

Keystone 65 Rx HMO, Personal Choice 65SM Rx PPO, and Select Option[®] PDP 2026 Formulary or “Drug List”

(List of Covered Drugs)

PLEASE READ:

**THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER
IN THIS PLAN**

FID 00026200

This formulary was updated on **10/15/2025**. For more recent information or other questions, please contact Keystone 65 Rx at **1-844-352-1699**, Personal Choice 65 Rx at **1-888-879-4293**, or Select Option Rx at **1-888-678-7009** (TTY /TDD users should call **711**), seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail, or visit **ibxmedicare.com/formulary**.

Independence 

IBX

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 Independence Blue Cross. When it refers to “plan” or “our plan,” it means Keystone 65 Rx HMO, Personal Choice 65 Rx PPO, and Select Option PDP.

This document includes a Drug List (formulary) for our plan which is current as of **10/15/2025**. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Keystone 65 Rx/Personal Choice 65 Rx/Select Option Rx 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 Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx in consultation with a team of health care providers which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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: [**ibxmedicare.com/formulary**](https://ibxmedicare.com/formulary).

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 Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx 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 that 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 60-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx formulary?”

Changes that will not affect you if you are currently taking the drug.

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

The enclosed formulary is current as of **10/15/2025**. To get updated information about the drugs covered by Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx please contact us. Our contact information appears on the front and back cover pages. In the event of a midyear non-maintenance formulary change, all affected members will receive a notification of changes to the formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 7. 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 Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 78. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to that page and find the name of your drug in the first column of the list.

What are generic drugs?

Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx 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, Keystone 65 Rx and Personal Choice 65 Rx should see the Part D Prescription Drug Rider, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered." Select Option Rx should see the Evidence of Coverage, Chapter 3, 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:** Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx before you fill your prescriptions. If you don't get approval, Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx limits the amount of the drug that Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx will cover. For example, Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx provides 60 per prescription for Glipizide ER 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx 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, Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx to make an exception to these restrictions or limits or for a list of other similar drugs that may treat your health condition. See the section, “How do I request an exception to the Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx’s formulary?” on page 4 for more information about how to request an exception.

What if my drug is not on the formulary?

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

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

- You can ask our Member Help Team for a list of similar drugs that are covered by the plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx.
- You can ask Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx to make an exception and cover your drug. See below for more information about how to request an exception.

How do I request an exception to the Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx formulary?

You can ask Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx to make the following types of exceptions 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, Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx limit the amount of the drug that we will cover. If your drug has a quantity limits, 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, Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx 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 a prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If a transition occurs due to a change in setting, such as moving from a home residence to a long-term care facility and then back again, our plan has a method in place to ensure that you have access to your medication. If your change of setting cannot be identified by the automated system, the pharmacy can notify our plan of the setting change and provide you with your prescribed medications. You will receive notice that you must either switch to a therapeutically appropriate drug on the plan's formulary or request an exception to continue taking the requested drug.

For more information

For more detailed information about your Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx, please contact us. Our contact information, along with the date we last updated this formulary, appears on the front and back cover pages.

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

Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx formulary

The formulary provides information about the drugs covered by Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 78.

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

The information in the Requirements/Limits column tells you if Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx have any special requirements for coverage of your drug.

- **Prior Authorization (PA):** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the plan limits the amount of the drug that we will cover. For example, our plan covers 60 per prescription for Glipizide ER 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the plan requires you to try certain drugs to treat your medical condition first before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **Non-Extended Day Supply (NDS):** All prescription fills for opioid medications will be limited to a 30-day supply for retail and mail order. Long-term care is 31 days. OptumRx® Home Delivery requires you to use 90 percent of your opioid medication before it may be refilled. Please note that other pharmacies may have additional limitations on opioid medications.
- **Non-Formulary (NF):** If your drug has a "Non-Formulary" status, this means that your drug is not covered under your plan. In this case, you may request a Formulary Exception.

The Drug Tier column of the chart lists the drug tier. The drug tier is the level of formulary cost-sharing for which you are responsible. See your Evidence of Coverage for more information about cost-sharing amounts.

Drug Name	Drug Tier Requirements/Limits	
Antidote Therapeutics		
Alcohol Deterrents		
acamprosate calcium oral tablet delayed release	4	
disulfiram oral tablet	3	
Antihistamine Drugs		
First Generation Antihistamines		
cyproheptadine hcl oral tablet	2	
promethazine hcl oral solution 6.25 mg/5ml	3	PA
promethazine hcl oral tablet	2	PA
Second Generation Antihistamines		
desloratadine oral tablet	3	
levocetirizine dihydrochloride oral tablet	2	
Anti-Infective Agents		
Anthelmintics		
albendazole oral tablet	4	
ivermectin oral tablet 3 mg	3	
praziquantel oral tablet	4	
Antibacterials		
amikacin sulfate injection solution 500 mg/2ml	4	
amoxicillin oral capsule	2	
amoxicillin oral suspension reconstituted	2	
amoxicillin oral tablet	2	
amoxicillin oral tablet chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	4	
amoxicillin-pot clavulanate oral suspension reconstituted	4	
amoxicillin-pot clavulanate oral tablet	2	
ampicillin oral capsule 500 mg	2	
ampicillin sodium intravenous solution reconstituted 10 gm	4	
ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm	4	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	4	
ARIKAYCE INHALATION SUSPENSION	5	PA
azithromycin intravenous solution reconstituted	4	
azithromycin oral suspension reconstituted	2	
azithromycin oral tablet	2	
aztreonam injection solution reconstituted	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

10/15/2025

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML	4	
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	PA
<i>cefaclor oral capsule</i>	3	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	3	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm</i>	4	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	3	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	4	
<i>cefixime oral capsule</i>	4	
<i>cefixime oral suspension reconstituted</i>	4	
<i>cefoxitin sodium intravenous solution reconstituted</i>	4	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	4	
<i>cefpodoxime proxetil oral tablet</i>	3	
<i>cefprozil oral suspension reconstituted</i>	4	
<i>cefprozil oral tablet</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	4	
<i>ceftazidime intravenous solution reconstituted</i>	4	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>ceftriaxone sodium injection solution reconstituted 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	4	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	
<i>clarithromycin er oral tablet extended release 24 hour</i>	4	
<i>clarithromycin oral suspension reconstituted</i>	4	
<i>clarithromycin oral tablet</i>	2	
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	4	

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10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate in d5w intravenous solution</i>	4	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	5	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	
<i>dicloxacillin sodium oral capsule</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED	5	QL (408 ML per 30 days)
DIFICID ORAL TABLET	5	QL (60 EA per 30 days)
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>doxycycline hyclate intravenous solution reconstituted</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	3	
<i>ertapenem sodium injection solution reconstituted</i>	4	
<i>erythromycin base oral capsule delayed release particles</i>	4	
<i>erythromycin base oral tablet</i>	4	
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin oral tablet delayed release</i>	4	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	3	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral tablet</i>	4	QL (56 EA per 28 days)
<i>meropenem intravenous solution reconstituted 1 gm</i>	4	
<i>meropenem intravenous solution reconstituted 500 mg</i>	3	
<i>minocycline hcl oral capsule</i>	2	
<i>moxifloxacin hcl in nacl intravenous solution</i>	4	
<i>moxifloxacin hcl oral tablet</i>	3	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>neomycin sulfate oral tablet</i>	2	
<i>penicillin g sodium injection solution reconstituted</i>	5	
<i>penicillin v potassium oral solution reconstituted</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium oral tablet</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	
<i>polymyxin b sulfate injection solution reconstituted</i>	4	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	5	
<i>sulfadiazine oral tablet</i>	5	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
<i>sulfasalazine oral tablet</i>	2	
<i>sulfasalazine oral tablet delayed release</i>	4	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>tetracycline hcl oral capsule</i>	4	
<i>tigecycline intravenous solution reconstituted</i>	4	
TOBI PODHALER INHALATION CAPSULE	5	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	PA
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	4	
<i>vancomycin hcl oral capsule</i>	4	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	4	PA
<i>amphotericin b intravenous solution reconstituted</i>	4	PA
<i>amphotericin b liposome intravenous suspension reconstituted</i>	5	PA
<i>caspofungin acetate intravenous solution reconstituted</i>	4	
CRESEMBA ORAL CAPSULE	5	PA
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	4	
<i>fluconazole oral suspension reconstituted</i>	2	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule 500 mg</i>	5	
<i>griseofulvin microsize oral suspension</i>	4	
<i>griseofulvin microsize oral tablet</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral capsule</i>	4	
<i>ketoconazole oral tablet</i>	2	
<i>micafungin sodium intravenous solution reconstituted</i>	4	
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	3	
<i>posaconazole oral tablet delayed release</i>	5	PA
<i>terbinafine hcl oral tablet</i>	2	
<i>voriconazole intravenous solution reconstituted</i>	5	PA
<i>voriconazole oral tablet</i>	4	
Antimycobacterials		
<i>dapsone oral tablet</i>	3	
<i>ethambutol hcl oral tablet</i>	3	
<i>isoniazid oral tablet</i>	2	
PRIFTIN ORAL TABLET	4	
<i>pyrazinamide oral tablet</i>	4	
<i>rifabutin oral capsule</i>	4	
<i>rifampin intravenous solution reconstituted</i>	2	
<i>rifampin oral capsule</i>	3	
SIRTURO ORAL TABLET	5	PA
Antiprotozoals		
<i>atovaquone oral suspension</i>	4	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	4	
<i>chloroquine phosphate oral tablet</i>	4	
COARTEM ORAL TABLET	4	
<i>hydroxychloroquine sulfate oral tablet</i>	2	
IMPAVIDO ORAL CAPSULE	5	QL (84 EA per 28 days)
<i>mefloquine hcl oral tablet</i>	4	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral capsule</i>	4	
<i>metronidazole oral tablet</i>	2	
<i>nitazoxanide oral tablet</i>	5	
<i>pentamidine isethionate injection solution reconstituted</i>	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	3	
<i>pyrimethamine oral tablet</i>	5	
<i>quinine sulfate oral capsule</i>	4	PA
<i>tinidazole oral tablet 500 mg</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits	
Antivirals		
abacavir sulfate oral solution	4	
abacavir sulfate oral tablet	4	QL (60 EA per 30 days)
abacavir sulfate-lamivudine oral tablet	4	QL (30 EA per 30 days)
acyclovir oral capsule	2	
acyclovir oral suspension 200 mg/5ml	4	
acyclovir oral tablet	2	
acyclovir sodium intravenous solution	4	PA
adefovir dipivoxil oral tablet	4	QL (30 EA per 30 days)
APTIVUS ORAL CAPSULE	5	QL (120 EA per 30 days)
atazanavir sulfate oral capsule 150 mg, 300 mg	4	QL (30 EA per 30 days)
atazanavir sulfate oral capsule 200 mg	4	QL (60 EA per 30 days)
BIKTARVY ORAL TABLET	5	QL (30 EA per 30 days)
CIMDUO ORAL TABLET	5	
COMPLERA ORAL TABLET	5	QL (30 EA per 30 days)
darunavir oral tablet 600 mg	4	QL (60 EA per 30 days)
darunavir oral tablet 800 mg	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	5	
DESCOVY ORAL TABLET	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET	5	
EDURANT ORAL TABLET	5	QL (30 EA per 30 days)
efavirenz oral tablet	4	QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df oral tablet	4	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir oral tablet	5	
emtricitabine oral capsule	4	QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg	4	QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 133-200 mg	5	QL (30 EA per 30 days)
emtricitab-rilpivir-tenofov df oral tablet	5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	4	
entecavir oral tablet	4	QL (30 EA per 30 days)
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; QL (84 EA per 365 days)
EPCLUSA ORAL PACKET 200-50 MG	5	PA; QL (168 EA per 365 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (168 EA per 365 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (84 EA per 365 days)
etravirine oral tablet 100 mg	5	QL (120 EA per 30 days)
etravirine oral tablet 200 mg	5	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
EVOTAZ ORAL TABLET	5	QL (30 EA per 30 days)
<i>famciclovir oral tablet</i>	3	
<i>fosamprenavir calcium oral tablet</i>	5	QL (120 EA per 30 days)
GENVOYA ORAL TABLET	5	QL (30 EA per 30 days)
HARVONI ORAL PACKET 33.75-150 MG	5	PA; QL (168 EA per 365 days)
HARVONI ORAL PACKET 45-200 MG	5	PA; QL (336 EA per 365 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (336 EA per 365 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (168 EA per 365 days)
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET	5	
ISENTRESS ORAL PACKET	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	
JULUCA ORAL TABLET	5	QL (30 EA per 30 days)
KALETRA ORAL SOLUTION	4	
<i>lamivudine oral solution 10 mg/ml</i>	3	
<i>lamivudine oral tablet 100 mg</i>	3	
<i>lamivudine oral tablet 150 mg</i>	3	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	4	QL (60 EA per 30 days)
LIVTENCITY ORAL TABLET	5	PA; QL (360 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (240 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 EA per 30 days)
<i>maraviroc oral tablet</i>	5	
MAVYRET ORAL PACKET	5	PA; QL (560 EA per 365 days)
MAVYRET ORAL TABLET	5	PA; QL (336 EA per 365 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	2	QL (60 EA per 30 days)
NORVIR ORAL PACKET	4	
ODEFSEY ORAL TABLET	5	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	3	QL (60 EA per 30 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	3	QL (30 EA per 30 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	5	QL (20 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	5	QL (11 EA per 5 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	5	QL (30 EA per 5 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PIFELTRO ORAL TABLET	5	
PREVYMIS ORAL PACKET 120 MG	5	
PREVYMIS ORAL PACKET 20 MG	4	
PREVYMIS ORAL TABLET	5	
PREZCOBIX ORAL TABLET 800-150 MG	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG	5	
PREZISTA ORAL TABLET 75 MG	4	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	3	QL (60 EA per 180 days)
REYATAZ ORAL PACKET	5	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>ritonavir oral tablet</i>	3	QL (360 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	
<i>sofosbuvir-velpatasvir oral tablet</i>	5	PA; QL (84 EA per 365 days)
STRIBILD ORAL TABLET	5	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET	5	QL (24 EA per 168 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (4 EA per 28 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (5 EA per 28 days)
SYMTUZA ORAL TABLET	5	
<i>tenofovir disoproxil fumarate oral tablet</i>	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE	5	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET	5	QL (30 EA per 30 days)
<i>trimeq pd oral tablet soluble</i>	4	QL (180 EA per 30 days)
TRUVADA ORAL TABLET	5	QL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	2	QL (90 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	2	QL (60 EA per 30 days)
<i>valganciclovir hcl oral tablet</i>	3	
VEMLIDY ORAL TABLET	5	
VIRACEPT ORAL TABLET 250 MG	5	QL (270 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
VOSEVI ORAL TABLET	5	PA
<i>zidovudine oral capsule</i>	4	
<i>zidovudine oral syrup</i>	3	
<i>zidovudine oral tablet</i>	3	QL (60 EA per 30 days)
Urinary Anti-Infectives		
<i>fosfomycin tromethamine oral packet</i>	4	
<i>methenamine hippurate oral tablet</i>	4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	4	
<i>nitrofurantoin monohyd macro oral capsule</i>	3	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	5	
<i>trimethoprim oral tablet</i>	3	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA; QL (60 EA per 30 days)
ABIRTEGA ORAL TABLET	3	PA
AKEEGA ORAL TABLET	5	PA
ALECENSA ORAL CAPSULE	5	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE	5	PA
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	5	PA
AYVAKIT ORAL TABLET	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA; QL (28 EA per 28 days)
BALVERSA ORAL TABLET 4 MG, 5 MG	5	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2 ML per 28 days)
<i>bexarotene oral capsule</i>	5	PA
<i>bicalutamide oral tablet</i>	2	
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; QL (180 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET	5	PA; QL (30 EA per 30 days)
CALQUENCE ORAL TABLET	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET	5	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA
COPIKTRA ORAL CAPSULE	5	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET	5	PA
<i>cyclophosphamide oral capsule</i>	3	PA
DANZITEN ORAL TABLET	5	PA
<i>dasatinib oral tablet</i>	5	PA
DAURISMO ORAL TABLET	5	PA
ERIVEDGE ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 EA per 30 days)
<i>erlotinib hcl oral tablet</i>	5	PA
EULEXIN ORAL CAPSULE	4	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble</i>	5	PA
FOTIVDA ORAL CAPSULE	5	PA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE	5	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet</i>	5	PA
GILOTRIF ORAL TABLET	5	PA; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	PA
GLEOSTINE ORAL CAPSULE 100 MG	5	PA
GOMEKLI ORAL CAPSULE	5	PA
GOMEKLI ORAL TABLET SOLUBLE	5	PA
<i>hydroxyurea oral capsule</i>	2	
IBRANCE ORAL CAPSULE	5	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET	5	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET	5	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET	5	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	4	PA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 EA per 30 days)
<i>imkeldi oral solution</i>	5	PA
INLYTA ORAL TABLET	5	PA; QL (120 EA per 30 days)
INQOVI ORAL TABLET	5	PA; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA; QL (30 EA per 30 days)
IWILFIN ORAL TABLET	5	PA
JAKAFI ORAL TABLET	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (120 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (63 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (63 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
KRAZATI ORAL TABLET	5	PA; QL (180 EA per 30 days)
<i>lapatinib ditosylate oral tablet</i>	5	PA
LAZCLUZE ORAL TABLET	5	PA
<i>lenalidomide oral capsule</i>	5	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA; QL (60 EA per 30 days)
LEUKERAN ORAL TABLET	5	
LONSURF ORAL TABLET	5	PA; QL (240 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET	5	PA; QL (30 EA per 30 days)
LUMAKRAS ORAL TABLET	5	PA; QL (240 EA per 30 days)
LYNPARZA ORAL TABLET	5	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET	5	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (112 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE	5	
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET	5	PA
MEKTOVI ORAL TABLET	5	PA; QL (180 EA per 30 days)
<i>mercaptopurine oral suspension</i>	5	
<i>mercaptopurine oral tablet</i>	3	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium oral tablet</i>	2	
NERLYNX ORAL TABLET	5	PA; QL (180 EA per 30 days)
<i>nilotinib hcl oral capsule</i>	5	PA; QL (112 EA per 28 days)
<i>nilutamide oral tablet</i>	5	
NINLARO ORAL CAPSULE	5	PA; QL (3 EA per 28 days)
NUBEQA ORAL TABLET	5	PA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET	5	PA
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA
OJEMDA ORAL TABLET	5	PA
OJJAARA ORAL TABLET	5	PA; QL (30 EA per 30 days)
ONUREG ORAL TABLET	5	PA; QL (14 EA per 28 days)
ORSERDU ORAL TABLET	5	PA; QL (30 EA per 30 days)
<i>pazopanib hcl oral tablet</i>	5	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET	5	PA; QL (28 EA per 28 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (56 EA per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (56 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits	
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (56 EA per 28 days)
POMALYST ORAL CAPSULE	5	PA
PURIXAN ORAL SUSPENSION	5	
QINLOCK ORAL TABLET	5	PA; QL (90 EA per 30 days)
RETEVMO ORAL TABLET	5	PA; QL (120 EA per 30 days)
REVUFORJ ORAL TABLET	5	PA
REZLIDHIA ORAL CAPSULE	5	PA
ROMVIMZA ORAL CAPSULE	5	PA
ROZLYTREK ORAL CAPSULE	5	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL PACKET	5	PA; QL (360 EA per 30 days)
RUBRACA ORAL TABLET	5	PA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE	5	PA; QL (224 EA per 28 days)
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA
<i>sorafenib tosylate oral tablet</i>	5	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET	5	PA; QL (30 EA per 30 days)
STIVARGA ORAL TABLET	5	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule</i>	5	PA; QL (30 EA per 30 days)
TABLOID ORAL TABLET	5	
TABRECTA ORAL TABLET	5	PA; QL (112 EA per 28 days)
TAFINLAR ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE	5	PA
TAGRISSO ORAL TABLET	5	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE	5	PA; QL (112 EA per 28 days)
TAZVERIK ORAL TABLET	5	PA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET	5	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET	5	PA; QL (60 EA per 30 days)
<i>tretinoin oral capsule</i>	5	
TRUQAP ORAL TABLET	5	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET	5	PA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA
VANFLYTA ORAL TABLET	5	PA
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA; QL (84 EA per 365 days)
VERZENIO ORAL TABLET	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE	5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET	5	PA
VONJO ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
VORANIGO ORAL TABLET	5	PA
VOTRIENT ORAL TABLET	5	PA
WELIREG ORAL TABLET	5	PA; QL (90 EA per 30 days)
XALKORI ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE	5	PA
XOSPATA ORAL TABLET	5	PA; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XTANDI ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET	5	PA; QL (120 EA per 30 days)
YONSA ORAL TABLET	5	PA
ZEJULA ORAL TABLET	5	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET	5	PA; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE	5	PA
ZYDELIG ORAL TABLET	5	PA
ZYKADIA ORAL TABLET	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits	
Antitoxins, Immune Globulins, Toxoids, And Vaccines		
Allergenic Extracts		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	4	PA
Antitoxins And Immune Globulins		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	
INFANRIX INTRAMUSCULAR SUSPENSION	4	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
QUADRACEL INTRAMUSCULAR SUSPENSION	4	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
TENIVAC INTRAMUSCULAR INJECTABLE	1	
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	QL (1 EA per 252 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	4	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	QL (1 EA per 999 days)
bcg vaccine injection solution reconstituted	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

