL CORTICOSTEROIDS 61
TOPICAL SCABICIDES / PEDICULICIDES 63
DIAGNOSTICS / MISCELLANEOUS AGENTS 63
ANTIDOTES 63
IRRIGATING SOLUTIONS 63
MISCELLANEOUS AGENTS 63
SMOKING DETERRENTS 65
EAR, NOSE / THROAT MEDICATIONS 65
MISCELLANEOUS AGENTS 65
MISCELLANEOUS OTIC PREPARATIONS 66

OTIC STEROID / ANTIBIOTIC 66
ENDOCRINE/DIABETES 66
ADRENAL HORMONES 66
ANTITHYROID AGENTS 67
DIABETES THERAPY 67
MISCELLANEOUS HORMONES 72
THYROID HORMONES 73
GASTROENTEROLOGY 74
ANTIDIARRHEALS / ANTISPASMODICS 74
MISCELLANEOUS GASTROINTESTINAL AGENTS 74
ULCER THERAPY 77
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY 78
BIOTECHNOLOGY DRUGS 78
VACCINES / MISCELLANEOUS IMMUNOLOGICALS 79
MISCELLANEOUS SUPPLIES 81
MISCELLANEOUS SUPPLIES 81
MUSCULOSKELETAL / RHEUMATOLOGY 82
GOUT THERAPY 82
OSTEOPOROSIS THERAPY 83
OTHER RHEUMATOLOGICALS 83
OBSTETRICS / GYNECOLOGY 85
ESTROGENS / PROGESTINS 85
MISCELLANEOUS OB/GYN 87
ORAL CONTRACEPTIVES / RELATED AGENTS 87
OXYTOCICS 89
OPHTHALMOLOGY 89
ANTIBIOTICS 89
ANTIVIRALS 90
BETA-BLOCKERS 90
MISCELLANEOUS OPHTHALMOLOGICS 90
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS 90

ORAL DRUGS FOR GLAUCOMA 90
OTHER GLAUCOMA DRUGS 91
STEROID-ANTIBIOTIC COMBINATIONS 91
STEROIDS 91
SYMPATHOMIMETICS 91
RESPIRATORY AND ALLERGY 91
ANTIHISTAMINE / ANTIALLERGENIC AGENTS 91
PULMONARY AGENTS 92
UROLOGICALS 97
ANTICHOLINERGICS / ANTISPASMODICS 97
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY 97
MISCELLANEOUS UROLOGICALS 97
VITAMINS, HEMATINICS / ELECTROLYTES 98
BLOOD DERIVATIVES 98
ELECTROLYTES 98
MISCELLANEOUS NUTRITION PRODUCTS 99
VITAMINS / HEMATINICS 100
Index 101

2026 Part D Formulary

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

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

This document includes a Drug List (formulary) for our plan which is current as of 10/16/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the ElderServe MAP (HMO D-SNP) formulary?

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

Can the formulary change?

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

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

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

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

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

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

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 contract year formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 contract year coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/16/2026. To get updated information about the drugs covered by ElderServe MAP (HMO D-SNP) please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 101. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, ElderServe MAP (HMO D-SNP) limits the amount of the drug that ElderServe MAP (HMO D-SNP) will cover. For example, ElderServe MAP (HMO D-SNP) provides 60 tablets per 30 days per prescription for STREPTOMYCIN. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

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

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

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

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

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

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

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

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

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we

agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

For more information

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

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

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

ElderServe MAP (HMO D-SNP) formulary

The formulary below provides coverage information about the drugs covered by ElderServe MAP (HMO D-SNP) If you have trouble finding your drug in the list, turn to the Index that begins on page 101.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., DIFICID ORAL TABLET) and generic drugs are listed in lower-case italics (e.g erythromycin ethylsuccinate oral tablet).

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

List of Abbreviations

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
amphotericin b	1	B/D PA
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

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
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
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

Drug Name	Drug Tier	Requirements /Limits
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
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

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
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)
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

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
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
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

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
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
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

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
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
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
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

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

Drug Name	Drug Tier	Requirements /Limits
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
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)

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

Drug Name	Drug Tier	Requirements /Limits
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)
vancomycin intravenous recon soln 750 mg	1	QL (27 per 10 days)

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

Drug Name	Drug Tier	Requirements /Limits
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

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

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

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Drug Name	Drug Tier	Requirements /Limits
moxifloxacin oral	1	MO
moxifloxacin-sod.chloride(iso)	1	PA; MO
SULFA'S / RELATED AGENTS		
sulfadiazine	1	MO
sulfamethoxazole-trimethoprim intravenous	1	PA; MO
sulfamethoxazole-trimethoprim oral suspension	1	MO
sulfamethoxazole-trimethoprim oral tablet	1	MO
TETRACYCLINES		
demeclocycline	1	MO
doxy-100	1	PA; MO
doxycycline hyclate intravenous	1	PA
doxycycline hyclate oral capsule 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
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

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

Drug Name	Drug Tier	Requirements /Limits
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)
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

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

Drug Name	Drug Tier	Requirements /Limits
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)
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)

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

Drug Name	Drug Tier	Requirements /Limits
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
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)

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

Drug Name	Drug Tier	Requirements /Limits
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
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

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

Drug Name	Drug Tier	Requirements /Limits
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
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

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

Drug Name	Drug Tier	Requirements /Limits
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

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

Drug Name	Drug Tier	Requirements /Limits
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)
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)

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

Drug Name	Drug Tier	Requirements /Limits
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
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	

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

Drug Name	Drug Tier	Requirements /Limits
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)
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

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Drug Name	Drug Tier	Requirements /Limits
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
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

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

Drug Name	Drug Tier	Requirements /Limits
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
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

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Drug Name	Drug Tier	Requirements /Limits
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
RYDAPT	1	PA; MO; QL (224 per 28 days)
RYLAZE	1	B/D PA
RYTELO	1	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG	1	PA; MO
SARCLISA	1	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
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)
THALOMID ORAL CAPSULE 50 MG	1	PA; MO; QL (28 per 28 days)
thiotepa injection recon soln 100 mg	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
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)

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Drug Name	Drug Tier	Requirements /Limits
VONJO	1	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	1	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	1	PA; QL (30 per 30 days)
VYLOY	1	PA; LA
VYXEOS	1	B/D PA
WELIREG	1	PA; LA
XALKORI ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)
XALKORI ORAL 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)

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

Drug Name	Drug Tier	Requirements /Limits
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
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)

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Drug Name	Drug Tier	Requirements /Limits
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)
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

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Drug Name	Drug Tier	Requirements /Limits
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)

Drug Name	Drug Tier	Requirements /Limits
oxcarbazepine oral suspension	1	MO
oxcarbazepine oral tablet	1	MO
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

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Drug Name	Drug Tier	Requirements /Limits
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
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

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

Drug Name	Drug Tier	Requirements /Limits
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
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)

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

Drug Name	Drug Tier	Requirements /Limits
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
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; MO; QL (56 per 28 days)

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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 (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

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

Drug Name	Drug Tier	Requirements /Limits
teriflunomide	1	PA; MO; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	1	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA; MO; QL (120 per 30 days)
VUMERITY	1	PA; MO; QL (120 per 30 days)
ZEPOSIA	1	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	1	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY)	1	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet	1	MO
cyclobenzaprine oral tablet 10 mg, 5 mg	1	PA; MO
dantrolene intravenous	1	
dantrolene oral	1	MO
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

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

Drug Name	Drug Tier	Requirements /Limits
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)
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	

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Drug Name	Drug Tier	Requirements /Limits
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)
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

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

Drug Name	Drug Tier	Requirements /Limits
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
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)

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Drug Name	Drug Tier	Requirements /Limits
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)
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)

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Drug Name	Drug Tier	Requirements /Limits
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
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)

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Drug Name	Drug Tier	Requirements /Limits
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)
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)

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Drug Name	Drug Tier	Requirements /Limits
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)
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)

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Drug Name	Drug Tier	Requirements /Limits
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	
olanzapine oral tablet	1	MO; QL (30 per 30 days)
olanzapine oral tablet,disintegrating	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
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

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

Drug Name	Drug Tier	Requirements /Limits
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
SECUADO	1	MO; QL (30 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
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)

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

Drug Name	Drug Tier	Requirements /Limits
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; MO; QL (14 per 365 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	QL (1 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
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

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

Drug Name	Drug Tier	Requirements /Limits
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
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

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

Drug Name	Drug Tier	Requirements /Limits
diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg	1	
dilt-xr	1	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
EDARBI	1	MO
EDARBYCLOR	1	MO
enalapril maleate oral tablet	1	MO
enalaprilat intravenous solution	1	
enalapril-hydrochlorothiazide	1	MO
eplerenone	1	MO
esmolol intravenous solution	1	
ethacrynate sodium	1	
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection	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

