Health Alliance Plan®
by Henry Ford Health

# 2027 Health Alliance Plan Medicare Part D Prescription Drug Formulary

## List of covered drugs, cost tiers and how it all works



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HAP1240821 - 1/2027

## PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THESE PLANS.

This formulary was updated on January 1, 2027. For more recent information or other questions, please contact the Health Alliance Plan Customer Service department at the number below based on your plan.

| Plan Name | |
|---|---|
| **Henry Ford Select (HMO)** | **(800) 801-1770** |
| **HAP Medicare Connect (HMO)** | **(800) 801-1770** |
| **HAP Senior Plus Henry Ford Tiered Access (HMO)** | **(800) 801-1770** |
| **HAP Medicare Superior (HMO)** | **(800) 801-1770** |
| **HAP Senior Plus (HMO-POS)** | **(800) 801-1770** |
| **Health Alliance Plan Medicare Group MAPD (HMO)*** | **(800) 801-1770** |
| **Health Alliance Plan Medicare Group MAPD POS (HMO-POS)*** | **(800) 801-1770** |
| **HAP Medicare Complete Duals (HMO D-SNP)** | **(800) 848-4844** |
| **HAP Medicare Diabetes and Heart (HMO C-SNP)** | **(800) 848-4844** |
| **HAP Senior Plus (PPO)** | **(888) 658-2536** |
| **HAP Medicare Explore (PPO)** | **(888) 658-2536** |
| **HAP Medicare Prime (PPO)** | **(888) 658-2536** |
| **HAP Member Assist (PPO)** | **(888) 658-2536** |
| **Health Alliance Plan Medicare Group MAPD (PPO)*** | **(888) 658-2536** |
| **HAP Medicare Complete Assist (PPO D-SNP)** | **(800) 848-4844** |
| **TTD/TTY Users** | **711** |

*Employer group members, please review your Evidence of Coverage for copayment and coinsurance information.

### Customer Service hours:

**Oct. 1 – March 31:**
8 a.m. to 8 p.m., seven days a week

**April 1 – Sept. 30:**
8 a.m. to 8 p.m., Monday – Friday

### Prescription drug benefit support:

Available 24 hours a day, seven days a week

**hap.org/medicare**



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

When this drug list (formulary) refers to “we”, “us” or “our”, it means Health Alliance Plan of Michigan. When it refers to “plan” or “our plan”, it means Health Alliance Plan Medicare Advantage plans.

This document includes an updated drug list (formulary), for our plan, which is current as of January 1, 2027. For an updated formulary, please contact us. Our contact information, along with the date we last updated the drug list (formulary), appears on the inside front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

Health Alliance Plan of Michigan has HMO, HMO C-SNP, HMO-POS and PPO plans with Medicare contracts. HAP Medicare Complete Duals (HMO D-SNP) and HAP Medicare Complete Assist (PPO D-SNP) are Medicare health plans with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment depends on contract renewals.

## What is the Health Alliance Plan 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 Health Alliance Plan in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Health Alliance Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan 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: **hap.org/member-resources/medicare-resources/prescription-coverage/formulary-drug-list**

**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 Health Alliance Plan 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on

new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

## 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 the changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of January 1, 2027. To get updated information about the drugs covered by Health Alliance Plan, please contact us. Our contact information appears on the inside front and back cover pages.

## How do I use the formulary?

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

### Medical condition

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

### Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 99. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less.

There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

## Are there any restrictions on my coverage?

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

- **Prior authorization:** Health Alliance Plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Health Alliance Plan based on specific criteria before you fill your prescriptions. If you don't get approval, Health Alliance Plan may not cover the drug.
- **Quantity limits:** For certain drugs, Health Alliance Plan limits the amount of the drug that the plan will cover. For example, Health Alliance Plan provides 30 tablets per prescription for aripiprazole. This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, Health Alliance 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, Health Alliance Plan 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.

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

You can ask Health Alliance Plan 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 Health Alliance Plan's formulary?" on page VII for information about how to request an exception.

### What are over-the-counter (OTC) drugs*?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Health Alliance Plan pays for certain OTC drugs. We will provide these OTC drugs at no cost to you. The cost to Health Alliance Plan of these OTC drugs will not count toward your total Part D drug costs.

The Health Alliance Plan over-the-counter (OTC) allowance* may be used to buy items that support your health needs, including OTC items such as vitamins, toothpaste and pain relievers. For more information about this benefit, visit hap.org/flex or call **(800) 931-7636 (TTY: 711)**.

*Members enrolled in many individual plans receive an OTC allowance. Most Employer Group Plans do not include this benefit. Check your Evidence of Coverage for details.

## 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 Health Alliance Plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Health Alliance Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by the plan.

- You can ask Health Alliance Plan 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 Health Alliance Plan's formulary?

You can ask Health Alliance Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy or a quantity limit on your drug. For example, for certain drugs, Health Alliance Plan 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.

Generally, Health Alliance Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

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

### Emergency supply policy for long-term care (LTC) members

The Centers for Medicare & Medicaid Services (CMS) defines an Emergency Supply as a one-time fill of a non-formulary drug for current LTC members when urgently needed. If a member needs a one-time emergency fill or receives a non-formulary drug due to a change in their care setting, they enter a transition period.

To support this, we've authorized our claims processor to apply a manual override at the pharmacy so a one-time fill can be processed.

A change in level of care includes:

- Moving into an LTC facility from a hospital or other setting
- Leaving an LTC facility and returning home
- Being discharged from a hospital to home
- Ending a skilled nursing facility stay under Medicare Part A and switching back to Part D coverage
- Changing from hospice care back to regular Medicare Part A/B
- Leaving a psychiatric hospital with a complex medication regimen

## For more information

For more detailed information about your Health Alliance Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about your plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the inside front and back cover pages.

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

## Health Alliance Plan formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Health Alliance Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

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

The information in the Requirements/Limits column tells you if Health Alliance Plan has any special requirements for coverage of your drug.

If you purchase your benefits as an individual beneficiary, you are in a 5 tier plan. The table below will translate how the 5 tiers shown in the formulary are applicable to the Health Alliance Plan prescription drug benefit.

Please refer to Chapter 6 in your Evidence of Coverage titled, "What you pay for your Part D prescription drugs." This chapter explains the cost-sharing tiers for your plan and tells what you must pay for a drug in each cost-sharing tier in the various stages of drug coverage.

Medicare Part D is a phased benefit. Please consult your Evidence of Coverage for detailed information about your copayment/coinsurance amounts for each phase.

## 30-day cost-shares

| Description of Tier | 5 Tier | 1 Tier |
|---|---|---|
| **Preferred Generic:** These are generic drugs in the lowest cost-sharing tier. | 1 | 1 |
| **Generic:** These are generic drugs not in the Preferred Generics tier. | 2 | |
| **Preferred Brand:** This tier contains mostly brand-name drugs and includes some high-cost generic drugs. | 3 | |
| **Non-Preferred Drug:** Branded or generic drugs in this tier have alternative options in one of the lower cost-share tiers. | 4 | |
| **Specialty Tier:** These drugs are high-cost and unique. They exceed a monthly cost established by the Centers for Medicare & Medicaid Services (CMS). | 5 | |

| This chart reflects 30-day cost-shares during Initial Coverage Stage at Retail pharmacies. | 30-Day Retail Pharmacy: Preferred (P) or Standard (S) | | Tier 1: Preferred Generics | Tier 2: Generics | Tier 3: Preferred Brands | Tier 4: Non-preferred Drugs | Tier 5: Specialty Drugs |
|---|---|---|---|---|---|---|---|
| **HAP Medicare Connect (HMO)** | | P | $0 | $8 | 20% | 48% | 31% |
| | | S | $7 | $14 | 22% | 50% | 31% |
| **HAP Senior Plus Henry Ford Tiered Access (HMO)** | | P | $0 | $8 | 20% | 48% | 33% |
| | | S | $7 | $14 | 22% | 50% | 33% |
| **HAP Senior Plus (HMO-POS)** | | P | $0 | $8 | 20% | 41% | 33% |
| | | S | $7 | $14 | 22% | 43% | 33% |
| **HAP Medicare Superior (HMO)** | | P | $0 | $8 | 20% | 48% | 31% |
| | | S | $7 | $14 | 22% | 50% | 31% |
| **Henry Ford Select (HMO)** | | P | $0 | $8 | 20% | 48% | 31% |
| | | S | $7 | $14 | 22% | 50% | 31% |
| **HAP Medicare Explore (PPO)** | | P | $0 | $9 | 20% | 40% | 29% |
| | | S | $9 | $15 | 22% | 42% | 29% |
| **HAP Senior Plus (PPO)** | | P | $0 | $9 | 20% | 43% | 33% |
| | | S | $9 | $15 | 22% | 45% | 33% |
| **HAP Medicare Prime (PPO)** | | P | $0 | $9 | 20% | 31% | 29% |
| | | S | $9 | $15 | 22% | 33% | 29% |
| **HAP Member Assist (PPO)** | | P | $0 | $7 | 20% | 25% | 28% |
| | | S | $9 | $13 | 22% | 27% | 28% |
| **HAP Medicare Complete Duals (HMO D-SNP)** | | P | $0 | 25% | | | |
| | | S | $0 | | | | |
| **HAP Medicare Complete Assist (PPO D-SNP)** | | P | $0 | 25% | | | |
| | | S | $0 | | | | |
| **HAP Medicare Diabetes and Heart (HMO C-SNP)** | | P | 25% | | | | |
| | | S | | | | | |

## 90-day cost-shares

| Description of Tier | 5 Tier | 1 Tier |
|---|---|---|
| **Preferred Generic:** These are generic drugs in the lowest cost-sharing tier. | 1 | 1 |
| **Generic:** These are generic drugs not in the Preferred Generics tier. | 2 | |
| **Preferred Brand:** This tier contains mostly brand-name drugs and includes some high-cost generic drugs. | 3 | |
| **Non-Preferred Drug:** Branded or generic drugs in this tier have alternative options in one of the lower cost-share tiers. | 4 | |
| **Specialty Tier:** These drugs are high-cost and unique. They exceed a monthly cost established by the Centers for Medicare & Medicaid Services (CMS). | 5 | |

| This chart reflects 90-day cost-shares during Initial Coverage Stage at MAIL ORDER pharmacies. | 90-Day Mail Order Pharmacy: Preferred (P) or Standard (S) | | Tier 1: Preferred Generics | Tier 2: Generics | Tier 3: Preferred Brands | Tier 4: Non-preferred Drugs | Tier 5: Specialty Drugs |
|---|---|---|---|---|---|---|---|
| **HAP Medicare Connect (HMO)** | | P | $0 | $0 | 20% | 48% | NA |
| | | S | $21 | $42 | 22% | 50% | NA |
| **HAP Senior Plus Henry Ford Tiered Access (HMO)** | | P | $0 | $0 | 20% | 48% | NA |
| | | S | $21 | $42 | 22% | 50% | NA |
| **HAP Senior Plus (HMO-POS)** | | P | $0 | $0 | 20% | 41% | NA |
| | | S | $21 | $42 | 22% | 43% | NA |
| **HAP Medicare Superior (HMO)** | | P | $0 | $0 | 20% | 48% | NA |
| | | S | $21 | $42 | 22% | 50% | NA |
| **Henry Ford Select (HMO)** | | P | $0 | $0 | 20% | 48% | NA |
| | | S | $21 | $42 | 22% | 50% | NA |
| **HAP Medicare Explore (PPO)** | | P | $0 | $0 | 20% | 40% | NA |
| | | S | $27 | $45 | 22% | 42% | NA |
| **HAP Senior Plus (PPO)** | | P | $0 | $0 | 20% | 43% | NA |
| | | S | $27 | $45 | 22% | 45% | NA |
| **HAP Medicare Prime (PPO)** | | P | $0 | $0 | 20% | 31% | NA |
| | | S | $27 | $45 | 22% | 33% | NA |
| **HAP Member Assist (PPO)** | | P | $0 | $0 | 20% | 25% | NA |
| | | S | $27 | $39 | 22% | 27% | NA |
| **HAP Medicare Complete Duals (HMO D-SNP)** | | P | $0 | 25% | | | NA |
| | | S | $0 | | | | NA |
| **HAP Medicare Complete Assist (PPO D-SNP)** | | P | $0 | 25% | | | NA |
| | | S | $0 | | | | NA |
| **HAP Medicare Diabetes and Heart (HMO C-SNP)** | | P | 25% | | | | NA |
| | | S | | | | | NA |

## Insulin cost-shares

This chart shows the different cost-sharing amounts for insulin covered on our formulary, covered as part of a coverage determination or appeal, or covered as a transition supply. This copay applies even if you haven't met your deductible through all phases of coverage.

| All covered insulin* regardless of Tier will follow these copays | Pharmacy Advantage (free in-home delivery) (Tiers 3-5) | Preferred retail pharmacy (Tiers 3-5) | Standard retail and mail order pharmacy (Tiers 3-5) |
|---|---|---|---|
| 1-month supply | $35 | $35 | $35 |
| 2-month supply | $70 | $70 | $70 |
| 3-month supply | $105 | $105 | $105 |

*Insulin administered with an infusion pump covered as a Part B medical benefit is $35 for a 30-day supply.

## Coverage notes abbreviations

### B/D
This prescription drug has a Part B versus D administrative prior authorization requirement. This 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.

### ED – Excluded Drug
This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for this drug. Please refer to your Evidence of Coverage for more information about this coverage. HAP Medicare Complete Duals (HMO D-SNP), HAP Medicare Complete Assist (PPO D-SNP), and HAP Medicare Diabetes and Heart (HMO C-SNP) members do not have coverage of excluded drugs.

### LA – Limited Access
This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service. Our contact information can be found on the inside front and back cover pages.

### OP – Opioid Drugs
Each new fill or refill for prescriptions for opioid medications are limited to a 30-day supply dispensed for members who received authorization for greater than a 7-day supply.

### PA – Prior Authorization
You (or your physician) are required to get prior authorization from Health Alliance Plan before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

### QL – Quantity Limit
We limit the amount of this drug that is covered per prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. EA refers to each (such as tablet or capsule), GM refers to gram and ML refers to milliliter.

### ST – Step Therapy
Before we will provide coverage for this drug, you must first try another drug (or drugs) to treat your medical condition. This drug may only be covered if the other drug (or drugs) does (do) not work for you.

### V – Vaccines
Our plan covers Part D vaccines at no cost to you, even if you haven't paid your deductible.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ANTI - INFECTIVES** | | |
| **ANTIFUNGAL AGENTS** | | |
| *amphotericin b injection recon soln 50 mg* | 2 | B/D |
| *amphotericin b liposome intravenous suspension for reconstitution 50 mg* | 4 | B/D |
| *caspofungin intravenous recon soln 50 mg, 70 mg* | 4 | |
| *clotrimazole mucous membrane troche 10 mg* | 2 | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | 5 | PA |
| *fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | 2 | |
| *fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml* | 2 | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | 2 | |
| *flucytosine oral capsule 250 mg, 500 mg* | 5 | |
| *griseofulvin microsize oral suspension 125 mg/5 ml* | 4 | |
| *griseofulvin microsize oral tablet 500 mg* | 4 | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | 4 | |
| *itraconazole oral capsule 100 mg* | 4 | QL (120 per 30 days) |
| *itraconazole oral solution 10 mg/ml* | 4 | QL (600 per 30 days) |
| *ketoconazole oral tablet 200 mg* | 2 | |
| *micafungin intravenous recon soln 100 mg, 50 mg* | 4 | |
| *nystatin oral suspension 100,000 unit/ml* | 2 | |
| *nystatin oral tablet 500,000 unit* | 2 | |
| *posaconazole oral suspension 200 mg/5 ml (40 mg/ml)* | 4 | PA; QL (630 per 30 days) |
| *posaconazole oral tablet,delayed release (dr/ec) 100 mg* | 4 | PA; QL (96 per 30 days) |
| *terbinafine hcl oral tablet 250 mg* | 2 | |
| *voriconazole intravenous recon soln 200 mg* | 4 | PA |
| *voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)* | 4 | |
| *voriconazole oral tablet 200 mg, 50 mg* | 4 | |

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

This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *voriconazole-hpbcd intravenous recon soln 200 mg* | 4 | PA |
| **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* | 2 | |
| *acyclovir oral suspension 200 mg/5 ml* | 2 | |
| *acyclovir oral tablet 400 mg, 800 mg* | 2 | |
| *acyclovir sodium intravenous solution 50 mg/ml* | 2 | B/D |
| *adefovir oral tablet 10 mg* | 2 | |
| *amantadine hcl oral capsule 100 mg* | 2 | |
| *amantadine hcl oral solution 50 mg/5 ml* | 2 | |
| *amantadine hcl oral tablet 100 mg* | 2 | |
| APTIVUS ORAL CAPSULE 250 MG | 5 | |
| *atazanavir oral capsule 150 mg, 200 mg, 300 mg* | 2 | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | 4 | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 5 | |
| CIMDUO ORAL TABLET 300-300 MG | 5 | |
| *darunavir oral tablet 600 mg* | 4 | |
| *darunavir oral tablet 800 mg* | 5 | |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 5 | |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | 5 | |
| DOVATO ORAL TABLET 50-300 MG | 5 | |
| EDURANT ORAL TABLET 25 MG | 5 | |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG | 3 | |
| *efavirenz oral tablet 600 mg* | 2 | |
| *efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg* | 4 | |
| *efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg* | 5 | |
| *emtricitabine oral capsule 200 mg* | 2 | |

