2027 HealthSpring℠ Formulary
Premier Access 3 Tier (open) List of Covered Drugs or "Drug List"

Please read: This document contains information about the drugs we cover in this plan.

Plans covered

HealthSpring Rx (PDP)
HealthSpring True Choice (PPO)
HealthSpring Preferred (HMO)

This formulary was updated 08/26/2026. For more recent information or other questions, please contact HealthSpring Customer Service. Contact information can be found on the back cover of this document. The drug list, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs.

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 formulary refers to "we," "us", or "our," it means HealthSpring. When it refers to "plan" or "our plan," it means HealthSpring Rx (PDP), HealthSpring True Choice (PPO) or HealthSpring Preferred (HMO). This document includes the Drug List (formulary) for our plan which is current as of 08/26/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the formulary, appears on the back cover page. 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, 2028, and from time to time during the year.

Important Message About What You Pay for Insulin: You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

HealthSpring℠

What is the HealthSpring 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 HealthSpring 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. HealthSpring will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthSpring network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: HealthSpring.com/GroupPDP or HealthSpring.com/GroupMA.

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

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

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

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

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

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. 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 HealthSpring Drug list?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 formulary is current as of 08/26/2026. To get updated information about the drugs covered by HealthSpring please contact us. Our contact information appears on the back cover page.

How do I use the formulary?

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

- **Medical Condition**
  The formulary begins on page 11. 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 11. 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 after the List of Covered Drugs. The Index provides an alphabetical list of all 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?

HealthSpring 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 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 (for MAPD plans) or Chapter 3 (for PDP plans), 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:** HealthSpring requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from HealthSpring before you fill your prescriptions. If you don't get approval, HealthSpring may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthSpring limits the amount of the drug that HealthSpring will cover. For example, HealthSpring allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, HealthSpring 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, HealthSpring may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthSpring will then cover Drug B.

- **Non-Extended Days Supply**: For certain drugs, HealthSpring limits the amount of the drug that we will cover to only a 30-day supply or less, at one time. For example, members who have not had any recent fill of opioid pain medications within the past 108 days (referred to as "opioid naïve") are limited to a maximum of 7 days' supply of opioid pain medication. Members who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month's supply of that medication at one time. Other high- cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. 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 drug list, appears on the front and back cover pages.

You can ask HealthSpring 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 HealthSpring drug list?" on the next page for information about how to request an exception.

Options for Maintenance Medications

Taking the medications prescribed by your doctor (or other prescriber) is important to your health.

We are committed to helping you control your chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these. Medications can help ensure that you do not miss a dose.
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

How can I use my prescription drug coverage to save money on my medications?

There may be opportunities for you to save money on your medications using your HealthSpring coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.

- If your medication is not covered in the HealthSpring drug list, talk with your doctor about alternative medications which are covered on the drug list.

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 Customer Service and ask if your drug is covered.

If you learn that HealthSpring does not cover your drug, you have two options:

- You can ask Customer Services for a list of similar drugs that are covered by HealthSpring. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by HealthSpring.
- You can ask HealthSpring 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 HealthSpring formulary?

You can ask HealthSpring 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 coverage restrictions or limits on your drug. For example, for certain drugs, HealthSpring limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug. This applies to the following circumstances:
  - If the drug you are taking is a brand name drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
  - If the drug you're taking is a generic drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
  - If the drug you're taking is a biological product, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

Please note, if we grant your request to cover a drug that is not on our drug list, you may not ask us to provide this drug at a lower cost sharing tier.

Generally, HealthSpring will only approve your request for an exception if the alternative drugs included on the plan's drug list, the lower cost-sharing drug or additional utilization restrictions

would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask us for an initial coverage decision for a drug list, tier, or utilization restriction exception. **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) exception 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 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. 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 HealthSpring prescription drug coverage, please review your *Evidence of Coverage Snapshot* and other plan materials.

If you have questions about HealthSpring or your plan, please contact us. Our contact information, along with the date we last updated the drug list, appears on the back cover page.

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

HealthSpring formulary

The formulary that begins on the next page provides coverage information about the drugs covered by HealthSpring. If you have trouble finding your drug in the list, turn to the Index that begins after the List of Covered Drugs.

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

Drug Tier and Cost-Sharing

The amount you pay for a covered drug will depend on:

- Your coverage stage. Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your *Summary of Benefits* or *Evidence of Coverage Snapshot* for more information about your specific prescription drug benefit.
- The drug tier for your drug. Each covered drug is in one of four drug tiers. Each tier may have a different cost-sharing amount.
- If your plan includes additional benefits as noted on the *Summary of Benefits* or *Evidence of Coverage Snapshot*, you can find the lists of those covered benefits in the 2027 Formulary Addendum document included in your Benefits Booklet.
- **If you qualify for Extra Help**: Your LIS copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred drug copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

Drug Tiers
Covered medications are divided into tiers or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

Tier 1- Generic Drugs: This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.

Tier 2 – Preferred Brand Drugs: This tier includes preferred brand-name drugs as well as some generic drugs. Keep in mind that the tier name "Preferred Brand Drugs" is just a description of most of the drugs in the tier. It does not mean that there are only brand-name drugs in this tier.

Tier 3 – Non-Preferred Drugs and Specialty Tier Drugs: This tier includes higher-priced brand name drugs and generic drugs not in a preferred tier. There may be lower-cost alternatives for you. Ask your doctor about switching to a covered drug on a lower tier.

Cost-sharing for each tier varies by plan. Refer to your *Evidence of Coverage Snapshot* for your plan's specific cost-sharing amounts. To access a copy of your most recent *Evidence of Coverage Snapshot*, visit myHealthSpring.com. We are not always able to keep all generic medications in the generic tiers. Keep in mind that the name of the tier is just a description of most of the drugs in the tier. It does not mean that there are only that type of drug in the tier.

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

***:** Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a one month supply.

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.

NDS: Drugs may be limited to a 30-day supply.

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).

