

# Keystone 65 Rx and Personal Choice 65<sup>SM</sup> Rx 2026 Formulary or “Drug List”

*Keystone 65 Preferred Rx HMO, Keystone 65 Select Rx HMO, and  
Personal Choice 65 Rx PPO Plans*

(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 **3/24/2026**. For more recent information or other questions, please contact Keystone 65 Rx at **1-800-645-3965** or Personal Choice 65 Rx at **1-888-718-3333** (TTY 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](https://ibxmedicare.com/formulary)**.



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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Independence Blue Cross. When it refers to “plan” or “our plan,” it means Keystone 65 Rx and Personal Choice 65 Rx.

This document includes a Drug List (formulary) for our plan which is current as of **3/24/2026**. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

## What is the Keystone 65 Rx/Personal Choice 65 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 and Personal Choice 65 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 or Personal Choice 65 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 and Personal Choice 65 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 and Personal Choice 65 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 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 and Personal Choice 65 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 **3/24/2026**. To get updated information about the drugs covered by Keystone 65 Rx and Personal Choice 65 Rx, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year 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 129. 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 and Personal Choice 65 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, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Keystone 65 Rx and Personal Choice 65 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 or Personal Choice 65 Rx before you fill your prescriptions. If you don't get approval, Keystone 65 Rx and Personal Choice 65 Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Keystone 65 Rx and Personal Choice 65 Rx limits the amount of the drug that Keystone 65 Rx and Personal Choice 65 Rx will cover. For example, Keystone 65 Rx and Personal Choice 65 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 and Personal Choice 65 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 and Personal Choice 65 Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Keystone 65 Rx and Personal Choice 65 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 the Keystone 65 Rx or Personal Choice 65 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 and Personal Choice 65 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 the Keystone 65 Rx and Personal Choice 65 Rx.
- You can ask Keystone 65 Rx or Personal Choice 65 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 formulary?**

You can ask Keystone 65 Rx and Personal Choice 65 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 and Personal Choice 65 Rx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, Keystone 65 Rx or Personal Choice 65 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 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 for 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 or Personal Choice 65 Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Keystone 65 Rx or Personal Choice 65 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 Formulary

The formulary provides information about the drugs covered by Keystone 65 Rx and Personal Choice 65 Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 129.

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 or Personal Choice 65 Rx has 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	
<b>Antidote Therapeutics</b>		
<i>Alcohol Deterrents</i>		
<i>acamprosate calcium oral tablet delayed release</i>	4	
<i>disulfiram oral tablet</i>	3	
<b>Antihistamine Drugs</b>		
<i>First Generation Antihistamines</i>		
<i>carbinoxamine maleate er oral suspension extended release</i>	NF	
<i>carbinoxamine maleate oral solution</i>	NF	
<i>carbinoxamine maleate oral tablet</i>	NF	
<i>carbzah oral solution</i>	NF	
<i>clemastine fumarate oral syrup</i>	NF	
<i>clemastine fumarate oral tablet 2.68 mg</i>	NF	
CLEMSZA ORAL TABLET	NF	
<i>corphena oral solution</i>	NF	
<i>cyproheptadine hcl oral syrup</i>	NF	
<i>cyproheptadine hcl oral tablet</i>	2	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	NF	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	3	PA
<i>promethazine hcl oral tablet</i>	2	PA
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	NF	
<i>promethazine-phenylephrine oral syrup</i>	NF	
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	NF	
RYCLORA ORAL SOLUTION	NF	
RYVENT ORAL TABLET	NF	
<i>Second Generation Antihistamines</i>		
<i>cetirizine hcl oral solution 5 mg/5ml</i>	NF	
CLARINEX ORAL TABLET	NF	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	NF	
<i>desloratadine oral solution</i>	NF	
<i>desloratadine oral tablet</i>	3	
<i>desloratadine oral tablet dispersible</i>	NF	
<i>levocetirizine dihydrochloride oral solution</i>	NF	
<i>levocetirizine dihydrochloride oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<b>Anti-Infective Agents</b>		
<i>Anthelmintics</i>		
<i>albendazole oral tablet</i>	4	
EMVERM ORAL TABLET CHEWABLE	NF	
<i>ivermectin oral tablet 3 mg</i>	3	
<i>ivermectin oral tablet 6 mg</i>	NF	
<i>praziquantel oral tablet</i>	4	
STROMECTOL ORAL TABLET	NF	
<i>Antibacterials</i>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	4	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	4	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	NF	
<i>ampicillin sodium injection solution reconstituted 2 gm</i>	4	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm</i>	NF	
<i>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm</i>	4	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	4	
ARIKAYCE INHALATION SUSPENSION	5	PA
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED	NF	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	NF	
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	NF	
AZACTAM INJECTION SOLUTION RECONSTITUTED	NF	
<i>azithromycin intravenous solution reconstituted</i>	4	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam injection solution reconstituted</i>	4	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	NF	
AZULFIDINE ORAL TABLET	NF	
BACTRIM DS ORAL TABLET	NF	
BACTRIM ORAL TABLET	NF	
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	NF	
BAXDELA ORAL TABLET	NF	
BETHKIS INHALATION NEBULIZATION SOLUTION	NF	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	NF	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	NF	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	NF	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML	4	
BLUJEPAL ORAL TABLET	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	PA
<i>cefaclor er oral tablet extended release 12 hour</i>	NF	
<i>cefaclor oral capsule</i>	3	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	NF	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	3	
<i>cefadroxil oral tablet</i>	NF	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm</i>	4	
<i>cefazolin sodium injection solution reconstituted 500 mg</i>	NF	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	3	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	NF	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	4	
<i>cefixime oral capsule</i>	4	
<i>cefixime oral suspension reconstituted</i>	4	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	NF	
<i>cefoxitin sodium intravenous solution reconstituted</i>	4	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	4	
<i>cefpodoxime proxetil oral tablet</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits
<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 capsule 750 mg</i>	NF
<i>cephalexin oral suspension reconstituted</i>	2
<i>cephalexin oral tablet</i>	NF
CIPRO ORAL SUSPENSION RECONSTITUTED	NF
CIPRO ORAL TABLET 250 MG, 500 MG	NF
<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
CLEOCIN ORAL CAPSULE	NF
CLEOCIN ORAL SOLUTION RECONSTITUTED	NF
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	NF
<i>clindamycin hcl oral capsule</i>	2
<i>clindamycin palmitate hcl oral solution reconstituted</i>	4
<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>dalbavancin hcl intravenous solution reconstituted</i>	NF
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	NF
<i>daptomycin intravenous solution reconstituted 350 mg</i>	NF