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

This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg* | 3 | |
| *emtricitabine-tenofovir (tdf) oral tablet 133-200 mg* | 5 | |
| *emtricitabine-tenofovir (tdf) oral tablet 200-300 mg* | 2 | |
| *emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg* | 5 | |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 4 | |
| *entecavir oral tablet 0.5 mg, 1 mg* | 2 | |
| *etravirine oral tablet 100 mg, 200 mg* | 5 | |
| EVOTAZ ORAL TABLET 300-150 MG | 5 | QL (30 per 30 days) |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | 2 | |
| *fosamprenavir oral tablet 700 mg* | 4 | |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 5 | |
| IDVYNSO ORAL TABLET 100-0.25 MG | 4 | |
| INTELENCE ORAL TABLET 25 MG | 4 | |
| ISENTRESS HD ORAL TABLET 600 MG | 5 | QL (60 per 30 days) |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | 5 | |
| ISENTRESS ORAL TABLET 400 MG | 3 | QL (60 per 30 days) |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | 5 | |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | 4 | |
| JULUCA ORAL TABLET 50-25 MG | 5 | |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML | 4 | |
| *lamivudine oral solution 10 mg/ml* | 2 | |
| *lamivudine oral tablet 100 mg, 150 mg, 300 mg* | 2 | |
| *lamivudine-zidovudine oral tablet 150-300 mg* | 2 | |
| LIVTENCITY ORAL TABLET 200 MG | 5 | LA |
| *lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg* | 2 | |
| *maraviroc oral tablet 150 mg, 300 mg* | 3 | |

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

This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MAVYRET ORAL TABLET 100-40 MG | 5 | PA; QL (84 per 28 days) |
| *nevirapine oral suspension 50 mg/5 ml* | 4 | |
| *nevirapine oral tablet 200 mg* | 2 | |
| *nevirapine oral tablet extended release 24 hr 400 mg* | 2 | |
| NORVIR ORAL POWDER IN PACKET 100 MG | 3 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | 5 | |
| *oseltamivir oral capsule 30 mg, 45 mg, 75 mg* | 2 | |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 300 MG (150 MG X 2)- 100 MG | 3 | QL (30 per 90 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5) | 3 | |
| PIFELTRO ORAL TABLET 100 MG | 5 | |
| PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG | 5 | PA |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 5 | PA; QL (30 per 30 days) |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG | 4 | QL (30 per 30 days) |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 4 | |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 4 | |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 3 | |
| REYATAZ ORAL POWDER IN PACKET 50 MG | 5 | |
| *ribavirin oral capsule 200 mg* | 4 | |
| *ribavirin oral tablet 200 mg* | 2 | |
| *rilpivirine hcl oral tablet 25 mg* | 5 | |
| *rimantadine oral tablet 100 mg* | 2 | |
| *ritonavir oral tablet 100 mg* | 2 | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | 5 | |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 5 | |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG | 5 | PA; QL (28 per 28 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| STRIBILD ORAL TABLET 150-150-200-300 MG | 5 | QL (30 per 30 days) |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK) | 5 | |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 5 | |
| *tenofovir disoproxil fumarate oral tablet 300 mg* | 4 | |
| TIVICAY ORAL TABLET 50 MG | 5 | |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 5 | |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 5 | |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 4 | |
| *valacyclovir oral tablet 1 gram, 500 mg* | 2 | |
| *valganciclovir oral recon soln 50 mg/ml* | 3 | |
| *valganciclovir oral tablet 450 mg* | 3 | |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 5 | |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 5 | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | |
| VOSEVI ORAL TABLET 400-100-100 MG | 5 | PA; QL (30 per 30 days) |
| XOFLUZA ORAL TABLET 40 MG, 80 MG | 4 | |
| *zidovudine oral capsule 100 mg* | 2 | |
| *zidovudine oral syrup 10 mg/ml* | 2 | |
| *zidovudine oral tablet 300 mg* | 2 | |
| **CEPHALOSPORINS** | | |
| *cefaclor oral capsule 250 mg, 500 mg* | 2 | |
| *cefaclor oral suspension for reconstitution 250 mg/5 ml* | 2 | |
| *cefaclor oral tablet extended release 12 hr 500 mg* | 2 | |
| *cefadroxil oral capsule 500 mg* | 2 | |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | 2 | |
| *cefadroxil oral tablet 1 gram* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml* | 2 | |
| *cefazolin injection recon soln 1 gram, 100 gram, 300 gram, 500 mg* | 2 | |
| *cefazolin intravenous recon soln 1 gram, 10 gram* | 2 | |
| *cefdinir oral capsule 300 mg* | 2 | |
| *cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 2 | |
| CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML | 4 | |
| *cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml* | 4 | |
| *cefepime injection recon soln 1 gram, 2 gram* | 4 | |
| *cefixime oral capsule 400 mg* | 4 | |
| *cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* | 2 | |
| *cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml* | 2 | |
| *cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram* | 2 | |
| *cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml* | 2 | |
| *cefpodoxime oral tablet 100 mg, 200 mg* | 2 | |
| *cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 2 | |
| *cefprozil oral tablet 250 mg, 500 mg* | 2 | |
| *ceftaroline fosamil intravenous recon soln 400 mg, 600 mg* | 5 | |
| *ceftazidime injection recon soln 1 gram, 2 gram, 6 gram* | 4 | |
| *ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml* | 4 | |
| *ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg* | 4 | |
| CEFTRIAXONE INJECTION RECON SOLN 100 GRAM | 4 | |
| *ceftriaxone intravenous recon soln 1 gram, 2 gram* | 4 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | 2 | |
| *cefuroxime sodium injection recon soln 750 mg* | 2 | |
| *cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram* | 2 | |
| *cephalexin oral capsule 250 mg, 500 mg* | 2 | |
| *cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 2 | |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG | 5 | |
| **ERYTHROMYCINS / OTHER MACROLIDES** | | |
| *azithromycin intravenous recon soln 500 mg* | 4 | |
| *azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* | 2 | |
| *azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg* | 2 | |
| *clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 2 | |
| *clarithromycin oral tablet 250 mg, 500 mg* | 2 | |
| *clarithromycin oral tablet extended release 24 hr 500 mg* | 2 | |
| *e.e.s. 400 oral tablet 400 mg* | 2 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml* | 4 | |
| *erythromycin ethylsuccinate oral tablet 400 mg* | 2 | |
| *erythromycin oral tablet 250 mg, 500 mg* | 2 | |
| *erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg* | 2 | |
| *fidaxomicin oral tablet 200 mg* | 5 | PA; QL (20 per 10 days) |
| **MISCELLANEOUS ANTIINFECTIVES** | | |
| *albendazole oral tablet 200 mg* | 4 | |
| *amikacin injection solution 1,000 mg/4 ml* | 2 | |
| *amikacin injection solution 500 mg/2 ml* | 4 | |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML | 5 | PA; LA; QL (235.2 per 30 days) |
| *atovaquone oral suspension 750 mg/5 ml* | 4 | QL (300 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg* | 4 | |
| *aztreonam injection recon soln 1 gram, 2 gram* | 4 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | 5 | LA; QL (84 per 56 days) |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | 2 | |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | 2 | |
| CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML | 2 | |
| *clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml* | 2 | |
| *clindamycin palmitate hcl oral recon soln 75 mg/5 ml* | 2 | |
| *clindamycin pediatric oral recon soln 75 mg/5 ml* | 2 | |
| COARTEM ORAL TABLET 20-120 MG | 4 | |
| *colistin (colistimethate na) injection recon soln 150 mg* | 4 | QL (30 per 10 days) |
| *cycloserine oral capsule 250 mg* | 2 | |
| *dapsone oral tablet 100 mg, 25 mg* | 2 | |
| *daptomycin intravenous recon soln 500 mg* | 4 | |
| EMVERM ORAL TABLET,CHEWABLE 100 MG | 5 | |
| *ertapenem injection recon soln 1 gram* | 4 | QL (14 per 14 days) |
| *ethambutol oral tablet 100 mg, 400 mg* | 2 | |
| *gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml* | 4 | |
| *gentamicin injection solution 40 mg/ml* | 4 | |
| *hydroxychloroquine oral tablet 200 mg* | 2 | |
| *imipenem-cilastatin intravenous recon soln 250 mg, 500 mg* | 4 | |
| IMPAVIDO ORAL CAPSULE 50 MG | 4 | PA; QL (90 per 30 days) |
| *isoniazid oral solution 50 mg/5 ml* | 4 | |
| *isoniazid oral tablet 100 mg, 300 mg* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ivermectin oral tablet 3 mg* | 2 | PA; QL (20 per 30 days) |
| *linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml* | 4 | |
| *linezolid oral suspension for reconstitution 100 mg/5 ml* | 4 | QL (1680 per 28 days) |
| *linezolid oral tablet 600 mg* | 4 | QL (56 per 28 days) |
| *mefloquine oral tablet 250 mg* | 2 | |
| *meropenem intravenous recon soln 1 gram* | 3 | QL (30 per 10 days) |
| *meropenem intravenous recon soln 500 mg* | 3 | 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* | 2 | |
| *metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml* | 2 | |
| *metronidazole oral capsule 375 mg* | 4 | |
| *metronidazole oral tablet 250 mg, 500 mg* | 2 | |
| *neomycin oral tablet 500 mg* | 2 | |
| *nitazoxanide oral tablet 500 mg* | 2 | |
| *pentamidine inhalation recon soln 300 mg* | 2 | B/D; QL (1 per 28 days) |
| *pentamidine injection recon soln 300 mg* | 2 | |
| *praziquantel oral tablet 600 mg* | 4 | |
| PRIFTIN ORAL TABLET 150 MG | 4 | |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE) | 3 | |
| *pyrazinamide oral tablet 500 mg* | 2 | |
| *pyrimethamine oral tablet 25 mg* | 5 | |
| *quinine sulfate oral capsule 324 mg* | 2 | |
| *rifabutin oral capsule 150 mg* | 2 | |
| *rifampin intravenous recon soln 600 mg* | 4 | |
| *rifampin oral capsule 150 mg, 300 mg* | 4 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 5 | PA; LA |
| STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM | 5 | QL (60 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tigecycline intravenous recon soln 50 mg* | 4 | |
| *tinidazole oral tablet 250 mg, 500 mg* | 4 | |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | 5 | PA; QL (224 per 56 days) |
| *tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml* | 5 | B/D; QL (280 per 28 days) |
| *tobramycin inhalation solution for nebulization 300 mg/4 ml* | 5 | B/D; QL (224 per 28 days) |
| *tobramycin sulfate injection recon soln 1.2 gram* | 2 | |
| *tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml* | 2 | |
| VANCOMYCIN INJECTION RECON SOLN 100 GRAM | 4 | |
| *vancomycin intravenous recon soln 1,000 mg* | 4 | QL (20 per 10 days) |
| *vancomycin intravenous recon soln 10 gram, 5 gram* | 4 | |
| *vancomycin intravenous recon soln 500 mg* | 4 | QL (10 per 10 days) |
| *vancomycin intravenous recon soln 750 mg* | 4 | QL (27 per 10 days) |
| *vancomycin oral capsule 125 mg* | 4 | |
| *vancomycin oral capsule 250 mg* | 4 | QL (80 per 10 days) |
| *vancomycin oral recon soln 50 mg/ml* | 2 | QL (450 per 30 days) |
| XIFAXAN ORAL TABLET 200 MG | 3 | PA; QL (120 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 3 | PA; QL (90 per 30 days) |
| **PENICILLINS** | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | 2 | |
| *amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml* | 2 | |
| *amoxicillin oral tablet 500 mg, 875 mg* | 2 | |
| *amoxicillin oral tablet,chewable 125 mg, 250 mg* | 2 | |
| *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* | 2 | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg* | 2 | |
| *amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ampicillin oral capsule 500 mg* | 2 | |
| *ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg* | 2 | |
| *ampicillin sodium intravenous recon soln 1 gram, 2 gram* | 2 | |
| *ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram* | 2 | |
| *ampicillin-sulbactam intravenous recon soln 1.5 gram* | 2 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML | 4 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML | 3 | |
| *dicloxacillin oral capsule 250 mg, 500 mg* | 2 | |
| *nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml* | 2 | |
| *nafcillin injection recon soln 1 gram, 10 gram, 2 gram* | 2 | |
| *oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml* | 4 | |
| *oxacillin injection recon soln 1 gram, 10 gram, 2 gram* | 4 | |
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML | 4 | |
| *penicillin g potassium injection recon soln 20 million unit, 5 million unit* | 2 | |
| *penicillin g sodium injection recon soln 5 million unit* | 2 | |
| *penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml* | 2 | |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | 2 | |
| PIPERACILLIN-TAZOBACTAM INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML | 4 | |
| PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram* | 4 | |
| **QUINOLONES** | | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg* | 2 | |
| *ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml* | 4 | |
| *levofloxacin in d5w intravenous piggyback 250 mg/50 ml* | 2 | |
| *levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml* | 4 | |
| *levofloxacin oral solution 250 mg/10 ml* | 2 | |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | 2 | |
| *moxifloxacin oral tablet 400 mg* | 3 | |
| MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML | 4 | |
| *moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml* | 4 | |
| *ofloxacin oral tablet 300 mg, 400 mg* | 2 | |
| **SULFA'S / RELATED AGENTS** | | |
| *sulfadiazine oral tablet 500 mg* | 2 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml* | 2 | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg* | 2 | |
| **TETRACYCLINES** | | |
| *demeclocycline oral tablet 150 mg, 300 mg* | 4 | |
| *doxy-100 intravenous recon soln 100 mg* | 2 | |
| *doxycycline hyclate intravenous recon soln 100 mg* | 2 | |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | 2 | |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | 2 | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | 2 | |
| *doxycycline monohydrate oral tablet 100 mg, 50 mg* | 2 | |
| *minocycline oral capsule 100 mg, 50 mg, 75 mg* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tetracycline oral capsule 250 mg, 500 mg* | 4 | |
| **URINARY TRACT AGENTS** | | |
| *fosfomycin tromethamine oral packet 3 gram* | 4 | |
| *methenamine hippurate oral tablet 1 gram* | 3 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg* | 3 | |
| *nitrofurantoin monohyd/m-cryst oral capsule 100 mg* | 3 | |
| *nitrofurantoin oral suspension 25 mg/5 ml* | 2 | |
| *trimethoprim oral tablet 100 mg* | 2 | |
| **ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS** | | |
| **ADJUNCTIVE AGENTS** | | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | 2 | |
| *mesna oral tablet 400 mg* | 4 | |
| XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | 4 | PA |
| **ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS** | | |
| *abiraterone oral tablet 250 mg* | 5 | QL (120 per 30 days) |
| *abiraterone oral tablet 500 mg* | 5 | QL (60 per 30 days) |
| *abirtega oral tablet 250 mg* | 3 | QL (120 per 30 days) |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 5 | PA; LA; QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | 5 | PA; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 5 | PA; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 5 | PA; QL (60 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) | 5 | PA; QL (30 per 180 days) |
| *anastrozole oral tablet 1 mg* | 2 | QL (30 per 30 days) |
| AUGTYRO ORAL CAPSULE 160 MG | 5 | PA |
| AUGTYRO ORAL CAPSULE 40 MG | 5 | PA; QL (240 per 30 days) |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG | 5 | PA |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 5 | PA; LA; QL (30 per 30 days) |
| *azathioprine oral tablet 100 mg, 50 mg, 75 mg* | 2 | B/D |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG | 5 | PA; LA |
| *bexarotene oral capsule 75 mg* | 5 | |
| *bexarotene topical gel 1 %* | 5 | PA; QL (60 per 30 days) |
| *bicalutamide oral tablet 50 mg* | 2 | |
| *bleomycin injection recon soln 15 unit, 30 unit* | 2 | |
| BOSULIF ORAL CAPSULE 100 MG | 5 | PA; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 5 | PA; QL (360 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 5 | PA; QL (150 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 5 | PA; QL (30 per 30 days) |
| *bosutinib oral tablet 400 mg* | 5 | PA; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA; LA; QL (180 per 30 days) |
| BRUKINSA ORAL TABLET 160 MG | 5 | PA; LA; QL (60 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | 5 | PA; LA; QL (30 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | 5 | PA; LA; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG | 5 | PA; LA; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | 5 | PA; LA; QL (30 per 30 days) |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | 5 | PA; QL (56 per 28 days) |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 5 | PA; QL (112 per 28 days) |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY) | 5 | PA; QL (84 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 5 | PA; LA; QL (60 per 30 days) |
| COTELLIC ORAL TABLET 20 MG | 5 | PA; LA; QL (63 per 28 days) |
| *cyclophosphamide oral capsule 25 mg, 50 mg* | 3 | B/D |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG | 3 | B/D |
| *cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg* | 2 | B/D |
| *cyclosporine modified oral solution 100 mg/ml* | 2 | B/D |