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	B/D PA; NDS
amphotericin b injection recon soln 50 mg	3	B/D PA
amphotericin b liposome intravenous suspension for reconstitution 50 mg	3	B/D PA; NDS
ANCOBON ORAL CAPSULE 250 MG, 500 MG	3	NDS
caspofungin intravenous recon soln 50 mg, 70 mg	3	
clotrimazole mucous membrane troche 10 mg	1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	3	PA; NDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	3	PA; NDS
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	3	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg	3	NDS
griseofulvin microsize oral suspension 125 mg/5 ml	3	
griseofulvin microsize oral tablet 500 mg	3	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	3	
griseofulvin ultramicrosize oral tablet 165 mg	3	NDS
itraconazole oral capsule 100 mg	3	QL (120 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
itraconazole oral solution 10 mg/ml	3	
ketoconazole oral tablet 200 mg	1	
MICAFUNGIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML	3	NDS
micafungin intravenous recon soln 100 mg, 50 mg	3	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	3	PA; QL (32 per 30 days); NDS
nystatin oral suspension 100,000 unit/ml	1	
nystatin oral tablet 500,000 unit	1	
posaconazole intravenous solution 300 mg/16.7 ml	3	PA; NDS
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	3	PA; QL (630 per 30 days); NDS
posaconazole oral tablet,delayed release (dr/ec) 100 mg	3	PA; QL (96 per 30 days)
REZZAYO INTRAVENOUS RECON SOLN 200 MG	3	NDS
terbinafine hcl oral tablet 250 mg	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	3	PA; QL (120 per 30 days); NDS
VFEND IV INTRAVENOUS RECON SOLN 200 MG	3	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	PA; NDS
VIVJOA ORAL CAPSULE 150 MG	3	PA; QL (18 per 84 days); NDS
voriconazole intravenous recon soln 200 mg	3	PA
VORICONAZOLE INTRAVENOUS SOLUTION 10 MG/ML	3	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	3	PA; NDS
voriconazole oral tablet 200 mg, 50 mg	3	PA
voriconazole-hpbcd intravenous recon soln 200 mg	3	PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
abacavir oral solution 20 mg/ml	2	
abacavir oral tablet 300 mg	2	
abacavir-lamivudine oral tablet 600-300 mg	2	
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml, 200 mg/5 ml (5 ml)	3	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	3	B/D PA
adefovir oral tablet 10 mg	3	
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5 ml	1	
amantadine hcl oral tablet 100 mg	1	
APTIVUS ORAL CAPSULE 250 MG	3	NDS
atazanavir oral capsule 150 mg, 200 mg, 300 mg	3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	3	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	3	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	3	NDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	3	NDS
cidofovir intravenous solution 75 mg/ml	3	NDS
CIMDUO ORAL TABLET 300-300 MG	3	NDS
COMPLERA ORAL TABLET 200-25-300 MG	3	NDS
darunavir oral tablet 600 mg, 800 mg	3	
DELSTRIGO ORAL TABLET 100-300-300 MG	3	NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	3	NDS
DOVATO ORAL TABLET 50-300 MG	3	NDS
EDURANT ORAL TABLET 25 MG	3	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	3	NDS
efavirenz oral tablet 600 mg	3	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	3	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	3	NDS
emtricitabine oral capsule 200 mg	3	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	3	
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	3	NDS
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
ENFLONSIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML	3	
entecavir oral tablet 0.5 mg, 1 mg	3	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	3	PA; QL (28 per 28 days); NDS
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	3	PA; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 200-50 MG	3	PA; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 400-100 MG	3	PA; QL (28 per 28 days); NDS
EPIVIR ORAL SOLUTION 10 MG/ML	3	
EPIVIR ORAL TABLET 150 MG, 300 MG	3	
etravirine oral tablet 100 mg, 200 mg	3	
EVOTAZ ORAL TABLET 300-150 MG	3	NDS
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
fosamprenavir oral tablet 700 mg	3	
foscarnet intravenous solution 24 mg/ml	3	B/D PA
ganciclovir sodium intravenous recon soln 500 mg	1	B/D PA
ganciclovir sodium intravenous solution 50 mg/ml	1	B/D PA
GENVOYA ORAL TABLET 150-150-200-10 MG	3	NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	3	PA; QL (28 per 28 days); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	3	PA; QL (56 per 28 days); NDS
HARVONI ORAL TABLET 45-200 MG	3	PA; QL (56 per 28 days); NDS
HARVONI ORAL TABLET 90-400 MG	3	PA; QL (28 per 28 days); NDS
HEPCLUDEX SUBCUTANEOUS RECON SOLN 8.5 MG	3	PA; LA; QL (30 per 30 days); NDS
IDVYNSO ORAL TABLET 100-0.25 MG	3	NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	3	NDS
INTELENCE ORAL TABLET 25 MG	3	
ISENTRESS HD ORAL TABLET 600 MG	3	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	NDS
ISENTRESS ORAL TABLET 400 MG	3	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	3	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	3	NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	3	
lamivudine oral solution 10 mg/ml	2	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	2	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
lamivudine-zidovudine oral tablet 150-300 mg	2	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	PA; QL (28 per 28 days); NDS
LIVTENCITY ORAL TABLET 200 MG	3	PA; LA; QL (120 per 30 days); NDS
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	2	
maraviroc oral tablet 150 mg, 300 mg	3	NDS
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	3	PA; QL (168 per 28 days); NDS
MAVYRET ORAL TABLET 100-40 MG	3	PA; QL (84 per 28 days); NDS
nevirapine oral suspension 50 mg/5 ml	3	
nevirapine oral tablet 200 mg	2	
nevirapine oral tablet extended release 24 hr 400 mg	3	
NORVIR ORAL POWDER IN PACKET 100 MG	3	
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	3	NDS
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	1	
oseltamivir oral suspension for reconstitution 6 mg/ml	1	
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 ORAL TABLET 100 MG	3	NDS
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	3	PA; NDS
PREVYMIS ORAL PELLETS IN PACKET 120 MG	3	PA; QL (120 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS ORAL PELLETS IN PACKET 20 MG	3	PA; QL (150 per 30 days); NDS
PREVYMIS ORAL TABLET 240 MG	3	PA; QL (56 per 28 days); NDS
PREVYMIS ORAL TABLET 480 MG	3	PA; QL (28 per 28 days); NDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	3	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	3	NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	3	NDS
PREZISTA ORAL TABLET 75 MG	3	
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	3	NDS
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	
RETROVIR ORAL CAPSULE 100 MG	3	
RETROVIR ORAL SYRUP 10 MG/ML	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	NDS
REYATAZ ORAL POWDER IN PACKET 50 MG	3	NDS
ribavirin oral capsule 200 mg	2	
ribavirin oral tablet 200 mg	2	
rilpivirine hcl oral tablet 25 mg	3	NDS
rimantadine oral tablet 100 mg	3	
ritonavir oral tablet 100 mg	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	3	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	3	NDS
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	NDS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	PA; QL (28 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SOVALDI ORAL PELLETS IN PACKET 150 MG	3	PA; QL (28 per 28 days); NDS
SOVALDI ORAL PELLETS IN PACKET 200 MG	3	PA; QL (56 per 28 days); NDS
SOVALDI ORAL TABLET 200 MG	3	PA; QL (56 per 28 days); NDS
SOVALDI ORAL TABLET 400 MG	3	PA; QL (28 per 28 days); NDS
STRIBILD ORAL TABLET 150-150-200-300 MG	3	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	3	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	3	NDS
SYMFI ORAL TABLET 600-300-300 MG	3	NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	NDS
TAMIFLU ORAL CAPSULE 75 MG	3	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	
tenofovir disoproxil fumarate oral tablet 300 mg	3	
TIVICAY ORAL TABLET 50 MG	3	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	3	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	3	NDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	3	LA; NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	3	NDS
valacyclovir oral tablet 1 gram	1	QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	QL (60 per 30 days)
VALCYTE ORAL RECON SOLN 50 MG/ML	3	NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
valganciclovir oral recon soln 50 mg/ml	3	NDS
valganciclovir oral tablet 450 mg	2	
VALTREX ORAL TABLET 1 GRAM	3	QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	3	QL (60 per 30 days)
VEKLURY INTRAVENOUS RECON SOLN 100 MG	3	NDS
VEMLIDY ORAL TABLET 25 MG	3	NDS
VIRACEPT ORAL TABLET 250 MG, 625 MG	3	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	NDS
VIREAD ORAL TABLET 150 MG, 300 MG	3	NDS
VIREAD ORAL TABLET 200 MG, 250 MG	3	
VOSEVI ORAL TABLET 400-100-100 MG	3	PA; QL (28 per 28 days); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
zidovudine oral capsule 100 mg	2	
zidovudine oral syrup 10 mg/ml	2	
zidovudine oral tablet 300 mg	1	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	3	NDS
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension for reconstitution 250 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr 500 mg	3	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet 1 gram	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	3	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML	3	
cefazolin injection recon soln 1 gram, 100 gram, 3 gram, 300 gram, 500 mg	3	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	3	
cefazolin intravenous recon soln 1 gram, 10 gram	3	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	3	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	3	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	3	
cefepime injection recon soln 1 gram, 2 gram	3	
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	3	
cefixime oral capsule 400 mg	3	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	3	
cefixime oral tablet 400 mg	3	
cefotetan injection recon soln 1 gram, 2 gram	3	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	3	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	3	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
cefpodoxime oral tablet 100 mg, 200 mg	3	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg	3	NDS
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	3	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	3	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	3	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	3	
ceftriaxone intravenous recon soln 1 gram, 2 gram	3	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium injection recon soln 750 mg	3	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	3	
cephalexin oral capsule 250 mg	1	
cephalexin oral capsule 500 mg	1	
cephalexin oral capsule 750 mg	3	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cephalexin oral tablet 250 mg, 500 mg	3	
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	3	NDS
tazicef injection recon soln 1 gram, 2 gram, 6 gram	3	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	3	NDS
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	3	NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ZEVTERA INTRAVENOUS RECON SOLN 667 MG	3	NDS
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet extended release 24 hr 500 mg	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL (136 per 10 days); NDS
DIFICID ORAL TABLET 200 MG	3	QL (20 per 10 days); NDS
e.e.s. 400 oral tablet 400 mg	3	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	3	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	3	
erythromycin ethylsuccinate oral tablet 400 mg	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
erythromycin lactobionate intravenous recon soln 500 mg	3	
erythromycin oral tablet 250 mg, 500 mg	3	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	3	
fidaxomicin oral tablet 200 mg	3	QL (20 per 10 days); NDS
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	3	
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	3	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	3	PA; LA; NDS
atovaquone oral suspension 750 mg/5 ml	3	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	3	
AZACTAM INJECTION RECON SOLN 2 GRAM	3	
aztreonam injection recon soln 1 gram, 2 gram	3	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	3	PA; QL (224 per 28 days); NDS
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	3	PA; LA; QL (84 per 56 days); NDS
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	3	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	3	
clindamycin pediatric oral recon soln 75 mg/5 ml	3	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	3	
COARTEM ORAL TABLET 20-120 MG	3	
colistin (colistimethate na) injection recon soln 150 mg	3	QL (30 per 10 days)
cycloserine oral capsule 250 mg	3	NDS
dalbavancin intravenous solution 500 mg	3	NDS
DALVANCE INTRAVENOUS SOLUTION 500 MG	3	NDS
dapsone oral tablet 100 mg, 25 mg	2	
DAPTOMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 350 MG/50 ML, 500 MG/50 ML, 700 MG/100 ML	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	
daptomycin intravenous recon soln 500 mg	3	
DARAPRIM ORAL TABLET 25 MG	3	PA; NDS
EMBLAVEO INTRAVENOUS RECON SOLN 2 GRAM	3	NDS
EMVERM ORAL TABLET,CHEWABLE 100 MG	3	NDS
ertapenem injection recon soln 1 gram	3	QL (14 per 14 days)
ethambutol oral tablet 100 mg, 400 mg	2	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	QL (450 per 10 days)
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	3	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	3	
gentamicin injection solution 40 mg/ml	3	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	3	
HUMATIN ORAL CAPSULE 250 MG	3	NDS
hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg	3	
hydroxychloroquine oral tablet 200 mg	1	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	3	
isoniazid injection solution 100 mg/ml	3	
isoniazid oral solution 50 mg/5 ml	1	
isoniazid oral tablet 100 mg	1	
isoniazid oral tablet 300 mg	1	
ivermectin oral tablet 3 mg	2	PA; QL (20 per 30 days)
ivermectin oral tablet 6 mg	2	PA; QL (8 per 30 days)
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	3	NDS
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	PA; QL (280 per 28 days); NDS
KRINTAFEL ORAL TABLET 150 MG	3	
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
LINCOCIN INJECTION SOLUTION 300 MG/ML	3	
lincomycin injection solution 300 mg/ml	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	3	
linezolid oral suspension for reconstitution 100 mg/5 ml	2	
linezolid oral tablet 600 mg	3	
LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	3	
MALARONE ORAL TABLET 250-100 MG	3	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	
mefloquine oral tablet 250 mg	1	
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	NDS
meropenem intravenous recon soln 1 gram	1	QL (30 per 10 days)
meropenem intravenous recon soln 2 gram	2	QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	2	QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	3	QL (10 per 10 days)
metro i.v. intravenous piggyback 500 mg/100 ml	3	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	3	
metronidazole oral capsule 375 mg	3	
METRONIDAZOLE ORAL TABLET 125 MG	3	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION RECON SOLN 300 MG	3	B/D PA; QL (1 per 28 days)
neomycin oral tablet 500 mg	1	
nitazoxanide oral tablet 500 mg	3	QL (12 per 30 days); NDS
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	3	NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ORLYNVAH ORAL TABLET 500-500 MG	3	NDS
PENTAM INJECTION RECON SOLN 300 MG	3	
pentamidine inhalation recon soln 300 mg	3	B/D PA; QL (1 per 28 days)
pentamidine injection recon soln 300 mg	3	
PLAQUENIL ORAL TABLET 200 MG	3	
polymyxin b sulfate injection recon soln 500,000 unit	3	
praziquantel oral tablet 600 mg	3	
PRETOMANID ORAL TABLET 200 MG	3	PA
PRIFTIN ORAL TABLET 150 MG	2	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	3	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	
pyrazinamide oral tablet 500 mg	3	
pyrimethamine oral tablet 25 mg	3	PA; NDS
quinine sulfate oral capsule 324 mg	3	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	3	NDS
rifabutin oral capsule 150 mg	3	
rifampin intravenous recon soln 600 mg	3	
rifampin oral capsule 150 mg, 300 mg	2	
rifapentine oral tablet 150 mg	3	
RIMSO-50 INTRAVESICAL SOLUTION 50 %	3	
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA; LA; NDS
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	NDS
SIVEXTRO ORAL TABLET 200 MG	3	NDS
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	3	
SOVUNA ORAL TABLET 200 MG, 300 MG	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	3	QL (60 per 30 days); NDS
STROMECTOL ORAL TABLET 3 MG	3	PA; QL (20 per 30 days)
tigecycline intravenous recon soln 50 mg	3	
tinidazole oral tablet 250 mg, 500 mg	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	3	QL (224 per 56 days); NDS
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	3	PA; QL (280 per 28 days); NDS
tobramycin inhalation solution for nebulization 300 mg/4 ml	3	PA; QL (224 per 28 days); NDS
tobramycin sulfate injection recon soln 1.2 gram	3	QL (9 per 14 days)
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	3	
TYGACIL INTRAVENOUS RECON SOLN 50 MG	3	
TYZAVAN INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	3	QL (4000 per 10 days)
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	3	
VANCOCIN ORAL CAPSULE 125 MG	3	PA; QL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	3	PA; QL (80 per 10 days); NDS
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	2	QL (4050 per 10 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML	3	QL (4000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML	3	QL (4200 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	QL (1000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	QL (4050 per 10 days)
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	3	QL (1 per 10 days)
vancomycin intravenous recon soln 1,000 mg	3	QL (20 per 10 days)
vancomycin intravenous recon soln 1.25 gram	3	QL (16 per 10 days)
vancomycin intravenous recon soln 1.5 gram	3	QL (14 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.75 GRAM	3	QL (12 per 10 days)
vancomycin intravenous recon soln 10 gram	3	QL (2 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 2 GRAM	3	QL (10 per 10 days)
vancomycin intravenous recon soln 5 gram	3	QL (4 per 10 days)
vancomycin intravenous recon soln 500 mg	3	QL (10 per 10 days)
vancomycin intravenous recon soln 750 mg	3	QL (27 per 10 days)
vancomycin oral capsule 125 mg	3	PA; QL (40 per 10 days)
vancomycin oral capsule 250 mg	3	PA; QL (80 per 10 days)
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	3	QL (450 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 2 GRAM/400 ML	3	QL (4000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML, 1.75 GRAM/350 ML	3	QL (4200 per 10 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	QL (1000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	QL (4050 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	NDS
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)	3	NDS
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; QL (90 per 30 days)
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	3	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	3	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ampicillin sodium intravenous recon soln 1 gram, 2 gram	3	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	3	
ampicillin-sulbactam intravenous recon soln 1.5 gram	3	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	
dicloxacillin oral capsule 250 mg, 500 mg	1	
LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %	3	
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	3	
nafcillin injection recon soln 1 gram, 2 gram	3	
nafcillin injection recon soln 10 gram	3	NDS
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	3	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	3	
penicillin g sodium injection recon soln 5 million unit	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
pfizerpen-g injection recon soln 20 million unit, 5 million unit	3	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	3	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	3	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	3	
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	3	
QUINOLONES		
BAXDELA INTRAVENOUS RECON SOLN 300 MG	3	NDS
BAXDELA ORAL TABLET 450 MG	3	NDS
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	3	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	3	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	3	
levofloxacin oral solution 250 mg/10 ml	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin oral tablet 400 mg	2	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	3	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	3	
ofloxacin oral tablet 300 mg, 400 mg	3	
SULFA'S / RELATED AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG	3	
BACTRIM ORAL TABLET 400-80 MG	3	
sulfadiazine oral tablet 500 mg	3	NDS
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
TETRACYCLINES		
demeclocycline oral tablet 150 mg, 300 mg	3	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	3	ST
doxy-100 intravenous recon soln 100 mg	3	
doxycycline hyclate intravenous recon soln 100 mg	3	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	3	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	3	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate oral capsule 150 mg, 75 mg	3	
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	3	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral tablet 150 mg	3	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG	3	ST; NDS
MINOCIN INTRAVENOUS RECON SOLN 100 MG	3	
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	3	
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	3	
mondoxyne nl oral capsule 100 mg	1	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	3	NDS
NUZYRA ORAL TABLET 150 MG	3	NDS
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	3	ST
SEYSARA ORAL TABLET 100 MG, 60 MG	3	ST
SEYSARA ORAL TABLET 150 MG	3	ST; NDS
TARGADOX ORAL TABLET 50 MG	3	ST
tetracycline oral capsule 250 mg, 500 mg	3	
tetracycline oral tablet 250 mg, 500 mg	3	NDS
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
URINARY TRACT AGENTS		
BLUJEPA ORAL TABLET 750 MG	3	NDS
CONTEPO INTRAVENOUS RECON SOLN 6 GRAM	3	NDS
fosfomycin tromethamine oral packet 3 gram	3	
MACROBID ORAL CAPSULE 100 MG	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	3	
methenamine hippurate oral tablet 1 gram	2	
methenamine mandelate oral tablet 0.5 gram, 1 gram	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	2	
nitrofurantoin macrocrystal oral capsule 25 mg	3	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	2	
nitrofurantoin oral suspension 25 mg/5 ml	3	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	3	NDS
trimethoprim oral tablet 100 mg	1	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
AUKELSO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	3	PA; NDS
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	3	PA; NDS
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	3	PA; NDS
BOMYNTRA SUBCUTANEOUS SYRINGE 120 MG/1.7 ML (70 MG/ML)	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	3	NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	3	NDS
ETHYOL INTRAVENOUS RECON SOLN 500 MG	3	NDS
JUBEREQ SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	3	PA; NDS
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	3	NDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	3	NDS
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	3	
leucovorin calcium injection solution 10 mg/ml	3	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	2	
levoleucovorin calcium intravenous solution 10 mg/ml	3	NDS
mesna intravenous solution 100 mg/ml	1	
mesna oral tablet 400 mg	3	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	3	
MESNEX ORAL TABLET 400 MG	3	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	3	PA; NDS
VYKOURA INJECTION SOLUTION 10 MG/ML	3	NDS
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	3	PA; NDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	3	PA; NDS
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	3	PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	3	PA; QL (120 per 30 days); NDS
abiraterone oral tablet 500 mg	3	PA; QL (60 per 30 days); NDS
abirtega oral tablet 250 mg	3	PA; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	3	NDS
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	3	PA; NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	3	NDS
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	3	B/D PA
ADSTILADRIN INTRAVESICAL SUSPENSION 3X10EXP11 VP/ML	3	PA; NDS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	3	PA; QL (150 per 30 days); NDS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	3	PA; QL (90 per 30 days); NDS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	3	PA; QL (60 per 30 days); NDS
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	PA; QL (30 per 30 days); NDS
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	3	PA; LA; QL (60 per 30 days); NDS
ALECENSA ORAL CAPSULE 150 MG	3	PA; QL (240 per 30 days); NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (60 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	3	PA; QL (30 per 180 days); NDS
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML	3	PA; NDS
anastrozole oral tablet 1 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	3	PA; NDS
ARIMIDEX ORAL TABLET 1 MG	3	NDS
AROMASIN ORAL TABLET 25 MG	3	
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	3	NDS
arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml	3	NDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	3	PA; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	B/D PA
AUGTYRO ORAL CAPSULE 160 MG	3	PA; QL (60 per 30 days); NDS
AUGTYRO ORAL CAPSULE 40 MG	3	PA; QL (240 per 30 days); NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	3	PA; NDS
AVGEMSI INTRAVENOUS SOLUTION 1 GRAM/26.3 ML (38 MG/ML), 2 GRAM/52.6 ML (38 MG/ML)	3	NDS
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	3	PA; QL (66 per 28 days); NDS
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	3	NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	3	PA; LA; QL (30 per 30 days); NDS
azacitidine injection recon soln 100 mg	3	NDS
AZASAN ORAL TABLET 100 MG, 75 MG	3	B/D PA
azathioprine oral tablet 100 mg, 75 mg	3	B/D PA
azathioprine oral tablet 50 mg	1	B/D PA
azathioprine sodium injection recon soln 100 mg	1	B/D PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	3	PA; LA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	3	LA; NDS
BEIZRAY INTRAVENOUS SOLUTION 20 MG/ML (1 ML)	3	NDS
BEIZRAY-ALBUMIN INTRAVENOUS SOLUTION 20 MG/ML	3	NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	3	NDS
bendamustine intravenous recon soln 100 mg, 25 mg	3	NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	3	NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	3	NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	3	LA; NDS
bexarotene oral capsule 75 mg	3	PA; NDS
bexarotene topical gel 1 %	3	PA; NDS
bicalutamide oral tablet 50 mg	1	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	3	PA; NDS
BLENREP INTRAVENOUS RECON SOLN 70 MG	3	PA; NDS
bleomycin injection recon soln 15 unit, 30 unit	1	B/D PA
BLINCYTO INTRAVENOUS KIT 35 MCG	3	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	3	NDS
bortezomib injection recon soln 3.5 mg	3	NDS
BORUZU INJECTION SOLUTION 2.5 MG/ML	3	NDS
BOSULIF ORAL CAPSULE 100 MG	3	PA; QL (180 per 30 days); NDS
BOSULIF ORAL CAPSULE 50 MG	3	PA; QL (330 per 30 days); NDS
BOSULIF ORAL TABLET 100 MG	3	PA; QL (90 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; QL (30 per 30 days); NDS
bosutinib oral tablet 100 mg	3	PA; QL (90 per 30 days); NDS
bosutinib oral tablet 400 mg, 500 mg	3	PA; QL (30 per 30 days); NDS
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; LA; QL (180 per 30 days); NDS
BRUKINSA ORAL TABLET 160 MG	3	PA; LA; QL (60 per 30 days); NDS
busulfan intravenous solution 60 mg/10 ml	3	NDS
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	3	NDS
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML)	3	PA; NDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	3	PA; LA; QL (30 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	3	PA; LA; QL (60 per 30 days); NDS
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	3	PA
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML	3	
CAPRELSA ORAL TABLET 100 MG	3	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	3	PA; LA; QL (30 per 30 days); NDS
carboplatin intravenous solution 10 mg/ml	1	
carmustine intravenous recon soln 100 mg	3	NDS
CASODEX ORAL TABLET 50 MG	3	
CELLCEPT INTRAVENOUS RECON SOLN 500 MG	3	B/D PA
CELLCEPT ORAL CAPSULE 250 MG	3	B/D PA
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3	B/D PA
CELLCEPT ORAL TABLET 500 MG	3	B/D PA; NDS
cisplatin intravenous solution 1 mg/ml	1	
cladribine intravenous solution 10 mg/10 ml	3	B/D PA; NDS
clofarabine intravenous solution 1 mg/ml	3	NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	3	PA; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	3	PA; QL (56 per 28 days); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	3	PA; QL (112 per 28 days); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	3	PA; QL (84 per 28 days); NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	3	PA; LA; QL (56 per 28 days); NDS
COSELA INTRAVENOUS RECON SOLN 300 MG	3	PA; NDS
COTELLIC ORAL TABLET 20 MG	3	PA; LA; QL (63 per 28 days); NDS
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	1	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML	3	NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	3	
cyclophosphamide oral capsule 25 mg, 50 mg	2	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	B/D PA
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	B/D PA
cyclosporine modified oral solution 100 mg/ml	2	B/D PA
cyclosporine oral capsule 100 mg, 25 mg	2	B/D PA
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	3	NDS
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	1	B/D PA
cytarabine injection solution 20 mg/ml	1	B/D PA
dacarbazine intravenous recon soln 100 mg, 200 mg	1	
dactinomycin intravenous recon soln 0.5 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	3	NDS
DANZITEN ORAL TABLET 71 MG, 95 MG	3	PA; QL (112 per 28 days); NDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	3	NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	3	LA; NDS
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	3	PA; QL (30 per 30 days); NDS
dasatinib oral tablet 20 mg	3	PA; QL (90 per 30 days); NDS
dasatinib oral tablet 70 mg	3	PA; QL (60 per 30 days); NDS
DATROWAY INTRAVENOUS RECON SOLN 100 MG	3	PA; NDS
daunorubicin intravenous solution 5 mg/ml	1	
DAURISMO ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	3	PA; QL (60 per 30 days); NDS
decitabine intravenous recon soln 50 mg	3	NDS
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 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), 80 mg/8 ml (10 mg/ml)	3	NDS
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML)	3	NDS
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	3	NDS
doxorubicin intravenous recon soln 10 mg, 50 mg	1	B/D PA
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	1	B/D PA
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	3	NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	3	PA; LA; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	PA
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	3	
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	3	PA; NDS
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	3	LA; NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	3	NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	3	PA; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	3	PA; NDS
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	3	PA; LA; QL (60 per 30 days); NDS
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; NDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	B/D PA
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	3	PA; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	3	NDS
eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)	3	NDS
ERIVEDGE ORAL CAPSULE 150 MG	3	PA; QL (30 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ERLEADA ORAL TABLET 240 MG	3	PA; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	3	PA; QL (120 per 30 days); NDS
erlotinib oral tablet 100 mg, 150 mg	3	PA; QL (30 per 30 days); NDS
erlotinib oral tablet 25 mg	3	PA; QL (60 per 30 days); NDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	3	
etoposide intravenous solution 20 mg/ml	1	
EULEXIN ORAL CAPSULE 125 MG	3	NDS
EVDI INTRAVENOUS SOLUTION 1 MG/20 ML (0.05 MG/ML)	3	NDS
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	PA; QL (30 per 30 days); NDS
everolimus (antineoplastic) oral tablet for suspension 2 mg	3	PA; QL (150 per 30 days); NDS
everolimus (antineoplastic) oral tablet for suspension 3 mg	3	PA; QL (90 per 30 days); NDS
everolimus (antineoplastic) oral tablet for suspension 5 mg	3	PA; QL (60 per 30 days); NDS
everolimus (immunosuppressive) oral tablet 0.25 mg	2	B/D PA
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	3	B/D PA; NDS
EVOMELA INTRAVENOUS RECON SOLN 50 MG	3	
exemestane oral tablet 25 mg	3	
FARESTON ORAL TABLET 60 MG	3	NDS
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	3	NDS
FAVLYXA INTRAVENOUS SOLUTION 2.5 GRAM/100 ML, 250 MG/10 ML	3	B/D PA; NDS
FEMARA ORAL TABLET 2.5 MG	3	
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	3	PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA
floxuridine injection recon soln 0.5 gram	1	B/D PA
fludarabine intravenous solution 50 mg/2 ml	1	
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	1	B/D PA
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	3	NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	3	PA; LA; QL (21 per 28 days); NDS
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML	3	NDS
FRUZAQLA ORAL CAPSULE 1 MG	3	PA; QL (84 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	3	PA; QL (21 per 28 days); NDS
fulvestrant intramuscular syringe 250 mg/5 ml	3	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	3	PA; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	3	PA; LA; NDS
GAVRETO ORAL CAPSULE 100 MG	3	PA; LA; QL (120 per 30 days); NDS
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	3	NDS
gefitinib oral tablet 250 mg	3	PA; QL (30 per 30 days); NDS
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	1	
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	
gengraf oral capsule 100 mg, 25 mg	2	B/D PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	3	PA; QL (30 per 30 days); NDS
GLEEVEC ORAL TABLET 100 MG	3	PA; QL (180 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
GLEEVEC ORAL TABLET 400 MG	3	PA; QL (60 per 30 days); NDS
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	
GLEOSTINE ORAL CAPSULE 100 MG	3	NDS
GOMEKLI ORAL CAPSULE 1 MG	3	PA; QL (126 per 28 days); NDS
GOMEKLI ORAL CAPSULE 2 MG	3	PA; QL (84 per 28 days); NDS
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	3	PA; QL (168 per 28 days); NDS
GRAFAPEX INTRAVENOUS RECON SOLN 1 GRAM, 5 GRAM	3	NDS
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	3	NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	3	PA; NDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	3	PA; NDS
HERCESSI INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	PA; NDS
HERNEXEOS ORAL TABLET 60 MG	3	PA; QL (90 per 30 days); NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	PA; NDS
HYDREA ORAL CAPSULE 500 MG	3	
hydroxyurea oral capsule 500 mg	1	
HYRNUO ORAL TABLET 10 MG	3	PA; QL (120 per 30 days); NDS
IBRANCE ORAL CAPSULE 125 MG	3	PA; QL (21 per 28 days); NDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	3	PA; QL (21 per 28 days); NDS
IBTROZI ORAL CAPSULE 200 MG	3	PA; QL (90 per 30 days); NDS
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	3	PA; QL (30 per 30 days); NDS
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	3	
idarubicin intravenous solution 1 mg/ml	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
IDHIFA ORAL TABLET 100 MG, 50 MG	3	PA; LA; QL (30 per 30 days); NDS
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	3	
ifosfamide intravenous recon soln 1 gram, 3 gram	1	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	1	
imatinib oral tablet 100 mg	2	PA; QL (180 per 30 days)
imatinib oral tablet 400 mg	3	PA; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; QL (90 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; QL (28 per 28 days); NDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML	3	PA; QL (324 per 30 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; QL (28 per 28 days); NDS
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	3	PA; NDS
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	3	LA; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	3	PA; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	3	PA; QL (280 per 28 days); NDS
IMURAN ORAL TABLET 50 MG	3	B/D PA
INLEXZO INTRAVESICAL IMPLANT 225 MG	3	PA; LA; NDS
INLURIYO ORAL TABLET 200 MG	3	PA; NDS
INLYTA ORAL TABLET 1 MG	3	PA; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	3	PA; QL (120 per 30 days); NDS
INQOVI ORAL TABLET 35-100 MG	3	PA; QL (5 per 28 days); NDS
INREBIC ORAL CAPSULE 100 MG	3	PA; LA; QL (120 per 30 days); NDS
IRESSA ORAL TABLET 250 MG	3	PA; QL (30 per 30 days); NDS
irinotecan intravenous solution 100 mg/5 ml	1	
irinotecan intravenous solution 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	3	NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	3	NDS
ITOVEBI ORAL TABLET 3 MG	3	PA; QL (60 per 30 days); NDS
ITOVEBI ORAL TABLET 9 MG	3	PA; QL (30 per 30 days); NDS
IVRA INTRAVENOUS SOLUTION 90 MG/ML	3	NDS
IWILFIN ORAL TABLET 192 MG	3	PA; LA; QL (240 per 30 days); NDS
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	3	NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	3	PA; QL (60 per 30 days); NDS
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	3	PA; QL (30 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	3	PA; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	3	PA; QL (30 per 30 days); NDS
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	3	PA; NDS
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5 ML (DILUTE10MG/ML)	3	NDS
JOBEVNE INTRAVENOUS SOLUTION 25 MG/ML	3	PA; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	3	B/D PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	3	PA; NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	PA; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	3	PA; NDS
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML	3	PA; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	3	NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PA; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	3	PA; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	3	PA; QL (63 per 28 days); NDS
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	3	NDS
KOMZIFTI ORAL CAPSULE 200 MG	3	PA; QL (90 per 30 days); NDS
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	3	PA; NDS
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	3	PA; NDS
KRAZATI ORAL TABLET 200 MG	3	PA; QL (180 per 30 days); NDS
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	3	NDS
KYXATA INTRAVENOUS SOLUTION 10 MG/ML	3	NDS
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	3	PA; NDS
lapatinib oral tablet 250 mg	3	PA; QL (180 per 30 days); NDS
LAZCLUZE ORAL TABLET 240 MG	3	PA; LA; QL (30 per 30 days); NDS
LAZCLUZE ORAL TABLET 80 MG	3	PA; LA; QL (60 per 30 days); NDS
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	3	PA; QL (28 per 28 days); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	3	PA; QL (30 per 30 days); NDS
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)	3	PA; QL (90 per 30 days); NDS
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)	3	PA; QL (60 per 30 days); NDS
letrozole oral tablet 2.5 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN ORAL TABLET 2 MG	3	NDS
leuprolide subcutaneous kit 1 mg/0.2 ml	3	PA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	3	PA; LA; NDS
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)	3	PA; LA; QL (18 per 28 days); NDS
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)	3	PA; LA; QL (27 per 28 days); NDS
lomustine oral capsule 10 mg, 40 mg	3	
lomustine oral capsule 100 mg	3	NDS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	3	PA; NDS
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	3	PA; NDS
LORBRENA ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	3	PA; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET 120 MG	3	PA; QL (240 per 30 days); NDS
LUMAKRAS ORAL TABLET 240 MG	3	PA; QL (120 per 30 days); NDS
LUMAKRAS ORAL TABLET 320 MG	3	PA; QL (90 per 30 days); NDS
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	3	PA; NDS
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	3	PA; NDS
LUPKYNIS ORAL CAPSULE 7.9 MG	3	PA; LA; QL (180 per 30 days); NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	3	PA; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	3	PA; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	3	PA; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	3	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	3	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	3	PA; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	3	PA
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML, 20 MG/ML	3	PA; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	3	PA; QL (120 per 30 days); NDS
LYSODREN ORAL TABLET 500 MG	3	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	3	PA; LA; QL (84 per 28 days); NDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	3	PA; LA; QL (112 per 28 days); NDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	3	PA; LA; QL (140 per 28 days); NDS
MATULANE ORAL CAPSULE 50 MG	3	NDS
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	2	PA
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	3	PA
megestrol oral tablet 20 mg, 40 mg	2	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	3	PA; QL (1260 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG	3	PA; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	3	PA; QL (30 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
MEKTOVI ORAL TABLET 15 MG	3	PA; LA; QL (180 per 30 days); NDS
melphalan hcl intravenous recon soln 50 mg	3	NDS
mercaptopurine oral suspension 20 mg/ml	3	NDS
mercaptopurine oral tablet 50 mg	2	
methotrexate sodium (pf) injection recon soln 1 gram	1	
methotrexate sodium (pf) injection solution 25 mg/ml	1	
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	B/D PA
mitomycin intravenous recon soln 20 mg, 5 mg	1	
mitomycin intravenous recon soln 40 mg	3	NDS
mitoxantrone intravenous concentrate 2 mg/ml	1	
MODEYSO ORAL CAPSULE 125 MG	3	PA; QL (20 per 28 days); NDS
MONJUVI INTRAVENOUS RECON SOLN 200 MG	3	PA; LA; NDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	3	PA; NDS
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	PA; LA; NDS
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	3	B/D PA
mycophenolate mofetil oral capsule 250 mg	2	B/D PA
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	3	B/D PA; NDS
mycophenolate mofetil oral tablet 500 mg	2	B/D PA
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	3	B/D PA
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	B/D PA
MYHIBBIN ORAL SUSPENSION 200 MG/ML	3	B/D PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	3	LA; NDS
NELARABINE INTRAVENOUS SOLUTION 5 MG/ML	3	NDS
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	3	PA; QL (2 per 28 days); NDS
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	B/D PA
NEORAL ORAL SOLUTION 100 MG/ML	3	B/D PA
NERLYNX ORAL TABLET 40 MG	3	PA; LA; NDS
NEXAVAR ORAL TABLET 200 MG	3	PA; LA; QL (120 per 30 days); NDS
NIKTIMVO INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/ML	3	PA; NDS
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG	3	PA; QL (112 per 28 days); NDS
NILOTINIB D-TARTRATE ORAL CAPSULE 50 MG	3	PA; QL (120 per 30 days); NDS
nilotinib hcl oral capsule 150 mg, 200 mg	3	PA; QL (112 per 28 days); NDS
nilotinib hcl oral capsule 50 mg	3	PA; QL (120 per 30 days); NDS
nilutamide oral tablet 150 mg	3	PA; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	3	PA; QL (3 per 28 days); NDS
NIPENT INTRAVENOUS RECON SOLN 10 MG	3	NDS
NUBEQA ORAL TABLET 300 MG	3	PA; LA; QL (120 per 30 days); NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	3	B/D PA; NDS
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	3	PA; NDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	3	PA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	3	PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	3	PA; NDS
ODOMZO ORAL CAPSULE 200 MG	3	PA; LA; QL (30 per 30 days); NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	PA; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	3	PA; QL (56 per 28 days); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	3	PA; QL (96 per 28 days); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	3	PA; QL (16 per 28 days); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	3	PA; QL (20 per 28 days); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	3	PA; QL (24 per 28 days); NDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	3	PA; QL (30 per 30 days); NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	3	NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	3	NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	PA; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	3	PA; QL (14 per 28 days); NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	3	PA; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	3	PA; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	3	PA; NDS
ORGOVYX ORAL TABLET 120 MG	3	PA; LA; QL (30 per 28 days); NDS
ORSERDU ORAL TABLET 345 MG	3	PA; QL (30 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ORSERDU ORAL TABLET 86 MG	3	PA; QL (90 per 30 days); NDS
oxaliplatin intravenous recon soln 100 mg, 50 mg	1	
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	1	
paclitaxel intravenous concentrate 6 mg/ml	1	
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	3	NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	3	PA; NDS
PALSONIFY ORAL TABLET 20 MG, 30 MG	3	PA; NDS
pazopanib oral tablet 200 mg	3	PA; QL (120 per 30 days); NDS
PAZOPANIB ORAL TABLET 400 MG	3	PA; QL (60 per 30 days); NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	3	PA; LA; QL (28 per 28 days); NDS
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg, 750 mg	3	NDS
pemetrexed disodium intravenous recon soln 100 mg	3	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 25 MG/ML	3	NDS
PEMETREXED INTRAVENOUS SOLUTION 25 MG/ML	3	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	3	NDS
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	3	NDS
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	3	PA; NDS
PHYRAGO ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	3	PA; QL (30 per 30 days); NDS
PHYRAGO ORAL TABLET 20 MG	3	PA; QL (90 per 30 days); NDS
PHYRAGO ORAL TABLET 70 MG	3	PA; QL (60 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PA; QL (28 per 28 days); NDS
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	3	PA; QL (56 per 28 days); NDS
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	3	PA; NDS
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	3	PA; QL (21 per 28 days); NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	3	PA; LA; QL (21 per 28 days); NDS
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	3	PA; NDS
pralatrexate intravenous solution 20 mg/ml (1 ml)	3	NDS
PRALATREXATE INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	3	NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	B/D PA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	B/D PA
PROGRAF ORAL CAPSULE 5 MG	3	B/D PA; NDS
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	B/D PA
PURIXAN ORAL SUSPENSION 20 MG/ML	3	NDS
QINLOCK ORAL TABLET 50 MG	3	PA; LA; QL (90 per 30 days); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	3	PA; LA; QL (60 per 30 days); NDS
RETEVMO ORAL TABLET 40 MG	3	PA; LA; QL (90 per 30 days); NDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	3	PA; LA; QL (28 per 28 days); NDS
REVUFORJ ORAL TABLET 110 MG	3	PA; QL (120 per 30 days); NDS
REVUFORJ ORAL TABLET 160 MG	3	PA; QL (60 per 30 days); NDS
REVUFORJ ORAL TABLET 25 MG	3	PA; QL (240 per 30 days); NDS
REZLIDHIA ORAL CAPSULE 150 MG	3	PA; QL (60 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
REZUROCK ORAL TABLET 200 MG	3	PA; LA; QL (30 per 30 days); NDS
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	3	PA; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	3	PA; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	3	PA; NDS
romidepsin intravenous recon soln 10 mg/2 ml	3	NDS
romidepsin intravenous solution 5 mg/ml	3	NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	3	PA; LA; QL (8 per 28 days); NDS
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; QL (150 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; QL (90 per 30 days); NDS
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	3	PA; QL (336 per 28 days); NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	3	PA; LA; QL (120 per 30 days); NDS
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	3	PA; NDS
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	3	PA; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	3	PA; NDS
RYDAPT ORAL CAPSULE 25 MG	3	PA; QL (224 per 28 days); NDS
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	3	NDS
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	3	PA; NDS
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML	3	B/D PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	B/D PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	3	PA; NDS
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	3	PA; LA; NDS
SAPHNELO PEN SUBCUTANEOUS AUTO-INJECTOR 120 MG/0.8 ML	3	PA; LA; NDS
SAPHNELO SUBCUTANEOUS SYRINGE 120 MG/0.8 ML	3	PA; LA; NDS
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	3	PA; LA; NDS
SCEMBLIX ORAL TABLET 100 MG	3	PA; QL (120 per 30 days); NDS
SCEMBLIX ORAL TABLET 20 MG	3	PA; QL (60 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	3	PA; QL (300 per 30 days); NDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	3	PA; NDS
SIKLOS ORAL TABLET 1,000 MG	3	NDS
SIKLOS ORAL TABLET 100 MG	3	
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	2	B/D PA
sirolimus oral solution 1 mg/ml	3	B/D PA
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	3	B/D PA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
sorafenib oral tablet 200 mg	3	PA; QL (120 per 30 days); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	3	PA; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG	3	PA; QL (90 per 30 days); NDS
SPRYCEL ORAL TABLET 70 MG	3	PA; QL (60 per 30 days); NDS
STIVARGA ORAL TABLET 40 MG	3	PA; QL (84 per 28 days); NDS
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	3	PA; QL (28 per 28 days); NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	3	PA; NDS
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	3	PA; QL (28 per 28 days); NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	3	NDS
TABLOID ORAL TABLET 40 MG	3	NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	3	PA; NDS
TACROLIMUS INTRAVENOUS SOLUTION 5 MG/ML	3	B/D PA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	2	B/D PA
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg	3	B/D PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	3	PA; QL (120 per 30 days); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	3	PA; QL (840 per 28 days); NDS
TAGRISSO ORAL TABLET 40 MG, 80 MG	3	PA; LA; QL (30 per 30 days); NDS
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	3	PA; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA; QL (30 per 30 days); NDS
tamoxifen oral tablet 10 mg, 20 mg	1	
TARGRETIN ORAL CAPSULE 75 MG	3	PA; NDS
TARGRETIN TOPICAL GEL 1 %	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG	3	PA; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	3	PA; QL (120 per 30 days); NDS
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	3	LA; NDS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	3	LA; NDS
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	3	PA; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	3	NDS
temsirolimus intravenous recon soln 25 mg/ml (dilute10mg/ml)	3	NDS
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	3	NDS
TEPADINA INJECTION SOLUTION 200 MG	3	NDS
TEPMETKO ORAL TABLET 225 MG	3	PA; LA; NDS
TEPYLUTE INTRAVENOUS SOLUTION 10 MG/ML	3	NDS
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	3	PA; NDS
THALOMID ORAL CAPSULE 100 MG	3	PA; QL (112 per 28 days); NDS
THALOMID ORAL CAPSULE 50 MG	3	PA; QL (28 per 28 days); NDS
thiotepa injection recon soln 100 mg, 15 mg	3	NDS
TIBSOVO ORAL TABLET 250 MG	3	PA; NDS
TIVDAK INTRAVENOUS RECON SOLN 40 MG	3	PA; NDS
topotecan intravenous recon soln 4 mg	3	NDS
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	3	NDS
toremifene oral tablet 60 mg	3	
TORISEL INTRAVENOUS RECON SOLN 25 MG/ML (DILUTE10MG/ML)	3	NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	PA; QL (30 per 30 days); NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	3	NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	3	PA
tretinoin (antineoplastic) oral capsule 10 mg	3	NDS
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	B/D PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	3	PA; NDS
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	3	NDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	3	PA; LA; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	3	PA; QL (64 per 28 days); NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	3	PA; NDS
TUKYSA ORAL TABLET 150 MG	3	PA; LA; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	3	PA; LA; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 125 MG	3	PA; LA; QL (120 per 30 days); NDS
TYKERB ORAL TABLET 250 MG	3	PA; LA; QL (180 per 30 days); NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	3	NDS
UNLOXCYT INTRAVENOUS SOLUTION 300 MG/5 ML (60 MG/ML)	3	PA; NDS
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	3	PA; LA; NDS
VABRINTY (1 MONTH) SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
VABRINTY (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	PA; NDS
VABRINTY (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	PA; NDS
VABRINTY (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	PA; NDS
valrubicin intravesical solution 40 mg/ml	3	NDS
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	3	NDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	3	PA; QL (56 per 28 days); NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	3	NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	3	PA; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	3	NDS
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	3	PA; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	3	PA; LA; QL (30 per 30 days); NDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	3	PA; LA; QL (42 per 180 days); NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; LA; QL (56 per 28 days); NDS
VIDAZA INJECTION RECON SOLN 100 MG	3	NDS
VIJOICE ORAL GRANULES IN PACKET 50 MG	3	PA; QL (28 per 28 days); NDS
VIJOICE ORAL TABLET 125 MG, 50 MG	3	PA; QL (28 per 28 days); NDS
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	3	PA; QL (56 per 28 days); NDS
vinblastine intravenous solution 1 mg/ml	1	B/D PA
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	1	B/D PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	1	
VITRAKVI ORAL CAPSULE 100 MG	3	PA; LA; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	3	PA; LA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION 20 MG/ML	3	PA; LA; QL (300 per 30 days); NDS
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	3	NDS
VONJO ORAL CAPSULE 100 MG	3	PA; QL (120 per 30 days); NDS
VORANIGO ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); NDS
VORANIGO ORAL TABLET 40 MG	3	PA; QL (30 per 30 days); NDS
VOTRIENT ORAL TABLET 200 MG	3	PA; QL (120 per 30 days); NDS
VOYXACT SUBCUTANEOUS SYRINGE 400 MG/2 ML (200 MG/ML)	3	PA; LA; QL (2 per 28 days); NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	3	PA; LA; NDS
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	3	NDS
WAYRILZ ORAL TABLET 400 MG	3	PA; LA; NDS
WELIREG ORAL TABLET 40 MG	3	PA; LA; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	3	PA; QL (60 per 30 days); NDS
XALKORI ORAL PELLET 150 MG	3	PA; QL (180 per 30 days); NDS
XALKORI ORAL PELLET 20 MG, 50 MG	3	PA; QL (120 per 30 days); NDS
XATMEP ORAL SOLUTION 2.5 MG/ML	3	B/D PA
XERMELO ORAL TABLET 250 MG	3	PA; LA; QL (84 per 28 days); NDS
XOSPATA ORAL TABLET 40 MG	3	PA; LA; QL (90 per 30 days); NDS
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)	3	PA; LA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
XROMI ORAL SOLUTION 100 MG/ML	3	
XTANDI ORAL CAPSULE 40 MG	3	PA; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	3	PA; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	3	PA; QL (60 per 30 days); NDS
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	3	NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	3	NDS
YONSA ORAL TABLET 125 MG	3	PA; QL (120 per 30 days); NDS
yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	PA; QL (30 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	3	NDS
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	3	PA; LA; QL (30 per 30 days); NDS
ZELBORAF ORAL TABLET 240 MG	3	PA; QL (224 per 28 days); NDS
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	3	PA; NDS
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	3	PA; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	3	NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	3	PA
ZOLINZA ORAL CAPSULE 100 MG	3	PA; QL (120 per 30 days); NDS
ZORTRESS ORAL TABLET 0.25 MG	3	B/D PA
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	3	B/D PA; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	3	PA; QL (60 per 30 days); NDS
ZYKADIA ORAL TABLET 150 MG	3	PA; QL (90 per 30 days); NDS
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	3	PA; LA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Drug Name	Drug Tier	Requirements/Limits
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	3	PA; NDS
ZYTIGA ORAL TABLET 250 MG	3	PA; QL (120 per 30 days); NDS
ZYTIGA ORAL TABLET 500 MG	3	PA; QL (60 per 30 days); NDS
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 600 MG, 800 MG	3	QL (60 per 30 days); NDS
APTIOM ORAL TABLET 400 MG	3	QL (30 per 30 days); NDS
BANZEL ORAL SUSPENSION 40 MG/ML	3	PA; NDS
BANZEL ORAL TABLET 200 MG, 400 MG	3	PA; NDS
brivaracetam intravenous solution 50 mg/5 ml	3	PA; QL (600 per 30 days)
brivaracetam oral solution 10 mg/ml	3	PA; QL (600 per 30 days); NDS
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	3	PA; QL (60 per 30 days); NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	PA; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	PA; QL (600 per 30 days); NDS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA; QL (60 per 30 days); NDS
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	2	
carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	2	
carbamazepine oral tablet,chewable 100 mg	1	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	3	
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML	3	
clobazam oral suspension 2.5 mg/ml	3	PA; QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	3	PA; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	QL (300 per 30 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	3	PA; LA; NDS
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	3	PA; LA; NDS
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	3	
DILANTIN 30 MG ORAL CAPSULE 30 MG	3	
DILANTIN EXTENDED 100 MG ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
divalproex oral capsule, delayed rel sprinkle 125 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	3	NDS
EPIDIOLEX ORAL SOLUTION 100 MG/ML	3	PA; LA; NDS
EPRONTIA ORAL SOLUTION 25 MG/ML	3	PA
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
eslicarbazepine oral tablet 200 mg	3	QL (60 per 30 days)
eslicarbazepine oral tablet 400 mg	3	QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	3	QL (60 per 30 days); NDS
ethosuximide oral capsule 250 mg	2	
ethosuximide oral solution 250 mg/5 ml	2	
felbamate oral suspension 600 mg/5 ml	3	
felbamate oral tablet 400 mg, 600 mg	3	
FELBATOL ORAL TABLET 400 MG, 600 MG	3	NDS
FINTEPLA ORAL SOLUTION 2.2 MG/ML	3	PA; LA; QL (360 per 30 days); NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	3	QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	3	QL (30 per 30 days)
gabapentin oral capsule 100 mg, 400 mg	1	QL (270 per 30 days)
gabapentin oral capsule 200 mg	1	QL (540 per 30 days)
gabapentin oral capsule 300 mg	1	QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	2	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	QL (180 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
gabapentin oral tablet 800 mg	1	QL (120 per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	2	PA; QL (30 per 30 days)
gabapentin oral tablet extended release 24 hr 450 mg, 600 mg, 750 mg, 900 mg	2	PA; QL (60 per 30 days)
GABARONE ORAL TABLET 100 MG, 400 MG	3	QL (270 per 30 days); NDS
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 600 MG, 750 MG, 900 MG	3	PA; QL (60 per 30 days)
KEPPRA INTRAVENOUS SOLUTION 500 MG/5 ML	3	
KEPPRA ORAL SOLUTION 100 MG/ML	3	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	QL (300 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	2	QL (1200 per 30 days)
lacosamide oral solution 10 mg/ml	3	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	3	QL (60 per 30 days)
lacosamide oral tablet 50 mg	3	QL (120 per 30 days)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	3	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	3	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	3	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	3	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	3	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	3	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	1	
levetiracetam intravenous solution 500 mg/5 ml	1	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	3	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	QL (60 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	3	QL (900 per 30 days)
methsuximide oral capsule 300 mg	3	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	3	ST; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 200 MG	3	ST; QL (60 per 30 days)
MYSOLINE ORAL TABLET 250 MG, 50 MG	3	NDS
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	QL (270 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
NEURONTIN ORAL CAPSULE 300 MG	3	QL (360 per 30 days)
NEURONTIN ORAL SOLUTION 250 MG/5 ML	3	QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	QL (120 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	3	PA; QL (480 per 30 days); NDS
ONFI ORAL TABLET 10 MG, 20 MG	3	PA; QL (60 per 30 days); NDS
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	3	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	2	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg	3	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	3	
perampanel oral suspension 0.5 mg/ml	3	QL (720 per 30 days); NDS
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	3	QL (30 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	3	PA
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	PA
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
phenytoin sodium intravenous solution 50 mg/ml	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	1	QL (900 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	3	PA; QL (30 per 30 days)
pregabalin oral tablet extended release 24 hr 330 mg	3	PA; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	3	
primidone oral tablet 250 mg, 50 mg	1	
RELGAABI ORAL CAPSULE 200 MG	3	QL (540 per 30 days); NDS
relgaabi oral capsule 300 mg	1	QL (360 per 30 days)
relgaabi oral capsule 400 mg	1	QL (270 per 30 days)
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	3	PA; NDS
rufinamide oral tablet 200 mg, 400 mg	3	PA
SABRIL ORAL POWDER IN PACKET 500 MG	3	PA; LA; NDS
SABRIL ORAL TABLET 500 MG	3	PA; LA; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	3	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	
SUBVENITE ORAL SUSPENSION 10 MG/ML	3	NDS
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)	3	
subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)	3	
subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)	3	
SYMPAZAN ORAL FILM 10 MG, 20 MG	3	PA; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	3	PA; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	
TEGRETOL ORAL TABLET 200 MG	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	3	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	3	PA
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	PA
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	PA
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	3	PA
topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg	3	PA
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	3	PA
topiramate oral solution 25 mg/ml	3	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	PA
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	3	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	PA; NDS
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	1	
valproic acid oral capsule 250 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	PA; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	3	PA; LA; NDS
vigabatrin oral tablet 500 mg	3	PA; LA; NDS
vigadrone oral powder in packet 500 mg	3	PA; LA; NDS
vigadrone oral tablet 500 mg	3	PA; LA; NDS
VIGAFYDE ORAL SOLUTION 100 MG/ML	3	PA; LA; NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	QL (1200 per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML	3	QL (1200 per 30 days); NDS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	3	QL (60 per 30 days); NDS
VIMPAT ORAL TABLET 50 MG	3	QL (120 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	3	QL (60 per 30 days); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	3	QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	QL (28 per 180 days); NDS
ZARONTIN ORAL CAPSULE 250 MG	3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA
ZONISADE ORAL SUSPENSION 100 MG/5 ML	3	PA; NDS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	3	PA; LA; QL (1100 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	3	PA; LA; QL (90 per 30 days); NDS
apomorphine subcutaneous cartridge 10 mg/ml	3	PA; QL (90 per 30 days); NDS
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	
benztropine injection solution 1 mg/ml	1	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	PA
bromocriptine oral capsule 5 mg	3	
bromocriptine oral tablet 2.5 mg	3	
carbidopa oral tablet 25 mg	3	
CARBIDOPA-LEVODOPA ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	3	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	3	
DHIVY ORAL TABLET 25-100 MG	3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	3	B/D PA; NDS
entacapone oral tablet 200 mg	3	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	3	PA; QL (60 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	3	PA; QL (30 per 30 days); NDS
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	3	PA; QL (300 per 30 days); NDS
LODOSYN ORAL TABLET 25 MG	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG	3	PA; LA; QL (30 per 30 days); NDS
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	3	PA; LA; NDS
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	QL (30 per 30 days)
PARLODEL ORAL CAPSULE 5 MG	3	
PARLODEL ORAL TABLET 2.5 MG	3	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	3	
rasagiline oral tablet 0.5 mg, 1 mg	3	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	3	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
TASMAR ORAL TABLET 100 MG	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
tolcapone oral tablet 100 mg	3	PA; NDS
trihexyphenidyl oral elixir 0.4 mg/ml	3	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	3	PA; NDS
XADAGO ORAL TABLET 100 MG, 50 MG	3	NDS
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	3	PA; NDS
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
almotriptan malate oral tablet 12.5 mg, 6.25 mg	3	QL (16 per 28 days)
BREKIYA SUBCUTANEOUS AUTO-INJECTOR 1 MG/ML	3	ST; QL (24 per 28 days); NDS
CAFERGOT ORAL TABLET 1-100 MG	3	NDS
dihydroergotamine injection solution 1 mg/ml	3	NDS
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	3	QL (8 per 28 days)
eletriptan oral tablet 20 mg, 40 mg	3	QL (18 per 28 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	3	PA
EMGALITY SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days); NDS
ERGOMAR SUBLINGUAL TABLET 2 MG	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ergotamine-caffeine oral tablet 1-100 mg	2	
frovatriptan oral tablet 2.5 mg	3	QL (27 per 28 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (18 per 28 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	3	QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	3	QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	3	QL (24 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	QL (24 per 28 days)
migergot rectal suppository 2-100 mg	3	NDS
naratriptan oral tablet 1 mg, 2.5 mg	2	QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; QL (16 per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	3	QL (32 per 28 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL (30 per 30 days)
RELPAX ORAL TABLET 20 MG, 40 MG	3	QL (18 per 28 days)
rizatriptan oral tablet 10 mg, 5 mg	1	QL (24 per 28 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	2	QL (24 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	3	QL (18 per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL (18 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	3	QL (8 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	3	QL (8 per 28 days)
sumatriptan-naproxen oral tablet 85-500 mg	3	QL (18 per 28 days)
SYMBRAVO ORAL TABLET 10-20 MG	3	ST; QL (9 per 28 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	3	QL (24 per 28 days)
TREXIMET ORAL TABLET 85-500 MG	3	QL (18 per 28 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	3	ST; QL (12 per 28 days); NDS
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL (20 per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	3	PA; NDS
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	3	PA; QL (6 per 28 days); NDS
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	QL (8 per 28 days); NDS
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	3	QL (18 per 28 days)
zolmitriptan nasal spray,non-aerosol 5 mg	3	QL (18 per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	3	QL (18 per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	3	QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG	3	QL (18 per 28 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	3	QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	3	PA; LA; NDS
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	3	PA; LA; QL (60 per 30 days); NDS
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	3	PA; NDS
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	
AUBAGIO ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 per 30 days); NDS
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	PA; QL (120 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 6 MG	3	PA; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	3	PA; QL (30 per 30 days); NDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	3	PA; QL (28 per 180 days); NDS
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	3	PA; QL (120 per 30 days); NDS
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	3	PA; QL (24 per 180 days); NDS
cladribine(multiple sclerosis) oral tablet 10 mg (10 pack)	3	PA; QL (40 per 720 days); NDS
cladribine(multiple sclerosis) oral tablet 10 mg (4 pack)	3	PA; QL (16 per 720 days); NDS
cladribine(multiple sclerosis) oral tablet 10 mg (5 pack)	3	PA; QL (20 per 720 days); NDS
cladribine(multiple sclerosis) oral tablet 10 mg (6 pack)	3	PA; QL (24 per 720 days); NDS
cladribine(multiple sclerosis) oral tablet 10 mg (7 pack)	3	PA; QL (28 per 720 days); NDS
cladribine(multiple sclerosis) oral tablet 10 mg (8 pack)	3	PA; QL (32 per 720 days); NDS
cladribine(multiple sclerosis) oral tablet 10 mg (9 pack)	3	PA; QL (36 per 720 days); NDS
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; QL (30 per 30 days); NDS
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	3	PA; QL (12 per 28 days); NDS
dalfampridine oral tablet extended release 12 hr 10 mg	2	PA; QL (60 per 30 days)
DAYBUE ORAL SOLUTION 200 MG/ML	3	PA; LA; NDS
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG, 8,000 MG	3	PA; LA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
dextromethorphan-quinidine oral capsule 20-10 mg	3	PA; NDS
dichlorphenamide oral tablet 50 mg	3	PA; NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	3	PA; QL (56 per 28 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	3	PA; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	3	PA; QL (60 per 30 days); NDS
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	3	
donepezil oral tablet,disintegrating 10 mg, 5 mg	1	
edaravone intravenous solution 30 mg/100 ml	3	PA; NDS
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	3	PA; LA; QL (240 per 30 days); NDS
EVRYSDI ORAL TABLET 5 MG	3	PA; LA; QL (30 per 30 days); NDS
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	3	
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	3	PA; NDS
fingolimod oral capsule 0.5 mg	3	PA; QL (30 per 30 days); NDS
FIRDAPSE ORAL TABLET 10 MG	3	PA; LA; NDS
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	2	
galantamine oral solution 4 mg/ml	3	
galantamine oral tablet 12 mg, 4 mg, 8 mg	2	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	3	PA; QL (30 per 30 days); NDS
glatiramer subcutaneous syringe 20 mg/ml	3	PA; QL (30 per 30 days); NDS
glatiramer subcutaneous syringe 40 mg/ml	3	PA; QL (12 per 28 days); NDS
glatopa subcutaneous syringe 20 mg/ml	3	PA; QL (30 per 30 days); NDS
glatopa subcutaneous syringe 40 mg/ml	3	PA; QL (12 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; QL (60 per 30 days)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	3	PA; LA; QL (28 per 180 days); NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	3	PA; LA; QL (30 per 30 days); NDS
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	3	PA; LA; QL (30 per 30 days); NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	3	PA; QL (1.6 per 28 days); NDS
KEVEYIS ORAL TABLET 50 MG	3	PA; NDS
KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML	3	PA; NDS
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	3	PA; QL (6 per 365 days); NDS
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML	3	PA; NDS
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML, 500 MG/2.5 ML (250MG/1.25MLX2)	3	PA; NDS
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	3	PA; LA; QL (40 per 720 days); NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	3	PA; LA; QL (16 per 720 days); NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	3	PA; LA; QL (20 per 720 days); NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	3	PA; LA; QL (24 per 720 days); NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	3	PA; LA; QL (28 per 720 days); NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	3	PA; LA; QL (32 per 720 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	3	PA; LA; QL (36 per 720 days); NDS
MAYZENT ORAL TABLET 0.25 MG	3	PA; QL (120 per 30 days); NDS
MAYZENT ORAL TABLET 1 MG, 2 MG	3	PA; QL (30 per 30 days); NDS
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	3	PA; QL (7 per 180 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	3	PA; QL (12 per 180 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	3	PA
memantine oral solution 2 mg/ml	2	PA
memantine oral tablet 10 mg, 5 mg	1	PA
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	2	PA
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	3	PA; LA; NDS
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; NDS
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	3	PA; LA; NDS
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	3	PA; LA; QL (20 per 180 days); NDS
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	3	PA; QL (23 per 180 days); NDS
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	3	PA; LA; NDS
ormalvi oral tablet 50 mg	3	PA; NDS
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	3	PA; QL (14 per 180 days); NDS
PONVORY ORAL TABLET 20 MG	3	PA; QL (30 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	3	PA; NDS
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	3	PA; NDS
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	3	
SKYCLARYS ORAL CAPSULE 50 MG	3	PA; LA; NDS
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	3	PA; QL (30 per 30 days); NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	3	PA; LA; QL (56 per 28 days); NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	3	PA; LA; QL (120 per 180 days); NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	3	PA; LA; QL (60 per 30 days); NDS
teriflunomide oral tablet 14 mg, 7 mg	3	PA; QL (30 per 30 days); NDS
tetrabenazine oral tablet 12.5 mg	3	PA; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	3	PA; QL (120 per 30 days); NDS
TYRUKO INTRAVENOUS SOLUTION 300 MG/15 ML	3	PA; QL (15 per 28 days); NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	3	PA; LA; QL (15 per 28 days); NDS
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	3	PA; LA; NDS
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	3	PA; QL (120 per 30 days); NDS
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	3	PA; LA; NDS
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	3	PA; LA; QL (0.8 per 28 days); NDS
WAINUA SUBCUTANEOUS SYRINGE 45 MG/0.8 ML	3	PA; LA; QL (0.8 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
XENAZINE ORAL TABLET 12.5 MG	3	PA; LA; QL (240 per 30 days); NDS
XENAZINE ORAL TABLET 25 MG	3	PA; LA; QL (120 per 30 days); NDS
ZEPOSIA ORAL CAPSULE 0.92 MG	3	PA; QL (30 per 30 days); NDS
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	3	PA; QL (28 per 180 days); NDS
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	3	PA; QL (7 per 180 days); NDS
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	3	
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	3	PA; NDS
ATMEKSI ORAL SUSPENSION 750 MG/5 ML	3	PA; NDS
baclofen intrathecal solution 10,000 mcg/20ml (500 mcg/ml), 20,000 mcg/20ml (1,000 mcg/ml), 40,000 mcg/20ml (2,000 mcg/ml)	3	B/D PA
baclofen intrathecal syringe 50 mcg/ml (1 ml)	3	B/D PA
baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml	3	
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	3	
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	3	
carisoprodol oral tablet 250 mg, 350 mg	3	PA
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg	3	PA
cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg	3	PA
cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg	3	PA
DANTRIUM INTRAVENOUS RECON SOLN 20 MG	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
DANTRIUM ORAL CAPSULE 25 MG	3	
dantrolene intravenous recon soln 20 mg	1	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	3	
FEXMID ORAL TABLET 7.5 MG	3	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	3	NDS
GABLOFEN INTRATHECAL SOLUTION 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML)	3	B/D PA
GABLOFEN INTRATHECAL SYRINGE 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML), 50 MCG/ML (1 ML)	3	B/D PA
IMAAVY INTRAVENOUS SOLUTION 185 MG/ML	3	PA; NDS
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 50 MCG/ML, 500 MCG/ML	2	B/D PA
meprobamate oral tablet 200 mg, 400 mg	3	
MESTINON ORAL SYRUP 60 MG/5 ML	3	NDS
MESTINON ORAL TABLET 60 MG	3	NDS
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	3	NDS
metaxalone oral tablet 400 mg, 800 mg	3	PA
METAXALONE ORAL TABLET 640 MG	3	PA; NDS
methocarbamol injection solution 100 mg/ml	3	PA
methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg	3	PA
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	PA
NORGESIC ORAL TABLET 25-385-30 MG	3	PA
ONTRALFY ORAL SOLUTION 2 MG/5 ML	3	NDS
orphenadrine citrate injection solution 30 mg/ml	3	PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
orphenadrine citrate oral tablet extended release 100 mg	3	PA
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	3	PA
orphengesic forte oral tablet 50-770-60 mg	3	PA
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	3	NDS
pyridostigmine bromide oral syrup 60 mg/5 ml	3	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
pyridostigmine bromide oral tablet 60 mg	2	
pyridostigmine bromide oral tablet extended release 180 mg	2	
revonto intravenous recon soln 20 mg	1	
ROBAXIN INJECTION SOLUTION 100 MG/ML	3	PA
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML	3	PA; NDS
SOMA ORAL TABLET 250 MG, 350 MG	3	PA
tanlor oral tablet 1,000 mg	3	PA
tizanidine oral capsule 2 mg, 4 mg, 6 mg	3	
TIZANIDINE ORAL CAPSULE 8 MG	3	NDS
tizanidine oral tablet 2 mg, 4 mg	1	
TONMYA SUBLINGUAL TABLET 2.8 MG	3	PA; NDS
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	3	PA; LA; NDS
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	3	PA; LA; NDS
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	3	PA; LA; NDS
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX ORAL CAPSULE 8 MG	3	NDS
ZANAFLEX ORAL TABLET 4 MG	3	
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	3	PA; LA; NDS
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	3	*; QL (300 per 30 days); NDS
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	*; QL (4500 per 30 days); NDS
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	*; QL (360 per 30 days); NDS
acetaminophen-codeine oral tablet 300-60 mg	1	*; QL (180 per 30 days); NDS
ALLZITAL ORAL TABLET 25-325 MG	3	QL (360 per 30 days)
ascomp with codeine oral capsule 30-50-325-40 mg	3	QL (180 per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	3	PA; *; QL (60 per 30 days); NDS
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	3	NDS
buprenorphine hcl injection solution 0.3 mg/ml	3	*; NDS
buprenorphine hcl injection syringe 0.3 mg/ml	1	*; NDS
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	3	PA; *; QL (4 per 28 days); NDS
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	3	QL (360 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	3	QL (180 per 30 days)
butalbital-acetaminophen oral capsule 50-300 mg	3	QL (180 per 30 days)
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	3	QL (180 per 30 days)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	3	QL (180 per 30 days)
butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml	3	QL (2700 per 30 days); NDS
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	3	QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	3	QL (180 per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	3	PA; *; QL (4 per 28 days); NDS
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	3	*; QL (180 per 30 days); NDS
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	3	QL (180 per 30 days)
DEMEROL (PF) INJECTION SYRINGE 25 MG/ML, 50 MG/ML	3	*; NDS
DEMEROL INJECTION SOLUTION 50 MG/ML	3	*; NDS
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML	3	*; NDS
DILAUDID ORAL LIQUID 1 MG/ML	3	*; QL (2400 per 30 days); NDS
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	*; QL (180 per 30 days); NDS
duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml	3	*; NDS
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	2	*; QL (360 per 30 days); NDS
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	3	PA; *; QL (10 per 30 days); NDS
FIORICET ORAL CAPSULE 50-300-40 MG	3	QL (180 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	3	PA; *; QL (90 per 30 days); NDS
hydrocodone bitartrate, oral only,ext.rel.24 hr 100 mg, 120 mg	3	PA; *; QL (60 per 30 days); NDS
hydrocodone bitartrate, oral only,ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	3	PA; *; QL (60 per 30 days); NDS
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml	3	*; QL (6000 per 30 days); NDS
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	2	*; QL (5550 per 30 days); NDS
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	3	*; QL (390 per 30 days); NDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	*; QL (360 per 30 days); NDS
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg	3	*; QL (50 per 30 days); NDS
hydrocodone-ibuprofen oral tablet 7.5-200 mg	2	*; QL (50 per 30 days); NDS
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	*; NDS
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml	3	*; NDS
hydromorphone (pf) injection syringe 0.2 mg/ml, 0.5 mg/0.5 ml, 1 mg/ml	3	*; NDS
hydromorphone injection solution 2 mg/ml	3	*; NDS
HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	3	*; NDS
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	3	*; NDS
hydromorphone oral liquid 1 mg/ml	3	*; QL (2400 per 30 days); NDS
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	2	*; QL (180 per 30 days); NDS
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	3	PA; *; QL (60 per 30 days); NDS
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 80 MG	3	PA; *; QL (60 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER, ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	PA; *; QL (60 per 30 days); NDS
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	3	B/D PA; *; NDS
levorphanol tartrate oral tablet 2 mg, 3 mg	3	*; QL (120 per 30 days); NDS
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	3	*; NDS
meperidine oral solution 50 mg/5 ml	3	*; QL (1200 per 30 days); NDS
meperidine oral tablet 50 mg	3	*; QL (240 per 30 days); NDS
methadone injection solution 10 mg/ml	2	*; NDS
methadone intensol oral concentrate 10 mg/ml	2	PA; *; QL (90 per 30 days); NDS
methadone oral concentrate 10 mg/ml	2	PA; *; QL (90 per 30 days); NDS
methadone oral solution 10 mg/5 ml	2	PA; *; QL (600 per 30 days); NDS
methadone oral solution 5 mg/5 ml	2	PA; *; QL (1200 per 30 days); NDS
methadone oral tablet 10 mg	2	PA; *; QL (120 per 30 days); NDS
methadone oral tablet 5 mg	2	PA; *; QL (240 per 30 days); NDS
methadose oral concentrate 10 mg/ml	2	PA; *; QL (90 per 30 days); NDS
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	3	B/D PA; *; NDS
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	3	*; NDS
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	3	B/D PA; *; NDS
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	2	*; QL (900 per 30 days); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	3	*; NDS
MORPHINE INJECTION SYRINGE 2 MG/ML	3	*; NDS
morphine injection syringe 4 mg/ml	3	*; NDS
morphine intravenous solution 10 mg/ml, 50 mg/ml	3	*; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	3	*; NDS
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	3	*; NDS
morphine intravenous syringe 2 mg/ml, 4 mg/ml	3	*; NDS
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	3	PA; *; QL (60 per 30 days); NDS
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 50 mg, 60 mg, 80 mg	3	PA; *; QL (90 per 30 days); NDS
morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)	2	*; QL (900 per 30 days); NDS
morphine oral tablet 15 mg, 30 mg	2	*; QL (180 per 30 days); NDS
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	2	PA; *; QL (120 per 30 days); NDS
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PA; *; QL (120 per 30 days); NDS
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG	3	PA; *; QL (120 per 30 days); NDS
NALOCET ORAL TABLET 2.5-300 MG	3	*; QL (390 per 30 days); NDS
oxycodone oral capsule 5 mg	2	*; QL (360 per 30 days); NDS
oxycodone oral concentrate 20 mg/ml	3	*; QL (180 per 30 days); NDS
oxycodone oral solution 5 mg/5 ml	2	*; QL (1200 per 30 days); NDS
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	2	*; QL (180 per 30 days); NDS
oxycodone oral tablet 5 mg	2	*; QL (360 per 30 days); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	3	*; QL (180 per 30 days); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 5 MG	3	*; QL (360 per 30 days); NDS
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	3	*; QL (2000 per 30 days); NDS
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	3	*; QL (390 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	*; QL (360 per 30 days); NDS
oxycodone-acetaminophen oral tablet 2.5-300 mg	3	*; QL (390 per 30 days); NDS
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; *; QL (90 per 30 days); NDS
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	3	PA; *; QL (60 per 30 days); NDS
oxymorphone oral tablet 10 mg	3	*; QL (360 per 30 days); NDS
oxymorphone oral tablet 5 mg	3	*; QL (180 per 30 days); NDS
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	3	PA; *; QL (90 per 30 days); NDS
oxymorphone oral tablet extended release 12 hr 40 mg	3	PA; *; QL (90 per 30 days); NDS
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	*; QL (360 per 30 days); NDS
PROLATE ORAL SOLUTION 10-300 MG/5 ML	3	*; QL (2000 per 30 days); NDS
prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	3	*; QL (390 per 30 days); NDS
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	*; QL (180 per 30 days); NDS
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	3	*; QL (180 per 30 days); NDS
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	3	*; QL (360 per 30 days); NDS
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	3	NDS
tencon oral tablet 50-325 mg	3	QL (180 per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	*; QL (300 per 30 days); NDS
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; *; QL (90 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
NON-NARCOTIC ANALGESICS		
ACETAMINOPHEN INTRAVENOUS SOLUTION 1,000 MG/100 ML (10 MG/ML), 500 MG/50 ML (10 MG/ML)	3	
acetaminophen intravenous solution 650 mg/65 ml (10 mg/ml)	3	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	3	ST
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	3	ST
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	2	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	
butorphanol injection solution 1 mg/ml, 2 mg/ml	1	*; NDS
butorphanol nasal spray,non-aerosol 10 mg/ml	3	*; QL (10 per 28 days); NDS
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)	3	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	3	
CAMBIA ORAL POWDER IN PACKET 50 MG	3	ST; QL (9 per 30 days)
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	3	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
clonidine (pf) epidural solution 5,000 mcg/10 ml	1	
COMBOGESIC IV INTRAVENOUS SOLUTION 300-1,000 MG/100 ML	3	
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	3	PA; *; QL (30 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; *; QL (30 per 30 days); NDS
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	3	PA; QL (60 per 30 days)
diclofenac potassium oral capsule 25 mg	3	
diclofenac potassium oral powder in packet 50 mg	3	QL (9 per 30 days)
diclofenac potassium oral tablet 25 mg	3	NDS
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	
diclofenac sodium topical drops 1.5 %	1	PA; QL (300 per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	3	PA; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	3	
diflunisal oral tablet 500 mg	2	
DOLOBID ORAL TABLET 250 MG, 375 MG	3	ST
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg, 500 mg	2	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	3	
fenoprofen oral capsule 200 mg, 300 mg	3	NDS
fenoprofen oral capsule 400 mg	3	
FENOPRON ORAL CAPSULE 300 MG	3	ST; NDS
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	3	PA; QL (60 per 30 days)
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen lysine (pf) intravenous solution 20 mg/2 ml	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 300 mg	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet 800-26.6 mg	3	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	
INDOCIN RECTAL SUPPOSITORY 50 MG	3	NDS
indomethacin oral capsule 25 mg, 50 mg	3	
indomethacin oral capsule, extended release 75 mg	3	
indomethacin oral suspension 25 mg/5 ml	3	
indomethacin rectal suppository 50 mg	3	NDS
indomethacin sodium intravenous recon soln 1 mg	3	
JOURNAVX ORAL TABLET 50 MG	2	QL (30 per 90 days)
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	3	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	3	
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	3	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	3	
ketorolac intramuscular solution 60 mg/2 ml	3	
ketorolac intramuscular syringe 60 mg/2 ml	3	
ketorolac oral tablet 10 mg	3	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	3	PA; QL (30 per 30 days)
LODINE ORAL TABLET 400 MG	3	ST
lofena oral tablet 25 mg	3	NDS
lofexidine oral tablet 0.18 mg	3	PA; NDS
lurbiro oral tablet 100 mg	1	
meclofenamate oral capsule 100 mg, 50 mg	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
mefenamic acid oral capsule 250 mg	3	
meloxicam oral tablet 15 mg, 7.5 mg	1	QL (30 per 30 days)
meloxicam submicronized oral capsule 10 mg, 5 mg	3	QL (30 per 30 days)
nabumetone oral tablet 500 mg, 750 mg	1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	1	*; NDS
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	1	
naltrexone oral tablet 50 mg	1	
naproxen oral suspension 125 mg/5 ml	3	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg	3	
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg	3	
NEOPROFEN (IBUPROFEN LYSN)(PF) INTRAVENOUS SOLUTION 20 MG/2 ML	3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; *; QL (60 per 30 days); NDS
NUCYNTA ORAL TABLET 100 MG	3	*; QL (181 per 30 days); NDS
NUCYNTA ORAL TABLET 50 MG	3	*; QL (362 per 30 days); NDS
NUCYNTA ORAL TABLET 75 MG	3	*; QL (242 per 30 days); NDS
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	3	
ORUDIS ORAL CAPSULE 75 MG	3	ST; NDS
oxaprozin oral tablet 600 mg	3	
pentazocine-naloxone oral tablet 50-0.5 mg	3	*; QL (325 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
piroxicam oral capsule 10 mg, 20 mg	2	
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML	3	B/D PA
RELAFEN DS ORAL TABLET 1,000 MG	3	ST; NDS
salsalate oral tablet 500 mg, 750 mg	1	
SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY	3	ST; NDS
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	3	
sulindac oral tablet 150 mg, 200 mg	1	
tapentadol oral tablet 100 mg	3	*; QL (181 per 30 days); NDS
tapentadol oral tablet 50 mg	3	*; QL (362 per 30 days); NDS
tapentadol oral tablet 75 mg	3	*; QL (242 per 30 days); NDS
TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; *; QL (60 per 30 days); NDS
TOLECTIN 600 ORAL TABLET 600 MG	3	ST; NDS
tolectin ds oral capsule 400 mg	3	
tolmetin oral capsule 400 mg	3	
tolmetin oral tablet 200 mg	3	NDS
tolmetin oral tablet 600 mg	3	
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	3	PA; *; QL (30 per 30 days); NDS
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; *; QL (30 per 30 days); NDS
TRAMADOL ORAL SOLUTION 5 MG/ML	3	QL (2400 per 30 days)
tramadol oral tablet 100 mg	3	*; QL (120 per 30 days); NDS
TRAMADOL ORAL TABLET 25 MG, 75 MG	3	*; QL (120 per 30 days); NDS
tramadol oral tablet 50 mg	1	*; QL (240 per 30 days); NDS
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	3	PA; *; QL (30 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	3	PA; *; QL (30 per 30 days); NDS
tramadol-acetaminophen oral tablet 37.5-325 mg	1	*; QL (240 per 30 days); NDS
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	3	NDS
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	3	ST; QL (30 per 30 days)
VYSCOXA ORAL SUSPENSION 10 MG/ML	3	ST; NDS
XIFYRM INTRAVENOUS SOLUTION 30 MG/ML	3	
ZIPSOR ORAL CAPSULE 25 MG	3	ST
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	3	
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML	3	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	3	QL (2.4 per 56 days); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	3	QL (3.2 per 56 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	3	QL (1 per 28 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	3	QL (1 per 28 days); NDS
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL (30 per 30 days)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	3	ST
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	3	QL (30 per 30 days)
AMBIEN ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	2	
amphetamine oral tablet,disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg	3	
amphetamine sulfate oral tablet 10 mg, 5 mg	3	PA
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	3	QL (30 per 30 days); NDS
aripiprazole oral solution 1 mg/ml	3	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	QL (30 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	3	QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	3	QL (2.4 per 180 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	3	QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	3	QL (1.6 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	3	QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	3	QL (3.2 per 28 days); NDS
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	3	PA; QL (30 per 30 days)
ARYNTA ORAL SOLUTION 10 MG/ML	3	ST
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	3	QL (60 per 30 days)
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	PA
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	3	PA; QL (150 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	3	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	3	QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	3	QL (60 per 30 days); NDS
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG	3	QL (51 per 180 days); NDS
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	3	ST
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	PA; QL (30 per 30 days)
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG	3	NDS
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg	1	QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	QL (60 per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
BUSPIRONE ORAL TABLET 12.5 MG, 2.5 MG	3	NDS
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; QL (60 per 30 days); NDS
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	3	ST; QL (8 per 180 days); NDS
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	3	ST; QL (12 per 180 days); NDS
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2)	3	ST; QL (8 per 180 days); NDS
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	3	QL (30 per 30 days); NDS
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	3	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	3	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	3	
citalopram oral capsule 30 mg	3	QL (30 per 30 days)
citalopram oral solution 10 mg/5 ml	2	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	3	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	3	
clorazepate dipotassium oral tablet 15 mg	2	PA; QL (180 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
clorazepate dipotassium oral tablet 3.75 mg	2	PA; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	2	PA; QL (360 per 30 days)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	3	
CLOZARIL ORAL TABLET 100 MG	3	NDS
CLOZARIL ORAL TABLET 25 MG	3	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	3	QL (60 per 30 days); NDS
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	3	QL (56 per 180 days); NDS
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	ST
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	3	ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	PA; QL (30 per 30 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	QL (30 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	2	QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	ST