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

Drug Name	Drug Tier	Requirements /Limits
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate intravenous	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO
metyrosine	1	PA; MO
minoxidil oral	1	MO
moexipril	1	MO
nadolol	1	MO
nebivolol	1	MO
nicardipine intravenous solution	1	
nicardipine oral	1	MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine oral capsule	1	MO
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	1	MO
olmesartan-hydrochlorothiazide	1	MO
osmitrol 20 %	1	
perindopril erbumine	1	MO
phentolamine	1	
pindolol	1	MO
prazosin	1	MO
propranolol intravenous	1	
propranolol oral capsule,extended release 24 hr	1	MO
propranolol oral solution	1	MO
propranolol oral tablet	1	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO
ramipril	1	MO
spironolactone oral tablet	1	MO
spironolacton-hydrochlorothiaz	1	MO
telmisartan	1	MO
telmisartan-amlodipine	1	
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

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

Drug Name	Drug Tier	Requirements /Limits
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

Drug Name	Drug Tier	Requirements /Limits
COAGULATION THERAPY		
aminocaproic acid intravenous	1	MO
aminocaproic acid oral	1	MO
aspirin-dipyridamole	1	MO
CABLIVI INJECTION KIT	1	PA; LA
CEPROTIN (BLUE BAR)	1	PA; MO
CEPROTIN (GREEN BAR)	1	PA; MO
cilostazol	1	MO
clopidogrel oral tablet 300 mg	1	
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

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

Drug Name	Drug Tier	Requirements /Limits
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
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	

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Drug Name	Drug Tier	Requirements /Limits
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
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)

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Drug Name	Drug Tier	Requirements /Limits
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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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)

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Drug Name	Drug Tier	Requirements /Limits
COSENTYX (2 SYRINGES)	1	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS	1	PA; QL (20 per 28 days)
COSENTYX PEN	1	PA; MO; QL (5 per 28 days)
COSENTYX PEN (2 PENS)	1	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	1	PA; MO; QL (10 per 28 days)
OTULFI INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
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)

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Drug Name	Drug Tier	Requirements /Limits
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)
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		

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Drug Name	Drug Tier	Requirements /Limits
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)
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)

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Drug Name	Drug Tier	Requirements /Limits
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
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	

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Drug Name	Drug Tier	Requirements /Limits
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)
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

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
alclometasone	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate topical cream	1	MO
betamethasone valerate topical lotion	1	MO
betamethasone valerate topical ointment	1	MO
betamethasone, augmented topical cream	1	MO
betamethasone, augmented topical gel	1	MO
betamethasone, augmented topical lotion	1	MO
betamethasone, augmented topical ointment	1	MO
clobetasol scalp	1	MO; QL (100 per 28 days)
clobetasol topical cream 0.05 %	1	MO; QL (120 per 28 days)
clobetasol topical foam	1	MO; QL (100 per 28 days)
clobetasol topical gel	1	MO; QL (120 per 28 days)
clobetasol topical lotion	1	MO; QL (118 per 28 days)
clobetasol topical ointment	1	MO; QL (120 per 28 days)
clobetasol topical shampoo	1	MO; QL (236 per 28 days)
clobetasol-emollient topical cream	1	MO; QL (120 per 28 days)
desonide topical cream	1	MO
desonide topical ointment	1	MO
fluocinolone	1	MO
fluocinolone and shower cap	1	MO
fluocinonide topical cream 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide topical gel	1	MO; QL (120 per 30 days)
fluocinonide topical ointment	1	MO; QL (120 per 30 days)
fluocinonide topical solution	1	MO; QL (120 per 30 days)
fluocinonide-emollient	1	MO; QL (120 per 30 days)
fluticasone propionate topical cream	1	MO
fluticasone propionate topical ointment	1	MO
halobetasol propionate topical cream	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
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	
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
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)

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

Drug Name	Drug Tier	Requirements /Limits
sevelamer carbonate oral tablet	1	PA; MO
sodium benzoate-sod phenylacet	1	
sodium chloride 0.9 % intravenous	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate 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	

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

Drug Name	Drug Tier	Requirements /Limits
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)
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	

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

Drug Name	Drug Tier	Requirements /Limits
fludrocortisone	1	MO
hydrocortisone oral	1	MO
methylprednisolone acetate	1	MO
methylprednisolone oral tablet	1	B/D PA; MO
methylprednisolone oral tablets,dose pack	1	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
methylprednisolone sodium succ intravenous	1	MO
prednisolone oral solution	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
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)

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

Drug Name	Drug Tier	Requirements /Limits
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
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	

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

Drug Name	Drug Tier	Requirements /Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO
GVOKE HYPOPEN 2-PACK	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO
HUMALOG KWIKPEN INSULIN	1	MO
HUMALOG MIX 50-50 KWIKPEN	1	MO
HUMALOG MIX 75-25 KWIKPEN	1	MO
HUMALOG MIX 75-25(U-100)INSULN	1	MO
HUMALOG U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 KWIKPEN	1	MO
HUMULIN N NPH INSULIN KWIKPEN	1	MO
HUMULIN N NPH U-100 INSULIN	1	MO
HUMULIN R REGULAR U-100 INSULN	1	MO
HUMULIN R U-500 (CONC) 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)

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Drug Name	Drug Tier	Requirements /Limits
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)
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

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

Drug Name	Drug Tier	Requirements /Limits
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)
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)

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

Drug Name	Drug Tier	Requirements /Limits
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
NAGLAZYME	1	PA; MO; LA
pamidronate intravenous solution	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
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

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

Drug Name	Drug Tier	Requirements /Limits
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		
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)

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

Drug Name	Drug Tier	Requirements /Limits
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
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

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

Drug Name	Drug Tier	Requirements /Limits
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
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)

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

Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	1	MO
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)	1	
SUCRAID	1	PA
sulfasalazine	1	MO
SYMPROIC	1	MO; QL (30 per 30 days)
TRULANCE	1	QL (30 per 30 days)
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
VARUBI	1	B/D PA
VIBERZI	1	MO; QL (60 per 30 days)
VOWST	1	PA; LA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 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

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

Drug Name	Drug Tier	Requirements /Limits
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

Drug Name	Drug Tier	Requirements /Limits
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	PA; MO
ARCALYST	1	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days)
BESREMI	1	PA; LA
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)

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Drug Name	Drug Tier	Requirements /Limits
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		
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

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Drug Name	Drug Tier	Requirements /Limits
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
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

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Drug Name	Drug Tier	Requirements /Limits
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		

Drug Name	Drug Tier	Requirements /Limits
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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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		

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Drug Name	Drug Tier	Requirements /Limits
allopurinol oral tablet 100 mg, 300 mg	1	MO
allopurinol sodium	1	
aloprim	1	
colchicine oral tablet	1	MO
febuxostat	1	MO
probenecid	1	MO
probenecid-colchicine	1	MO
OSTEOPOROSIS THERAPY		
alendronate oral solution	1	MO; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
BONSITY	1	PA; MO; QL (2.48 per 28 days)
CONEXXENCE	1	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)

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Drug Name	Drug Tier	Requirements /Limits
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)
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)

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Drug Name	Drug Tier	Requirements /Limits
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)
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)

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Drug Name	Drug Tier	Requirements /Limits
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)
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

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Drug Name	Drug Tier	Requirements /Limits
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	

Drug Name	Drug Tier	Requirements /Limits
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
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

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Drug Name	Drug Tier	Requirements /Limits
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
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

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Drug Name	Drug Tier	Requirements /Limits
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
polymyxin b sulf-trimethoprim	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
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

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
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye)	1	MO
dorzolamide	1	MO
dorzolamide-timolol	1	MO
latanoprost	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO
miostat	1	
RHOPRESSA	1	
ROCKLATAN	1	
SIMBRINZA	1	MO
travoprost	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic (eye)	1	MO
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

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
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)
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)

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
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)
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

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
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)
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)

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
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)
PULMOZYME	1	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	QL (21.2 per 30 days)
roflumilast	1	PA; MO; QL (30 per 30 days)
sajazir	1	PA; MO

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

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

Drug Name	Drug Tier	Requirements /Limits
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	1	
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
SYMDEKO	1	PA; MO; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; QL (60 per 30 days)
terbutaline oral	1	MO
terbutaline subcutaneous	1	
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)
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)

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
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
K-PHOS ORIGINAL	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
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	

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 5 % dex	1	
potassium chloride in lr-d5	1	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	1	
potassium chloride intravenous	1	
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	1	MO
potassium chloride oral packet 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

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
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	1	B/D PA
electrolyte-148	1	
electrolyte-a	1	
intralipid intravenous emulsion 20 %	1	B/D PA
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	
ISOLYTE-S	1	
PLENAMINE	1	B/D PA
premasol 10 %	1	B/D PA
travasol 10 %	1	B/D PA
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

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.