10/15/2025

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	PA
HIBERIX INJECTION SOLUTION RECONSTITUTED	4	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
IPOL INJECTION INJECTABLE	1	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL (0.5 ML per 999 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	4	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
RECOMBIVAX HB INJECTION SUSPENSION	1	PA
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	1	PA
ROTARIX ORAL SUSPENSION	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
ROTATEQ ORAL SOLUTION	4	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	4	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	4	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	1	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	4	
YF-VAX SUBCUTANEOUS INJECTABLE	1	

Autonomic Drugs

Anticholinergic Agents

ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	
ATROVENT HFA INHALATION AEROSOL SOLUTION	4	QL (25.8 GM per 30 days)
<i>chlordiazepoxide-clidinium oral capsule</i>	4	PA
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	4	
<i>dicyclomine hcl oral tablet 20 mg</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	PA
<i>ipratropium bromide nasal solution</i>	2	
<i>methscopolamine bromide oral tablet</i>	4	
SPIRIVA HANDIHALER INHALATION CAPSULE	3	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

10/15/2025

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
YUPELRI INHALATION SOLUTION	5	PA
Parasympathomimetic (Cholinergic) Agents		
<i>bethanechol chloride oral tablet</i>	2	
<i>cevimeline hcl oral capsule</i>	4	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil hcl oral tablet 23 mg</i>	4	
<i>donepezil hcl oral tablet dispersible</i>	2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	4	
<i>galantamine hydrobromide oral tablet</i>	2	
<i>pilocarpine hcl oral tablet</i>	4	
<i>pyridostigmine bromide er oral tablet extended release</i>	4	
<i>pyridostigmine bromide oral tablet 30 mg</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>rivastigmine tartrate oral capsule</i>	3	
<i>rivastigmine transdermal patch 24 hour</i>	4	
Skeletal Muscle Relaxants		
<i>baclofen oral tablet</i>	2	
<i>carisoprodol oral tablet 250 mg</i>	3	PA
<i>carisoprodol oral tablet 350 mg</i>	2	PA
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg</i>	4	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	PA
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4	PA
<i>dantrolene sodium oral capsule</i>	4	
<i>metaxalone oral tablet 400 mg</i>	4	PA
<i>metaxalone oral tablet 800 mg</i>	3	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>tizanidine hcl oral capsule</i>	2	
<i>tizanidine hcl oral tablet</i>	2	
Smoking Cessation Agents		
NICOTROL NS NASAL SOLUTION	4	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate oral tablet</i>	4	QL (504 EA per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits	
Sympatholytic (Adrenergic Blocking) Agents		
alfuzosin hcl er oral tablet extended release 24 hour	3	
dihydroergotamine mesylate nasal solution	5	QL (8 ML per 28 days)
silodosin oral capsule	4	
tamsulosin hcl oral capsule	2	
TRUDHESA NASAL AEROSOL SOLUTION	5	QL (12 ML per 28 days)
Sympathomimetic (Adrenergic) Agents		
ADVAIR HFA INHALATION AEROSOL	3	QL (12 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	2	QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	2	QL (13.4 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	2	PA
albuterol sulfate oral syrup 2 mg/5ml	2	
albuterol sulfate oral tablet	4	
arformoterol tartrate inhalation nebulization solution	4	PA
BROVANA INHALATION NEBULIZATION SOLUTION	5	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (8 GM per 30 days)
droxidopa oral capsule 100 mg	4	
droxidopa oral capsule 300 mg	5	
epinephrine injection solution 0.3 mg/0.3ml	3	
epinephrine injection solution auto-injector	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	4	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	4	QL (1 EA per 30 days)
formoterol fumarate inhalation nebulization solution	4	PA
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	PA
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml	4	PA
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	4	
levalbuterol tartrate inhalation aerosol	3	QL (30 GM per 30 days)
midodrine hcl oral tablet	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits	
<i>terbutaline sulfate oral tablet</i>	4	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	4	QL (60 EA per 30 days)
Blood Formation,Coagulation & Thrombosis Agents		
Antihemorrhagic Agents		
<i>tranexamic acid oral tablet</i>	3	
Hematopoietic Agents		
<i>eltrombopag olamine oral packet 12.5 mg</i>	5	PA; QL (360 EA per 30 days)
<i>eltrombopag olamine oral packet 25 mg</i>	5	PA; QL (180 EA per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg</i>	5	PA; QL (360 EA per 30 days)
<i>eltrombopag olamine oral tablet 25 mg</i>	5	PA; QL (180 EA per 30 days)
<i>eltrombopag olamine oral tablet 50 mg</i>	5	PA; QL (90 EA per 30 days)
<i>eltrombopag olamine oral tablet 75 mg</i>	5	PA; QL (60 EA per 30 days)
Hemorrhheologic Agents		
<i>pentoxifylline er oral tablet extended release</i>	4	
Blood Formation,Coagulation & Thrombosis		
Antithrombotic Agents		
<i>anagrelide hcl oral capsule</i>	4	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	4	
BRILINTA ORAL TABLET	3	
<i>cilostazol oral tablet</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	
<i>dabigatran etexilate mesylate oral capsule</i>	4	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe</i>	4	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	3	
JANTOVEN ORAL TABLET	2	
<i>prasugrel hcl oral tablet</i>	3	
<i>warfarin sodium oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	QL (102 EA per 365 days)
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 60 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA
DOPTelet ORAL TABLET	5	PA
EPOGEN INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; QL (2.4 ML per 28 days)
GRANIX SUBCUTANEOUS SOLUTION	5	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (2.4 ML per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	
NIVESTYM INJECTION SOLUTION	5	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; QL (360 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 50 MG	5	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	ST; QL (2.4 ML per 28 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; QL (2.4 ML per 28 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; QL (2.4 ML per 28 days)
Blood Formation,Coagulation + Thrombosis Agents		
Antithrombotic Agents		
<i>rivaroxaban oral tablet</i>	3	QL (60 EA per 30 days)
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet</i>	2	
<i>prazosin hcl oral capsule 1 mg, 2 mg</i>	2	
<i>prazosin hcl oral capsule 5 mg</i>	4	
<i>terazosin hcl oral capsule</i>	3	
Antilipemic Agents		
<i>atorvastatin calcium oral tablet</i>	1	QL (30 EA per 30 days)
<i>cholestyramine light oral packet</i>	4	
<i>cholestyramine oral packet</i>	3	
<i>colesevelam hcl oral tablet</i>	3	
<i>colestipol hcl oral packet</i>	4	
<i>colestipol hcl oral tablet</i>	3	
<i>ezetimibe oral tablet</i>	2	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet</i>	1	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	4	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	4	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	4	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release</i>	3	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	1	
<i>fluvastatin sodium oral capsule</i>	1	
<i>gemfibrozil oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>icosapent ethyl oral capsule</i>	4	
LIVALO ORAL TABLET	3	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
NEXLETOL ORAL TABLET	4	PA
NEXLIZET ORAL TABLET	4	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	3	
<i>omega-3-acid ethyl esters oral capsule</i>	3	
<i>pitavastatin calcium oral tablet</i>	1	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
<i>pravastatin sodium oral tablet</i>	1	QL (30 EA per 30 days)
PREVALITE ORAL PACKET	4	
QUESTRAN ORAL POWDER	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 ML per 28 days)
<i>rosuvastatin calcium oral tablet</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (45 EA per 30 days)
<i>simvastatin oral tablet 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE	4	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	2	
<i>atenolol oral tablet</i>	2	
<i>atenolol-chlorthalidone oral tablet</i>	2	
<i>betaxolol hcl oral tablet</i>	4	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	
<i>carvedilol oral tablet</i>	2	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	2	
<i>metoprolol tartrate oral tablet</i>	2	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	4
<i>nebivolol hcl oral tablet</i>	3
<i>pindolol oral tablet</i>	4
<i>propranolol hcl er oral capsule extended release 24 hour</i>	2
<i>propranolol hcl oral solution</i>	2
<i>propranolol hcl oral tablet</i>	2
<i>sotalol hcl (af) oral tablet</i>	2
<i>sotalol hcl oral tablet</i>	2
<i>timolol maleate oral tablet</i>	4
Calcium-Channel Blocking Agents	
<i>amlodipine besy-benazepril hcl oral capsule</i>	1
<i>amlodipine besylate oral tablet</i>	2
<i>amlodipine besylate-valsartan oral tablet</i>	1
<i>amlodipine-atorvastatin oral tablet</i>	1
<i>amlodipine-olmesartan oral tablet</i>	1
<i>amlodipine-valsartan-hctz oral tablet</i>	1
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	2
<i>diltiazem hcl oral tablet</i>	2
<i>dilt-xr oral capsule extended release 24 hour</i>	2
<i>felodipine er oral tablet extended release 24 hour</i>	2
<i>isradipine oral capsule 2.5 mg</i>	4
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	2
<i>nicardipine hcl oral capsule 20 mg</i>	4
<i>nifedipine er oral tablet extended release 24 hour</i>	3
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	3
<i>nimodipine oral capsule</i>	4
<i>olmesartan-amlodipine-hctz oral tablet</i>	1
<i>telmisartan-amlodipine oral tablet</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg</i>	3	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl er oral tablet extended release</i>	2	
<i>verapamil hcl oral tablet</i>	2	
Cardiac Drugs		
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	4	
<i>amiodarone hcl oral tablet 200 mg</i>	2	
CORLANOR ORAL SOLUTION	4	PA; QL (450 ML per 30 days)
<i>digoxin oral solution</i>	3	QL (150 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin oral tablet 62.5 mcg</i>	4	
<i>disopyramide phosphate oral capsule 100 mg</i>	4	
<i>dofetilide oral capsule</i>	3	
<i>flecainide acetate oral tablet</i>	2	
<i>ivabradine hcl oral tablet</i>	4	PA; QL (60 EA per 30 days)
<i>mexiletine hcl oral capsule 150 mg, 200 mg</i>	4	
MULTAQ ORAL TABLET	3	
PACERONE ORAL TABLET 100 MG, 400 MG	4	
PACERONE ORAL TABLET 200 MG	2	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	4	
<i>propafenone hcl oral tablet</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
<i>ranolazine er oral tablet extended release 12 hour</i>	4	
Diuretics		
ORMALVI ORAL TABLET	5	PA
Hypotensive Agents		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	2	QL (120 EA per 30 days)
<i>clonidine hcl oral tablet</i>	2	
<i>clonidine transdermal patch weekly</i>	4	
<i>guanfacine hcl oral tablet</i>	4	
<i>hydralazine hcl oral tablet</i>	2	
<i>minoxidil oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
Renin-Angiotensin-Aldosterone Sys Inhib		
<i>aliskiren fumarate oral tablet</i>	4	QL (30 EA per 30 days)
<i>benazepril hcl oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
<i>candesartan cilexetil oral tablet</i>	1	
<i>candesartan cilexetil-hctz oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET	3	QL (60 EA per 30 days)
<i>eplerenone oral tablet</i>	4	
<i>fosinopril sodium oral tablet</i>	1	
<i>fosinopril sodium-hctz oral tablet</i>	1	
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 EA per 30 days)
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
<i>losartan potassium oral tablet 100 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>moexipril hcl oral tablet</i>	1	
<i>olmesartan medoxomil oral tablet</i>	1	
<i>olmesartan medoxomil-hctz oral tablet</i>	1	
<i>perindopril erbumine oral tablet</i>	1	
<i>quinapril hcl oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
<i>spironolactone oral tablet</i>	2	
<i>spironolactone-hctz oral tablet</i>	2	
<i>telmisartan oral tablet</i>	1	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet</i>	1	QL (30 EA per 30 days)
<i>trandolapril oral tablet</i>	1	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>	1	QL (30 EA per 30 days)
Vasodilating Agents		
<i>dipyridamole oral tablet</i>	3	PA
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	4	
<i>isosorbide dinitrate oral tablet</i>	4	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>	3	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>	2	
<i>isosorbide mononitrate oral tablet</i>	2	
NITRO-BID TRANSDERMAL OINTMENT	4	
<i>nitroglycerin sublingual tablet sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	3	
<i>nitroglycerin translingual solution</i>	4	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.4 MG	4	
<i>sildenafil citrate oral suspension reconstituted</i>	4	PA; QL (180 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (360 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	4	PA; QL (60 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
VERQUVO ORAL TABLET	4	PA; QL (30 EA per 30 days)
Central Nervous System Agents		
Analgesics And Antipyretics		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	2	QL (180 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual</i>	3	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	2	
<i>buprenorphine transdermal patch weekly</i>	4	QL (4 EA per 28 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	PA; QL (180 EA per 30 days)
<i>butalbital-apap-cafeine oral capsule 50-300-40 mg</i>	3	PA; QL (180 EA per 30 days)
<i>butalbital-apap-cafeine oral capsule 50-325-40 mg</i>	4	PA; QL (180 EA per 30 days)
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	3	PA; QL (180 EA per 30 days)
<i>butalbital-aspirin-cafeine oral capsule</i>	4	PA; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution</i>	4	QL (7.5 ML per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib oral capsule 400 mg</i>	2	
<i>diclofenac epolamine external patch</i>	4	PA; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	2	
<i>diclofenac sodium oral tablet delayed release</i>	2	
<i>diclofenac-misoprostol oral tablet delayed release</i>	4	
<i>diflunisal oral tablet</i>	2	
<i>etodolac er oral tablet extended release 24 hour</i>	4	
<i>etodolac oral capsule</i>	3	
<i>etodolac oral tablet</i>	3	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; QL (15 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	4	QL (15 EA per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	4	QL (180 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	4	QL (1500 ML per 30 days)
<i>hydromorphone hcl oral tablet</i>	3	QL (240 EA per 30 days)
<i>IBU ORAL TABLET 600 MG, 800 MG</i>	2	
<i>ibuprofen oral suspension 100 mg/5ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>indomethacin er oral capsule extended release</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>ketorolac tromethamine oral tablet</i>	2	PA; QL (20 EA per 30 days)
<i>meloxicam oral tablet</i>	2	
<i>methadone hcl oral tablet</i>	4	PA
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	3	QL (150 ML per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 60 mg</i>	3	PA; QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	3	QL (90 EA per 30 days)
<i>morphine sulfate oral solution</i>	3	QL (1000 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg</i>	3	QL (180 EA per 30 days)
<i>morphine sulfate oral tablet 30 mg</i>	4	QL (180 EA per 30 days)
<i>nabumetone oral tablet</i>	2	
<i>naproxen dr oral tablet delayed release 500 mg</i>	2	
<i>naproxen oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet delayed release 375 mg</i>	2	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg</i>	4	
<i>naproxen sodium oral tablet 550 mg</i>	2	
<i>oxaprozin oral tablet</i>	2	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution</i>	4	QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet</i>	3	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	4	QL (240 EA per 30 days)
<i>piroxicam oral capsule 10 mg</i>	2	
<i>piroxicam oral capsule 20 mg</i>	3	
<i>sulindac oral tablet</i>	2	
<i>tramadol hcl oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>tramadol hcl oral tablet 75 mg</i>	4	QL (150 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	2	QL (240 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	4	
Anorexigenic Agents And Respiratory And Cns Stimulants		
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	3	QL (60 EA per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	4	PA; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	3	QL (150 EA per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 30 mg, 40 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10 mg</i>	3	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg, 5 mg</i>	3	QL (90 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	3	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; QL (60 EA per 30 days)
Anticonvulsants		
APTOM ORAL TABLET	5	
BANZEL ORAL TABLET	5	
BRIVIACT ORAL SOLUTION	5	
BRIVIACT ORAL TABLET	5	QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	3	
<i>carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg</i>	4	
<i>carbamazepine oral suspension 100 mg/5ml</i>	4	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet chewable</i>	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg</i>	2	QL (60 EA per 30 days)
<i>clobazam oral tablet 20 mg</i>	3	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (270 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (270 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE	5	PA
DIACOMIT ORAL PACKET	5	PA
<i>diazepam rectal gel</i>	4	
DILANTIN ORAL CAPSULE	4	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	2	
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	3	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	4	
<i>divalproex sodium oral tablet delayed release</i>	2	
EPIDIOLEX ORAL SOLUTION	5	PA
EPITOL ORAL TABLET	2	
EPRONTIA ORAL SOLUTION	4	ST
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	
<i>eslicarbazepine acetate oral tablet</i>	4	
<i>ethosuximide oral capsule</i>	3	
<i>ethosuximide oral solution</i>	4	
<i>felbamate oral suspension</i>	4	
<i>felbamate oral tablet</i>	4	
FINTEPLA ORAL SOLUTION	5	PA
FYCOMPA ORAL SUSPENSION	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 2 MG	4	
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	
<i>gabapentin oral solution 250 mg/5ml</i>	4	
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide oral tablet</i>	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG	4	
<i>lamotrigine er oral tablet extended release 24 hour</i>	4	
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet chewable</i>	2	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 50 mg</i>	4	
<i>levetiracetam er oral tablet extended release 24 hour</i>	4	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet</i>	2	
<i>levetiracetam oral tablet disintegrating soluble</i>	5	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	
<i>methsuximide oral capsule</i>	4	
NAYZILAM NASAL SOLUTION	4	PA; QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	3	
PHENYTEK ORAL CAPSULE	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	4	
<i>phenytoin oral tablet chewable</i>	3	
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	3	QL (900 ML per 30 days)
<i>primidone oral tablet</i>	2	
<i>rufinamide oral suspension</i>	5	
<i>rufinamide oral tablet 200 mg</i>	4	
<i>rufinamide oral tablet 400 mg</i>	5	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	
SYMPAZAN ORAL FILM	5	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hcl oral tablet</i>	4	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	4	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 25 mg, 50 mg</i>	4	
<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	5	
<i>topiramate oral capsule sprinkle</i>	4	
<i>topiramate oral tablet</i>	2	
<i>valproic acid oral capsule</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
VALTOCO 10 MG DOSE NASAL LIQUID	5	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	5	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	5	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID	5	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet</i>	5	
<i>vigabatrin oral tablet</i>	5	
VIGAFYDE ORAL SOLUTION	5	PA
VIGPODER ORAL PACKET	5	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	ST
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	ST
XCOPRI ORAL TABLET	5	ST
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	ST
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	5	ST
ZONISADE ORAL SUSPENSION	4	ST
<i>zonisamide oral capsule 100 mg</i>	3	
<i>zonisamide oral capsule 25 mg, 50 mg</i>	2	
ZTALMY ORAL SUSPENSION	5	PA
Antimanic Agents		
<i>lithium carbonate er oral tablet extended release</i>	2	
<i>lithium carbonate oral capsule</i>	2	
<i>lithium carbonate oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 ML per 30 days)
almotriptan malate oral tablet	4	QL (8 EA per 30 days)
eletriptan hydrobromide oral tablet	4	QL (6 EA per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (2 ML per 28 days)
ergotamine-caffeine oral tablet	3	
frovatriptan succinate oral tablet	4	QL (12 EA per 30 days)
naratriptan hcl oral tablet	2	QL (8 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	5	PA; QL (18 EA per 30 days)
rizatriptan benzoate oral tablet	2	QL (12 EA per 30 days)
rizatriptan benzoate oral tablet dispersible	3	QL (12 EA per 30 days)
sumatriptan nasal solution 20 mg/act	4	QL (8 EA per 30 days)
sumatriptan nasal solution 5 mg/act	4	QL (32 EA per 30 days)
sumatriptan succinate oral tablet	2	QL (8 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	4	QL (8 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	4	QL (8 ML per 30 days)
sumatriptan-naproxen sodium oral tablet	4	QL (10 EA per 30 days)
UBRELVY ORAL TABLET	5	PA; QL (16 EA per 30 days)
zolmitriptan oral tablet	2	QL (6 EA per 30 days)
zolmitriptan oral tablet dispersible 5 mg	3	QL (6 EA per 30 days)
Antiparkinsonian Agents		
amantadine hcl oral capsule	3	
amantadine hcl oral solution	2	
amantadine hcl oral tablet	3	
benztropine mesylate oral tablet	2	
bromocriptine mesylate oral capsule	4	
bromocriptine mesylate oral tablet	4	
cabergoline oral tablet	3	
carbidopa oral tablet	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