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	3	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	3	
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	3	
dextroamphetamine sulfate oral solution 5 mg/5 ml	3	
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	3	
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	3	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	3	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	2	
diazepam injection solution 5 mg/ml	1	PA
diazepam injection syringe 5 mg/ml	1	PA
diazepam intensol oral concentrate 5 mg/ml	1	PA; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	1	PA; QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	PA; QL (120 per 30 days)
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML	3	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
doxepin oral tablet 3 mg, 6 mg	2	QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	3	QL (30 per 30 days)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	3	ST
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	3	ST
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	QL (90 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	ST; QL (0.75 per 28 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	3	ST; QL (1 per 28 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	ST; QL (1.5 per 28 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	3	ST; QL (2.25 per 28 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	ST; QL (0.25 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	ST; QL (0.5 per 28 days); NDS
ESCITALOPRAM OXALATE ORAL CAPSULE 15 MG	3	QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	3	QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
EVEKEO ORAL TABLET 10 MG, 5 MG	3	PA
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	3	ST; QL (30 per 30 days); NDS
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	3	ST; QL (32 per 180 days); NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; QL (60 per 30 days); NDS
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	3	ST; QL (8 per 180 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	3	ST; QL (12 per 180 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	3	ST; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	QL (30 per 30 days)
flumazenil intravenous solution 0.1 mg/ml	1	
fluoxetine (pmdd) oral tablet 10 mg	3	QL (240 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	3	QL (120 per 30 days)
fluoxetine oral capsule 10 mg	1	QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	QL (120 per 30 days)
fluoxetine oral capsule 40 mg	1	QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	3	QL (4 per 28 days)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluoxetine oral tablet 10 mg	3	QL (240 per 30 days)
fluoxetine oral tablet 20 mg	3	QL (120 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
fluoxetine oral tablet 60 mg	3	QL (30 per 30 days)
fluphenazine decanoate injection solution 25 mg/ml	3	
fluphenazine hcl injection solution 2.5 mg/ml	3	
fluphenazine hcl oral concentrate 5 mg/ml	3	
fluphenazine hcl oral elixir 2.5 mg/5 ml	3	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	3	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	3	QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	QL (60 per 30 days)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	ST
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	3	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	3	QL (60 per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	3	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	3	
haloperidol lactate injection solution 5 mg/ml	3	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	PA; QL (158 per 30 days); NDS
HETLIOZ ORAL CAPSULE 20 MG	3	PA; QL (30 per 30 days); NDS
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	3	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	3	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	3	QL (3.5 per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	3	QL (5 per 180 days); NDS
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	3	QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	3	QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	3	QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	3	QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	3	QL (2.63 per 90 days); NDS
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LATUDA ORAL TABLET 80 MG	3	QL (60 per 30 days); NDS
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	3	
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	3	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	
lorazepam injection solution 2 mg/ml, 4 mg/ml	1	PA
lorazepam injection syringe 2 mg/ml	1	PA
lorazepam intensol oral concentrate 2 mg/ml	1	PA; QL (150 per 30 days)
lorazepam oral concentrate 2 mg/ml	1	PA; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	PA; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	PA; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG	3	PA; QL (30 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG	3	PA; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG	3	PA; QL (90 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	3	PA; QL (30 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	3	PA; QL (28 per 30 days); NDS
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	3	QL (30 per 30 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	3	QL (30 per 30 days)
lurasidone oral tablet 80 mg	3	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	QL (30 per 30 days); NDS
MARPLAN ORAL TABLET 10 MG	3	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	ST
methamphetamine oral tablet 5 mg	3	PA
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3	
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	3	
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	3	
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	3	
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	3	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	2	
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	3	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating), 72 mg	3	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	3	ST

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	3	
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	3	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	2	
modafinil oral tablet 100 mg	2	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	2	PA; QL (60 per 30 days)
molindone oral tablet 10 mg, 25 mg, 5 mg	3	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	3	ST
NARDIL ORAL TABLET 15 MG	3	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	3	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	3	
NUPLAZID ORAL CAPSULE 34 MG	3	PA; QL (30 per 30 days); NDS
NUPLAZID ORAL TABLET 10 MG	3	PA; QL (30 per 30 days); NDS
olanzapine intramuscular recon soln 10 mg	3	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	3	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	3	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	3	ST
OPIPZA ORAL FILM 10 MG	3	QL (90 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
OPIPZA ORAL FILM 2 MG	3	QL (30 per 30 days); NDS
OPIPZA ORAL FILM 5 MG	3	QL (180 per 30 days); NDS
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	3	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	3	QL (60 per 30 days)
PARNATE ORAL TABLET 10 MG	3	
paroxetine hcl oral suspension 10 mg/5 ml	3	
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	2	QL (60 per 30 days)
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	3	QL (30 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	QL (60 per 30 days)
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	3	QL (60 per 30 days)
pentobarbital sodium injection solution 50 mg/ml	3	
perphenazine oral tablet 16 mg, 8 mg	3	
perphenazine oral tablet 2 mg, 4 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	3	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	3	ST; QL (1 per 30 days); NDS
phenelzine oral tablet 15 mg	2	
pimozide oral tablet 1 mg, 2 mg	3	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
procentra oral solution 5 mg/5 ml	3	
protriptyline oral tablet 10 mg, 5 mg	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	ST; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	ST; QL (60 per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 per 30 days)
QUETIAPINE ORAL TABLET 150 MG	3	QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	2	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	2	QL (60 per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	3	ST
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	3	ST
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	PA; QL (30 per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	3	ST
ramelteon oral tablet 8 mg	2	QL (30 per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	3	ST
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL (30 per 30 days); NDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	3	QL (2 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL ORAL SOLUTION 1 MG/ML	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	3	QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	QL (120 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	2	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	3	QL (2 per 28 days); NDS
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	QL (60 per 30 days)
risperidone oral tablet 4 mg	1	QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	3	QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	3	QL (120 per 30 days)
RITALIN ORAL TABLET 10 MG, 20 MG	3	
ROZEREM ORAL TABLET 8 MG	3	QL (30 per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML	3	ST; QL (2 per 28 days); NDS
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	QL (30 per 30 days); NDS
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	3	QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	QL (60 per 30 days)
sertraline oral capsule 150 mg, 200 mg	3	QL (30 per 30 days)
sertraline oral concentrate 20 mg/ml	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
sertraline oral tablet 100 mg, 50 mg	1	QL (60 per 30 days)
sertraline oral tablet 25 mg	1	QL (30 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	3	QL (30 per 30 days)
sodium oxybate oral solution 500 mg/ml	3	PA; LA; QL (540 per 30 days); NDS
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	3	PA; NDS
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL (30 per 30 days)
tasimelteon oral capsule 20 mg	3	PA; QL (30 per 30 days); NDS
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tranylcypromine oral tablet 10 mg	3	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	2	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	3	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	3	ST; QL (0.28 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	3	ST; QL (0.35 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	3	ST; QL (0.42 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	3	ST; QL (0.56 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	3	ST; QL (0.7 per 56 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	3	ST; QL (0.14 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	3	ST; QL (0.21 per 28 days); NDS
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	3	PA; QL (120 per 30 days)
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	3	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	3	QL (30 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	NDS
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	2	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	QL (30 per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	ST
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	3	PA; LA; QL (60 per 30 days); NDS
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	3	QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	QL (90 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	QL (30 per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	3	ST
XYWAV ORAL SOLUTION 0.5 GRAM/ML	3	PA; LA; QL (540 per 30 days); NDS
zaleplon oral capsule 10 mg	3	QL (60 per 30 days)
zaleplon oral capsule 5 mg	3	QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	3	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	3	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	3	
ZOLOFT ORAL TABLET 100 MG, 50 MG	3	QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	QL (30 per 30 days)
ZOLPIDEM ORAL CAPSULE 7.5 MG	3	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	3	QL (30 per 30 days)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	3	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	3	PA; QL (28 per 365 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG	3	PA; QL (14 per 365 days); NDS
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	3	
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	QL (30 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	3	QL (30 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	3	QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	3	QL (1 per 28 days); NDS
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	3	QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	3	QL (30 per 30 days); NDS
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
adenosine intravenous solution 3 mg/ml	1	
adenosine intravenous syringe 3 mg/ml	1	
amiodarone intravenous solution 50 mg/ml	1	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	
CORVERT INTRAVENOUS SOLUTION 0.1 MG/ML	3	
disopyramide phosphate oral capsule 100 mg, 150 mg	3	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	3	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
ibutilide fumarate intravenous solution 0.1 mg/ml	1	
lidocaine (pf) intravenous solution 20 mg/ml (2 %)	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)	1	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	3	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	2	
MULTAQ ORAL TABLET 400 MG	2	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	3	
pacerone oral tablet 100 mg, 200 mg	1	
procainamide injection solution 100 mg/ml, 500 mg/ml	1	
PROCAINAMIDE INTRAVENOUS SYRINGE 100 MG/ML	3	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	3	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine gluconate oral tablet extended release 324 mg	3	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	3	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	3	
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
aliskiren oral tablet 150 mg, 300 mg	3	
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
ARBLI ORAL SUSPENSION 10 MG/ML	3	ST
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	3	ST
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	ST
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	ST
AVAPRO ORAL TABLET 150 MG, 300 MG	3	ST
azilsartan medoxomil oral tablet 40 mg, 80 mg	2	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	3	ST
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	3	ST
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	3	ST
betaxolol oral tablet 10 mg, 20 mg	1	
BIDIL ORAL TABLET 20-37.5 MG	3	QL (180 per 30 days)
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	3	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
bumetanide injection solution 0.25 mg/ml	3	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
CARDAMYST NASAL SPRAY,NON-AEROSOL 70 MG/2 SPRAY	3	PA; NDS
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML), 40 MG/200 ML (0.2 MG/ML)	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
CARDENE IV INTRAVENOUS SOLUTION 25 MG/10 ML	3	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	QL (60 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL (30 per 30 days)
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	3	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	3	
chlorothiazide sodium intravenous recon soln 500 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML	3	
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	1	
CLONIDINE HCL ORAL TABLET 0.05 MG	3	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	3	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	3	QL (4 per 28 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	3	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST
diltiazem hcl intravenous solution 5 mg/ml	1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	3	ST
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	3	ST
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	QL (60 per 30 days)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	
EDECRIN ORAL TABLET 25 MG	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
enalapril maleate oral solution 1 mg/ml	3	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalaprilat intravenous solution 1.25 mg/ml	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
ENBUMYST NASAL SPRAY,NON-AEROSOL 0.5 MG/SPRAY (0.1 ML)	3	ST; LA; NDS
EPANED ORAL SOLUTION 1 MG/ML	3	
eplerenone oral tablet 25 mg, 50 mg	2	
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	3	B/D PA
esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)	3	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	1	
ethacrynate sodium intravenous recon soln 50 mg	3	NDS
ethacrynic acid oral tablet 25 mg	3	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	3	ST
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	3	ST
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	3	ST; NDS
furosemide injection solution 10 mg/ml	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
guanfacine oral tablet 1 mg, 2 mg	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	3	
HEMICLOR ORAL TABLET 12.5 MG	3	
hydralazine injection solution 20 mg/ml	1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	3	ST
indapamide oral tablet 1.25 mg, 2.5 mg	1	
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	3	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	3	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	3	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	3	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
isosorbide-hydralazine oral tablet 20-37.5 mg	2	QL (180 per 30 days)
isradipine oral capsule 2.5 mg, 5 mg	1	
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML)	3	NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	
KATERZIA ORAL SUSPENSION 1 MG/ML	3	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	2	PA; QL (30 per 30 days)
labetalol intravenous solution 5 mg/ml	1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	3	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
LABETALOL ORAL TABLET 400 MG	3	
LASIX ONYU SUBCUTANEOUS KIT 80 MG/2.67 ML	3	ST; NDS
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOPRESSOR ORAL SOLUTION 10 MG/ML	3	
LOPRESSOR ORAL TABLET 100 MG, 12.5 MG, 50 MG	3	
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
mannitol 20 % intravenous parenteral solution 20 %	3	
mannitol 25 % intravenous solution 25 %	1	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
methyldopa oral tablet 250 mg, 500 mg	3	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metoprolol tartrate intravenous solution 5 mg/5 ml	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	3	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	3	
metyrosine oral capsule 250 mg	3	PA; NDS
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	3	ST
minoxidil oral tablet 10 mg, 2.5 mg	1	
moexipril oral tablet 15 mg, 7.5 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	3	
NICARDIPINE IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML)	3	
nicardipine in nacl (iso-os) intravenous piggyback 40 mg/200 ml (0.2 mg/ml)	3	
nicardipine intravenous solution 25 mg/10 ml	1	
nicardipine oral capsule 20 mg, 30 mg	3	
nifedipine oral capsule 10 mg, 20 mg	3	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	
nimodipine oral capsule 30 mg	3	
nimodipine oral solution 60 mg/20 ml	3	NDS
NORLIQVA ORAL SOLUTION 1 MG/ML	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	NDS
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	NDS
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	3	PA; QL (168 per 180 days); NDS
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	3	PA; QL (336 per 180 days); NDS
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	3	PA; QL (252 per 180 days); NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; QL (90 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	3	PA; QL (90 per 30 days); NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	3	PA; QL (720 per 30 days); NDS
OSMITROL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
osmitrol 20 % intravenous parenteral solution 20 %	3	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine oral capsule 10 mg	3	PA; NDS
phentolamine injection recon soln 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	2	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	3	
propranolol intravenous solution 1 mg/ml	1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
QBRELIS ORAL SOLUTION 1 MG/ML	3	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
REMODULIN INJECTION SOLUTION 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	3	PA; LA; NDS
SDAMLO ORAL POWDER IN CONTAINER 10 MG, 2.5 MG, 5 MG	3	ST; NDS
SOAANZ ORAL TABLET 40 MG	3	ST
spironolactone oral suspension 25 mg/5 ml	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	QL (30 per 30 days)
terazosin oral capsule 10 mg	1	QL (60 per 30 days)
TEZRULY ORAL SOLUTION 1 MG/ML	3	QL (600 per 30 days)
THALITONE ORAL TABLET 15 MG	3	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	3	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	3	
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	3	PA; LA; NDS
triamterene oral capsule 100 mg, 50 mg	3	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3	ST
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	3	PA; LA; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; LA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	3	PA; LA; QL (200 per 180 days); NDS
VALSARTAN ORAL SOLUTION 4 MG/ML	3	ST; NDS
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VASERETIC ORAL TABLET 10-25 MG	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
veletri intravenous recon soln 0.5 mg, 1.5 mg	1	B/D PA
verapamil intravenous solution 2.5 mg/ml	1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	3	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
COAGULATION THERAPY		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT	3	PA; LA; NDS
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	3	PA; NDS
aminocaproic acid intravenous solution 250 mg/ml	1	
aminocaproic acid oral solution 250 mg/ml (25 %)	3	NDS
aminocaproic acid oral tablet 1,000 mg, 500 mg	3	NDS
argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml	3	
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	3	NDS
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	3	NDS
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	3	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	3	PA; LA; NDS
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	2	PA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	2	PA
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 300 mg	1	
clopidogrel oral tablet 75 mg	1	QL (30 per 30 days)
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	2	QL (60 per 30 days)
dipyridamole intravenous solution 5 mg/ml	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	3	PA; LA; NDS
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	3	PA; LA; NDS
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	3	PA; LA; NDS
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG	3	PA; LA; NDS
EFFIENT ORAL TABLET 10 MG, 5 MG	3	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL (74 per 180 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL (60 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG	2	QL (140 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 1.5 MG (0.5 MG X 3)	2	QL (420 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	2	QL (560 per 28 days)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	2	QL (70 per 28 days)
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	3	PA; NDS
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	3	PA; NDS
enoxaparin subcutaneous solution 300 mg/3 ml	1	QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	3	QL (56 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	3	QL (44.8 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	3	QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	3	QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	3	QL (33.6 per 28 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	3	NDS
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	3	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	3	NDS
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	3	NDS
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	2	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	2	
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	3	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	2	
heparin (porcine) injection syringe 5,000 unit/ml	2	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	2	
heparin, porcine (pf) injection solution 1,000 unit/ml	2	
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/0.5 ML, 5,000 UNIT/ML	2	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	3	QL (30 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	3	QL (56 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	3	QL (44.8 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML	3	QL (16.8 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	QL (22.4 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 60 MG/0.6 ML	3	QL (33.6 per 28 days)
MULPLETA ORAL TABLET 3 MG	3	PA; NDS
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	3	PA; NDS
pentoxifylline oral tablet extended release 400 mg	1	
PLAVIX ORAL TABLET 75 MG	3	QL (30 per 30 days)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	ST; QL (60 per 30 days)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 30 MG, 40 MG, 50 MG	3	ST; QL (120 per 30 days); NDS
PRADAXA ORAL PELLETS IN PACKET 150 MG, 20 MG	3	ST; QL (60 per 30 days); NDS
prasugrel hcl oral tablet 10 mg, 5 mg	1	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	3	NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	3	PA; LA; NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	3	PA; LA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
protamine intravenous solution 10 mg/ml	1	
rivaroxaban oral suspension for reconstitution 1 mg/ml	3	ST; QL (775 per 28 days)
rivaroxaban oral tablet 2.5 mg	3	ST; QL (60 per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	3	ST; QL (30 per 30 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG	3	PA; LA; QL (60 per 30 days); NDS
THROMBIN-JMI NASAL SPRAY SYRINGE 5,000 UNIT	3	
ticagrelor oral tablet 60 mg, 90 mg	2	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	ST; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	ST; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	ST; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	ST; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	QL (30 per 30 days)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	3	ST; QL (600 per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST; QL (30 per 30 days)
cholestyramine (with sugar) oral powder 4 gram	2	
cholestyramine (with sugar) oral powder in packet 4 gram	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
cholestyramine light oral powder 4 gram	2	
cholestyramine light oral powder in packet 4 gram	1	
colesevelam oral powder in packet 3.75 gram	3	
colesevelam oral tablet 625 mg	3	
COLESTID ORAL GRANULES 5 GRAM	3	
COLESTID ORAL TABLET 1 GRAM	3	
colestipol oral granules 5 gram	3	
colestipol oral packet 5 gram	3	
colestipol oral tablet 1 gram	1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	ST; QL (30 per 30 days)
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	3	PA; LA; NDS
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg	3	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	3	
fenofibrate oral tablet 120 mg, 40 mg	3	
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	1	
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	3	ST; QL (300 per 30 days)
fluvastatin oral capsule 20 mg	1	QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	QL (60 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
fluvastatin oral tablet extended release 24 hr 80 mg	3	QL (30 per 30 days)
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram, 1 gram	2	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA; LA; NDS
JUXTAPID ORAL CAPSULE 2 MG	3	PA; NDS
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	3	PA; QL (3 per 180 days); NDS
LEROCHOL SUBCUTANEOUS SYRINGE 300 MG/1.2 ML	3	PA; QL (1.2 per 30 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	ST; QL (30 per 30 days)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	ST; QL (30 per 30 days)
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	3	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; QL (30 per 30 days)
LOPID ORAL TABLET 600 MG	3	
lovastatin oral tablet 10 mg	1	QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	QL (60 per 30 days)
LOVAZA ORAL CAPSULE 1 GRAM	3	ST
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA
niacin oral tablet 500 mg	3	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	3	
NIACOR ORAL TABLET 500 MG	3	
omega-3 acid ethyl esters oral capsule 1 gram	1	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	QL (30 per 30 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	PA; QL (2 per 28 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	3	PA; LA; QL (0.5 per 84 days); NDS
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	QL (30 per 30 days)
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	3	PA; LA; QL (0.8 per 30 days); NDS
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	3	ST
VYTORIN 10-10 ORAL TABLET 10-10 MG	3	ST; QL (30 per 30 days)
VYTORIN 10-20 ORAL TABLET 10-20 MG	3	ST; QL (30 per 30 days)
VYTORIN 10-40 ORAL TABLET 10-40 MG	3	ST; QL (30 per 30 days)
VYTORIN 10-80 ORAL TABLET 10-80 MG	3	ST; QL (30 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	
WELCHOL ORAL TABLET 625 MG	3	
ZETIA ORAL TABLET 10 MG	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; QL (30 per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	3	PA; QL (30 per 30 days); NDS
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (450 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	QL (60 per 30 days)
digoxin injection solution 250 mcg/ml (0.25 mg/ml)	3	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	3	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	3	
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
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	1	B/D PA
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	1	B/D PA
dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml)	1	B/D PA
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	2	QL (240 per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	3	PA; QL (30 per 30 days); NDS
isoproterenol hcl injection solution 0.2 mg/ml	3	
ivabradine oral tablet 5 mg, 7.5 mg	2	QL (60 per 30 days)
LANOXIN INJECTION SOLUTION 500 MCG/2 ML (0.5 MG/2 ML)	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML)	3	
LEVOPHED (BITARTRATE) INTRAVENOUS SOLUTION 1 MG/ML	3	
LODOCO ORAL TABLET 0.5 MG	3	PA
milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)	1	B/D PA
milrinone intravenous solution 1 mg/ml	1	B/D PA
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	PA; QL (30 per 30 days); NDS
norepinephrine bitartrate intravenous solution 1 mg/ml	1	
norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml)	3	
NOREPINEPHRINE BITARTRATE-D5W INTRAVENOUS SOLUTION 4 MG/250 ML (16 MCG/ML), 8 MG/250 ML (32 MCG/ML)	3	
norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml)	3	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	
sacubitril-valsartan oral tablet 24-26 mg	2	QL (180 per 30 days)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	2	QL (60 per 30 days)
TRYVIO ORAL TABLET 12.5 MG	3	PA
VANRAFIA ORAL TABLET 0.75 MG	3	PA; QL (30 per 30 days); NDS
VECAMYL ORAL TABLET 2.5 MG	3	NDS
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
VYNDAMAX ORAL CAPSULE 61 MG	3	PA; NDS
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	3	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
nitro-bid transdermal ointment 2 %	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal ointment 2 %	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	3	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	3	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	3	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	3	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	3	PA; QL (2 per 21 days); NDS
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML	3	PA; QL (4 per 21 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	3	PA; QL (2 per 21 days); NDS
BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML	3	PA; QL (4 per 21 days); NDS
calcipotriene scalp solution 0.005 %	2	QL (120 per 30 days)
calcipotriene topical cream 0.005 %	3	QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM 0.005 %	3	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %	3	QL (120 per 30 days)
calcipotriene-betamethasone topical ointment 0.005-0.064 %	3	QL (400 per 30 days)
calcipotriene-betamethasone topical suspension 0.005-0.064 %	3	QL (400 per 30 days)
calcitriol topical ointment 3 mcg/gram	3	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; QL (10 per 28 days); NDS
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	3	PA; QL (20 per 28 days); NDS
COSENTYX (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; QL (10 per 28 days); NDS
COSENTYX SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; QL (5 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; QL (5 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; QL (2.5 per 28 days); NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	3	PA; QL (10 per 28 days); NDS
ENSTILAR TOPICAL FOAM 0.005-0.064 %	3	QL (400 per 30 days); NDS
EPIFOAM TOPICAL FOAM 1-1 %	3	
ICOTYDE ORAL TABLET 200 MG	3	PA; QL (30 per 30 days); NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; QL (2 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
IMULDOSA INTRAVENOUS SOLUTION 130 MG/26 ML	3	PA; QL (104 per 180 days); NDS
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days)
IMULDOSA SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days); NDS
OTULFI INTRAVENOUS SOLUTION 130 MG/26 ML	3	PA; QL (104 per 180 days); NDS
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days); NDS
pellix scalp solution 0.005 %	2	QL (120 per 30 days)
PRAMOSONE TOPICAL CREAM 1-1 %	3	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	3	
PYZCHIVA (PREFERRED NDCS STARTING WITH 61314) INTRAVENOUS SOLUTION 130 MG/26 ML	3	PA; QL (104 per 180 days); NDS
PYZCHIVA (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; QL (0.5 per 28 days)
PYZCHIVA (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; QL (0.5 per 28 days)
PYZCHIVA (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days); NDS
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 90 MG/ML	3	PA; QL (1 per 28 days); NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	3	PA; QL (104 per 180 days); NDS
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days); NDS
selenium sulfide topical lotion 2.5 %	1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	3	PA; QL (6 per 28 days); NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; QL (2 per 84 days); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; QL (2 per 84 days); NDS
SORILUX TOPICAL FOAM 0.005 %	3	QL (120 per 30 days)
SOTYKTU ORAL TABLET 6 MG	3	PA; QL (30 per 30 days); NDS
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	3	PA; QL (4 per 28 days); NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	3	PA; QL (104 per 180 days); NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days); NDS
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26 ML	3	PA; QL (104 per 180 days); NDS
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days); NDS
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	3	QL (400 per 30 days); NDS
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; QL (4 per 28 days); NDS
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; QL (3 per 180 days); NDS
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; QL (1 per 28 days); NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	3	PA; QL (0.25 per 28 days); NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	3	PA; QL (0.5 per 28 days); NDS
TALTZ SUBCUTANEOUS SYRINGE 80 MG/ML	3	PA; QL (1 per 28 days); NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	3	PA; QL (20 per 28 days); NDS
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	3	PA; QL (2 per 28 days); NDS
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	3	PA; QL (12 per 180 days); NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	3	PA; QL (2 per 28 days); NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	3	PA; QL (2 per 28 days); NDS
USTEKINUMAB INTRAVENOUS SOLUTION 130 MG/26 ML	3	PA; QL (104 per 180 days); NDS
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days); NDS
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days); NDS
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days); NDS
USTEKINUMAB-TTWE INTRAVENOUS SOLUTION 130 MG/26 ML	3	PA; QL (104 per 180 days); NDS
USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days); NDS
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days); NDS
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days); NDS
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	
VTAMA TOPICAL CREAM 1 %	3	PA; QL (60 per 30 days); NDS
WEZLANA INTRAVENOUS SOLUTION 130 MG/26 ML	3	PA; QL (104 per 180 days); NDS
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days); NDS
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days); NDS
WEZLANA SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days); NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	3	PA; QL (104 per 180 days); NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; QL (0.5 per 28 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days); NDS
ZORYVE TOPICAL CREAM 0.05 %, 0.15 %, 0.3 %	3	PA; QL (60 per 30 days)
ZORYVE TOPICAL FOAM 0.3 %	3	PA; QL (60 per 30 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	3	PA; QL (6 per 28 days); NDS
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; QL (6 per 28 days); NDS
ammonium lactate topical cream 12 %	1	
ammonium lactate topical lotion 12 %	1	
ANZUPGO TOPICAL CREAM 2 %	3	PA; QL (60 per 30 days); NDS
chloroprocaine (pf) injection solution 20 mg/ml (2 %), 30 mg/ml (3 %)	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	3	PA; QL (30 per 30 days); NDS
CITANEST PLAIN DENTAL INJECTION CARTRIDGE 4 % (40 MG/ML)	3	
dermacinrx lidocan topical adhesive patch,medicated 5 %	3	PA; QL (90 per 30 days)
diclofenac sodium topical gel 3 %	3	PA; QL (100 per 28 days)
doxepin topical cream 5 %	3	QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	3	PA; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	3	PA; QL (8 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	3	PA; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; QL (8 per 28 days); NDS
DYCLOPRO TOPICAL SOLUTION 0.5 %	3	PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	3	PA; QL (8 per 28 days); NDS
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	3	PA; QL (8 per 28 days); NDS
EUCRISA TOPICAL OINTMENT 2 %	3	PA; QL (120 per 30 days)
FILSUVEZ TOPICAL GEL 10 %	3	PA; LA; NDS
FLUOROURACIL TOPICAL CREAM 0.5 %	3	NDS
fluorouracil topical cream 5 %	2	
fluorouracil topical solution 2 %, 5 %	2	
glydo mucous membrane jelly in applicator 2 %	1	QL (60 per 30 days)
HYFTOR TOPICAL GEL 0.2 %	3	PA; NDS
imiquimod topical cream in metered-dose pump 3.75 %	3	
imiquimod topical cream in packet 3.75 %	3	
imiquimod topical cream in packet 5 %	2	
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	1	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	1	
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl mucous membrane jelly 2 %	1	QL (60 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	1	QL (60 per 30 days)
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	1	
lidocaine topical adhesive patch,medicated 5 %	3	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %	3	PA; QL (50 per 30 days)
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	1	
lidocaine-epinephrine bit injection cartridge 2 %-1:100,000	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	2	PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	3	PA; QL (90 per 30 days)
lidocan iv topical adhesive patch,medicated 5 %	3	PA; QL (90 per 30 days)
lidocan v topical adhesive patch,medicated 5 %	3	PA; QL (90 per 30 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	3	NDS
NESACAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	3	
NESACAINE-MPF INJECTION SOLUTION 20 MG/ML (2 %), 30 MG/ML (3 %)	3	
OPZELURA TOPICAL CREAM 1.5 %	3	PA; QL (240 per 28 days); NDS
PANRETIN TOPICAL GEL 0.1 %	3	PA; NDS
pimecrolimus topical cream 1 %	3	PA; QL (100 per 30 days)
podofilox topical gel 0.5 %	3	
podofilox topical solution 0.5 %	2	
polocaine injection solution 1 % (10 mg/ml)	1	
POLOCAINE INJECTION SOLUTION 2 %	3	
polocaine-mpf injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %)	1	
prudoxin topical cream 5 %	3	QL (45 per 30 days)
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA
QUTENZA TOPICAL KIT 8 %	3	QL (1 per 90 days); NDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (180 per 30 days)
SILVADENE TOPICAL CREAM 1 %	3	
silver sulfadiazine topical cream 1 %	1	
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	3	PA; NDS
ssd topical cream 1 %	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
tacrolimus topical ointment 0.03 %, 0.1 %	3	PA; QL (100 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	3	PA; NDS
VEREGEN TOPICAL OINTMENT 15 %	3	QL (30 per 30 days)
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	3	PA; NDS
xylocaine dental-epinephrine injection cartridge 2 %-1:100,000, 2 %-1:50,000	3	
XYLOCAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	3	
XYLOCAINE WITH EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	3	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000	3	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	3	NDS
ZELSUVMI TOPICAL GEL 10.3 %	3	NDS
ZONALON TOPICAL CREAM 5 %	3	QL (45 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	3	NDS
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	3	NDS
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	NDS
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	
adapalene topical cream 0.1 %	3	PA
adapalene topical gel 0.3 %	3	PA
adapalene topical gel with pump 0.3 %	3	PA
adapalene topical solution 0.1 %	3	PA
adapalene topical swab 0.1 %	3	PA
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	3	
AKLIEF TOPICAL CREAM 0.005 %	3	PA
ALTRENO TOPICAL LOTION 0.05 %	3	PA
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
AMZEEQ TOPICAL FOAM 4 %	3	
ARAZLO TOPICAL LOTION 0.045 %	3	PA
ATRALIN TOPICAL GEL 0.05 %	3	PA
azelaic acid topical gel 15 %	3	
AZELEX TOPICAL CREAM 20 %	3	
BENZAMYCIN TOPICAL GEL 3-5 %	3	
brimonidine topical gel with pump 0.33 %	3	PA
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	3	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
CLEOCIN T TOPICAL LOTION 1 %	3	QL (120 per 30 days)
clindacin etz topical swab 1 %	3	QL (69 per 30 days)
clindacin p topical swab 1 %	3	QL (69 per 30 days)
clindacin topical foam 1 %	3	QL (100 per 30 days)
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	3	QL (150 per 30 days); NDS
clindamycin phosphate topical foam 1 %	3	QL (100 per 30 days)
clindamycin phosphate topical gel 1 %	2	QL (120 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate topical gel, once daily 1 %	3	QL (150 per 30 days)
clindamycin phosphate topical lotion 1 %	2	QL (120 per 30 days)
clindamycin phosphate topical solution 1 %	2	QL (120 per 30 days)
clindamycin phosphate topical swab 1 %	3	QL (60 per 30 days)
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	3	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %	3	
clindamycin-tretinoin topical gel 1.2-0.025 %	3	
dapsone topical gel 5 %	3	
DAPSONE TOPICAL GEL 7.5 %	3	NDS
dapsone topical gel with pump 7.5 %	3	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	3	
EPSOLAY TOPICAL CREAM 5 %	3	ST
ery pads topical swab 2 %	2	
erythromycin with ethanol topical gel 2 %	3	
erythromycin with ethanol topical solution 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	3	
FABIOR TOPICAL FOAM 0.1 %	3	PA
FINACEA TOPICAL FOAM 15 %	3	ST
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	3	
ivermectin topical cream 1 %	3	QL (90 per 30 days)
metronidazole topical cream 0.75 %	1	
metronidazole topical gel 0.75 %	1	
metronidazole topical gel 1 %	3	
metronidazole topical gel with pump 1 %	3	
metronidazole topical lotion 0.75 %	3	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	3	PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
neuac topical gel 1.2 %(1 % base) -5 %	3	
NORITATE TOPICAL CREAM 1 %	3	ST; NDS
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	3	
oxymetazoline topical cream 1 %	3	
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	3	PA
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	PA
RHOFADE TOPICAL CREAM 1 %	3	
SOOLANTRA TOPICAL CREAM 1 %	3	ST; QL (90 per 30 days)
tazarotene topical cream 0.05 %, 0.1 %	3	PA
TAZAROTENE TOPICAL FOAM 0.1 %	3	PA
tazarotene topical gel 0.05 %, 0.1 %	3	PA
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	3	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	PA
tretinoin microspheres topical gel 0.04 %, 0.1 %	3	PA
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %	3	PA
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	3	PA
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	2	PA
trilitas topical gel 0.1 %	3	PA
TWYNEO TOPICAL CREAM 0.1-3 %	3	
VELTIN TOPICAL GEL 1.2-0.025 %	3	
WINLEVI TOPICAL CREAM 1 %	3	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
ZIANA TOPICAL GEL 1.2-0.025 %	3	
ZILXI TOPICAL FOAM 1.5 %	3	ST