Index

A
abacavir 2
abacavir-lamivudine 2
abigale 76
abigale lo 76
ABILIFY ASIMTUFII 35
ABILIFY MAINTENA 35
abiraterone 12
abirtega 12
ABRYSVO (PF) 71
acamprosate 56
acarbose 60
ACCU-CHEK GUIDE GLUCOSE METER 72
ACCU-CHEK GUIDE ME GLUCOSE MTR 72
ACCU-CHEK GUIDE TEST STRIPS 60
accutane 53
acebutolol 43
acetaminophen-codeine 33
acetazolamide 81
acetazolamide sodium 81
acetic acid 56, 59
acetylcysteine 56, 82
acitretin 50
ACTEMRA 74
ACTEMRA ACTPEN 74
ACTHIB (PF) 71
ACTIMMUNE 69
acyclovir 2, 54
acyclovir sodium 2
ADACEL(TDAP ADOLESN/ADULT)(PF) 71
ADBRY 52
ADCETRIS 12
adefovir 2
ADEMPAS 82
adenosine 42
adrenalin 81
ADSTILADRIN 12
ADVAIR HFA 82
afirmelle 77
AIMOVIG AUTOINJECTOR 30
AKEEGA 12
ala-cort 55
albendazole 7
albumin, human 25 % 87
alburx (human) 25 % 87
alburx (human) 5 % 87
albutein 25 % 87
albutein 5 % 87
albuterol sulfate 82
alclometasone 55
alcohol pads 60
ALDURAZYME 64
ALECENSA 12
alendronate 74
alfuzosin 87
aliskiren 43
allopurinol 74
allopurinol sodium 74
aloprim 74
alosetron 66
alprostadil 87
altavera (28) 77
ALUNBRIG 12
ALVESCO 82
alyacen 1/35 (28) 77
alyacen 7/7/7 (28) 77
alyq 82
amantadine hcl 2
ambrisentan 82
amethyst (28) 77
amikacin 7
amiloride 43
amiloride-hydrochlorothiazide 43
aminocaproic acid 46
amiodarone 42
amitriptyline 35
amlodipine 43
amlodipine-atorvastatin 48
amlodipine-benazepril 43
amlodipine-olmesartan 43
amlodipine-valsartan 43
amlodipine-valsartan-hcthiazid 43
ammonium lactate 52
amnesteem 53
amoxapine 35
amoxicillin 9
amoxicillin-pot clavulanate 9
amphetamine 35
amphotericin b 2
amphotericin b liposome 2
ampicillin 9
ampicillin sodium 9
ampicillin-sulbactam 9
anagrelide 56
anastrozole 12
ANKTIVA 12
apraclonidine 81
aprepitant 66
apri 77
APTIVUS 2
aranelle (28) 77
ARCALYST 70
AREXVY (PF) 71
arformoterol 82
ARIKAYCE 7
aripiprazole 35
ARISTADA 36
ARISTADA INITIO 35
armodafinil 36

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

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

arsenic trioxide 12
asenapine maleate 36
ASMANEX HFA 83
ASMANEX TWISTHALER 83
ASPARLAS 12
aspirin-dipyridamole 46
ASSURE ID INSULIN SAFETY 72
atazanavir 2
atenolol 43
atenolol-chlorthalidone 43
atomoxetine 36
atorvastatin 48
atovaquone 7
atovaquone-proguanil 7
atropine 80
ATROVENT HFA 83
aubra eq 78
AUGMENTIN 9
AUGTYRO 12
AUSTEDO 31
AUSTEDO XR 31
AUSTEDO XR TITRATION KT(WK1-4) 31
AUVELITY 36
aviane 78
AVMAPKI-FAKZYNJA 12
AVONEX 70
AYVAKIT 12
azacitidine 12
azathioprine 12
azathioprine sodium 12
azelaic acid 53
azelastine 58, 80
azilsartan medoxomil 43
azithromycin 6
aztreonam 7
azurette (28) 78
B
bacitracin 79
bacitracin-polymyxin b 79
baclofen 32
balsalazide 66
BALVERSA 12
BAQSIMI 60
BARACLUDE 2
BAVENCIO 12
BCG VACCINE, LIVE (PF) 71
BD PEN NEEDLE 73
BEIZRAY-ALBUMIN 12
BELBUCA 33
BELEODAQ 12
BELSOMRA 36
benazepril 43
benazepril-hydrochlorothiazide 43
bendamustine 12
BENDEKA 12
BENLYSTA 74
benztropine 30
BESPONSA 12
BESREMI 70
BESREMI PEN 70
betaine 66
betamethasone dipropionate 55
betamethasone valerate 55
betamethasone, augmented .. 55
BETASERON 70
betaxolol 43, 80
bethanechol chloride 87
BEVESPI AEROSPHERE ... 83
bexarotene 12
BEXSERO 71
bicalutamide 12
BICILLIN L-A 9
BIKTARVY 3
bimatoprost 81
bisoprolol fumarate 43
bisoprolol-hydrochlorothiazide 43
BIZENGRI 12
BLENREP 12
bleomycin 12
BLINCYTO 12
BOMYNTRA 11
BONSITY 74
BOOSTRIX TDAP 71
bortezomib 13
BORTEZOMIB 13
bosentan 83
BOSULIF 13
bosutinib 13
BRAFTOVI 13
BREO ELLIPTA 83
breyna 83
BREZTRI AEROSPHERE ... 83
brimonidine 81
BRIUMVI 31
brivaracetam 26
BRIVIACT 26
bromfenac 80
bromocriptine 30
BRUKINSA 13
budesonide 66, 83
budesonide-formoterol 83
bumetanide 43
buprenorphine hcl 33
buprenorphine transdermal patch 33
buprenorphine-naloxone 34
bupropion hcl 36
bupropion hcl (smoking deter) 58
buspirone 36
busulfan 13
butorphanol 34
BYOOVIZ 80
BYSANTI 36
BYSANTI TITRATION PACK A 36
BYSANTI TITRATION PACK B 36
BYSANTI TITRATION PACK C 36
C
CABENUVA 3

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.

cabergoline 64
CABLIVI 46
CABOMETYX 13
caffeine citrate 56
calcipotriene 50
calcitonin (salmon) 64
calcitriol 64
calcium acetate(phosphat bind) 87
calcium chloride 87
calcium gluconate 87
CALQUENCE (ACALABRUTINIB MAL) 13
camila 76
camrese 78
CAMZYOS 49
candesartan 43
candesartan-hydrochlorothiazid 43
CAPLYTA 36
CAPRELSA 13
captopril 43
captopril-hydrochlorothiazide 43
carbamazepine 26
carbidopa 30
carbidopa-levodopa 30
carbidopa-levodopa-entacapone 30
carboplatin 13
carglumic acid 56
carmustine 13
carteolol 80
cartia xt 43
carvedilol 43
caspofungin 2
CAVHANZA 13
CAYSTON 7
cefaclor 5
cefadroxil 5
cefazolin 5
cefazolin in dextrose (iso-os) ..5
cefdinir 5
cefepime 5
cefepime in dextrose,iso-osm ..5
cefixime 5
cefoxitin 6
cefoxitin in dextrose, iso-osm .5
cefpodoxime 6
cefprozil 6
ceftaroline fosamil 6
ceftazidime 6
ceftriaxone 6
ceftriaxone in dextrose,iso-os .6
cefuroxime axetil 6
cefuroxime sodium 6
celecoxib 34
cephalexin 6
CEPROTIN (BLUE BAR) ...46
CEPROTIN (GREEN BAR) 46
CEQUR SIMPLICITY 72
CEQUR SIMPLICITY INSERTER 72
cetirizine 81
cevimeline 56
CHEMET 56
chlorhexidine gluconate 58
chloroprocaine (pf) 52
chloroquine phosphate 7
chlorothiazide sodium 43
chlorpromazine 36, 37
chlorthalidone 43
cholestyramine (with sugar) .48
cholestyramine light 48
ciclodan 54
ciclopirox 54
cidofovir 3
cilostazol 46
CIMDUO 3
CIMZIA 66
CIMZIA POWDER FOR RECONST 66
CIMZIA STARTER KIT 66
cinacalcet 64
CINRYZE 83
CINVANTI 66
ciprofloxacin 10
ciprofloxacin hcl 10, 59, 79
ciprofloxacin in 5 % dextrose 10
ciprofloxacin-dexamethasone 59
cisplatin 13
citalopram 37
cladribine 13
claravis 53
clarithromycin 6
clindamycin hcl 7
clindamycin in 5 % dextrose ...7
clindamycin phosphate 7, 53, 77
CLINIMIX 5%/D15W SULFITE FREE 89
CLINIMIX 4.25%/D10W SULF FREE 89
CLINIMIX 4.25%/D5W SULFIT FREE 56
CLINIMIX 5%-D20W(SULFITE-FREE)..89
CLINIMIX 6%-D5W (SULFITE-FREE) 89
CLINIMIX 8%-D10W(SULFITE-FREE)..89
CLINIMIX 8%-D14W(SULFITE-FREE)..89
clobazam 26
clobetasol 55
clobetasol-emollient 55
clofarabine 13
clomid 64
clomiphene citrate 64
clomipramine 37
clonazepam 26, 27
clonidine (pf) 34, 43
clonidine hcl 37, 43