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3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	
<i>demeclocycline hcl oral tablet</i>	NF	
<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)
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	NF	
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 hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted</i>	NF	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	3	
<i>doxycycline monohydrate oral tablet 150 mg</i>	NF	
E.E.S. 400 ORAL TABLET	NF	
<i>ertapenem sodium injection solution reconstituted</i>	4	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	NF	
<i>erythromycin base oral capsule delayed release particles</i>	4	
<i>erythromycin base oral tablet</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	NF	
<i>erythromycin oral tablet delayed release</i>	4	
<i>fidaxomicin oral tablet</i>	5	QL (60 EA per 30 days)
FIRVANQ ORAL SOLUTION RECONSTITUTED	NF	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	NF	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	3	
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION	NF	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted</i>	NF	
<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 er oral tablet extended release 24 hour</i>	NF	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	NF	
<i>moxifloxacin hcl in nacl intravenous solution</i>	4	
<i>moxifloxacin hcl oral tablet</i>	3	
<i>naftillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>naftillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>neomycin sulfate oral tablet</i>	2	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	NF	
NUZYRA ORAL TABLET	NF	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	NF	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	NF	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	NF	
<i>oxacillin sodium intravenous solution reconstituted</i>	NF	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	NF	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	NF	
<i>penicillin g sodium injection solution reconstituted</i>	5	
<i>penicillin v potassium oral solution reconstituted</i>	2	
<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	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	NF	
SEYSARA ORAL TABLET	NF	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	NF	
SIVEXTRO ORAL TABLET	NF	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	5	
<i>sulfadiazine oral tablet</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<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	
TARGADOX ORAL TABLET	NF	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	NF	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	NF	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>tetracycline hcl oral capsule</i>	4	
<i>tigecycline intravenous solution reconstituted</i>	4	
TOBI INHALATION NEBULIZATION SOLUTION	NF	
TOBI PODHALER INHALATION CAPSULE	5	PA
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	NF	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	PA
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	NF	
TYZAVAN INTRAVENOUS SOLUTION 1000 MG/200ML	NF	
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	NF	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	NF	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	NF	
VANCOCIN ORAL CAPSULE	NF	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	4	
<i>vancomycin hcl oral capsule</i>	4	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	NF	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA
ZEMDRI INTRAVENOUS SOLUTION	NF	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	NF	
ZEVTERA INTRAVENOUS SOLUTION RECONSTITUTED	NF	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	NF	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	NF	
ZITHROMAX TRI-PAK ORAL TABLET	NF	
ZITHROMAX Z-PAK ORAL TABLET	NF	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML	NF	
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	NF	
ZYVOX ORAL SUSPENSION RECONSTITUTED	NF	
<b>Antifungals</b>		
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	NF	
<i>amphotericin b intravenous solution reconstituted</i>	4	PA
<i>amphotericin b liposome intravenous suspension reconstituted</i>	5	PA
ANCOBON ORAL CAPSULE	NF	
<i>caspofungin acetate intravenous solution reconstituted</i>	4	
CRESEMBA ORAL CAPSULE	5	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	NF	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	NF	
<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 250 mg</i>	NF	
<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	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	NF	
<i>itraconazole oral capsule</i>	4	
<i>itraconazole oral solution</i>	NF	
<i>ketoconazole oral tablet</i>	2	
<i>miconazole sodium intravenous solution reconstituted</i>	4	
NOXAFIL ORAL PACKET	NF	
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	3	
<i>posaconazole oral suspension</i>	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole oral tablet delayed release</i>	5	PA
<i>terbinafine hcl oral tablet</i>	2	
<i>tolsura oral capsule</i>	NF	
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	NF	
VFEND ORAL SUSPENSION RECONSTITUTED	NF	
VIVJOA ORAL CAPSULE THERAPY PACK	NF	
<i>voriconazole intravenous solution reconstituted</i>	5	PA
<i>voriconazole oral suspension reconstituted</i>	NF	
<i>voriconazole oral tablet</i>	4	
<b>Antimycobacterials</b>		
<i>cycloserine oral capsule</i>	NF	
<i>dapsone oral tablet</i>	3	
<i>ethambutol hcl oral tablet</i>	3	
<i>isoniazid oral syrup</i>	NF	
<i>isoniazid oral tablet</i>	2	
<i>pretomanid oral tablet</i>	NF	
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
<b>Antiprotozoals</b>		
<i>atovaquone oral suspension</i>	4	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	4	
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	NF	
<i>chloroquine phosphate oral tablet</i>	4	
COARTEM ORAL TABLET	4	
DARAPRIM ORAL TABLET	NF	
HUMATIN ORAL CAPSULE	NF	
<i>hydroxychloroquine sulfate oral tablet</i>	2	
IMPAVIDO ORAL CAPSULE	5	QL (84 EA per 28 days)
KRINTAFEL ORAL TABLET	NF	
LAMPIT ORAL TABLET	NF	
MALARONE ORAL TABLET	NF	
<i>mefloquine hcl oral tablet</i>	4	
MEPRON ORAL SUSPENSION	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral capsule</i>	4	
<i>metronidazole oral tablet</i>	2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	NF	
<i>nitazoxanide oral tablet</i>	5	
PENTAM INJECTION SOLUTION RECONSTITUTED	NF	
<i>pentamidine isethionate inhalation solution reconstituted</i>	NF	
<i>pentamidine isethionate injection solution reconstituted</i>	4	
PLAQUENIL ORAL TABLET	NF	
<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
SOLOSEC ORAL PACKET	NF	
SOVUNA ORAL TABLET	NF	
<i>tinidazole oral tablet 250 mg</i>	NF	
<i>tinidazole oral tablet 500 mg</i>	3	
<b>Antivirals</b>		
<i>abacavir sulfate oral solution</i>	4	
<i>abacavir sulfate oral tablet</i>	4	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	4	QL (30 EA per 30 days)
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	PA
<i>adefovir dipivoxil oral tablet</i>	4	QL (30 EA per 30 days)
APTIVUS ORAL CAPSULE	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	4	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	4	QL (60 EA per 30 days)
BARACLUDE ORAL SOLUTION	NF	
BARACLUDE ORAL TABLET	NF	
BIKTARVY ORAL TABLET	5	QL (30 EA per 30 days)
CIMDUO ORAL TABLET	5	
COMPLERA ORAL TABLET	5	QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	4	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	5	
DESCOVY ORAL TABLET	5	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.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
DOVATO ORAL TABLET	5	
EDURANT ORAL TABLET	5	QL (30 EA per 30 days)
EDURANT PED ORAL TABLET SOLUBLE	5	QL (180 EA per 30 days)
<i>efavirenz oral tablet</i>	4	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	5	
<i>emtricitabine oral capsule</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df oral tablet</i>	5	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE	NF	
EMTRIVA ORAL SOLUTION	4	
<i>entecavir oral tablet</i>	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)
EPIVIR ORAL SOLUTION	NF	
EPIVIR ORAL TABLET	NF	
<i>etravirine oral tablet 100 mg</i>	5	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days)
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 100 MG, 200 MG	NF	
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
JULUCA ORAL TABLET	5	QL (30 EA per 30 days)
KALETRA ORAL SOLUTION	4	
KALETRA ORAL TABLET	NF	
LAGEVRIO ORAL CAPSULE	5	QL (40 EA per 5 days)
<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)
<i>ledipasvir-sofosbuvir oral tablet</i>	NF	
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	
NORVIR ORAL TABLET	NF	
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)
<i>oseltamivir phosphate oral suspension reconstituted</i>	NF	
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)
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	
PREVMIS ORAL PACKET 120 MG	5	
PREVMIS ORAL PACKET 20 MG	4	
PREVMIS ORAL TABLET	5	
PREZCOBIX ORAL TABLET	5	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.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG	5	
PREZISTA ORAL TABLET 600 MG, 800 MG	NF	
PREZISTA ORAL TABLET 75 MG	4	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	3	QL (60 EA per 180 days)
RETROVIR ORAL CAPSULE	NF	
RETROVIR ORAL SYRUP	NF	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	NF	
REYATAZ ORAL PACKET	5	
<i>ribavirin oral capsule</i>	NF	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>rimantadine hcl oral tablet</i>	NF	
<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)
SOVALDI ORAL PACKET	NF	
SOVALDI ORAL TABLET	NF	
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)
SYMFI ORAL TABLET	NF	
SYMTUZA ORAL TABLET	5	
TAMIFLU ORAL CAPSULE 75 MG	NF	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	NF	
<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>trumeq 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
VALCYTE ORAL SOLUTION RECONSTITUTED	NF	
<i>valganciclovir hcl oral solution reconstituted</i>	NF	
<i>valganciclovir hcl oral tablet</i>	3	
VALTREX ORAL TABLET	NF	
VEMLIDY ORAL TABLET	5	
VIRACEPT ORAL TABLET 250 MG	5	QL (270 EA per 30 days)
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)
VIREAD ORAL TABLET 300 MG	NF	
VOSEVI ORAL TABLET	5	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	NF	
ZIAGEN ORAL SOLUTION	NF	
<i>zidovudine oral capsule</i>	4	
<i>zidovudine oral syrup</i>	3	
<i>zidovudine oral tablet</i>	3	QL (60 EA per 30 days)
<b>Urinary Anti-Infectives</b>		
<i>fosfomycin tromethamine oral packet</i>	4	
MACROBID ORAL CAPSULE	NF	
MACRODANTIN ORAL CAPSULE	NF	
<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>nitrofurantoin oral suspension 50 mg/5ml</i>	NF	
ORLYNVAH ORAL TABLET	NF	
<i>trimethoprim oral tablet</i>	3	
<b>Antineoplastic Agents</b>		
<b>Antineoplastic Agents</b>		
<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
AFINITOR DISPERZ ORAL TABLET SOLUBLE	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
AFINITOR ORAL TABLET	NF	
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 100 MG	NF	
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)
BRUKINSA ORAL TABLET	5	PA; QL (60 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
CASODEX ORAL TABLET	NF	
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
<i>cyclophosphamide oral tablet 50 mg</i>	NF	
DANZITEN ORAL TABLET	5	PA
<i>dasatinib oral tablet</i>	5	PA
DAURISMO ORAL TABLET	5	PA
DROXIA ORAL CAPSULE	4	
ENSACOVE ORAL CAPSULE	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
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)
GLEEVEC ORAL TABLET	NF	
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
HERNEXEOS ORAL TABLET	5	PA
HYDREA ORAL CAPSULE	NF	
<i>hydroxyurea oral capsule</i>	2	
HYRNUO ORAL TABLET	5	PA
IBRANCE ORAL CAPSULE	5	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET	5	PA; QL (21 EA per 28 days)
IBTROZI ORAL CAPSULE	5	PA
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)
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
INLURIYO ORAL TABLET	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)
IRESSA ORAL TABLET	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
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)
JYLAMVO ORAL SOLUTION	NF	
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)
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG	5	PA; QL (600 EA per 30 days)
KOSELUGO ORAL CAPSULE SPRINKLE 7.5 MG	5	PA; QL (420 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	
<i>lomustine oral capsule 10 mg, 40 mg</i>	4	PA
<i>lomustine oral capsule 100 mg</i>	5	PA
LONSURF ORAL TABLET	5	PA; QL (240 EA per 30 days)
LORBRENA ORAL TABLET	5	PA; QL (30 EA per 30 days)
LUMAKRAS 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.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
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	
MODEYSO ORAL CAPSULE	5	PA
NERLYNX ORAL TABLET	5	PA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET	NF	
<i>nilotinib d-tartrate oral capsule</i>	5	PA
<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 100 MG, 150 MG	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 200 mg</i>	5	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET	5	PA; QL (28 EA per 28 days)
PHYRAGO ORAL TABLET	5	PA; QL (30 EA per 30 days)
PIQRAY (200 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.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (56 EA per 28 days)
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)
REVLIMID ORAL CAPSULE	NF	
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
SIKLOS ORAL TABLET	NF	
<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)
SUTENT ORAL CAPSULE	NF	
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
TAGRISSE ORAL TABLET	5	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
TARGRETIN ORAL CAPSULE	NF	
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)
TORPENZ ORAL TABLET	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin oral capsule</i>	5	
TREXALL ORAL TABLET	NF	
TRUQAP ORAL TABLET 200 MG	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
TYKERB ORAL TABLET	NF	
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)
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
XATMEP ORAL SOLUTION	NF	
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 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
XROMI ORAL SOLUTION	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
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
ZYTIGA ORAL TABLET	NF	
<b>Antitoxins, Immune Globulins, Toxoids, And Vaccines</b>		
<i>Allergenic Extracts</i>		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	4	PA
<i>Antitoxins And Immune Globulins</i>		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	NF	
GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 5 GM/50ML	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
PANZYGA INTRAVENOUS SOLUTION	NF	
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA
YIMMUGO INTRAVENOUS SOLUTION	NF	
<i>Toxoids</i>		
ADACEL INTRAMUSCULAR SUSPENSION	1	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
QUADRACEL INTRAMUSCULAR SUSPENSION	4	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
TENIVAC INTRAMUSCULAR INJECTABLE	1	
<b>Vaccines</b>		
ABRYSCO 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)
<i>bcg vaccine injection solution reconstituted</i>	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	4	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	PA
HIBERIX INJECTION SOLUTION RECONSTITUTED	4	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
IPOL INJECTION SUSPENSION	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	4	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
<i>penmenvy intramuscular suspension reconstituted</i>	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	
ROTATEQ ORAL SOLUTION	4	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
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	4	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML	4	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	4	
YF-VAX SUBCUTANEOUS INJECTABLE	1	
<b>Autonomic Drugs</b>		
<i>Anticholinergic Agents</i>		
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)
BEVESPI AEROSPHERE INHALATION AEROSOL	NF	
<i>chlordiazepoxide-clidinium oral capsule</i>	4	PA
CUVPOSA ORAL SOLUTION	NF	
<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>dicyclomine hcl oral tablet 40 mg</i>	NF	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	NF	
GLYCATE ORAL TABLET	NF	
<i>glycopyrrolate oral solution</i>	NF	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
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	
LIBRAX ORAL CAPSULE	NF	
<i>methscopolamine bromide oral tablet</i>	4	
SPIRIVA HANDIHALER INHALATION CAPSULE	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule</i>	NF	
TRANSDERM SCOP TRANSDERMAL PATCH 72 HOUR	NF	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	NF	
<i>umeclidinium-vilanterol inhalation aerosol powder breath activated</i>	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
YUPELRI INHALATION SOLUTION	5	PA
<b>Autonomic Drugs, Miscellaneous</b>		
CHANTIX ORAL TABLET 1 MG	NF	
<b>Parasympathomimetic (Cholinergic) Agents</b>		
ARICEPT ORAL TABLET	NF	
<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	
EVOXAC ORAL CAPSULE	NF	
EXELON TRANSDERMAL PATCH 24 HOUR	NF	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	4	
<i>galantamine hydrobromide oral solution</i>	NF	
<i>galantamine hydrobromide oral tablet</i>	2	
MESTINON ORAL SOLUTION	NF	
MESTINON ORAL TABLET	NF	
MESTINON ORAL TABLET EXTENDED RELEASE	NF	
<i>pilocarpine hcl oral tablet</i>	4	
<i>pyridostigmine bromide er oral tablet extended release</i>	4	
<i>pyridostigmine bromide oral solution</i>	NF	
<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	
SALAGEN ORAL TABLET	NF	
ZUNVEYL ORAL TABLET DELAYED RELEASE	NF	
<b>Skeletal Muscle Relaxants</b>		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>baclofen oral solution</i>	NF	
<i>baclofen oral suspension</i>	NF	
<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>chlorzoxazone oral tablet</i>	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg</i>	4	PA
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 30 mg</i>	NF	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	PA
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4	PA
DANTRIUM ORAL CAPSULE 25 MG	NF	
<i>dantrolene sodium oral capsule</i>	4	
FEXMID ORAL TABLET	NF	
FLEQSUVY ORAL SUSPENSION	NF	
<i>metaxalone oral tablet 400 mg</i>	4	PA
<i>metaxalone oral tablet 800 mg</i>	3	PA
<i>methocarbamol oral tablet 1000 mg</i>	NF	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	NF	
OZOBAX DS ORAL SOLUTION	NF	
SOMA ORAL TABLET	NF	
TANLOR ORAL TABLET	NF	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	2	
<i>tizanidine hcl oral tablet</i>	2	
ZANAFLEX ORAL CAPSULE 8 MG	NF	
ZANAFLEX ORAL TABLET	NF	
<b>Smoking Cessation Agents</b>		
CHANTIX CONTINUING MONTH PAK ORAL TABLET	NF	
CHANTIX ORAL TABLET 0.5 MG	NF	
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK	NF	
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)
<b>Sympatholytic (Adrenergic Blocking) Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	3	
BREKIYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
<i>dihydroergotamine mesylate nasal solution</i>	5	QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	NF	
<i>phenoxybenzamine hcl oral capsule</i>	NF	
<i>silodosin oral capsule</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin hcl oral capsule</i>	2	
TRUDHESA NASAL AEROSOL SOLUTION	5	QL (12 ML per 28 days)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<b>Sympathomimetic (Adrenergic) Agents</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NF	
ADVAIR HFA INHALATION AEROSOL	3	QL (12 GM per 30 days)
AIRSUPRA INHALATION AEROSOL	NF	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	NF	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	PA
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	NF	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate oral tablet</i>	4	
<i>arformoterol tartrate inhalation nebulization solution</i>	4	PA
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	NF	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (8 GM per 30 days)
<i>droxidopa oral capsule 100 mg</i>	4	
<i>droxidopa oral capsule 200 mg</i>	NF	
<i>droxidopa oral capsule 300 mg</i>	5	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	
<i>epinephrine injection solution auto-injector</i>	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	NF	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	NF	
<i>fluticasone-salmeterol inhalation aerosol</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	4	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	4	QL (1 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	PA
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml</i>	4	PA
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	4	
<i>levalbuterol tartrate inhalation aerosol</i>	3	QL (30 GM per 30 days)
<i>lofexidine hcl oral tablet</i>	NF	
<i>midodrine hcl oral tablet</i>	3	
NEFFY NASAL SOLUTION	NF	
NORTHERA ORAL CAPSULE	NF	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE	NF	
PERFORMIST INHALATION NEBULIZATION SOLUTION	NF	
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)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	NF	
<i>terbutaline sulfate oral tablet</i>	4	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	NF	
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)
XOPENEX HFA INHALATION AEROSOL	NF	
<b>Blood Formation, Coagulation &amp; Thrombosis Agents</b>		
<i>Antihemorrhagic Agents</i>		
<i>tranexamic acid oral tablet</i>	3	
<i>Antithrombotic Agents</i>		
BRILINTA ORAL TABLET 90 MG	3	
<i>Blood Formation, Coagulation, And Thrombosis Agents Misc.</i>		
WAYRILZ ORAL TABLET	NF	
<i>Hematopoietic Agents</i>		
ALVAIZ ORAL TABLET	NF	
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE	5	PA
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>eltrombopag olamine oral tablet 75 mg</i>	5	PA; QL (60 EA per 30 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	NF	
<i>releuko subcutaneous solution prefilled syringe</i>	5	
XOLREMDI ORAL CAPSULE	NF	
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline er oral tablet extended release</i>	4	
<b>Blood Formation,Coagulation &amp; Thrombosis</b>		
<b>Antithrombotic Agents</b>		
AGRYLIN ORAL CAPSULE	NF	
<i>anagrelide hcl oral capsule</i>	4	
ARIXTRA SUBCUTANEOUS SOLUTION	NF	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	4	
BRILINTA ORAL TABLET 60 MG	NF	
CABLIVI INJECTION KIT	NF	
<i>cilostazol oral tablet</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	
<i>dabigatran etexilate mesylate oral capsule</i>	4	
EFFIENT ORAL TABLET	NF	
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	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	NF	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	3	
JANTOVEN ORAL TABLET	2	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	NF	
PLAVIX ORAL TABLET 75 MG	NF	
PRADAXA ORAL CAPSULE	NF	
<i>prasugrel hcl oral tablet</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<i>rivaroxaban oral suspension reconstituted</i>	5	
SAVAYSA ORAL TABLET	NF	
<i>ticagrelor oral tablet</i>	3	
<i>warfarin sodium oral tablet</i>	2	
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)
<b>Blood Formation, Coagulation, And Thrombosis Agents, Misc.</b>		
PYRUKYND ORAL TABLET	NF	
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	NF	
TAVALISSE ORAL TABLET	NF	
<b>Hematopoietic Agents</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML	NF	
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 10000 UNIT/ML, 20000 UNIT/ML	NF	
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)
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	5	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
LEUKINE INJECTION SOLUTION RECONSTITUTED	NF	
MULPLETA ORAL TABLET	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
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	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
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)
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
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	QL (2.4 ML per 28 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	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)
<b>Blood Formation,Coagulation + Thrombosis Agents</b>		
<i>Antithrombotic Agents</i>		
<i>rivaroxaban oral tablet</i>	3	QL (60 EA per 30 days)
<b>Blood Formation,Coagulation + Thrombosis</b>		
<i>Antithrombotic Agents</i>		
PRADAXA ORAL PACKET	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<b>Cardiovascular Drugs</b>		
<i>Alpha-Adrenergic Blocking Agents</i>		
CARDURA ORAL TABLET	NF	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<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	
<i>Antilipemic Agents</i>		
ATORVALIQ ORAL SUSPENSION	NF	
<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 packet</i>	NF	
<i>colesevelam hcl oral tablet</i>	3	
COLESTID ORAL TABLET	NF	
<i>colestipol hcl oral packet</i>	4	
<i>colestipol hcl oral tablet</i>	3	
CRESTOR ORAL TABLET	NF	
<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>flolipid oral suspension</i>	NF	
<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	
<i>icosapent ethyl oral capsule</i>	4	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	NF	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
LIPITOR ORAL TABLET	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
LIPOFEN ORAL CAPSULE	NF	
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)
LOVAZA ORAL CAPSULE	NF	
NEXLETOL ORAL TABLET	4	PA
NEXLIZET ORAL TABLET	4	PA
<i>niacin (antihyperlipidemic) oral tablet</i>	NF	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	3	
NIACOR ORAL TABLET	NF	
<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 LIGHT ORAL POWDER	NF	
QUESTRAN ORAL POWDER	2	
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)
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
VASCEPA ORAL CAPSULE	4	
VYTORIN ORAL TABLET	NF	
WELCHOL ORAL PACKET	NF	
WELCHOL ORAL TABLET	NF	
ZETIA ORAL TABLET	NF	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	NF	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	NF	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hcl oral capsule</i>	2	
<i>atenolol oral tablet</i>	2	
<i>atenolol-chlorthalidone oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits
BETAPACE AF ORAL TABLET	NF
<i>betaxolol hcl oral tablet</i>	4
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	4
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2
BYSTOLIC ORAL TABLET	NF
<i>carvedilol oral tablet</i>	2
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	4
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF
COREG ORAL TABLET	NF
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2
LOPRESSOR ORAL SOLUTION	NF
LOPRESSOR ORAL TABLET 100 MG, 50 MG	NF
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	2
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2
<i>metoprolol-hydrochlorothiazide oral tablet</i>	2
<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
SOTYLIZE ORAL SOLUTION	NF
TENORETIC 100 ORAL TABLET	NF
TENORETIC 50 ORAL TABLET	NF
TENORMIN ORAL TABLET	NF
<i>timolol maleate oral tablet</i>	4
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	NF