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TOPICAL ANTIBACTERIALS		
gentamicin topical cream 0.1 %	1	QL (60 per 30 days)
gentamicin topical ointment 0.1 %	2	QL (60 per 30 days)
KLARON TOPICAL SUSPENSION 10 %	3	
mupirocin calcium topical cream 2 %	3	QL (30 per 30 days)
mupirocin topical ointment 2 %	1	QL (44 per 30 days)
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
sulfacetamide sodium (acne) topical suspension 10 %	3	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
TOPICAL ANTIFUNGALS		
ciclodan topical solution 8 %	1	QL (6.6 per 28 days)
ciclopirox topical cream 0.77 %	1	QL (90 per 28 days)
ciclopirox topical gel 0.77 %	2	QL (100 per 28 days)
ciclopirox topical shampoo 1 %	2	QL (120 per 28 days)
ciclopirox topical solution 8 %	1	QL (6.6 per 28 days)
ciclopirox topical suspension 0.77 %	2	QL (60 per 28 days)
clotrimazole topical cream 1 %	1	QL (45 per 28 days)
clotrimazole topical solution 1 %	1	QL (30 per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	2	QL (45 per 28 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	3	QL (60 per 28 days)
econazole nitrate topical cream 1 %	3	QL (85 per 28 days)
ECONAZOLE NITRATE TOPICAL FOAM 1 %	3	QL (70 per 28 days); NDS
ERTACZO TOPICAL CREAM 2 %	3	QL (60 per 28 days)
EXELDERM TOPICAL CREAM 1 %	3	QL (60 per 28 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	3	QL (8 per 30 days)
ketoconazole topical cream 2 %	1	QL (60 per 28 days)
ketoconazole topical foam 2 %	3	QL (100 per 28 days)
ketoconazole topical shampoo 2 %	1	QL (120 per 28 days)
ketodan topical foam 2 %	3	QL (100 per 28 days)
klayesta topical powder 100,000 unit/gram	2	QL (180 per 30 days)
LULICONAZOLE TOPICAL CREAM 1 %	3	QL (60 per 28 days)
LUZU TOPICAL CREAM 1 %	3	QL (60 per 28 days)
naftifine topical cream 1 %, 2 %	3	QL (60 per 28 days)
naftifine topical gel 2 %	3	QL (60 per 28 days)
NAFTIN TOPICAL GEL 2 %	3	QL (60 per 28 days)
nyamyc topical powder 100,000 unit/gram	2	QL (180 per 30 days)
nystatin topical cream 100,000 unit/gram	1	QL (30 per 28 days)
nystatin topical ointment 100,000 unit/gram	1	QL (30 per 28 days)
nystatin topical powder 100,000 unit/gram	2	QL (180 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	QL (60 per 28 days)
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	2	QL (60 per 28 days)
nystop topical powder 100,000 unit/gram	2	QL (180 per 30 days)
oxiconazole topical cream 1 %	3	QL (90 per 28 days)
tavaborole topical solution with applicator 5 %	3	QL (10 per 30 days)
TOPICAL ANTIVIRALS		
acyclovir topical cream 5 %	3	PA; QL (5 per 30 days)
acyclovir topical ointment 5 %	3	PA; QL (30 per 30 days)
DENAVIR TOPICAL CREAM 1 %	3	QL (5 per 30 days)
penciclovir topical cream 1 %	3	QL (5 per 30 days)
XERESE TOPICAL CREAM 5-1 %	3	NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX TOPICAL CREAM 5 %	3	PA; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT 5 %	3	PA; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	
ALA-SCALP TOPICAL LOTION 2 %	3	
alclometasone topical cream 0.05 %	2	
alclometasone topical ointment 0.05 %	2	
amcinonide topical cream 0.1 %	3	
amcinonide topical ointment 0.1 %	3	
betamethasone dipropionate topical cream 0.05 %	2	
betamethasone dipropionate topical lotion 0.05 %	2	
betamethasone dipropionate topical ointment 0.05 %	2	
betamethasone valerate topical cream 0.1 %	2	
betamethasone valerate topical foam 0.12 %	3	
betamethasone valerate topical lotion 0.1 %	2	
betamethasone valerate topical ointment 0.1 %	2	
betamethasone, augmented topical cream 0.05 %	1	
betamethasone, augmented topical gel 0.05 %	2	
betamethasone, augmented topical lotion 0.05 %	2	
betamethasone, augmented topical ointment 0.05 %	2	
BRYHALI TOPICAL LOTION 0.01 %	3	
clobetasol scalp solution 0.05 %	3	QL (100 per 28 days)
CLOBETASOL TOPICAL CREAM 0.025 %	3	QL (120 per 28 days); NDS
clobetasol topical cream 0.05 %	3	QL (120 per 28 days)
clobetasol topical foam 0.05 %	3	QL (100 per 28 days)
clobetasol topical gel 0.05 %	3	QL (120 per 28 days)
clobetasol topical lotion 0.05 %	1	QL (118 per 28 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
clobetasol topical ointment 0.05 %	3	QL (120 per 28 days)
clobetasol topical shampoo 0.05 %	3	QL (236 per 28 days)
clobetasol topical spray,non-aerosol 0.05 %	3	QL (125 per 28 days)
clobetasol-emollient topical cream 0.05 %	3	QL (120 per 28 days)
clobetasol-emollient topical foam 0.05 %	3	QL (100 per 28 days)
clocortolone pivalate topical cream 0.1 %	3	
clodan topical shampoo 0.05 %	3	QL (236 per 28 days)
CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	
DERMA-SMOOTHE/FS BODY OIL TOPICAL 0.01 %	3	
DERMA-SMOOTHE/FS SCALP OIL 0.01 %	3	
desonide topical cream 0.05 %	3	
desonide topical gel 0.05 %	3	
desonide topical lotion 0.05 %	3	
desonide topical ointment 0.05 %	3	
desoximetasone topical cream 0.05 %, 0.25 %	3	
desoximetasone topical gel 0.05 %	3	
desoximetasone topical ointment 0.05 %, 0.25 %	3	
desoximetasone topical spray,non-aerosol 0.25 %	3	
diflorasone topical cream 0.05 %	3	QL (120 per 30 days)
diflorasone topical ointment 0.05 %	3	QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	3	
DUOBRII TOPICAL LOTION 0.01-0.045 %	3	QL (200 per 30 days)
evesse topical lotion 0.1 %	3	QL (118 per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	3	
fluocinolone topical cream 0.01 %, 0.025 %	3	
fluocinolone topical oil 0.01 %	3	
fluocinolone topical ointment 0.025 %	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
fluocinolone topical solution 0.01 %	3	
fluocinonide topical cream 0.05 %, 0.1 %	3	QL (120 per 30 days)
fluocinonide topical gel 0.05 %	3	QL (120 per 30 days)
fluocinonide topical ointment 0.05 %	3	QL (120 per 30 days)
fluocinonide topical solution 0.05 %	3	QL (120 per 30 days)
fluocinonide-emollient topical cream 0.05 %	3	QL (120 per 30 days)
flurandrenolide topical lotion 0.05 %	3	QL (120 per 30 days)
fluticasone propionate topical cream 0.05 %	1	
fluticasone propionate topical lotion 0.05 %	3	
fluticasone propionate topical ointment 0.005 %	1	
halcinonide topical cream 0.1 %	3	
halcinonide topical solution 0.1 %	3	
halobetasol propionate topical cream 0.05 %	3	
halobetasol propionate topical foam 0.05 %	3	
HALOBETASOL PROPIONATE TOPICAL LOTION 0.05 %	3	NDS
halobetasol propionate topical ointment 0.05 %	3	
HALOG TOPICAL CREAM 0.1 %	3	
HALOG TOPICAL SOLUTION 0.1 %	3	
hydrocortisone butyrate topical cream 0.1 %	3	QL (120 per 30 days)
hydrocortisone butyrate topical lotion 0.1 %	3	QL (118 per 30 days)
hydrocortisone butyrate topical ointment 0.1 %	3	QL (120 per 30 days)
hydrocortisone butyrate topical solution 0.1 %	3	QL (120 per 30 days)
hydrocortisone topical cream 1 %, 2.5 %	1	
hydrocortisone topical lotion 2 %	3	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	
hydrocortisone topical solution 2.5 %	3	
hydrocortisone valerate topical cream 0.2 %	3	
hydrocortisone valerate topical ointment 0.2 %	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
lexette topical foam 0.05 %	3	
mometasone topical cream 0.1 %	1	
mometasone topical ointment 0.1 %	1	
mometasone topical solution 0.1 %	1	
PROCTOCORT TOPICAL CREAM 1 %	3	
SYNALAR TOPICAL CREAM 0.025 %	3	
SYNALAR TOPICAL OINTMENT 0.025 %	3	
TEXACORT TOPICAL SOLUTION 2.5 %	3	
TOPICORT TOPICAL OINTMENT 0.25 %	3	
TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 %	3	
tovet emollient topical foam 0.05 %	3	QL (100 per 28 days)
triamcinolone acetonide topical aerosol 0.147 mg/gram	3	QL (126 per 28 days)
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical ointment 0.05 %	3	
triderm topical cream 0.5 %	1	
ULTRAVATE TOPICAL LOTION 0.05 %	3	NDS
TOPICAL SCABICIDES / PEDICULICIDES		
crotan topical lotion 10 %	3	
EURAX TOPICAL CREAM 10 %	3	
malathion topical lotion 0.5 %	3	
NATROBA TOPICAL SUSPENSION 0.9 %	3	
OVIDE TOPICAL LOTION 0.5 %	3	
permethrin topical cream 5 %	2	QL (60 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Drug Name	Drug Tier	Requirements/Limits
pruradik topical lotion 10 %	3	
spinosad topical suspension 0.9 %	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (20 %)	3	
acetylcysteine intravenous solution 200 mg/ml (20 %)	2	
PROTOPAM CHLORIDE INJECTION RECON SOLN 1 GRAM	3	
IRRIGATING SOLUTIONS		
lactated ringers irrigation solution	3	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
ringer's irrigation solution	3	
SORBITOL IRRIGATION SOLUTION 3 %	3	
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	3	
acetic acid irrigation solution 0.25 %	1	
AGRYLIN ORAL CAPSULE 0.5 MG	3	
anagrelide oral capsule 0.5 mg, 1 mg	2	
AQVESME ORAL TABLET 100 MG	3	PA; QL (56 per 28 days); NDS
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	3	PA; LA; NDS
AURYXIA ORAL TABLET 210 MG IRON	3	PA; NDS
BKEMV INTRAVENOUS SOLUTION 300 MG/30 ML	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	3	PA; NDS
BUPHENYL ORAL TABLET 500 MG	3	PA; NDS
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)	3	
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	3	PA; LA; NDS
carglumic acid oral tablet, dispersible 200 mg	3	PA; NDS
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	3	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	3	
CARNITOR ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL TABLET 330 MG	3	
cevimeline oral capsule 30 mg	3	
CHEMET ORAL CAPSULE 100 MG	3	PA; NDS
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	3	B/D PA
CUVRIOR ORAL TABLET 300 MG	3	PA; LA; NDS
d10 %-0.45 % sodium chloride intravenous parenteral solution	3	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	3	
D5 % (D-GLUCOSE)-0.9 % SODCHLR INTRAVENOUS PARENTERAL SOLUTION	3	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
d5 %-0.45 % sodium chloride intravenous parenteral solution	3	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	3	PA; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	2	PA
deferasirox oral tablet, dispersible 125 mg	2	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	3	PA; NDS
deferiprone oral tablet 1,000 mg, 500 mg	3	PA; NDS
deferoxamine injection recon soln 2 gram, 500 mg	1	B/D PA
DESFERAL INJECTION RECON SOLN 500 MG	3	B/D PA; NDS
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	3	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	3	
dextrose 20 % in water (d20w) intravenous parenteral solution 20 %	3	
dextrose 25 % in water (d25w) intravenous syringe	3	
DEXTROSE 30 % IN WATER (D30W) INTRAVENOUS PARENTERAL SOLUTION	3	
DEXTROSE 40 % IN WATER (D40W) INTRAVENOUS PARENTERAL SOLUTION 40 %	3	
dextrose 5 % in water (d5w) intravenous parenteral solution	3	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	3	
dextrose 5 %-lactated ringers intravenous parenteral solution	3	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	3	
DEXTROSE 50 % IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	3	
dextrose 50 % in water (d50w) intravenous syringe	3	
dextrose 70 % in water (d70w) intravenous parenteral solution	3	
disulfiram oral tablet 250 mg, 500 mg	1	
droxidopa oral capsule 100 mg	3	PA
droxidopa oral capsule 200 mg, 300 mg	3	PA; NDS
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	3	PA; NDS
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	3	PA; LA; NDS
ENDARI ORAL POWDER IN PACKET 5 GRAM	3	PA; NDS
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	3	PA; LA; NDS
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML	3	PA; NDS
EVOXAC ORAL CAPSULE 30 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	3	PA; LA; NDS
FABHALTA ORAL CAPSULE 200 MG	3	PA; NDS
ferric citrate oral tablet 210 mg iron	3	PA; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	3	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	3	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG	3	PA; NDS
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML	3	PA; LA; NDS
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	3	PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	3	PA
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	3	PA; LA; NDS
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)	3	PA; LA; NDS
glutamine (sickle cell) oral powder in packet 5 gram	3	PA; NDS
glycerol phenylbutyrate oral liquid 1.1 gram/ml	3	PA; NDS
HARLIKU ORAL TABLET 2 MG	3	PA; LA; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	3	LA; NDS
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	3	PA; NDS
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	3	PA; NDS
JOENJA ORAL TABLET 70 MG	3	PA; LA; QL (60 per 30 days); NDS
kionex oral suspension 15 gram/60 ml	2	
KYGEVVI ORAL POWDER IN PACKET 4 GRAM	3	PA; LA; NDS
LAMZEDE INTRAVENOUS RECON SOLN 10 MG	3	PA; LA; NDS
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	3	PA
levocarnitine (with sugar) oral solution 100 mg/ml	3	
levocarnitine intravenous solution 200 mg/ml	3	
levocarnitine oral solution 100 mg/ml	3	
levocarnitine oral tablet 330 mg	3	
LITFULO ORAL CAPSULE 50 MG	3	PA; QL (28 per 28 days); NDS
LITHOSTAT ORAL TABLET 250 MG	3	
LOARGYS INJECTION SOLUTION 5 MG/ML	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	2	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	3	PA; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	3	PA; LA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	3	PA; NDS
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	3	PA; LA; NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	3	PA; LA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	3	PA; LA; NDS
ORLISTAT ORAL CAPSULE 120 MG	3	PA
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	3	NDS
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML)	3	NDS
PHEBURANE ORAL GRANULES 483 MG/GRAM	3	PA; NDS
PIASKY INJECTION SOLUTION 340 MG/2 ML (170 MG/ML)	3	PA; NDS
pilocarpine hcl oral tablet 5 mg, 7.5 mg	3	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	3	PA; LA; NDS
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	3	PA; LA; QL (56 per 28 days); NDS
PYRUKYND ORAL TABLET 5 MG	3	PA; LA; QL (7 per 180 days); NDS
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	3	PA; LA; QL (14 per 180 days); NDS
RAVICTI ORAL LIQUID 1.1 GRAM/ML	3	PA; NDS
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	3	PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	PA; NDS
RENVELA ORAL TABLET 800 MG	3	PA; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	3	PA; LA; NDS
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	3	PA; QL (30 per 30 days); NDS
RHAPSIDO ORAL TABLET 25 MG	3	PA; NDS
riluzole oral tablet 50 mg	2	PA
risedronate oral tablet 30 mg	2	QL (30 per 30 days)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	3	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	3	PA
sevelamer carbonate oral tablet 800 mg	3	PA
sevelamer hcl oral tablet 400 mg, 800 mg	3	PA
sodium benzoate-sod phenylacet intravenous solution 10-10 %	3	NDS
sodium chloride 0.9 % intravenous parenteral solution	3	
sodium chloride 0.9 % intravenous piggyback	3	
sodium chloride irrigation solution 0.9 %	3	
sodium phenylbutyrate oral powder 0.94 gram/gram	3	PA; NDS
sodium phenylbutyrate oral tablet 500 mg	3	PA; NDS
sodium polystyrene sulfonate oral powder 15 gram	2	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	2	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	3	PA; LA; QL (112 per 28 days); NDS
SOHONOS ORAL CAPSULE 10 MG	3	PA; LA; QL (56 per 28 days); NDS
SOHONOS ORAL CAPSULE 2.5 MG	3	PA; LA; QL (140 per 28 days); NDS
SOHONOS ORAL CAPSULE 5 MG	3	PA; LA; QL (84 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	3	PA; NDS
sps (with sorbitol) oral suspension 15-20 gram/60 ml	2	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	2	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	3	
SYPRINE ORAL CAPSULE 250 MG	3	PA; NDS
TAVNEOS ORAL CAPSULE 10 MG	3	PA; LA; QL (180 per 30 days); NDS
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA; NDS
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	3	PA; NDS
THIOLA ORAL TABLET 100 MG	3	PA; NDS
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA; NDS
tiopronin oral tablet 100 mg	3	PA; NDS
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	3	PA; NDS
trientine oral capsule 250 mg	3	PA; NDS
TRIENTINE ORAL CAPSULE 500 MG	3	PA; NDS
TZIELD INTRAVENOUS SOLUTION 1 MG/ML	3	NDS
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	3	PA; NDS
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	PA; NDS
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	
venxxiva oral tablet,delayed release (dr/ec) 100 mg, 300 mg	3	PA; NDS
VEOPOZ INJECTION SOLUTION 200 MG/ML	3	PA; LA; NDS
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	3	PA; LA; QL (180 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	3	PA; LA; NDS
water for irrigation, sterile irrigation solution	3	
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	2	PA; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	2	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	2	PA; QL (3 per 28 days)
XENICAL ORAL CAPSULE 120 MG	3	PA
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG	3	PA; NDS
XIAFLEX INJECTION RECON SOLN 0.9 MG	3	PA; NDS
XPHOZAH ORAL TABLET 20 MG, 30 MG	3	PA; NDS
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	3	PA; LA; NDS
ZEPBOUND KWIKPEN SUBCUTANEOUS PEN INJECTOR 10 MG/0.6 ML (40 MG/2.4 ML), 12.5 MG/0.6 ML (50 MG/2.4 ML), 15 MG/0.6 ML (60 MG/2.4 ML), 2.5 MG/0.6 ML (10 MG/2.4 ML), 5 MG/0.6 ML (20 MG/2.4 ML), 7.5 MG/0.6 ML (30 MG/2.4 ML)	3	PA; QL (2.4 per 28 days)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 28 days); NDS
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 28 days); NDS
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5 ML, 5 MG/0.5 ML	3	PA; QL (2 per 28 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	3	PA; LA; QL (120 per 30 days); NDS
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	3	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	3	
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	3	
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	3	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN DENTAL CARTRIDGE 1 MG	3	NDS
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	QL (60 per 30 days)
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	3	
denta 5000 plus dental cream 1.1 %	1	
denta 5000 plus sensitive dental paste 1.1-5 %	3	
dentagel dental gel 1.1 %	1	
fluoride (sodium) dental cream 1.1 %	1	
fluoride (sodium) dental gel 1.1 %	1	
fluoride (sodium) dental paste 1.1 %	1	
fluoride (sodium) dental solution 0.2 %	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	1	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	1	QL (30 per 20 days)
JUST RIGHT 5000 DENTAL PASTE 1.1 %	3	
kourzeq dental paste 0.1 %	1	
olopatadine nasal spray,non-aerosol 0.6 %	3	QL (30.5 per 30 days)
periogard mucous membrane mouthwash 0.12 %	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT DENTAL SOLUTION 0.2 %	3	
PREVIDENT KIDS DENTAL PASTE 1.1 %	3	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride 5000 dry mouth dental paste 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	1	
triamcinolone acetonide dental paste 0.1 %	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	3	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	
flac oil otic (ear) drops 0.01 %	3	
fluocinolone acetonide oil otic (ear) drops 0.01 %	3	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	3	
ofloxacin otic (ear) drops 0.3 %	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	2	QL (7.5 per 7 days)
ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %	3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	3	PA; NDS
AGAMREE ORAL SUSPENSION 40 MG/ML	3	PA; LA; NDS
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	3	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG	3	NDS
betamethasone acet,sod phos injection suspension 6 mg/ml	3	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 MG/ML	3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	
cortisone oral tablet 25 mg	1	
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	3	PA; NDS
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	3	PA; NDS
deflazacort oral suspension 22.75 mg/ml	3	PA; NDS
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	3	PA; NDS
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	3	
dexamethasone intensol oral drops 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5 ml	1	
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)	3	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	
dexamethasone sodium phos (pf) injection syringe 10 mg/ml	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	1	
dexamethasone sodium phosphate injection syringe 4 mg/ml	1	
DEXLYT ORAL TABLET 0.25 MG	3	NDS
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	3	PA; LA; NDS
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	3	PA; LA; NDS
fludrocortisone oral tablet 0.1 mg	1	
HEMADY ORAL TABLET 20 MG	3	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone sod succinate injection recon soln 100 mg	3	
jaythari oral suspension 22.75 mg/ml	3	PA; NDS
jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg	3	PA; NDS
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	3	
KHINDIVI ORAL SOLUTION 1 MG/ML	3	NDS
kymbee oral suspension 22.75 mg/ml	3	PA; NDS
kymbee oral tablet 18 mg, 30 mg, 36 mg, 6 mg	3	PA; NDS
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	B/D PA
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	B/D PA
methylprednisolone oral tablets,dose pack 4 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	3	B/D PA
prednisolone oral solution 15 mg/5 ml	1	
prednisolone oral tablet 5 mg	3	B/D PA
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	3	
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	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	3	B/D PA
prednisone intensol oral concentrate 5 mg/ml	3	
prednisone oral solution 5 mg/5 ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet,delayed release (dr/ec) 1 mg, 2 mg	3	NDS
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	1	
pyquvi oral suspension 22.75 mg/ml	3	PA; NDS
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	3	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	3	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML, 500 MG/4 ML	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG, 2 GRAM, 500 MG	3	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	3	PA; QL (120 per 30 days); NDS
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	1	
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML	3	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML	3	NDS
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON 32 MG	3	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	QL (90 per 30 days)
acarbose oral tablet 25 mg	1	QL (360 per 30 days)
acarbose oral tablet 50 mg	1	QL (180 per 30 days)
ACTOPLUS MET ORAL TABLET 15-850 MG	3	QL (90 per 30 days)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	QL (30 per 30 days)
ADMELOG SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	ST
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	
alcohol pads topical pads, medicated	2	PA
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	ST; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	3	ST; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	QL (30 per 30 days)
APIDRA SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	ST
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	2	
BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST
BRYNOVIN ORAL SOLUTION 25 MG/ML	3	ST; QL (120 per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	3	QL (180 per 30 days)
dapagliflozin oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg	1	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg	1	QL (60 per 30 days)
dapagliflozin-saxagliptin oral tablet 10-5 mg	3	QL (30 per 30 days)
diazoxide oral suspension 50 mg/ml	3	NDS
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	PA
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	2	QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	ST
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
glimepiride oral tablet 1 mg	1	QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	QL (120 per 30 days)
GLIMEPIRIDE ORAL TABLET 3 MG	3	QL (60 per 30 days)
glimepiride oral tablet 4 mg	1	QL (60 per 30 days)
glipizide oral tablet 10 mg	1	QL (120 per 30 days)
GLIPIZIDE ORAL TABLET 15 MG	3	QL (60 per 30 days)
GLIPIZIDE ORAL TABLET 2.5 MG	3	QL (30 per 30 days)
glipizide oral tablet 5 mg	1	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days)
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	ST
glucagon emergency kit (human) injection recon soln 1 mg	3	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	3	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	3	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INPEFA ORAL TABLET 200 MG, 400 MG	2	PA; QL (30 per 30 days)
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	3	ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS PEN 100 UNIT/ML (75-25)	2	
INSULIN LISPRO SUBCUTANEOUS PEN 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS PEN, HALF-UNIT 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	ST; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	3	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	ST; QL (60 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; QL (30 per 30 days)
KAZANO ORAL TABLET 12.5-1,000 MG	3	ST; QL (60 per 30 days)
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	3	PA; QL (9 per 30 days)
LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
metformin oral solution 500 mg/5 ml	3	QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	QL (75 per 30 days)
metformin oral tablet 500 mg	1	QL (150 per 30 days)
METFORMIN ORAL TABLET 625 MG	3	QL (120 per 30 days); NDS
metformin oral tablet 750 mg	3	QL (90 per 30 days); NDS
metformin oral tablet 850 mg	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 1,000 mg	3	ST; QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 500 mg	3	ST; QL (150 per 30 days)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	3	ST; QL (60 per 30 days)
metformin oral tablet,er gast.retention 24 hr 500 mg	3	ST; QL (120 per 30 days)
miglitol oral tablet 100 mg	3	QL (90 per 30 days)
miglitol oral tablet 25 mg	3	QL (360 per 30 days)
miglitol oral tablet 50 mg	3	QL (180 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL (2 per 28 days)
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	3	
nateglinide oral tablet 120 mg	1	QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	QL (180 per 30 days)
NESINA ORAL TABLET 25 MG	3	ST; QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	ST
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	ST
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	ST
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	QL (30 per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	3	QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	3	QL (90 per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3	
repaglinide oral tablet 0.5 mg	1	QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	QL (240 per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST
RIOMET ORAL SOLUTION 500 MG/5 ML	3	QL (765 per 30 days)
saxagliptin oral tablet 2.5 mg, 5 mg	3	QL (30 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	3	QL (60 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	3	QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	ST; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	ST; QL (120 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST
SITAGLIPTIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST; QL (30 per 30 days)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	2	QL (60 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	2	QL (30 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	2	QL (60 per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	2	QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SITAGLIPTIN-METFORMIN ORAL TABLET 50-1,000 MG, 50-500 MG	3	ST; QL (60 per 30 days)
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	ST; QL (30 per 30 days)
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	ST; QL (60 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL (15 per 25 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG	3	ST; QL (30 per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	3	ST; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRADJENTA ORAL TABLET 5 MG	2	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	ST
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL (2 per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	ST; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	ST; QL (60 per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	ST; QL (15 per 30 days)
ZITUVIMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	ST; QL (60 per 30 days)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	ST; QL (30 per 30 days)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	ST; QL (60 per 30 days)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST; QL (30 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	3	PA; NDS
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	3	PA; LA
AVLAYAH INTRAVENOUS RECON SOLN 150 MG	3	PA; LA; NDS
AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML	3	PA
cabergoline oral tablet 0.5 mg	2	
calcitonin (salmon) injection solution 200 unit/ml	3	NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	2	
calcitriol intravenous solution 1 mcg/ml	3	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	3	
CERDELGA ORAL CAPSULE 84 MG	3	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	3	PA; NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	3	PA
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	3	PA
clomid oral tablet 50 mg	1	PA
clomiphene citrate oral tablet 50 mg	1	PA
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	3	PA; LA; NDS
CRENESSITY ORAL SOLUTION 50 MG/ML	3	PA; LA; NDS
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	3	PA; LA; NDS
danazol oral capsule 100 mg, 200 mg, 50 mg	3	
DDAVP INJECTION SOLUTION 4 MCG/ML	3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	3	PA
DESMODA ORAL SOLUTION 0.05 MG/ML	3	NDS
desmopressin injection solution 4 mcg/ml	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	3	
desmopressin oral tablet 0.1 mg, 0.2 mg	2	
doxercalciferol intravenous solution 4 mcg/2 ml	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	3	PA; NDS
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	3	PA; NDS
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	3	PA; LA; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	3	PA; NDS
GALAFOLD ORAL CAPSULE 123 MG	3	PA; LA; QL (15 per 30 days); NDS
ISTURISA ORAL TABLET 1 MG	3	PA; LA; QL (240 per 30 days); NDS
ISTURISA ORAL TABLET 5 MG	3	PA; LA; QL (360 per 30 days); NDS
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	3	PA; QL (60 per 30 days); NDS
javygtor oral powder in packet 100 mg	3	PA
javygtor oral powder in packet 500 mg	3	PA; NDS
javygtor oral tablet,soluble 100 mg	3	PA; NDS
JYNARQUE ORAL TABLET 15 MG, 30 MG	3	PA; LA; NDS
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	3	PA; LA; NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	3	PA; NDS
KORLYM ORAL TABLET 300 MG	3	PA; NDS
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	3	PA; NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG	3	PA; NDS
KYZATREX ORAL CAPSULE 150 MG, 200 MG	3	PA; QL (120 per 30 days)
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	3	PA; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
METHITEST ORAL TABLET 10 MG	3	PA
methyltestosterone oral capsule 10 mg	3	PA; NDS
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	NDS
mifepristone oral tablet 300 mg	3	PA; NDS
miglustat oral capsule 100 mg	3	PA; LA; NDS
milophene oral tablet 50 mg	1	PA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	3	PA; LA; NDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	3	PA; LA; NDS
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	3	PA; QL (21.96 per 30 days)
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	3	PA; NDS
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	3	PA
OPFOLDA ORAL CAPSULE 65 MG	3	PA; QL (8 per 28 days)
ORILISSA ORAL TABLET 150 MG, 200 MG	3	NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	3	PA; LA; QL (15 per 30 days); NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	PA; LA; QL (4 per 30 days); NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; LA; QL (60 per 30 days); NDS
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	1	
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	3	
POMBILITI INTRAVENOUS RECON SOLN 105 MG	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	3	PA
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	NDS
RECORLEV ORAL TABLET 150 MG	3	PA; NDS
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	
SAMSCA ORAL TABLET 15 MG, 30 MG	3	PA; NDS
sapropterin oral powder in packet 100 mg, 500 mg	3	PA; NDS
sapropterin oral tablet,soluble 100 mg	3	PA; NDS
SENSIPAR ORAL TABLET 30 MG	3	PA
SENSIPAR ORAL TABLET 60 MG, 90 MG	3	PA; NDS
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	3	PA; NDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	3	PA; LA; NDS
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	3	PA; NDS
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	3	PA; LA; NDS
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA; QL (300 per 30 days)
TESTOPEL IMPLANT PELLET 75 MG	3	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	2	PA
testosterone enanthate intramuscular oil 200 mg/ml	2	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	3	PA; QL (300 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	2	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	3	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	3	PA; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	3	PA; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	3	PA; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	3	PA; QL (180 per 30 days)
TLANDO ORAL CAPSULE 112.5 MG	3	PA; QL (120 per 30 days)
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	3	PA; NDS
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	3	PA; NDS
tolvaptan oral tablet 15 mg, 30 mg	3	PA; NDS
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML), 40 UNIT/100 ML (0.4 UNIT/ML)	3	
vasopressin intravenous solution 20 unit/ml	3	
VASOSTRICT INTRAVENOUS SOLUTION 0.2 UNIT/ML, 0.4 UNIT/ML, 20 UNIT/ML	3	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	3	PA; LA; NDS
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; QL (300 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PA; QL (300 per 30 days)
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	3	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	3	PA; NDS
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
yargesa oral capsule 100 mg	3	PA; LA; NDS
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML	3	PA; QL (1.12 per 28 days); NDS
YORVIPATH SUBCUTANEOUS PEN INJECTOR 294 MCG/0.98 ML	3	PA; QL (1.96 per 28 days); NDS
YORVIPATH SUBCUTANEOUS PEN INJECTOR 420 MCG/1.4 ML	3	PA; QL (2.8 per 28 days); NDS
YUVIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG, 5.5 MG	3	PA; NDS
ZAVESCA ORAL CAPSULE 100 MG	3	PA; LA; NDS
zelvysia oral powder in packet 100 mg, 500 mg	3	PA; NDS
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	3	
zoledronic acid intravenous solution 4 mg/5 ml	1	
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	3	
THYROID HORMONES		
amerithroid oral tablet 120 mg, 15 mg, 180 mg, 240 mg, 30 mg, 300 mg, 60 mg, 90 mg	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
evexithroid oral tablet 120 mg, 15 mg, 180 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	3	
levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	3	NDS
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
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	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	1	
liothyronine intravenous solution 10 mcg/ml	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	3	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	3	
renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	3	
RENTHYROID ORAL TABLET 45 MG, 75 MG	3	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	ST
THYQUIDITY ORAL SOLUTION 20 MCG/ML	3	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Drug Name	Drug Tier	Requirements/Limits
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	3	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	3	
dicyclomine intramuscular solution 10 mg/ml	1	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	3	
dicyclomine oral tablet 20 mg	1	
DICYCLOMINE ORAL TABLET 40 MG	3	NDS
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	3	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	2	
GLYCATE ORAL TABLET 1.5 MG	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	3	
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)	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	3	
glycopyrrolate injection solution 0.2 mg/ml	1	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	3	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
glycopyrrolate oral tablet 1.5 mg	3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	3	NDS
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	
loperamide oral capsule 2 mg	1	
methscopolamine oral tablet 2.5 mg, 5 mg	3	
MOTOFEN ORAL TABLET 1-0.025 MG	3	
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	3	
opium oral tincture 10 mg/ml (morphine)	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	3	NDS
alosetron oral tablet 0.5 mg, 1 mg	3	PA
AMITIZA ORAL CAPSULE 8 MCG	3	ST; QL (180 per 30 days)
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	3	B/D PA
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	3	B/D PA
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
AVSOLA INTRAVENOUS RECON SOLN 100 MG	3	PA; QL (20 per 28 days); NDS
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
AZULFIDINE ORAL TABLET 500 MG	3	
balsalazide oral capsule 750 mg	2	
betaine oral powder 1 gram/scoop	3	NDS
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	3	
budesonide oral capsule,delayed,extend.release 3 mg	3	
budesonide oral tablet,delayed and ext.release 9 mg	3	NDS
budesonide rectal foam 2 mg/actuation	3	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	3	PA; LA; NDS
BYLVAY ORAL PELLET 200 MCG, 600 MCG	3	PA; LA; NDS
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
CHOLBAM ORAL CAPSULE 250 MG	3	PA; NDS
CHOLBAM ORAL CAPSULE 50 MG	3	PA; QL (120 per 30 days); NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	3	PA; QL (2 per 28 days); NDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	3	PA; QL (3 per 180 days); NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	3	PA; QL (4 per 28 days); NDS
CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML)	2	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	ST
compro rectal suppository 25 mg	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
constulose oral solution 10 gram/15 ml	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	3	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
cromolyn oral concentrate 100 mg/5 ml	3	
CTEXLI ORAL TABLET 250 MG	3	PA; LA; NDS
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	3	NDS
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	3	
dimenhydrinate injection solution 50 mg/ml	1	
DIPENTUM ORAL CAPSULE 250 MG	3	NDS
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	3	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	3	PA
droperidol injection solution 2.5 mg/ml	1	
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	3	
EMEND ORAL CAPSULE 80 MG	3	B/D PA
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	3	B/D PA
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	3	B/D PA
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	3	PA; QL (2 per 28 days); NDS
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	3	PA; QL (1.36 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
enulose oral solution 10 gram/15 ml	1	
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	3	PA; QL (600 per 30 days); NDS
FOCINVEZ INTRAVENOUS SOLUTION 150 MG/50 ML (3 MG/ML)	3	
fosaprepitant intravenous recon soln 150 mg	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	3	PA; NDS
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	
gavilyte-n oral recon soln 420 gram	1	
generlac oral solution 10 gram/15 ml	1	
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	3	NDS
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	ST
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	1	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	1	
granisetron hcl oral tablet 1 mg	1	B/D PA
GRANISOL ORAL SOLUTION 1 MG/5 ML	3	B/D PA; NDS
hydrocortisone acetate topical cream with perineal applicator 2.5 %	3	
hydrocortisone rectal enema 100 mg/60 ml	3	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1	
hydrocortisone-pramoxine rectal cream 1-1 %	3	
IBSRELA ORAL TABLET 50 MG	3	PA; QL (60 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	3	PA; QL (20 per 28 days); NDS
INFLIXIMAB INTRAVENOUS RECON SOLN 100 MG	3	PA; QL (20 per 28 days); NDS
IQIRVO ORAL TABLET 80 MG	3	PA; QL (30 per 30 days); NDS
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	3	
lactulose oral packet 10 gram, 20 gram	3	
lactulose oral solution 10 gram/15 ml	1	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	3	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30 per 30 days)
LIVDELZI ORAL CAPSULE 10 MG	3	PA; QL (30 per 30 days); NDS
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	3	PA; LA; NDS
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	3	PA; LA; NDS
lubiprostone oral capsule 24 mcg	2	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	2	QL (180 per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	3	PA; NDS
MARINOL ORAL CAPSULE 2.5 MG	3	PA
meclizine oral tablet 12.5 mg, 25 mg	1	
meclizine oral tablet 50 mg	3	
meclizine oral tablet,chewable 25 mg	3	
mesalamine oral capsule (with del rel tablets) 400 mg	3	
mesalamine oral capsule, extended release 250 mg, 500 mg	3	
mesalamine oral capsule,extended release 24hr 0.375 gram	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	3	
mesalamine rectal enema 4 gram/60 ml	3	
mesalamine rectal suppository 1,000 mg	3	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	3	
metoclopramide hcl injection solution 5 mg/ml	1	
metoclopramide hcl injection syringe 5 mg/ml	1	
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	ST; QL (30 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	ST; QL (30 per 30 days)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	ST
nitroglycerin rectal ointment 0.4 % (w/w)	2	
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML)	3	PA; QL (135 per 180 days); NDS
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	3	PA; QL (2 per 28 days); NDS
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	3	PA; QL (3 per 28 days); NDS
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	3	PA; QL (2 per 28 days); NDS
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	3	PA; QL (3 per 28 days); NDS
ondansetron hcl (pf) injection solution 4 mg/2 ml	1	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	1	
ondansetron hcl intravenous solution 2 mg/ml	1	
ondansetron hcl oral solution 4 mg/5 ml	3	B/D PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	3	B/D PA
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	B/D PA
palonosetron intravenous solution 0.25 mg/5 ml	1	
palonosetron intravenous syringe 0.25 mg/5 ml	1	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 37,000-97,300- 149,900 UNIT	3	ST; NDS
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	3	
peg-electrolyte oral recon soln 420 gram	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-86,250- 90,750 UNIT	3	ST; NDS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	ST
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5 ML	3	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
prochlorperazine rectal suppository 25 mg	3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	3	
procto-med hc topical cream with perineal applicator 2.5 %	1	
proctosol hc topical cream with perineal applicator 2.5 %	1	
proctozone-hc topical cream with perineal applicator 2.5 %	1	
prucalopride oral tablet 1 mg, 2 mg	3	QL (30 per 30 days)
REBYOTA RECTAL ENEMA 150 ML	3	PA; NDS
REGLAN ORAL TABLET 10 MG, 5 MG	3	
RELISTOR ORAL TABLET 150 MG	3	ST; QL (90 per 30 days); NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	3	ST; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	ST; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	ST; QL (12 per 30 days); NDS
RELTONE ORAL CAPSULE 200 MG, 400 MG	3	NDS
REMICADE INTRAVENOUS RECON SOLN 100 MG	3	PA; QL (20 per 28 days); NDS
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	3	PA; QL (20 per 28 days); NDS
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	3	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	NDS
scopolamine base transdermal patch 3 day 1 mg over 3 days	3	
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	3	PA; QL (60 per 180 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	3	PA; QL (1.2 per 56 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	3	PA; QL (2.4 per 56 days); NDS
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	3	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	3	PA; NDS
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	3	ST
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	ST
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	ST
SYMPROIC ORAL TABLET 0.2 MG	2	QL (30 per 30 days)
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	
trimethobenzamide intramuscular solution 100 mg/ml	3	
trimethobenzamide oral capsule 300 mg	3	
TRULANCE ORAL TABLET 3 MG	2	QL (30 per 30 days)
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	3	NDS
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
URSO FORTE ORAL TABLET 500 MG	3	
ursodiol oral capsule 200 mg, 400 mg	3	NDS
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet 250 mg, 500 mg	2	
VARUBI ORAL TABLET 90 MG	2	B/D PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
VELSIPITY ORAL TABLET 2 MG	3	PA; QL (30 per 30 days); NDS
VIBERZI ORAL TABLET 100 MG, 75 MG	3	QL (60 per 30 days); NDS
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	3	
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	3	PA; LA; NDS
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	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	3	PA; QL (2 per 28 days); NDS
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	3	PA; QL (2 per 28 days); NDS
ULCER THERAPY		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	QL (60 per 30 days)
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	3	QL (112 per 180 days)
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	3	QL (120 per 180 days)
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
CARAFATE ORAL TABLET 1 GRAM	3	
cimetidine hcl oral solution 300 mg/5 ml	3	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	3	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	3	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	2	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	2	QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	3	QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	3	QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 40 mg	1	
famotidine (pf) intravenous solution 20 mg/2 ml	1	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	1	
famotidine intravenous solution 10 mg/ml	1	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	3	
famotidine oral tablet 20 mg, 40 mg	1	
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	3	QL (600 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	2	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	2	QL (60 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 15 mg	3	QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	3	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	2	
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	QL (60 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	QL (60 per 30 days)
nizatidine oral capsule 150 mg, 300 mg	3	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	3	QL (80 per 180 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	QL (60 per 30 days)
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	3	QL (30 per 30 days)
omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg	3	QL (30 per 30 days); NDS
PANTOPRAZOLE IN 0.9% SOD CHLOR INTRAVENOUS PIGGYBACK 40 MG/100 ML (0.4 MG/ML), 40 MG/50 ML (0.8 MG/ML), 80 MG/100 ML (0.8 MG/ML)	3	
pantoprazole intravenous recon soln 40 mg	1	
pantoprazole oral granules dr for susp in packet 40 mg	3	QL (60 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	QL (60 per 30 days)
PEPCID ORAL TABLET 20 MG, 40 MG	3	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	QL (60 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	3	QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	3	QL (60 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	QL (480 per 30 days)
PROTONIX INTRAVENOUS RECON SOLN 40 MG	3	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	QL (60 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	QL (60 per 30 days)
PYLERA ORAL CAPSULE 140-125-125 MG	3	QL (120 per 180 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	3	QL (60 per 30 days)
ranitidine hcl oral tablet 150 mg, 300 mg	3	
sucralfate oral suspension 100 mg/ml	3	
sucralfate oral tablet 1 gram	1	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	3	QL (168 per 180 days)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	QL (112 per 180 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	3	ST; QL (30 per 30 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	QL (112 per 180 days)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	3	PA; NDS
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	3	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	3	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	3	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	3	PA; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	3	PA; QL (1 per 28 days); NDS
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	3	PA; LA; NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	3	PA; QL (14 per 28 days); NDS
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	3	PA; NDS
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	3	PA; NDS
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; NDS
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	3	PA; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	3	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	3	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	3	PA; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	3	PA; LA; QL (2 per 28 days); NDS
LEUKINE INJECTION RECON SOLN 250 MCG	3	PA; NDS
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	3	PA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	3	NDS
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	3	PA; NDS
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4 ML	3	PA; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	PA; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	3	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	3	PA; NDS
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; NDS
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	3	PA; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	3	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	QL (4 per 28 days); NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	QL (2 per 28 days); NDS
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	3	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	3	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; QL (1 per 180 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	3	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; QL (1 per 180 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	3	NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	3	PA; NDS
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	PA; QL (6 per 28 days); NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	PA; QL (6 per 28 days); NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; QL (4.2 per 180 days); NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; QL (4.2 per 180 days); NDS
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	3	PA; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA
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	2	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; NDS
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	3	PA; NDS
RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; NDS
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	3	PA; NDS
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; NDS
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	3	PA; NDS
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	3	PA; NDS
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; NDS
XOLREMDI ORAL CAPSULE 100 MG	3	PA; LA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	3	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
ALYGLO INTRAVENOUS SOLUTION 10 %	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	V
ASCENIV INTRAVENOUS SOLUTION 10 %	3	PA; NDS
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	3	B/D PA; NDS
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	V
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	V
BIVIGAM INTRAVENOUS SOLUTION 10 %	3	PA; NDS
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	V
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	3	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	3	B/D PA; NDS
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	3	B/D PA; NDS
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	3	NDS
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT	3	PA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	3	PA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	B/D PA; V