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

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

clonidine transdermal patch 43
clopidogrel 46
clorazepate dipotassium 37
clotrimazole 2, 54
clotrimazole-betamethasone 54
clozapine 37
COARTEM 7
COBENFY 37
COBENFY STARTER PACK 37
colchicine 74
colesevelam 48
colestipol 48
colistin (colistimethate na) 7
COLUMVI 13
COMBIVENT RESPIMAT 83
COMETRIQ 13
compro 66
CONEXXENCE 74
conjugated estrogens 76
constulose 66
COPIKTRA 13
CORTIFOAM 66
cortisone 59
COSENTYX 50
COSENTYX (2 SYRINGES) 50
COSENTYX PEN 50
COSENTYX PEN (2 PENS) 50
COSENTYX UNOREADY PEN 50
COTELLIC 13
CREON 66
CRESEMBA 2
cromolyn 66, 80, 83
cryselle (28) 78
CRYSVITA 64
cyclobenzaprine 32
cyclophosphamide 14
CYCLOPHOSPHAMIDE 14
cyclosporine 14, 80
cyclosporine modified 14
CYRAMZA 14
cyred eq 78
CYSTAGON 87
CYSTARAN 80
cytarabine 14
cytarabine (pf) 14
D
d10 %-0.45 % sodium chloride 56
d2.5 %-0.45 % sodium chloride 56
d5 % and 0.9 % sodium chloride 56
d5 %-0.45 % sodium chloride 56
dabigatran etexilate 46
dacarbazine 14
dactinomycin 14
dalfampridine 31
danazol 64
dantrolene 32
DANYELZA 14
DANZITEN 14
dapagliflozin 60
dapagliflozin-metformin 60
dapsone 7
DAPTACEL (DTAP PEDIATRIC) (PF) 71
daptomycin 7
DAPTOMYCIN 7
darunavir 3
DARZALEX 14
DARZALEX FASPRO 14
dasatinib 14
dasetta 1/35 (28) 78
dasetta 7/7/7 (28) 78
DATROWAY 14
daunorubicin 14
DAURISMO 14
daysee 78
deblitane 76
decitabine 14
DECNUPAZ 14
deferasirox 56
deferiprone 56
deferoxamine 56
DELSTRIGO 3
demeclocycline 11
DENGVAXIA (PF) 71
denta 5000 plus 58
dentagel 58
DEPO-SUBQ PROVERA 104 76
dermacinrx lidocan 52
DESCOVY 3
desipramine 37
desmopressin 64
desog-e.estradiol/e.estradiol 78
desonide 55
desvenlafaxine succinate 37
dexamethasone 59
dexamethasone intensol 59
dexamethasone sodium phos (pf) 59
dexamethasone sodium phosphate 59, 81
DEXCOM G6 RECEIVER 72
DEXCOM G6 SENSOR 72
DEXCOM G6 TRANSMITTER 72
DEXCOM G7 RECEIVER 73
DEXCOM G7 SENSOR 73
dexrazoxane hcl 11
dextroamphetamine-amphetamine 37
dextromethorphan-quinidine 31
dextrose 10 % and 0.2 % nacl 57
dextrose 10 % in water (d10w) 57
dextrose 25 % in water (d25w) 57
dextrose 5 % in water (d5w) 57

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.

dextrose 5 %-lactated ringers 57
dextrose 5%-0.2 % sod chloride 57
dextrose 5%-0.3 % sod.chloride 57
dextrose 50 % in water (d50w) 57
dextrose 70 % in water (d70w) 57
DIACOMIT 27
diazepam 27, 37
diazepam intensol 37
diazoxide 60
diclofenac potassium 34
diclofenac sodium 34, 52, 80
diclofenac-misoprostol 34
dicloxacillin 10
dicyclomine 65, 66
DIFICID 6
diflunisal 34
digoxin 49
dihydroergotamine 30
DILANTIN 30 MG 27
diltiazem hcl 43, 44
dilt-xr 44
dimenhydrinate 66
dimethyl fumarate 31
diphenhydramine hcl 82
diphenoxylate-atropine 66
dipyridamole 46
disulfiram 57
divalproex 27
dobutamine 49
dobutamine in d5w 49
docetaxel 14
dofetilide 42
donepezil 31
dopamine 49
dopamine in 5 % dextrose 49
DOPTELET (10 TAB PACK) 46
DOPTELET (15 TAB PACK) 46
DOPTELET (30 TAB PACK) 46
DOPTELET SPRINKLE 46
dorzolamide 81
dorzolamide-timolol 81
dotti 76
DOVATO 3
doxazosin 44
doxepin 37
doxercalciferol 64
doxorubicin 14
doxorubicin, peg-liposomal 14
doxy-100 11
doxycycline hyclate 11
doxycycline monohydrate 11
DRIZALMA SPRINKLE 37
dronabinol 66
droperidol 66
DROPSAFE ALCOHOL PREP PADS 60
drospirenone-e.estradiol-lm.fa 78
drospirenone-ethinyl estradiol 78
DROXIA 15
droxidopa 57
DUAVEE 76
DULERA 83
duloxetine 37
DUPIXENT PEN 52
DUPIXENT SYRINGE 52
dutasteride 87
dutasteride-tamsulosin 87

E

econazole nitrate 54
EDARBI 44
EDARBYCLOR 44
EDURANT 3
EDURANT PED 3
efavirenz 3
efavirenz-emtricitabin-tenofov 3
efavirenz-lamivu-tenofov disop 3
effer-k 87
ELAHERE 15
ELAPRASE 64
electrolyte-148 89
electrolyte-a 89
ELIGARD 15
ELIGARD (3 MONTH) 15
ELIGARD (4 MONTH) 15
ELIGARD (6 MONTH) 15
elinest 78
ELIQUIS 46, 47
ELIQUIS DVT-PE TREAT 30D START 46
ELIQUIS SPRINKLE 47
ELITEK 11
ELMIRON 87
ELREXFIO 15
eltrombopag olamine 47
eluryng 77
ELZONRIS 15
EMGALITY PEN 30
EMGALITY SYRINGE 30
EMPLICITI 15
EMRELIS 15
EMSAM 37
emtricitabine 3
emtricitabine-tenofovir (tdf) 3
emtricita-rilpivirine-tenof df 3
EMTRIVA 3
EMVERM 7
emzahh 76
enalapril maleate 44
enalaprilat 44
enalapril-hydrochlorothiazide 44
ENBREL 74
ENBREL MINI 74
ENBREL SURECLICK 75
endocet 33

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.

ENGERIX-B (PF) 71
ENGERIX-B PEDIATRIC (PF) 71
enoxaparin 47
ENSACOVE 15
enskyce 78
entacapone 30
entecavir 3
ENTRESTO SPRINKLE 49
enulose 66
ENVARSUS XR 15
EPIDIOLEX 27
epinastine 80
epinephrine 82
EPKINLY 15
eplerenone 44
ERBITUX 15
ergotamine-caffeine 30
eribulin 15
ERIVEDGE 15
ERLEADA 15
erlotinib 15
errin 76
ertapenem 7
ery pads 53
ery-tab 6
erythromycin 6, 7, 79
erythromycin ethylsuccinate ... 6
erythromycin with ethanol 53
escitalopram oxalate 37
eslicarbazepine 27
esmolol 44
esomeprazole magnesium 69
esomeprazole sodium 69
estarylla 78
estradiol 76
estradiol valerate 76
estradiol-norethindrone acet 76
eszopiclone 37
ethacrynate sodium 44
ethambutol 7
ethosuximide 27
etodolac 34, 35
etonogestrel-ethinyl estradiol 77
ETOPOPHOS 15
etoposide 15
etravirine 3
EUCRISA 52
EULEXIN 15
everolimus (antineoplastic) 15
everolimus (immunosuppressive) 15
EVOTAZ 3
exemestane 15
EXXUA 38
ezetimibe 48
ezetimibe-simvastatin 48
F
FABRAZYME 64
falmina (28) 78
famciclovir 3
famotidine 69
famotidine (pf) 69
famotidine (pf)-nacl (iso-os) 69
FANAPT 38
FANAPT TITRATION PACK A 38
FANAPT TITRATION PACK B 38
FANAPT TITRATION PACK C 38
FASENRA 83, 84
FASENRA PEN 83
FAVLYXA 15
febuxostat 74
felbamate 27
felodipine 44
fenofibrate 48
fenofibrate micronized 48
fenofibrate nanocrystallized 48
fenofibric acid 48
fenofibric acid (choline) 48
fentanyl 33
FETZIMA 38
FIASP FLEXTOUCH U-100 INSULIN 60
FIASP PENFILL U-100 INSULIN 60
FIASP U-100 INSULIN 60
fidaxomicin 7
finasteride 87
fingolimod 31
FINTEPLA 27
FIRMAGON KIT W DILUENT SYRINGE 15, 16
flac otic oil 59
flecainide 42
floxuridine 16
fluconazole 2
fluconazole in nacl (iso-osm) 2
flucytosine 2
fludarabine 16
fludrocortisone 59
flumazenil 38
flunisolide 84
fluocinolone 55
fluocinolone acetonide oil 59
fluocinolone and shower cap 55
fluocinonide 55
fluocinonide-emollient 55
fluoride (sodium) 58, 89
fluorometholone 81
fluorouracil 16, 52
fluoxetine 38
fluphenazine decanoate 38
fluphenazine hcl 38
flurbiprofen 35
flurbiprofen sodium 80
fluticasone propionate 55, 84
FLUTICASONE PROPIONATE 84
fluticasone propion-salmeterol 84
fluvastatin 48
fluvoxamine 38

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.