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

This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cyclosporine oral capsule 100 mg, 25 mg* | 2 | B/D |
| *dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg* | 5 | PA; QL (30 per 30 days) |
| *dasatinib oral tablet 20 mg* | 5 | PA; QL (90 per 30 days) |
| *dasatinib oral tablet 70 mg* | 5 | PA; QL (60 per 30 days) |
| DAURISMO ORAL TABLET 100 MG | 5 | PA; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 5 | PA; QL (60 per 30 days) |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 3 | |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 3 | |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 3 | |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 3 | |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 3 | |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG | 5 | PA |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG | 4 | PA |
| ERIVEDGE ORAL CAPSULE 150 MG | 5 | PA; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 240 MG | 5 | PA; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 5 | PA; QL (120 per 30 days) |
| *erlotinib oral tablet 100 mg, 150 mg, 25 mg* | 5 | PA; QL (30 per 30 days) |
| EULEXIN ORAL CAPSULE 125 MG | 5 | |
| *everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | 5 | PA; QL (30 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 2 mg* | 5 | PA; QL (330 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 3 mg* | 5 | PA; QL (240 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 5 mg* | 5 | PA; QL (180 per 30 days) |
| *everolimus (immunosuppressive) oral tablet 0.25 mg* | 4 | B/D |
| *everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg* | 5 | B/D |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *exemestane oral tablet 25 mg* | 2 | |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | 5 | |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | 4 | |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 5 | PA; LA; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 5 | PA; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 5 | PA; QL (21 per 28 days) |
| GAVRETO ORAL CAPSULE 100 MG | 5 | PA; LA; QL (120 per 30 days) |
| *gefitinib oral tablet 250 mg* | 5 | PA; QL (60 per 30 days) |
| *gengraf oral capsule 100 mg, 25 mg* | 4 | B/D |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 5 | PA; QL (30 per 30 days) |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG | 5 | PA |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG | 5 | PA |
| HERNEXEOS ORAL TABLET 60 MG | 5 | PA |
| *hydroxyurea oral capsule 500 mg* | 2 | |
| HYRNUO ORAL TABLET 10 MG | 5 | PA |
| IBRANCE ORAL CAPSULE 125 MG | 5 | PA; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 5 | PA; QL (21 per 28 days) |
| IBTROZI ORAL CAPSULE 200 MG | 5 | PA |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 5 | PA; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 5 | PA; LA; QL (30 per 30 days) |
| *imatinib oral tablet 100 mg* | 3 | QL (180 per 30 days) |
| *imatinib oral tablet 400 mg* | 5 | QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA; QL (30 per 30 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 5 | PA; QL (240 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 5 | PA; QL (30 per 30 days) |
| IMKELDI ORAL SOLUTION 80 MG/ML | 5 | PA |
| INLURIYO ORAL TABLET 200 MG | 5 | PA; QL (60 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INLYTA ORAL TABLET 1 MG | 5 | PA; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 5 | PA; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 5 | PA; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | 5 | PA; LA; QL (120 per 30 days) |
| ITOVEBI ORAL TABLET 3 MG, 9 MG | 5 | PA |
| IWILFIN ORAL TABLET 192 MG | 5 | PA; LA; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 5 | PA; QL (60 per 30 days) |
| JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG | 5 | PA; QL (30 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 5 | PA; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 5 | PA; QL (30 per 30 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 5 | PA; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 5 | PA; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 5 | PA; QL (63 per 28 days) |
| KOMZIFTI ORAL CAPSULE 200 MG | 5 | PA |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG | 5 | PA |
| KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG | 5 | PA |
| KRAZATI ORAL TABLET 200 MG | 5 | PA; QL (180 per 30 days) |
| *lapatinib oral tablet 250 mg* | 5 | PA; QL (180 per 30 days) |
| LAZCLUZE ORAL TABLET 240 MG | 5 | PA; LA; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 5 | PA; LA; QL (60 per 30 days) |
| *lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg* | 5 | QL (28 per 28 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG | 5 | PA; QL (30 per 30 days) |
| LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) | 5 | PA; QL (90 per 30 days) |
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) | 5 | PA; QL (60 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *letrozole oral tablet 2.5 mg* | 2 | |
| LEUKERAN ORAL TABLET 2 MG | 5 | |
| *leuprolide subcutaneous kit 1 mg/0.2 ml* | 4 | |
| LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA |
| 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), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9) | 5 | PA |
| *lomustine oral capsule 10 mg, 100 mg, 40 mg* | 4 | PA |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | 5 | PA |
| LORBRENA ORAL TABLET 100 MG | 5 | PA; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 5 | PA; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG | 5 | PA |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG | 5 | |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 5 | |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 5 | |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG | 5 | |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 5 | |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED) | 5 | |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG | 5 | |
| LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | 4 | |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 5 | PA; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 5 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 5 | PA; LA |
| MATULANE ORAL CAPSULE 50 MG | 5 | |
| *megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)* | 4 | |
| *megestrol oral tablet 20 mg, 40 mg* | 4 | |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | 5 | PA; QL (1200 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA; QL (120 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 5 | PA; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 5 | PA; LA; QL (180 per 30 days) |
| *mercaptopurine oral suspension 20 mg/ml* | 5 | PA |
| *mercaptopurine oral tablet 50 mg* | 2 | |
| *methotrexate sodium (pf) injection solution 25 mg/ml* | 4 | |
| *methotrexate sodium injection solution 25 mg/ml* | 4 | |
| *methotrexate sodium oral tablet 2.5 mg* | 2 | |
| MODEYSO ORAL CAPSULE 125 MG | 5 | PA |
| *mycophenolate mofetil oral capsule 250 mg* | 2 | B/D |
| *mycophenolate mofetil oral suspension for reconstitution 200 mg/ml* | 5 | B/D |
| *mycophenolate mofetil oral tablet 500 mg* | 2 | B/D |
| *mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg* | 4 | B/D |
| NERLYNX ORAL TABLET 40 MG | 5 | PA; LA |
| *nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg* | 5 | PA; QL (120 per 30 days) |
| *nilutamide oral tablet 150 mg* | 5 | |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 5 | PA; LA; QL (120 per 30 days) |
| *octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml* | 4 | |
| ODOMZO ORAL CAPSULE 200 MG | 5 | PA; LA; QL (30 per 30 days) |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 5 | PA; QL (60 per 30 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML | 5 | PA; QL (96 per 28 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5) | 5 | PA; QL (24 per 30 days) |
| OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6) | 5 | PA; QL (24 per 28 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 5 | PA; QL (30 per 30 days) |
| ONUREG ORAL TABLET 200 MG, 300 MG | 5 | PA; QL (14 per 28 days) |
| ORGOVYX ORAL TABLET 120 MG | 5 | LA; QL (32 per 30 days) |
| ORSERDU ORAL TABLET 345 MG | 5 | PA; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 5 | PA; QL (90 per 30 days) |
| *pazopanib oral tablet 200 mg* | 5 | PA; QL (120 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 5 | PA; LA; QL (28 per 28 days) |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 5 | PA |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 5 | LA |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 4 | B/D |
| QINLOCK ORAL TABLET 50 MG | 5 | PA; LA; QL (90 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | 5 | PA; LA; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 5 | PA; LA; QL (90 per 30 days) |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG | 5 | PA |
| REZLIDHIA ORAL CAPSULE 150 MG | 5 | PA; QL (60 per 30 days) |
| REZUROCK ORAL TABLET 200 MG | 5 | PA; LA; QL (30 per 30 days) |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG | 5 | PA; LA |
| ROZLYTREK ORAL CAPSULE 100 MG | 5 | PA; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 5 | PA; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | 5 | PA |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 5 | PA; LA; QL (120 per 30 days) |
| RYDAPT ORAL CAPSULE 25 MG | 5 | PA; QL (224 per 28 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SCEMBLIX ORAL TABLET 100 MG | 5 | PA; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 5 | PA; QL (600 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 5 | PA; QL (300 per 30 days) |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 5 | PA |
| *sirolimus oral solution 1 mg/ml* | 4 | B/D |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | 4 | B/D |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 3 | |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 90 MG/0.3 ML | 5 | |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | 5 | QL (1 per 7 days) |
| *sorafenib oral tablet 200 mg* | 5 | QL (120 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 5 | PA; QL (120 per 30 days) |
| *sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg* | 5 | PA; QL (30 per 30 days) |
| TABLOID ORAL TABLET 40 MG | 3 | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 5 | PA |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | 2 | B/D |
| *tacrolimus oral capsule,extended release 24hr 0.5 mg, 5 mg* | 2 | |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 5 | PA; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | 5 | PA; QL (900 per 30 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 5 | PA; LA; QL (30 per 30 days) |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 5 | PA; QL (30 per 30 days) |
| *tamoxifen oral tablet 10 mg, 20 mg* | 2 | |
| TEPMETKO ORAL TABLET 225 MG | 5 | PA; LA |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 5 | |
| TIBSOVO ORAL TABLET 250 MG | 5 | PA |
| *toremifene oral tablet 60 mg* | 4 | |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | 4 | PA |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tretinoin (antineoplastic) oral capsule 10 mg* | 5 | |
| TRUQAP ORAL TABLET 160 MG, 200 MG | 5 | PA; QL (64 per 28 days) |
| TUKYSA ORAL TABLET 150 MG | 5 | PA; LA; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 5 | PA; LA; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG | 5 | PA; LA; QL (120 per 30 days) |
| VABRINTY (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 5 | PA |
| VABRINTY (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 5 | PA |
| VABRINTY (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 5 | PA |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 5 | PA; QL (56 per 28 days) |
| VENCLEXTA ORAL TABLET 10 MG | 3 | PA; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA; LA; QL (120 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 5 | PA; LA; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 5 | PA; LA; QL (42 per 180 days) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA; LA; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 100 MG | 5 | PA; LA; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 5 | PA; LA; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 5 | PA; LA; QL (300 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | 5 | PA; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG | 5 | PA; QL (60 per 30 days) |
| VORANIGO ORAL TABLET 40 MG | 5 | PA; QL (30 per 30 days) |
| WELIREG ORAL TABLET 40 MG | 5 | PA; LA |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 5 | PA; QL (60 per 30 days) |
| XALKORI ORAL PELLET 150 MG | 5 | PA; QL (180 per 30 days) |
| XALKORI ORAL PELLET 20 MG, 50 MG | 5 | PA; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | PA |
| XERMELO ORAL TABLET 250 MG | 5 | PA; LA; QL (84 per 28 days) |
| XOSPATA ORAL TABLET 40 MG | 5 | PA; LA; QL (90 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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), 80MG TWICE WEEK (160 MG/WEEK) | 5 | PA; LA |
| XPOVIO ORAL TABLET 80 MG/WEEK (80 MG X 1) | 5 | PA |
| XTANDI ORAL CAPSULE 40 MG | 5 | PA; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 5 | PA; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 5 | PA; QL (60 per 30 days) |
| ZEJULA ORAL TABLET 100 MG | 5 | PA; LA; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 200 MG, 300 MG | 5 | PA; LA; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 5 | PA; QL (240 per 30 days) |
| ZOLINZA ORAL CAPSULE 100 MG | 5 | PA; QL (120 per 30 days) |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 5 | PA; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | 5 | PA; QL (90 per 30 days) |
| **AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH** | | |
| **ANTICONVULSANTS** | | |
| *brivaracetam oral solution 10 mg/ml* | 4 | PA; QL (600 per 30 days) |
| *brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg* | 4 | PA; QL (60 per 30 days) |
| *carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg* | 2 | |
| *carbamazepine oral suspension 100 mg/5 ml* | 2 | |
| *carbamazepine oral tablet 200 mg* | 2 | |
| *carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg* | 2 | |
| *carbamazepine oral tablet,chewable 100 mg* | 2 | |
| CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG | 2 | |
| *clobazam oral suspension 2.5 mg/ml* | 4 | QL (480 per 30 days) |
| *clobazam oral tablet 10 mg, 20 mg* | 4 | QL (60 per 30 days) |
| *clonazepam oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg* | 2 | |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG | 5 | PA; LA |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG | 5 | PA; LA |
| *diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg* | 2 | |
| DILANTIN 30 MG ORAL CAPSULE 30 MG | 4 | |
| *divalproex oral capsule, delayed rel sprinkle 125 mg* | 2 | |
| *divalproex oral tablet extended release 24 hr 250 mg, 500 mg* | 2 | |
| *divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg* | 2 | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 5 | PA; LA |
| *eslicarbazepine oral tablet 200 mg* | 4 | QL (180 per 30 days) |
| *eslicarbazepine oral tablet 400 mg* | 4 | QL (90 per 30 days) |
| *eslicarbazepine oral tablet 600 mg, 800 mg* | 5 | QL (60 per 30 days) |
| *ethosuximide oral capsule 250 mg* | 2 | |
| *ethosuximide oral solution 250 mg/5 ml* | 2 | |
| *felbamate oral suspension 600 mg/5 ml* | 4 | |
| *felbamate oral tablet 400 mg, 600 mg* | 4 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 5 | PA; LA; QL (360 per 30 days) |
| *fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml* | 2 | |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG | 5 | PA; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 2 MG | 4 | PA; QL (60 per 30 days) |
| FYCOMPA ORAL TABLET 4 MG, 6 MG | 5 | PA; QL (60 per 30 days) |
| *gabapentin oral capsule 100 mg, 300 mg, 400 mg* | 2 | |
| *gabapentin oral solution 250 mg/5 ml* | 2 | |
| *gabapentin oral tablet 600 mg, 800 mg* | 2 | |
| *gabapentin oral tablet extended release 24 hr 300 mg, 600 mg* | 4 | PA |
| GABARONE ORAL TABLET 100 MG | 5 | PA; QL (180 per 30 days) |
| GABARONE ORAL TABLET 400 MG | 5 | PA; QL (270 per 30 days) |