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	B/D PA; V
fomepizole intravenous solution 1 gram/ml	1	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 %, 10 % (100ML), 10 (100 ML)	3	PA; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %, 10 % (50ML)	3	PA; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	3	PA; NDS
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	3	PA; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	3	PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	3	PA; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	3	PA; NDS
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	V
GRASTEK SUBLINGUAL TABLET 2,800 BAU	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	3	B/D PA; NDS
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	3	B/D PA; NDS
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	2	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	2	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	3	B/D PA; NDS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	B/D PA; V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	V
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	B/D PA; V

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	1	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	V
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	V
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	3	PA
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML	3	
OCTAGAM INTRAVENOUS SOLUTION 10 %	3	PA; NDS
OCTAGAM INTRAVENOUS SOLUTION 5 %	3	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	3	PA
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	3	PA; NDS
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	1	V
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	2	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	V
PRIVIGEN INTRAVENOUS SOLUTION 10 %	3	PA; NDS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	
QIVIGY INTRAVENOUS SOLUTION 10 %	3	PA; NDS
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	B/D PA; V
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	V; QL (2 per 720 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	V; QL (1 per 720 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	V

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	3	B/D PA; NDS
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	2	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	V
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	V
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	1	V
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	1	V

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Drug Name	Drug Tier	Requirements/Limits
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	1	V
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	3	B/D PA; LA; NDS
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	3	PA
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	3	PA; NDS
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	1	V
YIMMUGO INTRAVENOUS SOLUTION 10 %, 10 % (200 ML), 10 % (50 ML)	3	PA; NDS
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML	3	NDS
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	2	PA
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	2	QL (8 per 30 days)
CEQUR SIMPLICITY INSERTER	2	QL (1 per 720 days)
PEN NEEDLES (NON-PREFERRED BRANDS)	3	PA
GAUZE PADS 2 X 2	2	PA
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	
EMBECTA INSULIN SYRINGE	2	PA
BD PEN NEEDLE	2	PA
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
EMBECTA PEN NEEDLE	2	PA
PIVOT INSULIN PUMP STARTER KIT KIT	2	QL (1 per 720 days)
PIVOT SUPPLY KIT COMBO PACK	2	QL (40 per 30 days)
TWIIST REFILL KT(CSST-NDL-SYR) KIT	2	QL (1 per 30 days)
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT	2	QL (1 per 30 days)
TWIIST STARTER KIT KIT	2	QL (1 per 720 days)
BD INSULIN SYRINGE	2	PA
INSULIN SYRINGES (NON-PREFERRED BRANDS)	3	PA
V-GO 20 DEVICE	3	QL (30 per 30 days)
V-GO 30 DEVICE	3	QL (30 per 30 days)
V-GO 40 DEVICE	3	QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	3	
allopurinol sodium intravenous recon soln 500 mg	1	
aloprim intravenous recon soln 500 mg	1	
colchicine oral capsule 0.6 mg	3	
colchicine oral tablet 0.6 mg	1	
febuxostat oral tablet 40 mg, 80 mg	2	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	3	ST
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50 ML, 8 MG/ML	3	PA; NDS
MITIGARE ORAL CAPSULE 0.6 MG	3	ST
probenecid oral tablet 500 mg	2	
probenecid-colchicine oral tablet 500-0.5 mg	2	
ULORIC ORAL TABLET 40 MG, 80 MG	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; QL (4 per 28 days)
alendronate oral solution 70 mg/75 ml	1	QL (300 per 28 days)
alendronate oral tablet 10 mg	1	QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 per 28 days)
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	3	ST; QL (4 per 28 days)
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; QL (1 per 180 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	ST; QL (4 per 28 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	3	PA; QL (2.24 per 28 days); NDS
BOSAYA SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; QL (1 per 180 days)
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; QL (1 per 180 days)
ENOBY SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; QL (1 per 180 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	3	PA; QL (2.34 per 30 days); NDS
EVISTA ORAL TABLET 60 MG	3	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	3	PA; QL (2.24 per 28 days); NDS
FOSAMAX ORAL TABLET 70 MG	3	ST; QL (4 per 28 days)
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	3	ST; QL (4 per 28 days)
ibandronate intravenous solution 3 mg/3 ml	1	PA
ibandronate intravenous syringe 3 mg/3 ml	1	PA
ibandronate oral tablet 150 mg	1	QL (1 per 30 days)
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	2	QL (1 per 180 days)
OSPOMYV SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; QL (1 per 180 days)
OSVYRTI SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; QL (1 per 180 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	2	QL (1 per 180 days)
raloxifene oral tablet 60 mg	1	
risedronate oral tablet 150 mg	2	QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	2	QL (4 per 28 days)
risedronate oral tablet 5 mg	2	QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Drug Name	Drug Tier	Requirements/Limits
risedronate oral tablet,delayed release (dr/ec) 35 mg	3	QL (4 per 28 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; QL (1 per 180 days)
teriparatide (preferred ndcs starting with 47781)	3	PA; QL (2.24 per 28 days); NDS
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; QL (1.56 per 30 days); NDS
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; QL (6 per 28 days); NDS
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	3	PA; QL (2 per 28 days); NDS
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; QL (6 per 28 days); NDS
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	3	PA; QL (3.6 per 28 days); NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	3	PA; QL (160 per 28 days); NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	3	PA; QL (3.6 per 28 days); NDS
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	PA; QL (6 per 28 days); NDS
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; QL (3 per 28 days); NDS
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	3	PA; QL (2 per 28 days); NDS
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; QL (6 per 28 days); NDS
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; QL (3 per 180 days); NDS
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	3	PA; QL (1.6 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	3	PA; QL (2.4 per 28 days); NDS
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	3	PA; QL (0.2 per 28 days); NDS
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	3	PA; QL (0.4 per 28 days); NDS
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; QL (1.6 per 28 days); NDS
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	3	PA; QL (6 per 28 days); NDS
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; QL (4 per 28 days); NDS
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	3	PA; QL (2 per 28 days); NDS
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; QL (6 per 28 days); NDS
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; QL (4 per 28 days); NDS
ADALIMUMAB-BWWD SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	3	PA; QL (2.4 per 28 days); NDS
ADALIMUMAB-BWWD SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; QL (2.4 per 28 days); NDS
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	PA; QL (6 per 28 days); NDS
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; QL (3 per 28 days); NDS
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; QL (6 per 28 days); NDS
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	3	PA; QL (1.6 per 28 days); NDS
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	3	PA; QL (3.2 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	3	PA; QL (2.4 per 28 days); NDS
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	3	PA; QL (0.4 per 28 days); NDS
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; QL (1.6 per 28 days); NDS
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	3	PA; QL (3.2 per 28 days); NDS
AURANOFIN ORAL CAPSULE 3 MG	3	NDS
AVTOZMA AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	3	PA; QL (3.6 per 28 days); NDS
AVTOZMA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	3	PA; QL (160 per 28 days); NDS
AVTOZMA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	3	PA; QL (3.6 per 28 days); NDS
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	3	PA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; NDS
CUPRIMINE ORAL CAPSULE 250 MG	3	PA; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; QL (4 per 28 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	3	PA; QL (2 per 28 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; QL (4 per 28 days); NDS
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	3	PA; QL (8 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	3	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	3	PA; QL (8 per 28 days); NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	3	PA; QL (8 per 28 days); NDS
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	3	PA; QL (4.8 per 28 days); NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	3	PA; QL (4.8 per 28 days); NDS
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	3	PA; QL (2.4 per 28 days); NDS
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; QL (2.4 per 28 days); NDS
HUMIRA SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; QL (4 per 28 days); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; QL (4 per 28 days); NDS
HUMIRA(CF) CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	3	PA; QL (3 per 180 days); NDS
HUMIRA(CF) PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	3	PA; QL (3 per 180 days); NDS
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	3	PA; QL (4 per 28 days); NDS
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	3	PA; QL (2 per 28 days); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	3	PA; QL (2 per 28 days); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; QL (4 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	3	PA; QL (2.4 per 180 days); NDS
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	3	PA; QL (1.6 per 180 days); NDS
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	3	PA; QL (2.4 per 180 days); NDS
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	3	PA; QL (1.6 per 28 days); NDS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	3	PA; QL (0.2 per 28 days); NDS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	3	PA; QL (0.4 per 28 days); NDS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; QL (1.6 per 28 days); NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; QL (2.28 per 28 days); NDS
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	3	PA; QL (2.28 per 28 days); NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; QL (18.76 per 28 days); NDS
leflunomide oral tablet 10 mg, 20 mg	1	QL (30 per 30 days)
LEQSELVI ORAL TABLET 8 MG	3	PA; QL (60 per 30 days); NDS
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	2	QL (60 per 30 days)
milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	2	QL (55 per 180 days)
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	3	PA; QL (30 per 30 days); NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	3	PA; QL (12 per 28 days); NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	3	PA; QL (4 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	3	PA; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	3	PA; QL (1.6 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	3	PA; QL (2.8 per 28 days); NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	3	PA; QL (60 per 30 days); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	3	PA; QL (55 per 180 days); NDS
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	3	PA; QL (41 per 180 days); NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	3	PA; QL (30 per 30 days); NDS
penicillamine oral capsule 250 mg	3	PA; NDS
penicillamine oral tablet 250 mg	3	PA; NDS
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	3	PA; QL (360 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	3	PA; QL (30 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	3	PA; QL (84 per 180 days); NDS
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	PA; QL (4 per 28 days); NDS
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; QL (3 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	2	PA; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; QL (4 per 28 days); NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	3	PA; QL (64 per 28 days); NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA; QL (3 per 28 days); NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA; QL (0.5 per 28 days); NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; QL (3 per 28 days); NDS
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA; QL (0.5 per 28 days); NDS
tofacitinib oral solution 1 mg/ml	3	PA; QL (480 per 30 days); NDS
tofacitinib oral tablet 10 mg, 5 mg	3	PA; QL (60 per 30 days); NDS
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	3	PA; QL (30 per 30 days); NDS
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	3	PA; QL (160 per 28 days); NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	3	PA; QL (3.6 per 28 days); NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	3	PA; QL (160 per 28 days); NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	3	PA; QL (3.6 per 28 days); NDS
XELJANZ ORAL SOLUTION 1 MG/ML	3	PA; QL (480 per 30 days); NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	3	PA; QL (60 per 30 days); NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	3	PA; QL (30 per 30 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; QL (3 per 180 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	PA; QL (4 per 28 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; QL (2 per 28 days); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; QL (4 per 28 days); NDS
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	2	
abigale oral tablet 1-0.5 mg	2	
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	3	
camila oral tablet 0.35 mg	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (4 per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	2	
CRINONE VAGINAL GEL 8 %	3	PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
deblitane oral tablet 0.35 mg	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	3	QL (30 per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	3	QL (37.5 per 30 days)
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	2	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	3	QL (70 per 30 days)
emzahh oral tablet 0.35 mg	1	
errin oral tablet 0.35 mg	1	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	ST
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	3	QL (50 per 30 days)
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %)	3	QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	3	QL (37.5 per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	2	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	2	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	2	
estradiol vaginal tablet 10 mcg	3	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	3	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	ST
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	QL (16.2 per 30 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	ST
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3	
gallifrey oral tablet 5 mg	1	
heather oral tablet 0.35 mg	1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	2	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	2	
incassia oral tablet 0.35 mg	1	
jencycla oral tablet 0.35 mg	1	
jinteli oral tablet 1-5 mg-mcg	3	
lyleq oral tablet 0.35 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	2	QL (8 per 28 days)
lyza oral tablet 0.35 mg	1	
medroxyprogesterone intramuscular suspension 150 mg/ml	1	
medroxyprogesterone intramuscular syringe 150 mg/ml	1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
meleya oral tablet 0.35 mg	1	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL (4 per 28 days)
mimvey oral tablet 1-0.5 mg	2	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (8 per 28 days)
nora-be oral tablet 0.35 mg	1	
norethindrone (contraceptive) oral tablet 0.35 mg	1	
norethindrone acetate oral tablet 5 mg	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3	
orquidea oral tablet 0.35 mg	1	
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
progesterone intramuscular oil 50 mg/ml	1	
progesterone micronized oral capsule 100 mg, 200 mg	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
sharobel oral tablet 0.35 mg	1	
VAGIFEM VAGINAL TABLET 10 MCG	3	ST
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (8 per 28 days)
yuvafem vaginal tablet 10 mcg	3	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	3	
CLEOCIN VAGINAL CREAM 2 %	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
clindamycin phosphate vaginal cream 2 %	2	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	3	
eluryng vaginal ring 0.12-0.015 mg/24 hr	2	
enilloring vaginal ring 0.12-0.015 mg/24 hr	3	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	2	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
INTRAROSA VAGINAL INSERT 6.5 MG	3	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	3	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	2	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LYNKUET ORAL CAPSULE 60 MG	3	PA
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	2	
miconazole-3 vaginal suppository 200 mg	3	
mifepristone oral tablet 200 mg	1	LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	3	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	3	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	3	PA; NDS
NEXPLANON SUBDERMAL IMPLANT 68 MG	2	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	2	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	3	PA; NDS
OSPHENA ORAL TABLET 60 MG	3	
PHEXX VAGINAL GEL 1.8-1-0.4 %	3	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	3	
terconazole vaginal cream 0.4 %, 0.8 %	2	
terconazole vaginal suppository 80 mg	2	
tranexamic acid oral tablet 650 mg	2	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	3	
VEOZAH ORAL TABLET 45 MG	3	PA
XACIATO VAGINAL GEL 2 %	3	ST
xulane transdermal patch weekly 150-35 mcg/24 hr	2	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Drug Name	Drug Tier	Requirements/Limits
zafemy transdermal patch weekly 150-35 mcg/24 hr	2	
ORAL CONTRACEPTIVES / RELATED AGENTS		
afirmelle oral tablet 0.1-20 mg-mcg	1	
altavera (28) oral tablet 0.15-0.03 mg	1	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
amethyst (28) oral tablet 90-20 mcg (28)	1	
apri oral tablet 0.15-0.03 mg	1	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	3	
aubra eq oral tablet 0.1-20 mg-mcg	1	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	3	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	3	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	3	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	3	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	3	
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)	3	
aviane oral tablet 0.1-20 mg-mcg	1	
ayuna oral tablet 0.15-0.03 mg	3	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	3	
balziva (28) oral tablet 0.4-35 mg-mcg	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	3	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	3	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	3	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	3	
briellyn oral tablet 0.4-35 mg-mcg	3	
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	3	
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	3	
chateal eq (28) oral tablet 0.15-0.03 mg	3	
cryselle (28) oral tablet 0.3-30 mg-mcg	1	
cyred eq oral tablet 0.15-0.03 mg	1	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
dolishale oral tablet 90-20 mcg (28)	3	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	3	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	
elinest oral tablet 0.3-30 mg-mcg	1	
enskyce oral tablet 0.15-0.03 mg	1	
estarylla oral tablet 0.25-0.035 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
falmina (28) oral tablet 0.1-20 mg-mcg	1	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	3	
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG	3	
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	3	
galbriela oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	3	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	3	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	3	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	3	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	3	
hailey oral tablet 1.5-30 mg-mcg	3	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	3	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	
isibloom oral tablet 0.15-0.03 mg	1	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	3	
jasmiel (28) oral tablet 3-0.02 mg	1	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	
joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)	3	
juleber oral tablet 0.15-0.03 mg	1	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	3	
junel 1/20 (21) oral tablet 1-20 mg-mcg	3	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	3	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	3	
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	3	
kalliga oral tablet 0.15-0.03 mg	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1	
kurvelo (28) oral tablet 0.15-0.03 mg	1	
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) oral tablet 1.5-30 mg-mcg	1	
larin 1/20 (21) oral tablet 1-20 mg-mcg	1	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
lessina oral tablet 0.1-20 mg-mcg	1	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	3	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	3	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	3	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	3	
loryna (28) oral tablet 3-0.02 mg	1	
lo-zumandimine (28) oral tablet 3-0.02 mg	1	
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	3	
lutera (28) oral tablet 0.1-20 mg-mcg	1	
marlissa (28) oral tablet 0.15-0.03 mg	1	
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	3	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
mili oral tablet 0.25-0.035 mg	1	
minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)	3	
mono-linyah oral tablet 0.25-0.035 mg	1	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	3	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	3	
nikki (28) oral tablet 3-0.02 mg	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	3	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	3	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	3	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	3	
philith oral tablet 0.4-35 mg-mcg	1	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
portia 28 oral tablet 0.15-0.03 mg	1	
reclipsen (28) oral tablet 0.15-0.03 mg	1	
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	3	
rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	3	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	3	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	3	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	3	
SLYND ORAL TABLET 4 MG (28)	3	
sprintec (28) oral tablet 0.25-0.035 mg	1	
syeda oral tablet 3-0.03 mg	1	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	3	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	3	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	3	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	3	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	3	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	3	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	3	
turqoz (28) oral tablet 0.3-30 mg-mcg	1	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	3	
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	3	
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	
vestura (28) oral tablet 3-0.02 mg	1	
vienva oral tablet 0.1-20 mg-mcg	1	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	3	
vyfemla (28) oral tablet 0.4-35 mg-mcg	3	
vylibra oral tablet 0.25-0.035 mg	3	
wera (28) oral tablet 0.5-35 mg-mcg	1	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	3	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	3	
xelria fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	3	
YASMIN (28) ORAL TABLET 3-0.03 MG	3	
YAZ (28) ORAL TABLET 3-0.02 MG	3	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	
zumandimine (28) oral tablet 3-0.03 mg	1	
OXYTOCICS		
methylergonovine oral tablet 0.2 mg	3	PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
BESIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	QL (3.5 per 14 days)
gatifloxacin ophthalmic (eye) drops 0.5 %	3	
gentamicin ophthalmic (eye) drops 0.3 %	1	QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	2	
moxifloxacin ophthalmic (eye) drops 0.5 %	2	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	2	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	3	
ofloxacin ophthalmic (eye) drops 0.3 %	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	QL (10 per 14 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	QL (3.5 per 14 days)
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	3	
carteolol ophthalmic (eye) drops 1 %	1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	3	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	3	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	3	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	3	
timolol ophthalmic (eye) drops 0.5 %	3	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	3	
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops 1 %	2	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
azelastine ophthalmic (eye) drops 0.05 %	2	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML	3	PA; NDS
bepotastine besilate ophthalmic (eye) drops 1.5 %	3	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	3	
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	3	PA; NDS
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	QL (60 per 30 days)
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	3	PA; NDS
cromolyn ophthalmic (eye) drops 4 %	1	
cyclosporine ophthalmic (eye) dropperette 0.05 %	2	QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	3	PA; NDS
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	3	PA; NDS
epinastine ophthalmic (eye) drops 0.05 %	2	
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML	3	PA; NDS
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	3	PA; NDS
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	3	PA; NDS
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML	3	PA; NDS
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	3	PA; NDS
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	2	QL (3 per 30 days)
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %	3	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML	3	PA; NDS
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML	3	PA; NDS
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	3	NDS
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	2	
pilocarpine hcl ophthalmic (eye) drops 1.25 %	3	PA
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (5.5 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	QL (60 per 30 days)
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML	3	PA; NDS
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %	3	ST; QL (60 per 30 days)
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	QL (8.4 per 30 days)
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	3	PA; NDS
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML	3	PA; NDS
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; QL (120 per 30 days); NDS
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	3	QL (2 per 30 days)
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	3	PA; QL (10 per 42 days); NDS
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	QL (60 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	
bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %	2	
bromfenac ophthalmic (eye) drops 0.09 %	3	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
acetazolamide sodium injection recon soln 500 mg	1	
methazolamide oral tablet 25 mg, 50 mg	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
bimatoprost ophthalmic (eye) drops 0.01 %	2	
bimatoprost ophthalmic (eye) drops 0.03 %	1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	3	
brinzolamide ophthalmic (eye) drops,suspension 1 %	3	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	3	
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	3	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
DURYSTA INTRACAMERAL IMPLANT 10 MCG	3	PA; LA
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	3	ST
latanoprost ophthalmic (eye) drops 0.005 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST
miostat intraocular solution 0.01 %	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	2	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	2	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	3	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	ST
travoprost ophthalmic (eye) drops 0.004 %	2	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	ST
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	3	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	ST
ZOLYMBUS OPHTHALMIC (EYE) DROPPERETTE,GEL 0.01 %	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	QL (3.5 per 14 days)
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	QL (10 per 14 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	3	QL (20 per 14 days)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	QL (20 per 14 days)
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	
BYQLOVI OPHTHALMIC (EYE) DROPS,SUSPENSION 0.05 %	3	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	3	
difluprednate ophthalmic (eye) drops 0.05 %	3	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	PA; QL (8.3 per 14 days)
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	3	NDS
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	2	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	3	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	2	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	3	NDS
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	3	
apraclonidine ophthalmic (eye) drops 0.5 %	2	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	2	
brimonidine ophthalmic (eye) drops 0.2 %	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection solution 1 mg/ml, 1 mg/ml (1 ml)	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	ST; QL (4 per 30 days)
carbinoxamine maleate oral liquid 4 mg/5 ml	3	PA
CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	3	PA
carbinoxamine maleate oral tablet 4 mg, 6 mg	3	PA
carbzah oral liquid 4 mg/5 ml	3	PA
cetirizine oral solution 1 mg/ml	1	
CLARINEX ORAL TABLET 5 MG	3	QL (30 per 30 days)
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL (60 per 30 days)
clemastine oral syrup 0.5 mg/5 ml	3	PA
clemastine oral tablet 2.68 mg	3	PA
clemsza oral tablet 2.68 mg	3	PA
corphena oral solution 2 mg/5 ml	3	
cyproheptadine oral syrup 2 mg/5 ml	3	PA
cyproheptadine oral tablet 4 mg	3	PA
DESLORATADINE ORAL SOLUTION 0.5 MG/ML	3	QL (300 per 30 days); NDS
desloratadine oral tablet 5 mg	3	QL (30 per 30 days)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	3	QL (30 per 30 days)
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl injection syringe 50 mg/ml	1	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	3	PA
EPINEPH BITART IN 0.9% SOD CHL INTRAVENOUS SOLUTION 16 MG/250 ML (64 MCG/ML)	3	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 % NOT MADE BY MYLAN	3	ST; QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	2	QL (4 per 30 days)
epinephrine injection solution 1 mg/ml	1	
epinephrine injection solution 1 mg/ml (1 ml)	3	
epinephrine injection syringe 0.1 mg/ml	3	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	ST; QL (4 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	3	ST; QL (4 per 30 days)
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	3	
hydroxyzine hcl oral solution 10 mg/5 ml	3	PA
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	PA
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	3	PA
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	3	PA
levocetirizine oral solution 2.5 mg/5 ml	3	
levocetirizine oral tablet 5 mg	1	QL (30 per 30 days)
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)	3	ST; QL (4 per 30 days)
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	3	
promethazine injection solution 25 mg/ml, 50 mg/ml	3	
promethazine oral syrup 6.25 mg/5 ml	3	PA
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	3	PA
promethazine rectal suppository 12.5 mg, 25 mg	3	PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	3	PA
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML	3	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3	
RYVENT ORAL TABLET 6 MG	3	PA
PULMONARY AGENTS		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	2	B/D PA
ADCIRCA ORAL TABLET 20 MG	3	PA; QL (60 per 30 days); NDS
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	3	PA; LA; QL (90 per 30 days); NDS
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 per 30 days)
ADVAIR HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	PA; QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	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 hfa aerosol inhaler 90 mcg/actuation (nda020983)	3	QL (36 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
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	3	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	QL (12.2 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	QL (6.1 per 30 days)
ALYFTREK ORAL TABLET 10-50-125 MG	3	PA; QL (56 per 28 days); NDS
ALYFTREK ORAL TABLET 4-20-50 MG	3	PA; QL (84 per 28 days); NDS
alyq oral tablet 20 mg	3	PA; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	3	PA; LA; QL (30 per 30 days); NDS
aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml	3	
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	3	PA; NDS
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	ST; QL (60 per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	3	B/D PA; QL (120 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	ST; QL (30 per 30 days)
ASMANEX HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	QL (2 per 28 days)
ATROVENT HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	3	QL (23 per 30 days)
beclomethasone dipropionate inhalation aerosol 40 mcg/actuation, 80 mcg/actuation	3	QL (17.4 per 30 days)
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	3	PA; NDS
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	QL (10.7 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	3	PA; LA; QL (60 per 30 days); NDS
bosentan oral tablet for suspension 32 mg	3	PA; LA; QL (112 per 28 days); NDS
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	3	QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION	2	QL (10.7 per 30 days)
BRINSUPRI ORAL TABLET 10 MG, 25 MG	3	PA; NDS
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	3	B/D PA; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	3	B/D PA; QL (60 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	3	QL (10.2 per 30 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	3	PA; LA; NDS
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	3	PA; NDS
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	2	B/D PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	3	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	PA; QL (30 per 30 days)
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	3	PA; LA; NDS
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	3	ST; QL (1 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL (13 per 30 days)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	3	QL (23 per 30 days)
EKTERLY ORAL TABLET 300 MG	3	PA; NDS
ESBRIET ORAL TABLET 267 MG	3	PA; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 801 MG	3	PA; QL (90 per 30 days); NDS
EXDENSUR SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; NDS
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	3	PA; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	3	PA; QL (0.5 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	3	PA; QL (1 per 28 days); NDS
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	3	PA; NDS
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	2	QL (50 per 30 days)
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	ST; QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	ST; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	ST; QL (240 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	ST; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	ST; QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	3	QL (10.6 per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	3	ST; QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	2	QL (60 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	ST; QL (12 per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	3	B/D PA; QL (120 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	3	PA; LA; NDS
icatibant subcutaneous syringe 30 mg/3 ml	3	PA; NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	ST; QL (30 per 30 days)
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	3	QL (25.8 per 30 days)
ipratropium bromide inhalation solution 0.02 %	1	B/D PA
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	B/D PA
JASCAYD ORAL TABLET 18 MG, 9 MG	3	PA; QL (60 per 30 days); NDS
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	3	PA; NDS
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	3	PA; QL (56 per 28 days); NDS
KALYDECO ORAL TABLET 150 MG	3	PA; QL (56 per 28 days); NDS
LETAIRIS ORAL TABLET 10 MG, 5 MG	3	PA; LA; QL (30 per 30 days); NDS
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	3	B/D PA
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	3	ST; QL (30 per 30 days)
macitentan oral tablet 10 mg	3	PA; QL (30 per 30 days); NDS
mometasone nasal spray,non-aerosol 50 mcg/actuation	3	QL (34 per 30 days)
montelukast oral granules in packet 4 mg	3	
montelukast oral tablet 10 mg	1	
montelukast oral tablet,chewable 4 mg, 5 mg	1	
nintedanib oral capsule 100 mg, 150 mg	3	PA; QL (60 per 30 days); NDS
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	3	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	3	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; LA; QL (3 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; LA; QL (0.4 per 28 days); NDS
OFEV ORAL CAPSULE 100 MG, 150 MG	3	PA; QL (60 per 30 days); NDS
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	3	PA; QL (150 per 30 days); NDS
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	3	ST; QL (12.5 per 30 days)
OPSUMIT ORAL TABLET 10 MG	3	PA; LA; QL (30 per 30 days); NDS
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	3	PA; QL (30 per 30 days); NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	3	PA; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	3	PA; QL (112 per 28 days); NDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	3	PA; LA; NDS
ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG	3	PA; LA; NDS
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	B/D PA; QL (120 per 30 days)
pirfenidone oral capsule 267 mg	3	PA; QL (270 per 30 days); NDS
pirfenidone oral tablet 267 mg	3	PA; QL (270 per 30 days); NDS
PIRFENIDONE ORAL TABLET 534 MG	3	PA; QL (90 per 30 days); NDS
pirfenidone oral tablet 801 mg	3	PA; QL (90 per 30 days); NDS
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	ST; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	QL (1 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	B/D PA; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	B/D PA; QL (60 per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	3	B/D PA; NDS
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; QL (6.8 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (21.2 per 30 days)
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	3	NDS
REVATIO ORAL TABLET 20 MG	3	PA; QL (90 per 30 days); NDS
roflumilast oral tablet 250 mcg, 500 mcg	3	PA; QL (30 per 30 days)
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	3	PA; NDS
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY	3	ST; QL (31 per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	3	PA; NDS
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	ST; QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	3	NDS
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	3	PA; QL (224 per 30 days); NDS
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	2	PA; QL (90 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SINGULAIR ORAL GRANULES IN PACKET 4 MG	3	
SINGULAIR ORAL TABLET 10 MG	3	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	3	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	ST; QL (90 per 90 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	ST; QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	3	PA; QL (56 per 28 days); NDS
tadalafil (pulm. hypertension) oral tablet 20 mg	3	PA; QL (60 per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	3	PA; QL (300 per 30 days); NDS
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	3	PA; LA; NDS
terbutaline oral tablet 2.5 mg, 5 mg	3	
terbutaline subcutaneous solution 1 mg/ml	1	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	3	PA; QL (1.91 per 30 days); NDS
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	3	PA; QL (1.91 per 30 days); NDS
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
theophylline oral elixir 80 mg/15 ml	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
theophylline oral solution 80 mg/15 ml	3	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	3	QL (90 per 90 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	3	PA; LA; QL (60 per 30 days); NDS
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	3	PA; LA; QL (112 per 28 days); NDS
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	3	PA; QL (56 per 28 days); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	3	PA; QL (84 per 28 days); NDS
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION, 400 MCG/ACTUATION (30 ACTUAT)	3	ST; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	3	PA; QL (112 per 28 days); NDS
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	3	PA; QL (252 per 180 days); NDS
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG, 48-80 MCG	3	PA; QL (224 per 28 days); NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	3	PA; QL (81.2 per 28 days); NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	3	PA; QL (11.6 per 180 days); NDS
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	3	PA; QL (81.2 per 28 days); NDS
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	3	PA; QL (81.2 per 180 days); NDS
UMECLIDINIUM INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	ST; QL (30 per 30 days)
UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	ST; QL (60 per 30 days)
VENTOLIN HFA AEROSOL INHALER 90 MCG/ACTUATION	3	ST; QL (36 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	3	PA; QL (1 per 21 days); NDS
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	2	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	3	PA; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	3	PA; LA; QL (1 per 28 days); NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	3	PA; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	3	PA; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; LA; QL (1 per 28 days); NDS
XOPENEX HFA AEROSOL INHALER 45 MCG/ACTUATION	3	ST; QL (30 per 30 days)