fomepizole 71
fondaparinux 47
formoterol fumarate 84
fosamprenavir 3
fosaprepitant 66
fosfomycin tromethamine 11
fosinopril 44
fosinopril-hydrochlorothiazide 44
fosphenytoin 27
FOTIVDA 16
FREESTYLE FREEDOM LITE 73
FREESTYLE INSULINX ... 60, 73
FREESTYLE INSULINX TEST STRIPS 60
FREESTYLE LIBRE 14 DAY READER 73
FREESTYLE LIBRE 14 DAY SENSOR 73
FREESTYLE LIBRE 2 PLUS SENSOR 73
FREESTYLE LIBRE 2 READER 73
FREESTYLE LIBRE 2 SENSOR 73
FREESTYLE LIBRE 3 PLUS SENSOR 73
FREESTYLE LIBRE 3 READER 73
FREESTYLE LIBRE 3 SENSOR 73
FREESTYLE LITE METER 73
FREESTYLE LITE STRIPS 60
FREESTYLE PRECISION NEO STRIPS 60
FREESTYLE TEST 60
FRUZAQLA 16
FULPHILA 70
fulvestrant 16
furosemide 44
FYARRO 16
fyavolv 76
FYCOMPA 27

G

gabapentin 27
galantamine 31
gallifrey 76
GAMASTAN 71
GAMUNEX-C 71
ganciclovir sodium 3
GARDASIL 9 (PF) 71
gatifloxacin 79
GATTEX 30-VIAL 66
GATTEX ONE-VIAL 66
GAUZE PAD 73
gavilyte-c 66
gavilyte-g 67
gavilyte-n 67
GAVRETO 16
GAZYVA 16
gefitinib 16
gemcitabine 16
gemfibrozil 48
GEMTESA 86
generlac 67
gengraf 16
gentamicin 7, 54, 79
gentamicin in nacl (iso-osm) .. 7
gentamicin sulfate (ped) (pf) .. 7
GENVOYA 3
GILOTRIF 16
glatiramer 31
glatopa 31
GLEOSTINE 16
glimepiride 60
glipizide 60, 61
glipizide-metformin 61
glutamine (sickle cell) 57
glycine urologic solution 87
glycopyrrolate 66
glycopyrrolate (pf) 66
glycopyrrolate (pf) in water . 66
glydo 52
GLYXAMBI 61
GOMEKLI 16
GRAFAPEX 16
granisetron (pf) 67
granisetron hcl 67
griseofulvin microsize 2
griseofulvin ultramicrosize 2
GVOKE 61
GVOKE HYPOPEN 1-PACK 61
GVOKE HYPOPEN 2-PACK 61
GVOKE PFS 1-PACK SYRINGE 61
GVOKE PFS 2-PACK SYRINGE 61

H

HADLIMA 75
HADLIMA PUSHTOUCH .. 75
HADLIMA(CF) 75
HADLIMA(CF) PUSHTOUCH 75
halobetasol propionate 55
haloperidol 38
haloperidol decanoate 38
haloperidol lactate 38
HAVRIX (PF) 71
heather 76
heparin (porcine) 47
heparin (porcine) in 5 % dex 47
heparin (porcine) in nacl (pf) 47
heparin(porcine) in 0.45% nacl 48
HEPARIN(PORCINE) IN 0.45% NACL 47
heparin, porcine (pf) 48
HEPARIN, PORCINE (PF) .. 48
HEPLISAV-B (PF) 71
HERNEXEOS 16
HIBERIX (PF) 71

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

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

HUMALOG JUNIOR KWIKPEN U-100 61
HUMALOG KWIKPEN INSULIN 61
HUMALOG MIX 50-50 KWIKPEN 61
HUMALOG MIX 75-25 KWIKPEN 61
HUMALOG MIX 75-25(U-100)INSULN 61
HUMALOG U-100 INSULIN 61
HUMULIN 70/30 U-100 INSULIN 61
HUMULIN 70/30 U-100 KWIKPEN 61
HUMULIN N NPH INSULIN KWIKPEN 61
HUMULIN N NPH U-100 INSULIN 61
HUMULIN R REGULAR U-100 INSULN 61
HUMULIN R U-500 (CONC) KWIKPEN 61
hydralazine 44
hydrochlorothiazide 44
hydrocodone-acetaminophen 33
hydrocodone-ibuprofen 33
hydrocortisone 56, 59, 67
hydrocortisone-acetic acid ... 59
hydromorphone 33
hydromorphone (pf) 33
hydroxychloroquine 7
hydroxyurea 16
hydroxyzine hcl 82
HYPERHEP B 71
HYPERHEP B NEONATAL 71
HYRNUO 16
I
ibandronate 74
IBRANCE 17
IBTROZI 17
ibu 35
ibuprofen 35
ibutilide fumarate 42
icatibant 84
ICLUSIG 17
icosapent ethyl 48
idarubicin 17
IDHIFA 17
IDVYNSO 3
ifosfamide 17
ILARIS (PF) 70
imatinib 17
IMBRUVICA 17
IMDELLTRA 17
IMFINZI 17
imipenem-cilastatin 7
imipramine hcl 38
imiquimod 52
IMJUDO 17
IMKELDI 17
IMOVAX RABIES VACCINE (PF) 71
IMPAVIDO 7
IMVEXXY MAINTENANCE PACK 76
IMVEXXY STARTER PACK 76
INBRIJA 30
incassia 77
INCRELEX 57
indapamide 44
INFANRIX (DTAP) (PF) 71
INFLIXIMAB 67
INGREZZA 32
INGREZZA INITIATION PK(TARDIV) 32
INGREZZA SPRINKLE 32
INLEXZO 17
INLURIYO 17
INLYTA 17
INPEFA 61, 62
INQOVI 17
INREBIC 17
INSULIN LISPRO 62
INSULIN LISPRO PROTAMIN-LISPRO 62
INSULIN SYRINGE-NEEDLE U-100 73
INTELENCE 3
intralipid 89
introvale 78
INVEGA HAFYERA 39
INVEGA SUSTENNA 39
INVEGA TRINZA 39
INVELTYS 81
IPOL 71
ipratropium bromide 58, 84
ipratropium-albuterol 84
irbesartan 44
irbesartan-hydrochlorothiazide 44
irinotecan 17
ISENTRESS 3
ISENTRESS HD 3
isibloom 78
ISOLYTE S PH 7.4 89
ISOLYTE-P IN 5 % DEXTROSE 89
ISOLYTE-S 89
isoniazid 7
isosorbide dinitrate 50
isosorbide mononitrate 50
isosorbide-hydralazine 44
isotretinoin 53
isradipine 44
ISTODAX 17
ITOVEBI 17, 18
itraconazole 2
ivabradine 49
ivermectin 7
IWILFIN 18
IXEMPRA 18
IXIARO (PF) 71

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

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

J
JAKAFI 18
JAKAFI XR 18
jantoven 48
JANUMET 62
JANUMET XR 62
JANUVIA 62
JARDIANCE 62
jasmiel (28) 78
JAYPIRCA 18
JEMPERLI 18
jencycla 77
JENTADUETO 62
JENTADUETO XR 62
JEVTANA 18
JIDEYTRO 18
jinteli 77
jolessa 78
JOURNAVX 35
JUBBONTI 74
juleber 78
JULUCA 3
JYLAMVO 18
JYNNEOS (PF) 71
K
KADCYLA 18
KALETRA 3
kalliga 78
KALYDECO 84
KANUMA 64
kariva (28) 78
kelnor 1/35 (28) 78
KERENDIA 44
KESIMPTA PEN 32
ketoconazole 2, 54
ketorolac 81
KEYTRUDA 18
KEYTRUDA QLEX 18
KHAPZORY 11
KIMMTRAK 18
KINERET 75
KINRIX (PF) 71
kionex 57
KIRSTY 62
KIRSTY PEN 62
KISQALI 18
klayesta 54
klor-con 10 87
klor-con 8 87
klor-con m10 87
klor-con m15 87
klor-con m20 87
klor-con oral packet 20 87
KLOXXADO 35
KOMZIFTI 18
KOSELUGO 18
kourzeq 58
K-PHOS NO 2 87
K-PHOS ORIGINAL 87
KRAZATI 18
kurvelo (28) 78
KYPROLIS 18
L
l norgest/e.estradiol-e.estrad 78
labetalol 44
lacosamide 27
lactated ringers 56, 87
lactulose 67
LAGEVRIO (EUA) 3
lamivudine 3
lamivudine-zidovudine 3
lamotrigine 27
lanreotide 18
lansoprazole 69
LANTUS SOLOSTAR U-100 INSULIN 62
LANTUS U-100 INSULIN 62
lapatinib 18
larin 1.5/30 (21) 78
larin 1/20 (21) 78
larin 24 fe 78
larin fe 1.5/30 (28) 78
larin fe 1/20 (28) 78
latanoprost 81
LAZCLUZE 18
LEDIPASVIR-SOFOSBUVIR 3
leflunomide 75
lenalidomide 18
LENVIMA 18, 19
lessina 78
letrozole 19
leucovorin calcium 11
LEUKERAN 19
leuprolide 19
levetiracetam 28
LEVETIRACETAM 28
levetiracetam in nacl (iso-os) 27, 28
levobunolol 80
levocarnitine 57
levocarnitine (with sugar) 57
levocetirizine 82
levofloxacin 10, 79
levofloxacin in d5w 10
levoleucovorin calcium 11
levonest (28) 78
levonorgestrel-ethinyl estrad 78
levonorg-eth estrad triphasic 78
levothyroxine 65
levoxyl 65
LIBTAYO 19
lidocaine 53
lidocaine (pf) 42, 52
lidocaine hcl 52, 53
lidocaine in 5 % dextrose (pf) 42
lidocaine-epinephrine 53
lidocaine-epinephrine (pf) 53
lidocaine-prilocaine 53
lidocan iii 53
lidocan iv 53
lidocan v 53
LIFYORLI 19
LILETTA 77
lincomycin 7