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

This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lacosamide oral solution 10 mg/ml* | 4 | QL (1200 per 30 days) |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | 4 | QL (60 per 30 days) |
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | 2 | |
| *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)* | 4 | |
| *lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg* | 4 | |
| *lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg* | 2 | |
| *lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg* | 4 | |
| *lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)* | 2 | |
| *levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)* | 2 | |
| *levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg* | 2 | |
| *levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg* | 2 | |
| *methsuximide oral capsule 300 mg* | 2 | |
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) | 4 | PA; QL (10 per 30 days) |
| *oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)* | 2 | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | 2 | |
| *perampanel oral suspension 0.5 mg/ml* | 5 | PA; QL (720 per 30 days) |
| *perampanel oral tablet 10 mg, 12 mg, 8 mg* | 4 | PA; QL (30 per 30 days) |
| *perampanel oral tablet 2 mg, 4 mg, 6 mg* | 4 | PA; QL (60 per 30 days) |
| *phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)* | 2 | PA |
| *phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg* | 2 | PA |
| *phenytoin oral suspension 125 mg/5 ml* | 2 | |
| *phenytoin oral tablet,chewable 50 mg* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg* | 2 | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg* | 2 | |
| *pregabalin oral solution 20 mg/ml* | 2 | |
| *primidone oral tablet 250 mg, 50 mg* | 2 | |
| *roweepra oral tablet 500 mg* | 2 | |
| *rufinamide oral suspension 40 mg/ml* | 5 | PA |
| *rufinamide oral tablet 200 mg* | 4 | PA |
| *rufinamide oral tablet 400 mg* | 5 | PA |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG | 4 | PA |
| SUBVENITE ORAL SUSPENSION 10 MG/ML | 4 | PA |
| SYMPAZAN ORAL FILM 10 MG | 5 | PA; QL (120 per 30 days) |
| SYMPAZAN ORAL FILM 20 MG | 5 | PA; QL (60 per 30 days) |
| SYMPAZAN ORAL FILM 5 MG | 4 | PA; QL (240 per 30 days) |
| *tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | 4 | |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg* | 2 | |
| TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG | 2 | |
| *topiramate oral solution 25 mg/ml* | 4 | PA |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 2 | |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml* | 2 | |
| *valproic acid oral capsule 250 mg* | 2 | |
| 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) | 5 | PA; QL (10 per 30 days) |
| *vigabatrin oral powder in packet 500 mg* | 5 | LA |
| *vigabatrin oral tablet 500 mg* | 5 | LA |
| *vigadrone oral powder in packet 500 mg* | 5 | LA |
| *vigadrone oral tablet 500 mg* | 5 | LA |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 5 | PA; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG | 4 | PA; QL (120 per 30 days) |
| XCOPRI ORAL TABLET 150 MG | 4 | PA; QL (60 per 30 days) |
| XCOPRI ORAL TABLET 200 MG | 5 | PA; QL (60 per 30 days) |
| XCOPRI ORAL TABLET 25 MG | 5 | PA |
| XCOPRI ORAL TABLET 50 MG | 4 | PA; QL (240 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 4 | PA; QL (28 per 180 days) |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | 4 | PA |
| *zonisamide oral capsule 100 mg, 25 mg, 50 mg* | 2 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 5 | PA; LA; QL (1080 per 30 days) |
| **ANTIPARKINSONISM AGENTS** | | |
| *apomorphine subcutaneous cartridge 10 mg/ml* | 5 | QL (90 per 30 days) |
| *benztropine oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | |
| *bromocriptine oral capsule 5 mg* | 4 | |
| *bromocriptine oral tablet 2.5 mg* | 4 | |
| *carbidopa oral tablet 25 mg* | 2 | |
| *carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg* | 2 | |
| *carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg* | 2 | |
| *carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg* | 2 | |
| *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* | 4 | |
| *entacapone oral tablet 200 mg* | 2 | |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | 4 | PA; QL (300 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | 4 | |
| *pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | 2 | |
| *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* | 4 | |
| *rasagiline oral tablet 0.5 mg, 1 mg* | 4 | |
| *ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | 2 | |
| *ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | 4 | |
| *selegiline hcl oral capsule 5 mg* | 2 | |
| *selegiline hcl oral tablet 5 mg* | 2 | |
| *trihexyphenidyl oral elixir 0.4 mg/ml* | 2 | |
| *trihexyphenidyl oral tablet 2 mg, 5 mg* | 2 | |
| **MIGRAINE / CLUSTER HEADACHE THERAPY** | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 3 | QL (1 per 30 days) |
| *dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)* | 3 | PA; QL (8 per 30 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | 3 | |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3) | 3 | |
| *naratriptan oral tablet 1 mg, 2.5 mg* | 2 | QL (18 per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | 5 | PA; QL (16 per 30 days) |
| *rizatriptan oral tablet 10 mg, 5 mg* | 2 | QL (18 per 30 days) |
| *rizatriptan oral tablet,disintegrating 10 mg, 5 mg* | 2 | QL (18 per 30 days) |
| *sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation* | 4 | QL (12 per 30 days) |
| *sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg* | 2 | QL (18 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml* | 4 | QL (9 per 30 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5 ml* | 4 | QL (9 per 30 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 5 | PA; QL (16 per 30 days) |
| **MISCELLANEOUS NEUROLOGICAL THERAPY** | | |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG | 5 | PA; QL (120 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG | 5 | PA; QL (30 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 5 | PA; QL (28 per 30 days) |
| *dalfampridine oral tablet extended release 12 hr 10 mg* | 2 | QL (60 per 30 days) |
| DAYBUE ORAL SOLUTION 200 MG/ML | 5 | PA |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg* | 4 | QL (14 per 30 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)* | 4 | QL (120 per 180 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg* | 5 | QL (60 per 30 days) |
| *donepezil oral tablet 10 mg, 23 mg, 5 mg* | 1 | |
| *donepezil oral tablet,disintegrating 10 mg, 5 mg* | 1 | |
| *fingolimod oral capsule 0.5 mg* | 5 | QL (30 per 30 days) |
| FIRDAPSE ORAL TABLET 10 MG | 5 | PA |
| *galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg* | 2 | |
| *galantamine oral solution 4 mg/ml* | 2 | |
| *galantamine oral tablet 12 mg, 4 mg, 8 mg* | 2 | |
| *glatiramer subcutaneous syringe 20 mg/ml* | 5 | QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 40 mg/ml* | 5 | QL (12 per 28 days) |
| *glatopa subcutaneous syringe 20 mg/ml* | 5 | QL (30 per 30 days) |
| *glatopa subcutaneous syringe 40 mg/ml* | 5 | QL (12 per 28 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML | 5 | PA; QL (10 per 30 days) |
| *memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg* | 4 | |
| *memantine oral solution 2 mg/ml* | 4 | |
| *memantine oral tablet 10 mg, 5 mg* | 2 | |
| MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG | 4 | |
| NUEDEXTA ORAL CAPSULE 20-10 MG | 4 | PA |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML | 5 | PA; QL (70 per 28 days) |
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML | 5 | PA; QL (70 per 28 days) |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | 2 | QL (60 per 30 days) |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour* | 4 | |
| SKYCLARYS ORAL CAPSULE 50 MG | 5 | PA |
| *teriflunomide oral tablet 14 mg, 7 mg* | 5 | QL (30 per 30 days) |
| *tetrabenazine oral tablet 12.5 mg* | 3 | QL (120 per 30 days) |
| *tetrabenazine oral tablet 25 mg* | 5 | QL (120 per 30 days) |
| **MUSCLE RELAXANTS / ANTISPASMODIC THERAPY** | | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | 2 | |
| *cyclobenzaprine oral tablet 10 mg, 5 mg* | 2 | PA |
| *methocarbamol oral tablet 500 mg, 750 mg* | 2 | |
| *pyridostigmine bromide oral tablet 60 mg* | 2 | |
| *pyridostigmine bromide oral tablet extended release 180 mg* | 4 | |
| *tizanidine oral capsule 2 mg, 4 mg* | 2 | |
| *tizanidine oral capsule 6 mg* | 4 | |
| *tizanidine oral tablet 2 mg, 4 mg* | 2 | |
| ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML | 5 | PA |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **NARCOTIC ANALGESICS** | | |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg* | 2 | QL (240 per 30 days); OP |
| *acetaminophen-codeine oral tablet 300-30 mg* | 2 | QL (400 per 30 days); OP |
| *buprenorphine hcl sublingual tablet 2 mg* | 4 | QL (360 per 30 days) |
| *buprenorphine hcl sublingual tablet 8 mg* | 4 | QL (120 per 30 days) |
| *buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour* | 2 | QL (4 per 28 days); OP |
| *butalbital-acetaminophen oral tablet 50-325 mg* | 2 | QL (180 per 30 days) |
| *butalbital-acetaminophen-caff oral capsule 50-325-40 mg* | 2 | QL (180 per 30 days) |
| *butalbital-acetaminophen-caff oral tablet 50-325-40 mg* | 2 | QL (180 per 30 days) |
| *butalbital-aspirin-caffeine oral capsule 50-325-40 mg* | 2 | QL (180 per 30 days) |
| *codeine sulfate oral tablet 15 mg, 30 mg, 60 mg* | 2 | QL (180 per 30 days); OP |
| *duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml* | 2 | OP |
| *endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 2 | QL (12 per 1 day); OP |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | 2 | QL (10 per 30 days); OP |
| *hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml* | 2 | QL (5520 per 30 days); OP |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 2 | QL (240 per 30 days); OP |
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg* | 4 | QL (150 per 30 days); OP |
| *hydromorphone injection syringe 2 mg/ml* | 2 | OP |
| *hydromorphone oral liquid 1 mg/ml* | 2 | QL (2400 per 30 days); OP |
| *hydromorphone oral tablet 2 mg, 4 mg, 8 mg* | 2 | QL (180 per 30 days); OP |
| *meperidine oral tablet 50 mg* | 2 | QL (180 per 30 days); OP |
| *methadone oral solution 10 mg/5 ml* | 2 | QL (1200 per 30 days); OP |
| *methadone oral solution 5 mg/5 ml* | 2 | QL (600 per 30 days); OP |
| *methadone oral tablet 10 mg* | 2 | QL (240 per 30 days); OP |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *methadone oral tablet 5 mg* | 2 | QL (120 per 30 days); OP |
| *morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)* | 2 | QL (400 per 30 days); OP |
| *morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)* | 2 | QL (1500 per 30 days); OP |
| *morphine oral tablet 15 mg, 30 mg* | 2 | QL (120 per 30 days); OP |
| *morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg* | 2 | QL (90 per 30 days); OP |
| *oxycodone oral solution 5 mg/5 ml* | 2 | QL (2400 per 30 days); OP |
| *oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg* | 2 | QL (180 per 30 days); OP |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 2 | QL (360 per 30 days); OP |
| *oxymorphone oral tablet 10 mg, 5 mg* | 4 | QL (180 per 30 days); OP |
| *oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg* | 4 | QL (60 per 30 days); OP |
| *tencon oral tablet 50-325 mg* | 2 | QL (180 per 30 days) |
| **NON-NARCOTIC ANALGESICS** | | |
| *buprenorphine-naloxone sublingual film 12-3 mg* | 2 | QL (90 per 30 days) |
| *buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg* | 2 | |
| *buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg* | 2 | |
| *butorphanol nasal spray,non-aerosol 10 mg/ml* | 4 | QL (5 per 28 days); OP |
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | 2 | QL (60 per 30 days) |
| *diclofenac potassium oral tablet 50 mg* | 2 | |
| *diclofenac sodium oral tablet extended release 24 hr 100 mg* | 2 | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg* | 2 | |
| *diclofenac sodium topical drops 1.5 %* | 2 | QL (300 per 28 days) |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg* | 4 | |
| *diflunisal oral tablet 500 mg* | 2 | |
| *etodolac oral capsule 200 mg, 300 mg* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *etodolac oral tablet 400 mg, 500 mg* | 2 | |
| *etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg* | 2 | |
| *flurbiprofen oral tablet 100 mg* | 2 | |
| *ibu oral tablet 600 mg, 800 mg* | 2 | |
| *ibuprofen oral suspension 100 mg/5 ml* | 2 | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | 2 | |
| *indomethacin oral capsule 25 mg, 50 mg* | 2 | |
| *indomethacin oral capsule, extended release 75 mg* | 2 | |
| *ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)* | 2 | |
| *ketorolac intramuscular solution 60 mg/2 ml* | 2 | |
| *ketorolac oral tablet 10 mg* | 2 | |
| KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION | 4 | |
| *mefenamic acid oral capsule 250 mg* | 4 | |
| *meloxicam oral tablet 15 mg, 7.5 mg* | 2 | |
| *nabumetone oral tablet 500 mg, 750 mg* | 2 | |
| *naloxone injection solution 0.4 mg/ml* | 2 | |
| *naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml* | 2 | |
| *naltrexone oral tablet 50 mg* | 2 | |
| *naproxen oral tablet 250 mg, 375 mg, 500 mg* | 2 | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 2 | |
| *oxaprozin oral tablet 600 mg* | 2 | |
| *piroxicam oral capsule 10 mg, 20 mg* | 2 | |
| *sulindac oral tablet 150 mg, 200 mg* | 2 | |
| *tolmetin oral tablet 600 mg* | 2 | |
| *tramadol oral tablet 50 mg* | 2 | QL (240 per 30 days); OP |
| *tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg* | 2 | QL (90 per 30 days); OP |
| *tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg* | 2 | QL (3 per 1 day); OP |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | 2 | QL (240 per 30 days); OP |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **PSYCHOTHERAPEUTIC DRUGS** | | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | 5 | QL (1 per 28 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | 5 | QL (1 per 28 days) |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg* | 4 | QL (150 per 30 days) |
| *amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 2 | |
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | 4 | |
| *aripiprazole oral solution 1 mg/ml* | 4 | |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* | 2 | |
| *aripiprazole oral tablet,disintegrating 10 mg, 15 mg* | 4 | QL (60 per 30 days) |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg* | 4 | PA; QL (30 per 30 days) |
| *asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg* | 4 | PA; QL (60 per 30 days) |
| *atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg* | 4 | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | 5 | PA; QL (60 per 30 days) |
| *bupropion hcl oral tablet 100 mg, 75 mg* | 2 | |
| *bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg* | 2 | |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | 2 | QL (30 per 30 days) |
| *bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg* | 2 | |
| *buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 2 | |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 5 | PA; QL (30 per 30 days) |
| *chlorpromazine injection solution 25 mg/ml* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml* | 4 | |
| *chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | 4 | |
| *citalopram oral solution 10 mg/5 ml* | 2 | |
| *citalopram oral tablet 10 mg, 20 mg, 40 mg* | 1 | |
| *clomipramine oral capsule 25 mg, 50 mg, 75 mg* | 4 | |
| *clonidine hcl oral tablet extended release 12 hr 0.1 mg* | 4 | |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg* | 4 | QL (180 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* | 2 | QL (270 per 30 days) |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG | 5 | PA |
| COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG | 5 | PA |
| *desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 4 | |
| *desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg* | 2 | |
| *dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg* | 4 | QL (30 per 30 days) |
| *dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg* | 4 | |
| *dextroamphetamine sulfate oral capsule, extended release 10 mg* | 4 | QL (180 per 30 days) |
| *dextroamphetamine sulfate oral capsule, extended release 15 mg, 5 mg* | 4 | QL (120 per 30 days) |
| *dextroamphetamine sulfate oral solution 5 mg/5 ml* | 2 | QL (1800 per 30 days) |
| *dextroamphetamine sulfate oral tablet 10 mg* | 2 | QL (180 per 30 days) |
| *dextroamphetamine sulfate oral tablet 5 mg* | 2 | QL (120 per 30 days) |