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits
<b>Calcium-Channel Blocking Agents</b>	
<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
AZOR ORAL TABLET	NF
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NF
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	NF
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NF
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
EXFORGE HCT ORAL TABLET	NF
EXFORGE ORAL TABLET	NF
<i>felodipine er oral tablet extended release 24 hour</i>	2
<i>isradipine oral capsule 2.5 mg</i>	4
<i>isradipine oral capsule 5 mg</i>	NF
KATERZIA ORAL SUSPENSION	NF
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	2
<i>nicardipine hcl oral capsule 20 mg</i>	4
<i>nicardipine hcl oral capsule 30 mg</i>	NF
<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>nifedipine oral capsule</i>	NF

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine oral capsule</i>	4	
<i>nimodipine oral solution</i>	NF	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	NF	
NORLIQVA ORAL SOLUTION	NF	
NORVASC ORAL TABLET	NF	
NYMALIZE ORAL SOLUTION 6 MG/ML	NF	
<i>olmesartan-amlodipine-hctz oral tablet</i>	1	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	NF	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NF	
<i>telmisartan-amlodipine oral tablet</i>	1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	1	
TRIBENZOR ORAL TABLET	NF	
<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	
<b>Cardiac Drugs</b>		
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	4	
<i>amiodarone hcl oral tablet 200 mg</i>	2	
ATTRUBY ORAL TABLET THERAPY PACK	NF	
CAMZYOS ORAL CAPSULE	NF	
<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>disopyramide phosphate oral capsule 150 mg</i>	NF	
<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)
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl oral capsule 150 mg, 200 mg</i>	4	
<i>mexiletine hcl oral capsule 250 mg</i>	NF	
MULTAQ ORAL TABLET	3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	NF	
NORPACE ORAL CAPSULE	NF	
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 gluconate er oral tablet extended release</i>	NF	
<i>quinidine sulfate oral tablet</i>	2	
<i>ranolazine er oral tablet extended release 12 hour</i>	4	
TIKOSYN ORAL CAPSULE	NF	
VYNDAMAX ORAL CAPSULE	NF	
<b>Central Alpha-Agonists</b>		
<i>methyldopa oral tablet</i>	NF	
<b>Diuretics</b>		
HEMICLOR ORAL TABLET	NF	
INZIRQO ORAL SUSPENSION RECONSTITUTED	NF	
ORMALVI ORAL TABLET	5	PA
<b>Hypotensive Agents</b>		
<i>clonidine er oral tablet extended release 24 hour</i>	NF	
<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	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
VECAMYL ORAL TABLET	NF	
<b>Kallikrein-Kinin System Inhibitors</b>		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
EKTERLY ORAL TABLET	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<i>Renin-Angiotensin-Aldosterone Sys Inhib</i>		
ALDACTONE ORAL TABLET 50 MG	NF	
<i>aliskiren fumarate oral tablet</i>	4	QL (30 EA per 30 days)
ARBLI ORAL SUSPENSION	NF	
ATACAND HCT ORAL TABLET	NF	
ATACAND ORAL TABLET	NF	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NF	
AVAPRO ORAL TABLET 150 MG, 300 MG	NF	
<i>benazepril hcl oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
BENICAR HCT ORAL TABLET	NF	
BENICAR ORAL TABLET	NF	
<i>candesartan cilexetil oral tablet</i>	1	
<i>candesartan cilexetil-hctz oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
CAROSPIR ORAL SUSPENSION	NF	
COZAAR ORAL TABLET	NF	
DIOVAN HCT ORAL TABLET	NF	
DIOVAN ORAL TABLET	NF	
EDARBI ORAL TABLET	NF	
EDARBYCLOR ORAL TABLET	NF	
<i>enalapril maleate oral solution</i>	NF	
<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	NF	
<i>eplerenone oral tablet</i>	4	
<i>fosinopril sodium oral tablet</i>	1	
<i>fosinopril sodium-hctz oral tablet</i>	1	
HYZAAR ORAL TABLET	NF	
INSPRA ORAL TABLET	NF	
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
KERENDIA ORAL TABLET	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	NF	
MICARDIS HCT ORAL TABLET	NF	
<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	
QBRELIS ORAL SOLUTION	NF	
<i>quinapril hcl oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
<i>sacubitril-valsartan oral tablet</i>	3	QL (60 EA per 30 days)
<i>spironolactone oral suspension</i>	NF	
<i>spironolactone oral tablet</i>	2	
<i>spironolactone-hctz oral tablet</i>	2	
TEKTURNA ORAL TABLET	NF	
<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 solution</i>	NF	
<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)
<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)
VASERETIC ORAL TABLET	NF	
VASOTEC ORAL TABLET	NF	
ZESTORETIC ORAL TABLET	NF	
ZESTRIL ORAL TABLET	NF	
<b>Sodium-Glucose (SglT) Cotransporter Inhibitor</b>		
INPEFA ORAL TABLET 200 MG	NF	
<b>Sodium-Glucose (SglT) Cotransportor Inhibitor</b>		
INPEFA ORAL TABLET 400 MG	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<b>Vasodilating Agents</b>		
ADCIRCA ORAL TABLET	NF	
ALYQ ORAL TABLET	NF	
BIDIL ORAL TABLET	NF	
CIALIS ORAL TABLET 5 MG	NF	
<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	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	NF	
<i>nitroglycerin sublingual tablet sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	3	
<i>nitroglycerin translingual solution</i>	4	
NITROLINGUAL TRANSLINGUAL SOLUTION	NF	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.6 MG	NF	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.4 MG	4	
REVATIO ORAL TABLET	NF	
<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)
TADLIQ ORAL SUSPENSION	NF	
VERQUVO ORAL TABLET	4	PA; QL (30 EA per 30 days)
<b>Central Nervous System Agents</b>		
<b>Analgesics And Antipyretics</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	NDS; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	2	NDS; QL (180 EA per 30 days)
ALLZITAL ORAL TABLET	NF	
ARTHROTEC ORAL TABLET DELAYED RELEASE	NF	
ASCOMP-CODEINE ORAL CAPSULE	NF	NDS
BELBUCA BUCCAL FILM	NF	NDS
<i>buprenorphine hcl sublingual tablet sublingual</i>	3	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.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<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	NDS; QL (4 EA per 28 days)
<i>butalbital-acetaminophen oral capsule</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule</i>	NF	NDS
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	3	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	4	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	3	PA; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule</i>	NF	NDS
<i>butalbital-aspirin-caffeine oral capsule</i>	4	PA; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution</i>	4	NDS; QL (7.5 ML per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY	NF	NDS
CAMBIA ORAL PACKET	NF	
CELEBREX ORAL CAPSULE	NF	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	2	
<i>codeine sulfate oral tablet</i>	NF	NDS
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	NDS
DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML	NF	NDS
<i>diclofenac epolamine external patch</i>	4	PA; QL (60 EA per 30 days)
<i>diclofenac potassium oral capsule</i>	NF	
<i>diclofenac potassium oral tablet 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac potassium(migraine) oral packet</i>	NF	
<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	
DILAUDID ORAL LIQUID	NF	NDS
DILAUDID ORAL TABLET	NF	NDS
DOLOBID ORAL TABLET	NF	
ELYXYB ORAL SOLUTION	NF	
<i>etodolac er oral tablet extended release 24 hour</i>	4	
<i>etodolac oral capsule</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<i>etodolac oral tablet</i>	3	
<i>fenoprofen calcium oral capsule 400 mg</i>	NF	
FENOPRON ORAL CAPSULE	NF	
<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; NDS; QL (15 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	4	NDS; QL (15 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 62.5 mcg/hr, 87.5 mcg/hr</i>	NF	NDS
FIORICET ORAL CAPSULE	NF	
FLECTOR EXTERNAL PATCH	NF	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	NF	
GRALISE ORAL TABLET	NF	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	NF	NDS
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	NF	NDS
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 7.5-325 mg/15ml</i>	NF	NDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg, 5-300 mg, 7.5-300 mg</i>	NF	NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	4	NDS; QL (180 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	NF	NDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	NDS; QL (150 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	NF	NDS
<i>hydromorphone hcl oral liquid</i>	4	NDS; QL (1500 ML per 30 days)
<i>hydromorphone hcl oral tablet</i>	3	NDS; QL (240 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml</i>	NF	
<i>hydromorphone hcl pf injection solution 50 mg/5ml</i>	NF	NDS
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	NF	NDS
IBU ORAL TABLET 600 MG, 800 MG	2	
<i>ibuprofen oral suspension 100 mg/5ml</i>	2	
<i>ibuprofen oral tablet 300 mg</i>	NF	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>ibuprofen-famotidine oral tablet</i>	NF	
INDOCIN ORAL SUSPENSION	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
INDOCIN RECTAL SUPPOSITORY	NF	
<i>indomethacin er oral capsule extended release</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>indomethacin oral suspension</i>	NF	
<i>indomethacin rectal suppository 50 mg</i>	NF	
JOURNAVX ORAL TABLET	NF	
<i>ketoprofen er oral capsule extended release 24 hour</i>	NF	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	NF	
<i>ketorolac tromethamine oral tablet</i>	2	PA; QL (20 EA per 30 days)
<i>levorphanol tartrate oral tablet</i>	NF	NDS
LICART EXTERNAL PATCH 24 HOUR	NF	
LODINE ORAL TABLET	NF	
LOFENA ORAL TABLET	NF	
LURBIRO ORAL TABLET	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>meclofenamate sodium oral capsule</i>	NF	
<i>mefenamic acid oral capsule</i>	NF	
<i>meloxicam oral capsule</i>	NF	
<i>meloxicam oral tablet</i>	2	
<i>meperidine hcl injection solution 100 mg/ml, 50 mg/ml</i>	NF	NDS
<i>meperidine hcl injection solution 25 mg/ml</i>	NF	
<i>meperidine hcl oral solution</i>	NF	NDS
<i>meperidine hcl oral tablet 50 mg</i>	NF	NDS
<i>methadone hcl oral solution</i>	NF	NDS
<i>methadone hcl oral tablet</i>	4	PA; NDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	3	NDS; QL (150 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	NF	NDS
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	NF	NDS
<i>morphine sulfate er oral tablet extended release 100 mg, 60 mg</i>	3	PA; NDS; QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	3	NDS; QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 200 mg</i>	NF	NDS
<i>morphine sulfate oral solution</i>	3	NDS; QL (1000 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg</i>	3	NDS; 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.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<i>morphine sulfate oral tablet 30 mg</i>	4	NDS; QL (180 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	NF	NDS
<i>nabumetone oral tablet</i>	2	
<i>nalocet oral tablet</i>	NF	NDS
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	NF	
<i>naproxen dr oral tablet delayed release 500 mg</i>	2	
<i>naproxen oral suspension</i>	NF	
<i>naproxen oral tablet</i>	2	
<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 er oral tablet extended release 24 hour 500 mg, 750 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg</i>	NF	
<i>naproxen sodium oral tablet 550 mg</i>	2	
<i>naproxen-esomeprazole mg oral tablet delayed release</i>	NF	
<i>norgesic forte oral tablet</i>	NF	
NORGESIC ORAL TABLET	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	NF	NDS
NUCYNTA ORAL TABLET	NF	NDS
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NF	
<i>oxaprozin oral tablet</i>	2	
<i>oxycodone hcl oral capsule</i>	NF	NDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	NDS; QL (180 ML per 30 days)
<i>oxycodone hcl oral solution</i>	4	NDS; QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet</i>	3	NDS; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet abuse-deterrent</i>	NF	NDS
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	NF	NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	4	NDS; QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	NF	NDS
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	NF	NDS
<i>oxymorphone hcl oral tablet</i>	NF	NDS
<i>pentazocine-naloxone hcl oral tablet</i>	NF	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	NF	NDS
<i>piroxicam oral capsule 10 mg</i>	2	
<i>piroxicam oral capsule 20 mg</i>	3	
<i>pregabalin er oral tablet extended release 24 hour</i>	NF	
PROLATE ORAL SOLUTION	NF	NDS
PROLATE ORAL TABLET	NF	NDS
RELAFEN DS ORAL TABLET	NF	
ROXICODONE ORAL TABLET 15 MG, 30 MG	NF	NDS
ROXYBOND ORAL TABLET ABUSE-DETERRENT	NF	NDS
SPRIX NASAL SOLUTION	NF	
SUBOXONE SUBLINGUAL FILM	NF	
<i>sulindac oral tablet</i>	2	
TENCON ORAL TABLET 50-325 MG	NF	
TOLECTIN 600 ORAL TABLET	NF	
<i>tolmetin sodium oral capsule</i>	NF	
<i>tolmetin sodium oral tablet 600 mg</i>	NF	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NF	NDS
<i>tramadol hcl er oral tablet extended release 24 hour</i>	NF	NDS
<i>tramadol hcl oral tablet 100 mg, 25 mg</i>	NF	NDS
<i>tramadol hcl oral tablet 50 mg</i>	2	NDS; QL (240 EA per 30 days)
<i>tramadol hcl oral tablet 75 mg</i>	4	NDS; QL (150 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	2	NDS; QL (240 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	NF	NDS
ZIPSOR ORAL CAPSULE	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	4	
<b>Anorexigenic Agents And Respiratory And Cns Stimulants</b>		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	NF	
<i>amphetamine er oral tablet extended release dispersible</i>	NF	
<i>amphetamine sulfate oral tablet</i>	NF	
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour</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.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine oral tablet</i>	3	QL (60 EA per 30 days)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour</i>	NF	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<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)
AZSTARYS ORAL CAPSULE	NF	
CONCERTA ORAL TABLET EXTENDED RELEASE	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	NF	
DAYTRANA TRANSDERMAL PATCH	NF	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	NF	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	NF	
<i>dexmethylphenidate hcl oral tablet</i>	NF	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	NF	
<i>dextroamphetamine sulfate oral solution</i>	NF	
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	NF	
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	3	QL (150 EA per 30 days)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	NF	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	NF	
EVEKEO ORAL TABLET	NF	
FOCALIN ORAL TABLET	NF	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>lisdexamfetamine dimesylate oral capsule</i>	NF	
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	NF	
LUMRYZ STARTER PACK ORAL THERAPY PACK	NF	
METADATE CD ORAL CAPSULE EXTENDED RELEASE	NF	
<i>methamphetamine hcl oral tablet</i>	NF	
METHYLIN ORAL SOLUTION	NF	
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	NF	
<i>methylphenidate hcl er (osm) oral tablet extended release</i>	NF	
<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 er (xr) oral capsule extended release 24 hour 15 mg, 20 mg, 50 mg, 60 mg</i>	NF	
<i>methylphenidate hcl er oral tablet extended release</i>	NF	
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	NF	
<i>methylphenidate hcl oral solution</i>	NF	
<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>methylphenidate hcl oral tablet chewable</i>	NF	
<i>methylphenidate transdermal patch</i>	NF	
<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)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
NUVIGIL ORAL TABLET	NF	
PROCENTRA ORAL SOLUTION	NF	
PROVIGIL ORAL TABLET	NF	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	NF	
RELEXXII ORAL TABLET EXTENDED RELEASE	NF	
RITALIN ORAL TABLET	NF	
SUNOSI ORAL TABLET	NF	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
VYVANSE ORAL CAPSULE	NF	
VYVANSE ORAL TABLET CHEWABLE	NF	
WAKIX ORAL TABLET	NF	
XELSTRYM TRANSDERMAL PATCH	NF	
ZENZEDI ORAL TABLET	NF	
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET	5	
BANZEL ORAL SUSPENSION	NF	
BANZEL ORAL TABLET	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
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	
<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	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	NF	
CELONTIN ORAL CAPSULE	NF	
<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)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
DEPAKOTE ORAL TABLET DELAYED RELEASE	NF	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	NF	
DIACOMIT ORAL CAPSULE	5	PA
DIACOMIT ORAL PACKET	5	PA
<i>diazepam rectal gel</i>	4	
DILANTIN INFATABS ORAL TABLET CHEWABLE	NF	
DILANTIN ORAL CAPSULE	4	
DILANTIN-125 ORAL SUSPENSION	NF	
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
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	
FELBATOL ORAL TABLET	NF	
FINTEPLA ORAL SOLUTION	5	PA
FYCOMPA ORAL SUSPENSION	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	
FYCOMPA ORAL TABLET 2 MG	4	
<i>gabapentin (once-daily) oral tablet 450 mg, 750 mg, 900 mg</i>	NF	
<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	
GABARONE ORAL TABLET	NF	
HORIZANT ORAL TABLET EXTENDED RELEASE	NF	
KEPPRA ORAL SOLUTION	NF	
KEPPRA ORAL TABLET	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
KLONOPIN ORAL TABLET	NF	
<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	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 25 MG, 50 MG	NF	
LAMICTAL ORAL TABLET	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	NF	
LAMICTAL STARTER ORAL KIT	NF	
LAMICTAL XR ORAL KIT	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>lamotrigine er oral tablet extended release 24 hour</i>	4	
<i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i>	NF	
<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>lamotrigine oral tablet dispersible 25 mg</i>	NF	
<i>lamotrigine starter kit-blue oral kit</i>	NF	
<i>lamotrigine starter kit-green oral kit</i>	NF	
<i>lamotrigine starter kit-orange oral kit</i>	NF	
<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	
LYRICA ORAL CAPSULE	NF	
LYRICA ORAL SOLUTION	NF	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	
<i>methsuximide oral capsule</i>	4	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
MYSOLINE ORAL TABLET	NF	
NAYZILAM NASAL SOLUTION	4	PA; QL (10 EA per 30 days)
NEURONTIN ORAL CAPSULE	NF	
NEURONTIN ORAL SOLUTION	NF	
NEURONTIN ORAL TABLET	NF	
ONFI ORAL SUSPENSION	NF	
ONFI ORAL TABLET 10 MG, 20 MG	NF	
<i>oxcarbazepine er oral tablet extended release 24 hour</i>	NF	
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	3	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>perampanel oral suspension</i>	5	
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	5	
<i>perampanel oral tablet 2 mg</i>	4	
PHENYTEK ORAL CAPSULE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<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	
ROWEEPRA ORAL TABLET 500 MG	NF	
<i>rufinamide oral suspension 40 mg/ml</i>	5	
<i>rufinamide oral tablet 200 mg</i>	4	
<i>rufinamide oral tablet 400 mg</i>	5	
SABRIL ORAL PACKET	NF	
SABRIL ORAL TABLET	NF	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	4	
SUBVENITE ORAL SUSPENSION	4	
SUBVENITE ORAL TABLET	NF	
SUBVENITE STARTER KIT-BLUE ORAL KIT	NF	
SUBVENITE STARTER KIT-GREEN ORAL KIT	NF	
SUBVENITE STARTER KIT-ORANGE ORAL KIT	NF	
SYMPAZAN ORAL FILM	5	QL (60 EA per 30 days)
TEGRETOL ORAL SUSPENSION	NF	
TEGRETOL ORAL TABLET	NF	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	NF	
<i>tiagabine hcl oral tablet</i>	4	
TOPAMAX ORAL TABLET	NF	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	NF	
<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 solution</i>	4	
<i>topiramate oral tablet</i>	2	
TRILEPTAL ORAL SUSPENSION	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
TRILEPTAL ORAL TABLET	NF	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<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	
VIGADRONE ORAL PACKET	NF	
VIGADRONE ORAL TABLET	NF	
VIGAFYDE ORAL SOLUTION	5	PA
VIMPAT ORAL SOLUTION	NF	
VIMPAT ORAL TABLET	NF	
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
ZARONTIN ORAL CAPSULE	NF	
ZARONTIN ORAL SOLUTION	NF	
ZONEGRAN ORAL CAPSULE	NF	
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
<b>Antimanic Agents</b>		
<i>lithium carbonate er oral tablet extended release</i>	2	
<i>lithium carbonate oral capsule</i>	2	
<i>lithium carbonate oral tablet</i>	2	
<i>lithium oral solution</i>	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
LITHOBID ORAL TABLET EXTENDED RELEASE	NF	
<i>Antimigraine Agents</i>		
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)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
<i>almotriptan malate oral tablet</i>	4	QL (8 EA per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	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)
<i>ergotamine-caffeine oral tablet</i>	3	
<i>frovatriptan succinate oral tablet</i>	4	QL (12 EA per 30 days)
IMITREX ORAL TABLET	NF	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	NF	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	NF	
MAXALT ORAL TABLET 10 MG	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	NF	
MIGERGOT RECTAL SUPPOSITORY	NF	
<i>naratriptan hcl oral tablet</i>	2	QL (8 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	5	PA; QL (18 EA per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER	NF	
QULIPTA ORAL TABLET	NF	
RELPAX ORAL TABLET	NF	
<i>rizatriptan benzoate oral tablet</i>	2	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	3	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	4	QL (8 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	4	QL (32 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	2	QL (8 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan-naproxen sodium oral tablet</i>	4	QL (10 EA per 30 days)
SYMBRAVO ORAL TABLET	NF	
TOSYMRA NASAL SOLUTION	NF	
TREXIMET ORAL TABLET 85-500 MG	NF	
UBRELVY ORAL TABLET	5	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
<i>zolmitriptan nasal solution</i>	NF	
<i>zolmitriptan oral tablet</i>	2	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	NF	
<i>zolmitriptan oral tablet dispersible 5 mg</i>	3	QL (6 EA per 30 days)
ZOMIG NASAL SOLUTION	NF	
ZOMIG ORAL TABLET	NF	
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl oral capsule</i>	3	
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	
<i>amantadine hcl oral tablet</i>	3	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	NF	
<i>apomorphine hcl subcutaneous solution cartridge</i>	NF	
AZILECT ORAL TABLET	NF	
<i>benztropine mesylate oral tablet</i>	2	
<i>bromocriptine mesylate oral capsule</i>	4	
<i>bromocriptine mesylate oral tablet</i>	4	
<i>cabergoline oral tablet</i>	3	
<i>carbidopa oral tablet</i>	4	
<i>carbidopa-levodopa er oral capsule extended release</i>	NF	
<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	
CREXONT ORAL CAPSULE EXTENDED RELEASE	NF	
DHIVY ORAL TABLET 25-100 MG	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
DUOPA ENTERAL SUSPENSION	NF	
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
LODOSYN ORAL TABLET	NF	
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE	NF	
ONGENTYS ORAL CAPSULE	NF	
PARLODEL ORAL CAPSULE	NF	
PARLODEL ORAL TABLET	NF	
<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	
RYTARY ORAL CAPSULE EXTENDED RELEASE	NF	
<i>selegiline hcl oral capsule</i>	3	
<i>selegiline hcl oral tablet</i>	3	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	NF	
TASMAR ORAL TABLET 100 MG	NF	
<i>tolcapone oral tablet</i>	NF	
<i>trihexyphenidyl hcl oral solution</i>	2	
<i>trihexyphenidyl hcl oral tablet</i>	2	
ZELAPAR ORAL TABLET DISPERSIBLE	NF	
<b>Anxiolytics, Sedatives, And Hypnotics</b>		
<i>alprazolam er oral tablet extended release 24 hour</i>	NF	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	NF	
<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)
<i>alprazolam oral tablet dispersible</i>	NF	
AMBIEN CR ORAL TABLET EXTENDED RELEASE	NF	
AMBIEN ORAL TABLET	NF	
ATIVAN ORAL TABLET	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA ORAL TABLET	3	QL (30 EA per 30 days)
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG	NF	
<i>bupirone hcl oral tablet</i>	2	
<i>chlordiazepoxide hcl oral capsule</i>	NF	
<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)
DAYVIGO ORAL TABLET	NF	
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)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	NF	
<i>estazolam oral tablet</i>	NF	
<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>flurazepam hcl oral capsule</i>	NF	
HALCION ORAL TABLET	NF	
HETLIOZ LQ ORAL SUSPENSION	NF	
HETLIOZ ORAL CAPSULE	NF	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	3	
<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)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE	NF	
LUNESTA ORAL TABLET	NF	
<i>meprobamate oral tablet</i>	NF	
<i>oxazepam oral capsule</i>	NF	
<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)
QUVIVIQ ORAL TABLET	NF	
<i>ramelteon oral tablet</i>	4	QL (30 EA per 30 days)
RESTORIL ORAL CAPSULE	NF	
ROZEREM ORAL TABLET	NF	
<i>tasimelteon oral capsule</i>	NF	
<i>temazepam oral capsule 15 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<i>triazolam oral tablet</i>	NF	
VALIUM ORAL TABLET	NF	
XANAX ORAL TABLET	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG	NF	
<i>zaleplon oral capsule</i>	3	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release</i>	NF	
<i>zolpidem tartrate oral capsule</i>	NF	
<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)
<i>zolpidem tartrate sublingual tablet sublingual</i>	NF	
<b>Central Nervous System Agents, Misc</b>		
<i>atomoxetine hcl oral capsule</i>	4	QL (30 EA per 30 days)
DAYBUE ORAL SOLUTION	NF	
DAYBUE STIX ORAL PACKET	NF	
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	QL (30 EA per 30 days)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
LUMRYZ ORAL PACKET	NF	
<i>memantine hcl er oral capsule extended release 24 hour</i>	4	
<i>memantine hcl oral solution 2 mg/ml</i>	NF	
<i>memantine hcl oral tablet</i>	2	
<i>memantine hcl-donepezil hcl er 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)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
RADICAVA ORS STARTER KIT ORAL SUSPENSION	5	PA
<i>riluzole oral tablet</i>	4	
<i>sodium oxybate oral solution</i>	NF	
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)
<b>Fibromyalgia Agents</b>		
SAVELLA ORAL TABLET 100 MG	4	ST