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	3	B/D PA; QL (90 per 30 days); NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG	3	PA; QL (224 per 28 days); NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 26.5 MCG	3	PA; QL (896 per 28 days); NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 53 MCG	3	PA; QL (448 per 28 days); NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 79.5 MCG	3	PA; QL (308 per 28 days); NDS
zafirlukast oral tablet 10 mg, 20 mg	3	
zileuton oral tablet, er multiphase 12 hr 600 mg	3	NDS
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	3	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	3	
flavoxate oral tablet 100 mg	3	
GEMTESA ORAL TABLET 75 MG	2	
mirabegron oral suspension,extended rel recon 8 mg/ml	3	
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	2	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	3	QL (8 per 28 days)
solifenacin oral tablet 10 mg, 5 mg	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	2	
tolterodine oral tablet 1 mg, 2 mg	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	
trospium oral capsule,extended release 24hr 60 mg	3	
trospium oral tablet 20 mg	1	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	
AVODART ORAL CAPSULE 0.5 MG	3	
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	3	
ENTADFI ORAL CAPSULE 5-5 MG	3	PA; QL (30 per 30 days)
finasteride oral tablet 5 mg	1	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	3	NDS
PROSCAR ORAL TABLET 5 MG	3	
silodosin oral capsule 4 mg, 8 mg	3	
tamsulosin oral capsule 0.4 mg	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	3	
MISCELLANEOUS UROLOGICALS		
alprostadil injection solution 500 mcg/ml	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
CIALIS ORAL TABLET 5 MG	3	PA; QL (30 per 30 days)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA; LA
ELMIRON ORAL CAPSULE 100 MG	2	
glycine urologic solution irrigation solution 1.5 %	1	
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	3	PA; LA; NDS
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	3	PA; NDS
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	3	PA; NDS
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	3	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	3	PA; NDS
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	3	PA; NDS
tadalafil oral tablet 2.5 mg	3	PA; QL (60 per 30 days)
tadalafil oral tablet 5 mg	3	PA; QL (30 per 30 days)
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Drug Name	Drug Tier	Requirements/Limits
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION 25 %	3	
ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
albumin, human 25 % intravenous parenteral solution 25 %	3	
ALBUMIN, HUMAN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
ALBUMINEX 25 % INTRAVENOUS SOLUTION 25 %	3	
ALBUMINEX 5 % INTRAVENOUS SOLUTION 5 %	3	
alburx (human) 25 % intravenous parenteral solution 25 %	3	
ALBURX (HUMAN) 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
ALBUTEIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %	3	
ALBUTEIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %	3	
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	3	PA; NDS
ELECTROLYTES		
calcium acetate(phosphat bind) oral capsule 667 mg	2	PA
calcium acetate(phosphat bind) oral tablet 667 mg	2	PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
calcium chloride intravenous solution 100 mg/ml (10 %)	1	
calcium chloride intravenous syringe 100 mg/ml (10 %)	1	
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/50 ML, 2 GRAM/100 ML	3	
calcium gluconate intravenous solution 100 mg/ml (10%)	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet, effervescent 25 meq	1	
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOL/ML	3	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con 8 oral tablet extended release 8 meq	1	
klor-con m10 oral tablet,er particles/crystals 10 meq	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	1	
klor-con oral packet 20 meq	3	
lactated ringers intravenous parenteral solution	3	
magnesium chloride injection solution 200 mg/ml (20 %)	3	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	3	
MAGNESIUM SULFATE IN WATER INTRAVENOUS PIGGYBACK 3 GRAM/100 ML (3 %)	3	
magnesium sulfate injection solution 500 mg/ml (50 %)	3	
magnesium sulfate injection syringe 500 mg/ml (50 %)	3	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
POKONZA ORAL LIQUID 10 MEQ/15 ML	3	NDS
POKONZA ORAL PACKET 10 MEQ, 15 MEQ	3	NDS
potassium acetate intravenous solution 2 meq/ml	3	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	3	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	3	
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l	3	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	3	
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	3	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	3	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	3	
potassium chloride oral packet 20 meq	3	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	3	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	3	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	3	
POTASSIUM PHOS IN 0.9 % NACL INTRAVENOUS PIGGYBACK 15 MMOL/100 ML	3	
potassium phos in 0.9 % nacl intravenous solution 15 mmol/250 ml	3	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	3	
ringer's intravenous parenteral solution	3	
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml	3	
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %	3	
sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)	3	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	3	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	3	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	3	
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	3	
sodium phosphate intravenous solution 3 mmol/ml	3	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	3	
ZYCUBO SUBCUTANEOUS RECON SOLN 2.9 MG	3	PA; LA; NDS
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	3	B/D PA
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	3	PA; LA; NDS
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	3	B/D PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	3	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	3	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D PA
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D PA
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	3	B/D PA
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	3	B/D PA
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA
CLINOLIPID INTRAVENOUS EMULSION 20 %	3	B/D PA
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	3	PA; LA; NDS
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 200 MG/ML	3	NDS
electrolyte-148 intravenous parenteral solution	2	
electrolyte-48 in d5w intravenous parenteral solution	3	
electrolyte-a intravenous parenteral solution	2	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
intralipid intravenous emulsion 20 %	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	
KABIVEN INTRAVENOUS EMULSION 3.31-10.8-3.9 %	3	B/D PA
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	B/D PA
OMEGAVEN INTRAVENOUS EMULSION 10 %	3	B/D PA
PERIKABIVEN INTRAVENOUS EMULSION 2.36-7.5-3.5 %	3	B/D PA
PLASMA-LYTE 148 PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA
premasol 10 % intravenous parenteral solution 10 %	3	B/D PA
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SMOFLIPID INTRAVENOUS EMULSION 20 %	3	B/D PA
THAM INTRAVENOUS SOLUTION 36 MG/ML (0.3 M)	3	
travasol 10 % intravenous parenteral solution 10 %	3	B/D PA
tromethamine intravenous solution 36 mg/ml (0.3 m)	3	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	1	
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
prenatal vitamin oral tablet 27 mg iron- 1 mg	1	
wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

Index

A

abacavir 14
abacavir-lamivudine 14
abigale 231
abigale lo 231
ABILIFY 100
ABILIFY ASIMTUFII 100
ABILIFY MAINTENA 100
abiraterone 38
abirtega 38
ABRAXANE 38
ABRILADA(CF) 224
ABRILADA(CF) PEN 224
ABRYSVO (PF) 213
ABSORICA 152
ABSORICA LD 152
acamprosate 162
ACANYA 152
acarbose 177
accutane 153
acebutolol 120
ACETADOTE 162
acetaminophen 95
ACETAMINOPHEN 95
acetaminophen-caff-dihydrocod 89
acetaminophen-codeine 89
acetazolamide 249
acetazolamide sodium 249
acetic acid 162, 173
acetylcysteine 162, 256
ACIPHEX 205
acitretin 143
ACTEMRA 224
ACTEMRA ACTPEN 224
ACTHAR 173
ACTHAR SELFJECT 174
ACTHIB (PF) 213
ACTIMMUNE 208
ACTIVELLA 231
ACTONEL 222
ACTOPLUS MET 177
ACTOS 177
ACULAR 249
ACULAR LS 249
ACUVAIL (PF) 249
acyclovir 14, 157
acyclovir sodium 14
ACZONE 153
ADACEL(TDAP ADOLESN/ADULT)(PF) 213
ADAKVEO 38
ADALIMUMAB-AATY 224
ADALIMUMAB-AATY(CF) AI CROHNS 224
ADALIMUMAB-ADAZ 224, 225
ADALIMUMAB-ADBM 225
ADALIMUMAB-BWWD 225
ADALIMUMAB-RYVK 225
adapalene 153
adapalene-benzoyl peroxide 153
ADBRY 149
ADCETRIS 38
ADCIRCA 256
ADDERALL 100
ADDERALL XR 101
adefovir 14
ADEMPAS 256
adenosine 119
ADMELOG SOLOSTAR U-100 INSULIN 177
ADMELOG U-100 INSULIN LISPRO 177
adrenalin 253
ADRIAMYCIN 38
ADSTILADRIN 38
ADVAIR DISKUS 256
ADVAIR HFA 256
ADZENYS XR-ODT 101
ADZYNMA 133
AFINITOR 38
AFINITOR DISPERZ 38
afirmelle 237
AFREZZA 178
AGAMREE 174
AGRYLIN 162
AIMOVIG AUTOINJECTOR 78
AIRSUPRA 256
AJOVY AUTOINJECTOR 78
AJOVY SYRINGE 78
AKEEGA 38
AKLIEF 153
AKYNZEO (FOSNETUPITANT) 196
ala-cort 158
ALA-SCALP 158
albendazole 24
ALBUKED-25 270
ALBUKED-5 270
albumin, human 25 % 270
ALBUMIN, HUMAN 5 % 270
ALBUMINEX 25 % 270
ALBUMINEX 5 % 270
alburx (human) 25 % 270
ALBURX (HUMAN) 5 % 270
ALBUTEIN 25 % 270
ALBUTEIN 5 % 270
albuterol sulfate 256
alclometasone 158
alcohol pads 178
ALDACTONE 121
ALDURAZYME 187
ALECENSA 38
alendronate 222
alfuzosin 268
aliskiren 121
ALKINDI SPRINKLE 174
allopurinol 222
allopurinol sodium 222
ALLZITAL 89

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

almotriptan malate 78
ALOGLIPTIN 178
ALOGLIPTIN-METFORMIN 178
ALOGLIPTIN-PIOGLITAZONE 178
aloprim 222
alosetron 196
ALPHAGAN P 253
alprostadil 268
ALREX 252
altavera (28) 237
ALTRENO 153
ALUNBRIG 38
ALVAIZ 133
ALVESCO 256, 257
alyacen 1/35 (28) 237
alyacen 7/7/7 (28) 237
ALYFTREK 257
ALYGLO 213
ALYMSYS 38
alyq 257
amantadine hcl 14
AMBIEN 101
AMBIEN CR 101
AMBISOME 12
ambrisentan 257
amcinonide 158
amerithroid 193
amethyst (28) 237
amikacin 24
amiloride 121
amiloride-hydrochlorothiazide 121
aminocaproic acid 133
aminophylline 257
AMINOSYN II 10 % 274
AMINOSYN II 15 % 274
AMINOSYN-PF 10 % 274
AMINOSYN-PF 7 % (SULFITE-FREE) 274
amiodarone 119
AMITIZA 196
amitriptyline 101
AMJEVITA(CF) 226
AMJEVITA(CF) AUTOINJECTOR 225, 226
amlodipine 121
amlodipine-atorvastatin 137
amlodipine-benazepril 121
amlodipine-olmesartan 121
amlodipine-valsartan 121
amlodipine-valsartan-hcthiazid 121
ammonium lactate 149
amnesteem 153
AMONDYS-45 80
amoxapine 101
amoxicil-clarithromy-lansopraz 205
amoxicillin 31
amoxicillin-pot clavulanate 31
amphetamine 101
amphetamine sulfate 101
amphotericin b 12
amphotericin b liposome 12
ampicillin 31
ampicillin sodium 31, 32
ampicillin-sulbactam 32
AMPYRA 80
AMRIX 86
AMVUTTRA 80
AMZEEQ 153
ANAFRANIL 101
anagrelide 162
ANALPRAM-HC 143, 196
ANALPRAM-HC SINGLES 196
anastrozole 38
ANCOBON 12
ANDEMBRY AUTOINJECTOR 257
ANGELIQ 231
ANKTIVA 39
ANNOVERA 235
ANORO ELLIPTA 257
ANUSOL-HC 196
ANZUPGO 149
APIDRA SOLOSTAR U-100 INSULIN 178
APIDRA U-100 INSULIN 178
APLENZIN 101
APOKYN 76
apomorphine 76
apraclonidine 253
aprepitant 196
apri 237
APRISO 196
APTIOM 66
APTIVUS 14
AQNEURSA 274
AQVESME 162
ARALAST NP 162
aranelle (28) 237
ARANESP (IN POLYSORBATE) 208, 209
ARAZLO 153
ARBLI 121
ARCALYST 209
ARESTIN 171
AREXVY (PF) 214
arformoterol 257
ARGATROBAN 133
argatroban in 0.9 % sod chlor 133
ARICEPT 80
ARIKAYCE 24
ARIMIDEX 39
aripiprazole 101
ARISTADA 101, 102
ARISTADA INITIO 101
ARIXTRA 133
armodafinil 102
ARMOUR THYROID 193
ARNUITY ELLIPTA 257
AROMASIN 39
ARRANON 39
arsenic trioxide 39
ARTHROTEC 50 95
ARTHROTEC 75 95
ARYNTA 102
ASCENIV 214
ascomp with codeine 89
asenapine maleate 102
ashlyna 237

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

ASMANEX HFA 257
ASMANEX TWISTHALER 257
ASPARLAS.....39
aspirin-dipyridamole 133
ASSURE ID INSULIN SAFETY 220
ASTAGRAF XL.....39
ATACAND 121
ATACAND HCT 121
atazanavir 14
ATELVIA.....222
atenolol 121
atenolol-chlorthalidone 121
ATGAM 214
ATIVAN.....102
ATMEKSI 86
atomoxetine 102
ATORVALIQ.....137
atorvastatin 137
atovaquone 24
atovaquone-proguanil 24
ATRALIN 153
atropine 246
ATROPINE SULFATE (PF) 246
ATROVENT HFA 257
ATTRUBY 140
AUBAGIO.....80
aubra eq 237
AUGMENTIN.....32
AUGMENTIN ES-600.....32
AUGTYRO 39
AUKELSO 36
AURANOFIN 226
aurovela 1.5/30 (21) 237
aurovela 1/20 (21) 237
aurovela 24 fe 237
aurovela fe 1.5/30 (28) 237
aurovela fe 1-20 (28) 237
AURYXIA.....162
AUSTEDO 80, 81
AUSTEDO XR.....81
AUSTEDO XR TITRATION KT(WK1-4) 81
AUVELITY.....102
AUVI-Q.....254
AVALIDE 121
AVAPRO.....121
AVASTIN 39
AVEED 187
AVERI.....237
AVGEMSI.....39
aviane 237
AVLAYAH 187
AVMAPKI-FAKZYNJA 39
AVODART 268
AVONEX 209
AVSOLA.....197
AVTOZMA 226
AVTOZMA AUTOINJECTOR 226
AVYCAZ 20
AXTLE.....39
ayuna 237
AYVAKIT.....39
azacitidine 39
AZACTAM 24
AZASAN.....39
AZASITE 245
azathioprine 39
azathioprine sodium 39
azelaic acid 153
azelastine 171, 246
azelastine-fluticasone 258
AZELEX 153
AZILECT 76
azilsartan medoxomil 121
azithromycin 23
AZMIRO 187
AZOPT 250
AZOR 121
AZSTARYS 102
aztreonam 24
AZULFIDINE 197
AZULFIDINE EN-TABS.....197
azurette (28) 237

B

bacitracin-polymyxin b 245
baclofen 86
BACTRIM.....34
BACTRIM DS.....34
BAFIERTAM.....81
BALCOLTRA 237
balsalazide 197
BALVERSA 39
balziva (28) 237
BANZEL 66
BAQSIMI 178
BARACLUDE.....14
BASAGLAR KWIKPEN U-100 INSULIN 178
BAVENCIO 40
BAXDELA 33
BCG VACCINE, LIVE (PF) 214
BD PEN NEEDLE 221
beclomethasone dipropionate 258
BEIZRAY.....40
BEIZRAY-ALBUMIN.....40
BELBUCA 89
BELEODAQ 40
BELSOMRA 102
benazepril 121
benazepril-hydrochlorothiazide 121
bendamustine 40
BENDAMUSTINE 40
BENDEKA 40
BENICAR 122
BENICAR HCT 122
BENLYSTA 226
BENZAMYCIN 153
BENZNIDAZOLE 24
benztropine 76
BEOVU 247
bepotastine besilate 247
BEPREVE 247
BERINERT 258
BESIFLOXACIN 245
BESIVANCE.....245
BESPONSA.....40
BESREMI.....209

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

betaine 197
betamethasone acet,sod phos 174
betamethasone dipropionate 158
betamethasone valerate 158
betamethasone, augmented 158
BETAPACE 119
BETAPACE AF 119
BETASERON 209
betaxolol 122, 246
bethanechol chloride 269
BETHKIS 24
BETIMOL 246
BEVESPI AEROSPHERE 258
bexarotene 40
BEXSERO 214
BEYAZ 238
BEYFORTUS 14
bicalutamide 40
BICILLIN C-R 32
BICILLIN L-A 32
BIDIL 122
BIJUVA 231
BIKTARVY 14
BILDYOS 222
BILPREVDA 36
bimatoprost 250
BIMZELX 144
BIMZELX AUTOINJECTOR 143
BINOSTO 222
bismuth subcit k-metronidz-tcn 205
bisoprolol fumarate 122
BISOPROLOL FUMARATE 122
bisoprolol-hydrochlorothiazide 122
BIVIGAM 214
BIZENGRI 40
BKEMV 162
BLENREP 40
bleomycin 40
BLINCYTO 40
blisovi 24 fe 238
blisovi fe 1.5/30 (28) 238
blisovi fe 1/20 (28) 238
BLUJEPA 36
BOMYNTRA 36
BONJESTA 197
BONSITY 223
BOOSTRIX TDAP 214
bortezomib 40
BORTEZOMIB 40
BORUZU 40
BOSAYA 223
bosentan 258
BOSULIF 40, 41
bosutinib 41
BOTOX 214
BRAFTOVI 41
BREKIYA 78
BREO ELLIPTA 258
BREVIBLOC 122
BREVIBLOC IN NACL (ISO-OSM) 122
breyna 258
BREZTRI AEROSPHERE 258
briellyn 238
BRILINTA 133
brimonidine 153, 253
brimonidine-timolol 250
BRINSUPRI 258
brinzolamide 250
BRIUMVI 81
brivaracetam 66
BRIVIACT 66
BRIXADI 89
bromfenac 249
bromocriptine 76
BROMSITE 249
BRUKINSA 41
BRYHALI 158
BRYNOVIN 178
BUCAPSOL 102
budesonide 197, 258
budesonide-formoterol 258
bumetanide 122
BUPHENYL 163
buprenorphine hcl 89
buprenorphine transdermal patch 89
buprenorphine-naloxone 95
bupropion hcl 102, 103
BUPROPION HCL 103
bupropion hcl (smoking deter) 171
buspirone 103
BUSPIRONE 103
busulfan 41
BUSULFEX 41
butalbital-acetaminop-caf-cod 89, 90
butalbital-acetaminophen 90
butalbital-acetaminophen-caff 90
butalbital-aspirin-caffeine 90
butorphanol 95
BUTRANS 90
BYLVAY 197
BYNFEZIA 41
BYOOVIZ 247
BYQLOVI 252
BYSANTI 103
BYSANTI TITRATION PACK A 103
BYSANTI TITRATION PACK B 103
BYSANTI TITRATION PACK C 103
BYSTOLIC 122

C

CABENUVA 14
cabergoline 187
CABLIVI 133
CABOMETYX 41
CABTREO 153
CADUET 137
CAFERGOT 78
caffeine citrate 163
calcipotriene 144
CALCIPOTRIENE 144

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

calcipotriene-betamethasone 144
calcitonin (salmon) 187, 188
calcitriol 144, 188
calcium acetate(phosphat bind) 270
calcium chloride 271
CALCIUM GLUC IN NACL, ISO-OSM 271
calcium gluconate 271
CALDOLOR 95
CALQUENCE (ACALABRUTINIB MAL) 41
CAMBIA 95
CAMCEVI (6 MONTH) 41
camila 231
CAMPTOSAR 41
camrese 238
camrese lo 238
CAMZYOS 141
CANASA 197
candesartan 122
candesartan-hydrochlorothiazid 122
CAPLYTA 103
CAPRELSA 41
captopril 122
captopril-hydrochlorothiazide 122
CARAFATE 205
CARBAGLU 163
carbamazepine 66
CARBAMAZEPINE 66
CARBATROL 67
carbidopa 76
carbidopa-levodopa 76
CARBIDOPA-LEVODOPA 76
carbidopa-levodopa-entacapone 76
carbinoxamine maleate 254
CARBINOXAMINE MALEATE 254
carboplatin 41
carbzah 254
CARDAMYST 122
CARDENE IV 123
CARDENE IV IN SODIUM CHLORIDE 122
CARDIZEM 123
CARDIZEM CD 123
CARDIZEM LA 123
CARDURA 123
CARDURA XL 123
carglumic acid 163
carisoprodol 86
carmustine 41
CARNITOR 163
CARNITOR (SUGAR-FREE) 163
CAROSPIR 123
carteolol 246
cartia xt 123
carvedilol 123
carvedilol phosphate 123
CASODEX 41
caspofungin 12
CAYSTON 24
cefaclor 20
cefadroxil 20
cefazolin 21
CEFAZOLIN 21
cefazolin in dextrose (iso-os) 21
CEFAZOLIN IN DEXTROSE (ISO-OS) 21
cefdinir 21
cefepime 21
CEFEPIME 21
CEFEPIME IN DEXTROSE 5 % 21
cefepime in dextrose,iso-osm 21
cefixime 21
cefotetan 21
cefoxitin 21
cefoxitin in dextrose, iso-osm 21
cefpodoxime 21, 22
cefprozil 22
ceftaroline fosamil 22
ceftazidime 22
ceftriaxone 22
CEFTRIAXONE 22
ceftriaxone in dextrose,iso-os 22
cefuroxime axetil 22
cefuroxime sodium 22
CELEBREX 95
celecoxib 95
CELESTONE SOLUSPAN 174
CELEXA 103
CELLCEPT 41
CELLCEPT INTRAVENOUS 41
CELONTIN 67
cephalexin 22
CEPROTIN (BLUE BAR) 133
CEPROTIN (GREEN BAR) 133
CEQUA 247
CEQUR SIMPLICITY 220
CEQUR SIMPLICITY INSERTER 220
CERDELGA 188
CEREBYX 67
CEREZYME 188
cetirizine 254
cevimeline 163
CHANTIX 171
CHANTIX CONTINUING MONTH BOX 171
CHANTIX STARTING MONTH BOX 171
charlotte 24 fe 238
chateal eq (28) 238
CHEMET 163
chlordiazepoxide-clidinium 195
chlorhexidine gluconate 171
chloroprocaine (pf) 149

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

chloroquine phosphate 24
chlorothiazide sodium 123
chlorpromazine.....103
chlorthalidone 123
chlorzoxazone.....86
CHOLBAM.....197
cholestyramine (with sugar).....137
cholestyramine light 138
CHORIONIC GONADOTROPIN, HUMAN.....188
CIALIS.....269
CIBINQO 149
ciclodan 156
ciclopirox.....156
cidofovir.....14
cilostazol.....133
CILOXAN.....245
CIMDUO.....14
CIMERLI.....247
cimetidine 205
cimetidine hcl 205
CIMZIA.....197
CIMZIA POWDER FOR RECONST.....197
CIMZIA STARTER KIT 197
cinacalcet.....188
CINQAIR 258
CINRYZE.....258
CINVANTI.....197
CIPRO 33
CIPRO HC.....173
ciprofloxacin.....33
ciprofloxacin hcl...33, 173, 245
ciprofloxacin in 5 % dextrose 33
ciprofloxacin-dexamethasone 173
ciprofloxacin-hydrocortisone.....173
cisplatin 41
citalopram 103
CITANEST PLAIN DENTAL.....149
cladribine.....41
cladribine(multiple sclerosis).....81
claravis 153
CLARINEX.....254
CLARINEX-D 12 HOUR.....254
clarithromycin 23
clemastine.....254
clemsza 254
CLENPIQ 197
CLEOCIN.....235
CLEOCIN PEDIATRIC.....24
CLEOCIN T 153
CLEVIPREX.....123
CLIMARA.....231
CLIMARA PRO.....231
clindacin 153
clindacin etz.....153
clindacin p 153
CLINDAGEL 153
clindamycin hcl.....25
CLINDAMYCIN IN 0.9 % SOD CHLOR 25
clindamycin in 5 % dextrose 25
clindamycin pediatric 25
clindamycin phosphate 25, 153, 154, 235
clindamycin-benzoyl peroxide 154
clindamycin-tretinoin 154
CLINDESSE 235
CLINIMIX 5%/D15W SULFITE FREE 274
CLINIMIX 4.25%/D10W SULF FREE 274
CLINIMIX 4.25%/D5W SULFIT FREE.....163
CLINIMIX 5%-D20W(SULFITE-FREE).....274
CLINIMIX 6%-D5W (SULFITE-FREE) 274
CLINIMIX 8%-D10W(SULFITE-FREE).....275
CLINIMIX 8%-D14W(SULFITE-FREE).....275
CLINIMIX E 2.75%/D5W SULF FREE 163
CLINIMIX E 4.25%/D10W SUL FREE 275
CLINIMIX E 4.25%/D5W SULF FREE 275
CLINIMIX E 5%/D15W SULFIT FREE.....275
CLINIMIX E 5%/D20W SULFIT FREE.....275
CLINIMIX E 8%-D10W SULFITEFREE 275
CLINIMIX E 8%-D14W SULFITEFREE 275
CLINISOL SF 15 %.....275
CLINOLIPID.....275
CLINPRO 5000.....171
clobazam.....67
clobetasol.....158, 159
CLOBETASOL 158
clobetasol-emollient 159
clocortolone pivalate.....159
clodan 159
clofarabine.....41
clomid 188
clomiphene citrate 188
clomipramine.....103
clonazepam 67
clonidine 123
clonidine (pf) 95, 123
clonidine hcl 103, 123
CLONIDINE HCL 123
clopidogrel.....133
*clorazepate dipotassium*103, 104
clotrimazole 12, 156
clotrimazole-betamethasone 156

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

clozapine.....104
CLOZARIL 104
COARTEM 25
COBENFY 104
COBENFY STARTER PACK 104
codeine sulfate.....90
codeine-butalbital-asa-caff.....90
colchicine.....222
colesevelam 138
COLESTID.....138
colestipol 138
colistin (colistimethate na).....25
COLUMVI 42
COMBIGAN 250
COMBIPATCH.....231
COMBIVENT RESPIMAT 258
COMBOGESIC IV.....95
COMETRIQ 42
COMFORT EZ PRO SAFETY PEN NDL 220
COMPLERA 14
compro.....197
CONCERTA 104
CONEXXENCE.....223
conjugated estrogens.....231
constulose 198
CONTEPO.....36
CONZIP.....95, 96
COPAXONE 81
COPIKTRA 42
CORDRAN TAPE LARGE ROLL 159
COREG 124
COREG CR 124
CORLANOR.....141
corphena.....254
CORTEF.....174
CORTENEMA 198
CORTIFOAM 198
cortisone 174
CORTISPORIN-TC 173
CORTROPHIN GEL.....174
CORVERT 119
COSELA 42
COSENTYX.....144
COSENTYX (2 SYRINGES).....144
COSENTYX PEN 144
COSENTYX PEN (2 PENS).....144
COSENTYX UNOREADY PEN.....144
COSOPT.....250
COSOPT (PF).....250
COTELLIC.....42
COTEMPLA XR-ODT 104
COZAAR.....124
CRENESSITY.....188
CREON 198
CRESEMBA 12
CRESTOR.....138
CREXONT 76
CRINONE 231
cromolyn.....198, 247, 258
crotan.....161
cryselle (28).....238
CRYSVITA.....188
CTEXLI.....198
CUPRIMINE.....226
CUROSURF.....259
CUTAQUIG.....214
CUVITRU 214
CUVPOSA 195
CUVRIOR.....163
cyclobenzaprine.....86
cyclophosphamide 42
CYCLOPHOSPHAMIDE.....42
cycloserine.....25
CYCLOSET 178
cyclosporine.....42, 247
cyclosporine modified.....42
CYLTEZO(CF) 226
CYLTEZO(CF) PEN.....226
cyproheptadine 254
CYRAMZA 42
cyred eq 238
CYSTADANE.....198
CYSTADROPS.....247
CYSTAGON 269
CYSTARAN 247
cytarabine.....42
cytarabine (pf) 42
CYTOGAM.....214
CYTOMEL.....193
CYTOTEC.....205

D

d10 %-0.45 % sodium chloride.....163
d2.5 %-0.45 % sodium chloride.....163
D5 % (D-GLUCOSE)-0.9 % SODCHLR.....163
d5 % and 0.9 % sodium chloride.....163
d5 %-0.45 % sodium chloride.....164
dabigatran etexilate.....133
dacarbazine 42
dactinomycin 42
dalbavancin 25
dalfampridine 81
DALIRESP.....259
DALVANCE.....25
danazol 188
DANTRIUM 86, 87
dantrolene.....87
DANYELZA 43
DANZITEN.....43
dapagliflozin.....178
dapagliflozin-metformin 178
dapagliflozin-saxagliptin.....178
dapsone.....25, 154
DAPSONE.....154
DAPTACEL (DTAP PEDIATRIC) (PF).....214
daptomycin 25
DAPTOMYCIN 25
DAPTOMYCIN IN 0.9 % SOD CHLOR 25
DARAPRIM.....25
darifenacin.....267
darunavir.....14
DARZALEX 43

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

DARZALEX FASPRO 43
dasatinib 43
dasetta 1/35 (28).....238
dasetta 7/7/7 (28).....238
DATROWAY.....43
daunorubicin 43
DAURISMO.....43
DAWNZERA 259
DAXXIFY 214
DAYBUE 81
DAYBUE STIX 81
daysee 238
DAYTRANA.....104
DAYVIGO 104
DDAVP 188
deblitane 232
decitabine 43
deferasirox.....164
deferiprone 164
deferoxamine 164
deflazacort 174
DELESTROGEN 232
DELSTRIGO.....14
demeclocycline 34
DEMEROL.....90
DEMEROL (PF).....90
DENAVIR.....157
denta 5000 plus 171
denta 5000 plus sensitive....171
dentagel 171
DEPAKOTE.....67
DEPAKOTE ER.....67
DEPAKOTE SPRINKLES.....67
DEPEN TITRATABS 226
DEPO-ESTRADIOL 232
DEPO-MEDROL 174
DEPO-PROVERA.....232
DEPO-SUBQ PROVERA 104 232
DEPO-TESTOSTERONE.....188
dermacinrx lidocan.....149
DERMA-SMOOTHE/FS BODY OIL 159
DERMA-SMOOTHE/FS SCALP OIL.....159
DERMOTIC OIL 173
DESCOVY 15
DESFERAL.....164
desipramine 104
desloratadine 254
DESLORATADINE.....254
DESMODA 188
desmopressin 188
desog-e.estradiol/e.estradiol.....238
desonide.....159
desoximetasone.....159
DESVENLAFAXINE 104
desvenlafaxine succinate 104
dexamethasone 174
dexamethasone intensol.....174
dexamethasone sodium phos (pf).....174
dexamethasone sodium phosphate.....175, 252
DEXEDRINE SPANSULE.....104
DEXILANT.....205
dexlansoprazole.....206
DEXLYT 175
dexmethylphenidate 105
dexrazoxane hcl.....37
DEXTENZA.....252
dextroamphetamine sulfate 105
dextroamphetamine-amphetamine 105
dextromethorphan-quinidine.....82
dextrose 10 % and 0.2 % nacl 164
dextrose 10 % in water (d10w).....164
dextrose 20 % in water (d20w).....164
dextrose 25 % in water (d25w).....164
DEXTROSE 30 % IN WATER (D30W) 164
DEXTROSE 40 % IN WATER (D40W) 164
dextrose 5 % in water (d5w).....164
dextrose 5 %-lactated ringers 164
dextrose 5%-0.2 % sod chloride.....164
dextrose 5%-0.3 % sod.chloride 165
dextrose 50 % in water (d50w).....165
DEXTROSE 50 % IN WATER (D50W) 165
dextrose 70 % in water (d70w).....165
DHIVY 76
DIACOMIT 67
diazepam.....67, 105
diazepam intensol 105
diazoxide.....178
dichlorphenamide.....82
DICLEGIS.....198
DICLOFENAC EPOLAMINE.....96
diclofenac potassium 96
diclofenac sodium.96, 149, 249
diclofenac-misoprostol 96
dicloxacillin 32
dicyclomine.....195
DICYCLOMINE 195
DIFICID 23
diflorasone.....159
DIFLUCAN.....12
diflunisal.....96
difluprednate 252
digoxin 141
dihydroergotamine 78
DILANTIN 30 MG 67
DILANTIN EXTENDED 100 MG 67
DILANTIN INFATABS 67
DILANTIN-125.....67
DILAUDID 90

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

DILAUDID (PF) 90
diltiazem hcl 124
dilt-xr 124
dimenhydrinate 198
dimethyl fumarate 82
DIOVAN 124
DIOVAN HCT 124
DIPENTUM 198
diphenhydramine hcl 254
diphenoxylate-atropine 195
DIPROLENE (AUGMENTED) 159
dipyridamole 133
disopyramide phosphate 119
disulfiram 165
divalproex 67, 68
DIVIGEL 232
dobutamine 141
dobutamine in d5w 141
docetaxel 43
DOCIVYX 43
dofetilide 119
DOJOLVI 275
dolishale 238
DOLOBID 96
donepezil 82
dopamine 141
dopamine in 5 % dextrose 141
DOPRAM 105
DOPTELET (10 TAB PACK) 134
DOPTELET (15 TAB PACK) 134
DOPTELET (30 TAB PACK) 134
DOPTELET SPRINKLE 134
DORYX MPC 34
dorzolamide 250
dorzolamide-timolol 250
dorzolamide-timolol (pf) 250
dotti 232
DOVATO 15
doxazosin 124
doxepin 105, 149
doxercalciferol 188
DOXIL 43
doxorubicin 43
doxorubicin, peg-liposomal 43
doxy-100 34
doxycycline hyclate 34
doxycycline monohydrate 34, 35
doxylamine-pyridoxine (vit b6) 198
DRIZALMA SPRINKLE 105
dronabinol 198
droperidol 198
DROPSAFE ALCOHOL PREP PADS 178
drospirenone-e.estradiol-lm.fa 238
drospirenone-ethinyl estradiol 238
DROXIA 43
droxidopa 165
DUAKLIR PRESSAIR 259
DUAVEE 232
DUETACT 178
DULERA 259
duloxetine 106
DUOBRII 159
DUOPA 76
DUPIXENT PEN 149
DUPIXENT SYRINGE 149
duramorph (pf) 90
DUREZOL 252
DURYSTA 250
dutasteride 268
dutasteride-tamsulosin 268
DUVYZAT 165
DYANAVEL XR 106
DYCLOPRO 149
DYMISTA 259
DYRENIUM 124
DYSPORT 214