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

This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg* | 4 | QL (60 per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg* | 2 | QL (90 per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 30 mg* | 2 | QL (60 per 30 days) |
| *diazepam injection solution 5 mg/ml* | 2 | |
| *diazepam injection syringe 5 mg/ml* | 2 | |
| *diazepam intensol oral concentrate 5 mg/ml* | 4 | |
| *diazepam oral concentrate 5 mg/ml* | 4 | |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | 4 | QL (1200 per 30 days) |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | 4 | |
| *doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 2 | |
| *doxepin oral concentrate 10 mg/ml* | 4 | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | 4 | PA; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | 4 | PA; QL (90 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg* | 2 | QL (60 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 40 mg* | 2 | QL (90 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 5 | |
| *escitalopram oxalate oral solution 5 mg/5 ml* | 2 | |
| *escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg* | 2 | QL (30 per 30 days) |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | 4 | QL (30 per 30 days) |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG | 5 | PA; QL (30 per 30 days) |
| EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS) | 4 | PA |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 5 | PA; QL (60 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) | 4 | PA; QL (8 per 180 days) |
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | 4 | PA |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) | 4 | PA |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 4 | PA; QL (28 per 180 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 4 | PA; QL (30 per 30 days) |
| *fluoxetine (pmdd) oral tablet 10 mg, 20 mg* | 1 | |
| *fluoxetine oral capsule 10 mg, 20 mg, 40 mg* | 1 | |
| *fluoxetine oral capsule,delayed release(dr/ec) 90 mg* | 2 | QL (4 per 28 days) |
| *fluoxetine oral solution 20 mg/5 ml (4 mg/ml)* | 2 | |
| *fluoxetine oral tablet 10 mg, 20 mg* | 1 | |
| *fluphenazine decanoate injection solution 25 mg/ml* | 4 | |
| *fluphenazine hcl injection solution 2.5 mg/ml* | 4 | |
| *fluphenazine hcl oral concentrate 5 mg/ml* | 4 | |
| *fluphenazine hcl oral elixir 2.5 mg/5 ml* | 4 | |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | 4 | |
| *fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg* | 4 | |
| *fluvoxamine oral tablet 100 mg, 25 mg, 50 mg* | 2 | |
| *guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg* | 4 | |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)* | 2 | |
| *haloperidol lactate injection solution 5 mg/ml* | 2 | |
| *haloperidol lactate oral concentrate 2 mg/ml* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | 2 | |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | 2 | |
| *imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg* | 4 | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | 5 | PA; QL (3.5 per 180 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | 5 | PA; QL (5 per 180 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 5 | PA; QL (0.75 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 5 | PA; QL (1 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 5 | PA; QL (1.5 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 4 | PA; QL (0.25 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 5 | PA; QL (0.5 per 28 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | 5 | PA; QL (0.88 per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | 5 | PA; QL (1.32 per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 5 | PA; QL (1.75 per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | 5 | PA; QL (2.63 per 90 days) |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | 2 | |
| *lithium carbonate oral tablet 300 mg* | 2 | |
| *lithium carbonate oral tablet extended release 300 mg, 450 mg* | 2 | |
| *lithium citrate oral solution 8 meq/5 ml* | 2 | |
| *lorazepam oral tablet 0.5 mg, 1 mg, 2 mg* | 4 | |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | 2 | |
| *lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg* | 2 | QL (30 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lurasidone oral tablet 80 mg* | 2 | QL (60 per 30 days) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 5 | PA; QL (30 per 30 days) |
| MARPLAN ORAL TABLET 10 MG | 4 | |
| *methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg* | 4 | |
| *methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml* | 4 | |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* | 2 | |
| *methylphenidate hcl oral tablet extended release 10 mg, 20 mg* | 4 | |
| *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)* | 4 | |
| *methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg* | 2 | |
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg* | 2 | |
| *mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg* | 2 | |
| *modafinil oral tablet 100 mg* | 2 | PA; QL (90 per 30 days) |
| *modafinil oral tablet 200 mg* | 2 | PA; QL (60 per 30 days) |
| *molindone oral tablet 10 mg, 25 mg, 5 mg* | 2 | |
| *nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | 2 | |
| *nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | 2 | |
| *nortriptyline oral solution 10 mg/5 ml* | 2 | |
| NUPLAZID ORAL CAPSULE 34 MG | 5 | PA; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA; QL (30 per 30 days) |
| *olanzapine intramuscular recon soln 10 mg* | 2 | |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg* | 2 | |
| *olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg* | 2 | QL (30 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg* | 4 | QL (30 per 30 days) |
| OPIPZA ORAL FILM 10 MG | 5 | PA; QL (90 per 30 days) |
| OPIPZA ORAL FILM 2 MG | 5 | PA; QL (30 per 30 days) |
| OPIPZA ORAL FILM 5 MG | 5 | PA; QL (180 per 30 days) |
| *paliperidone oral tablet extended release 24hr 1.5 mg* | 4 | QL (240 per 30 days) |
| *paliperidone oral tablet extended release 24hr 3 mg* | 4 | QL (120 per 30 days) |
| *paliperidone oral tablet extended release 24hr 6 mg* | 4 | QL (60 per 30 days) |
| *paliperidone oral tablet extended release 24hr 9 mg* | 4 | QL (30 per 30 days) |
| *paroxetine hcl oral suspension 10 mg/5 ml* | 4 | |
| *paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg* | 4 | |
| *paroxetine hcl oral tablet extended release 24 hr 12.5 mg* | 4 | QL (180 per 30 days) |
| *paroxetine hcl oral tablet extended release 24 hr 25 mg* | 4 | QL (90 per 30 days) |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | 2 | |
| PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG | 5 | QL (1 per 30 days) |
| *phenelzine oral tablet 15 mg* | 2 | |
| *pimozide oral tablet 1 mg, 2 mg* | 4 | |
| *protriptyline oral tablet 10 mg, 5 mg* | 4 | |
| *quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | 2 | |
| *quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg* | 2 | QL (60 per 30 days) |
| RALDESY ORAL SOLUTION 10 MG/ML | 5 | PA; QL (1200 per 30 days) |
| *ramelteon oral tablet 8 mg* | 2 | QL (30 per 30 days) |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 5 | PA; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml* | 4 | |
| *risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml* | 5 | |
| *risperidone oral solution 1 mg/ml* | 2 | |
| *risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | 2 | |
| *risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | 2 | |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 5 | PA; QL (30 per 30 days) |
| *sertraline oral concentrate 20 mg/ml* | 2 | |
| *sertraline oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *sodium oxybate oral solution 500 mg/ml* | 5 | PA; LA; QL (540 per 30 days) |
| *tasimelteon oral capsule 20 mg* | 5 | PA; QL (30 per 30 days) |
| *thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 2 | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 2 | |
| *tranylcypromine oral tablet 10 mg* | 4 | |
| *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* | 2 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 4 | PA; QL (30 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg* | 2 | |
| *venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 2 | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 5 | PA |
| *vilazodone oral tablet 10 mg, 20 mg, 40 mg* | 4 | PA |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG | 3 | PA; QL (30 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *zaleplon oral capsule 10 mg, 5 mg* | 4 | |
| *ziprasidone hcl oral capsule 20 mg, 60 mg* | 2 | QL (60 per 30 days) |
| *ziprasidone hcl oral capsule 40 mg, 80 mg* | 2 | QL (120 per 30 days) |
| *ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)* | 4 | QL (60 per 30 days) |
| *zolpidem oral tablet 10 mg, 5 mg* | 4 | QL (30 per 30 days) |
| *zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg* | 4 | QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 5 | PA; QL (60 per 30 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 5 | PA; QL (30 per 30 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 4 | PA; QL (2 per 28 days) |
| **CARDIOVASCULAR, HYPERTENSION / LIPIDS** | | |
| **ANTIARRHYTHMIC AGENTS** | | |
| *amiodarone oral tablet 100 mg, 200 mg, 400 mg* | 2 | |
| *disopyramide phosphate oral capsule 100 mg, 150 mg* | 2 | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | 4 | |
| *flecainide oral tablet 100 mg, 150 mg, 50 mg* | 2 | |
| *mexiletine oral capsule 150 mg, 200 mg, 250 mg* | 2 | |
| MULTAQ ORAL TABLET 400 MG | 3 | |
| *pacerone oral tablet 100 mg, 200 mg* | 2 | |
| *propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg* | 4 | |
| *propafenone oral tablet 150 mg, 225 mg, 300 mg* | 2 | |
| *quinidine gluconate oral tablet extended release 324 mg* | 4 | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | 2 | |
| *sotalol af oral tablet 120 mg, 160 mg, 80 mg* | 2 | |
| *sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | 2 | |
| **ANTIHYPERTENSIVE THERAPY** | | |
| *acebutolol oral capsule 200 mg, 400 mg* | 2 | |
| *aliskiren oral tablet 150 mg, 300 mg* | 4 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amiloride oral tablet 5 mg* | 2 | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | 2 | |
| *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* | 2 | |
| *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* | 2 | QL (60 per 30 days) |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | 1 | |
| *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 | |
| *betaxolol oral tablet 10 mg, 20 mg* | 2 | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 2 | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | 1 | |
| *bumetanide injection solution 0.25 mg/ml* | 2 | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | |
| *candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 2 | |
| *candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | 2 | |
| *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* | 2 | |
| *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* | 4 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *chlorthalidone oral tablet 25 mg, 50 mg* | 2 | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | 2 | |
| *clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr* | 2 | |
| *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* | 1 | |
| *dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg* | 2 | |
| *doxazosin oral tablet 1 mg, 2 mg, 4 mg* | 2 | |
| *doxazosin oral tablet 8 mg* | 2 | QL (60 per 30 days) |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg* | 1 | |
| *eplerenone oral tablet 25 mg, 50 mg* | 2 | |
| *ethacrynic acid oral tablet 25 mg* | 4 | |
| *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* | 2 | |
| *furosemide injection solution 10 mg/ml* | 2 | |
| *furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)* | 2 | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | 1 | |
| *guanfacine oral tablet 1 mg, 2 mg* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | 2 | |
| *irbesartan oral tablet 150 mg, 300 mg, 75 mg* | 1 | |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | 1 | |
| *isradipine oral capsule 2.5 mg, 5 mg* | 2 | |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG | 4 | PA; QL (30 per 30 days) |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | 2 | |
| *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 | |
| *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 | |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | 2 | |
| *metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg* | 2 | |
| *metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg* | 2 | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *metyrosine oral capsule 250 mg* | 5 | PA |
| *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* | 2 | |
| *nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 2 | |
| *nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg* | 1 | |
| *nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg* | 1 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nimodipine oral capsule 30 mg* | 4 | |
| *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* | 2 | |
| *olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | 1 | |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG | 4 | PA |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG | 5 | PA |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | 1 | |
| *pindolol oral tablet 10 mg, 5 mg* | 4 | |
| *prazosin oral capsule 1 mg, 2 mg, 5 mg* | 2 | |
| *propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg* | 2 | |
| *propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)* | 2 | |
| *propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | 2 | |
| *quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | 1 | |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *spironolacton-hydrochlorothiaz oral tablet 25-25 mg* | 2 | |
| *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* | 2 | |
| *telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | 2 | |
| *terazosin oral capsule 1 mg, 2 mg, 5 mg* | 1 | |
| *terazosin oral capsule 10 mg* | 1 | QL (60 per 30 days) |
| TEZRULY ORAL SOLUTION 1 MG/ML | 4 | PA |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | 1 | |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | 1 | |
| *triamterene oral capsule 100 mg, 50 mg* | 4 | |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25 mg* | 2 | |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg* | 2 | |
| *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 | QL (30 per 30 days) |
| *verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg* | 2 | |
| *verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg* | 2 | |
| *verapamil oral tablet 120 mg, 40 mg, 80 mg* | 1 | |
| *verapamil oral tablet extended release 120 mg, 180 mg, 240 mg* | 1 | |
| **COAGULATION THERAPY** | | |
| *aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg* | 4 | QL (60 per 30 days) |
| *cilostazol oral tablet 100 mg, 50 mg* | 2 | |
| *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 oral tablet 25 mg, 50 mg, 75 mg* | 4 | |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG | 4 | PA; LA |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | 4 | PA; LA |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG | 4 | PA; LA |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | 3 | |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 3 | |
| *eltrombopag olamine oral powder in packet 12.5 mg, 25 mg* | 5 | PA |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg* | 5 | PA |
| *enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml* | 4 | QL (60 per 30 days) |
| *enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml* | 4 | QL (48 per 30 days) |
| *enoxaparin subcutaneous syringe 30 mg/0.3 ml* | 4 | QL (18 per 30 days) |
| *enoxaparin subcutaneous syringe 40 mg/0.4 ml* | 4 | QL (24 per 30 days) |
| *enoxaparin subcutaneous syringe 60 mg/0.6 ml* | 4 | QL (36 per 30 days) |
| *fondaparinux subcutaneous syringe 10 mg/0.8 ml* | 4 | QL (24 per 30 days) |
| *fondaparinux subcutaneous syringe 2.5 mg/0.5 ml* | 4 | QL (15 per 30 days) |
| *fondaparinux subcutaneous syringe 5 mg/0.4 ml* | 4 | QL (12 per 30 days) |
| *fondaparinux subcutaneous syringe 7.5 mg/0.6 ml* | 4 | QL (18 per 30 days) |
| *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, 2,000 unit/1,000 ml* | 2 | |
| *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, 5,000 unit/0.5 ml* | 2 | |
| *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 | |
| *pentoxifylline oral tablet extended release 400 mg* | 2 | |
| *phytonadione (vitamin k1) injection solution 10 mg/ml* | 1 | ED |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *phytonadione (vitamin k1) oral tablet 5 mg* | 1 | ED |
| *prasugrel hcl oral tablet 10 mg, 5 mg* | 2 | |
| *rivaroxaban oral tablet 2.5 mg* | 2 | QL (60 per 30 days) |
| *ticagrelor oral tablet 60 mg, 90 mg* | 2 | |
| *vitamin k injection solution 1 mg/0.5 ml* | 1 | ED |
| *vitamin k1 injection solution 10 mg/ml* | 1 | ED |
| *warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | 1 | |
| **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* | 2 | |
| *atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | |
| *cholestyramine (with sugar) oral powder 4 gram* | 2 | |
| *cholestyramine (with sugar) oral powder in packet 4 gram* | 2 | |
| *cholestyramine light oral powder 4 gram* | 2 | |
| *cholestyramine light oral powder in packet 4 gram* | 2 | |
| *colesevelam oral powder in packet 3.75 gram* | 4 | |
| *colesevelam oral tablet 625 mg* | 4 | |
| *colestipol oral granules 5 gram* | 2 | |
| *colestipol oral packet 5 gram* | 2 | |
| *colestipol oral tablet 1 gram* | 2 | |
| *ezetimibe oral tablet 10 mg* | 2 | |
| *ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg* | 2 | |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg* | 2 | |
| *fenofibrate nanocrystallized oral tablet 145 mg, 48 mg* | 2 | |
| *fenofibrate oral tablet 160 mg, 54 mg* | 2 | |
| *fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg* | 2 | |
| *fenofibric acid oral tablet 35 mg* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluvastatin oral capsule 20 mg* | 4 | |
| *fluvastatin oral capsule 40 mg* | 4 | QL (60 per 30 days) |
| *fluvastatin oral tablet extended release 24 hr 80 mg* | 4 | QL (30 per 30 days) |
| *gemfibrozil oral tablet 600 mg* | 2 | |
| *icosapent ethyl oral capsule 0.5 gram* | 2 | QL (240 per 30 days) |
| *icosapent ethyl oral capsule 1 gram* | 2 | QL (120 per 30 days) |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | 1 | |
| NEXLETOL ORAL TABLET 180 MG | 4 | PA |
| NEXLIZET ORAL TABLET 180-10 MG | 4 | PA |
| *niacin oral tablet 500 mg* | 2 | |
| *niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg* | 2 | |
| *omega-3 acid ethyl esters oral capsule 1 gram* | 2 | |
| *pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | |
| *prevalite oral powder 4 gram* | 2 | |
| *prevalite oral powder in packet 4 gram* | 2 | |
| REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML | 3 | PA; QL (3 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | 3 | PA; QL (3 per 28 days) |
| *rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg* | 1 | |
| **MISCELLANEOUS CARDIOVASCULAR AGENTS** | | |
| ATTRUBY ORAL TABLET 356 MG | 5 | PA; QL (120 per 30 days) |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | 4 | PA; QL (30 per 30 days) |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | 4 | PA; QL (450 per 30 days) |
| *digoxin oral solution 50 mcg/ml (0.05 mg/ml)* | 4 | |
| *digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | 2 | |
| FILSPARI ORAL TABLET 200 MG, 400 MG | 5 | PA; QL (60 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ivabradine oral tablet 5 mg, 7.5 mg* | 4 | PA |
| MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 4 | PA; QL (30 per 30 days) |
| *ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg* | 3 | QL (60 per 30 days) |
| *sacubitril-valsartan oral tablet 24-26 mg* | 2 | |
| *sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg* | 2 | QL (60 per 30 days) |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 4 | QL (30 per 30 days) |
| VYNDAQEL ORAL CAPSULE 20 MG | 4 | PA |
| **NITRATES** | | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg* | 2 | |
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | 2 | |
| *isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg* | 2 | |
| *nitro-bid transdermal ointment 2 %* | 2 | |
| *nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg* | 2 | |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | 2 | |
| *nitroglycerin translingual spray,non-aerosol 400 mcg/spray* | 2 | |
| **DERMATOLOGICALS/TOPICAL THERAPY** | | |
| **ANTIPSORIATIC / ANTISEBORRHEIC** | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | 4 | |
| *calcipotriene scalp solution 0.005 %* | 2 | QL (120 per 30 days) |
| *calcipotriene topical cream 0.005 %* | 4 | QL (120 per 30 days) |
| *calcipotriene topical ointment 0.005 %* | 4 | QL (120 per 30 days) |
| *calcipotriene-betamethasone topical ointment 0.005-0.064 %* | 4 | QL (400 per 30 days) |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; QL (10 per 28 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 5 | PA; QL (8 per 28 days) |
| COSENTYX SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 5 | PA; QL (8 per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; QL (10 per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 5 | PA; QL (5 per 28 days) |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 5 | PA; QL (8 per 28 days) |
| *selenium sulfide topical lotion 2.5 %* | 2 | |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) | 5 | PA |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 5 | PA |
| TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | 5 | PA |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML | 5 | PA |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML | 5 | PA |
| USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 5 | PA; QL (0.5 per 28 days) |
| USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 5 | PA; QL (0.5 per 28 days) |
| USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML | 5 | PA; QL (1 per 28 days) |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 3 | PA; QL (0.5 per 30 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 3 | PA; QL (0.5 per 30 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML | 3 | PA; QL (1 per 28 days) |
| **MISCELLANEOUS DERMATOLOGICALS** | | |
| ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML | 5 | PA |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ammonium lactate topical cream 12 %* | 2 | |
| *ammonium lactate topical lotion 12 %* | 2 | |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG | 5 | PA; QL (30 per 30 days) |
| *diclofenac sodium topical gel 3 %* | 4 | PA; QL (100 per 28 days) |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML | 5 | PA; QL (3.42 per 28 days) |
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 5 | PA; QL (8 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 5 | PA; QL (3.42 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML | 5 | PA; QL (8 per 28 days) |
| FILSUVEZ TOPICAL GEL 10 % | 5 | PA |
| *fluorouracil topical cream 5 %* | 2 | |
| *fluorouracil topical solution 2 %, 5 %* | 2 | |
| *imiquimod topical cream in packet 5 %* | 2 | |
| *lidocaine hcl laryngotracheal solution 4 %* | 2 | |
| *lidocaine hcl mucous membrane jelly 2 %* | 2 | |
| *lidocaine hcl mucous membrane jelly in applicator 2 %* | 2 | |
| *lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)* | 2 | |
| *lidocaine topical adhesive patch,medicated 5 %* | 2 | PA; QL (90 per 30 days) |
| *lidocaine topical ointment 5 %* | 4 | QL (100 per 30 days) |
| *lidocaine-prilocaine topical cream 2.5-2.5 %* | 4 | |
| *methoxsalen oral capsule,liqd-filled,rapid rel 10 mg* | 5 | |
| OPZELURA TOPICAL CREAM 1.5 % | 5 | PA |
| PANRETIN TOPICAL GEL 0.1 % | 5 | PA |
| *pimecrolimus topical cream 1 %* | 4 | QL (30 per 30 days) |
| *podofilox topical solution 0.5 %* | 2 | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | 3 | QL (90 per 30 days) |
| *silver sulfadiazine topical cream 1 %* | 2 | |
| *ssd topical cream 1 %* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tacrolimus topical ointment 0.03 %, 0.1 %* | 4 | QL (90 per 30 days) |
| VALCHLOR TOPICAL GEL 0.016 % | 5 | PA |
| **THERAPY FOR ACNE** | | |
| *adapalene topical cream 0.1 %* | 4 | PA |
| *adapalene topical gel 0.3 %* | 4 | PA |
| *adapalene topical gel with pump 0.3 %* | 4 | PA |
| *adapalene topical solution 0.1 %* | 4 | PA |
| *adapalene topical swab 0.1 %* | 4 | PA |
| *azelaic acid topical gel 15 %* | 4 | |
| *brimonidine topical gel with pump 0.33 %* | 1 | QL (30 per 30 days) |
| *claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 4 | |
| *clindamycin phosphate topical gel 1 %* | 2 | QL (120 per 30 days) |
| *clindamycin phosphate topical gel, once daily 1 %* | 2 | QL (120 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 %* | 2 | |
| *clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %* | 2 | |
| *clindamycin-benzoyl peroxide topical gel with pump 1-5 %* | 2 | |
| *ery pads topical swab 2 %* | 2 | |
| *erythromycin with ethanol topical gel 2 %* | 2 | |
| *erythromycin with ethanol topical solution 2 %* | 2 | |
| *erythromycin-benzoyl peroxide topical gel 3-5 %* | 2 | |
| *isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg* | 4 | |
| *ivermectin topical cream 1 %* | 4 | QL (90 per 30 days) |
| *metronidazole topical cream 0.75 %* | 2 | |
| *metronidazole topical gel 0.75 %, 1 %* | 2 | |
| *metronidazole topical gel with pump 1 %* | 2 | |
| *metronidazole topical lotion 0.75 %* | 2 | |
| *tazarotene topical cream 0.05 %, 0.1 %* | 4 | PA |
| *tazarotene topical gel 0.05 %, 0.1 %* | 4 | PA |
| *tretinoin topical cream 0.025 %, 0.05 %, 0.1 %* | 4 | PA |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tretinoin topical gel 0.01 %, 0.025 %, 0.05 %* | 4 | PA |
| **TOPICAL ANTIBACTERIALS** | | |
| *gentamicin topical cream 0.1 %* | 2 | |
| *gentamicin topical ointment 0.1 %* | 2 | |
| *mupirocin topical ointment 2 %* | 2 | QL (30 per 30 days) |
| *sulfacetamide sodium (acne) topical suspension 10 %* | 2 | |
| **TOPICAL ANTIFUNGALS** | | |
| *ciclodan topical solution 8 %* | 2 | QL (6.6 per 30 days) |
| *ciclopirox topical cream 0.77 %* | 2 | QL (90 per 30 days) |
| *ciclopirox topical gel 0.77 %* | 2 | QL (100 per 30 days) |
| *ciclopirox topical shampoo 1 %* | 2 | QL (120 per 30 days) |
| *ciclopirox topical solution 8 %* | 2 | QL (6.6 per 30 days) |
| *ciclopirox topical suspension 0.77 %* | 2 | QL (60 per 30 days) |
| *clotrimazole topical cream 1 %* | 2 | |
| *clotrimazole topical solution 1 %* | 2 | |
| *clotrimazole-betamethasone topical cream 1-0.05 %* | 2 | QL (45 per 30 days) |
| *clotrimazole-betamethasone topical lotion 1-0.05 %* | 2 | |
| *econazole nitrate topical cream 1 %* | 2 | |
| *ketoconazole topical cream 2 %* | 2 | QL (60 per 28 days) |
| *ketoconazole topical foam 2 %* | 4 | QL (100 per 28 days) |
| *ketoconazole topical shampoo 2 %* | 2 | QL (120 per 28 days) |
| *naftifine topical cream 1 %* | 4 | QL (60 per 28 days) |
| *nyamyc topical powder 100,000 unit/gram* | 2 | |
| *nystatin topical cream 100,000 unit/gram* | 2 | QL (30 per 28 days) |
| *nystatin topical ointment 100,000 unit/gram* | 2 | QL (30 per 28 days) |
| *nystatin topical powder 100,000 unit/gram* | 2 | |
| *nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%* | 2 | |
| *nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%* | 2 | |
| *nystop topical powder 100,000 unit/gram* | 2 | QL (240 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **TOPICAL ANTIVIRALS** | | |
| *acyclovir topical ointment 5 %* | 2 | QL (30 per 30 days) |
| *penciclovir topical cream 1 %* | 4 | QL (5 per 30 days) |
| **TOPICAL CORTICOSTEROIDS** | | |
| *alclometasone topical cream 0.05 %* | 2 | |
| *alclometasone topical ointment 0.05 %* | 2 | |
| *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 lotion 0.1 %* | 2 | |
| *betamethasone valerate topical ointment 0.1 %* | 2 | |
| *betamethasone, augmented topical cream 0.05 %* | 4 | |
| *betamethasone, augmented topical gel 0.05 %* | 4 | |
| *betamethasone, augmented topical lotion 0.05 %* | 4 | |
| *betamethasone, augmented topical ointment 0.05 %* | 4 | |
| *clobetasol scalp solution 0.05 %* | 2 | |
| *clobetasol topical cream 0.05 %* | 2 | |
| *clobetasol topical ointment 0.05 %* | 2 | QL (120 per 30 days) |
| *clobetasol topical shampoo 0.05 %* | 4 | QL (236 per 28 days) |
| *clobetasol-emollient topical cream 0.05 %* | 4 | |
| *clobetasol-emollient topical foam 0.05 %* | 4 | QL (100 per 30 days) |
| *desonide topical cream 0.05 %* | 4 | |
| *desonide topical lotion 0.05 %* | 4 | |
| *desonide topical ointment 0.05 %* | 4 | |
| *fluocinolone and shower cap scalp oil 0.01 %* | 2 | |
| *fluocinolone topical cream 0.01 %, 0.025 %* | 2 | |
| *fluocinolone topical oil 0.01 %* | 2 | |
| *fluocinolone topical ointment 0.025 %* | 2 | |
| *fluocinolone topical solution 0.01 %* | 2 | |
| *fluocinonide topical cream 0.05 %, 0.1 %* | 4 | QL (120 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluocinonide topical gel 0.05 %* | 4 | QL (120 per 30 days) |
| *fluocinonide topical ointment 0.05 %* | 4 | QL (120 per 30 days) |
| *fluocinonide topical solution 0.05 %* | 4 | |
| *fluocinonide-e topical cream 0.05 %* | 4 | QL (120 per 30 days) |
| *fluocinonide-emollient topical cream 0.05 %* | 4 | QL (120 per 30 days) |
| *fluticasone propionate topical cream 0.05 %* | 2 | |
| *fluticasone propionate topical ointment 0.005 %* | 2 | |
| *halobetasol propionate topical cream 0.05 %* | 4 | |
| *halobetasol propionate topical ointment 0.05 %* | 4 | |
| *hydrocortisone topical cream 1 %, 2.5 %* | 2 | |
| *hydrocortisone topical lotion 2.5 %* | 2 | |
| *hydrocortisone topical ointment 2.5 %* | 2 | |
| *hydrocortisone valerate topical cream 0.2 %* | 2 | |
| *mometasone topical cream 0.1 %* | 2 | |
| *mometasone topical ointment 0.1 %* | 2 | |
| *mometasone topical solution 0.1 %* | 2 | |
| *triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %* | 2 | |
| *triamcinolone acetonide topical lotion 0.025 %, 0.1 %* | 2 | |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | 2 | |
| **TOPICAL SCABICIDES / PEDICULICIDES** | | |
| *malathion topical lotion 0.5 %* | 2 | |
| *permethrin topical cream 5 %* | 2 | |
| **DIAGNOSTICS / MISCELLANEOUS AGENTS** | | |
| **MISCELLANEOUS AGENTS** | | |
| *acamprosate oral tablet,delayed release (dr/ec) 333 mg* | 2 | |
| *anagrelide oral capsule 0.5 mg, 1 mg* | 3 | |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG | 5 | PA |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *carglumic acid oral tablet, dispersible 200 mg* | 5 | |
| *cevimeline oral capsule 30 mg* | 3 | |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4 | B/D |
| *d10 %-0.45 % sodium chloride intravenous parenteral solution* | 2 | |
| *d2.5 %-0.45 % sodium chloride intravenous parenteral solution* | 2 | |
| *d5 % and 0.9 % sodium chloride intravenous parenteral solution* | 2 | |
| *d5 %-0.45 % sodium chloride intravenous parenteral solution* | 2 | |
| *deferasirox oral tablet 180 mg, 360 mg, 90 mg* | 4 | |
| *deferasirox oral tablet, dispersible 125 mg* | 4 | |
| *deferasirox oral tablet, dispersible 250 mg, 500 mg* | 5 | |
| *dextrose 10 % and 0.2 % nacl intravenous parenteral solution* | 2 | |
| *dextrose 10 % in water (d10w) intravenous parenteral solution 10 %* | 2 | |
| *dextrose 5 % in water (d5w) intravenous parenteral solution* | 2 | |
| *dextrose 5 % in water (d5w) intravenous piggyback 5 %* | 2 | |
| *dextrose 5%-0.2 % sod chloride intravenous parenteral solution* | 2 | |
| *disulfiram oral tablet 250 mg, 500 mg* | 2 | |
| *droxidopa oral capsule 100 mg* | 4 | |
| *droxidopa oral capsule 200 mg, 300 mg* | 5 | |
| DUVYZAT ORAL SUSPENSION 8.86 MG/ML | 5 | PA |
| GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %) | 5 | PA |
| *glutamine (sickle cell) oral powder in packet 5 gram* | 2 | PA |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 5 | PA; LA |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| JOENJA ORAL TABLET 70 MG | 5 | PA |
| *levocarnitine (with sugar) oral solution 100 mg/ml* | 2 | |
| *levocarnitine oral solution 100 mg/ml* | 2 | |
| *levocarnitine oral tablet 330 mg* | 2 | |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | 4 | |
| *midodrine oral tablet 10 mg, 2.5 mg, 5 mg* | 3 | |
| *nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg* | 5 | PA |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | 2 | |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML | 5 | PA; LA |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 5 MG (4-WEEK PACK), 50 MG | 5 | PA; QL (56 per 28 days) |
| PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) | 5 | PA; QL (14 per 28 days) |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | 5 | PA |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | 5 | PA; QL (30 per 30 days) |
| *riluzole oral tablet 50 mg* | 3 | |
| *risedronate oral tablet 30 mg* | 4 | QL (30 per 30 days) |
| *sevelamer carbonate oral tablet 800 mg* | 2 | B/D |
| *sodium chloride 0.9 % intravenous parenteral solution* | 2 | |
| *sodium chloride 0.9 % intravenous piggyback* | 2 | |
| *sodium chloride irrigation solution 0.9 %* | 2 | |
| *sodium phenylbutyrate oral powder 0.94 gram/gram* | 5 | PA |
| *sodium polystyrene sulfonate oral powder 15 gram* | 2 | |
| *sodium polystyrene sulfonate oral suspension 15 gram/60 ml* | 2 | |
| *sps (with sorbitol) oral suspension 15-20 gram/60 ml* | 2 | |
| *sps (with sorbitol) rectal enema 30-40 gram/120 ml* | 2 | |
| TAVNEOS ORAL CAPSULE 10 MG | 5 | PA; QL (180 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *trientine oral capsule 250 mg* | 5 | PA |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | 4 | |
| WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG | 3 | 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 | 3 | PA; QL (2 per 30 days) |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML | 3 | PA; QL (3 per 30 days) |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG | 5 | PA |
| **SMOKING DETERRENTS** | | |
| *bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg* | 2 | |
| NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML | 4 | |
| *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** | | |
| *azelastine nasal spray,non-aerosol 137 mcg (0.1 %)* | 2 | |
| *chlorhexidine gluconate mucous membrane mouthwash 0.12 %* | 2 | |
| *fluoride (sodium) dental cream 1.1 %* | 2 | |
| *fluoride (sodium) dental gel 1.1 %* | 2 | |
| *ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)* | 2 | QL (30 per 30 days) |
| *kourzeq dental paste 0.1 %* | 2 | |
| *olopatadine nasal spray,non-aerosol 0.6 %* | 2 | QL (30.5 per 30 days) |
| *periogard mucous membrane mouthwash 0.12 %* | 2 | |
| *sf 5000 plus dental cream 1.1 %* | 2 | |
| *sf dental gel 1.1 %* | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sodium fluoride 5000 plus dental cream 1.1 %* | 2 | |
| *triamcinolone acetonide dental paste 0.1 %* | 2 | |
| **MISCELLANEOUS OTIC PREPARATIONS** | | |
| *acetic acid otic (ear) solution 2 %* | 2 | |
| *ciprofloxacin hcl otic (ear) dropperette 0.2 %* | 2 | |
| *fluocinolone acetonide oil otic (ear) drops 0.01 %* | 2 | |
| *hydrocortisone-acetic acid otic (ear) drops 1-2 %* | 2 | |
| *ofloxacin otic (ear) drops 0.3 %* | 2 | |
| **OTIC STEROID / ANTIBIOTIC** | | |
| *ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %* | 3 | |
| CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML | 2 | |
| *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** | | |
| *cortisone oral tablet 25 mg* | 2 | |
| *dexamethasone oral elixir 0.5 mg/5 ml* | 2 | |
| *dexamethasone oral solution 0.5 mg/5 ml* | 2 | |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | 2 | |
| *dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)* | 2 | |
| *dexamethasone sodium phos (pf) injection solution 10 mg/ml* | 2 | |
| *dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml* | 2 | |
| *dexamethasone sodium phosphate injection syringe 4 mg/ml* | 2 | |
| *fludrocortisone oral tablet 0.1 mg* | 2 | |
| HEMADY ORAL TABLET 20 MG | 3 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | 2 | |
| *methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml* | 2 | |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 2 | B/D |
| *methylprednisolone oral tablets,dose pack 4 mg* | 2 | |
| *methylprednisolone sodium succ injection recon soln 125 mg, 40 mg* | 2 | |
| *methylprednisolone sodium succ intravenous recon soln 1,000 mg* | 2 | |
| *prednisolone oral solution 15 mg/5 ml* | 2 | |
| *prednisolone oral tablet 5 mg* | 2 | |
| *prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)* | 2 | |