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
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)
<b>Opiate Antagonists</b>		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge</i>	NF	
<i>naltrexone hcl oral tablet</i>	2	
REXTOVY NASAL LIQUID	NF	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	NF	
<b>Opioid Antagonists</b>		
KLOXXADO NASAL LIQUID	4	
<i>naloxone hcl injection solution prefilled syringe</i>	NF	
OPVEE NASAL SOLUTION	3	
ZURNAI INJECTION SOLUTION AUTO-INJECTOR	NF	
<b>Psychotherapeutic Agents</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	5	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	
ABILIFY ORAL TABLET	NF	
<i>amitriptyline hcl oral tablet</i>	3	
<i>amoxapine oral tablet</i>	3	
ANAFRANIL ORAL CAPSULE	NF	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
CELEXA ORAL TABLET	NF	
<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	
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet dispersible</i>	4	
CLOZARIL ORAL TABLET 100 MG, 25 MG	NF	
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

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<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)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	NF	
<i>escitalopram oxalate oral capsule</i>	NF	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	4	
<i>escitalopram oxalate oral tablet</i>	2	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST; QL (30 EA per 30 days)
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST; QL (30 EA per 30 days)
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 (pmd) oral tablet</i>	NF	
<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	
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	4	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	NF	
<i>fluvoxamine maleate oral tablet</i>	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	NF	
GEODON ORAL CAPSULE	NF	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl oral tablet</i>	2	
<i>imipramine pamoate oral capsule</i>	NF	
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 ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	NF	
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)
LEXAPRO ORAL TABLET	NF	
<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	
NARDIL ORAL TABLET	NF	
<i>nefazodone hcl oral tablet</i>	4	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	NF	
<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	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 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.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
PARNATE ORAL TABLET	NF	
<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	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
PAXIL ORAL TABLET	NF	
<i>perphenazine oral tablet</i>	4	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-25 mg</i>	4	
<i>perphenazine-amitriptyline oral tablet 4-10 mg, 4-50 mg</i>	NF	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	NF	
<i>phenelzine sulfate oral tablet</i>	3	
<i>pimozide oral tablet</i>	4	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>prochlorperazine maleate oral tablet</i>	2	
<i>prochlorperazine rectal suppository</i>	4	
<i>protriptyline hcl oral tablet</i>	4	
PROZAC ORAL CAPSULE 20 MG	NF	
<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
REMERON ORAL TABLET 15 MG, 30 MG	NF	
REMERON SOLTAB ORAL TABLET DISPERSIBLE	NF	
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