10/15/2025

Drug Name	Drug Tier Requirements/Limits	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	3	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet dispersible</i>	2	
<i>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</i>	4	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR	5	PA; QL (30 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR, 9 MG/24HR	5	PA
<i>entacapone oral tablet</i>	4	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	PA
INBRIJA INHALATION CAPSULE	5	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	4	
<i>pramipexole dihydrochloride oral tablet</i>	2	
<i>rasagiline mesylate oral tablet</i>	4	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	4	
<i>ropinirole hcl oral tablet</i>	2	
<i>selegiline hcl oral capsule</i>	3	
<i>selegiline hcl oral tablet</i>	3	
<i>trihexyphenidyl hcl oral solution</i>	2	
<i>trihexyphenidyl hcl oral tablet</i>	2	
Anxiolytics, Sedatives, And Hypnotics		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
BELSOMRA ORAL TABLET	3	QL (30 EA per 30 days)
<i>buspirone hcl oral tablet</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	4	QL (90 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE	4	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	4	QL (1200 ML per 30 days)
<i>diazepam oral tablet</i>	2	QL (120 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	3	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 3 mg</i>	2	PA; QL (30 EA per 30 days)
<i>hydroxyzine hcl oral syrup</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl oral tablet</i>	3	
<i>hydroxyzine pamoate oral capsule</i>	3	
LORAZEPAM INTENSOL ORAL CONCENTRATE	3	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	4	QL (1500 ML per 30 days)
<i>phenobarbital oral tablet</i>	2	QL (90 EA per 30 days)
<i>ramelteon oral tablet</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	3	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
Central Nervous System Agents, Misc		
<i>atomoxetine hcl oral capsule</i>	4	QL (30 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour</i>	4	
<i>memantine hcl oral tablet</i>	2	
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour</i>	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
NOURIANZ ORAL TABLET	5	PA
NUEDEXTA ORAL CAPSULE	3	PA; QL (60 EA per 30 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION	5	PA
<i>riluzole oral tablet</i>	4	
TIGLUTIK ORAL SUSPENSION	5	
VEOZAH ORAL TABLET	4	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION	5	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION	5	PA; QL (540 ML per 30 days)
Fibromyalgia Agents		
SAVELLA ORAL TABLET 100 MG	4	ST
SAVELLA ORAL TABLET 12.5 MG, 25 MG, 50 MG	4	ST; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	4	ST; QL (110 EA per 365 days)
Opiate Antagonists		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naltrexone hcl oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
Opioid Antagonists		
KLOXXADO NASAL LIQUID	4	
OPVEE NASAL SOLUTION	3	
Psychotherapeutic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	5	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	
<i>amitriptyline hcl oral tablet</i>	3	
<i>amoxapine oral tablet</i>	3	
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>aripiprazole oral tablet 30 mg</i>	3	
<i>aripiprazole oral tablet dispersible</i>	4	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	5	
<i>asenapine maleate sublingual tablet sublingual</i>	4	
AUVELITY ORAL TABLET EXTENDED RELEASE	5	PA; QL (60 EA per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	3	QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	2	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	4	
<i>bupropion hcl oral tablet</i>	2	
CAPLYTA ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
<i>chlordiazepoxide-amitriptyline oral tablet</i>	4	
<i>chlorpromazine hcl oral concentrate</i>	4	
<i>chlorpromazine hcl oral tablet</i>	4	
<i>citalopram hydrobromide oral capsule</i>	4	ST
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	3	
<i>citalopram hydrobromide oral tablet</i>	2	
<i>clomipramine hcl oral capsule</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet dispersible</i>	4	
COBENFY ORAL CAPSULE	5	PA; QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA; QL (112 EA per 365 days)
COMPRO RECTAL SUPPOSITORY	4	
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	3	
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg</i>	4	
<i>desvenlafaxine er oral tablet extended release 24 hour 50 mg</i>	4	QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	3	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	3	QL (30 EA per 30 days)
<i>doxepin hcl oral capsule</i>	3	
<i>doxepin hcl oral concentrate</i>	3	
<i>doxepin hcl oral tablet</i>	3	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE	4	ST
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	4	
<i>escitalopram oxalate oral tablet</i>	2	
FANAPT ORAL TABLET	5	ST
FANAPT TITRATION PACK A ORAL TABLET	2	ST
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	ST
<i>fluoxetine hcl oral capsule</i>	2	
<i>fluoxetine hcl oral capsule delayed release</i>	4	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	4	
<i>fluoxetine hcl oral tablet</i>	3	
<i>fluphenazine decanoate injection solution</i>	4	
<i>fluphenazine hcl injection solution</i>	4	
<i>fluphenazine hcl oral concentrate</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	4	
<i>fluvoxamine maleate oral tablet</i>	3	
<i>haloperidol decanoate intramuscular solution</i>	2	
<i>haloperidol lactate injection solution</i>	4	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet</i>	2	
<i>imipramine hcl oral tablet</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (1 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	5	QL (60 EA per 30 days)
<i>loxapine succinate oral capsule</i>	4	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	4	QL (60 EA per 30 days)
LYBALVI ORAL TABLET	5	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET	4	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet dispersible</i>	3	
<i>molindone hcl oral tablet</i>	4	
<i>nefazodone hcl oral tablet</i>	4	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg</i>	2	
<i>nortriptyline hcl oral capsule 75 mg</i>	4	
<i>nortriptyline hcl oral solution</i>	4	
NUPLAZID ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet 20 mg</i>	2	
<i>olanzapine oral tablet dispersible</i>	2	
<i>olanzapine-fluoxetine hcl oral capsule</i>	4	
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	5	PA; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	4	
<i>paroxetine hcl oral suspension</i>	4	
<i>paroxetine hcl oral tablet</i>	2	
<i>paroxetine mesylate oral capsule</i>	4	
<i>perphenazine oral tablet</i>	4	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-25 mg</i>	4	
<i>phenelzine sulfate oral tablet</i>	3	
<i>pimozide oral tablet</i>	4	
<i>prochlorperazine maleate oral tablet</i>	2	
<i>prochlorperazine rectal suppository</i>	4	
<i>protriptyline hcl oral tablet</i>	4	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	3	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	
<i>quetiapine fumarate oral tablet 25 mg</i>	2	QL (90 EA per 30 days)
RALDESY ORAL SOLUTION	5	PA
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	5	PA; QL (30 EA per 30 days)
REXULTI ORAL TABLET 4 MG	5	PA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	4	QL (2 EA per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	5	
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet 4 mg</i>	2	
<i>risperidone oral tablet dispersible</i>	4	
SECUADO TRANSDERMAL PATCH 24 HOUR	5	ST
<i>sertraline hcl oral capsule</i>	4	ST
<i>sertraline hcl oral concentrate</i>	4	
<i>sertraline hcl oral tablet</i>	2	
<i>thioridazine hcl oral tablet</i>	3	
<i>thiothixene oral capsule</i>	4	
<i>tranylcypromine sulfate oral tablet</i>	2	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>trazodone hcl oral tablet 300 mg</i>	3	
<i>trifluoperazine hcl oral tablet</i>	3	
<i>trimipramine maleate oral capsule</i>	4	
TRINTELLIX ORAL TABLET	4	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	4	
<i>venlafaxine hcl oral tablet</i>	2	
VERSACLOZ ORAL SUSPENSION	5	
<i>vilazodone hcl oral tablet</i>	4	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	5	ST; QL (90 EA per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	5	ST; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule</i>	3	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	4	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (60 EA per 30 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (30 EA per 30 days)
Vesicular Monoamine Transporter 2 (Vmat2) Inhibitors		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (210 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine oral tablet 25 mg</i>	5	PA
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	3	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	3	
<i>cvs gauze sterile pad 2"x2"</i>	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	
<i>global alcohol prep ease pad</i>	3	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	3	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	
Diagnostic Agents		
Pheochromocytoma		
<i>metyrosine oral capsule</i>	5	
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
<i>potassium citrate er oral tablet extended release</i>	3	
Ammonia Detoxicants		
<i>constulose oral solution</i>	2	
<i>enulose oral solution</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	
LITHOSTAT ORAL TABLET	4	
<i>sodium phenylbutyrate oral tablet</i>	5	PA
Caloric Agents		
<i>dextrose intravenous solution 5 %</i>	2	
PROSOL INTRAVENOUS SOLUTION	4	PA
Diuretics		
<i>amiloride hcl oral tablet</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	
<i>bumetanide injection solution</i>	4	
<i>bumetanide oral tablet</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution</i>	4	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	
<i>furosemide oral tablet</i>	2	
<i>hydrochlorothiazide oral capsule</i>	2	
<i>hydrochlorothiazide oral tablet</i>	2	
<i>indapamide oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE ORAL TABLET	5	PA
<i>metolazone oral tablet</i>	2	
<i>tolvaptan oral tablet</i>	5	PA
<i>torsemide oral tablet</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hctz oral tablet</i>	2	
Ion-Removing Agents		
LOKELMA ORAL PACKET	4	
<i>sodium polystyrene sulfonate oral powder</i>	3	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	3	
VELTASSA ORAL PACKET 1 GM	4	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	5	
Irrigating Solutions		
<i>sodium chloride irrigation solution 0.9 %</i>	2	
Replacement Preparations		
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	4	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%</i>	4	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON ORAL PACKET 20 MEQ	4	
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	4	
<i>potassium chloride crys er oral tablet extended release</i>	2	
<i>potassium chloride er oral capsule extended release</i>	2	
<i>potassium chloride er oral tablet extended release</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	4	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	4	
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	3	

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10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral packet</i>	4	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	4	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	4	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	4	
Uricosuric Agents		
<i>colchicine-probenecid oral tablet</i>	3	
<i>probenecid oral tablet</i>	3	
Enzymes		
Enzyme Cofactors/Chaperones		
GALAFOLD ORAL CAPSULE	5	PA; QL (14 EA per 28 days)
<i>sapropterin dihydrochloride oral tablet</i>	5	
Enzymes		
REVCovi INTRAMUSCULAR SOLUTION	5	PA
SUCRAID ORAL SOLUTION	5	
Eye, Ear, Nose & Throat Preparations		
Antiallergic Agents		
<i>azelastine hcl nasal solution 0.1 %</i>	2	
<i>azelastine hcl ophthalmic solution</i>	2	
<i>azelastine-fluticasone nasal suspension</i>	4	ST
<i>cromolyn sodium ophthalmic solution</i>	2	
<i>epinastine hcl ophthalmic solution</i>	4	
<i>olopatadine hcl nasal solution</i>	3	
Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	3	
<i>acetazolamide oral tablet</i>	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
<i>betaxolol hcl ophthalmic solution</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	4	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution</i>	3	
<i>brinzolamide ophthalmic suspension</i>	4	
<i>carteolol hcl ophthalmic solution</i>	2	
COMBIGAN OPHTHALMIC SOLUTION	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits
<i>dorzolamide hcl ophthalmic solution</i>	2
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2
<i>latanoprost ophthalmic solution</i>	2
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3
<i>methazolamide oral tablet</i>	4
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	3
RHOPRESSA OPHTHALMIC SOLUTION	3
ROCKLATAN OPHTHALMIC SOLUTION	3
SIMBRINZA OPHTHALMIC SUSPENSION	3
<i>timolol hemihydrate ophthalmic solution</i>	2
<i>timolol maleate ophthalmic gel forming solution</i>	4
<i>timolol maleate ophthalmic solution</i>	2
<i>travoprost (bak free) ophthalmic solution</i>	3
VYZULTA OPHTHALMIC SOLUTION	4
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	4
Anti-Infectives	
<i>bacitracin ophthalmic ointment</i>	4
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2
<i>chlorhexidine gluconate mouth/throat solution</i>	2
CILOXAN OPHTHALMIC OINTMENT	4
<i>ciprofloxacin hcl ophthalmic solution</i>	2
<i>ciprofloxacin hcl otic solution</i>	4
<i>erythromycin ophthalmic ointment</i>	2
<i>gatifloxacin ophthalmic solution</i>	3
<i>gentamicin sulfate ophthalmic solution</i>	2
<i>moxifloxacin hcl ophthalmic solution</i>	3
NATACYN OPHTHALMIC SUSPENSION	4
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	3
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	3
<i>ofloxacin ophthalmic solution</i>	2
<i>ofloxacin otic solution</i>	2
POLYCIN OPHTHALMIC OINTMENT	2
<i>polymyxin b-trimethoprim ophthalmic solution</i>	2
<i>sulfacetamide sodium ophthalmic solution</i>	3