| *prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg* | 4 | |
| *prednisone intensol oral concentrate 5 mg/ml* | 2 | |
| *prednisone oral solution 5 mg/5 ml* | 4 | |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | 2 | |
| *prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)* | 2 | |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML | 3 | |
| SOLU-CORTEF INJECTION RECON SOLN 100 MG | 3 | |
| TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG | 5 | PA; QL (120 per 30 days) |
| **ANTITHYROID AGENTS** | | |
| *methimazole oral tablet 10 mg, 5 mg* | 2 | |
| *propylthiouracil oral tablet 50 mg* | 2 | |
| **DIABETES THERAPY** | | |
| *acarbose oral tablet 100 mg* | 2 | QL (90 per 30 days) |
| *acarbose oral tablet 25 mg* | 2 | QL (360 per 30 days) |
| *acarbose oral tablet 50 mg* | 2 | QL (180 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *alcohol pads topical pads, medicated* | 2 | PA |
| BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION | 4 | |
| *dapagliflozin oral tablet 10 mg* | 2 | QL (30 per 30 days) |
| *dapagliflozin oral tablet 5 mg* | 2 | QL (60 per 30 days) |
| *diazoxide oral suspension 50 mg/ml* | 4 | |
| FARXIGA ORAL TABLET 10 MG | 3 | QL (30 per 30 days) |
| FARXIGA ORAL TABLET 5 MG | 3 | QL (60 per 30 days) |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | 3 | |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |
| *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 4 mg* | 1 | QL (60 per 30 days) |
| *glipizide oral tablet 10 mg* | 1 | QL (120 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 | |
| *glucagon emergency kit (human) injection recon soln 1 mg* | 3 | |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | 5 | PA |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | 5 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | 3 | QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | 3 | QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 3 | QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 3 | QL (30 per 30 days) |
| LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |
| *metformin oral solution 500 mg/5 ml* | 4 | ST |
| *metformin oral tablet 1,000 mg, 500 mg, 850 mg* | 1 | |
| *metformin oral tablet extended release 24 hr 500 mg* | 1 | QL (150 per 30 days) |
| *metformin oral tablet extended release 24 hr 750 mg* | 1 | QL (90 per 30 days) |
| *miglitol oral tablet 100 mg* | 4 | QL (90 per 30 days) |
| *miglitol oral tablet 25 mg* | 4 | QL (360 per 30 days) |
| *miglitol oral tablet 50 mg* | 4 | 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 | 3 | PA; QL (2 per 30 days) |
| *nateglinide oral tablet 120 mg, 60 mg* | 2 | QL (90 per 30 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 3 | |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 3 | |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML | 3 | |
| NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | 3 | |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 3 | |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | 3 | |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |
| OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 per 30 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 per 30 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG | 3 | 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) | 3 | PA; QL (3 per 30 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* | 4 | QL (30 per 30 days) |
| *pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg* | 4 | QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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) |
| *sitagliptin phos-metformin oral tablet 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) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | 3 | |
| TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 3 | |
| TRADJENTA ORAL TABLET 5 MG | 3 | |
| 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 | 3 | PA; QL (2 per 30 days) |
| **MISCELLANEOUS HORMONES** | | |
| *cabergoline oral tablet 0.5 mg* | 3 | |
| *calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation* | 2 | |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | 2 | |
| *calcitriol oral solution 1 mcg/ml* | 2 | |
| CERDELGA ORAL CAPSULE 84 MG | 5 | PA |
| *cinacalcet oral tablet 30 mg* | 4 | QL (360 per 30 days) |
| *cinacalcet oral tablet 60 mg* | 4 | QL (180 per 30 days) |
| *cinacalcet oral tablet 90 mg* | 4 | QL (120 per 30 days) |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | 4 | |
| *desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)* | 4 | |
| *desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)* | 4 | |
| *desmopressin oral tablet 0.1 mg, 0.2 mg* | 2 | |
| *doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg* | 2 | |
| *methyltestosterone oral capsule 10 mg* | 4 | |
| *mifepristone oral tablet 300 mg* | 5 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *miglustat oral capsule 100 mg* | 5 | PA |
| *paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg* | 2 | |
| *sapropterin oral powder in packet 100 mg, 500 mg* | 5 | PA |
| *sapropterin oral tablet,soluble 100 mg* | 5 | PA |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | |
| SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML | 5 | |
| *testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)* | 3 | |
| *testosterone enanthate intramuscular oil 200 mg/ml* | 3 | |
| *testosterone transdermal gel 50 mg/5 gram (1 %)* | 4 | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)* | 4 | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | 4 | PA |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)* | 4 | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)* | 4 | PA; QL (37.5 per 30 days) |
| *testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)* | 4 | PA; QL (150 per 30 days) |
| *tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg* | 5 | PA |
| *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)* | 5 | PA; QL (60 per 30 days) |
| *tolvaptan oral tablet 15 mg, 30 mg* | 5 | PA |
| **THYROID HORMONES** | | |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG | 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 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | 2 | |
| *liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg* | 2 | |
| *np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | 2 | |
| 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 | |
| *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* | 4 | |
| **GASTROENTEROLOGY** | | |
| **ANTIDIARRHEALS / ANTISPASMODICS** | | |
| *dicyclomine oral capsule 10 mg* | 2 | |
| *dicyclomine oral tablet 20 mg* | 2 | |
| *diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml* | 2 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | 2 | |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 2 | |
| *loperamide oral capsule 2 mg* | 2 | |
| *methscopolamine oral tablet 2.5 mg, 5 mg* | 4 | |
| **MISCELLANEOUS GASTROINTESTINAL AGENTS** | | |
| *alosetron oral tablet 0.5 mg, 1 mg* | 4 | |
| *aprepitant oral capsule 125 mg, 40 mg, 80 mg* | 2 | PA; QL (6 per 30 days) |
| *aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)* | 2 | PA; QL (6 per 30 days) |
| *balsalazide oral capsule 750 mg* | 4 | |
| *budesonide oral capsule,delayed,extend.release 3 mg* | 4 | |
| *budesonide oral tablet,delayed and ext.release 9 mg* | 4 | PA |
| *constulose oral solution 10 gram/15 ml* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | 3 | |
| *cromolyn oral concentrate 100 mg/5 ml* | 4 | |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | 4 | PA |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML | 5 | PA; QL (1.36 per 30 days) |
| *enulose oral solution 10 gram/15 ml* | 2 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG | 5 | PA |
| GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG | 5 | PA |
| *gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram* | 2 | |
| *gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram* | 2 | |
| *gavilyte-n oral recon soln 420 gram* | 2 | |
| *generlac oral solution 10 gram/15 ml* | 2 | |
| *granisetron hcl oral tablet 1 mg* | 2 | B/D |
| *hydrocortisone rectal enema 100 mg/60 ml* | 2 | |
| *hydrocortisone topical cream with perineal applicator 1 %, 2.5 %* | 2 | |
| *lactulose oral solution 10 gram/15 ml* | 2 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 3 | QL (30 per 30 days) |
| *lubiprostone oral capsule 24 mcg, 8 mcg* | 3 | |
| *mesalamine oral capsule (with del rel tablets) 400 mg* | 4 | |
| *mesalamine oral capsule, extended release 500 mg* | 4 | QL (240 per 30 days) |
| *mesalamine oral capsule,extended release 24hr 0.375 gram* | 4 | |
| *mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg* | 4 | |
| *mesalamine rectal enema 4 gram/60 ml* | 4 | |
| *mesalamine rectal suppository 1,000 mg* | 4 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml* | 4 | |
| *metoclopramide hcl oral solution 5 mg/5 ml* | 2 | |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | 2 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 3 | PA; QL (30 per 30 days) |
| *nitroglycerin rectal ointment 0.4 % (w/w)* | 4 | QL (120 per 30 days) |
| *ondansetron hcl oral solution 4 mg/5 ml* | 2 | B/D |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | 2 | B/D |
| *ondansetron oral tablet,disintegrating 4 mg, 8 mg* | 2 | B/D |
| *peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram* | 2 | |
| *peg-electrolyte oral recon soln 420 gram* | 2 | |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | 4 | |
| *prochlorperazine rectal suppository 25 mg* | 4 | |
| *procto-med hc topical cream with perineal applicator 2.5 %* | 2 | |
| *proctosol hc topical cream with perineal applicator 2.5 %* | 2 | |
| *proctozone-hc topical cream with perineal applicator 2.5 %* | 2 | |
| *scopolamine base transdermal patch 3 day 1 mg over 3 days* | 4 | |
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)* | 2 | |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML | 5 | |
| *sulfasalazine oral tablet 500 mg* | 2 | |
| *sulfasalazine oral tablet,delayed release (dr/ec) 500 mg* | 2 | |
| SYMPROIC ORAL TABLET 0.2 MG | 3 | PA; QL (30 per 30 days) |
| *trimethobenzamide oral capsule 300 mg* | 2 | |
| *ursodiol oral capsule 300 mg* | 2 | |
| *ursodiol oral tablet 250 mg, 500 mg* | 2 | |
| VELSIPITY ORAL TABLET 2 MG | 5 | PA; QL (30 per 30 days) |
| VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL | 4 | PA; LA; QL (12 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML | 5 | PA; QL (2 per 30 days) |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML | 5 | PA; QL (2 per 30 days) |
| **ULCER THERAPY** | | |
| *cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg* | 2 | |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg* | 4 | QL (60 per 30 days) |
| *famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)* | 4 | |
| *famotidine oral tablet 20 mg, 40 mg* | 2 | |
| *lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg* | 2 | QL (60 per 30 days) |
| *misoprostol oral tablet 100 mcg, 200 mcg* | 3 | |
| *nizatidine oral capsule 150 mg, 300 mg* | 2 | |
| *omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg* | 2 | QL (60 per 30 days) |
| *pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg* | 2 | |
| PYLERA ORAL CAPSULE 140-125-125 MG | 3 | PA |
| *rabeprazole oral tablet,delayed release (dr/ec) 20 mg* | 2 | QL (60 per 30 days) |
| *sucralfate oral suspension 100 mg/ml* | 4 | |
| *sucralfate oral tablet 1 gram* | 2 | |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84) | 4 | PA |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG | 4 | PA |
| **IMMUNOLOGY, VACCINES / BIOTECHNOLOGY** | | |
| **BIOTECHNOLOGY DRUGS** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | 5 | PA |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML | 5 | PA |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 4 | PA |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML | 4 | PA |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML | 5 | PA |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 5 | PA |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | 5 | PA; LA |
| 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 | 4 | PA |
| LEUKINE INJECTION RECON SOLN 250 MCG | 5 | PA |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 5 | |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 5 | |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 5 | |
| 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) | 5 | PA |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | PA; QL (4 per 28 days) |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 5 | PA; QL (2 per 28 days) |
| **VACCINES / MISCELLANEOUS IMMUNOLOGICALS** | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | 3 | V |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3 | V |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3 | V |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | 3 | V |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | 3 | V |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 3 | V |
| BIVIGAM INTRAVENOUS SOLUTION 10 % | 5 | PA |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 3 | V |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 3 | V |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 3 | |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 3 | B/D; V |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 3 | B/D; V |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 3 | B/D; V |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | 5 | PA |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM | 5 | PA |
| GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) | 5 | PA |
| 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 %) | 5 | PA |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 3 | V |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 3 | V |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | 3 | V |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | 3 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 3 | B/D; V |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 3 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 3 | B/D; V |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 3 | |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 3 | V |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 3 | V |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | 3 | V |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 3 | |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 3 | V |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 3 | V |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML | 3 | V |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 3 | V |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 3 | V |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 3 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | 3 | V |
| PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML | 3 | V |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML | 3 | |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML | 3 | V |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | 3 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 3 | B/D; V |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 3 | B/D; V |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 3 | B/D; V |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | 3 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 3 | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 3 | V; QL (2 per 999 days) |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 3 | V |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 3 | V |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 3 | V |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | 3 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | 3 | V |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 3 | V |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 3 | V |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML | 3 | V |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | 3 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | 3 | V |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | 3 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | 3 | V |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | 3 | V |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT | 3 | V |
| VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML | 3 | V |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT | 3 | V |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | 3 | V |
| **MISCELLANEOUS SUPPLIES** | | |
| **MISCELLANEOUS SUPPLIES** | | |
| GAUZE PADS 2 X 2 | 3 | PA |
| INSULIN PEN NEEDLE | 2 | PA; QL (200 per 30 days) |
| INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML | 2 | PA; QL (200 per 30 days) |
| NEEDLES, INSULIN DISP.,SAFETY | 2 | PA; QL (200 per 30 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **MUSCULOSKELETAL / RHEUMATOLOGY** | | |
| **GOUT THERAPY** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | 2 | |
| *colchicine oral capsule 0.6 mg* | 2 | |
| *colchicine oral tablet 0.6 mg* | 2 | |
| *febuxostat oral tablet 40 mg, 80 mg* | 4 | |
| *probenecid oral tablet 500 mg* | 2 | |
| *probenecid-colchicine oral tablet 500-0.5 mg* | 2 | |
| **OSTEOPOROSIS THERAPY** | | |
| *alendronate oral tablet 10 mg* | 2 | QL (30 per 30 days) |
| *alendronate oral tablet 35 mg* | 2 | QL (4 per 28 days) |
| *alendronate oral tablet 70 mg* | 1 | QL (4 per 28 days) |
| BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) | 5 | PA |
| ENOBY SUBCUTANEOUS SYRINGE 60 MG/ML | 4 | PA |
| *ibandronate oral tablet 150 mg* | 2 | QL (1 per 30 days) |
| *raloxifene oral tablet 60 mg* | 2 | |
| *risedronate oral tablet 150 mg* | 4 | QL (1 per 28 days) |
| *risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)* | 4 | QL (4 per 28 days) |
| *risedronate oral tablet 5 mg* | 4 | QL (30 per 30 days) |
| *teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)* | 5 | PA; QL (2.48 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | 5 | PA; QL (1.56 per 30 days) |
| **OTHER RHEUMATOLOGICALS** | | |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | 5 | PA |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 5 | PA |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 5 | PA; QL (8 per 28 days) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 5 | PA; QL (8 per 30 days) |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 5 | PA; QL (8 per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 5 | PA; QL (8 per 28 days) |
| HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML | 5 | PA; QL (6.4 per 30 days) |
| HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML | 5 | PA; QL (6.4 per 30 days) |
| HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML | 5 | PA; QL (3.2 per 28 days) |
| HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 5 | PA; QL (3.2 per 28 days) |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 5 | PA |
| *leflunomide oral tablet 10 mg, 20 mg* | 2 | QL (30 per 30 days) |
| OTEZLA ORAL TABLET 20 MG | 5 | PA |
| OTEZLA ORAL TABLET 30 MG | 5 | PA; QL (60 per 30 days) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51) | 5 | PA |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | 5 | PA; QL (55 per 180 days) |
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG | 5 | PA; QL (28 per 28 days) |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG | 5 | PA; QL (30 per 30 days) |
| *penicillamine oral capsule 250 mg* | 2 | |
| *penicillamine oral tablet 250 mg* | 2 | |
| RIDAURA ORAL CAPSULE 3 MG | 3 | |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 5 | PA; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | 5 | PA; QL (30 per 30 days) |
| *tofacitinib oral solution 1 mg/ml* | 2 | PA; QL (300 per 30 days) |
| *tofacitinib oral tablet 10 mg, 5 mg* | 2 | PA; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg* | 2 | PA; QL (30 per 30 days) |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 5 | PA; QL (3.6 per 28 days) |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 5 | PA; QL (3.6 per 28 days) |
| XELJANZ ORAL SOLUTION 1 MG/ML | 5 | PA; QL (300 per 30 days) |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 5 | PA; QL (60 per 30 days) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | 5 | PA; QL (30 per 30 days) |
| **OBSTETRICS / GYNECOLOGY** | | |
| **ESTROGENS / PROGESTINS** | | |
| *camila oral tablet 0.35 mg* | 2 | |
| *deblitane oral tablet 0.35 mg* | 2 | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | 3 | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | 3 | |
| *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 | 4 | |
| *errin oral tablet 0.35 mg* | 2 | |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | |
| *estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr* | 2 | |
| *estradiol transdermal patch semiweekly 0.075 mg/24 hr* | 2 | QL (8 per 28 days) |
| *estradiol transdermal patch weekly 0.025 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 transdermal patch weekly 0.0375 mg/24 hr, 0.05 mg/24 hr* | 2 | |
| *estradiol vaginal cream 0.01 % (0.1 mg/gram)* | 2 | |
| *estradiol vaginal tablet 10 mcg* | 2 | QL (18 per 28 days) |
| *estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml* | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | 3 | |
| *fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 2 | |
| *heather oral tablet 0.35 mg* | 2 | |
| *incassia oral tablet 0.35 mg* | 2 | |
| *jencycla oral tablet 0.35 mg* | 2 | |
| *jinteli oral tablet 1-5 mg-mcg* | 2 | |
| *lyleq oral tablet 0.35 mg* | 2 | |
| *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* | 2 | |
| *medroxyprogesterone intramuscular suspension 150 mg/ml* | 2 | |
| *medroxyprogesterone intramuscular syringe 150 mg/ml* | 2 | |
| *medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg* | 2 | |
| *mimvey oral tablet 1-0.5 mg* | 2 | |
| *nora-be oral tablet 0.35 mg* | 2 | |
| *norethindrone (contraceptive) oral tablet 0.35 mg* | 2 | |
| *norethindrone acetate oral tablet 5 mg* | 2 | |
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 2 | |
| *progesterone micronized oral capsule 100 mg, 200 mg* | 2 | |
| *sharobel oral tablet 0.35 mg* | 2 | |
| *yuvafem vaginal tablet 10 mcg* | 4 | QL (18 per 28 days) |
| **MISCELLANEOUS OB/GYN** | | |
| *clindamycin phosphate vaginal cream 2 %* | 2 | |
| *eluryng vaginal ring 0.12-0.015 mg/24 hr* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr* | 4 | |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG | 3 | |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | 2 | |
| *miconazole-3 vaginal suppository 200 mg* | 2 | |
| NEXPLANON SUBDERMAL IMPLANT 68 MG | 3 | |
| *norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr* | 2 | |
| *terconazole vaginal cream 0.4 %, 0.8 %* | 2 | |
| *terconazole vaginal suppository 80 mg* | 2 | |
| *tranexamic acid oral tablet 650 mg* | 2 | |
| *xulane transdermal patch weekly 150-35 mcg/24 hr* | 4 | |
| **ORAL CONTRACEPTIVES / RELATED AGENTS** | | |
| *alyacen 1/35 (28) oral tablet 1-35 mg-mcg* | 2 | |
| *alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 2 | |
| *amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 2 | |
| *apri oral tablet 0.15-0.03 mg* | 2 | |
| *aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg* | 2 | |
| *ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 2 | |
| *aviane oral tablet 0.1-20 mg-mcg* | 2 | |
| *azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 2 | |
| *balziva (28) oral tablet 0.4-35 mg-mcg* | 2 | |
| *blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 2 | |
| *blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 2 | |
| *blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 2 | |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)* | 2 | |
| *cryselle (28) oral tablet 0.3-30 mg-mcg* | 2 | |
| *cyred eq oral tablet 0.15-0.03 mg* | 2 | |
| *dasetta 1/35 (28) oral tablet 1-35 mg-mcg* | 2 | |
| *dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 2 | |
| *daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 2 | |
| *drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)* | 2 | |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg* | 2 | |
| *elinest oral tablet 0.3-30 mg-mcg* | 2 | |
| *enskyce oral tablet 0.15-0.03 mg* | 2 | |
| *estarylla oral tablet 0.25-0.035 mg* | 2 | |
| *falmina (28) oral tablet 0.1-20 mg-mcg* | 2 | |
| *feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)* | 2 | |
| *hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 2 | |
| *introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 2 | |
| *isibloom oral tablet 0.15-0.03 mg* | 2 | |
| *jasmiel (28) oral tablet 3-0.02 mg* | 2 | |
| *jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 2 | |
| *juleber oral tablet 0.15-0.03 mg* | 2 | |
| *junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 2 | |
| *junel 1/20 (21) oral tablet 1-20 mg-mcg* | 2 | |
| *junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 2 | |
| *junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 2 | |
| *junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 2 | |
| *kelnor 1/35 (28) oral tablet 1-35 mg-mcg* | 2 | |
| *kurvelo (28) oral tablet 0.15-0.03 mg* | 2 | |
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)* | 2 | |
| *larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 2 | |
| *larin 1/20 (21) oral tablet 1-20 mg-mcg* | 2 | |
| *larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 2 | |
| *larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 2 | |
| *larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 2 | |
| *lessina oral tablet 0.1-20 mg-mcg* | 2 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg* | 2 | |
| *levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 2 | |
| *loryna (28) oral tablet 3-0.02 mg* | 2 | |
| *low-ogestrel (28) oral tablet 0.3-30 mg-mcg* | 2 | |
| *marlissa (28) oral tablet 0.15-0.03 mg* | 2 | |
| *microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 2 | |
| *microgestin 1/20 (21) oral tablet 1-20 mg-mcg* | 2 | |
| *microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 2 | |
| *microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 2 | |
| *mili oral tablet 0.25-0.035 mg* | 2 | |
| *mono-linyah oral tablet 0.25-0.035 mg* | 2 | |
| *necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg* | 2 | |
| *nikki (28) oral tablet 3-0.02 mg* | 2 | |
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg* | 2 | |
| *norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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* | 2 | |
| *nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg* | 2 | |
| *nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)* | 2 | |
| *nortrel 1/35 (28) oral tablet 1-35 mg-mcg* | 2 | |
| *nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 2 | |
| *philith oral tablet 0.4-35 mg-mcg* | 2 | |
| *portia 28 oral tablet 0.15-0.03 mg* | 2 | |
| *reclipsen (28) oral tablet 0.15-0.03 mg* | 2 | |
| *setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 2 | |
| *sprintec (28) oral tablet 0.25-0.035 mg* | 2 | |
| *syeda oral tablet 3-0.03 mg* | 2 | |
| *tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 2 | |
| *tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 2 | |
| *tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 2 | |
| *tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | 2 | |
| *tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 2 | |
| *tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 2 | |
| *tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 2 | |
| *tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 2 | |
| *tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 2 | |
| *tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 2 | |
| *valtya oral tablet 1-50 mg-mcg* | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg* | 2 | |
| *vestura (28) oral tablet 3-0.02 mg* | 2 | |
| *vienva oral tablet 0.1-20 mg-mcg* | 2 | |
| *viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 2 | |
| *vyfemla (28) oral tablet 0.4-35 mg-mcg* | 2 | |
| *vylibra oral tablet 0.25-0.035 mg* | 2 | |
| *wera (28) oral tablet 0.5-35 mg-mcg* | 2 | |
| *wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)* | 4 | |
| *xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | 2 | |
| *xelria fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)* | 3 | |
| *zovia 1-35 (28) oral tablet 1-35 mg-mcg* | 2 | |
| **OPHTHALMOLOGY** | | |
| **ANTIBIOTICS** | | |
| AZASITE OPHTHALMIC (EYE) DROPS 1 % | 3 | |
| *bacitracin ophthalmic (eye) ointment 500 unit/gram* | 2 | |
| *bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram* | 2 | |
| *ciprofloxacin hcl ophthalmic (eye) drops 0.3 %* | 2 | |
| *erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)* | 2 | |
| *gatifloxacin ophthalmic (eye) drops 0.5 %* | 2 | |
| *gentamicin ophthalmic (eye) drops 0.3 %* | 4 | QL (70 per 30 days) |
| *levofloxacin ophthalmic (eye) drops 0.5 %* | 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 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml* | 2 | |
| *ofloxacin ophthalmic (eye) drops 0.3 %* | 2 | |
| *polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml* | 2 | |
| *tobramycin ophthalmic (eye) drops 0.3 %* | 2 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % | 3 | |
| **ANTIVIRALS** | | |
| *trifluridine ophthalmic (eye) drops 1 %* | 4 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | 3 | |
| **BETA-BLOCKERS** | | |
| *betaxolol ophthalmic (eye) drops 0.5 %* | 2 | |
| *carteolol ophthalmic (eye) drops 1 %* | 2 | |
| *levobunolol ophthalmic (eye) drops 0.5 %* | 2 | |
| *timolol maleate ophthalmic (eye) drops 0.25 %* | 1 | |
| *timolol maleate ophthalmic (eye) drops 0.5 %* | 2 | |
| *timolol maleate ophthalmic (eye) drops, once daily 0.5 %* | 2 | |
| *timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %* | 4 | |
| **MISCELLANEOUS OPHTHALMOLOGICS** | | |
| *atropine ophthalmic (eye) drops 1 %* | 2 | |
| ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 % | 2 | |
| *azelastine ophthalmic (eye) drops 0.05 %* | 2 | |
| *cromolyn ophthalmic (eye) drops 4 %* | 2 | |
| *cyclosporine ophthalmic (eye) dropperette 0.05 %* | 2 | QL (60 per 30 days) |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % | 4 | PA |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | 5 | |
| *epinastine ophthalmic (eye) drops 0.05 %* | 2 | |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % | 3 | PA; QL (3 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % | 3 | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %* | 2 | |
| *sulfacetamide sodium ophthalmic (eye) drops 10 %* | 2 | |
| *sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)* | 2 | |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % | 5 | PA; QL (10 per 30 days) |
| **NON-STEROIDAL ANTI-INFLAMMATORY AGENTS** | | |
| *bromfenac ophthalmic (eye) drops 0.09 %* | 4 | |
| *diclofenac sodium ophthalmic (eye) drops 0.1 %* | 2 | |
| *flurbiprofen sodium ophthalmic (eye) drops 0.03 %* | 2 | |
| *ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %* | 2 | |
| NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | 3 | |
| **ORAL DRUGS FOR GLAUCOMA** | | |
| *acetazolamide oral capsule, extended release 500 mg* | 3 | |
| *acetazolamide oral tablet 125 mg, 250 mg* | 3 | |
| *methazolamide oral tablet 25 mg, 50 mg* | 4 | |
| **OTHER GLAUCOMA DRUGS** | | |
| *bimatoprost ophthalmic (eye) drops 0.03 %* | 4 | |
| *brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %* | 4 | |
| *brinzolamide ophthalmic (eye) drops,suspension 1 %* | 4 | |
| *dorzolamide ophthalmic (eye) drops 2 %* | 2 | |
| *dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %* | 2 | |
| *dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml* | 1 | |
| *latanoprost ophthalmic (eye) drops 0.005 %* | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | 3 | |
| *travoprost ophthalmic (eye) drops 0.004 %* | 4 | |
| **STEROID-ANTIBIOTIC COMBINATIONS** | | |
| *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 %* | 2 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %* | 2 | |
| *neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml* | 2 | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % | 3 | |
| *tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %* | 2 | |
| **STEROIDS** | | |
| *dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %* | 2 | |
| *difluprednate ophthalmic (eye) drops 0.05 %* | 2 | |
| *fluorometholone ophthalmic (eye) drops,suspension 0.1 %* | 2 | |
| *loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %* | 4 | |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %* | 2 | |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %* | 4 | |
| MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | 3 | |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % | 3 | |
| *prednisolone acetate ophthalmic (eye) drops,suspension 1 %* | 2 | |
| *prednisolone sodium phosphate ophthalmic (eye) drops 1 %* | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **SYMPATHOMIMETICS** | | |
| *apraclonidine ophthalmic (eye) drops 0.5 %* | 2 | |
| *brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %* | 1 | |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % | 3 | |
| **RESPIRATORY AND ALLERGY** | | |
| **ANTIHISTAMINE / ANTIALLERGENIC AGENTS** | | |
| *benzonatate oral capsule 100 mg, 200 mg* | 2 | ED; QL (90 per 30 days) |
| *cetirizine oral solution 1 mg/ml* | 2 | |
| *cyproheptadine oral tablet 4 mg* | 2 | |
| *desloratadine oral tablet 5 mg* | 2 | |
| *desloratadine oral tablet,disintegrating 2.5 mg, 5 mg* | 2 | QL (30 per 30 days) |
| *diphenhydramine hcl injection solution 50 mg/ml* | 2 | |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML | 2 | QL (2 per 30 days) |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml* | 2 | QL (2 per 30 days) |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | 4 | |
| *hydroxyzine pamoate oral capsule 25 mg, 50 mg* | 4 | |
| *levocetirizine oral solution 2.5 mg/5 ml* | 2 | |
| *levocetirizine oral tablet 5 mg* | 2 | |
| *promethazine oral syrup 6.25 mg/5 ml* | 2 | |
| *promethazine oral tablet 12.5 mg, 25 mg, 50 mg* | 2 | |
| *promethazine rectal suppository 12.5 mg, 25 mg* | 2 | |
| *promethazine-dm oral solution 6.25-15 mg/5 ml* | 2 | ED; QL (300 per 10 days) |
| *promethegan rectal suppository 12.5 mg, 25 mg* | 2 | |
| **PULMONARY AGENTS** | | |
| *acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)* | 2 | B/D |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 5 | PA; LA |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | 3 | QL (12 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation, 90 mcg/actuation (nda020503)* | 2 | |
| *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* | 2 | B/D |
| *albuterol sulfate oral syrup 2 mg/5 ml* | 2 | |
| *albuterol sulfate oral tablet 2 mg, 4 mg* | 2 | |
| *ambrisentan oral tablet 10 mg, 5 mg* | 5 | PA; LA |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 3 | QL (60 per 30 days) |
| *arformoterol inhalation solution for nebulization 15 mcg/2 ml* | 4 | B/D; QL (120 per 30 days) |
| *beclomethasone dipropionate inhalation aerosol 40 mcg/actuation* | 2 | QL (10.6 per 30 days) |
| *beclomethasone dipropionate inhalation aerosol 80 mcg/actuation* | 2 | QL (21.2 per 30 days) |
| *bosentan oral tablet 125 mg, 62.5 mg* | 4 | PA; LA |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE | 3 | QL (60 per 30 days) |
| *breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | 2 | QL (10.3 per 30 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION | 3 | QL (10.7 per 30 days) |
| *budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml* | 4 | B/D |
| *budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | 2 | |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 3 | QL (8 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cromolyn inhalation solution for nebulization 20 mg/2 ml* | 2 | B/D |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION | 3 | QL (13 per 30 days) |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 5 | PA; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML | 5 | PA |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | 5 | PA; QL (1 per 28 days) |
| *flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)* | 2 | QL (50 per 30 days) |
| FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | 3 | QL (60 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION | 2 | QL (120 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION | 2 | QL (240 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION | 3 | QL (12 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION | 3 | 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* | 2 | 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 | 2 | 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) |