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
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	
RISPERDAL ORAL SOLUTION	NF	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NF	
<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)
<i>risperidone oral tablet 4 mg</i>	2	
<i>risperidone oral tablet dispersible</i>	4	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	NF	
SECUADO TRANSDERMAL PATCH 24 HOUR	5	ST
SEROQUEL ORAL TABLET	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>sertraline hcl oral capsule</i>	4	ST
<i>sertraline hcl oral concentrate</i>	4	
<i>sertraline hcl oral tablet</i>	2	
SILENOR ORAL TABLET	NF	
<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)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	NF	
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	NF	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
VIIBRYD ORAL TABLET	NF	
<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 SR ORAL TABLET EXTENDED RELEASE 12 HOUR	NF	
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	
ZOLOFT ORAL CONCENTRATE	NF	
ZOLOFT ORAL TABLET	NF	
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)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	NF	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	NF	
<b><i>Vesicular Monoamine Transporter 2 (Vmat2) Inhibitors</i></b>		
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)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	NF	
INGREZZA ORAL CAPSULE	NF	
INGREZZA ORAL CAPSULE SPRINKLE	NF	
INGREZZA ORAL CAPSULE THERAPY PACK	NF	
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA
<i>tetrabenazine oral tablet 25 mg</i>	5	PA
XENAZINE ORAL TABLET	NF	
<b>Contraceptives</b>		
<i>Contraceptives</i>		
PHEXXI VAGINAL GEL	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name Devices	Drug Tier Requirements/Limits
<i>Devices</i>	
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
<b>Diagnostic Agents</b>	
<i>Pheochromocytoma</i>	
<i>metirosine oral capsule</i>	5
<b>Electrolytic, Caloric, And Water Balance</b>	
<i>Alkalinizing Agents</i>	
<i>potassium citrate er oral tablet extended release</i>	3
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	NF
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	NF
<i>Ammonia Detoxicants</i>	
CARBAGLU ORAL TABLET SOLUBLE	NF
<i>carglumic acid oral tablet soluble</i>	NF
<i>constulose oral solution</i>	2
<i>enulose oral solution</i>	2
<i>generlac oral solution</i>	NF
<i>glycerol phenylbutyrate oral liquid</i>	NF
KRISTALOSE ORAL PACKET	NF
<i>lactulose oral packet</i>	NF
<i>lactulose oral solution 10 gm/15ml</i>	2
LITHOSTAT ORAL TABLET	4
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	NF
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	NF
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	NF
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	NF
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	NF
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	NF
PHEBURANE ORAL PELLETT	NF
RAVICTI ORAL LIQUID	NF
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	NF

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<b>Caloric Agents</b>		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	NF	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	NF	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	NF	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	NF	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	NF	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	NF	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	NF	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	NF	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	NF	
CLINISOL SF INTRAVENOUS SOLUTION	NF	
CLINOLIPID INTRAVENOUS EMULSION	NF	
<i>dextrose intravenous solution 10 %</i>	NF	
<i>dextrose intravenous solution 5 %</i>	2	
DOJOLVI ORAL LIQUID	NF	
INTRALIPID INTRAVENOUS EMULSION	NF	
NUTRILIPID INTRAVENOUS EMULSION	NF	
PLENAMINE INTRAVENOUS SOLUTION	NF	
PREMASOL INTRAVENOUS SOLUTION 10 %	NF	
PROSOL INTRAVENOUS SOLUTION	4	PA
TRAVASOL INTRAVENOUS SOLUTION	NF	
TROPHAMINE INTRAVENOUS SOLUTION 10 %	NF	
<b>Diuretics</b>		
<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	
DYRENIUM ORAL CAPSULE	NF	
EDECRIN ORAL TABLET	NF	
<i>ethacrynic acid oral tablet</i>	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT	NF	
<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	
JYNARQUE ORAL TABLET	5	PA
JYNARQUE ORAL TABLET THERAPY PACK	NF	
<i>metolazone oral tablet</i>	2	
SAMSCA ORAL TABLET	NF	
SOAANZ ORAL TABLET 40 MG	NF	
THALITONE ORAL TABLET	NF	
<i>tolvaptan (hyponatremia) oral tablet</i>	5	PA
<i>tolvaptan oral tablet</i>	5	PA
<i>tolvaptan oral tablet therapy pack</i>	NF	
<i>toremide oral tablet</i>	2	
<i>triamterene oral capsule</i>	NF	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hctz oral tablet</i>	2	
<b>Ion-Removing Agents</b>		
FOSRENOL ORAL PACKET	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	NF	
KIONEX COMBINATION SUSPENSION	NF	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg</i>	5	
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	NF	
LOKELMA ORAL PACKET	4	
<i>sevelamer carbonate oral packet</i>	4	
<i>sevelamer carbonate oral tablet</i>	4	
<i>sevelamer hcl oral tablet 400 mg</i>	NF	
<i>sevelamer hcl oral tablet 800 mg</i>	4	
<i>sodium polystyrene sulfonate combination suspension</i>	NF	
<i>sodium polystyrene sulfonate oral powder</i>	3	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	3	
VELPHORO ORAL TABLET CHEWABLE	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits
VELTASSA ORAL PACKET 1 GM	4
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	5
<b>Irrigating Solutions</b>	
<i>sodium chloride irrigation solution 0.9 %</i>	2
<b>Replacement Preparations</b>	
<i>calcium acetate (phos binder) oral capsule</i>	4
<i>calcium acetate (phos binder) oral tablet</i>	4
<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
<i>kcl in dextrose-nacl intravenous solution 40-5-0.9 meq/l-%</i>	NF
<i>kcl-lactated ringers-d5w intravenous solution</i>	NF
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
PLASMA-LYTE A INTRAVENOUS SOLUTION	NF
POKONZA ORAL PACKET 15 MEQ	NF
<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, 20 meq/100ml, 40 meq/100ml</i>	4
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	3
<i>potassium chloride oral packet 20 meq</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

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3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	4	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	4	
<b>Uricosuric Agents</b>		
<i>colchicine-probenecid oral tablet</i>	3	
<i>probenecid oral tablet</i>	3	
<b>Enzymes</b>		
<b>Enzyme Cofactors/Chaperones</b>		
GALAFOLD ORAL CAPSULE	5	PA; QL (14 EA per 28 days)
MIPLYFFA ORAL CAPSULE	NF	
<i>sapropterin dihydrochloride oral tablet</i>	5	
<b>Enzyme Inhibitors</b>		
HARLIKU ORAL TABLET	NF	
<b>Enzymes</b>		
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
REVCovi INTRAMUSCULAR SOLUTION	5	PA
SUCRAID ORAL SOLUTION	5	
<b>Eye, Ear, Nose &amp; Throat Preparations</b>		
<b>Antiallergic Agents</b>		
<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>bepotastine besilate ophthalmic solution</i>	NF	
BEPREVE OPHTHALMIC SOLUTION	NF	
<i>cromolyn sodium ophthalmic solution</i>	2	
DYMISTA NASAL SUSPENSION	NF	
<i>epinastine hcl ophthalmic solution</i>	4	
<i>olopatadine hcl nasal solution</i>	3	
RYALTRIS NASAL SUSPENSION	NF	
ZERVIATE OPHTHALMIC SOLUTION	NF	
<b>Antiglaucoma Agents</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	3	
<i>acetazolamide oral tablet</i>	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	NF	
AZOPT OPHTHALMIC SUSPENSION	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits
<i>betaxolol hcl ophthalmic solution</i>	3
BETIMOL OPHTHALMIC SOLUTION 0.5 %	NF
BETOPTIC-S OPHTHALMIC SUSPENSION	NF
<i>bimatoprost ophthalmic solution 0.03 %</i>	NF
<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
COSOPT OPHTHALMIC SOLUTION	NF
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	NF
<i>dorzolamide hcl ophthalmic solution</i>	2
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	NF
ISTALOL OPHTHALMIC SOLUTION	NF
IYUZEH OPHTHALMIC SOLUTION	NF
<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
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	NF
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	3
<i>pilocarpine hcl ophthalmic solution 1.25 %</i>	NF
RHOPRESSA OPHTHALMIC SOLUTION	3
ROCKLATAN OPHTHALMIC SOLUTION	3
SIMBRINZA OPHTHALMIC SUSPENSION	3
<i>tafluprost (pf) ophthalmic solution</i>	NF
<i>timolol hemihydrate ophthalmic solution</i>	2
<i>timolol maleate (once-daily) ophthalmic solution</i>	NF
<i>timolol maleate ophthalmic gel forming solution</i>	4
<i>timolol maleate ophthalmic solution</i>	2
<i>timolol maleate pf ophthalmic solution</i>	NF
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	NF
TRAVATAN Z OPHTHALMIC SOLUTION	NF

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost (bak free) ophthalmic solution</i>	3	
VYZULTA OPHTHALMIC SOLUTION	4	
XALATAN OPHTHALMIC SOLUTION	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	4	
<b>Anti-Infectives</b>		
AZASITE OPHTHALMIC SOLUTION	NF	
<i>bacitracin ophthalmic ointment</i>	4	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
BESIVANCE OPHTHALMIC SUSPENSION	NF	
<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>levofloxacin ophthalmic solution 0.5 %</i>	NF	
<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	
OCUFLOX OPHTHALMIC SOLUTION	NF	
<i>ofloxacin ophthalmic solution</i>	2	
<i>ofloxacin otic solution</i>	2	
PERIOGARD MOUTH/THROAT SOLUTION	NF	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	2	
<i>sulfacetamide sodium ophthalmic solution</i>	3	
<i>tobramycin ophthalmic solution</i>	2	
TOBEX OPHTHALMIC OINTMENT	4	
<i>trifluridine ophthalmic solution</i>	4	
VIGAMOX OPHTHALMIC SOLUTION	NF	
XDEMVY OPHTHALMIC SOLUTION	5	PA; QL (10 ML per 30 days)
ZIRGAN OPHTHALMIC GEL	4	
<b>Anti-Inflammatory Agents</b>		
ACULAR LS OPHTHALMIC SOLUTION	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
ACULAR OPHTHALMIC SOLUTION	NF	
ACUVAIL OPHTHALMIC SOLUTION	NF	
ALREX OPHTHALMIC SUSPENSION	NF	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	NF	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	NF	
BROMSITE OPHTHALMIC SOLUTION	NF	
CEQUA OPHTHALMIC SOLUTION	NF	
CIPRO HC OTIC SUSPENSION	NF	
<i>ciprofloxacin-dexamethasone otic suspension</i>	4	
<i>ciprofloxacin-hydrocortisone otic suspension</i>	4	
<i>cyclosporine ophthalmic emulsion</i>	4	QL (60 EA per 30 days)
DERMOTIC OTIC OIL	NF	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	3	
<i>diclofenac sodium ophthalmic solution</i>	2	
<i>difluprednate ophthalmic emulsion</i>	4	
DUREZOL OPHTHALMIC EMULSION	NF	
EYSUVIS OPHTHALMIC SUSPENSION	4	PA
FLAREX OPHTHALMIC SUSPENSION	NF	
<i>flunisolide nasal solution 25 mcg/lact (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	
FML FORTE OPHTHALMIC SUSPENSION	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION	NF	
<i>hydrocortisone-acetic acid otic solution</i>	4	
ILEVRO OPHTHALMIC SUSPENSION	4	
INVELTYS OPHTHALMIC SUSPENSION	NF	
<i>ketorolac tromethamine ophthalmic solution</i>	4	
LOTEMAX OPHTHALMIC GEL	NF	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX OPHTHALMIC SUSPENSION	NF	
LOTEMAX SM OPHTHALMIC GEL	4	
<i>loteprednol etabonate ophthalmic gel</i>	4	
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	NF	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
MAXIDEX OPHTHALMIC SUSPENSION	NF	
MAXITROL OPHTHALMIC OINTMENT	NF	
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	NF	
<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	
NEVANAC OPHTHALMIC SUSPENSION	NF	
OMNARIS NASAL SUSPENSION	NF	
PRED FORTE OPHTHALMIC SUSPENSION	NF	
PRED MILD OPHTHALMIC SUSPENSION	NF	
<i>prednisolone acetate ophthalmic suspension</i>	3	
<i>prednisolone sodium phosphate ophthalmic solution</i>	4	
PROLENSA OPHTHALMIC SOLUTION	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	NF	
QNASL NASAL AEROSOL SOLUTION	NF	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (60 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION	3	QL (60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	NF	
TOBRADEX OPHTHALMIC OINTMENT	NF	
TOBRADEX ST OPHTHALMIC SUSPENSION	NF	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	3	
VERKAZIA OPHTHALMIC EMULSION	NF	
VEVYE OPHTHALMIC SOLUTION	NF	
XHANCE NASAL EXHALER SUSPENSION	NF	
XIIDRA OPHTHALMIC SOLUTION	4	QL (60 EA per 30 days)
ZYLET OPHTHALMIC SUSPENSION	4	
<b>Eent Drugs, Miscellaneous</b>		
<i>acetic acid otic solution</i>	2	
<i>apraclonidine hcl ophthalmic solution</i>	3	
CYSTADROPS OPHTHALMIC SOLUTION	NF	
CYSTARAN OPHTHALMIC SOLUTION	NF	
IOPIDINE OPHTHALMIC SOLUTION 1 %	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
MIEBO OPHTHALMIC SOLUTION	4	QL (12 ML per 30 days)
OXERVATE OPHTHALMIC SOLUTION	5	PA; QL (56 ML per 28 days)
TRYPYR OPHTHALMIC SOLUTION	NF	
TYRVAYA NASAL SOLUTION	4	QL (8.4 ML per 30 days)
<b>Local Anesthetics</b>		
<i>lidocaine viscous hcl mouth/throat solution</i>	2	
<b>Mydriatics</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	3	
<b>Gastrointestinal Drugs</b>		
<b>Antidiarrhea Agents</b>		
<i>diphenoxylate-atropine oral liquid</i>	NF	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
LOMOTIL ORAL TABLET	NF	
<i>loperamide hcl oral capsule</i>	2	
MYTESI ORAL TABLET DELAYED RELEASE	NF	
XERMELO ORAL TABLET	5	PA
<b>Antiemetics</b>		
<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 &amp; 125 mg</i>	4	PA; QL (12 EA per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE	NF	
DICLEGIS ORAL TABLET DELAYED RELEASE	NF	
<i>doxylamine-pyridoxine oral tablet delayed release</i>	NF	
<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)
EMEND BIPACK ORAL CAPSULE	NF	
EMEND ORAL SUSPENSION RECONSTITUTED	NF	
EMEND TRIPACK ORAL CAPSULE	NF	
<i>granisetron hcl oral tablet</i>	2	PA; QL (60 EA per 30 days)
MARINOL ORAL CAPSULE 2.5 MG	NF	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>meclizine hcl oral tablet 50 mg</i>	NF	
<i>ondansetron hcl oral solution 4 mg/5ml</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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>trimethobenzamide hcl oral capsule</i>	NF	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	NF	
<b>Anti-Inflammatory Agents</b>		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	
<i>alosetron hcl oral tablet 1 mg</i>	5	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>balsalazide disodium oral capsule</i>	4	
CANASA RECTAL SUPPOSITORY	NF	
DIPENTUM ORAL CAPSULE	NF	
LIALDA ORAL TABLET DELAYED RELEASE	NF	
<i>mesalamine er oral capsule extended release</i>	4	
<i>mesalamine er oral capsule extended release 24 hour</i>	4	
<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	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	NF	
ROWASA RECTAL KIT	NF	
<b>Antiulcer Agents And Acid Suppressants</b>		
ACIPHEX ORAL TABLET DELAYED RELEASE	NF	
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	NF	
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	NF	
CARAFATE ORAL SUSPENSION	NF	
CARAFATE ORAL TABLET	NF	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	NF	
<i>cimetidine oral tablet 200 mg</i>	3	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	4	
CYTOTEC ORAL TABLET	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE	NF	
<i>dexlansoprazole oral capsule delayed release</i>	NF	
<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>esomeprazole magnesium oral packet 2.5 mg, 5 mg</i>	NF	
<i>famotidine oral suspension reconstituted</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
KONVOMEPEP ORAL SUSPENSION RECONSTITUTED	NF	
<i>lansoprazole oral capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>lansoprazole oral tablet delayed release dispersible</i>	NF	
<i>misoprostol oral tablet</i>	3	
NEXIUM ORAL CAPSULE DELAYED RELEASE	NF	
NEXIUM ORAL PACKET	NF	
<i>nizatidine oral capsule</i>	NF	
<i>omeprazole oral capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule</i>	NF	
<i>omeprazole-sodium bicarbonate oral packet</i>	NF	
<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)
PEPCID ORAL TABLET	NF	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	NF	
PRILOSEC ORAL PACKET	NF	
PROTONIX ORAL PACKET	NF	
PROTONIX ORAL TABLET DELAYED RELEASE	NF	
PYLERA ORAL CAPSULE	NF	
<i>rabeprazole sodium oral tablet delayed release</i>	3	ST; QL (30 EA per 30 days)
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	NF	
<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 DUAL PAK ORAL THERAPY PACK	NF	
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)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	NF	