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin ophthalmic solution</i>	2	
TOBREX OPHTHALMIC OINTMENT	4	
<i>trifluridine ophthalmic solution</i>	4	
XDEMZY OPHTHALMIC SOLUTION	5	PA; QL (10 ML per 30 days)
ZIRGAN OPHTHALMIC GEL	4	
Anti-Inflammatory Agents		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	3	
<i>ciprofloxacin-dexamethasone otic suspension</i>	4	
<i>cyclosporine ophthalmic emulsion</i>	4	QL (60 EA per 30 days)
<i>dexamethasone sodium phosphate ophthalmic solution</i>	3	
<i>diclofenac sodium ophthalmic solution</i>	2	
<i>difluprednate ophthalmic emulsion</i>	4	
EYSUVIS OPHTHALMIC SUSPENSION	4	PA
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	3	
<i>fluocinolone acetonide otic oil</i>	4	
<i>fluorometholone ophthalmic suspension</i>	3	
<i>flurbiprofen sodium ophthalmic solution</i>	3	
<i>fluticasone propionate nasal suspension</i>	2	
<i>hydrocortisone-acetic acid otic solution</i>	4	
ILEVRO OPHTHALMIC SUSPENSION	4	
<i>ketorolac tromethamine ophthalmic solution</i>	4	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX SM OPHTHALMIC GEL	4	
<i>loteprednol etabonate ophthalmic gel</i>	4	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	4	
<i>mometasone furoate nasal suspension</i>	4	QL (34 GM per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	4	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	3	
<i>neomycin-polymyxin-hc otic suspension</i>	3	
<i>prednisolone acetate ophthalmic suspension</i>	3	
<i>prednisolone sodium phosphate ophthalmic solution</i>	4	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (60 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION	3	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophthalmic suspension</i>	3	
XIIDRA OPTHALMIC SOLUTION	4	QL (60 EA per 30 days)
ZYLET OPTHALMIC SUSPENSION	4	
Eent Drugs, Miscellaneous		
<i>acetic acid otic solution</i>	2	
<i>apraclonidine hcl ophthalmic solution</i>	3	
MIEBO OPTHALMIC SOLUTION	4	QL (12 ML per 30 days)
OXERVATE OPTHALMIC SOLUTION	5	PA; QL (56 ML per 28 days)
TYRVAYA NASAL SOLUTION	4	QL (8.4 ML per 30 days)
Local Anesthetics		
<i>lidocaine viscous hcl mouth/throat solution</i>	2	
Mydriatics		
<i>atropine sulfate ophthalmic solution 1 %</i>	3	
Gastrointestinal Drugs		
Antidiarrhea Agents		
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
<i>loperamide hcl oral capsule</i>	2	
XERMELO ORAL TABLET	5	PA
Antiemetics		
<i>aprepitant oral capsule 125 mg</i>	4	PA; QL (4 EA per 30 days)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	4	PA; QL (8 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	PA; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg</i>	4	PA
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	PA; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet</i>	2	PA; QL (60 EA per 30 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>ondansetron hcl oral solution</i>	2	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA; QL (45 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	PA; QL (45 EA per 30 days)
SANCUSO TRANSDERMAL PATCH	5	ST; QL (4 EA per 28 days)
<i>scopolamine transdermal patch 72 hour</i>	4	
Anti-Inflammatory Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	
<i>alosetron hcl oral tablet 1 mg</i>	5	
<i>balsalazide disodium oral capsule</i>	4	
<i>mesalamine er oral capsule extended release</i>	4	
<i>mesalamine er oral capsule extended release 24 hour</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral capsule delayed release</i>	4	
<i>mesalamine oral tablet delayed release</i>	4	
<i>mesalamine rectal enema</i>	4	
<i>mesalamine rectal suppository</i>	4	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	
Antiulcer Agents And Acid Suppressants		
<i>cimetidine oral tablet 200 mg</i>	3	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	4	
<i>esomeprazole magnesium oral capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	4	QL (30 EA per 30 days)
<i>famotidine oral suspension reconstituted</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>misoprostol oral tablet</i>	3	
<i>omeprazole oral capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium oral packet</i>	4	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	2	QL (60 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release</i>	3	ST; QL (30 EA per 30 days)
<i>sucralfate oral suspension</i>	4	
<i>sucralfate oral tablet</i>	2	
TALICIA ORAL CAPSULE DELAYED RELEASE	4	QL (168 EA per 180 days)
VOQUEZNA ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days)
VOQUEZNA ORAL TABLET 20 MG	4	PA; QL (60 EA per 30 days)
Cathartics And Laxatives		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/175ML	3	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	2	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED	2	
<i>na sulfate-k sulfate-mg sulf oral solution</i>	4	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	4	
SUTAB ORAL TABLET	3	
Cholelitholytic Agents		
CHOLBAM ORAL CAPSULE	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	4	
Digestants		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
GATTEX SUBCUTANEOUS KIT	5	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	4	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 21000-54700 UNIT, 37000-97300 UNIT	5	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	
Gi Drugs, Miscellaneous		
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1.36 ML per 28 days)
LINZESS ORAL CAPSULE	3	QL (30 EA per 30 days)
<i>lubiprostone oral capsule</i>	3	QL (60 EA per 30 days)
OCALIVA ORAL TABLET	5	PA
RELISTOR ORAL TABLET	5	ST
RELISTOR SUBCUTANEOUS SOLUTION	5	ST
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
TRULANCE ORAL TABLET	4	ST
VIBERZI ORAL TABLET	5	QL (60 EA per 30 days)
VOWST ORAL CAPSULE	5	PA
Prokinetic Agents		
<i>metoclopramide hcl oral tablet</i>	2	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral tablet</i>	3	PA
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA
<i>deferiprone oral tablet</i>	5	PA
FERRIPROX ORAL TABLET 1000 MG	5	PA
FERRIPROX TWICE-A-DAY ORAL TABLET	5	PA
<i>penicillamine oral tablet</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>trientine hcl oral capsule 500 mg</i>	5	PA
Hormones And Synthetic Substitutes		
Adrenals		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	3	
BREZTRI AEROSPHERE INHALATION AEROSOL	3	QL (23.6 GM per 28 days)
<i>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide inhalation suspension</i>	4	PA; QL (120 ML per 30 days)
<i>budesonide oral capsule delayed release particles</i>	4	
<i>budesonide-formoterol fumarate inhalation aerosol</i>	4	QL (13.8 GM per 30 days)
<i>deflazacort oral tablet</i>	5	PA
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
DULERA INHALATION AEROSOL	4	QL (13 GM per 30 days)
<i>fludrocortisone acetate oral tablet</i>	3	
<i>hydrocortisone oral tablet</i>	3	
INTRAROSA VAGINAL INSERT	4	PA
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	4	
PREDNISONE INTENSOL ORAL CONCENTRATE	4	
<i>prednisone oral solution</i>	4	
<i>prednisone oral tablet</i>	2	
<i>prednisone oral tablet therapy pack</i>	2	
SYMBICORT INHALATION AEROSOL	3	QL (13.8 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
Androgens		
<i>danazol oral capsule 100 mg</i>	4	
JATENZO ORAL CAPSULE 158 MG, 198 MG	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

10/15/2025

Drug Name	Drug Tier	Requirements/Limits
JATENZO ORAL CAPSULE 237 MG	5	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular solution</i>	3	PA
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	4	PA
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	3	PA
<i>testosterone transdermal solution</i>	4	PA
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
Antidiabetic Agents		
<i>acarbose oral tablet</i>	1	QL (90 EA per 30 days)
<i>alogliptin benzoate oral tablet</i>	1	QL (30 EA per 30 days)
<i>alogliptin-metformin hcl oral tablet</i>	1	QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	1	QL (30 EA per 30 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
<i>dapagliflozin propanediol oral tablet</i>	3	QL (30 EA per 30 days)
<i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml</i>	4	PA; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous solution pen-injector 5 mcg/0.02ml</i>	4	PA; QL (1.2 ML per 30 days)
FARXIGA ORAL TABLET	3	QL (30 EA per 30 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
FIASP INJECTION SOLUTION	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (180 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet</i>	1	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET	3	QL (30 EA per 30 days)
HUMALOG INJECTION SOLUTION	3	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	3	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
HUMULIN N SUBCUTANEOUS SUSPENSION	3	
HUMULIN R INJECTION SOLUTION	3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	3	
<i>insulin lispro injection solution</i>	3	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	3	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	3	
JANUMET ORAL TABLET	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	3	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET	3	QL (30 EA per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LANTUS SUBCUTANEOUS SOLUTION	3	
<i>liraglutide subcutaneous solution pen-injector</i>	3	PA; QL (9 ML per 30 days)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	4	PA; QL (60 EA per 30 days)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>	4	PA; QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral solution</i>	2	QL (765 ML per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i>	5	PA
<i>miglitol oral tablet</i>	1	QL (90 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 EA per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	3	
NOVOLIN R INJECTION SOLUTION	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
NOVOLOG INJECTION SOLUTION	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (360 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET	3	PA; QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRESIBA SUBCUTANEOUS SOLUTION	3	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (60 EA per 30 days)
Antihypoglycemic Agents		
BAQSIMI ONE PACK NASAL POWDER	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits
<i>diazoxide oral suspension</i>	5
<i>glucagon emergency injection kit</i>	4
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3
GVOKE KIT SUBCUTANEOUS SOLUTION	3
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3
Contraceptives	
ALTAVERA ORAL TABLET	2
<i>alyacen 1/35 oral tablet</i>	2
APRI ORAL TABLET	2
ARANELLE ORAL TABLET	2
AUBRA EQ ORAL TABLET	2
AVIANE ORAL TABLET	2
BALZIVA ORAL TABLET	2
BLISOVI 24 FE ORAL TABLET	2
BLISOVI FE 1.5/30 ORAL TABLET	2
<i>briellyn oral tablet</i>	2
CAMILA ORAL TABLET	2
CRYSELLE-28 ORAL TABLET	2
CYRED EQ ORAL TABLET	2
DEBLITANE ORAL TABLET	3
DOLISHALE ORAL TABLET	2
<i>drospirenone-ethinyl estradiol oral tablet</i>	2
ELURYNG VAGINAL RING	3
ENILLORING VAGINAL RING	3
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2
ERRIN ORAL TABLET	2
ESTARYLLA ORAL TABLET	2
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	3
FALMINA ORAL TABLET	2
HAILEY 24 FE ORAL TABLET	2
HALOETTE VAGINAL RING	3
HEATHER ORAL TABLET	2
ICLEVIA ORAL TABLET	2
INCASSIA ORAL TABLET	2
ISIBLOOM ORAL TABLET	2

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits
JASMIEL ORAL TABLET	2
JULEBER ORAL TABLET	2
JUNEL 1.5/30 ORAL TABLET	2
JUNEL 1/20 ORAL TABLET	2
JUNEL FE 1.5/30 ORAL TABLET	2
JUNEL FE 1/20 ORAL TABLET	2
JUNEL FE 24 ORAL TABLET	2
KARIVA ORAL TABLET	2
KELNOR 1/35 ORAL TABLET	2
KELNOR 1/50 ORAL TABLET	2
KURVELO ORAL TABLET	2
LARIN 1.5/30 ORAL TABLET	2
LARIN 1/20 ORAL TABLET	2
LARIN FE 1.5/30 ORAL TABLET	2
LARIN FE 1/20 ORAL TABLET	2
LESSINA ORAL TABLET	2
LEVONEST ORAL TABLET	2
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	4
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2
<i>levonorgestrel-ethinyl estrad oral tablet</i>	2
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2
LEVORA 0.15/30 (28) ORAL TABLET	2
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3
LORYNA ORAL TABLET	2
LOW-OGESTREL ORAL TABLET	2
LUTERA ORAL TABLET	2
LYLEQ ORAL TABLET	2
LYZA ORAL TABLET	2
<i>marlissa oral tablet</i>	2
MICROGESTIN 1.5/30 ORAL TABLET	2
MICROGESTIN 1/20 ORAL TABLET	3
MICROGESTIN FE 1.5/30 ORAL TABLET	2
MICROGESTIN FE 1/20 ORAL TABLET	2
MILI ORAL TABLET	2
NECON 0.5/35 (28) ORAL TABLET	2

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

10/15/2025

Drug Name	Drug Tier Requirements/Limits
NEXPLANON SUBCUTANEOUS IMPLANT	3
NIKKI ORAL TABLET	2
NORA-BE ORAL TABLET	3
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	3
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2
<i>norethindrone oral tablet</i>	2
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2
<i>norgestim-eth estrad triphasic oral tablet</i>	2
NORTREL 0.5/35 (28) ORAL TABLET	2
NORTREL 1/35 (21) ORAL TABLET	2
NORTREL 1/35 (28) ORAL TABLET	2
NORTREL 7/7/7 ORAL TABLET	2
NYLIA 1/35 ORAL TABLET	2
NYLIA 7/7/7 ORAL TABLET	2
PIMTREA ORAL TABLET	2
PORTIA-28 ORAL TABLET	2
RECLIPSEN ORAL TABLET	2
SETLAKIN ORAL TABLET	2
SHAROBEL ORAL TABLET	3
SPRINTEC 28 ORAL TABLET	2
SRONYX ORAL TABLET	2
SYEDA ORAL TABLET	2
TARINA 24 FE ORAL TABLET	2
TARINA FE 1/20 EQ ORAL TABLET	2
TRI-ESTARYLLA ORAL TABLET	2
TRI-LEGEST FE ORAL TABLET	2
TRI-LO-ESTARYLLA ORAL TABLET	2
TRI-LO-SPRINTEC ORAL TABLET	2
TRI-MILI ORAL TABLET	2
TRI-SPRINTEC ORAL TABLET	2
TRI-VYLIBRA LO ORAL TABLET	2
TRI-VYLIBRA ORAL TABLET	2
TURQOZ ORAL TABLET	2
VELIVET ORAL TABLET	2
VESTURA ORAL TABLET	2
VIENVA ORAL TABLET	2
VYFEMLA ORAL TABLET	2

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits	
VYLIBRA ORAL TABLET	2	
WYMZYA FE ORAL TABLET CHEWABLE	2	
XULANE TRANSDERMAL PATCH WEEKLY	3	
ZAFEMY TRANSDERMAL PATCH WEEKLY	3	
ZOVIA 1/35 (28) ORAL TABLET	2	
Estrogens And Antiestrogens		
<i>anastrozole oral tablet</i>	2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	PA
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	4	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY	4	PA
<i>estradiol oral tablet</i>	2	
<i>estradiol transdermal patch twice weekly</i>	3	PA
<i>estradiol transdermal patch weekly</i>	3	PA
<i>estradiol vaginal cream</i>	3	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	4	
ESTRING VAGINAL RING 7.5 MCG/24HR	4	
<i>exemestane oral tablet</i>	4	
FEMRING VAGINAL RING	4	
JINTELI ORAL TABLET	3	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (91 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (91 EA per 28 days)
<i>letrozole oral tablet</i>	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	4	PA
OSPHENA ORAL TABLET	4	PA
PREMARIN ORAL TABLET	3	PA
PREMARIN VAGINAL CREAM	3	
PREMPHASE ORAL TABLET	3	
PREMPRO ORAL TABLET	3	
<i>raloxifene hcl oral tablet</i>	2	
SOLTAMOX ORAL SOLUTION	5	
<i>tamoxifen citrate oral tablet</i>	2	
<i>toremifene citrate oral tablet</i>	5	
YUVAFEM VAGINAL TABLET	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits	
Gonadotropins And Antigonadotropins		
ELIGARD SUBCUTANEOUS KIT	4	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	
leuprolide acetate injection kit	4	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	QL (1 EA per 84 days)
ORGOVYX ORAL TABLET	5	PA; QL (30 EA per 28 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	PA
Parathyroid And Antiparathyroid Agents		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2.24 ML per 28 days)
calcitonin (salmon) nasal solution	3	
cinacalcet hcl oral tablet	4	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	5	PA; QL (2.4 ML per 28 days)
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	5	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
Pituitary		
CRENESSITY ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
CRENESSITY ORAL CAPSULE 50 MG	5	PA; QL (90 EA per 30 days)
CRENESSITY ORAL SOLUTION	5	PA; QL (240 ML per 30 days)
desmopressin ace spray refrig nasal solution	4	
desmopressin acetate oral tablet	3	
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
GALLIFREY ORAL TABLET	2	
medroxyprogesterone acetate intramuscular suspension	3	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	3	
medroxyprogesterone acetate oral tablet	2	
megestrol acetate oral suspension 40 mg/ml	3	
megestrol acetate oral suspension 625 mg/5ml	4	
megestrol acetate oral tablet	3	
norethindrone acetate oral tablet	2	
progesterone oral capsule	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
Somatostatin Agonists And Antagonists		
octreotide acetate injection solution 100 mcg/ml	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; QL (60 ML per 30 days)
Somatotropin Agonists And Antagonists		
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA
HUMATROPE INJECTION CARTRIDGE	5	PA
INCRELEX SUBCUTANEOUS SOLUTION	5	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
Thyroid And Antithyroid Agents		
levothyroxine sodium oral capsule 100 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	4	
levothyroxine sodium oral tablet	2	
LEVOXYL ORAL TABLET	3	
liothyronine sodium oral tablet	2	
methimazole oral tablet	2	
propylthiouracil oral tablet	2	
REZDIFFRA ORAL TABLET	5	PA; QL (30 EA per 30 days)
SYNTHROID ORAL TABLET	3	
TIROSINT ORAL CAPSULE	4	
TIROSINT-SOL ORAL SOLUTION	4	
UNITHROID ORAL TABLET	3	
Immunomodulatory Agents		
Disease-Modifying Antirheumatic Drugs		
adalimumab-aacf (2 pen) subcutaneous auto-injector kit	5	PA
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit	3	PA
adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits	
<i>adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit</i>	5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
OTEZLA ORAL TABLET	5	PA
OTEZLA ORAL TABLET THERAPY PACK	5	PA
RINVOQ LQ ORAL SOLUTION	5	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>ustekinumab subcutaneous solution</i>	5	PA; QL (3 ML per 84 days)
<i>ustekinumab subcutaneous solution prefilled syringe</i>	5	PA; QL (3 ML per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; QL (3 ML per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	4	PA; QL (3 ML per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (3 ML per 84 days)
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
<i>dutasteride oral capsule</i>	3	
<i>dutasteride-tamsulosin hcl oral capsule</i>	4	
<i>finasteride oral tablet 5 mg</i>	2	
Antidotes		
<i>acetylcysteine inhalation solution</i>	2	PA
<i>leucovorin calcium oral tablet</i>	3	
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
<i>colchicine oral capsule</i>	4	
<i>colchicine oral tablet</i>	3	
<i>febuxostat oral tablet</i>	3	ST
Antisense Oligonucleotides		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (0.8 ML per 28 days)
Bone Resorption Inhibitors		
<i>alendronate sodium oral solution</i>	2	QL (300 ML per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	2	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	2	QL (4 EA per 28 days)
<i>ibandronate sodium oral tablet</i>	3	QL (1 EA per 30 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (2 ML per 365 days)
<i>risedronate sodium oral tablet 150 mg</i>	3	QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	4	QL (120 EA per 365 days)
<i>risedronate sodium oral tablet 35 mg</i>	3	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	3	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	4	QL (4 EA per 28 days)
XGEVA SUBCUTANEOUS SOLUTION	5	PA
Complement Inhibitors		
BERINERT INTRAVENOUS KIT	5	PA
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (27 ML per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
TAVNEOS ORAL CAPSULE	5	PA; QL (180 EA per 30 days)
Disease-Modifying Antirheumatic Drugs		
CIBINQO ORAL TABLET	5	PA; QL (30 EA per 30 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>leflunomide oral tablet</i>	4	
OLUMIANT ORAL TABLET	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