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This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml* | 2 | B/D; QL (120 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT | 5 | PA |
| *icatibant subcutaneous syringe 30 mg/3 ml* | 5 | PA; QL (18 per 30 days) |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION | 3 | QL (30 per 30 days) |
| *ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation* | 4 | QL (25.8 per 30 days) |
| *ipratropium bromide inhalation solution 0.02 %* | 2 | B/D |
| *ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml* | 2 | B/D |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG | 5 | PA; QL (60 per 30 days) |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG | 5 | PA; QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 5 | PA; QL (60 per 30 days) |
| *levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml* | 2 | B/D |
| *levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml* | 4 | B/D |
| LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION | 4 | ST; QL (30 per 30 days) |
| *macitentan oral tablet 10 mg* | 3 | PA |
| *mometasone nasal spray,non-aerosol 50 mcg/actuation* | 2 | QL (34 per 30 days) |
| *montelukast oral granules in packet 4 mg* | 2 | |
| *montelukast oral tablet 10 mg* | 2 | |
| *montelukast oral tablet,chewable 4 mg, 5 mg* | 2 | |
| *nintedanib oral capsule 100 mg, 150 mg* | 5 | PA; QL (60 per 30 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 5 | PA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 5 | PA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; QL (3 per 28 days) |