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.

linezolid 7
linezolid in dextrose 5% 7
LINZESS 67
liomny 65
LIORESAL 32
liothyronine 65
liraglutide 62
lisinopril 44
lisinopril-hydrochlorothiazide 44
lithium carbonate 39
lithium citrate 39
LIVDELZI 67
LIVTENCITY 3
LOKELMA 57
lomustine 19
LONSURF 19
loperamide 66
lopinavir-ritonavir 3
LOQTORZI 19
lorazepam 39
lorazepam intensol 39
LORBRENA 19
loryna (28) 78
losartan 44
losartan-hydrochlorothiazide 45
loteprednol etabonate 81
lovastatin 48, 49
low-ogestrel (28) 78
loxapine succinate 39
lo-zumandimine (28) 78
lubiprostone 67
LUMAKRAS 19
LUMIGAN 81
LUMIZYME 64
LUNSUMIO 19
LUNSUMIO VELO 19
LUPRON DEPOT 19
lurasidone 39
lurbiro 35
lutera (28) 78
LYBALVI 39
lyleq 77
lyllana 77
LYNOZYFIC 19
LYNPARZA 19
LYSODREN 19
LYTGOBI 19
LYUMJEV KWIKPEN U-100 INSULIN 62
LYUMJEV KWIKPEN U-200 INSULIN 62
LYUMJEV U-100 INSULIN 62
lyza 77

M

macitentan 84
magnesium chloride 88
magnesium sulfate 88
MAGNESIUM SULFATE IN D5W 88
magnesium sulfate in water .. 88
malathion 56
mannitol 20 % 45
mannitol 25 % 45
maraviroc 3
marlissa (28) 78
MARPLAN 39
MATULANE 20
matzim la 45
MAVYRET 4
meclizine 67
medroxyprogesterone 77
mefloquine 7
megestrol 20
MEKINIST 20
MEKTOVI 20
meleya 77
meloxicam 35
melphalan hcl 20
memantine 32
memantine-donepezil 32
MENQUADFI (PF) 71
MENVEO A-C-Y-W-135-DIP (PF) 71
MEPSEVII 64
mercaptopurine 20
meropenem 8
mesalamine 67
mesalamine with cleansing wipe 67
mesna 11
metformin 62
methadone 33, 34
methadone intensol 33
methadose 34
methazolamide 81
methenamine hippurate 11
methenamine mandelate 11
methimazole 60
methotrexate sodium 20
methotrexate sodium (pf) 20
methoxsalen 53
methsuximide 28
methylergonovine 79
methylphenidate hcl 40
methylprednisolone 59
methylprednisolone acetate .. 59
methylprednisolone sodium succ 59
metoclopramide hcl 67
metolazone 45
metoprolol succinate 45
metoprolol ta-hydrochlorothiaz 45
metoprolol tartrate 45
metronidazole 8, 53, 77
metronidazole in nacl (iso-os) 8
metyrosine 45
mexiletine 42
micafungin 2
microgestin 1.5/30 (21) 78
microgestin 1/20 (21) 78
microgestin fe 1.5/30 (28) 78
microgestin fe 1/20 (28) 79

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.

midodrine 57
MIEBO (PF) 80
mifepristone 64, 77
mili 79
milnacipran 75
milophene 64
milrinone 49
milrinone in 5 % dextrose 49
mimvey 77
minocycline 11
minoxidil 45
miostat 81
mirabegron 86
mirtazapine 40
misoprostol 69
mitomycin 20
mitoxantrone 20
M-M-R II (PF) 71
modafinil 40
MODEYSO 20
moexipril 45
molindone 40
mometasone 56, 84
mondoxyne nl 11
MONJUVI 20
mono-linyah 79
montelukast 84
morphine 34
morphine (pf) 34
morphine concentrate 34
MOUNJARO 62
moxifloxacin 10, 80
moxifloxacin-sod.chloride(iso) 10
MRESVIA (PF) 71
MULTAQ 42
mupirocin 54
mycophenolate mofetil 20
mycophenolate mofetil (hcl) 20
mycophenolate sodium 20
MYFEMBREE 77
MYHIBBIN 20
MYLOTARG 20
N
nabumetone 35
nadolol 45
nafcillin 10
nafcillin in dextrose iso-osm 10
naftifine 54
NAGLAZYME 64
nalbuphine 35
naloxone 35
naltrexone 35
naproxen 35
naproxen sodium 35
naratriptan 30
NATACYN 80
nateglinide 62
NAYZILAM 28
nebivolol 45
nefazodone 40
NELARABINE 20
NEMLUVIO 20
neomycin 8
neomycin-bacitracin-poly-hc 81
neomycin-bacitracin-polymyxin 80
neomycin-polymyxin b gu 56
neomycin-polymyxin b-dexameth 81
neomycin-polymyxin-gramicidin 80
neomycin-polymyxin-hc 59, 81
NERLYNX 20
NEUPRO 30
nevirapine 4
NEXLETOL 49
NEXLIZET 49
NEXPLANON 77
niacin 49
nicardipine 45
NICOTROL NS 58
nifedipine 45
nikki (28) 79
nilotinib hcl 20, 21
nilutamide 21
nimodipine 45
NINLARO 21
nintedanib 84
nitazoxanide 8
nitisinone 57
nitro-bid 50
nitrofurantoin macrocrystal 11
nitrofurantoin monohyd/m-cryst 11
nitroglycerin 50, 67
NIVESTYM 70
nora-be 77
norelgestromin-ethin.estradiol 77
norepinephrine bitartrate 49
norethindrone (contraceptive) 77
norethindrone acetate 77
norethindrone ac-eth estradiol 77, 79
norgestimate-ethinyl estradiol 79
nortrel 0.5/35 (28) 79
nortrel 1/35 (21) 79
nortrel 1/35 (28) 79
nortrel 7/7/7 (28) 79
nortriptyline 40
NORVIR 4
NOVOLIN 70/30 U-100 INSULIN 62
NOVOLIN 70-30 FLEXPEN U-100 62
NOVOLIN N FLEXPEN 62
NOVOLIN N NPH U-100 INSULIN 63
NOVOLIN R FLEXPEN 63
NOVOLIN R REGULAR U100 INSULIN 63
NOVOLOG MIX 70-30 U-100 INSULN 63

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

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

NOVOLOG MIX 70-30FLEXPEN U-100 63
NOVOLOG PENFILL U-100 INSULIN 63
NUBEQA 21
NUCALA 84
NUEDEXTA 32
NULOJIX 21
NUPLAZID 40
NURTEC ODT 30
nyamyc 54
nystatin 2, 54
nystatin-triamcinolone 54
nystop 54
NYVEPRIA 70
O
octreotide acetate 21
octreotide,microspheres 21
ODEFSEY 4
ODOMZO 21
ofloxacin 59, 80
OGSIVEO 21
OJEMDA 21
OJJAARA 21
olanzapine 40
olmesartan 45
olmesartan-amlodipin-hcthiazid 45
olmesartan-hydrochlorothiazide 45
omega-3 acid ethyl esters 49
omeprazole 69
OMNIPOD 5 (LIBRE 2/3 PLUS) 73
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 73
OMNIPOD 5 G6-G7 PODS (GEN 5) 73
OMNIPOD 5 INTRO (LIBRE2/3PLUS) 73
OMNIPOD DASH INTRO KIT (GEN 4) 73
OMNIPOD DASH PODS (GEN 4) 73
OMNITROPE 70
ONCASPAR 21
ondansetron 67
ondansetron hcl 67
ondansetron hcl (pf) 67
ONIVYDE 21
ONUREG 21
OPDIVO 21
OPDIVO QVANTIG 21
OPDUALAG 21
OPIPZA 40
opium tincture 66
OPSYNVI 84
ORGOVYX 21
ORKAMBI 85
orquidea 77
ORSERDU 21
oseltamivir 4
osmitrol 20 % 45
OTEZLA 75
OTEZLA STARTER 75
OTEZLA XR 75
OTEZLA XR INITIATION 75
OTULFI 50
oxacillin 10
oxacillin in dextrose(iso-osm) 10
oxaliplatin 21
oxaprozin 35
oxcarbazepine 28
OXERVATE 80
oxybutynin chloride 87
oxycodone 34
oxycodone-acetaminophen 34
OZEMPIC 63
OZURDEX 81
P
pacerone 42
paclitaxel 21
paclitaxel protein-bound 21
PADCEV 22
paliperidone 40
palonosetron 67
pamidronate 64
PANRETIN 53
pantoprazole 69
paricalcitol 64, 65
paroxetine hcl 40
PAVBLU 80
PAXLOVID 4
pazopanib 22
PAZOPANIB 22
PEDIARIX (PF) 71
PEDVAX HIB (PF) 71
peg 3350-electrolytes 67
PEGASYS 70
peg-electrolyte 67
pellix 50
PEMAZYRE 22
pemetrexed disodium 22
PEN NEEDLE, DIABETIC 73
PENBRAYA (PF) 71
penciclovir 54
penicillamine 75
PENICILLIN G POT IN DEXTROSE 10
penicillin g potassium 10
penicillin g sodium 10
penicillin v potassium 10
PENMENVY MEN A-B-C-W-Y (PF) 71
PENTACEL (PF) 71
pentamidine 8
pentobarbital sodium 40
pentoxifylline 48
perampanel 28
perindopril erbumine 45
periogard 58
PERJETA 22
permethrin 56
perphenazine 40
pfizerpen-g 10