10/15/2025

Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	PA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XELJANZ ORAL SOLUTION	5	PA
XELJANZ ORAL TABLET	5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA
Immunomodulatory Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	5	QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	ST; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	ST; QL (12 ML per 28 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	4	QL (14 EA per 365 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	5	QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	4	QL (120 EA per 365 days)
<i> fingolimod hcl oral capsule</i>	5	QL (30 EA per 30 days)
GILENYA ORAL CAPSULE	5	QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	QL (12 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	ST; QL (6 ML per 365 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	ST; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	ST; QL (8.4 ML per 365 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; QL (8.4 ML per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	5	QL (14 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	5	QL (60 EA per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	5	QL (120 EA per 365 days)
<i>teriflunomide oral tablet</i>	5	QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE	5	ST
Immunosuppressive Agents		
<i>azathioprine oral tablet 50 mg</i>	2	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>cyclosporine modified oral capsule</i>	4	PA
<i>cyclosporine modified oral solution</i>	4	PA
<i>cyclosporine oral capsule</i>	4	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	PA
<i>everolimus oral tablet 0.25 mg</i>	4	PA
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	4	PA
<i>mycophenolate mofetil oral capsule</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral suspension reconstituted</i>	5	PA
<i>mycophenolate mofetil oral tablet</i>	3	PA
<i>mycophenolate sodium oral tablet delayed release</i>	4	PA
PROGRAF ORAL PACKET	4	PA
<i>sirolimus oral solution</i>	4	PA
<i>sirolimus oral tablet</i>	4	PA
<i>tacrolimus oral capsule</i>	4	PA
Other Miscellaneous Therapeutic Agents		
ELMIRON ORAL CAPSULE	5	
ENDARI ORAL PACKET	5	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2.34 ML per 28 days)
<i>l-glutamine oral packet</i>	5	PA
<i>miglustat oral capsule</i>	5	PA
REZUROCK ORAL TABLET	5	PA; QL (30 EA per 30 days)
TYBOST ORAL TABLET	3	QL (30 EA per 30 days)
Protective Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	PA; QL (60 EA per 30 days)
<i>dalfampridine er oral tablet extended release 12 hour</i>	3	PA; QL (60 EA per 30 days)
<i>mesna oral tablet</i>	5	
MESNEX ORAL TABLET	5	
Respiratory Tract Agents		
Antifibrotic Agents		
OFEV ORAL CAPSULE	5	PA
<i>pirfenidone oral capsule</i>	5	PA
<i>pirfenidone oral tablet</i>	5	PA
Anti-Inflammatory Agents		
<i>cromolyn sodium inhalation nebulization solution</i>	3	PA
<i>cromolyn sodium oral concentrate</i>	4	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA
<i>montelukast sodium oral tablet</i>	2	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	2	QL (30 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
<i>zafirlukast oral tablet</i>	4	QL (60 EA per 30 days)
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
KALYDECO ORAL PACKET	5	PA
KALYDECO ORAL TABLET	5	PA
ORKAMBI ORAL PACKET	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	5	PA; QL (120 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA
TRIKAFTA ORAL THERAPY PACK	5	PA
Phosphodiesterase Type 4 Inhibitors		
<i>roflumilast oral tablet</i>	4	
Respiratory Tract Agents, Miscellaneous		
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA
WINREVAIR SUBCUTANEOUS KIT	5	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Vasodilating Agents		
ADEMPAS ORAL TABLET	5	PA
<i>ambrisentan oral tablet</i>	5	PA
<i>bosentan oral tablet</i>	5	PA
LETAIRIS ORAL TABLET	5	PA
OPSUMIT ORAL TABLET	5	PA
TRACLEER ORAL TABLET	5	PA
TRACLEER ORAL TABLET SOLUBLE	5	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; QL (112 EA per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	5	PA; QL (504 EA per 365 days)
Skin And Mucous Membrane Agents		
Anti-Infectives		
<i>clindamycin phos (once-daily) external gel</i>	3	
<i>clindamycin phos (twice-daily) external gel</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits	
<i>naftifine hcl external gel 2 %</i>	4	
NYAMYC EXTERNAL POWDER	2	QL (120 GM per 30 days)
<i>nystatin external powder</i>	2	QL (120 GM per 30 days)
NYSTOP EXTERNAL POWDER	2	QL (120 GM per 30 days)
Anti-Inflammatory Agents		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA
EUCRISA EXTERNAL OINTMENT	4	PA
<i>fluocinolone acetonide scalp external oil</i>	4	
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
Antipruritics And Local Anesthetics		
<i>doxepin hcl external cream</i>	4	
<i>lidocaine external ointment 5 %</i>	2	QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	4	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	QL (30 GM per 30 days)
LIDOCAN EXTERNAL PATCH	4	QL (90 EA per 30 days)
TRIDACAINE II EXTERNAL PATCH	4	QL (90 EA per 30 days)
Cell Stimulants And Proliferants		
<i>tretinoin external cream</i>	3	PA
<i>tretinoin external gel</i>	4	PA
Emollients, Demulcents, And Protectants		
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	2	
<i>nitroglycerin rectal ointment</i>	4	
Keratolytic Agents		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG	4	
<i>adapalene external gel 0.3 %</i>	4	PA
AMNESTEEM ORAL CAPSULE	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	5	
ZENATANE ORAL CAPSULE	4	
Skin And Mucous Membrane Preparations		
Anti-Infectives		
<i>acyclovir external cream</i>	4	QL (5 GM per 30 days)
<i>acyclovir external ointment</i>	2	QL (30 GM per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	3	
<i>ciclopirox external gel</i>	3	
<i>ciclopirox external shampoo</i>	3	
<i>ciclopirox external solution</i>	3	
<i>ciclopirox olamine external cream</i>	3	
<i>ciclopirox olamine external suspension</i>	3	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	3	
<i>clindamycin phosphate external foam</i>	4	
<i>clindamycin phosphate external lotion</i>	2	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution</i>	2	
<i>clindamycin phosphate external swab</i>	2	
<i>clindamycin phosphate vaginal cream</i>	4	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	3	
<i>clotrimazole mouth/throat troche</i>	2	
<i>clotrimazole-betamethasone external cream</i>	3	
<i>clotrimazole-betamethasone external lotion</i>	4	
<i>econazole nitrate external cream</i>	3	
<i>ery external pad</i>	3	
<i>erythromycin external gel</i>	2	
<i>gentamicin sulfate external cream</i>	3	
<i>gentamicin sulfate external ointment</i>	3	
<i>ivermectin external cream</i>	4	QL (45 GM per 30 days)
JUBLIA EXTERNAL SOLUTION	5	PA
<i>ketoconazole external cream</i>	2	QL (90 GM per 30 days)
<i>ketoconazole external foam</i>	4	
<i>ketoconazole external shampoo 2 %</i>	2	
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel</i>	4	
<i>metronidazole external lotion</i>	4	
<i>metronidazole vaginal gel</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin calcium external cream</i>	3	
<i>mupirocin external ointment</i>	2	QL (110 GM per 30 days)
<i>naftifine hcl external cream</i>	4	
NORITATE EXTERNAL CREAM	5	
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>oxiconazole nitrate external cream</i>	4	
<i>penciclovir external cream</i>	4	QL (5 GM per 30 days)
<i>permethrin external cream</i>	3	
<i>selenium sulfide external lotion</i>	2	
<i>silver sulfadiazine external cream</i>	2	
<i>spinosad external suspension</i>	4	
SSD EXTERNAL CREAM	2	
<i>sulfacetamide sodium (acne) external lotion</i>	4	
<i>tavaborole external solution</i>	4	PA
<i>terconazole vaginal cream 0.4 %</i>	2	
<i>terconazole vaginal cream 0.8 %</i>	3	
<i>terconazole vaginal suppository</i>	4	
Anti-Inflammatory Agents		
<i>alclometasone dipropionate external cream</i>	3	
<i>alclometasone dipropionate external ointment</i>	3	
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	4	
<i>betamethasone dipropionate aug external lotion</i>	4	
<i>betamethasone dipropionate aug external ointment</i>	4	
<i>betamethasone dipropionate external cream</i>	3	
<i>betamethasone dipropionate external lotion</i>	3	
<i>betamethasone dipropionate external ointment</i>	3	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external lotion</i>	3	
<i>betamethasone valerate external ointment</i>	2	
<i>clobetasol propionate e external cream</i>	4	
<i>clobetasol propionate external cream 0.05 %</i>	4	
<i>clobetasol propionate external gel</i>	4	
<i>clobetasol propionate external ointment</i>	4	
<i>clobetasol propionate external shampoo</i>	4	
<i>clobetasol propionate external solution</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone external cream</i>	4	
<i>diclofenac sodium external solution 1.5 %</i>	4	
<i>fluocinolone acetonide external cream</i>	4	
<i>fluocinolone acetonide external ointment</i>	3	
<i>fluocinolone acetonide external solution</i>	4	
<i>fluocinonide emulsified base external cream</i>	3	
<i>fluocinonide external cream 0.05 %</i>	3	
<i>fluocinonide external gel</i>	4	
<i>fluocinonide external ointment</i>	4	
<i>fluocinonide external solution</i>	3	
<i>fluticasone propionate external cream</i>	2	
<i>halobetasol propionate external cream</i>	4	
<i>halobetasol propionate external ointment</i>	4	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone external cream 1 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone rectal enema</i>	4	
<i>hydrocortisone valerate external ointment</i>	4	
<i>mometasone furoate external cream</i>	2	
<i>mometasone furoate external ointment</i>	2	
<i>mometasone furoate external solution</i>	2	
PROCTO-MED HC EXTERNAL CREAM	2	
PROCTOSOL HC EXTERNAL CREAM	2	
PROCTOZONE-HC EXTERNAL CREAM	2	
<i>triamcinolone acetonide external cream</i>	2	
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide mouth/throat paste</i>	3	
Skin And Mucous Membrane Agents, Misc		
<i>acitretin oral capsule</i>	4	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>azelaic acid external gel</i>	4	
AZELEX EXTERNAL CREAM	4	
<i>bexarotene external gel</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene external cream</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	4	
<i>calcipotriene external solution</i>	3	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA
<i>doxycycline oral capsule delayed release</i>	4	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
FINACEA EXTERNAL FOAM	4	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution</i>	3	QL (10 ML per 30 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>imiquimod external cream 5 %</i>	2	
<i>imiquimod pump external cream</i>	2	
KLISYRI (250 MG) EXTERNAL OINTMENT	5	PA
PANRETIN EXTERNAL GEL	5	
<i>pimecrolimus external cream</i>	4	
<i>podofilox external solution</i>	4	
QBREXZA EXTERNAL PAD	4	PA; QL (30 EA per 30 days)
REGRANEX EXTERNAL GEL	5	
SANTYL EXTERNAL OINTMENT	4	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (3 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (3 ML per 84 days)
<i>tacrolimus external ointment</i>	4	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
<i>tazarotene external cream 0.1 %</i>	3	
VALCHLOR EXTERNAL GEL	5	PA; QL (60 GM per 30 days)
Smooth Muscle Relaxants		
Genitourinary Smooth Muscle Relaxants		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Drug Name	Drug Tier Requirements/Limits
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	3
GEMTESA ORAL TABLET	4
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2
<i>oxybutynin chloride oral tablet 5 mg</i>	2
<i>solifenacin succinate oral tablet</i>	3
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	4
<i>tolterodine tartrate oral tablet</i>	3
<i>trospium chloride er oral capsule extended release 24 hour</i>	4
<i>trospium chloride oral tablet</i>	3
Respiratory Smooth Muscle Relaxants	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	4
<i>theophylline er oral tablet extended release 24 hour 400 mg</i>	3
<i>theophylline er oral tablet extended release 24 hour 600 mg</i>	4
Vitamins	
Multivitamin Preparations	
<i>prenatal oral tablet 27-1 mg</i>	2
Vitamin D	
<i>calcitriol oral capsule</i>	2
<i>paricalcitol oral capsule 1 mcg</i>	4
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
10/15/2025

Index

<i>abacavir sulfate</i>	12	<i>amantadine hcl</i>	39	<i>atomoxetine hcl</i>	41
<i>abacavir sulfate-lamivudine</i>	12	<i>ambrisentan</i>	71	<i>atorvastatin calcium</i>	28
ABELCET.....	10	<i>amikacin sulfate</i>	7	<i>atovaquone</i>	11
ABILIFY ASIMTUFII.....	42	<i>amiloride hcl</i>	47	<i>atovaquone-proguanil hcl</i>	11
ABILIFY MAINTENA.....	42	<i>amiloride-hydrochlorothiazide</i>	47	<i>atropine sulfate</i>	52
<i>abiraterone acetate</i>	15	<i>amiodarone hcl</i>	31	ATROVENT HFA.....	23
ABIRTEGA.....	15	<i>amitriptyline hcl</i>	42	AUBRA EQ.....	60
ABRYSVO.....	21	<i>amlodipine besy-benazepril hcl</i> ..	30	AUGTYRO.....	15
<i>acamprosate calcium</i>	7	<i>amlodipine besylate</i>	30	AUSTEDO.....	46
<i>acarbose</i>	56	<i>amlodipine besylate-valsartan</i>	30	AUSTEDO XR.....	46
ACCUTANE.....	72	<i>amlodipine-atorvastatin</i>	30	AUVELITY.....	42
<i>acebutolol hcl</i>	29	<i>amlodipine-olmesartan</i>	30	AVIANE.....	60
<i>acetaminophen-codeine</i>	33	<i>amlodipine-valsartan-hctz</i>	30	AVMAPKI FAKZYNJA CO-	
<i>acetazolamide</i>	49	<i>ammonium lactate</i>	72	PACK.....	15
<i>acetazolamide er</i>	49	AMNESTEEM.....	72	AVONEX PEN.....	68
<i>acetic acid</i>	52	<i>amoxapine</i>	42	AVONEX PREFILLED.....	68
<i>acetylcysteine</i>	66	<i>amoxicillin</i>	7	AYVAKIT.....	15
<i>acitretin</i>	75	<i>amoxicillin-pot clavulanate</i>	7	<i>azathioprine</i>	69
ACTHIB.....	21	<i>amoxicillin-pot clavulanate er</i>	7	<i>azelaic acid</i>	75
ACTIMMUNE.....	68	<i>amphetamine-dextroamphet er</i> ..	35	<i>azelastine hcl</i>	49
<i>acyclovir</i>	12, 73	<i>amphetamine-</i>		<i>azelastine-fluticasone</i>	49
<i>acyclovir sodium</i>	12	<i>dextroamphetamine</i>	35	AZELEX.....	75
ADACEL.....	21	<i>amphotericin b</i>	10	<i>azithromycin</i>	7
<i>adalimumab-aacf (2 pen)</i>	65	<i>amphotericin b liposome</i>	10	<i>aztreonam</i>	7
<i>adalimumab-aacf (2 syringe)</i>	65	<i>ampicillin</i>	7	<i>bacitracin</i>	50
<i>adalimumab-aacf(cdluc/hs str)</i> ..	65	<i>ampicillin sodium</i>	7	<i>bacitracin-polymyxin b</i>	50
<i>adalimumab-aacf(ps/uv starter)</i> ..	66	<i>ampicillin-sulbactam sodium</i>	7	<i>bacitra-neomycin-polymyxin-hc</i> ..	51
<i>adapalene</i>	72	AMPYRA.....	70	<i>baclofen</i>	24
ADBRY.....	72, 75	<i>anagrelide hcl</i>	26	<i>balsalazide disodium</i>	52
<i>adefovir dipivoxil</i>	12	<i>anastrozole</i>	63	BALVERSA.....	15
ADEMPAS.....	71	ANORO ELLIPTA.....	23	BALZIVA.....	60
ADVAIR HFA.....	25	<i>apraclonidine hcl</i>	52	BANZEL.....	35
AIMOVIG.....	39	<i>aprepitant</i>	52	BAQSIMI ONE PACK.....	59
AKEEGA.....	15	APRI.....	60	BASAGLAR KWIKPEN.....	56
<i>albendazole</i>	7	APTOM.....	35	BASAGLAR TEMPO PEN.....	56
<i>albuterol sulfate</i>	25	APTIVUS.....	12	<i>bcg vaccine</i>	21
<i>albuterol sulfate hfa</i>	25	ARANELLE.....	60	BELSOMRA.....	40
<i>alclometasone dipropionate</i>	74	ARANESP (ALBUMIN FREE)....	27	<i>benazepril hcl</i>	32
ALECENSA.....	15	AREXVY.....	21	<i>benazepril-hydrochlorothiazide</i> ..	32
<i>alendronate sodium</i>	66, 67	<i>arformoterol tartrate</i>	25	BENLYSTA.....	69
<i>alfuzosin hcl er</i>	25	ARIKAYCE.....	7	<i>benzoyl peroxide-erythromycin</i> ..	73
<i>aliskiren fumarate</i>	32	<i>aripiprazole</i>	42	<i>benztropine mesylate</i>	39
<i>allopurinol</i>	66	ARISTADA.....	42	BERINERT.....	67
<i>almotriptan malate</i>	39	ARISTADA INITIO.....	42	BESREMI.....	15
<i>alogliptin benzoate</i>	56	<i>armodafinil</i>	35	<i>betamethasone dipropionate</i>	74
<i>alogliptin-metformin hcl</i>	56	ARNUIITY ELLIPTA.....	55	<i>betamethasone dipropionate</i>	
<i>alogliptin-pioglitazone</i>	56	<i>asenapine maleate</i>	42	<i>aug</i>	74
<i>alose tron hcl</i>	52	<i>aspirin-dipyridamole er</i>	26	<i>betamethasone valerate</i>	74
ALPHAGAN P.....	49	ASSURE ID INSULIN SAFETY		BETASERON.....	68
<i>alprazolam</i>	40	SYR.....	47	<i>betaxolol hcl</i>	29, 49
ALTAVERA.....	60	<i>atazanavir sulfate</i>	12	<i>bethanechol chloride</i>	24
ALUNBRIG.....	15	<i>atenolol</i>	29	<i>bexarotene</i>	15, 75
<i>alyacen 1/35</i>	60	<i>atenolol-chlorthalidone</i>	29	BEXSERO.....	21