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

This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 5 | PA; QL (0.4 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 5 | PA; QL (60 per 30 days) |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | 5 | PA; QL (56 per 28 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 5 | PA; QL (112 per 28 days) |
| *pirfenidone oral capsule 267 mg* | 5 | PA; QL (270 per 30 days) |
| *pirfenidone oral tablet 267 mg* | 5 | PA; QL (270 per 30 days) |
| *pirfenidone oral tablet 801 mg* | 5 | PA; QL (90 per 30 days) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION | 3 | QL (2 per 30 days) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION | 3 | QL (1 per 30 days) |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 5 | B/D |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION | 3 | QL (10.6 per 30 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION | 3 | QL (21.2 per 30 days) |
| *roflumilast oral tablet 250 mcg, 500 mcg* | 2 | QL (30 per 30 days) |
| *sajazir subcutaneous syringe 30 mg/3 ml* | 5 | PA; QL (18 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 3 | QL (60 per 30 days) |
| *sildenafil (pulmonary arterial hypertension) oral tablet 20 mg* | 2 | PA; QL (90 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 3 | QL (4 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 3 | QL (4 per 30 days) |
| *tadalafil (pulmonary arterial hypertension) oral tablet 20 mg* | 4 | PA; QL (60 per 30 days) |
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *theophylline oral elixir 80 mg/15 ml* | 4 | |
| *theophylline oral solution 80 mg/15 ml* | 4 | |
| *theophylline oral tablet extended release 12 hr 100 mg, 200 mg* | 2 | |
| *theophylline oral tablet extended release 12 hr 300 mg* | 4 | |
| *theophylline oral tablet extended release 24 hr 400 mg, 600 mg* | 4 | |
| *tiotropium bromide inhalation capsule, w/inhalation device 18 mcg* | 2 | QL (90 per 90 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 3 | 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) | 5 | PA |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | 5 | PA |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) | 5 | PA |
| *wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | 2 | QL (60 per 30 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 5 | PA; LA |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 5 | PA; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML, 75 MG/0.5 ML | 5 | PA; LA |
| YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML | 4 | B/D; QL (90 per 30 days) |
| *zafirlukast oral tablet 10 mg, 20 mg* | 2 | |

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

This drug list was last updated on 01/01/2027.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **UROLOGICALS** | | |
| **ANTICHOLINERGICS / ANTISPASMODICS** | | |
| *darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg* | 2 | QL (30 per 30 days) |
| *mirabegron oral tablet extended release 24 hr 25 mg, 50 mg* | 2 | QL (30 per 30 days) |
| *oxybutynin chloride oral syrup 5 mg/5 ml* | 2 | QL (600 per 30 days) |
| *oxybutynin chloride oral tablet 5 mg* | 2 | QL (120 per 30 days) |
| *oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg* | 2 | QL (60 per 30 days) |
| *solifenacin oral tablet 10 mg, 5 mg* | 2 | QL (30 per 30 days) |
| *tolterodine oral capsule,extended release 24hr 2 mg, 4 mg* | 2 | QL (30 per 30 days) |
| *tolterodine oral tablet 1 mg, 2 mg* | 2 | QL (60 per 30 days) |
| *trospium oral capsule,extended release 24hr 60 mg* | 2 | QL (30 per 30 days) |
| *trospium oral tablet 20 mg* | 2 | QL (60 per 30 days) |
| **BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY** | | |
| *alfuzosin oral tablet extended release 24 hr 10 mg* | 2 | |
| *dutasteride oral capsule 0.5 mg* | 2 | |
| *finasteride oral tablet 5 mg* | 2 | |
| *silodosin oral capsule 4 mg, 8 mg* | 4 | |
| *tamsulosin oral capsule 0.4 mg* | 1 | |
| **MISCELLANEOUS UROLOGICALS** | | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | 2 | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | 4 | LA |
| ELMIRON ORAL CAPSULE 100 MG | 4 | QL (90 per 30 days) |
| *potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)* | 2 | |
| *tadalafil oral tablet 5 mg* | 4 | PA; QL (30 per 30 days) |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **VITAMINS, HEMATINICS / ELECTROLYTES** | | |
| **ELECTROLYTES** | | |
| *calcium acetate(phosphat bind) oral capsule 667 mg* | 2 | B/D |
| *calcium acetate(phosphat bind) oral tablet 667 mg* | 2 | B/D |
| *klor-con 10 oral tablet extended release 10 meq* | 2 | |
| *klor-con 8 oral tablet extended release 8 meq* | 2 | |
| *klor-con m10 oral tablet,er particles/crystals 10 meq* | 2 | |
| *klor-con m15 oral tablet,er particles/crystals 15 meq* | 2 | |
| *klor-con m20 oral tablet,er particles/crystals 20 meq* | 2 | |
| *klor-con oral packet 20 meq* | 2 | |
| *magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)* | 2 | |
| *magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)* | 2 | |
| *magnesium sulfate injection solution 500 mg/ml (50 %)* | 2 | |
| *magnesium sulfate injection syringe 500 mg/ml (50 %)* | 2 | |
| *potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l* | 2 | |
| *potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l* | 2 | |
| *potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l* | 2 | |
| *potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l* | 2 | |
| *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* | 2 | |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)* | 2 | |
| *potassium chloride oral capsule, extended release 10 meq, 8 meq* | 2 | |
| *potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml* | 4 | |
| *potassium chloride oral packet 20 meq* | 4 | |
| *potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq* | 2 | |
| *potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq* | 2 | |
| *potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l* | 2 | |
| *potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l* | 2 | |
| *potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l* | 2 | |
| *sodium chloride 0.45 % intravenous parenteral solution 0.45 %* | 2 | |
| *sodium chloride 3 % hypertonic intravenous parenteral solution 3 %* | 2 | |
| *sodium chloride 5 % hypertonic intravenous parenteral solution 5 %* | 2 | |
| **MISCELLANEOUS NUTRITION PRODUCTS** | | |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 4 | B/D |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4 | B/D |
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 % | 4 | B/D |
| CLINOLIPID INTRAVENOUS EMULSION 20 % | 4 | |
| *intralipid intravenous emulsion 20 %* | 4 | B/D |
| INTRALIPID INTRAVENOUS EMULSION 30 % | 4 | B/D |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION | 3 | |
| PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 % | 4 | B/D |
| *premasol 10 % intravenous parenteral solution 10 %* | 4 | B/D |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D |
| *travasol 10 % intravenous parenteral solution 10 %* | 4 | B/D |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 4 | B/D |
| **VITAMINS / HEMATINICS** | | |
| *ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)* | 1 | ED |
| *fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)* | 2 | |
| *fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)* | 2 | |
| *folic acid oral tablet 1 mg* | 1 | ED |
| *prenatal vitamin oral tablet* | 2 | |
| *vitamin d2 oral capsule 1,250 mcg (50,000 unit)* | 1 | ED |

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