### 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	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
MOVIPREP ORAL SOLUTION RECONSTITUTED	NF	
<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	
PLENVU ORAL SOLUTION RECONSTITUTED	NF	
SUFLAVE ORAL SOLUTION RECONSTITUTED	NF	
SUPREP BOWEL PREP KIT ORAL SOLUTION	NF	
SUTAB ORAL TABLET	3	
<b>Cholelitholytic Agents</b>		
CHOLBAM ORAL CAPSULE	5	PA
CTEXLI ORAL TABLET	NF	
IQIRVO ORAL TABLET	NF	
LIVDELZI ORAL CAPSULE	NF	
LIVMARLI ORAL SOLUTION	NF	
LIVMARLI ORAL TABLET	NF	
RELTONE ORAL CAPSULE	NF	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	NF	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	4	
<b>Digestants</b>		
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	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	NF	
VIOKACE ORAL TABLET	NF	
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	
<b>Gi Drugs, Miscellaneous</b>		
AMITIZA ORAL CAPSULE	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	NF	
BYLVAY ORAL CAPSULE	NF	
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1.36 ML per 28 days)
IBSRELA ORAL TABLET	NF	
LINZESS ORAL CAPSULE	3	QL (30 EA per 30 days)
<i>lubiprostone oral capsule</i>	3	QL (60 EA per 30 days)
MOTEGRITY ORAL TABLET	NF	
MOVANTIK ORAL TABLET	NF	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	NF	
<i>prucalopride succinate oral tablet</i>	NF	
RELISTOR ORAL TABLET	5	ST
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	5	ST
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
SYMPROIC ORAL TABLET	NF	
TRULANCE ORAL TABLET	4	ST
VIBERZI ORAL TABLET	5	QL (60 EA per 30 days)
VOWST ORAL CAPSULE	5	PA
<b>Immunomodulatory Agents</b>		
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	NF	
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
<b>Prokinetic Agents</b>		
GIMOTI NASAL SOLUTION	NF	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	NF	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	NF	
REGLAN ORAL TABLET	NF	
<b>Gold Compounds</b>		
<b>Gold Compounds</b>		
RIDAURA ORAL CAPSULE	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<b>Heavy Metal Antagonists</b>		
<i>Heavy Metal Antagonists</i>		
CHEMET ORAL CAPSULE	NF	
CUPRIMINE ORAL CAPSULE 250 MG	NF	
CUVRIOR ORAL TABLET	NF	
<i>deferasirox granules oral packet</i>	NF	
<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
DEPEN TITRATABS ORAL TABLET	NF	
EXJADE ORAL TABLET SOLUBLE	NF	
FERRIPROX ORAL SOLUTION	NF	
FERRIPROX ORAL TABLET 1000 MG	5	PA
FERRIPROX TWICE-A-DAY ORAL TABLET	5	PA
JADENU ORAL TABLET	NF	
JADENU SPRINKLE ORAL PACKET	NF	
<i>penicillamine oral capsule</i>	NF	
<i>penicillamine oral tablet</i>	5	
SYPRINE ORAL CAPSULE	NF	
<i>trientine hcl oral capsule 250 mg</i>	NF	
<i>trientine hcl oral capsule 500 mg</i>	5	PA
<b>Hormones And Synthetic Substitutes</b>		
<i>Adrenals</i>		
AGAMREE ORAL SUSPENSION	NF	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE	NF	
ALVESCO INHALATION AEROSOL SOLUTION	NF	
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT	3	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	NF	
ASMANEX HFA INHALATION AEROSOL	NF	
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	
BREYNA INHALATION AEROSOL	NF	
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)
CORTEF ORAL TABLET	NF	
<i>deflazacort oral suspension</i>	NF	
<i>deflazacort oral tablet</i>	5	PA
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone oral tablet therapy pack</i>	NF	
DULERA INHALATION AEROSOL	4	QL (13 GM per 30 days)
EMFLAZA ORAL SUSPENSION	NF	
EMFLAZA ORAL TABLET	NF	
EOHILIA ORAL SUSPENSION	NF	
<i>fludrocortisone acetate oral tablet</i>	3	
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated</i>	NF	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/lact, 200-25 mcg/lact</i>	NF	
<i>fluticasone propionate diskus inhalation aerosol powder breath activated</i>	NF	
<i>fluticasone propionate hfa inhalation aerosol</i>	NF	
HEMADY ORAL TABLET	NF	
<i>hydrocortisone oral tablet</i>	3	
INTRAROSA VAGINAL INSERT	4	PA
<i>jaythari oral suspension</i>	NF	
<i>jaythari oral tablet</i>	5	PA
KHINDIVI ORAL SOLUTION	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
KYMBEE ORAL TABLET	5	PA
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	NF	
MEDROL ORAL TABLET THERAPY PACK	NF	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
ORAPRED ODT ORAL TABLET DISPERSIBLE	NF	
<i>prednisolone oral solution</i>	2	
<i>prednisolone oral tablet</i>	NF	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	NF	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	4	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg</i>	4	
<i>prednisolone sodium phosphate oral tablet dispersible 30 mg</i>	NF	
PREDNISON INTENSOL ORAL CONCENTRATE	4	
<i>prednisone oral solution</i>	4	
<i>prednisone oral tablet</i>	2	
<i>prednisone oral tablet delayed release</i>	NF	
<i>prednisone oral tablet therapy pack</i>	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	NF	
PULMICORT INHALATION SUSPENSION	NF	
PYQUVI ORAL SUSPENSION	NF	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	NF	
SYMBICORT INHALATION AEROSOL	3	QL (13.8 GM per 30 days)
TARPEYO ORAL CAPSULE DELAYED RELEASE	NF	
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)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<b>Androgens</b>		
AVEED INTRAMUSCULAR SOLUTION	NF	
<i>danazol oral capsule 100 mg</i>	4	
<i>danazol oral capsule 200 mg, 50 mg</i>	NF	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG	4	PA
JATENZO ORAL CAPSULE 237 MG	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<i>methitest oral tablet</i>	NF	
<i>methyltestosterone oral capsule</i>	NF	
TESTIM TRANSDERMAL GEL	NF	
<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 12.5 mg/lact (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/lact (1.62%)</i>	3	PA
<i>testosterone transdermal solution</i>	4	PA
TLANDO ORAL CAPSULE	NF	
VOGELXO PUMP TRANSDERMAL GEL	NF	
VOGELXO TRANSDERMAL GEL	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
<b>Antidiabetic Agents</b>		
<i>acarbose oral tablet</i>	1	QL (90 EA per 30 days)
ACTOPLUS MET ORAL TABLET 15-850 MG	NF	
ACTOS ORAL TABLET	NF	
ADMELOG INJECTION SOLUTION	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	NF	
<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)
APIDRA INJECTION SOLUTION	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
BRYNOVIN ORAL SOLUTION	NF	
CYCLOSET ORAL TABLET	NF	
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour</i>	NF	
<i>dapagliflozin propanediol oral tablet</i>	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.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
DUETACT ORAL TABLET	NF	
<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 3 mg</i>	NF	
<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 2.5 mg</i>	NF	
<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)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	NF	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
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 glargine max solostar subcutaneous solution pen-injector</i>	NF	
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution pen-injector</i>	NF	
<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 &amp; lispro subcutaneous suspension pen-injector</i>	3	
INVOKAMET ORAL TABLET	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
INVOKANA ORAL TABLET	NF	
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)
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)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
KORLYM ORAL TABLET	NF	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
LANTUS SUBCUTANEOUS SOLUTION	3	
<i>liraglutide subcutaneous solution pen-injector</i>	3	PA; QL (9 ML per 30 days)
LYUMJEV INJECTION SOLUTION	NF	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
MERILOG SUBCUTANEOUS SOLUTION	NF	
<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 (osm) oral tablet extended release 24 hour</i>	NF	
<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 625 mg, 750 mg</i>	NF	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
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)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
RYBELSUS ORAL TABLET	3	PA; QL (30 EA per 30 days)
<i>saxagliptin hcl oral tablet</i>	NF	
<i>saxagliptin-metformin er oral tablet extended release 24 hour</i>	NF	
SEGLUROMET ORAL TABLET	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
<i>sitaglipt base-metform hcl er oral tablet extended release 24 hour</i>	NF	
<i>sitagliptin base-metformin hcl oral tablet</i>	NF	
<i>sitagliptin oral tablet</i>	NF	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
STEGLATRO ORAL TABLET	NF	
STEGLUJAN ORAL TABLET	NF	
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
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	
TRADJENTA ORAL TABLET	NF	
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)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
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)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
ZITUVIMET ORAL TABLET	NF	
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
ZITUVIO ORAL TABLET	NF	
<b>Antihypoglycemic Agents</b>		
BAQSIMI ONE PACK NASAL POWDER	3	
<i>diazoxide oral suspension</i>	5	
<i>glucagon emergency injection solution reconstituted 1 mg</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	
PROGLYCEM ORAL SUSPENSION	NF	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF
<b>Contraceptives</b>	
ALTAVERA ORAL TABLET	2
<i>alyacen 1/35 oral tablet</i>	2
ANNOVERA VAGINAL RING	NF
APRI ORAL TABLET	2
ARANELLE ORAL TABLET	2
ASHLYNA ORAL TABLET	NF
AUBRA EQ ORAL TABLET	2
AVIANE ORAL TABLET	2
AZURETTE ORAL TABLET	NF
BALCOLTRA ORAL TABLET	NF
BALZIVA ORAL TABLET	2
BEYAZ ORAL TABLET	NF
BLISOVI 24 FE ORAL TABLET	2
BLISOVI FE 1.5/30 ORAL TABLET	2
<i>briellyn oral tablet</i>	2
CAMILA ORAL TABLET	2
CAMRESE LO ORAL TABLET	NF
CRYSSELLE ORAL TABLET	2
CYRED EQ ORAL TABLET	2
DEBLITANE ORAL TABLET	3
DOLISHALE ORAL TABLET	2
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	NF
<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
FEIRZA 1.5/30 ORAL TABLET	NF
FEIRZA 1/20 ORAL TABLET	NF
FEMLYV ORAL TABLET DISPERSIBLE	NF
FINZALA ORAL TABLET CHEWABLE	NF

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits
GALBRIELA ORAL TABLET CHEWABLE	NF
GEMMILY ORAL CAPSULE	NF
HAILEY 24 FE ORAL TABLET	2
HAILEY FE 1/20 ORAL TABLET	NF
HEATHER ORAL TABLET	2
ICLEVIA ORAL TABLET	2
INCASSIA ORAL TABLET	2
INTROVALE ORAL TABLET	NF
ISIBLOOM ORAL TABLET	2
JAIMIESS ORAL TABLET	NF
JASMIEL ORAL TABLET	2
JOYEAUX ORAL TABLET	NF
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
KAITLIB FE ORAL TABLET CHEWABLE	NF
KARIVA ORAL TABLET	2
KELNOR 1/35 ORAL TABLET	2
KURVELO ORAL TABLET	2
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	NF
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 &amp; 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
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3
LO LOESTRIN FE ORAL TABLET	NF