10/15/2025

<i>bicalutamide</i>	15	<i>carbidopa</i>	39	CLIMARA PRO.....	63
BICILLIN L-A.....	8	<i>carbidopa-levodopa</i>	40	<i>clindamycin hcl</i>	8
BIKTARVY.....	12	<i>carbidopa-levodopa er</i>	40	<i>clindamycin palmitate hcl</i>	8
<i>bisoprolol fumarate</i>	29	<i>carbidopa-levodopa-</i>		<i>clindamycin phos (once-daily)</i>	71
<i>bisoprolol-hydrochlorothiazide</i>	29	<i>entacapone</i>	40	<i>clindamycin phos (twice-daily)</i>	71
BLISOVI 24 FE.....	60	<i>carisoprodol</i>	24	<i>clindamycin phos-benzoyl</i>	
BLISOVI FE 1.5/30.....	60	<i>carteolol hcl</i>	49	<i>perox</i>	73
BONSITY.....	64	CARTIA XT.....	30	<i>clindamycin phosphate</i>	9, 73
BOOSTRIX.....	21	<i>carvedilol</i>	29	<i>clindamycin phosphate in d5w</i>	9
<i>bosentan</i>	71	<i>carvedilol phosphate er</i>	29	<i>clobazam</i>	36
BOSULIF.....	15	<i>caspofungin acetate</i>	10	<i>clobetasol propionate</i>	74
BRAFTOVI.....	15	CAYSTON.....	8	<i>clobetasol propionate e</i>	74
BREO ELLIPTA.....	55	<i>cefaclor</i>	8	<i>clomipramine hcl</i>	42
BREZTRI AEROSPHERE.....	55	<i>cefadroxil</i>	8	<i>clonazepam</i>	36
<i>briellyn</i>	60	<i>cefazolin sodium</i>	8	<i>clonidine</i>	31
BRILINTA.....	26	<i>cefdinir</i>	8	<i>clonidine hcl</i>	31
<i>brimonidine tartrate</i>	49	<i>cefepime hcl</i>	8	<i>clonidine hcl er</i>	31
<i>brimonidine tartrate-timolol</i>	49	<i>cefixime</i>	8	<i>clopidogrel bisulfate</i>	26
<i>brinzolamide</i>	49	<i>cefoxitin sodium</i>	8	<i>clorazepate dipotassium</i>	40
BRIVIACT.....	35	<i>cefpodoxime proxetil</i>	8	<i>clotrimazole</i>	73
<i>bromocriptine mesylate</i>	39	<i>cefprozil</i>	8	<i>clotrimazole-betamethasone</i>	73
BROVANA.....	25	<i>ceftazidime</i>	8	<i>clozapine</i>	43
BRUKINSA.....	16	<i>ceftriaxone sodium</i>	8	COARTEM.....	11
<i>budesonide</i>	55	<i>cefuroxime axetil</i>	8	COBENFY.....	43
<i>budesonide er</i>	55	<i>cefuroxime sodium</i>	8	COBENFY STARTER PACK.....	43
<i>budesonide-formoterol</i>		<i>celecoxib</i>	33, 34	<i>colchicine</i>	66
<i>fumarate</i>	55	<i>cephalexin</i>	8	<i>colchicine-probenecid</i>	49
<i>bumetanide</i>	47	<i>cevimeline hcl</i>	24	<i>colesevelam hcl</i>	28
<i>buprenorphine</i>	33	<i>chlordiazepoxide-amitriptyline</i>	42	<i>colestipol hcl</i>	28
<i>buprenorphine hcl</i>	33	<i>chlordiazepoxide-clidinium</i>	23	<i>colistimethate sodium (cba)</i>	9
<i>buprenorphine hcl-naloxone hcl</i>	33	<i>chlorhexidine gluconate</i>	50	COMBIGAN.....	49
<i>bupropion hcl</i>	42	<i>chloroquine phosphate</i>	11	COMBIPATCH.....	63
<i>bupropion hcl er (smoking det)</i>	42	<i>chlorpromazine hcl</i>	42	COMBIVENT RESPIMAT.....	25
<i>bupropion hcl er (sr)</i>	42	<i>chlorthalidone</i>	47	COMETRIQ (100 MG DAILY	
<i>bupropion hcl er (xl)</i>	42	CHOLBAM.....	53	DOSE).....	16
<i>buspirone hcl</i>	40	<i>cholestyramine</i>	28	COMETRIQ (140 MG DAILY	
<i>butalbital-acetaminophen</i>	33	<i>cholestyramine light</i>	28	DOSE).....	16
<i>butalbital-apap-caffeine</i>	33	CIBINQO.....	67	COMETRIQ (60 MG DAILY	
<i>butalbital-aspirin-caffeine</i>	33	<i>ciclopirox</i>	73	DOSE).....	16
<i>butorphanol tartrate</i>	33	<i>ciclopirox olamine</i>	73	COMFORT ASSIST INSULIN	
<i>cabergoline</i>	39	<i>cilostazol</i>	26	SYRINGE.....	47
CABOMETYX.....	16	CILOXAN.....	50	COMPLERA.....	12
<i>calcipotriene</i>	76	CIMDUO.....	12	COMPRO.....	43
<i>calcitonin (salmon)</i>	64	<i>cimetidine</i>	53	<i>constulose</i>	47
<i>calcitriol</i>	77	CIMZIA.....	67	COPAXONE.....	68
CALQUENCE.....	16	CIMZIA (2 SYRINGE).....	67	COPIKTRA.....	16
CAMILA.....	60	<i>cinacalcet hcl</i>	64	CORLANOR.....	31
<i>candesartan cilexetil</i>	32	<i>ciprofloxacin hcl</i>	8, 50	COSENTYX.....	76
<i>candesartan cilexetil-hctz</i>	32	<i>ciprofloxacin in d5w</i>	8	COSENTYX (300 MG DOSE)....	76
CAPLYTA.....	42	<i>ciprofloxacin-dexamethasone</i>	51	COSENTYX SENSOREADY	
CAPRELSA.....	16	<i>citalopram hydrobromide</i>	42	(300 MG).....	66
<i>captopril</i>	32	<i>clarithromycin</i>	8	COSENTYX UNOREADY.....	66
<i>carbamazepine</i>	36	<i>clarithromycin er</i>	8	COTELLIC.....	16
<i>carbamazepine er</i>	35, 36	CLENPIQ.....	53	CRENESSITY.....	64

CREON.....	54	<i>dicloxacillin sodium</i>	9	ELMIRON.....	70
CRESEMBA.....	10	<i>dicyclomine hcl</i>	23	<i>eltrombopag olamine</i>	26
<i>cromolyn sodium</i>	49, 70	DIFICID.....	9	ELURYNG.....	60
CRYSSELLE-28.....	60	<i>diflunisal</i>	34	EMGALITY.....	39
<i>cvs gauze sterile</i>	47	<i>difluprednate</i>	51	EMGALITY (300 MG DOSE).....	39
<i>cyclobenzaprine hcl</i>	24	<i>digoxin</i>	31	EMSAM.....	40
<i>cyclobenzaprine hcl er</i>	24	<i>dihydroergotamine mesylate</i>	25	<i>emtricitabine</i>	12
<i>cyclophosphamide</i>	16	DILANTIN.....	36	<i>emtricitabine-tenofovir df</i>	12
<i>cyclosporine</i>	51, 69	<i>diltiazem hcl</i>	30	<i>emtricitab-rilpivir-tenofov df</i>	12
<i>cyclosporine modified</i>	69	<i>diltiazem hcl er</i>	30	EMTRIVA.....	12
<i>cyproheptadine hcl</i>	7	<i>diltiazem hcl er beads</i>	30	<i>enalapril maleate</i>	32
CYRED EQ.....	60	<i>diltiazem hcl er coated beads</i>	30	<i>enalapril-hydrochlorothiazide</i>	32
<i>dabigatran etexilate mesylate</i>	26	<i>dilt-xr</i>	30	ENBREL.....	67
<i>dalfampridine er</i>	70	<i>dimethyl fumarate</i>	68	ENBREL MINI.....	67
<i>danazol</i>	55	<i>dimethyl fumarate starter pack</i>	68	ENBREL SURECLICK.....	67
<i>dantrolene sodium</i>	24	<i>diphenoxylate-atropine</i>	52	ENDARI.....	70
DANZITEN.....	16	<i>dipyridamole</i>	33	ENGERIX-B.....	21, 22
<i>dapagliflozin propanediol</i>	56	<i>disopyramide phosphate</i>	31	ENILLORING.....	60
<i>dapsone</i>	11	<i>disulfiram</i>	7	<i>enoxaparin sodium</i>	26
DAPTACEL.....	21	<i>divalproex sodium</i>	36	ENSKYCE.....	60
<i>daptomycin</i>	9	<i>divalproex sodium er</i>	36	<i>entacapone</i>	40
<i>darifenacin hydrobromide er</i>	76	<i>dofetilide</i>	31	<i>entecavir</i>	12
<i>darunavir</i>	12	DOLISHALE.....	60	ENTRESTO.....	32
<i>dasatinib</i>	16	<i>donepezil hcl</i>	24	ENTYVIO PEN.....	54
DAURISMO.....	16	DOPTelet.....	27	<i>enulose</i>	47
DEBLITANE.....	60	<i>dorzolamide hcl</i>	50	ENVARUS XR.....	69
<i>deferasirox</i>	54	<i>dorzolamide hcl-timolol mal</i>	50	EPCLUSA.....	12
<i>deferiprone</i>	54	DOTTI.....	63	EPIDIOLEX.....	36
<i>deflazacort</i>	55	DOVATO.....	12	<i>epinastine hcl</i>	49
DELSTRIGO.....	12	<i>doxazosin mesylate</i>	28	<i>epinephrine</i>	25
DEPO-SUBQ PROVERA 104....	64	<i>doxepin hcl</i>	43, 72	EPITOL.....	36
DESCOVY.....	12	DOXY 100.....	9	<i>eplerenone</i>	32
<i>desipramine hcl</i>	43	<i>doxycycline</i>	76	EPOGEN.....	27
<i>desloratadine</i>	7	<i>doxycycline hyclate</i>	9	EPRONTIA.....	36
<i>desmopressin ace spray refrig</i> ...	64	<i>doxycycline monohydrate</i>	9	EQUETRO.....	36
<i>desmopressin acetate</i>	64	DRIZALMA SPRINKLE.....	43	<i>ergotamine-caffeine</i>	39
<i>desoximetasone</i>	75	<i>dronabinol</i>	52	ERIVEDGE.....	16
<i>desvenlafaxine er</i>	43	<i>drospirenone-ethinyl estradiol</i>	60	ERLEADA.....	16
<i>desvenlafaxine succinate er</i>	43	<i>droxidopa</i>	25	<i>erlotinib hcl</i>	16
<i>dexamethasone</i>	55	DULERA.....	55	ERRIN.....	60
<i>dexamethasone sodium</i>		<i>duloxetine hcl</i>	43	<i>ertapenem sodium</i>	9
<i>phosphate</i>	51	DUPIXENT.....	72, 76	<i>ery</i>	73
<i>dextroamphetamine sulfate</i>	35	<i>dutasteride</i>	66	<i>erythromycin</i>	9, 50, 73
<i>dextrose</i>	47	<i>dutasteride-tamsulosin hcl</i>	66	<i>erythromycin base</i>	9
<i>dextrose-sodium chloride</i>	48	<i>econazole nitrate</i>	73	<i>erythromycin ethylsuccinate</i>	9
DIACOMIT.....	36	EDURANT.....	12	<i>escitalopram oxalate</i>	43
<i>diazepam</i>	36, 40	<i>efavirenz</i>	12	<i>eslicarbazepine acetate</i>	36
DIAZEPAM INTENSOL.....	40	<i>efavirenz-emtricitab-tenofo df</i>	12	<i>esomeprazole magnesium</i>	53
<i>diazoxide</i>	60	<i>efavirenz-lamivudine-tenofovir</i> ...	12	ESTARYLLA.....	60
<i>diclofenac epolamine</i>	34	<i>eletriptan hydrobromide</i>	39	<i>estradiol</i>	63
<i>diclofenac potassium</i>	34	ELIGARD.....	64	<i>estradiol valerate</i>	63
<i>diclofenac sodium</i>	34, 51, 75	ELIQUIS.....	26	ESTRING.....	63
<i>diclofenac sodium er</i>	34	ELIQUIS DVT/PE STARTER		<i>eszopiclone</i>	40
<i>diclofenac-misoprostol</i>	34	PACK.....	26	<i>ethambutol hcl</i>	11

<i>ethosuximide</i>	36	<i>fluocinolone acetonide scalp</i>	72	GILOTRIF.....	16
<i>etodolac</i>	34	<i>fluocinonide</i>	75	<i>glatiramer acetate</i>	68
<i>etodolac er</i>	34	<i>fluocinonide emulsified base</i>	75	GLATOPA.....	69
<i>etonogestrel-ethinyl estradiol</i>	60	<i>fluorometholone</i>	51	GLEOSTINE.....	16
<i>etravirine</i>	12	<i>fluorouracil</i>	76	<i>glimepiride</i>	56
EUCRISA.....	72	<i>fluoxetine hcl</i>	43	<i>glipizide</i>	56
EULEXIN.....	16	<i>fluphenazine decanoate</i>	43	<i>glipizide er</i>	56
EVENITY.....	70	<i>fluphenazine hcl</i>	43, 44	<i>glipizide-metformin hcl</i>	56
<i>everolimus</i>	16, 69	<i>flurbiprofen</i>	34	<i>global alcohol prep ease</i>	47
EVOTAZ.....	13	<i>flurbiprofen sodium</i>	51	<i>glucagon emergency</i>	60
EXEL COMFORT POINT PEN		<i>fluticasone propionate</i>	51, 75	<i>glyburide</i>	57
NEEDLE.....	47	<i>fluticasone-salmeterol</i>	25	<i>glyburide micronized</i>	57
<i>exemestane</i>	63	<i>fluvastatin sodium</i>	28	<i>glyburide-metformin</i>	57
<i>exenatide</i>	56	<i>fluvastatin sodium er</i>	28	<i>glycopyrrolate</i>	23
EYSUVIS.....	51	<i>fluvoxamine maleate</i>	44	GLYXAMBI.....	57
<i>ezetimibe</i>	28	<i>fondaparinux sodium</i>	26	GOCOVRI.....	40
<i>ezetimibe-simvastatin</i>	28	<i>formoterol fumarate</i>	25	GOMEKLI.....	16
FALMINA.....	60	FORTEO.....	64	<i>granisetron hcl</i>	52
<i>famciclovir</i>	13	<i>fosamprenavir calcium</i>	13	GRANIX.....	27
<i>famotidine</i>	53	<i>fosfomycin tromethamine</i>	15	GRASTEK.....	21
FANAPT.....	43	<i>fosinopril sodium</i>	32	<i>griseofulvin microsize</i>	10
FANAPT TITRATION PACK A...	43	<i>fosinopril sodium-hctz</i>	32	<i>griseofulvin ultramicrosize</i>	10
FARXIGA.....	56	FOTIVDA.....	16	<i>guanfacine hcl</i>	31
FASENRA.....	70	<i>frovatriptan succinate</i>	39	<i>guanfacine hcl er</i>	41
FASENRA PEN.....	70	FRUZAQLA.....	16	GVOKE HYPOPEN 2-PACK.....	60
<i>febuxostat</i>	66	FULPHILA.....	27	GVOKE KIT.....	60
<i>felbamate</i>	36	<i>furosemide</i>	47	GVOKE PFS.....	60
<i>felodipine er</i>	30	FYCOMPA.....	36, 37	HAEGARDA.....	67
FEMRING.....	63	<i>gabapentin</i>	37	HAILEY 24 FE.....	60
<i>fenofibrate</i>	28	GALAFOLD.....	49	<i>halobetasol propionate</i>	75
<i>fenofibrate micronized</i>	28	<i>galantamine hydrobromide</i>	24	HALOETTE.....	60
<i>fenofibric acid</i>	28	<i>galantamine hydrobromide er</i>	24	<i>haloperidol</i>	44
<i>fentanyl</i>	34	GALLIFREY.....	64	<i>haloperidol decanoate</i>	44
FERRIPROX.....	54	GAMMAGARD.....	21	<i>haloperidol lactate</i>	44
FERRIPROX TWICE-A-DAY.....	54	GAMMAGARD S/D LESS IGA...	21	HARVONI.....	13
<i>fesoterodine fumarate er</i>	77	GAMMAKED.....	21	HAVRIX.....	22
FETZIMA.....	43	GAMMAPLEX.....	21	HEATHER.....	60
FETZIMA TITRATION.....	43	GAMUNEX-C.....	21	<i>heparin sodium (porcine)</i>	26
FIASP.....	56	GARDASIL 9.....	22	HEPLISAV-B.....	22
FIASP FLEXTOUCH.....	56	<i>gatifloxacin</i>	50	HIBERIX.....	22
FIASP PENFILL.....	56	GATTEX.....	54	HUMALOG.....	57
FINACEA.....	76	GAVILYTE-C.....	53	HUMALOG JUNIOR KWIKPEN.....	57
<i>finasteride</i>	66	GAVILYTE-G.....	53	HUMALOG KWIKPEN.....	57
<i>fingolimod hcl</i>	68	GAVILYTE-N WITH FLAVOR		HUMALOG MIX 50/50	
FINTEPLA.....	36	PACK.....	53	KWIKPEN.....	57
FIRAZYR.....	67	GAVRETO.....	16	HUMALOG MIX 75/25.....	57
FIRMAGON.....	64	<i>gefitinib</i>	16	HUMALOG MIX 75/25	
<i>flecainide acetate</i>	31	<i>gemfibrozil</i>	28	KWIKPEN.....	57
<i>fluconazole</i>	10	GEMTESA.....	77	HUMALOG TEMPO PEN.....	57
<i>fluconazole in sodium chloride</i> ...	10	GENGRAF.....	69	HUMATROPE.....	65
<i>flucytosine</i>	10	GENOTROPIN.....	65	HUMULIN 70/30.....	57
<i>fludrocortisone acetate</i>	55	<i>gentamicin sulfate</i>	9, 50, 73	HUMULIN 70/30 KWIKPEN.....	57
<i>flunisolide</i>	51	GENVOYA.....	13	HUMULIN N.....	57
<i>fluocinolone acetonide</i>	51, 75	GILENYA.....	68	HUMULIN N KWIKPEN.....	57