E

e.e.s. 400 23
E.E.S. GRANULES 23
EBGLYSS PEN 150
EBGLYSS SYRINGE 150
econazole nitrate 156
ECONAZOLE NITRATE 156
edaravone 82
EDARBI 124
EDARBYCLOR 124
EDECRIN 124
EDETATE CALCIUM DISODIUM 275
EDLUAR 106
EDURANT 15
EDURANT PED 15
efavirenz 15
efavirenz-emtricitabin-tenofov 15
efavirenz-lamivu-tenofov disop 15
effer-k 271
EFFER-K 271
EFFEXOR XR 106
EFFIENT 134
EGRIFTA SV 209
EGRIFTA WR 209
EKTERLY 259
ELAHERE 44
ELAPRASE 189
electrolyte-148 275
electrolyte-48 in d5w 275
electrolyte-a 275
ELELYSO 189
ELEPSIA XR 68
ELESTRIN 232
eletriptan 78
ELFABRIO 189
ELIGARD 44
ELIGARD (3 MONTH) 44
ELIGARD (4 MONTH) 44
ELIGARD (6 MONTH) 44
elinest 238
ELIQUIS 134
ELIQUIS DVT-PE TREAT 30D START 134
ELIQUIS SPRINKLE 134
ELITEK 37

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

ELLENCE 44
ELMIRON.....269
ELREXFIO.....44
eltrombopag olamine.....134
eluryng.....235
ELYXYB.....78
ELZONRIS.....44
EMBLAVEO.....25
EMEND.....198
EMEND (FOSAPREPITANT).....198
EMFLAZA 175
EMGALITY PEN.....78
EMGALITY SYRINGE.....78
EMPAVELI.....165
EMPLICITI 44
EMRELIS.....44
EMROSI.....35
EMSAM 106
emtricitabine.....15
emtricitabine-tenofovir (tdf) 15
emtricita-rilpivirine-tenof df.....15
EMTRIVA.....15
EMVERM 25
emzahh.....232
enalapril maleate.....125
enalaprilat 125
enalapril-hydrochlorothiazide.....125
ENBREL 227
ENBREL MINI 226
ENBREL SURECLICK 227
ENBUMYST 125
ENDARI.....165
endocet.....90
ENFLONSIA.....15
ENGERIX-B (PF) 214, 215
ENGERIX-B PEDIATRIC (PF).....215
ENHERTU 44
enilloring 235
ENJAYMO.....165
ENOBY 223
enoxaparin.....134
ENSACOVE.....44
enskyce.....238
ENSPRYNG.....44
ENSTILAR.....144
entacapone.....76
ENTADFI.....268
entecavir 15
ENTRESTO.....141
ENTRESTO SPRINKLE.....141
ENTYVIO 198
ENTYVIO PEN.....198
enulose.....199
ENVARSUS XR 44
EOHILIA.....199
EPANED 125
EPCLUSA 15
EPIDIOLEX 68
EPIDUO FORTE.....154
EPIFOAM 144
epinastine.....247
EPINEPH BITART IN 0.9% SOD CHL.....254
epinephrine.....255
EPINEPHRINE 255
EPINEPHRINE HCL (PF).....254
EPIPEN 2-PAK 255
EPIPEN JR 2-PAK.....255
EPIVIR 15
EPKINLY 44
eplerenone 125
EPOGEN 209
epoprostenol 125
EPRONTIA 68
EPSOLAY 154
EPYSQLI.....165
EQUETRO 68
ERAXIS(WATER DILUENT) 12
ERBITUX.....44
ERGOMAR.....78
ergotamine-caffeine.....79
eribulin 44
ERIVEDGE 44
ERLEADA 45
erlotinib 45
errin 232
ERTACZO.....156
ertapenem 25
ery pads 154
ERYPED 200 23
ERYPED 400 23
ery-tab 23
ERY-TAB.....23
ERYTHROCIN 23
erythromycin.....24, 245
erythromycin ethylsuccinate 23
erythromycin lactobionate 24
erythromycin with ethanol 154
erythromycin-benzoyl peroxide 154
ERZOFRI 106
ESBRIET.....259
escitalopram oxalate 106
ESCITALOPRAM OXALATE 106
eslicarbazepine.....68
esmolol.....125
esmolol in nacl (iso-osm) 125
esomeprazole magnesium.....206
esomeprazole sodium 206
estarylla.....238
ESTRACE 232
estradiol.....232, 233
estradiol valerate.....233
estradiol-norethindrone acet 233
ESTRING 233
eszopiclone 106
ethacrynate sodium.....125
ethacrynic acid 125
ethambutol 25
ethosuximide.....68
ETHYOL 37
etodolac 96

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

etonogestrel-ethinyl estradiol 235
ETOPOPHOS 45
etoposide 45
etravirine 15
EUCRISA 150
EULEXIN 45
EURAX 161
EVAMIST 233
EVDI 45
EVEKEO 107
EVENITY 223
everolimus (antineoplastic) 45
everolimus (immunosuppressive) 45
evesse 159
evexithroid 194
EVISTA 223
EVKEEZA 138
EVOMELA 45
EVOTAZ 15
EVOXAC 165
EVRYSDI 82
EXDENSUR 259
EXELDERM 156
EXELON PATCH 82
exemestane 45
EXFORGE 125
EXFORGE HCT 125
EXJADE 165
EXONDYS-51 82
EXXUA 107
EYLEA 247
EYLEA HD 247
EYSUVIS 252
ezetimibe 138
ezetimibe-simvastatin 138

F

FABHALTA 165
FABIOR 154
FABRAZYME 189
falmina (28) 239
famciclovir 15
famotidine 206
famotidine (pf) 206
famotidine (pf)-nacl (iso-os) 206
FANAPT 107
FANAPT TITRATION PACK A 107
FANAPT TITRATION PACK B 107
FANAPT TITRATION PACK C 107
FARESTON 45
FARXIGA 178
FASENRA 259
FASENRA PEN 259
FASLODEX 45
FAVLYXA 45
febuxostat 222
feirza 239
felbamate 68
FELBATOL 68
felodipine 125
FEMARA 45
FEMLYV 239
FEMRING 233
fenofibrate 138
FENOFIBRATE 138
fenofibrate micronized 138
fenofibrate nanocrystallized 138
fenofibric acid 138
fenofibric acid (choline) 138
fenoprofen 96
FENOPRON 96
FENSOLVI 45
fentanyl 90
ferric citrate 165
FERRIPROX 165
FERRIPROX (2 TIMES A DAY) 165
fesoterodine 267
FETROJA 22
FETZIMA 107
FEXMID 87
FIASP FLEXTOUCH U-100 INSULIN 179
FIASP PENFILL U-100 INSULIN 179
FIASP U-100 INSULIN 179
fidaxomicin 24
FILSPARI 141
FILSUVEZ 150
FINACEA 154
finasteride 268
fingolimod 82
FINTEPLA 68
finzala 239
FIORICET 90
FIRAZYR 259
FIRDAPSE 82
FIRMAGON KIT W DILUENT SYRINGE 46
FIRVANQ 26
flac otic oil 173
FLAREX 252
flavoxate 267
flecainide 119
FLECTOR 96
FLEQSUVY 87
FLEXBUMIN 25 % 270
FLEXBUMIN 5 % 270
FLOLIPID 138
floxuridine 46
fluconazole 12
fluconazole in nacl (iso-osm) 12
flucytosine 12
fludarabine 46
fludrocortisone 175
flumazenil 107
flunisolide 259
fluocinolone 159, 160
fluocinolone acetonide oil 173
fluocinolone and shower cap 159
fluocinonide 160
fluocinonide-emollient 160
fluoride (sodium) 171, 277
FLUORIDEX DAILY DEFENSE 172
FLUORIDEX SENSITIVITY RELIEF 172

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

FLUORIMAX 5000 172
FLUORIMAX 5000 SENSITIVE.....172
fluorometholone.....252
fluorouracil.....46, 150
FLUOROURACIL.....150
fluoxetine 107, 108
fluoxetine (pmdd).....107
fluphenazine decanoate 108
fluphenazine hcl.....108
flurandrenolide.....160
flurbiprofen.....96
flurbiprofen sodium 249
FLUTICASONE FUROATE.....259
FLUTICASONE FUROATE-VILANTEROL.....260
fluticasone propionate 160, 260
FLUTICASONE PROPIONATE 260
fluticasone propion-salmeterol 260
FLUTICASONE PROPION-SALMETEROL.....260
fluvastatin 138, 139
fluvoxamine 108
FML FORTE 252
FML LIQUIFILM 252
FOCALIN XR 108
FOCINVEZ 199
FOLOTYN 46
fomepizole.....215
fondaparinux 135
formoterol fumarate 260
FORTEO 223
FORZINITY 165
FOSAMAX 223
FOSAMAX PLUS D.....223
fosamprenavir.....16
fosaprepitant.....199
foscarnet 16
fosfomycin tromethamine.....36
fosinopril 125
fosinopril-hydrochlorothiazide.....125
fosphenytoin.....68
FOSRENOL 165, 166
FOTIVDA 46
FRAGMIN.....135
FRINDOVYX 46
frovatriptan.....79
FRUZAQLA.....46
FULPHILA.....209
fulvestrant.....46
FUROSCIX 125
furosemide 125, 126
FYARRO.....46
fyavolv 233
FYCOMPA.....68
FYLNETRA 209

G

gabapentin 68, 69
GABARONE.....69
GABLOFEN.....87
GALAFOLD 189
galantamine 82
galbriela 239
gallifrey 233
GAMASTAN 215
GAMIFANT.....46
GAMMAGARD LIQUID 215
GAMMAGARD LIQUID ERC 215
GAMMAGARD S-D (IGA < 1 MCG/ML).....215
GAMMAKED.....215
GAMMAPLEX 215
GAMMAPLEX (WITH SORBITOL) 215
GAMUNEX-C.....215
ganciclovir sodium 16
GARDASIL 9 (PF).....215
GASTROCROM 199
gatifloxacin.....245
GATTEX 30-VIAL 199
GAUZE PAD 220
gavilyte-c 199
gavilyte-g.....199
gavilyte-n.....199
GAVRETO.....46
GAZYVA 46
gefitinib.....46
gemcitabine 46
gemfibrozil.....139
gemmily 239
GEMTESA 267
generlac 199
gengraf.....46
GENOTROPIN 210
GENOTROPIN MINIQUICK 209, 210
gentamicin 26, 156, 245
gentamicin in nacl (iso-osm) 26
GENTAMICIN IN NACL (ISO-OSM).....26
gentamicin sulfate (ped) (pf) 26
GENVOYA 16
GEODON 108
GILENYA 82
GILOTRIF.....46
GIMOTI.....199
GIVLAARI.....166
GLASSIA 166
glatiramer.....82
glatopa.....82
GLEEVEC.....46, 47
GLEOSTINE 47
glimepiride.....179
GLIMEPIRIDE 179
glipizide 179
GLIPIZIDE.....179
glipizide-metformin 179
GLOPERBA.....222
GLUCAGON (HCL) EMERGENCY KIT 179
glucagon emergency kit (human) 179
glutamine (sickle cell) 166
glyburide.....179
glyburide-metformin.....179
GLYCATE 195
glycerol phenylbutyrate.....166

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

glycine urologic solution 269
GLYCOPHOS 271
glycopyrrolate 196
glycopyrrolate (pf) 196
GLYCOPYRROLATE (PF) 195
glycopyrrolate (pf) in water 195
GLYCOPYRROLATE (PF) IN WATER 195
glydo 150
GLYXAMBI 179
GOCOVRI 76, 77
GOLYTELY 199
GOMEKLI 47
GRAFAPEX 47
GRALISE 69
granisetron (pf) 199
granisetron hcl 199
GRANISOL 199
GRANIX 210
GRASTEK 215
griseofulvin microsize 12
griseofulvin ultramicrosize 12
guanfacine 108, 126
GVOKE 180
GVOKE HYPOPEN 2-PACK 180
GVOKE PFS 1-PACK SYRINGE 180
GYNAZOLE-1 235

H

HADLIMA 227
HADLIMA PUSHTOUCH 227
HADLIMA(CF) 227
HADLIMA(CF) PUSHTOUCH 227
HAEGARDA 260
hailey 239
hailey 24 fe 239
hailey fe 1.5/30 (28) 239
hailey fe 1/20 (28) 239
HALAVEN 47
halcinonide 160
halobetasol propionate 160
HALOBETASOL PROPIONATE 160
HALOG 160
haloperidol 108
haloperidol decanoate 108
haloperidol lactate 108
HARLIKU 166
HARVONI 16
HAVRIX (PF) 215, 216
heather 233
HEMADY 175
HEMANGEOL 126
HEMICLOR 126
HEPAGAM B 216
heparin (porcine) 135
heparin (porcine) in 5 % dex 135
heparin (porcine) in nacl (pf) 135
HEPARIN (PORCINE) IN NACL (PF) 135
heparin, porcine (pf) 135
HEPARIN, PORCINE (PF) 135, 136
heparin(porcine) in 0.45% nacl 135
HEPARIN(PORCINE) IN 0.45% NACL 135
HEPCLUDEX 16
HEPLISAV-B (PF) 216
HERCEPTIN 47
HERCEPTIN HYLECTA 47
HERCESSI 47
HERNEXEOS 47
HERZUMA 47
HETLIOZ 108
HETLIOZ LQ 108
HIBERIX (PF) 216
HIZENTRA 216
HORIZANT 83
HUMALOG JUNIOR KWIKPEN U-100 180
HUMALOG KWIKPEN INSULIN 180
HUMALOG MIX 50-50 KWIKPEN 180
HUMALOG MIX 75-25 KWIKPEN 180
HUMALOG MIX 75-25(U-100)INSULN 180
HUMALOG U-100 INSULIN 180
HUMATIN 26
HUMATROPE 210
HUMIRA 227
HUMIRA PEN 227
HUMIRA(CF) 227
HUMIRA(CF) PEN 227
HUMIRA(CF) PEN CROHNS-UC-HS 227
HUMIRA(CF) PEN PSOR-UV-ADOL HS 227
HUMULIN 70/30 U-100 INSULIN 180
HUMULIN 70/30 U-100 KWIKPEN 180
HUMULIN N NPH INSULIN KWIKPEN 180
HUMULIN N NPH U-100 INSULIN 181
HUMULIN R REGULAR U-100 INSULN 181
HUMULIN R U-500 (CONC) INSULIN 181
HUMULIN R U-500 (CONC) KWIKPEN 181
hydralazine 126
HYDREA 47
hydrochlorothiazide 126
hydrocodone bitartrate 91
hydrocodone-acetaminophen 91
hydrocodone-ibuprofen 91
hydrocortisone 160, 175, 199
hydrocortisone acetate 199
hydrocortisone butyrate 160
hydrocortisone sod succinate 175
hydrocortisone valerate 160

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

hydrocortisone-acetic acid 173
hydrocortisone-pramoxine 199
hydromorphone 91
HYDROMORPHONE 91
hydromorphone (pf) 91
HYDROMORPHONE (PF) 91
hydroxychloroquine 26
hydroxyurea 47
hydroxyzine hcl 255
hydroxyzine pamoate 255
HYFTOR 150
HYPERHEP B 216
HYPERHEP B NEONATAL 216
HYQVIA 216
HYRIMOZ PEN CROHN'S-UC STARTER 228
HYRIMOZ PEN PSORIASIS STARTER 228
HYRIMOZ(CF) 228
HYRIMOZ(CF) PEDI CROHN STARTER 228
HYRIMOZ(CF) PEN 228
HYRNUO 47
HYSINGLA ER 91, 92
HYZAAR 126

I

ibandronate 223
IBRANCE 47
IBSRELA 199
IBTROZI 47
ibu 96
ibuprofen 97
ibuprofen lysine (pf) 96
ibuprofen-famotidine 97
ibutilide fumarate 119
icatibant 260
iclevia 239
ICLUSIG 47
icosapent ethyl 139
ICOTYDE 144
IDAMYCIN PFS 47
idarubicin 47
IDHIFA 48
IDVYNSO 16
IFEX 48
ifosfamide 48
ILARIS (PF) 210
ILEVRO 249
ILUMYA 144
ILUVIEN 252
IMAAVY 87
imatinib 48
IMBRUVICA 48
IMDELLTRA 48
IMFINZI 48
imipenem-cilastatin 26
imipramine hcl 108
imipramine pamoate 109
imiquimod 150
IMITREX 79
IMITREX STATDOSE PEN 79
IMITREX STATDOSE REFILL 79
IMJUDO 48
IMKELDI 48
IMOVAX RABIES VACCINE (PF) 216
IMULDOSA 145
IMURAN 48
IMVEXXY MAINTENANCE PACK 233
IMVEXXY STARTER PACK 233
INBRIJA 77
incassia 233
INCRELEX 166
INCRUSE ELLIPTA 261
indapamide 126
INDERAL LA 126
INDERAL XL 126
INDOCIN 97
indomethacin 97
indomethacin sodium 97
INFANRIX (DTAP) (PF) 216
INFLECTRA 200
INFLIXIMAB 200
INFUMORPH P/F 92
INGREZZA 83
INGREZZA INITIATION PK(TARDIV) 83
INGREZZA SPRINKLE 83
INLEXZO 48
INLURIYO 48
INLYTA 48
INNOPRAN XL 126
INPEFA 181
INPEN (FOR HUMALOG) BLUE 220
INPEN (FOR HUMALOG) GREY 220
INPEN (FOR HUMALOG) PINK 220
INPEN (NOVOLOG OR FIASP) BLUE 220
INPEN (NOVOLOG OR FIASP) GREY 221
INPEN (NOVOLOG OR FIASP) PINK 221
INQOVI 48
INREBIC 48
INSULIN GLARGINE U-300 CONC 181
INSULIN GLARGINE-YFGN 181
INSULIN LISPRO 181
INSULIN LISPRO PROTAMIN-LISPRO 181
INSULIN SYRINGE-NEEDLE U-100 221
INTELENCE 16
intralipid 276
INTRALIPID 276
INTRAROSA 235
introvale 239
INTUNIV ER 109
INVEGA 109
INVEGA HAFYERA 109

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

INVEGA SUSTENNA.....109
INVEGA TRINZA.....109
INVELTYS 252
INVOKAMET.....181
INVOKAMET XR 181
INVOKANA 181
INZIRQO.....126
IONOSOL-MB IN D5W 276
IOPIDINE.....253
IPOL 216
ipratropium bromide ..172, 261
ipratropium-albuterol.....261
IQIRVO 200
irbesartan 126
irbesartan-hydrochlorothiazide.....126
IRESSA 48
irinotecan.....48
ISENTRESS 16
ISENTRESS HD 16
isibloom 239
ISOLYTE S PH 7.4 276
ISOLYTE-P IN 5 % DEXTROSE 276
ISOLYTE-S.....276
isoniazid.....26
isoproterenol hcl.....141
isosorbide dinitrate.....143
isosorbide mononitrate.....143
isosorbide-hydralazine 126
isotretinoin.....154
isradipine.....126
ISTALOL 246
ISTODAX 49
ISTURISA.....189
ITOVEBI.....49
itraconazole 12, 13
ivabradine.....141
ivermectin 26, 154
IVRA 49
IWILFIN.....49
IXEMPRA.....49
IXIARO (PF).....216
IYUZEH (PF).....250
IZERVAY (PF) 247

J

JADENU 166
JADENU SPRINKLE 166
jaimiess.....239
JAKAFI 49
JAKAFI XR.....49
JALYN 268
jantoven 136
JANUMET 181
JANUMET XR.....182
JANUVIA.....182
JARDIANCE.....182
JASCAYD.....261
jasmiel (28).....239
JATENZO 189
JAVADIN.....126
javygtor.....189
JAYPIRCA.....49
jaythari 175
JEMPERLI 49
jencycla.....233
JENTADUETO 182
JENTADUETO XR.....182
JEVTANA.....49
jinteli.....233
JOBEVNE 49
JOENJA.....166
jolessa.....239
JORNAY PM 109
JOURNAVX 97
joyeaux.....239
JUBBONTI.....223
JUBEREQ 37
JUBLIA 157
juleber.....239
JULUCA.....16
junel 1.5/30 (21) 239
junel 1/20 (21) 239
junel fe 1.5/30 (28) 239
junel fe 1/20 (28) 240
junel fe 24 240
JUST RIGHT 5000.....172
JUXTAPID.....139
JYLAMVO.....49
JYNARQUE.....189
JYNNEOS (PF).....216

K

KABIVEN.....276
KADCYLA 49
kaitlib fe.....240
KALBITOR.....261
KALETRA 16
kalliga.....240
KALYDECO.....261
KANJINTI.....49
KANUMA.....189
KAPSPARGO SPRINKLE.....127
KARBINAL ER 255
kariva (28) 240
KATERZIA.....127
KAZANO 182
kelnor 1/35 (28) 240
KENALOG.....175
KENALOG-80 175
KEPIVANCE 37
KEPPRA.....69
KEPPRA XR 69
KERENDIA.....127
KESIMPTA PEN 83
ketoconazole 13, 157
ketodan 157
ketoprofen 97
ketorolac 97, 249
KEVEYIS.....83
KEVZARA.....228
KEYTRUDA 49
KEYTRUDA QLEX 49
KHAPZORY 37
KHINDIVI.....175
KIMMTRAK.....49
KIMYRSA.....26
KINERET 228
KINRIX (PF).....217
kionex.....166
KIRSTY.....182
KIRSTY PEN.....182
KISQALI.....50
KISUNLA 83
KITABIS PAK 26
KLARON 156
klayesta.....157

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

KLISYRI (250 MG) 50
KLONOPIN.....69
klor-con 10 271
klor-con 8 271
klor-con m10.....271
klor-con m15.....271
klor-con m20.....271
klor-con oral packet 20 271
KLOXXADO 97
KOMZIFTI.....50
KONVOMEP 206
KORLYM.....189
KOSELUGO 50
kourzeq 172
K-PHOS NO 2.....269
K-PHOS ORIGINAL 269
KRAZATI 50
KRINTAFEL.....26
KRISTALOSE.....200
KRYSTEXXA.....222
kurvelo (28) 240
KUVAN.....189
KYGEVVI.....166
KYLEENA 235
kymbee 175
KYPROLIS 50
KYXATA 50
KYZATREX 189
L
l norgest/e.estradiol-e.estrad 240
labetalol.....127
LABETALOL 127
lacosamide.....69
lactated ringers.....162, 271
lactulose.....200
LAMICTAL 70
LAMICTAL ODT 69
LAMICTAL ODT STARTER (BLUE) 69
LAMICTAL ODT STARTER (GREEN) 69
LAMICTAL ODT STARTER (ORANGE).....70
LAMICTAL STARTER (BLUE) KIT 70
LAMICTAL STARTER (GREEN) KIT 70
LAMICTAL STARTER (ORANGE) KIT 70
LAMICTAL XR.....70
LAMICTAL XR STARTER (BLUE) 70
LAMICTAL XR STARTER (GREEN) 70
LAMICTAL XR STARTER (ORANGE).....70
lamivudine 16
lamivudine-zidovudine.....17
lamotrigine 70, 71
LAMPIT 26
LAMZEDE.....166
LANOXIN.....141, 142
LANOXIN PEDIATRIC....142
LANREOTIDE.....50
lansoprazole 206
lanthanum.....166
LANTUS SOLOSTAR U-100 INSULIN.....182
LANTUS U-100 INSULIN.....182
lapatinib.....50
larin 1.5/30 (21) 240
larin 1/20 (21) 240
larin 24 fe 240
larin fe 1.5/30 (28).....240
larin fe 1/20 (28).....240
LASIX 127
LASIX ONYU.....127
latanoprost.....250
LATUDA.....109, 110
LAZCLUZE 50
LEDIPASVIR-SOFOSBUVIR 17
leflunomide 228
LEMTRADA.....83
lenalidomide 50
LENTOCILIN S (WITH LIDOCAINE).....32
LENVIMA.....50
LEQEMBI 83
LEQEMBI IQLIK 83
LEQSELVI.....228
LEQVIO 139
LEROCHOL.....139
LESCOL XL.....139
lessina 240
LETAIRIS 261
letrozole 50
leucovorin calcium 37
LEUKERAN 51
LEUKINE.....210
leuprolide.....51
levalbuterol hcl.....261
LEVALBUTEROL TARTRATE 261
levetiracetam 71
LEVETIRACETAM 71
levetiracetam in nacl (iso-os).....71
levobunolol 246
levocarnitine.....166
levocarnitine (with sugar).....166
levocetirizine 255
levofloxacin 33, 34, 245
levofloxacin in d5w.....33
levoleucovorin calcium.....37
levonest (28) 240
levonorgest-eth.estradiol-iron.....240
levonorgestrel-ethinyl estrad 240
levonorg-eth estrad triphasic.....240
LEVOPHED (BITARTRATE) 142
levorphanol tartrate 92
levothyroxine 194
LEVOTHYROXINE.....194
levoxyl.....194
LEXAPRO.....110
lexette.....161
LIALDA 200

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

LIBRAX (WITH CLIDINIUM) 196
LIBTAYO 51
LICART....97
lidocaine 150
lidocaine (pf) 119, 120, 150
lidocaine hcl 150
lidocaine in 5 % dextrose (pf)....120
lidocaine-epinephrine....151
lidocaine-epinephrine (pf) 150
lidocaine-epinephrine bit....150
lidocaine-prilocaine 151
lidocan iii....151
lidocan iv 151
lidocan v 151
LIFYORLI....51
LILETTA....235
LINCOCIN....26
lincomycin 26
linezolid 27
linezolid in dextrose 5% 27
LINEZOLID-0.9% SODIUM CHLORIDE....27
LINZESS....200
liomny 194
LIORESAL....87
liothyronine 194
LIPITOR....139
LIPOFEN....139
liraglutide 182
lisdexamfetamine 110
lisinopril 127
lisinopril-hydrochlorothiazide....127
LITFULO 166
lithium carbonate 110
lithium citrate 110
LITHOBID 110
LITHOSTAT 166
LIVALO 139
LIVDELZI....200
LIVMARLI 200
LIVTENCITY 17
LO LOESTRIN FE....241
LOARGYS 166
LODINE 97
LODOCO 142
LODOSYN....77
LOESTRIN 1.5/30 (21)....241
LOESTRIN 1/20 (21)....241
LOESTRIN FE 1.5/30 (28-DAY) 241
LOESTRIN FE 1/20 (28-DAY) 241
lofena 97
lofexidine 97
lojaimiess....241
LOKELMA 167
LOMOTIL 196
lomustine 51
LONSURF....51
loperamide....196
LOPID 139
lopinavir-ritonavir....17
LOPRESSOR 127
LOQTORZI....51
lorazepam 110
lorazepam intensol 110
LORBRENA 51
LOREEV XR....110
loryna (28)....241
losartan....127
losartan-hydrochlorothiazide....127
LOTEMAX 252, 253
LOTEMAX SM....253
LOTENSIN 127
LOTENSIN HCT 127
loteprednol etabonate....253
lovastatin 139
LOVAZA....139
LOVENOX....136
loxapine succinate 110
lo-zumandimine (28)....241
lubiprostone....200
LUCENTIS....247
luizza....241
LULICONAZOLE 157
LUMAKRAS....51
LUMIGAN 250
LUMIZYME 189
LUMRYZ 110
LUMRYZ STARTER PACK 111
LUNESTA....111
LUNSUMIO....51
LUNSUMIO VELO 51
LUPKYNIS 51
LUPRON DEPOT 52
LUPRON DEPOT (3 MONTH)....51
LUPRON DEPOT (4 MONTH)....51
LUPRON DEPOT (6 MONTH)....52
LUPRON DEPOT-PED 52
LUPRON DEPOT-PED (3 MONTH)....52
lurasidone....111
lurbiro....97
lutera (28)....241
LUTRATE DEPOT (3 MONTH)....52
LUZU 157
LYBALVI 111
lyleq 233
lyllana....234
LYNKUET 236
LYNOZYFIC 52
LYNPARZA....52
LYRICA 71
LYRICA CR....71
LYSODREN....52
LYTGOBI 52
LYUMJEV KWIKPEN U-100 INSULIN....182
LYUMJEV KWIKPEN U-200 INSULIN....182
LYUMJEV U-100 INSULIN....182
lyza....234

M

macitentan 261
MACROBID 36

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

MACRODANTIN.....36
magnesium chloride.....271
magnesium sulfate.....272
MAGNESIUM SULFATE IN D5W.....271
magnesium sulfate in water.....271, 272
MAGNESIUM SULFATE IN WATER.....272
MALARONE.....27
MALARONE PEDIATRIC.....27
malathion.....161
mannitol 20 %.....127
mannitol 25 %.....127
maraviroc.....17
MARINOL.....200
marlissa (28).....241
MARPLAN.....111
MATULANE.....52
matzim la.....127
MAVENCLAD (10 TABLET PACK).....83
MAVENCLAD (4 TABLET PACK).....83
MAVENCLAD (5 TABLET PACK).....83
MAVENCLAD (6 TABLET PACK).....83
MAVENCLAD (7 TABLET PACK).....83
MAVENCLAD (8 TABLET PACK).....83
MAVENCLAD (9 TABLET PACK).....84
MAVYRET.....17
MAXALT.....79
MAXALT-MLT.....79
MAXIDEX.....253
MAXITROL.....251
MAYZENT.....84
MAYZENT STARTER(FOR 1MG MAINT).....84
MAYZENT STARTER(FOR 2MG MAINT).....84
meclizine.....200
meclofenamate.....97
MEDROL.....175
MEDROL (PAK).....175
medroxyprogesterone.....234
mefenamic acid.....98
mefloquine.....27
megestrol.....52
MEKINIST.....52
MEKTOVI.....53
meleya.....234
meloxicam.....98
meloxicam submicronized.....98
melphalan hcl.....53
memantine.....84
memantine-donepezil.....84
MENOSTAR.....234
MENQUADFI (PF).....217
MENVEO A-C-Y-W-135-DIP (PF).....217
meperidine.....92
meperidine (pf).....92
meprobamate.....87
MEPRON.....27
MEPSEVII.....189
mercaptopurine.....53
MERILOG.....183
MERILOG SOLOSTAR....182
meropenem.....27
MEROPENEM-0.9% SODIUM CHLORIDE.....27
mesalamine.....200, 201
mesalamine with cleansing wipe.....201
mesna.....37
MESNEX.....37
MESTINON.....87
MESTINON TIMESPAN.....87
METADATE CD.....111
metaxalone.....87
METAXALONE.....87
metformin.....183
METFORMIN.....183
methadone.....92
methadone intensol.....92
methadose.....92
methamphetamine.....111
methazolamide.....249
methenamine hippurate.....36
methenamine mandelate.....36
methimazole.....177
METHITEST.....190
methocarbamol.....87
methotrexate sodium.....53
methotrexate sodium (pf).....53
methoxsalen.....151
methscopolamine.....196
methsuximide.....71
methyldopa.....128
methylergonovine.....244
METHYLIN.....111
methylphenidate.....112
methylphenidate hcl....111, 112
METHYLPHENIDATE HCL.....111
methylprednisolone.....175
methylprednisolone acetate.....175
methylprednisolone sodium succ.....176
methyltestosterone.....190
metoclopramide hcl.....201
metolazone.....128
metoprolol succinate.....128
metoprolol ta-hydrochlorothiaz.....128
metoprolol tartrate.....128
METOPROLOL TARTRATE.....128
metro i.v......27
metronidazole.....27, 154, 236
METRONIDAZOLE.....27
metronidazole in nacl (iso-os).....27
metyrosine.....128
mexiletine.....120

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

MIACALCIN 190
mibelas 24 fe.....241
micafungin.....13
MICAFUNGIN IN 0.9 % SODIUM CHL.....13
MICARDIS HCT 128
miconazole-3 236
MICORT-HC.....201
microgestin 1.5/30 (21) 241
microgestin 1/20 (21) 241
microgestin fe 1.5/30 (28) 241
microgestin fe 1/20 (28) 241
midodrine.....167
MIEBO (PF).....247
mifepristone.....190, 236
migergot.....79
miglitol.....183
miglustat.....190
mili.....241
milnacipran 228
milophene 190
milrinone 142
milrinone in 5 % dextrose 142
mimvey.....234
MINIVELLE 234
MINOCIN 35
minocycline.....35
minoxidil.....128
minzoya.....241
miostat 250
MIPLYFFA 84
mirabegron 267
MIRCERA.....210
MIRENA 236
mirtazapine.....112
MIRVASO.....154
misoprostol.....206
MITIGARE 222
MITIGO (PF) 92
mitomycin 53
mitoxantrone.....53
MIUDELLA 236
M-M-R II (PF).....217
modafinil.....112
MODEYSO 53
moexipril.....128
molindone 112
mometasone 161, 261
mondoxyne nl.....35
MONJUVI.....53
mono-linyah.....241
montelukast.....261
morphine.....92, 93
MORPHINE 92, 93
morphine (pf).....92
morphine concentrate.....92
MOTEGRITY 201
MOTOFEN.....196
MOTPOLY XR 71
MOUNJARO.....183
MOVANTIK 201
MOVIPREP.....201
moxifloxacin 34, 245
MOXIFLOXACIN-SOD.ACE,SUL-WATER.....34
moxifloxacin-sod.chloride(iso).....34
MOZOBIL.....210
MRESVIA (PF).....217
MS CONTIN 93
MULPLETA.....136
MULTAQ.....120
mupirocin.....156
mupirocin calcium.....156
MVASI 53
MYALEPT 190
MYCAPSSA 53
mycophenolate mofetil.....53
mycophenolate mofetil (hcl) 53
mycophenolate sodium 53
MYDAYIS 112
MYFEMBREE 236
MYFORTIC 53
MYHIBBIN.....53
MYLOTARG 54
MYOBLOC 217
MYQORZO.....142
MYRBETRIQ 267
MYSOLINE 71
MYTESI 196
MYXREDLIN 183

N

NABI-HB 217
nabumetone 98
nadolol.....128
nafcillin.....32
nafcillin in dextrose iso-osm.....32
naftifine.....157
NAFTIN 157
NAGLAZYME.....190
nalbuphine.....98
NALOCET 93
naloxone 98
naltrexone.....98
NAMZARIC.....84
naproxen.....98
naproxen sodium 98
naproxen-esomeprazole.....98
naratriptan.....79
NARDIL.....112
NATACYN 245
NATAZIA 241
nateglinide.....183
NATESTO.....190
NATROBA.....161
NAYZILAM.....71
nebivolol 128
NEBUPENT 27
necon 0.5/35 (28).....241
nefazodone.....112
NEFFY 255
NELARABINE 54
NEMLUVIO.....54
neomycin.....27
neomycin-bacitracin-poly-hc.....251
neomycin-bacitracin-polymyxin.....245
neomycin-polymyxin b gu.....162
neomycin-polymyxin b-dexameth.....251

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

neomycin-polymyxin-gramicidin 245
neomycin-polymyxin-hc 173, 251
NEOPROFEN (IBUPROFEN LYSN)(PF) 98
NEORAL 54
NEO-SYNALAR 156
NERLYNX 54
NESACAINE 151
NESACAINE-MPF 151
NESINA 183
NESTABS ONE 277
neuac 155
NEULASTA 210
NEULASTA ONPRO 210
NEUPOGEN 210
NEUPRO 77
NEURONTIN 71, 72
NEVANAC 249
nevirapine 17
NEXAVAR 54
NEXICLON XR 128
NEXIUM 206
NEXIUM PACKET 207
NEXLETOL 139
NEXLIZET 139
NEXPLANON 236
NEXTERONE 120
NEXTSTELLIS 242
NEXVIAZYME 190
NGENLA 211
niacin 139
NIACOR 139
nicardipine 128
nicardipine in nacl (iso-os) 128
NICARDIPINE IN NACL (ISO-OS) 128
NICOTROL NS 171
nifedipine 128, 129
nikki (28) 242
NIKTIMVO 54
NILOTINIB D-TARTRATE 54
nilotinib hcl 54
nilutamide 54
nimodipine 129
NINLARO 54
nintedanib 261
NIPENT 54
nitazoxanide 27
nitisinone 167
nitro-bid 143
NITRO-DUR 143
nitrofurantoin 36
NITROFURANTOIN 36
nitrofurantoin macrocrystal 36
nitrofurantoin monohyd/m-cryst 36
nitroglycerin 143, 201
NITROLINGUAL 143
NITROSTAT 143
NITYR 167
niva thyroid 194
NIVESTYM 211
nizatidine 207
nora-be 234
NORDITROPIN FLEXPRO 211
norelgestromin-ethin.estradiol 236
norepinephrine bitartrate 142
norepinephrine bitartrate-d5w 142
NOREPINEPHRINE BITARTRATE-D5W 142
norepinephrine bitartrate-nacl 142
norethindrone (contraceptive) 234
norethindrone acetate 234
norethindrone ac-eth estradiol 234, 242
norethindrone-e.estradiol-iron 242
NORGESIC 87
NORGESIC FORTE 87
norgestimate-ethinyl estradiol 242
NORITATE 155
NORLIQVA 129
NORMOSOL-M IN 5 % DEXTROSE 276
NORMOSOL-R 272
NORMOSOL-R IN 5 % DEXTROSE 272
NORMOSOL-R PH 7.4 276
NORPACE 120
NORPACE CR 120
NORPRAMIN 112
NORTHERA 167
nortrel 0.5/35 (28) 242
nortrel 1/35 (21) 242
nortrel 1/35 (28) 242
nortrel 7/7/7 (28) 242
nortriptyline 112
NORVASC 129
NORVIR 17
NOURIANZ 77
NOVAREL 190
NOVOLIN 70/30 U-100 INSULIN 184
NOVOLIN 70-30 FLEXPEN U-100 184
NOVOLIN N FLEXPEN 184
NOVOLIN N NPH U-100 INSULIN 184
NOVOLIN R FLEXPEN 184
NOVOLIN R REGULAR U100 INSULIN 184
NOVOLOG FLEXPEN U-100 INSULIN 184
NOVOLOG MIX 70-30 U-100 INSULN 184
NOVOLOG MIX 70-30FLEXPEN U-100 184
NOVOLOG PENFILL U-100 INSULIN 184
NOVOLOG U-100 INSULIN ASPART 184
NOXAFIL 13
np thyroid 194
NPLATE 136