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits
LOESTRIN 1.5/30 (21) ORAL TABLET	NF
LOESTRIN 1/20 (21) ORAL TABLET	NF
LOESTRIN FE 1.5/30 ORAL TABLET	NF
LOESTRIN FE 1/20 ORAL TABLET	NF
LOJAIMIESS ORAL TABLET	NF
LORYNA ORAL TABLET	2
LOW-OGESTREL ORAL TABLET	2
LUIZZA 1.5/30 ORAL TABLET	NF
LUIZZA 1/20 ORAL TABLET	NF
LUTERA ORAL TABLET	2
LYLEQ ORAL TABLET	2
LYZA ORAL TABLET	2
<i>marlissa oral tablet</i>	2
MELEYA ORAL TABLET	NF
MIBELAS 24 FE ORAL TABLET CHEWABLE	NF
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
MINZOYA ORAL TABLET	NF
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	NF
NATAZIA ORAL TABLET	NF
NECON 0.5/35 (28) ORAL TABLET	2
NEXPLANON SUBCUTANEOUS IMPLANT	3
NEXTSTELLIS ORAL TABLET	NF
NIKKI ORAL TABLET	2
NORA-BE ORAL TABLET	3
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	3
<i>norethin ace-eth estrad-fe oral capsule</i>	NF
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	NF
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits
NORTREL 1/35 (21) ORAL TABLET	2
NORTREL 1/35 (28) ORAL TABLET	2
NORTREL 7/7/7 ORAL TABLET	2
NUVARING VAGINAL RING	NF
NYLIA 1/35 ORAL TABLET	2
NYLIA 7/7/7 ORAL TABLET	2
ORQUIDEA ORAL TABLET	NF
PIMTREA ORAL TABLET	2
PORTIA-28 ORAL TABLET	2
RECLIPSEN ORAL TABLET	2
RIVELSA ORAL TABLET	NF
ROSYRAH ORAL TABLET	NF
SAFYRAL ORAL TABLET	NF
SETLAKIN ORAL TABLET	2
SHAROBEL ORAL TABLET	3
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	NF
SPRINTEC 28 ORAL TABLET	2
SYEDA ORAL TABLET	2
TARINA 24 FE ORAL TABLET	2
TARINA FE 1/20 EQ ORAL TABLET	2
TILIA FE ORAL TABLET	NF
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
TYDEMY ORAL TABLET	NF
VALTYA 1/35 ORAL TABLET	NF
VALTYA 1/50 ORAL TABLET	NF
VELIVET ORAL TABLET	2
VESTURA ORAL TABLET	2
VIENVA ORAL TABLET	2
<i>viorele oral tablet</i>	NF