HUMULIN R.....	57	INVEGA SUSTENNA.....	44	KESIMPTA.....	69
HUMULIN R U-500		INVEGA TRINZA.....	44	<i>ketoconazole</i>	11, 73
(CONCENTRATED).....	57	IPOL.....	22	<i>ketorolac tromethamine</i>	34, 51
HUMULIN R U-500 KWIKPEN...	57	<i>ipratropium bromide</i>	23	KEVZARA.....	67
<i>hydralazine hcl</i>	31	<i>ipratropium-albuterol</i>	25	KINERET.....	67
<i>hydrochlorothiazide</i>	47	<i>irbesartan</i>	32	KINRIX.....	21
<i>hydrocodone-acetaminophen</i>	34	<i>irbesartan-hydrochlorothiazide</i> ...	32	KISQALI (200 MG DOSE).....	17
<i>hydrocodone-ibuprofen</i>	34	ISENTRESS.....	13	KISQALI (400 MG DOSE).....	17
<i>hydrocortisone</i>	55, 75	ISENTRESS HD.....	13	KISQALI (600 MG DOSE).....	17
<i>hydrocortisone (perianal)</i>	75	ISIBLOOM.....	60	KISQALI FEMARA (400 MG	
<i>hydrocortisone valerate</i>	75	ISOLYTE-P IN D5W.....	48	DOSE).....	63
<i>hydrocortisone-acetic acid</i>	51	ISOLYTE-S PH 7.4.....	48	KISQALI FEMARA (600 MG	
<i>hydromorphone hcl</i>	34	<i>isoniazid</i>	11	DOSE).....	63
<i>hydroxychloroquine sulfate</i>	11	<i>isosorb dinitrate-hydralazine</i>	33	KLISYRI (250 MG).....	76
<i>hydroxyurea</i>	16	<i>isosorbide dinitrate</i>	33	KLOR-CON.....	48
<i>hydroxyzine hcl</i>	40, 41	<i>isosorbide mononitrate</i>	33	KLOR-CON 10.....	48
<i>hydroxyzine pamoate</i>	41	<i>isosorbide mononitrate er</i>	33	KLOR-CON M10.....	48
<i>ibandronate sodium</i>	67	<i>isotretinoin</i>	72, 73	KLOR-CON M15.....	48
IBRANCE.....	16	<i>isradipine</i>	30	KLOR-CON M20.....	48
IBU.....	34	ITOVEBI.....	17	KLOXXADO.....	42
<i>ibuprofen</i>	34	<i>itraconazole</i>	11	KOSELUGO.....	17
ICLEVIA.....	60	<i>ivabradine hcl</i>	31	KRAZATI.....	17
ICLUSIG.....	16	<i>ivermectin</i>	7, 73	KURVELO.....	61
<i>icosapent ethyl</i>	29	IWILFIN.....	17	<i>labetalol hcl</i>	29
IDHIFA.....	16	IXCHIQ.....	22	<i>lacosamide</i>	37
ILEVRO.....	51	IXIARO.....	22	<i>lactulose</i>	47
ILUMYA.....	76	JAKAFI.....	17	LAMICTAL ODT.....	37
<i>imatinib mesylate</i>	16	JANTOVEN.....	26	<i>lamivudine</i>	13
IMBRUVICA.....	17	JANUMET.....	57	<i>lamivudine-zidovudine</i>	13
<i>imipenem-cilastatin</i>	9	JANUMET XR.....	57, 58	<i>lamotrigine</i>	37
<i>imipramine hcl</i>	44	JANUVIA.....	58	<i>lamotrigine er</i>	37
<i>imiquimod</i>	76	JARDIANCE.....	58	<i>lansoprazole</i>	53
<i>imiquimod pump</i>	76	JASMIEL.....	61	LANTUS.....	58
<i>imkeldi</i>	17	JATENZO.....	55, 56	LANTUS SOLOSTAR.....	58
IMOVAX RABIES.....	22	JAYPIRCA.....	17	<i>lapatinib ditosylate</i>	17
IMPAVIDO.....	11	JINTELI.....	63	LARIN 1.5/30.....	61
INBRIJA.....	40	JUBBONTI.....	67	LARIN 1/20.....	61
INCASSIA.....	60	JUBLIA.....	73	LARIN FE 1.5/30.....	61
INCRELEX.....	65	JULEBER.....	61	LARIN FE 1/20.....	61
INCRUSE ELLIPTA.....	23	JULUCA.....	13	<i>latanoprost</i>	50
<i>indapamide</i>	47	JUNEL 1.5/30.....	61	LATUDA.....	44
<i>indomethacin</i>	34	JUNEL 1/20.....	61	LAZCLUZE.....	17
<i>indomethacin er</i>	34	JUNEL FE 1.5/30.....	61	<i>leflunomide</i>	67
INFANRIX.....	21	JUNEL FE 1/20.....	61	<i>lenalidomide</i>	17
INLYTA.....	17	JUNEL FE 24.....	61	LENVIMA (10 MG DAILY	
INQOVI.....	17	JYNARQUE.....	48	DOSE).....	17
INREBIC.....	17	JYNNEOS.....	22	LENVIMA (12 MG DAILY	
<i>insulin lispro</i>	57	KALETRA.....	13	DOSE).....	17
<i>insulin lispro (1 unit dial)</i>	57	KALYDECO.....	71	LENVIMA (14 MG DAILY	
<i>insulin lispro junior kwikpen</i>	57	KARIVA.....	61	DOSE).....	17
<i>insulin lispro prot & lispro</i>	57	<i>kcl in dextrose-nacl</i>	48	LENVIMA (18 MG DAILY	
INTELENCE.....	13	KELNOR 1/35.....	61	DOSE).....	17
INTRAROSA.....	55	KELNOR 1/50.....	61	LENVIMA (20 MG DAILY	
INVEGA HAFYERA.....	44	KERENDIA.....	32	DOSE).....	17

LENVIMA (24 MG DAILY DOSE).....	17	LOTEMAX SM.....	51	methazolamide.....	50
LENVIMA (4 MG DAILY DOSE).....	17	loteprednol etabonate.....	51	methenamine hippurate.....	15
LENVIMA (8 MG DAILY DOSE).....	17	lovastatin.....	29	methimazole.....	65
LESSINA.....	61	LOW-OGESTREL.....	61	methocarbamol.....	24
LETAIRIS.....	71	loxapine succinate.....	44	methotrexate sodium.....	18
letrozole.....	63	lubiprostone.....	54	methotrexate sodium (pf).....	18
leucovorin calcium.....	66	LUMAKRAS.....	18	methscopolamine bromide.....	23
LEUKERAN.....	17	LUMIGAN.....	50	methsuximide.....	37
leuprolide acetate.....	64	LUPRON DEPOT (1-MONTH).....	64	methyphenidate hcl.....	35
levabuterol hcl.....	25	LUPRON DEPOT (3-MONTH).....	64	methyphenidate hcl er (xr).....	35
levabuterol tartrate.....	25	lurasidone hcl.....	44	methyprednisolone.....	55
levetiracetam.....	37	LUTERA.....	61	metoclopramide hcl.....	54
levetiracetam er.....	37	LYBALVI.....	44	metolazone.....	48
levobunolol hcl.....	50	LYLEQ.....	61	metoprolol succinate er.....	29
levocetirizine dihydrochloride.....	7	LYNPARZA.....	18	metoprolol tartrate.....	29
levofloxacin.....	9	LYSODREN.....	18	metoprolol-hydrochlorothiazide.....	29
levofloxacin in d5w.....	9	LYTGOBI (12 MG DAILY DOSE).....	18	metronidazole.....	11, 73
LEVONEST.....	61	LYTGOBI (16 MG DAILY DOSE).....	18	metyrosine.....	47
levonorgest-eth estrad 91-day.....	61	LYTGOBI (20 MG DAILY DOSE).....	18	mexiletine hcl.....	31
levonorgestrel-ethinyl estrad.....	61	LYZA.....	61	micalfungin sodium.....	11
levonorg-eth estrad triphasic.....	61	magnesium sulfate.....	37	MICROGESTIN 1.5/30.....	61
LEVORA 0.15/30 (28).....	61	maraviroc.....	13	MICROGESTIN 1/20.....	61
levothyroxine sodium.....	65	marlissa.....	61	MICROGESTIN FE 1.5/30.....	61
LEVOXYL.....	65	MARPLAN.....	44	MICROGESTIN FE 1/20.....	61
L-glutamine.....	70	MATULANE.....	18	midodrine hcl.....	25
lidocaine.....	72	MATZIM LA.....	30	MIEBO.....	52
lidocaine hcl.....	72	MAVYRET.....	13	mifepristone.....	58
lidocaine viscous hcl.....	52	meclizine hcl.....	52	miglitol.....	58
lidocaine-prilocaine.....	72	medroxyprogesterone acetate.....	64	miglustat.....	70
LIDOCAN.....	72	mefloquine hcl.....	11	MILI.....	61
LILETTA (52 MG).....	61	megestrol acetate.....	64	minocycline hcl.....	9
linezolid.....	9	MEKINIST.....	18	minoxidil.....	31
LINZESS.....	54	MEKTOVI.....	18	mirtazapine.....	44
liothyronine sodium.....	65	meloxicam.....	34	misoprostol.....	53
liraglutide.....	58	memantine hcl.....	41	M-M-R II.....	22
lisinopril.....	32	memantine hcl er.....	41	modafinil.....	35
lisinopril-hydrochlorothiazide.....	32	memantine hcl-donepezil hcl.....	41	moexipril hcl.....	32
lithium carbonate.....	38	MENOSTAR.....	63	molindone hcl.....	44
lithium carbonate er.....	38	MENQUADFI.....	22	mometasone furoate.....	51, 75
LITHOSTAT.....	47	MENVEO.....	22	montelukast sodium.....	70
LIVALO.....	29	mercaptapurine.....	18	morphine sulfate.....	34
LIVTENCITY.....	13	meropenem.....	9	morphine sulfate (concentrate).....	34
LOKELMA.....	48	mesalamine.....	53	morphine sulfate er.....	34
LONSURF.....	17	mesalamine er.....	52	MOUNJARO.....	58
loperamide hcl.....	52	mesna.....	70	moxifloxacin hcl.....	9, 50
lopinavir-ritonavir.....	13	MESNEX.....	70	moxifloxacin hcl in nacl.....	9
lorazepam.....	41	metaxalone.....	24	MRESVIA.....	22
LORAZEPAM INTENSOL.....	41	metformin hcl.....	58	MULTAQ.....	31
LORBRENA.....	18	metformin hcl er.....	58	multiple electro type 1 ph 7.4.....	48
LORYNA.....	61	metformin hcl er (mod).....	58	mupirocin.....	74
losartan potassium.....	32	methadone hcl.....	34	mupirocin calcium.....	74
losartan potassium-hctz.....	32			mycophenolate mofetil.....	69, 70
LOTEMAX.....	51			mycophenolate sodium.....	70
				MYRBETRIQ.....	77

<i>na sulfate-k sulfate-mg sulf</i>	53	<i>norelgestromin-eth estradiol</i>	62	<i>olmesartan-amlodipine-hctz</i>	30
<i>nabumetone</i>	34	<i>norethindrone</i>	62	<i>olopatadine hcl</i>	49
<i>nadolol</i>	30	<i>norethindrone acetate</i>	64	OLUMIANT.....	67
<i>nafcillin sodium</i>	9	<i>norethindrone acet-ethinyl est</i>	62	<i>omega-3-acid ethyl esters</i>	29
<i>naftifine hcl</i>	72, 74	<i>norgestimate-eth estradiol</i>	62	<i>omeprazole</i>	53
<i>naloxone hcl</i>	41	<i>norgestim-eth estrad triphasic</i>	62	OMNITROPE.....	65
<i>naltrexone hcl</i>	41	NORITATE.....	74	<i>ondansetron</i>	52
NAMZARIC.....	41	NORTREL 0.5/35 (28).....	62	<i>ondansetron hcl</i>	52
<i>naproxen</i>	34, 35	NORTREL 1/35 (21).....	62	ONUREG.....	18
<i>naproxen dr</i>	34	NORTREL 1/35 (28).....	62	OPIPZA.....	45
<i>naproxen sodium</i>	35	NORTREL 7/7/7.....	62	OPSUMIT.....	71
<i>naproxen sodium er</i>	35	<i>nortriptyline hcl</i>	44	OPVEE.....	42
<i>naratriptan hcl</i>	39	NORVIR.....	13	ORENCIA.....	68
NATACYN.....	50	NOURIANZ.....	41	ORENCIA CLICKJECT.....	68
<i>nateglinide</i>	58	NOVOLIN 70/30.....	58	ORGOVYX.....	64
NAYZILAM.....	37	NOVOLIN 70/30 FLEXPEN.....	58	ORKAMBI.....	71
<i>nebivolol hcl</i>	30	NOVOLIN N.....	58	ORMALVI.....	31
NECON 0.5/35 (28).....	61	NOVOLIN N FLEXPEN.....	58	ORSERDU.....	18
<i>nefazodone hcl</i>	44	NOVOLIN R.....	58	<i>oseltamivir phosphate</i>	13
<i>neomycin sulfate</i>	9	NOVOLIN R FLEXPEN.....	58	OSPHENA.....	63
<i>neomycin-bacitracin zn-</i>		NOVOLOG.....	58	OTEZLA.....	66
<i>polymyx</i>	50	NOVOLOG FLEXPEN.....	58	OTREXUP.....	68
<i>neomycin-polymyxin-dexameth</i> ..	51	NOVOLOG MIX 70/30.....	59	<i>oxaprozin</i>	35
<i>neomycin-polymyxin-gramicidin</i> ..	50	NOVOLOG MIX 70/30		<i>oxcarbazepine</i>	37
<i>neomycin-polymyxin-hc</i>	51	FLEXPEN.....	58	OXERVATE.....	52
NERLYNX.....	18	NOVOLOG PENFILL.....	59	<i>oxiconazole nitrate</i>	74
NEULASTA.....	27	NUBEQA.....	18	<i>oxybutynin chloride</i>	77
NEUPOGEN.....	27	NUCALA.....	70, 71	<i>oxybutynin chloride er</i>	77
NEUPRO.....	40	NUDEXTA.....	41	<i>oxycodone hcl</i>	35
<i>nevirapine</i>	13	NUPLAZID.....	44	<i>oxycodone-acetaminophen</i>	35
<i>nevirapine er</i>	13	NURTEC.....	39	OZEMPIC (0.25 OR 0.5	
NEXLETOL.....	29	NUTROPIN AQ NUSPIN 10.....	65	MG/DOSE).....	59
NEXLIZET.....	29	NUTROPIN AQ NUSPIN 20.....	65	OZEMPIC (1 MG/DOSE).....	59
NEXPLANON.....	62	NUTROPIN AQ NUSPIN 5.....	65	OZEMPIC (2 MG/DOSE).....	59
<i>niacin er (antihyperlipidemic)</i>	29	NYAMYC.....	72	PACERONE.....	31
<i>nicardipine hcl</i>	30	NYLIA 1/35.....	62	<i>paliperidone er</i>	45
NICOTROL NS.....	24	NYLIA 7/7/7.....	62	PANCREAZE.....	54
<i>nifedipine er</i>	30	<i>nystatin</i>	11, 72, 74	PANRETIN.....	76
<i>nifedipine er osmotic release</i>	30	NYSTOP.....	72	<i>pantoprazole sodium</i>	53
NIKKI.....	62	OALIVA.....	54	<i>paricalcitol</i>	77
<i>nilotinib hcl</i>	18	OCTAGAM.....	21	<i>paroxetine hcl</i>	45
<i>nilutamide</i>	18	<i>octreotide acetate</i>	65	<i>paroxetine hcl er</i>	45
<i>nimodipine</i>	30	ODACTRA.....	21	<i>paroxetine mesylate</i>	45
NINLARO.....	18	ODEFSEY.....	13	PAXLOVID (150/100).....	13
<i>nitazoxanide</i>	11	ODOMZO.....	18	PAXLOVID (300/100 &	
NITRO-BID.....	33	OFEV.....	70	150/100).....	13
<i>nitrofurantoin</i>	15	<i>ofloxacin</i>	50	PAXLOVID (300/100).....	14
<i>nitrofurantoin macrocrystal</i>	15	OGSIVEO.....	18	<i>pazopanib hcl</i>	18
<i>nitrofurantoin monohyd macro</i>	15	OJEMDA.....	18	PEDIARIX.....	22
<i>nitroglycerin</i>	33, 72	OJJAARA.....	18	PEDVAX HIB.....	22
NITROSTAT.....	33	<i>olanzapine</i>	44, 45	<i>peg 3350-kcl-na bicarb-nacl</i>	53
NIVESTYM.....	27	<i>olanzapine-fluoxetine hcl</i>	45	<i>peg-3350/electrolytes</i>	53
NORA-BE.....	62	<i>olmesartan medoxomil</i>	32	<i>peg-3350/electrolytes/ascorbat</i> ..	53
NORDITROPIN FLEXPEN.....	65	<i>olmesartan medoxomil-hctz</i>	32	PEGASYS.....	14