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

NUBEQA 54
NUCALA 261, 262
NUCYNTA 98
NUCYNTA ER 98
NUEDEXTA 84
NULIBRY 84
NULOJIX 54
NUPLAZID 112
NURTEC ODT 79
NUTRILIPID 276
NUVARING 236
NUVESSA 236
NUZYRA 35
nyamyc 157
nylia 1/35 (28) 242
nylia 7/7/7 (28) 242
NYMALIZE 129
NYPOZI 211
nystatin 13, 157
nystatin-triamcinolone 157
nystop 157
NYVEPRIA 211
O
OCREVUS 84
OCREVUS ZUNOVO 84
OCTAGAM 217
octreotide acetate 54
octreotide,microspheres 55
OCUFLOX 245
ODACTRA 217
ODEFSEY 17
ODOMZO 55
OFEV 262
ofloxacin 34, 173, 245
OGIVRI 55
OGSIVEO 55
OHTUVAYRE 262
OJEMDA 55
OJJAARA 55
olanzapine 112
olanzapine-fluoxetine 112
olmesartan 129
olmesartan-amlodipin-hcthiazid 129
olmesartan-hydrochlorothiazide 129
olopatadine 172
OLPRUVA 167
OLUMIANT 228
OMECLAMOX-PAK 207
omega-3 acid ethyl esters 139
OMEGAVEN 276
omeprazole 207
omeprazole-sodium bicarbonate 207
OMIDRIA 247
OMNARIS 262
OMNIPOD 5 (LIBRE 2/3 PLUS) 221
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 221
OMNIPOD 5 G6-G7 PODS (GEN 5) 221
OMNIPOD 5 INTRO (LIBRE2/3PLUS) 221
OMNIPOD DASH INTRO KIT (GEN 4) 221
OMNIPOD DASH PODS (GEN 4) 221
OMNITROPE 211
OMVOH 201
OMVOH PEN 201
ONAPGO 77
ONCASPAR 55
ondansetron 202
ONDANSETRON 202
ondansetron hcl 201, 202
ondansetron hcl (pf) 201
ONEXTON 155
ONFI 72
ONGENTYS 77
ONIVYDE 55
ONPATTRO 84
ONTRALFY 87
ONTRUZANT 55
ONUREG 55
ONYDA XR 112
ONZETRA XSAIL 79
OPDIVO 55
OPDIVO QVANTIG 55
OPDUALAG 55
OPFOLDA 190
OPIPZA 112, 113
opium tincture 196
OPSUMIT 262
OPSYNVI 262
OPVEE 98
OPZELURA 151
ORACEA 35
ORAPRED ODT 176
ORBACTIV 27
ORENCIA 229
ORENCIA (WITH MALTOSE) 228
ORENCIA CLICKJECT 228
ORENITRAM 129
ORENITRAM MONTH 1 TITRATION KT 129
ORENITRAM MONTH 2 TITRATION KT 129
ORENITRAM MONTH 3 TITRATION KT 129
ORFADIN 167
ORGOVYX 55
ORIAHNN 236
ORILISSA 190
ORKAMBI 262
ORLADEYO 262
ORLISTAT 167
ORLYNVAH 28
ormalvi 84
orphenadrine citrate 87, 88
orphenadrine-asa-caffeine 88
orphengesic forte 88
orquidea 234
ORSERDU 55, 56
ORUDIS 98
oseltamivir 17
OSENVELT 37
OSMITROL 10 % 129
osmitrol 20 % 130
OSPHENA 236
OSPOMYV 223
OSVYRTI 223
OTEZLA 229
OTEZLA STARTER 229

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

OTEZLA XR.....229
OTEZLA XR INITIATION.....229
OTULFI.....145
OVIDE.....161
oxacillin.....32
oxacillin in dextrose(iso-osm).....32
oxaliplatin.....56
oxaprozin.....98
oxcarbazepine.....72
OXERVATE.....247
oxiconazole.....157
OXLUMO.....269
OXTELLAR XR.....72
oxybutynin chloride.....267, 268
oxycodone.....93
OXYCODONE.....93
oxycodone-acetaminophen.....93, 94
OXYCONTIN.....94
oxymetazoline.....155
oxymorphone.....94
OXYTROL.....268
OZEMPIC.....184
OZOBAX DS.....88
OZURDEX.....253

P

pacerone.....120
paclitaxel.....56
paclitaxel protein-bound.....56
PADCEV.....56
paliperidone.....113
palonosetron.....202
PALSONIFY.....56
PALYNZIQ.....190
pamidronate.....190
PANCREAZE.....202
PANHEMATIN.....167
PANRETIN.....151
pantoprazole.....207
PANTOPRAZOLE IN 0.9% SOD CHLOR.....207
PANZYGA.....217
paricalcitol.....190
PARLODEL.....77
PARNATE.....113
paroxetine hcl.....113
paroxetine mesylate(menop.sym).....113
PAVBLU.....248
PAXIL.....113
PAXIL CR.....113
PAXLOVID.....17
pazopanib.....56
PAZOPANIB.....56
PEDIARIX (PF).....217
PEDMARK.....167
PEDVAX HIB (PF).....217
peg 3350-electrolytes.....202
peg3350-sod sul-nacl-kcl-asb-c.....202
PEGASYS.....211
peg-electrolyte.....202
pellix.....145
PEMAZYRE.....56
PEMETREXED.....56
pemetrexed disodium.....56
PEMETREXED DISODIUM.....56
PEMRYDI RTU.....56
PEN NEEDLE, DIABETIC.....221
PENBRAYA (PF).....217
penciclovir.....157
penicillamine.....229
PENICILLIN G POT IN DEXTROSE.....32
penicillin g potassium.....32
penicillin g sodium.....32
penicillin v potassium.....33
PENMENVY MEN A-B-C-W-Y (PF).....217
PENTACEL (PF).....217
PENTAM.....28
pentamidine.....28
PENTASA.....202
pentazocine-naloxone.....98
pentobarbital sodium.....113
pentoxifylline.....136
PEPCID.....207
perampanel.....72
PERCOCET.....94
PERFOROMIST.....262
PERIKABIVEN.....276
perindopril erbumine.....130
periogard.....172
PERJETA.....56
permethrin.....161
perphenazine.....113
perphenazine-amitriptyline.....113
PERSERIS.....113
PERTZYE.....202
pfizerpen-g.....33
PHEBURANE.....167
phenelzine.....113
PHENERGAN.....255
phenobarbital.....72
phenobarbital sodium.....72
phenoxybenzamine.....130
phentolamine.....130
PHENYTEK.....72
phenytoin.....72
phenytoin sodium.....72
phenytoin sodium extended.....72
PHESGO.....56
PHEXX.....236
philith.....242
PHOSPHOLINE IODIDE.....248
PHYRAGO.....56
PHYSIOLYTE.....162
PIASKY.....167
PIFELTRO.....17
pilocarpine hcl.....167, 248
pimecrolimus.....151
pimozide.....113
pimtrea (28).....242
pindolol.....130
pioglitazone.....184
pioglitazone-glimepiride.....184
pioglitazone-metformin.....185
piperacillin-tazobactam.....33
PIPERACILLIN-TAZOBACTAM.....33
PIQRAY.....57

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

pirfenidone.....262
PIRFENIDONE.....262
piroxicam.....99
pitavastatin calcium 139
PIVOT INSULIN PUMP STARTER KIT 221
PIVOT SUPPLY KIT.....221
PLAQUENIL.....28
PLASMA-LYTE 148 PH 7.4.....276
PLASMA-LYTE A 276
PLAVIX 136
PLEGRIDY 211
PLENAMINE.....276
PLENVU 202
plerixafor.....212
podofilox.....151
POKONZA.....272
POLIVY 57
polocaine 151
POLOCAINE 151
polocaine-mpf.....151
polymyxin b sulfate.....28
polymyxin b sulf-trimethoprim.....245
pomalidomide 57
POMALYST 57
POMBILITI.....190
PONVORY.....84
PONVORY 14-DAY STARTER PACK.....84
portia 28 242
posaconazole 13
POSFREA 202
potassium acetate 272
potassium chlorid-d5-0.45%nacl.....272
potassium chloride 272, 273
POTASSIUM CHLORIDE.....273
potassium chloride in 0.9%nacl.....272
potassium chloride in 5 % dex 272
potassium chloride in lr-d5 272
potassium chloride in water.....272
potassium chloride-0.45 % nacl.....273
potassium chloride-d5-0.2%nacl.....273
potassium chloride-d5-0.9%nacl.....273
potassium citrate 269
potassium phos in 0.9 % nacl 273
POTASSIUM PHOS IN 0.9 % NACL.....273
potassium phosphate m-/d-basic 273
POTELIGEO 57
PRADAXA.....136
pralatrexate 57
PRALATREXATE.....57
PRALUENT PEN.....139
pramipexole 77
PRAMOSONE 145
prasugrel hcl.....136
pravastatin.....140
PRAXBIND.....136
praziquantel.....28
prazosin 130
PRED MILD.....253
prednisolone 176
prednisolone acetate.....253
prednisolone sodium phosphate.....176, 253
prednisone 176
prednisone intensol.....176
pregabalin 72, 73
PREGNYL.....191
PREMARIN 234
premasol 10 %.....276
PREMPHASE 234
PREMPRO 234
prenatal vitamin oral tablet.....277
PRETOMANID.....28
PREVACID 207
PREVACID SOLUTAB.....207
PREVIDENT.....172
PREVIDENT 5000 BOOSTER PLUS.....172
PREVIDENT 5000 DRY MOUTH.....172
PREVIDENT 5000 ENAMEL PROTECT.....172
PREVIDENT 5000 ORTHO DEFENSE.....172
PREVIDENT 5000 PLUS 172
PREVIDENT 5000 SENSITIVE.....172
PREVIDENT KIDS 172
PREVYMIS.....17, 18
PREZCOBIX.....18
PREZISTA 18
PRIALT 99
PRIFTIN.....28
PRILOSEC 208
PRIMAQUINE.....28
PRIMAXIN IV 28
primidone.....73
PRIMIDONE.....73
PRIORIX (PF).....218
PRISTIQ.....113
PRIVIGEN 218
PROAIR RESPICLICK 262
probenecid 222
probenecid-colchicine 222
procainamide.....120
PROCAINAMIDE 120
PROCARDIA XL.....130
procentra 113
prochlorperazine 203
prochlorperazine edisylate.....202
prochlorperazine maleate 202
PROCRIT 212
PROCTOCORT.....161
PROCTOFOAM HC 203
procto-med hc.....203
proctosol hc 203
proctozone-hc 203

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

PROCYSBI 269
progesterone 235
progesterone micronized 235
PROGLYCEM 185
PROGRAF 57
PROLASTIN-C 167
prolate 94
PROLATE 94
PROLENSA 249
PROLIA 223
PROMACTA 136
promethazine 255
promethegan 256
PROMETRIUM 235
propafenone 120
propranolol 130
propylthiouracil 177
PROQUAD (PF) 218
PROSCAR 268
PROSOL 20 % 276
PROSTIN VR PEDIATRIC 269
protamine 137
PROTONIX 208
PROTOPAM CHLORIDE 162
protriptyline 113
PROVERA 235
prucalopride 203
prudoxin 151
pruradik 162
PULMICORT 263
PULMICORT FLEXHALER 262
PULMOZYME 263
PURIXAN 57
PYLERA 208
pyquvi 176
pyrazinamide 28
pyridostigmine bromide 88
PYRIDOSTIGMINE BROMIDE 88
pyrimethamine 28
PYRUKYND 167
PYZCHIVA (PREFERRED NDCS STARTING WITH 61314) 145
PYZCHIVA AUTOINJECTOR 145, 146

Q

QBRELIS 130
QBREXZA 151
QELBREE 114
QINLOCK 57
QIVIGY 218
QNASL 263
QUADRACEL (PF) 218
QUESTRAN 140
QUESTRAN LIGHT 140
quetiapine 114
QUETIAPINE 114
QUILLICHEW ER 114
QUILLIVANT XR 114
quinapril 130
quinapril-hydrochlorothiazide 130
quinidine gluconate 120
quinidine sulfate 120
quinine sulfate 28
QULIPTA 79
QUTENZA 151
QUVIVIQ 114
QUZYTTIR 256
QVAR REDIHALER 263

R

RABAVERT (PF) 218
rabeprazole 208
RADICAVA ORS 85
RADICAVA ORS STARTER KIT SUSP 85
RAGWITEK 218
RALDESY 114
raloxifene 223
ramelteon 114
ramipril 130
ranitidine hcl 208
ranolazine 142
RAPIVAB (PF) 18
rasagiline 77
RASUVO (PF) 229
RAVICTI 167
RAYALDEE 191
REBIF (WITH ALBUMIN) 212
REBIF REBIDOSE 212
REBIF TITRATION PACK 212
REBLOZYL 212
REBYOTA 203
RECARBRIO 28
RECLAST 167
reclipsen (28) 242
RECOMBIVAX HB (PF) 218
RECORLEV 191
REDEMPLO 140
REGLAN 203
RELAFEN DS 99
RELENZA DISKHALER 18
RELEUKO 212
RELEXXII 114
relgaabi 73
RELGAABI 73
RELISTOR 203
RELPAX 79
RELTONE 203
REMERON 114
REMERON SOLTAB 114
REMICADE 203
REMODULIN 130
RENACIDIN 269
RENFLEXIS 203
renthyroid 194
RENTHYROID 194
RENVELA 168
repaglinide 185
REPATHA 140
REPATHA SURECLICK 140
RESTASIS 248
RESTASIS MULTIDOSE 248
RETACRIT 212
RETEVMO 57
RETIN-A 155
RETIN-A MICRO 155

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

RETROVIR 18
REVATIO 263
REVCOVI 168
REVLIMID 57
revonto 88
REVUFORJ 57
REXULTI 114
REYATAZ 18
REZDIFFRA 168
REZLIDHIA 57
REZUROCK 58
REZVOGLAR KWIKPEN 185
REZZAYO 13
RHAPSIDO 168
RHOFADE 155
RHOPRESSA 250
RIABNI 58
ribavirin 18
rifabutin 28
rifampin 28
rifapentine 28
rilpivirine hcl 18
riluzole 168
rimantadine 18
RIMSO-50 28
ringer's 162, 273
RINVOQ 229
RINVOQ LQ 229
RIOMET 185
risedronate 168, 223, 224
RISPERDAL 115
RISPERDAL CONSTA 114
risperidone 115
risperidone microspheres 115
RITALIN 115
ritonavir 18
RITUXAN 58
RITUXAN HYCELA 58
rivaroxaban 137
rivastigmine 85
rivastigmine tartrate 85
rivelsa 242
RIVFLOZA 269
rizatriptan 79
ROBAXIN 88
ROCALTROL 191
ROCKLATAN 250
roflumilast 263
ROLVEDON 212
romidepsin 58
ROMVIMZA 58
ropinirole 77
rosuvastatin 140
rosyrah 242
ROTARIX 218
ROTATEQ VACCINE 218
ROWASA 203
roweepra 73
ROXICODONE 94
ROXYBOND 94
ROZEREM 115
ROZLYTREK 58
RUBRACA 58
RUCONEST 263
rufinamide 73
RUKOBIA 18
RUXIENCE 58
RYALTRIS 263
RYBREVANT 58
RYBREVANT FASPRO 58
RYCLORA 256
RYDAPT 58
RYKINDO 115
RYLAZE 58
RYPLAZIM 270
RYSTIGGO 88
RYTARY 77
RYTELO 58
RYVENT 256
RYZNEUTA 212
S
SABRIL 73
sacubitril-valsartan 142
SAFYRAL 242
sajazir 263
SALAGEN (PILOCARPINE) 168
salsalate 99
SAMSCA 191
SANCUSO 203
SANDIMMUNE 58, 59
SANDOSTATIN 59
SANDOSTATIN LAR DEPOT 59
SANTYL 151
SAPHNELO 59
SAPHNELO PEN 59
SAPHRIS 115
sapropterin 191
SARCLISA 59
SAVAYSA 137
SAVELLA 229
saxagliptin 185
saxagliptin-metformin 185
SCEMBLIX 59
scopolamine base 203
SDAMLO 130
SECUADO 115
SEGLUROMET 185
SELARSDI 146
selegiline hcl 77
selenium sulfide 146
SELZENTRY 18
SEMGLEE(INSULIN GLARGINE-YFGN) 185
SEMGLEE(INSULIN GLARG-YFGN)PEN 185
SENSIPAR 191
SEPHIENCE 191
SEREVENT DISKUS 263
SEROQUEL XR 115
SEROSTIM 212
sertraline 115, 116
setlakin 242
sevelamer carbonate 168
sevelamer hcl 168
SEYSARA 35
SEZABY 73
sf dental gel 1.1 % 172
sf 5000 plus 172
sharobel 235
SHINGRIX (PF) 218
SIGNIFOR 59
SIGNIFOR LAR 59
SIKLOS 59

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

sildenafil (pulmonary arterial hypertension) 263
SILENOR 116
SILIQ 146
silodosin 268
SILVADENE 151
silver sulfadiazine 151
SIMBRINZA 251
SIMLANDI(CF) 230
SIMLANDI(CF) AUTOINJECTOR 229
simliya (28) 243
simpesse 243
SIMPONI 230
SIMPONI ARIA 230
SIMULECT 59
simvastatin 140
SINEMET 77
SINGULAIR 264
sirolimus 59
SIRTURO 28
SITAGLIPTIN 185
sitagliptin phos-metformin 185
sitagliptin phosphate 185
SITAGLIPTIN-METFORMIN 186
SIVEXTRO 28
SKYCLARYS 85
SKYLA 236
SKYRIZI 146, 203, 204
SKYTROFA 212
SLYND 243
SMOFLIPID 277
SOAANZ 130
sodium acetate 273
sodium benzoate-sod phenylacet 168
sodium bicarbonate 273
sodium chloride 168, 274
sodium chloride 0.45 % 273
sodium chloride 0.9 % 168
sodium chloride 3 % hypertonic 273
sodium chloride 5 % hypertonic 274
sodium fluoride 5000 dry mouth 173
sodium fluoride 5000 plus 173
sodium fluoride-pot nitrate 173
sodium oxybate 116
sodium phenylbutyrate 168
sodium phosphate 274
sodium polystyrene sulfonate 168
sodium,potassium,mag sulfates 204
SOFDRA 151
SOFOSBUVIR-VELPATASVIR 18
SOGROYA 213
SOHONOS 168
solifenacin 268
SOLIQUA 100/33 186
SOLIRIS 169
SOLOSEC 28
SOLTAMOX 59
SOLU-CORTEF 176
SOLU-CORTEF ACT-O-VIAL (PF) 176
SOLU-MEDROL 177
SOLU-MEDROL (PF) 176
SOMA 88
SOMATULINE DEPOT 59
SOMAVERT 191
SOOLANTRA 155
sorafenib 60
SORBITOL 162
SORILUX 146
sotalol 120
sotalol af 120
SOTYKTU 146
SOTYLIZE 120
SOVALDI 19
SOVUNA 28
SPEVIGO 146
spinosad 162
SPIRIVA RESPIMAT 264
SPIRIVA WITH HANDIHALER 264
spironolactone 130
spironolacton-hydrochlorothiaz 130
SPRAVATO 116
sprintec (28) 243
SPRITAM 73
SPRIX 99
SPRYCEL 60
sps (with sorbitol) 169
ssd 151
STEGLATRO 186
STEGLUJAN 186
STELARA 146
STEQEYMA 146, 147
STIMUFEND 213
STIOLTO RESPIMAT 264
STIVARGA 60
STOBOCLO 224
STRENSIQ 191
STREPTOMYCIN 29
STRIBILD 19
STRIVERDI RESPIMAT 264
STROMECTOL 29
SUBLOCADE 94
SUBOXONE 99
subvenite 73
SUBVENITE 73
subvenite starter (blue) kit 73
subvenite starter (green) kit 73
subvenite starter (orange) kit 73
SUCRAID 204
sucralfate 208
SUFLAVE 204
SULAR 131
sulfacetamide sodium 248
sulfacetamide sodium (acne) 156
sulfacetamide-prednisolone 248
sulfadiazine 34
sulfamethoxazole-trimethoprim 34

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

SULFAMYLON.....156
sulfasalazine.....204
sulindac.....99
sumatriptan.....79
sumatriptan succinate.....79
sumatriptan-naproxen.....79
sunitinib malate.....60
SUNLENCA.....19
SUNOSI.....116
SUPPRELIN LA.....60
SUPREP BOWEL PREP KIT.....204
SURVANTA.....169
SUTAB.....204
SUTENT.....60
syeda.....243
SYFOVRE (PF).....248
SYLVANT.....60
SYMBICORT.....264
SYMBRAVO.....79
SYMDEKO.....264
SYMFI.....19
SYMPAZAN.....73
SYMPROIC.....204
SYMTUZA.....19
SYNALAR.....161
SYNAREL.....191
SYNJARDY.....186
SYNJARDY XR.....186
SYNTHROID.....194
SYPRINE.....169
T
TABLOID.....60
TABRECTA.....60
TACLONEX.....147
tacrolimus.....60, 152
TACROLIMUS.....60
tadalafil.....269
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg.....264
TADLIQ.....264
TAFINLAR.....60
tafluprost (pf).....251
TAGRISSO.....60
TAKHZYRO.....264
TALICIA.....208
TALTZ AUTOINJECTOR.....147
TALTZ AUTOINJECTOR (2 PACK).....147
TALTZ AUTOINJECTOR (3 PACK).....147
TALTZ SYRINGE.....147
TALVEY.....60
TALZENNA.....60
TAMIFLU.....19
tamoxifen.....60
tamsulosin.....268
tanlor.....88
tapentadol.....99
TAPENTADOL.....99
TAPERDEX.....177
TARGADOX.....35
TARGRETIN.....60
tarina 24 fe.....243
tarina fe 1-20 eq (28).....243
TARPEYO.....177
TASCENSO ODT.....85
TASIGNA.....61
tasimelteon.....116
TASMAR.....77
tavaborole.....157
TAVALISSE.....137
TAVNEOS.....169
TAYTULLA.....243
tazarotene.....155
TAZAROTENE.....155
tazicef.....22
TAZORAC.....155
TECENTRIQ.....61
TECENTRIQ HYBREZA.....61
TECFIDERA.....85
TECVAYLI.....61
TEFLARO.....22
TEGLUTIK.....169
TEGRETOL.....73
TEGRETOL XR.....74
TEKTURNA.....131
telmisartan.....131
telmisartan-amlodipine.....131
telmisartan-hydrochlorothiazid.....131
TEMODAR.....61
temsirolimus.....61
tencon.....94
TENIVAC (PF).....218
tenofovir disoproxil fumarate.....19
TENORMIN.....131
TEPADINA.....61
TEPEZZA.....191
TEPMETKO.....61
TEPYLUTE.....61
terazosin.....131
terbinafine hcl.....13
terbutaline.....264
terconazole.....236
teriflunomide.....85
teriparatide.....224
TESTIM.....191
TESTOPEL.....191
testosterone.....191, 192
testosterone cypionate.....191
testosterone enanthate.....191
tetrabenazine.....85
tetracycline.....35
TEVIMBRA.....61
TEXACORT.....161
TEZRULY.....131
TEZSPIRE.....264
THALITONE.....131
THALOMID.....61
THAM.....277
THEO-24.....264
theophylline.....264, 265
THIOLA.....169
THIOLA EC.....169
thioridazine.....116
thiotepa.....61
thiothixene.....116
THROMBIN-JMI.....137
THYMOGLOBULIN.....219
THYQUIDITY.....194
thyroid (pork).....194

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

tiadylt er 131
tiagabine.....74
TIAZAC 131
TIBSOVO.....61
ticagrelor.....137
TICE BCG.....219
TICOVAC 219
TIGAN.....204
tigecycline.....29
TIGLUTIK 169
TIKOSYN 120
tilia fe.....243
timolol.....246
timolol maleate 131, 246
timolol maleate (pf) 246
TIMOPTIC OCUDOSE (PF).....246
tinidazole 29
tiopronin 169
tiotropium bromide.....265
TIROSINT.....195
TIROSINT-SOL.....195
TIVDAK.....61
TIVICAY.....19
TIVICAY PD 19
tizanidine 88
TIZANIDINE 88
TLANDO.....192
TOBI PODHALER 29
TOBRADEX 251
TOBRADEX ST.....251
tobramycin.....29, 245
tobramycin in 0.225 % nacl 29
tobramycin sulfate 29
tobramycin-dexamethasone 251
tobramycin-lotepred 252
TOBREX.....246
tofacitinib.....230
TOFIDENCE.....230
tolcapone 78
TOLECTIN 600 99
tolectin ds 99
tolmetin.....99
TOLSURA.....13
tolterodine 268
tolvaptan.....192
tolvaptan (polycys kidney dis).....192
TONMYA 88
TOPAMAX 74
TOPICORT 161
topiramate 74
TOPIRAMATE 74
topotecan 61
TOPROL XL 131
toremifene.....61
TORISEL.....61
torpenz.....62
torsemide 131
TOSYMRA 80
TOUJEO MAX U-300 SOLOSTAR 186
TOUJEO SOLOSTAR U-300 INSULIN.....186
tovet emollient 161
TOVIAZ 268
TPN ELECTROLYTES 274
TRACLEER 265
TRADJENTA.....186
tramadol 99, 100
TRAMADOL 99
tramadol-acetaminophen....100
trandolapril 131
trandolapril-verapamil.....131
tranexamic acid 236
TRANSDERM-SCOP 204
tranylcypromine.....116
travasol 10 %.....277
TRAVATAN Z.....251
travoprost 251
TRAZIMERA.....62
trazodone 116
TREANDA.....62
TRELEGY ELLIPTA.....265
TRELSTAR.....62
TREMFYA.....147
TREMFYA ONE-PRESS 147
TREMFYA PEN 147
TREMFYA PEN INDUCTION PK(2PEN).....147
treprostinil sodium 131
TRESIBA FLEXTOUCH U-100 186
TRESIBA FLEXTOUCH U-200 186
TRESIBA U-100 INSULIN.....186
tretinoin (antineoplastic) 62
tretinoin microspheres.....155
tretinoin topical 155
TREXALL.....62
TREXIMET.....80
TREZIX.....94
*triamcinolone acetonide*161, 173, 177
triamterene 131
triamterene-hydrochlorothiazid .131, 132
TRIBENZOR.....132
triderm 161
trientine 169
TRIENTINE 169
TRIESENCE (PF) 177
tri-estarylla.....243
trifluoperazine 116
trifluridine 246
trihexyphenidyl 78
TRIJARDY XR 186, 187
TRIKAFTA 265
tri-legest fe.....243
TRILEPTAL.....74
tri-linyah.....243
trilitas 155
tri-lo-estarylla 243
tri-lo-marzia 243
tri-lo-mili 243
tri-lo-sprintec.....243
trimethobenzamide 204
trimethoprim.....36
tri-mili.....243
trimipramine.....116
TRINTELLIX.....116
TRIPTODUR.....62

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

TRISENOX 62
tri-sprintec (28) 243
TRIUMEQ.....19
TRIUMEQ PD.....19
tri-vylibra.....244
tri-vylibra lo 243
TRODELVY 62
TROGARZO 19
TROKENDI XR.....74
tromethamine.....277
TROPHAMINE 10 % 277
trospium.....268
TRUDHESA.....80
TRULANCE.....204
TRULICITY.....187
TRUMENBA.....219
TRUQAP.....62
TRUVADA 19
TRUXIMA 62
TRYNGOLZA.....140
TRYPTYR.....248
TRYVIO.....142
TUDORZA PRESSAIR 265
TUKYSA.....62
TURALIO 62
turqoz (28) 244
TWIIST REFILL KT(CSST-NDL-SYR)....221
TWIIST RFL(INFUS-CSST-NDL-SYR) 221
TWIIST STARTER KIT....221
TWINRIX (PF).....219
TWIRLA 236
TWYNEO.....155
TYBLUME.....244
tydemy.....244
TYENNE.....230
TYENNE AUTOINJECTOR.....230
TYGACIL 29
TYKERB.....62
TYMLOS.....224
TYPHIM VI 219
TYRUKO 85
TYRVAYA 248
TYSABRI.....85
TYVASO.....265
TYVASO DPI 265
TYVASO INSTITUTIONAL START KIT.....266
TYVASO REFILL KIT.....266
TYVASO STARTER KIT 266
TYZAVAN.....29
TZIELD.....169
U
UBRELVY 80
UCERIS.....204
UDENYCA 213
UDENYCA AUTOINJECTOR.....213
UDENYCA ONBODY 213
ULORIC 222
ULTOMIRIS 169
ULTRA-FINE INSULIN SYRINGE.....221
ULTRAVATE.....161
UMECLIDINIUM.....266
UMECLIDINIUM-VILANTEROL.....266
UNASYN 33
unithroid.....195
UNITUXIN 62
UNLOXCYT 62
UPLIZNA.....62
UPTRAVI.....132
UROCIT-K 10.....269
UROCIT-K 15.....269
UROXATRAL 268
URSO FORTE.....204
ursodiol.....204
USTEKINUMAB.....147, 148
USTEKINUMAB-AEKN.....148
USTEKINUMAB-TTWE.....148
UZEDY 116, 117
V
VABOMERE.....29
VABRINTY (1 MONTH).....62
VABRINTY (3 MONTH).....63
VABRINTY (4 MONTH).....63
VABRINTY (6 MONTH).....63
VABYSMO.....248
VAGIFEM.....235
valacyclovir 19
VALCHLOR 152
VALCYTE 19
valganciclovir.....20
VALIUM.....117
valproate sodium 74
valproic acid.....74
valproic acid (as sodium salt) 74
valrubicin.....63
valsartan.....132
VALSARTAN.....132
valsartan-hydrochlorothiazide.....132
VALSTAR.....63
VALTOCO.....75
VALTREX 20
valtya 244
VANCOCIN.....29
vancomycin.....30
VANCOMYCIN 30
VANCOMYCIN IN 0.9 % SODIUM CHL.....29
VANCOMYCIN IN DEXTROSE 5 %.....30
VANCOMYCIN-DILUENT COMBO NO.1 .....30, 31
VANFLYTA 63
VANRAFIA 142
VAQTA (PF).....219
varenicline tartrate.....171
VARIVAX (PF) 219
VARIZIG.....219
VARUBI.....204
VASCEPA.....140
VASERETIC.....132
vasopressin 192

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

VASOPRESSIN IN 0.9 % SOD CHLOR.....192
VASOSTRICT.....192
VASOTEC.....132
VAXCHORA VACCINE.....219
VECAMYL.....142
VECTIBIX.....63
VECTICAL.....148
VEGZELMA.....63
VEKLURY.....20
VELCADE.....63
veletri.....132
velivet triphasic regimen (28).....244
VELPHORO.....169
VELSIPITY.....205
VELTASSA.....169
VELTIN.....155
VEMLIDY.....20
VENCLEXTA.....63
VENCLEXTA STARTING PACK.....63
venlafaxine.....117
VENLAFAXINE BESYLATE.....117
VENTOLIN HFA.....266
venxxiva.....169
VEOPOZ.....169
VEOZAH.....236
verapamil.....132
VEREGEN.....152
VERIFINE INSULIN SYRINGE.....221
VERKAZIA.....248
VERQUVO.....142
VERSACLOZ.....117
VERZENIO.....63
vestura (28).....244
VEVYE.....248
VFEND.....13
VFEND IV.....13
V-GO 20.....221
V-GO 30.....221
V-GO 40.....221
VIBATIV.....31
VIBERZI.....205
VICTOZA 3-PAK.....187
VIDAZA.....63
vienva.....244
vigabatrin.....75
vigadrone.....75
VIGAFYDE.....75
VIGAMOX.....246
VIIBRYD.....117
VIJOICE.....63
vilazodone.....117
VILTEPSO.....85
VIMIZIM.....192
VIMKUNYA (PF).....219
VIMPAT.....75
vinblastine.....63
vincristine.....63
vinorelbine.....64
VIOKACE.....205
viorele (28).....244
VIRACEPT.....20
VIREAD.....20
VITRAKVI.....64
VIVELLE-DOT.....235
VIVIMUSTA.....64
VIVITROL.....100
VIVJOA.....13
VIVLODEX.....100
VIVOTIF.....220
VOGELXO.....192, 193
volnea (28).....244
VONJO.....64
VOQUEZNA.....208
VOQUEZNA DUAL PAK.....208
VOQUEZNA TRIPLE PAK.....208
VORANIGO.....64
voriconazole.....13
VORICONAZOLE.....13
voriconazole-hpbcd.....13
VOSEVI.....20
VOTRIENT.....64
VOWST.....205
VOXZOGO.....193
VOYDEYA.....169
VOYXACT.....64
VPRIV.....193
VRAYLAR.....117
VTAMA.....148
VUMERITY.....85
VYALEV.....78
VYEPTI.....80
vyfemla (28).....244
VYJUVEK.....152
VYKAT XR.....170
VYKOURA.....37
vylibra.....244
VYLOY.....64
VYNDAMAX.....143
VYONDYS-53.....85
VYSCOXA.....100
VYTORIN 10-10.....140
VYTORIN 10-20.....140
VYTORIN 10-40.....140
VYTORIN 10-80.....140
VYVANSE.....117
VYVGART.....88
VYVGART HYTRULO.....88
VYXEOS.....64
VYZULTA.....251

W

WAINUA.....85
WAKIX.....117
warfarin.....137
water for irrigation, sterile.....170
WAYRILZ.....64
WEGOVY.....170
WELCHOL.....140
WELIREG.....64
WELLBUTRIN SR.....117
WELLBUTRIN XL.....117, 118
wera (28).....244
wescap-pn dha.....277
WEZLANA.....148
WINLEVI.....155
WINREVAIR.....266
wixela inhub.....266
wymzya fe.....244
WYOST.....37

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

X

XACDURO 31
XACIATO 236
XADAGO 78
XALATAN 251
XALKORI 64
xarah fe 244
XARELTO 137
XARELTO DVT-PE TREAT 30D START 137
XATMEP 64
XCOPRI 75
XCOPRI MAINTENANCE PACK 75
XCOPRI TITRATION PACK 75
XDEMVY 248
XELJANZ 230
XELJANZ XR 230
xelria fe 244
XELSTRYM 118
XEMBIFY 220
XENAZINE 86
XENICAL 170
XENPOZYME 170
XEOMIN 220
XERAVA 35
XERESE 157
XERMELO 64
XGEVA 37
XHANCE 266
XIAFLEX 170
XIFAXAN 31
XIFYRM 100
XIGDUO XR 187
XIIDRA 248
XIPERE (PF) 177
XOFLUZA 20
XOLAIR 266
XOLREMDI 213
XOPENEX HFA 266
XOSPATA 64
XPHOZAH 170
XPOVIO 64
XROMI 65
XTAMPZA ER 94
XTANDI 65
XTRENBO 37
xulane 236
XULTOPHY 100/3.6 187
XYLOCAINE 152
xylocaine dental-epinephrine 152
XYLOCAINE WITH EPINEPHRINE 152
XYLOCAINE-MPF 152
XYLOCAINE-MPF/EPINEPHRINE 152
XYOSTED 193
XYWAV 118

Y

yargesa 193
YASMIN (28) 244
YAZ (28) 244
YCANTH 152
YERVOY 65
YESINTEK 148, 149
YF-VAX (PF) 220
YIMMUGO 220
YONDELIS 65
YONSA 65
YORVIPATH 193
YUFLYMA(CF) 231
YUFLYMA(CF) AI CROHN'S-UC-HS 231
YUFLYMA(CF) AUTOINJECTOR 231
yulithira 65
YUPELRI 267
YUTREPIA 267
yuvafem 235
YUVIWEL 193

Z

zafemy 237
zafirlukast 267
zaleplon 118
ZALTRAP 65
ZANAFLEX 88, 89
ZARONTIN 75
ZARXIO 213
ZAVESCA 193
ZAVZPRET 80
ZEJULA 65
ZELAPAR 78
ZELBORAF 65
ZELSUVMI 152
zelvysia 193
ZEMAIRA 170
ZEMBRACE SYMTOUCH 80
ZEMPLAR 193
zenatane 155
ZENPEP 205
zenzedi 118
ZENZEDI 118
ZEPBOUND 170
ZEPBOUND KWIKPEN 170
ZEPOSIA 86
ZEPOSIA STARTER KIT (28-DAY) 86
ZEPOSIA STARTER PACK (7-DAY) 86
ZEPZELCA 65
ZERBAXA 22
ZERVIATE 249
ZESTORETIC 132
ZESTRIL 132
ZETIA 140
ZEVTERA 23
ZIAGEN 20
ZIANA 155
zidovudine 20
ZIEXTENZO 213
ZIIHERA 65
ZILBRYSQ 89
zileuton 267
ZILRETTA 177
ZILXI 155
ZINPLAVA 220
ZIOPTAN (PF) 251
ziprasidone hcl 118
ziprasidone mesylate 118
ZIPSOR 100
ZIRABEV 65
ZIRGAN 246
ZITHROMAX 24

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.

ZITHROMAX TRI-PAK 24
ZITHROMAX Z-PAK 24
ZITUVIMET 187
ZITUVIMET XR 187
ZITUVIO 187
ZOCOR 140
ZOKINVY 170
ZOLADEX 65
zoledronic acid 193
zoledronic acid-mannitol-water 170
ZOLEDRONIC AC-MANNITOL-0.9NACL 193
ZOLINZA 65
zolmitriptan 80
ZOLMITRIPTAN 80
ZOLOFT 118
zolpidem 118
ZOLPIDEM 118
ZOLYMBUS 251
ZOMACTON 213
ZOMIG 80
ZONALON 152
ZONEGRAN 75
ZONISADE 75
zonisamide 75
ZORTRESS 65
ZORYVE 149
ZOSYN IN DEXTROSE (ISO-OSM) 33
zovia 1-35 (28) 244
ZOVIRAX 158
ZTALMY 75
ZTLIDO 152
ZUBSOLV 100
zumandimine (28) 244
ZUNVEYL 86
ZURNAI 100
ZURZUVAE 118
ZYCLARA 152
ZYCUBO 274
ZYDELIG 65
ZYKADIA 65
ZYLET 252
ZYMFENTRA 205
ZYNLONTA 65
ZYNYZ 66
ZYPITAMAG 140
ZYPREXA 118
ZYPREXA RELPREVV 119
ZYPREXA ZYDIS 119
ZYTIGA 66
ZYVOX 31

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

This drug list was last updated on 08/28/2026.



HealthSpring Rx (PDP)
1-800-558-9562 (TTY 711)
HealthSpring.com/GroupPDP

HealthSpring True Choice (PPO)
HealthSpring Preferred (HMO)
1-888-281-7867 (TTY 711)
HealthSpring.com/GroupMA

8 a.m. – 8 p.m. local time, 7 days a week.
Our automated phone system may
answer your call during weekends
from April 1 - September 30.

This formulary was updated on 08/26/2026. For more recent information or other questions, please contact Customer Service, at the numbers listed above (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 - September 30, or visit the websites under the plan name. HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2026 Health Care Service Corporation. All Rights Reserved.