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.

phenelzine 40
phenobarbital 28
phenobarbital sodium 28
phentolamine 45
phenytoin 28
phenytoin sodium 28
phenytoin sodium extended 28
philith 79
PIFELTRO 4
pilocarpine hcl 57, 80
pimecrolimus 53
pimozide 40
pimtrea (28) 79
pindolol 45
pioglitazone 63
piperacillin-tazobactam 10
PIQRAY 22
pirfenidone 85
piroxicam 35
pitavastatin calcium 49
PIVOT INSULIN PUMP STARTER KIT 73
PIVOT SUPPLY KIT 73
PLEGRIDY 70
PLENAMINE 89
plerixafor 70
podofilox 53
POLIVY 22
polocaine 53
polocaine-mpf 53
polymyxin b sulf-trimethoprim 80
pomalidomide 22
portia 28 79
posaconazole 2
potassium acetate 88
potassium chlorid-d5-0.45%nacl 88
potassium chloride 88
potassium chloride in 0.9%nacl 88
potassium chloride in 5 % dex 88
potassium chloride in lr-d5 88
potassium chloride in water 88
potassium chloride-0.45 % nacl 88
potassium chloride-d5-0.2%nacl 88
potassium chloride-d5-0.9%nacl 88
potassium citrate 87
potassium phosphate m-/d-basic 88
POTELIGEO 22
pralatrexate 22
PRALATREXATE 22
pramipexole 30
prasugrel hcl 48
pravastatin 49
praziquantel 8
prazosin 45
PRECISION XTRA MONITOR 73
PRECISION XTRA TEST 63
prednisolone 59
prednisolone acetate 81
prednisolone sodium phosphate 59, 81
prednisone 59, 60
prednisone intensol 59
pregabalin 28
PREMARIN 77
premasol 10 % 89
PREMPHASE 77
PREMPRO 77
prenatal vitamin oral tablet 89
prevalite 49
PREVYMIS 4
PREZCOBIX 4
PREZISTA 4
PRIFTIN 8
PRIMAQUINE 8
primidone 29
PRIMIDONE 29
PRIORIX (PF) 71
probenecid 74
probenecid-colchicine 74
procainamide 43
prochlorperazine 67
prochlorperazine edisylate 67
prochlorperazine maleate oral 68
PROCRIT 70
procto-med hc 68
proctosol hc 68
proctozone-hc 68
progesterone 77
progesterone micronized 77
PROGRAF 22
PROLASTIN-C 57
PROLIA 74
promethazine 82
propafenone 43
propranolol 45
propylthiouracil 60
PROQUAD (PF) 71
protamine 48
protriptyline 40
PULMICORT FLEXHALER 85
PULMOZYME 85
pyrazinamide 8
pyridostigmine bromide 32
pyrimethamine 8
PYZCHIVA (ONLY NDCS STARTING WITH 61314) 51

Q

QINLOCK 22
QUADRACEL (PF) 71
quetiapine 40, 41
quinapril 45
quinapril-hydrochlorothiazide 45

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

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

quinidine sulfate 43
quinine sulfate 8
QULIPTA 30
QVAR REDIHALER 85
R
RABAVERT (PF) 71
RADICAVA ORS 32
RADICAVA ORS STARTER KIT SUSP 32
RALDESY 41
raloxifene 74
ramelteon 41
ramipril 45
ranolazine 50
rasagiline 30
reclipsen (28) 79
RECOMBIVAX HB (PF) 72
RELENZA DISKHALER 4
RELEUKO 70
relgaabi 29
RELISTOR 68
REMICADE 68
RENACIDIN 87
repaglinide 63
REPATHA 49
REPATHA SURECLICK 49
RETACRIT 70, 71
RETEVMO 22
RETROVIR 4
REVCOVI 57
revonto 32
REVUFORJ 22
REXULTI 41
REYATAZ 4
REZDIFFRA 57
REZLIDHIA 22
REZUROCK 22
RHOPRESSA 81
ribavirin 4
rifabutin 8
rifampin 8
rilpivirine hcl 4
riluzole 57
rimantadine 4
ringer's 56, 88
RINVOQ 75
RINVOQ LQ 75
risedronate 57, 74
risperidone 41
risperidone microspheres 41
ritonavir 4
rivaroxaban 48
rivastigmine 32
rivastigmine tartrate 32
rizatriptan 30
ROCKLATAN 81
roflumilast 85
romidepsin 22, 23
ROMVIMZA 23
ropinirole 30
rosuvastatin 49
ROTARIX 72
ROTATEQ VACCINE 72
roweepra 29
ROZLYTREK 23
RUBRACA 23
rufinamide 29
RUKOBIA 4
RUXIENCE 23
RYBELSUS 63
RYBREVANT 23
RYBREVANT FASPRO 23
RYDAPT 23
RYLAZE 23
RYTELO 23
S
sacubitril-valsartan 50
sajazir 85
salsalate 35
SANDOSTATIN LAR DEPOT 23
SANTYL 53
sapropterin 65
SARCLISA 23
SARCLISA ESCENA 23
SAVELLA 75
saxagliptin 63
saxagliptin-metformin 63
SCEMBLIX 23
scopolamine base 68
SECUADO 41
SELARSDI 51
selegiline hcl 30
selenium sulfide 51
sertraline 41
setlakin 79
sevelamer carbonate 57
sf 58
sf 5000 plus 58
sharobel 77
SHINGRIX (PF) 72
SIGNIFOR 23
sildenafil (pulmonary arterial hypertension) 85
silver sulfadiazine 53
SIMBRINZA 81
SIMLANDI(CF) 75
SIMLANDI(CF) AUTOINJECTOR 75
SIMULECT 23
simvastatin 49
sirolimus 23
SIRTURO 8
sitagliptin phos-metformin 63
sitagliptin phosphate 63
SKYRIZI 51, 68
sodium acetate 88
sodium benzoate-sod phenylacet 57
sodium bicarbonate 88, 89
sodium chloride 57, 89
sodium chloride 0.45 % 89
sodium chloride 0.9 % 57
sodium chloride 3 % hypertonic 89

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.

sodium chloride 5 % hypertonic 89
sodium fluoride 5000 dry mouth 58
sodium fluoride 5000 plus 58
sodium fluoride-pot nitrate 58
sodium oxybate 41
sodium phenylbutyrate 57
sodium phosphate 89
sodium polystyrene sulfonate 57
sodium,potassium,mag sulfates 68
SOFOSBUVIR-VELPATASVIR 4
solifenacin 87
SOLIQUA 100/33 63
SOLTAMOX 23
SOMATULINE DEPOT 23
SOMAVERT 65
sorafenib 23
sotalol 43
sotalol af 43
SPIRIVA RESPIMAT 85
spironolactone 45
spironolacton-hydrochlorothiaz 45
SPRAVATO 41
sprintec (28) 79
SPRITAM 29
sps (with sorbitol) 57
ssd 53
STELARA 51
STIOLTO RESPIMAT 85
STIVARGA 23
STRENSIQ 65
STREPTOMYCIN 8
STRIBILD 4
STRIVERDI RESPIMAT 85
SUBLOCADE 34
subvenite 29
SUBVENITE 29
SUCRAID 68
sucralfate 69
sulfacetamide sodium 80
sulfacetamide sodium (acne) 54
sulfacetamide-prednisolone 80
sulfadiazine 11
sulfamethoxazole-trimethoprim 11
sulfasalazine 68
sulindac 35
sumatriptan nasal 30
sumatriptan succinate 30, 31
sunitinib malate 23
SUNLENCA 4
syeda 79
SYLVANT 23
SYMDEKO 85
SYMPAZAN 29
SYMPROIC 68
SYMTUZA 4
SYNJARDY 63
SYNJARDY XR 63
T
TABLOID 23
TABRECTA 23
tacrolimus 23, 53
tadalafil 87
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg 85
TAFINLAR 23
TAGRISSO 23
TALVEY 24
TALZENNA 24
tamoxifen 24
tamsulosin 87
tarina fe 1-20 eq (28) 79
tazarotene 53, 54
tazicef 6
TECENTRIQ 24
TECENTRIQ HYBREZA 24
TECVAYLI 24
TEFLARO 6
telmisartan 45
telmisartan-amlodipine 45
telmisartan-hydrochlorothiazid 45
TEMODAR 24
temsirolimus 24
TENIVAC (PF) 72
tenofovir disoproxil fumarate 4
TEPMETKO 24
terazosin 45
terbinafine hcl 2
terbutaline 85
terconazole 77
teriflunomide 32
teriparatide 74
testosterone 65
testosterone cypionate 65
testosterone enanthate 65
tetrabenazine 32
tetracycline 11
TEVIMBRA 24
TEZSPIRE 86
THALOMID 24
theophylline 86
thioridazine 41
thiotepa 24
thiothixene 41
tiadylt er 45
tiagabine 29
TIBSOVO 24
ticagrelor 48
TICE BCG 72
TICOVAC 72
tigecycline 8
tilia fe 79
timolol maleate 46, 80
tinidazole 8
tiotropium bromide 86
TIVDAK 24
TIVICAY 4
TIVICAY PD 4
tizanidine 32

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.