PEMAZYRE.....	18	<i>prasugrel hcl</i>	26	QUESTRAN.....	29
PENBRAYA.....	22	<i>pravastatin sodium</i>	29	<i>quetiapine fumarate</i>	45
<i>penciclovir</i>	74	<i>praziquantel</i>	7	<i>quetiapine fumarate er</i>	45
<i>penicillamine</i>	54	<i>prazosin hcl</i>	28	<i>quinapril hcl</i>	32
<i>penicillin g sodium</i>	9	<i>prednisolone</i>	55	<i>quinapril-hydrochlorothiazide</i>	32
<i>penicillin v potassium</i>	9, 10	<i>prednisolone acetate</i>	51	<i>quinidine sulfate</i>	31
PENTACEL.....	22	<i>prednisolone sodium phosphate</i>	51, 55	<i>quinine sulfate</i>	11
<i>pentamidine isethionate</i>	11	<i>prednisone</i>	55	RABAVER.....	22
PENTASA.....	53	PREDNISON INTENSOL.....	55	<i>rabeprazole sodium</i>	53
<i>pentoxifylline er</i>	26	<i>preferred plus insulin syringe</i>	47	RADICAVA ORS STARTER KIT.....	41
<i>perindopril erbumine</i>	32	<i>pregabalin</i>	37	RALDESY.....	45
<i>permethrin</i>	74	PREMARIN.....	63	<i>raloxifene hcl</i>	63
<i>perphenazine</i>	45	PREMPHASE.....	63	<i>ramelteon</i>	41
<i>perphenazine-amitriptyline</i>	45	PREMPRO.....	63	<i>ramipril</i>	32
<i>phenelzine sulfate</i>	45	<i>prenatal</i>	77	<i>ranolazine er</i>	31
<i>phenobarbital</i>	41	PREVALITE.....	29	<i>rasagiline mesylate</i>	40
PHENYTEK.....	37	PREVYMIS.....	14	RASUVO.....	68
<i>phenytoin</i>	37	PREZCOBIX.....	14	RAYALDEE.....	77
<i>phenytoin sodium extended</i>	37	PREZISTA.....	14	REBIF.....	69
PIFELTRO.....	14	PRIFTIN.....	11	REBIF REBIDOSE.....	69
<i>pilocarpine hcl</i>	24, 50	<i>primaquine phosphate</i>	11	REBIF REBIDOSE TITRATION PACK.....	69
<i>pimecrolimus</i>	76	<i>primidone</i>	37	REBIF TITRATION PACK.....	69
<i>pimozide</i>	45	PRIORIX.....	22	RECLIPSEN.....	62
PIMTREA.....	62	PRIVIGEN.....	21	RECOMBIVAX HB.....	22
<i>pindolol</i>	30	PROAIR RESPICLICK.....	25	REGRANEX.....	76
<i>pioglitazone hcl</i>	59	<i>probenecid</i>	49	RELENZA DISKHALER.....	14
<i>pioglitazone hcl-glimepiride</i>	59	<i>prochlorperazine</i>	45	RELI-ON INSULIN SYRINGE.....	47
<i>pioglitazone hcl-metformin hcl</i>	59	<i>prochlorperazine maleate</i>	45	RELISTOR.....	54
<i>piperacillin sod-tazobactam so</i> ...	10	PROCRIT.....	27	<i>repaglinide</i>	59
PIQRAY (200 MG DAILY DOSE).....	18	PROCTO-MED HC.....	75	REPATHA.....	29
PIQRAY (250 MG DAILY DOSE).....	18	PROCTOSOL HC.....	75	REPATHA PUSHTRONEX SYSTEM.....	29
PIQRAY (300 MG DAILY DOSE).....	19	PROCTOZONE-HC.....	75	REPATHA SURECLICK.....	29
<i>pirfenidone</i>	70	<i>progesterone</i>	64	RESTASIS.....	51
<i>piroxicam</i>	35	PROGRAF.....	70	RESTASIS MULTIDOSE.....	51
<i>pitavastatin calcium</i>	29	PROLASTIN-C.....	71	RETACRIT.....	28
<i>podofilox</i>	76	PROMACTA.....	27	RETEVMO.....	19
POLYCIN.....	50	<i>promethazine hcl</i>	7	REVCovi.....	49
<i>polymyxin b sulfate</i>	10	<i>propafenone hcl</i>	31	REVUFORJ.....	19
<i>polymyxin b-trimethoprim</i>	50	<i>propafenone hcl er</i>	31	REXULTI.....	45
POMALYST.....	19	<i>propranolol hcl</i>	30	REYATAZ.....	14
PORTIA-28.....	62	<i>propranolol hcl er</i>	30	REZDIFFRA.....	65
<i>posaconazole</i>	11	<i>propylthiouracil</i>	65	REZLIDHIA.....	19
<i>potassium chloride</i>	48, 49	PROQUAD.....	22	REZUROCK.....	70
<i>potassium chloride crys er</i>	48	PROSOL.....	47	RHOPRESSA.....	50
<i>potassium chloride er</i>	48	<i>protriptyline hcl</i>	45	<i>ribavirin</i>	14
<i>potassium chloride in nacl</i>	48	PURIXAN.....	19	<i>rifabutin</i>	11
<i>potassium citrate er</i>	47	<i>pyrazinamide</i>	11	<i>rifampin</i>	11
<i>potassium cl in dextrose 5%</i>	49	<i>pyridostigmine bromide</i>	24	<i>riluzole</i>	41
PRALUENT.....	29	<i>pyridostigmine bromide er</i>	24	RINVOQ.....	68
<i>pramipexole dihydrochloride</i>	40	<i>pyrimethamine</i>	11	RINVOQ LQ.....	66
<i>pramipexole dihydrochloride er</i> ..	40	QBREXZA.....	76	<i>risedronate sodium</i>	67
		QINLOCK.....	19		
		QUADRACEL.....	21		

RISPERDAL CONSTA.....	45	SOLTAMOX.....	63	<i>tamoxifen citrate</i>	63
<i>risperidone</i>	45, 46	SOMAVERT.....	65	<i>tamsulosin hcl</i>	25
<i>risperidone microspheres er</i>	45	<i>sorafenib tosylate</i>	19	TARINA 24 FE.....	62
<i>ritonavir</i>	14	<i>sotalol hcl</i>	30	TARINA FE 1/20 EQ.....	62
<i>rivaroxaban</i>	28	<i>sotalol hcl (af)</i>	30	TASIGNA.....	19
<i>rivastigmine</i>	24	<i>spinosad</i>	74	<i>tavaborole</i>	74
<i>rivastigmine tartrate</i>	24	SPIRIVA HANDIHALER.....	23	TAVNEOS.....	67
<i>rizatriptan benzoate</i>	39	SPIRIVA RESPIMAT.....	24	<i>tazarotene</i>	76
ROCKLATAN.....	50	<i>spironolactone</i>	32	TAZVERIK.....	19
<i>roflumilast</i>	71	<i>spironolactone-hctz</i>	32	TECFIDERA.....	69
ROMVIMZA.....	19	SPRINTEC 28.....	62	TEFLARO.....	10
<i>ropinirole hcl</i>	40	SPRITAM.....	37	<i>telmisartan</i>	32
<i>ropinirole hcl er</i>	40	SPRYCEL.....	19	<i>telmisartan-amlodipine</i>	30
<i>rosuvastatin calcium</i>	29	SPS (SODIUM		<i>telmisartan-hctz</i>	32
ROTARIX.....	22	POLYSTYRENE SULF).....	48	<i>temazepam</i>	41
ROTATEQ.....	23	SRONYX.....	62	TENIVAC.....	21
ROZLYTREK.....	19	SSD.....	74	<i>tenofovir disoproxil fumarate</i>	14
RUBRACA.....	19	STELARA.....	76	TEPMETKO.....	19
<i>rufinamide</i>	37	STIOLTO RESPIMAT.....	24	<i>terazosin hcl</i>	28
RUKOBIA.....	14	STIVARGA.....	19	<i>terbinafine hcl</i>	11
RYBELSUS.....	59	<i>streptomycin sulfate</i>	10	<i>terbutaline sulfate</i>	26
RYDAPT.....	19	STRIBILD.....	14	<i>terconazole</i>	74
SANCUSO.....	52	SUCRAID.....	49	<i>teriflunomide</i>	69
SANTYL.....	76	<i>sucralfate</i>	53	<i>teriparatide</i>	64
<i>sapropterin dihydrochloride</i>	49	<i>sulfacetamide sodium</i>	50	<i>testosterone</i>	56
SAVELLA.....	41	<i>sulfacetamide sodium (acne)</i>	74	<i>testosterone cypionate</i>	56
SAVELLA TITRATION PACK.....	41	<i>sulfadiazine</i>	10	<i>testosterone enanthate</i>	56
SCEMBLIX.....	19	<i>sulfamethoxazole-trimethoprim</i> ..	10	<i>tetrabenazine</i>	46, 47
<i>scopolamine</i>	52	<i>sulfasalazine</i>	10	<i>tetracycline hcl</i>	10
SECUADO.....	46	<i>sulindac</i>	35	THALOMID.....	69
<i>selegiline hcl</i>	40	<i>sumatriptan</i>	39	<i>theophylline er</i>	77
<i>selenium sulfide</i>	74	<i>sumatriptan succinate</i>	39	<i>thioridazine hcl</i>	46
SELZENTRY.....	14	<i>sumatriptan succinate refill</i>	39	<i>thiothixene</i>	46
SEREVENT DISKUS.....	25	<i>sumatriptan-naproxen sodium</i>	39	TIADYLT ER.....	31
<i>sertraline hcl</i>	46	<i>sunitinib malate</i>	19	<i>tiagabine hcl</i>	38
SETLAKIN.....	62	SUNLENCA.....	14	TIBSOVO.....	19
SHAROBEL.....	62	SUTAB.....	53	TICOVAC.....	23
SHINGRIX.....	23	SYEDA.....	62	<i>tigecycline</i>	10
SIGNIFOR.....	65	SYMBICORT.....	55	TIGLUTIK.....	41
<i>sildenafil citrate</i>	33	SYMPAZAN.....	37	<i>timolol hemihydrate</i>	50
<i>silodosin</i>	25	SYMTUZA.....	14	<i>timolol maleate</i>	30, 50
<i>silver sulfadiazine</i>	74	SYNJARDY.....	59	<i>tinidazole</i>	11
SIMBRINZA.....	50	SYNJARDY XR.....	59	TIROSINT.....	65
SIMPONI.....	68	SYNTHROID.....	65	TIROSINT-SOL.....	65
<i>simvastatin</i>	29	TABLOID.....	19	TIVICAY.....	14
<i>sirolimus</i>	70	TABRECTA.....	19	TIVICAY PD.....	14
SIRTURO.....	11	<i>tacrolimus</i>	70, 76	<i>tizanidine hcl</i>	24
SKYRIZI.....	54, 76	<i>tadalafil</i>	33	TOBI PODHALER.....	10
SKYRIZI PEN.....	76	<i>tadalafil (pah)</i>	33	<i>tobramycin</i>	10, 51
<i>sodium chloride</i>	48, 49	TAFINLAR.....	19	<i>tobramycin sulfate</i>	10
<i>sodium phenylbutyrate</i>	47	TAGRISSO.....	19	<i>tobramycin-dexamethasone</i>	52
<i>sodium polystyrene sulfonate</i>	48	TALICIA.....	53	TOBREX.....	51
<i>sofosbuvir-velpatasvir</i>	14	TALTZ.....	66, 76	<i>tolterodine tartrate</i>	77
<i>solifenacin succinate</i>	77	TALZENNA.....	19	<i>tolterodine tartrate er</i>	77

<i>tolvaptan</i>	48	TRUMENBA.....	23	VIENVA.....	62
<i>topiramate</i>	38	TRUQAP.....	19	<i>vigabatrin</i>	38
<i>topiramate er</i>	38	TRUVADA.....	14	VIGAFYDE.....	38
<i>toremifene citrate</i>	63	TUKYSA.....	19	VIGPODER.....	38
<i>torsemide</i>	48	TURALIO.....	19	<i>vilazodone hcl</i>	46
TOUJEO MAX SOLOSTAR.....	59	TURQOZ.....	62	VIMKUNYA.....	23
TOUJEO SOLOSTAR.....	59	TWINRIX.....	23	VIRACEPT.....	14, 15
TPN ELECTROLYTES.....	49	TYBOST.....	70	VIREAD.....	15
TRACLEER.....	71	TYENNE.....	66	VITRAKVI.....	20
<i>tramadol hcl</i>	35	TYMLOS.....	64	VIVOTIF.....	23
<i>tramadol-acetaminophen</i>	35	TYPHIM VI.....	23	VIZIMPRO.....	20
<i>trandolapril</i>	32	TYRVAYA.....	52	VONJO.....	20
<i>trandolapril-verapamil hcl er</i>	31	TYVASO DPI MAINTENANCE		VOQUEZNA.....	53
<i>tranexamic acid</i>	26	KIT.....	71	VORANIGO.....	20
<i>tranylcypromine sulfate</i>	46	TYVASO DPI TITRATION KIT...	71	<i>voriconazole</i>	11
<i>travoprost (bak free)</i>	50	UBRELVY.....	39	VOSEVI.....	15
<i>trazodone hcl</i>	46	UDENYCA.....	28	VOTRIENT.....	20
TRELEGY ELLIPTA.....	55	UNITHROID.....	65	VOWST.....	54
TRELSTAR MIXJECT.....	64	<i>ursodiol</i>	54	VRAYLAR.....	46
TREMFYA.....	72	<i>ustekinumab</i>	66	VUMERITY.....	69
TREMFYA CROHNS		<i>valacyclovir hcl</i>	14	VYFEMLA.....	62
INDUCTION.....	72	VALCHLOR.....	76	VYLIBRA.....	63
TREMFYA ONE-PRESS.....	72	<i>valganciclovir hcl</i>	14	VYZULTA.....	50
TREMFYA PEN.....	72	<i>valproic acid</i>	38	WAINUA.....	66
TRESIBA.....	59	<i>valsartan</i>	32	<i>warfarin sodium</i>	26
TRESIBA FLEXTOUCH.....	59	<i>valsartan-hydrochlorothiazide</i>	33	WELIREG.....	20
<i>tretinoin</i>	19, 72	VALTOCO 10 MG DOSE.....	38	WELLBUTRIN XL.....	46
<i>triamcinolone acetonide</i>	75	VALTOCO 15 MG DOSE.....	38	WINREVAIR.....	71
<i>triamterene-hctz</i>	48	VALTOCO 20 MG DOSE.....	38	WIXELA INHUB.....	26
TRIDACAINA II.....	72	VALTOCO 5 MG DOSE.....	38	WYMZYA FE.....	63
<i>trientine hcl</i>	55	<i>vancomycin hcl</i>	10	XALKORI.....	20
TRI-ESTARYLLA.....	62	VANFLYTA.....	19	XARELTO.....	27
<i>trifluoperazine hcl</i>	46	VAQTA.....	23	XARELTO STARTER PACK.....	27
<i>trifluridine</i>	51	<i>varenicline tartrate</i>	24	XCOPRI.....	38
<i>trihexyphenidyl hcl</i>	40	<i>varenicline tartrate (starter)</i>	24	XCOPRI (250 MG DAILY	
TRIJARDY XR.....	59	VARIVAX.....	23	DOSE).....	38
TRIKAFTA.....	71	VASCEPA.....	29	XCOPRI (350 MG DAILY	
TRI-LEGEST FE.....	62	VAXCHORA.....	23	DOSE).....	38
TRI-LO-ESTARYLLA.....	62	VELIVET.....	62	XDEMVI.....	51
TRI-LO-SPRINTEC.....	62	VELTASSA.....	48	XELJANZ.....	68
<i>trimethoprim</i>	15	VEMLIDY.....	14	XELJANZ XR.....	68
TRI-MILI.....	62	VENCLEXTA.....	19, 20	XERMELO.....	52
<i>trimipramine maleate</i>	46	VENCLEXTA STARTING		XGEVA.....	67
TRINTELLIX.....	46	PACK.....	20	XIFAXAN.....	10
TRI-SPRINTEC.....	62	<i>venlafaxine hcl</i>	46	XIGDUO XR.....	59
TRIUMEQ.....	14	<i>venlafaxine hcl er</i>	46	XIIDRA.....	52
<i>trimeq pd</i>	14	VEOZAH.....	41	XOLAIR.....	71
TRI-VYLIBRA.....	62	<i>verapamil hcl</i>	31	XOSPATA.....	20
TRI-VYLIBRA LO.....	62	<i>verapamil hcl er</i>	31	XPOVIO (100 MG ONCE	
<i>tropium chloride</i>	77	VERQUVO.....	33	WEEKLY).....	20
<i>tropium chloride er</i>	77	VERSACLOZ.....	46	XPOVIO (40 MG ONCE	
TRUDHESA.....	25	VERZENIO.....	20	WEEKLY).....	20
TRULANCE.....	54	VESTURA.....	62	XPOVIO (40 MG TWICE	
TRULICITY.....	59	VIBERZI.....	54	WEEKLY).....	20

XPOVIO (60 MG ONCE WEEKLY).....	20
XPOVIO (60 MG TWICE WEEKLY).....	20
XPOVIO (80 MG ONCE WEEKLY).....	20
XPOVIO (80 MG TWICE WEEKLY).....	20
XTANDI.....	20
XULANE.....	63
XYOSTED.....	56
XYREM.....	41
XYWAV.....	41
YESINTEK.....	66
YF-VAX.....	23
YONSA.....	20
YUPELRI.....	24
YUVAFEM.....	63
ZAFEMY.....	63
<i>zafirlukast</i>	71
<i>zaleplon</i>	41
ZARXIO.....	28
ZEJULA.....	20
ZELBORAF.....	20
ZENATANE.....	73
ZENPEP.....	54
<i>zidovudine</i>	15
ZIEXTENZO.....	28
ZIOPTAN.....	50
<i>ziprasidone hcl</i>	46
<i>ziprasidone mesylate</i>	46
ZIRGAN.....	51
ZOLINZA.....	20
<i>zolmitriptan</i>	39
<i>zolpidem tartrate</i>	41
ZONISADE.....	38
<i>zonisamide</i>	38
ZOVIA 1/35 (28).....	63
ZTALMY.....	38
ZUBSOLV.....	35
ZURZUVAE.....	46
ZYDELIG.....	20
ZYKADIA.....	20
ZYLET.....	52

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