TOBI PODHALER 8
TOBRADEX 81
tobramycin 8, 80
tobramycin in 0.225 % nacl ... 8
tobramycin sulfate 8
tobramycin-dexamethasone .. 81
tofacitinib 76
tolterodine 87
tolvaptan 65
tolvaptan (polycys kidney dis) 65
topiramate 29
topotecan 24
toremifene 24
torpenz 24
torsemide 46
TOUJEO MAX U-300 SOLOSTAR 63
TOUJEO SOLOSTAR U-300 INSULIN 64
TRADJENTA 64
tramadol 35
tramadol-acetaminophen 35
trandolapril 46
trandolapril-verapamil 46
tranexamic acid 77
tranylcypromine 41
travasol 10 % 89
travoprost 81
TRAZIMERA 24
trazodone 41
TRELEGY ELLIPTA 86
TRELSTAR 24
TREMFYA 51
TREMFYA ONE-PRESS 51
TREMFYA PEN 51
TREMFYA PEN INDUCTION PK(2PEN) . 51
treprostinil sodium 46
tretinoin (antineoplastic) 24
tretinoin topical 54
triamcinolone acetonide 56, 58, 60
triamterene-hydrochlorothiazid 46
triderm 56
trientine 58
tri-estarylla 79
trifluoperazine 41
trifluridine 80
trihexyphenidyl 30
TRIJARDY XR 64
TRIKAFTA 86
tri-legest fe 79
tri-linyah 79
trilitas 54
tri-lo-estarylla 79
tri-lo-marzia 79
tri-lo-sprintec 79
trimethoprim 11
trimipramine 41
TRINTELLIX 41
tri-sprintec (28) 79
TRIUMEQ 5
TRIUMEQ PD 5
TRODELVY 24
TROGARZO 5
TROPHAMINE 10 % 89
trospium 87
TRULANCE 68
TRULICITY 64
TRUMENBA 72
TRUQAP 24
TUKYSA 24
TURALIO 24
turqoz (28) 79
TWIIST REFILL KT(CSST-NDL-SYR) 73
TWIIST RFL(INFUS-CSST-NDL-SYR) 73
TWIIST STARTER KIT 73
TWINRIX (PF) 72
TYENNE 76
TYENNE AUTOINJECTOR 76
TYMLOS 74
TYPHIM VI 72
TYVASO 86
TYVASO INSTITUTIONAL START KIT 86
TYVASO REFILL KIT 86
TYVASO STARTER KIT ... 86
U
UBRELVY 31
ULTRA-FINE INSULIN SYRINGE 73
unithroid 65
UNITUXIN 24
UNLOXCYT 24
UPTRAVI 46
ursodiol 68
USTEKINUMAB 51
USTEKINUMAB-AEKN 52
V
valacyclovir 5
VALCHLOR 53
valganciclovir 5
valproate sodium 29
valproic acid 29
valproic acid (as sodium salt) 29
valrubicin 24
valsartan 46
valsartan-hydrochlorothiazide 46
VALTOCO 29
valtya 79
vancomycin 8, 9
VANCOMYCIN IN 0.9 % SODIUM CHL 8
VANFLYTA 24
VAQTA (PF) 72
varenicline tartrate 58
VARIVAX (PF) 72
VARIZIG 72

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.

VARUBI....68
VAXCHORA VACCINE....72
VECTIBIX....24
veletri....46
velivet triphasic regimen (28)....79
VELTASSA....58
VEMLIDY....5
VENCLEXTA....24
VENCLEXTA STARTING PACK....25
venlafaxine....42
VEPPANU....25
verapamil....46
VERQUVO....50
VERSACLOZ....42
VERZENIO....25
vestura (28)....79
VIBATIV....9
VIBERZI....68
vienva....79
vigabatrin....29
vigadrone....29
vilazodone....42
VIMIZIM....65
VIMKUNYA (PF)....72
vinblastine....25
vincristine....25
vinorelbine....25
viorele (28)....79
VIRACEPT....5
VIREAD....5
VITRAKVI....25
VIVITROL....35
VIVOTIF....72
VONJO....25
VORANIGO....25
voriconazole....2
voriconazole-hpbcd....2
VOSEVI....5
VOWST....68
VRAYLAR....42
VUMERITY....32
VYLOY....25
VYNDAMAX....50
VYVGART....32
VYVGART HYTRULO....32
VYXEOS....25
W
warfarin....48
water for irrigation, sterile....58
WELIREG....25
wera (28)....79
wescap-pn dha....89
WINREVAIR....86
wixela inhub....86
WYOST....12
X
XALKORI....25
XARELTO....48
XARELTO DVT-PE TREAT 30D START....48
XCOPRI....29
XCOPRI MAINTENANCE PACK....29
XCOPRI TITRATION PACK....29
XDEMVY....80
XEMBIFY....72
XERMELO....25
XIAFLEX....58
XIFAXAN....9
XIGDUO XR....64
XIIDRA....80
XOFLUZA....5
XOLAIR....86
XOSPATA....25
XPOVIO....25
XTANDI....25
xulane....77
Y
YERVOY....25
YESINTEK....52
YF-VAX (PF)....72
YONDELIS....25
yulithira....25
yuvafem....77
Z
zafemy....77
zafirlukast....86
zaleplon....42
ZALTRAP....25
ZEJULA....26
ZELBORAF....26
zenatane....54
ZENBEXUS....26
ZENPEP....69
ZEPOSIA....32
ZEPOSIA STARTER KIT (28-DAY)....32
ZEPOSIA STARTER PACK (7-DAY)....32
ZEPZELCA....26
zidovudine....5
ZIIHERA....26
ziprasidone hcl....42
ziprasidone mesylate....42
ZIRABEV....26
ZIRGAN....80
ZOLADEX....26
zoledronic acid....65
zoledronic acid-mannitol-water....58
ZOLINZA....26
zolpidem....42
ZONISADE....29
zonisamide....29
zovia 1-35 (28)....79
ZTALMY....30
zumandimine (28)....79
ZURZUVAE....42
ZYDELIG....26
ZYKADIA....26
ZYMFENTRA....69
ZYNLONTA....26
ZYNYZ....26

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.

ZYPREXA RELPREVV.....42

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.

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Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan **1-800-362-2266**(TTY: **711**) oswa pale avèk founisè w la.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **1-800-362-2266**(TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **1-800-362-2266** (TTY: **711**) o parla con il tuo fornitore.

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

צונעמען־אידס און בַאדינונגס אלַאר צוַאווייזינג אינאלאָרמַאציע אין צוטריטלעך אלאָרמַאטירונגען זענען אויך בנימצא פריי. רופן)**711** (TTY: **1-800-362-2266** . אָדער רעדן מיט דיין טרעגער

(Bengali) ইংরেজিতে মনোযোগ: আপনি যদি অন্য ভাষা বলতে পারেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহায়তা এবং পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। **1-800-362-2266** (TTY: 711; অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **1-800-362-2266**(TTY: **711**) lub porozmawiaj ze swoim dostawcą.

)**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 **1-800-362-2266**(**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 **1-800-362-2266**(TTY: **711**) ou parlez à votre fournisseur.

اردو (Urdu)

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** TTY:**1-800-362-2266**) پر کال کریں یا

اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **1-800-362-2266** (TTY: **711**) o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **1-800-362-2266**(TTY: **711**) ή απευθυνθείτε στον πάροχό σας.

Hindi हिंदी ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। **1-800-362-2266 (TTY:** 711**)** पर कॉल करें या अपने प्रदाता से बात करें।.

ElderServe MAP (HMO D-SNP) Notice of Nondiscrimination

ElderServe MAP (HMO D-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR CFR § 92.101(a)(2)). ElderServe MAP (HMO D-SNP) does not exclude people or treat them less favorable because of race, color, national origin, age, disability, or sex.
ElderServe MAP (HMO D-SNP):

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, which may include:
    - Qualified interpreters
    - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Civil Rights Coordinator. If you believe that ElderServe MAP (HMO D-SNP) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:
ElderServe Health
ATTN Civil Rights Coordinator
80 West 225th Street
Bronx, NY, 10463

Phone: 1-347-842-3660, TTY 711
Fax: 1-888-341-5009

You may file a grievance in person or by mail, phone, or fax. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

ElderServe Health

This formulary was updated on 10/16/2026. For more recent information or other questions, please contact us, ElderServe Health Member Services, at 1-800-362-2266 or, for TTY users, TTY/TDD 711, seven days a week from 8 a.m. to 8 p.m., or visit www.ElderServeHealth.org.