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
VYFEMLA ORAL TABLET	2	
VYLIBRA ORAL TABLET	2	
WYMZYA FE ORAL TABLET CHEWABLE	2	
XARAH FE ORAL TABLET	NF	
XULANE TRANSDERMAL PATCH WEEKLY	3	
YASMIN 28 ORAL TABLET	NF	
YAZ ORAL TABLET	NF	
ZAFEMY TRANSDERMAL PATCH WEEKLY	3	
ZOVIA 1/35 (28) ORAL TABLET	2	
<b>Estrogens And Antiestrogens</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	NF	
<i>anastrozole oral tablet</i>	2	
ANGELIQ ORAL TABLET	NF	
ARIMIDEX ORAL TABLET	NF	
AROMASIN ORAL TABLET	NF	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	PA
CLIMARA TRANSDERMAL PATCH WEEKLY	NF	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	4	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	NF	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	NF	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY	4	PA
DUAVEE ORAL TABLET	NF	
ESTRACE VAGINAL CREAM 0.01 %	NF	
<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 0.01 %</i>	3	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml</i>	NF	
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	4	
<i>estradiol-norethindrone acet oral tablet</i>	NF	
ESTRING VAGINAL RING 7.5 MCG/24HR	4	
EVAMIST TRANSDERMAL SOLUTION	NF	
EVISTA ORAL TABLET	NF	
<i>exemestane oral tablet</i>	4	
FEMARA ORAL TABLET	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
FEMRING VAGINAL RING	4	
FYAVOLV ORAL TABLET	NF	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG	NF	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG	NF	
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	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY	NF	
MENOSTAR TRANSDERMAL PATCH WEEKLY	4	PA
MIMVEY ORAL TABLET	NF	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	NF	
<i>norethindrone-eth estradiol oral tablet</i>	NF	
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	
VAGIFEM VAGINAL TABLET 10 MCG	NF	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	NF	
YUVAFEM VAGINAL TABLET	4	
<b><i>Estrogens, Antiestrogens &amp; Estrogen Agonist-Antagonists</i></b>		
ABIGALE LO ORAL TABLET	NF	
ABIGALE ORAL TABLET	NF	
BIJUVA ORAL CAPSULE	NF	
DIVIGEL TRANSDERMAL GEL	NF	
ELESTRIN TRANSDERMAL GEL	NF	
<i>estradiol transdermal gel</i>	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<b><i>Estrogens, Antiestrogens + Estrogen Agonist-Antagonists</i></b>		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG	NF	
IMVEXXY STARTER PACK VAGINAL INSERT 4 MCG	NF	
<b><i>Gonadotropins And Antigonadotropins</i></b>		
ELIGARD SUBCUTANEOUS KIT	4	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	
<i>leuprolide acetate (3 month) intramuscular injectable</i>	NF	
<i>leuprolide acetate injection kit</i>	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)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	NF	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	NF	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	NF	
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT	NF	
MYFEMBREE ORAL TABLET	NF	
ORGOVYX ORAL TABLET	5	PA; QL (30 EA per 28 days)
ORIAHNN ORAL CAPSULE THERAPY PACK	NF	
ORLISSA ORAL TABLET	NF	
SYNAREL NASAL SOLUTION	NF	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	PA
VABRINTY SUBCUTANEOUS KIT 22.5 MG, 45 MG	NF	
<b><i>Leptins</i></b>		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	
<b><i>Parathyroid And Antiparathyroid Agents</i></b>		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2.24 ML per 28 days)
<i>calcitonin (salmon) nasal solution</i>	3	
<i>cinacalcet hcl oral tablet</i>	4	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	5	PA; QL (2.4 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	5	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
<b>Pituitary</b>		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	NF	
ACTHAR INJECTION GEL	NF	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE	NF	
CORTROPHIN INJECTION GEL	NF	
CRENESSITY ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
CRENESSITY ORAL CAPSULE 25 MG	NF	
CRENESSITY ORAL CAPSULE 50 MG	5	PA; QL (90 EA per 30 days)
CRENESSITY ORAL SOLUTION	5	PA; QL (240 ML per 30 days)
DDAVP ORAL TABLET	NF	
<i>desmopressin ace spray refrig nasal solution</i>	4	
<i>desmopressin acetate oral tablet</i>	3	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
SKYTROFA SUBCUTANEOUS CARTRIDGE	NF	
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
<b>Progestins</b>		
CRINONE VAGINAL GEL	NF	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	NF	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	NF	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
GALLIFREY ORAL TABLET	2	
<i>medroxyprogesterone acetate intramuscular suspension</i>	3	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	3	
<i>medroxyprogesterone acetate oral tablet</i>	2	
<i>megestrol acetate oral suspension 40 mg/ml</i>	3	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet</i>	3	
<i>norethindrone acetate oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone oral capsule</i>	3	
PROMETRIUM ORAL CAPSULE	NF	
PROVERA ORAL TABLET	NF	
<b>Somatostatin Agonists And Antagonists</b>		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	NF	
<i>octreotide acetate injection solution 100 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	NF	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; QL (60 ML per 30 days)
<b>Somatotropin Agonists And Antagonists</b>		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	
EGRIFTA WR SUBCUTANEOUS KIT	NF	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	NF	
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA
HUMATROPE INJECTION CARTRIDGE	5	PA
INCRELEX SUBCUTANEOUS SOLUTION	5	PA
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML	NF	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	NF	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	
<b>Thyroid And Antithyroid Agents</b>		
CYTOMEL ORAL TABLET	NF	
ERMEZA ORAL SOLUTION	NF	
<i>levothyroxine sodium oral capsule 100 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<i>levothyroxine sodium oral capsule 112 mcg, 13 mcg, 137 mcg</i>	NF	
<i>levothyroxine sodium oral tablet</i>	2	
LEVOXYL ORAL TABLET	3	
LIOMNY ORAL TABLET	2	
<i>liothyronine sodium oral tablet</i>	2	
<i>methimazole oral tablet</i>	2	
<i>propylthiouracil oral tablet</i>	2	
REZDIFFRA ORAL TABLET	5	PA; QL (30 EA per 30 days)
SYNTHROID ORAL TABLET	3	
THYQUIDITY ORAL SOLUTION	NF	
TIROSINT ORAL CAPSULE	4	
TIROSINT-SOL ORAL SOLUTION	4	
UNITHROID ORAL TABLET	3	
<b>Immunomodulatory Agents</b>		
<i>Alzheimer Disease Agents</i>		
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
<i>Bone-Modifying Agents</i>		
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
BILPREVDA SUBCUTANEOUS SOLUTION	NF	
BOMYNTRA SUBCUTANEOUS SOLUTION	NF	
BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
OSENVLT SUBCUTANEOUS SOLUTION	NF	
OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
<i>Disease-Modifying Antirheumatic Drugs</i>		
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit</i>	5	PA
<i>adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit</i>	3	PA
<i>adalimumab-aacf(cd/uc/hs str) subcutaneous auto-injector kit</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<i>adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit</i>	5	PA
<i>adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit</i>	NF	
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	NF	
<i>adalimumab-adaz subcutaneous solution prefilled syringe</i>	NF	
<i>adalimumab-bwwd subcutaneous solution auto-injector</i>	NF	
<i>adalimumab-bwwd subcutaneous solution prefilled syringe</i>	NF	
<i>adalimumab-ryvk (1 pen) subcutaneous auto-injector kit</i>	NF	
<i>adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit</i>	NF	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NF	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	NF	
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
HYRIMOZ-PLAQ PSOR/UEVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
OTEZLA ORAL TABLET	5	PA
OTEZLA ORAL TABLET THERAPY PACK	5	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK	NF	
OTULFI SUBCUTANEOUS SOLUTION	NF	
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
PYZCHIVA SUBCUTANEOUS SOLUTION	NF	
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
RINVOQ LQ ORAL SOLUTION	5	PA
SELARSDI SUBCUTANEOUS SOLUTION	NF	
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NF	
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	NF	
STARJEMZA SUBCUTANEOUS SOLUTION	NF	
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
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)
<i>ustekinumab-aaaz subcutaneous solution prefilled syringe</i>	NF	
<i>ustekinumab-aekn subcutaneous solution prefilled syringe</i>	NF	
<i>ustekinumab-ttwe subcutaneous solution prefilled syringe</i>	NF	
WEZLANA SUBCUTANEOUS SOLUTION	NF	
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
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)
<b>Multiple Sclerosis Agents</b>		
<i>cladribine (8 tabs) oral tablet therapy pack</i>	NF	
<b>Myasthenia Gravis Agents</b>		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<b>Miscellaneous Therapeutic Agents</b>		
<i>5-Alpha-Reductase Inhibitors</i>		
AVODART ORAL CAPSULE	NF	
<i>dutasteride oral capsule</i>	3	
<i>dutasteride-tamsulosin hcl oral capsule</i>	4	
<i>finasteride oral tablet 5 mg</i>	2	
JALYN ORAL CAPSULE	NF	
PROSCAR ORAL TABLET	NF	
<i>Antidotes</i>		
<i>acetylcysteine inhalation solution</i>	2	PA
<i>leucovorin calcium oral tablet</i>	3	
<i>Antigout Agents</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
<i>allopurinol oral tablet 200 mg</i>	NF	
<i>colchicine oral capsule</i>	4	
<i>colchicine oral tablet</i>	3	
<i>febuxostat oral tablet</i>	3	ST
GLOPERBA ORAL SOLUTION	NF	
MITIGARE ORAL CAPSULE	NF	
ULORIC ORAL TABLET	NF	
<i>Antisense Oligonucleotides</i>		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (0.8 ML per 28 days)
<i>Bone Resorption Inhibitors</i>		
ACTONEL ORAL TABLET 150 MG, 35 MG	NF	
<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)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	2	QL (4 EA per 28 days)
ATELVIA ORAL TABLET DELAYED RELEASE	NF	
BINOSTO ORAL TABLET EFFERVESCENT	NF	
FOSAMAX ORAL TABLET 70 MG	NF	
FOSAMAX PLUS D ORAL TABLET	NF	
<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)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
<i>risedronate sodium oral tablet 150 mg</i>	3	QL (1 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium oral tablet 30 mg</i>	4	QL (120 EA per 365 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	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)
WYOST SUBCUTANEOUS SOLUTION	5	PA
XGEVA SUBCUTANEOUS SOLUTION	NF	
<b>Carbonic Anhydrase Inhibitors</b>		
<i>dichlorphenamide oral tablet</i>	NF	
KEVEYIS ORAL TABLET	NF	
<b>Cariostatic Agents</b>		
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	NF	
<b>Complement Inhibitors</b>		
BERINERT INTRAVENOUS KIT	5	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	NF	
EMPAVELI SUBCUTANEOUS SOLUTION	NF	
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (27 ML per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	5	PA; QL (27 ML per 30 days)
ORLADEYO ORAL CAPSULE	NF	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	NF	
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
TAVNEOS ORAL CAPSULE	5	PA; QL (180 EA per 30 days)
<b>Disease-Modifying Antirheumatic Drugs</b>		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	NF	
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	NF	
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	NF	
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit</i>	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit</i>	NF	
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>	NF	
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	NF	
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit</i>	NF	
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit</i>	NF	
<i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit</i>	NF	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	NF	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
ARAVA ORAL TABLET	NF	
CIBINQO ORAL TABLET	5	PA; QL (30 EA per 30 days)
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	NF	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	NF	
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)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	NF	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	NF	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	NF	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NF	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	NF	
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
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	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
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	NF	
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
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	NF	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	NF	
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	NF	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	NF	
<b>Immunomodulatory Agents</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	
AUBAGIO ORAL TABLET	NF	
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)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	NF	
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)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
<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)
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)
JOENJA ORAL TABLET	NF	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	ST; QL (6 ML per 365 days)
MAYZENT ORAL TABLET	NF	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
PONVORY ORAL TABLET	NF	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	NF	
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)
TASCENSO ODT ORAL TABLET DISPERSIBLE	NF	
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
VELSIPITY ORAL TABLET	NF	
VUMERITY ORAL CAPSULE DELAYED RELEASE	5	ST
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	NF	
ZEPOSIA ORAL CAPSULE	NF	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	NF	
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
AZASAN ORAL TABLET	NF	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	NF	
<i>azathioprine oral tablet 50 mg</i>	2	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
CELLCEPT ORAL CAPSULE	NF	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	NF	
CELLCEPT ORAL TABLET	NF	
<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
IMURAN ORAL TABLET	NF	
LUPKYNIS ORAL CAPSULE	NF	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	NF	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	NF	
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	NF	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	NF	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	NF	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	NF	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	NF	
<i>mycophenolate mofetil oral capsule</i>	3	PA
<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
MYFORTIC ORAL TABLET DELAYED RELEASE	NF	
MYHIBBIN ORAL SUSPENSION	NF	
NEORAL ORAL CAPSULE	NF	
NEORAL ORAL SOLUTION	NF	
PROGRAF ORAL CAPSULE	NF	
PROGRAF ORAL PACKET	4	PA
SANDIMMUNE ORAL CAPSULE	NF	
<i>sirolimus oral solution</i>	4	PA
<i>sirolimus oral tablet</i>	4	PA
<i>tacrolimus oral capsule</i>	4	PA
ZORTRESS ORAL TABLET	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<b><i>Kallikrein-Kinin System Inhibitors</i></b>		
FABHALTA ORAL CAPSULE	NF	
TAKHZYRO SUBCUTANEOUS SOLUTION	NF	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
VOYDEYA ORAL TABLET	NF	
VOYDEYA ORAL TABLET THERAPY PACK	NF	
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
<b><i>Other Miscellaneous Therapeutic Agents</i></b>		
AQNEURSA ORAL PACKET	NF	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	
<i>betaine oral powder</i>	NF	
CARNITOR ORAL SOLUTION	NF	
CARNITOR ORAL TABLET	NF	
CERDELGA ORAL CAPSULE	NF	
CYSTADANE ORAL POWDER	NF	
CYSTAGON ORAL CAPSULE	NF	
DUVYZAT ORAL SUSPENSION	NF	
ELMIRON ORAL CAPSULE	5	
ENDARI ORAL PACKET	5	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2.34 ML per 28 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED	NF	
EVRYSDI ORAL TABLET	NF	
FILSPARI ORAL TABLET	NF	
FIRDAPSE ORAL TABLET	NF	
ISTURISA ORAL TABLET 1 MG, 5 MG	NF	
JAVYGTOR ORAL PACKET	NF	
JAVYGTOR ORAL TABLET	NF	
KUVAN ORAL PACKET	NF	
KUVAN ORAL TABLET	NF	
<i>levocarnitine oral solution</i>	NF	
<i>levocarnitine oral tablet</i>	NF	
<i>l-glutamine oral packet</i>	5	PA
LODOCO ORAL TABLET	NF	
<i>miglustat oral capsule</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<i>nitisinone oral capsule</i>	NF	
NITYR ORAL TABLET	NF	
ORFADIN ORAL CAPSULE	NF	
ORFADIN ORAL SUSPENSION	NF	
PROCYSBI ORAL PACKET	NF	
RECORLEV ORAL TABLET	NF	
REZUROCK ORAL TABLET	5	PA; QL (30 EA per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
<i>sapropterin dihydrochloride oral packet</i>	NF	
SKYCLARYS ORAL CAPSULE	NF	
SOHONOS ORAL CAPSULE	NF	
THIOLA EC ORAL TABLET DELAYED RELEASE	NF	
THIOLA ORAL TABLET	NF	
<i>tiopronin oral tablet</i>	NF	
<i>tiopronin oral tablet delayed release</i>	NF	
TYBOST ORAL TABLET	3	QL (30 EA per 30 days)
VENXXIVA ORAL TABLET DELAYED RELEASE	NF	
VIJOICE ORAL PACKET	NF	
VIJOICE ORAL TABLET THERAPY PACK	NF	
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	
YARGESA ORAL CAPSULE	NF	
ZAVESCA ORAL CAPSULE	NF	
ZOKINVY ORAL CAPSULE	NF	
<b>Protective Agents</b>		
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	
<b>Respiratory Tract Agents</b>		
<b>Antifibrotic Agents</b>		
ESBRIET ORAL TABLET	NF	
OFEV ORAL CAPSULE	5	PA
<i>pirfenidone oral capsule</i>	5	PA
<i>pirfenidone oral tablet</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<b>Anti-Inflammatory Agents</b>		
BRINSUPRI ORAL TABLET	NF	
<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
GASTROCROM ORAL CONCENTRATE	NF	
<i>montelukast sodium oral packet</i>	NF	
<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
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
SINGULAIR ORAL PACKET	NF	
SINGULAIR ORAL TABLET	NF	
SINGULAIR ORAL TABLET CHEWABLE	NF	
<i>zafirlukast oral tablet</i>	4	QL (60 EA per 30 days)
<i>zileuton er oral tablet extended release 12 hour</i>	NF	
<b>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</b>		
ALYFTREK ORAL TABLET	NF	
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)
SYMDEKO ORAL TABLET THERAPY PACK	NF	
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA
TRIKAFTA ORAL THERAPY PACK	5	PA
<b>Dual Phosphodiesterase Inhibitors</b>		
OHTUVAYRE INHALATION SUSPENSION	NF	
<b>Mucolytic Agents</b>		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<b>Phosphodiesterase Type 4 Inhibitors</b>		
DALIRESP ORAL TABLET	NF	
<i>roflumilast oral tablet</i>	4	
<b>Respiratory Tract Agents, Miscellaneous</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	NF	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	NF	
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
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	NF	
<b>Vasodilating Agents</b>		
ADEMPAS ORAL TABLET	5	PA
<i>ambrisentan oral tablet</i>	5	PA
<i>bosentan oral tablet</i>	5	PA
<i>bosentan oral tablet soluble</i>	5	PA
LETAIRIS ORAL TABLET	5	PA
OPSUMIT ORAL TABLET	5	PA
OPSYNVI ORAL TABLET	NF	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	NF	
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	NF	
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	NF	
ORENITRAM ORAL TABLET EXTENDED RELEASE	NF	
TRACLEER ORAL TABLET	5	PA
TRACLEER ORAL TABLET SOLUBLE	5	PA
TRYVIO ORAL TABLET	NF	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG	5	PA; QL (224 EA per 28 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	5	PA; QL (112 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	5	PA; QL (504 EA per 365 days)
UPTRAVI ORAL TABLET	NF	
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	NF	
VANRAFIA ORAL TABLET	NF	
YUTREPIA INHALATION CAPSULE	NF	
<b>Skin And Mucous Membrane Agents</b>		
<b>Anti-Infectives</b>		
ACANYA EXTERNAL GEL	NF	
CABTREO EXTERNAL GEL	NF	
CLINDAGEL EXTERNAL GEL	NF	
<i>clindamycin phos (once-daily) external gel</i>	3	
<i>clindamycin phos (twice-daily) external gel</i>	3	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %</i>	NF	
<i>econazole nitrate external foam</i>	NF	
ELIMITE EXTERNAL CREAM	NF	
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<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)
ONEXTON EXTERNAL GEL	NF	
PRURADIK EXTERNAL LOTION	NF	
ZELSUVMI EXTERNAL GEL	NF	
<b>Anti-Inflammatory Agents</b>		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ALA SCALP EXTERNAL LOTION	NF	
ANZUPGO EXTERNAL CREAM	NF	
DERMA-SMOOTHIE/FS SCALP EXTERNAL OIL	NF	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
EUCRISA EXTERNAL OINTMENT	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<i>fluocinolone acetonide scalp external oil</i>	4	
<i>halcinonide external solution</i>	NF	
<i>hydrocortisone acetate external cream 2.5 %</i>	NF	
<i>hydrocortisone external lotion 2 %</i>	NF	
<i>hydrocortisone external solution 2.5 %</i>	NF	
KOURZEQ MOUTH/THROAT PASTE	NF	
LEQSELVI ORAL TABLET	NF	
MICORT HC EXTERNAL CREAM	NF	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	NF	
PRAMOSONE EXTERNAL CREAM 1-1 %	NF	
PRAMOSONE EXTERNAL LOTION	NF	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
TEXACORT EXTERNAL SOLUTION	NF	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ZORYVE EXTERNAL CREAM 0.15 %	NF	
<b>Antiproliferants</b>		
<i>fluorouracil external cream 0.5 %</i>	4	
<b>Antipruritics And Local Anesthetics</b>		
ANALPRAM HC EXTERNAL CREAM 1-1 %	NF	
ANALPRAM HC EXTERNAL LOTION	NF	
<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)
ZTLIDO EXTERNAL PATCH	NF	
<b>Astringents</b>		
SOFDRA EXTERNAL GEL	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<b>Cell Stimulants And Proliferants</b>		
ALTRENO EXTERNAL LOTION	NF	
ATRALIN EXTERNAL GEL	NF	
RETIN-A EXTERNAL CREAM	NF	
RETIN-A EXTERNAL GEL	NF	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	NF	
<i>tretinoin external cream</i>	3	PA
<i>tretinoin external gel</i>	4	PA
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	NF	
<i>tretinoin microsphere pump external gel 0.08 %</i>	NF	
TWYNEO EXTERNAL CREAM	NF	
<b>Emollients, Demulcents, And Protectants</b>		
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	2	
<i>nitroglycerin rectal ointment</i>	4	
RECTIV RECTAL OINTMENT	NF	
<b>Keratolytic Agents</b>		
ACUTANE ORAL CAPSULE 10 MG, 20 MG	4	
<i>adapalene external gel 0.3 %</i>	4	PA
AMNESTEEM ORAL CAPSULE	4	
DIFFERIN EXTERNAL GEL 0.3 %	NF	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	5	
<i>podofilox external gel</i>	NF	
<i>tazarotene external cream 0.05 %</i>	NF	
TAZORAC EXTERNAL CREAM	NF	
ZENATANE ORAL CAPSULE	4	
<b>Skin And Mucous Membrane Agents, Misc</b>		
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
FILSUEV EXTERNAL GEL	NF	
LITFULO ORAL CAPSULE	NF	
ZORYVE EXTERNAL FOAM	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<b>Skin And Mucous Membrane Preparations</b>		
<i>Anti-Infectives</i>		
<i>acyclovir external cream</i>	4	QL (5 GM per 30 days)
<i>acyclovir external ointment</i>	2	QL (30 GM per 30 days)
AMZEEQ EXTERNAL FOAM	NF	
BENZAMYCIN EXTERNAL GEL	NF	
<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	
CLEOCIN VAGINAL CREAM	NF	
CLEOCIN VAGINAL SUPPOSITORY	NF	
CLEOCIN-T EXTERNAL LOTION	NF	
CLINDACIN ETZ EXTERNAL SWAB	NF	
CLINDACIN EXTERNAL FOAM	NF	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	NF	
<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	
CLINDESSE VAGINAL CREAM	NF	
<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	
CROTAN EXTERNAL LOTION	NF	
DENAVIR EXTERNAL CREAM	NF	
<i>econazole nitrate external cream</i>	3	
EPSOLAY EXTERNAL CREAM	NF	
ERTACZO EXTERNAL CREAM	NF	
<i>ery external pad</i>	3	
<i>erythromycin external gel</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin external solution</i>	NF	
EXELDERM EXTERNAL CREAM	NF	
EXELDERM EXTERNAL SOLUTION	NF	
<i>gentamicin sulfate external cream</i>	3	
<i>gentamicin sulfate external ointment</i>	3	
GYNAZOLE-1 VAGINAL CREAM	NF	
<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	
KETODAN EXTERNAL FOAM	NF	
KLARON EXTERNAL LOTION	NF	
<i>luliconazole external cream</i>	NF	
LUZU EXTERNAL CREAM	NF	
<i>malathion external lotion</i>	NF	
METROCREAM EXTERNAL CREAM	NF	
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel</i>	4	
<i>metronidazole external lotion</i>	4	
<i>metronidazole vaginal gel</i>	3	
<i>miconazole 3 vaginal suppository</i>	NF	
<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	
NAFTIN EXTERNAL GEL 2 %	NF	
NATROBA EXTERNAL SUSPENSION	NF	
NEUAC EXTERNAL GEL	NF	
NORITATE EXTERNAL CREAM	5	
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
OVIDE EXTERNAL LOTION	NF	
<i>oxiconazole nitrate external cream</i>	4	
OXISTAT EXTERNAL LOTION	NF	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
SILVADENE EXTERNAL CREAM	NF	
<i>silver sulfadiazine external cream</i>	2	
SOOLANTRA EXTERNAL CREAM	NF	
<i>spinosad external suspension</i>	4	
SSD EXTERNAL CREAM	2	
<i>sulfacetamide sodium (acne) external lotion</i>	4	
SULFAMYLON EXTERNAL CREAM	NF	
<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	
VANDAZOLE VAGINAL GEL	NF	
XACIATO VAGINAL GEL	NF	
XERESE EXTERNAL CREAM	NF	
ZILXI EXTERNAL FOAM	NF	
ZOVIRAX EXTERNAL CREAM	NF	
ZOVIRAX EXTERNAL OINTMENT	NF	
<b>Anti-Inflammatory Agents</b>		
<i>ala-cort external cream 1 %</i>	NF	
<i>alclometasone dipropionate external cream</i>	3	
<i>alclometasone dipropionate external ointment</i>	3	
<i>amcinonide external cream</i>	NF	
<i>amcinonide external ointment</i>	NF	
ANUSOL-HC EXTERNAL CREAM	NF	
<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 foam</i>	NF	
<i>betamethasone valerate external lotion</i>	3	
<i>betamethasone valerate external ointment</i>	2	
BRYHALI EXTERNAL LOTION	NF	
<i>budesonide rectal foam 2 mg</i>	NF	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits
<i>calcipotriene-betameth diprop external ointment</i>	NF
<i>calcipotriene-betameth diprop external suspension</i>	NF
<i>clobetasol propionate e external cream</i>	4
<i>clobetasol propionate emulsion external foam</i>	NF
<i>clobetasol propionate external cream 0.05 %</i>	4
<i>clobetasol propionate external foam</i>	NF
<i>clobetasol propionate external gel</i>	4
<i>clobetasol propionate external liquid</i>	NF
<i>clobetasol propionate external lotion</i>	NF
<i>clobetasol propionate external ointment</i>	4
<i>clobetasol propionate external shampoo</i>	4
<i>clobetasol propionate external solution</i>	4
CLOBEX EXTERNAL LOTION	NF
CLOBEX EXTERNAL SHAMPOO	NF
CLOBEX SPRAY EXTERNAL LIQUID	NF
<i>clocortolone pivalate external cream</i>	NF
CLODAN EXTERNAL SHAMPOO	NF
CORDRAN EXTERNAL TAPE	NF
<i>desonide external cream</i>	NF
<i>desonide external gel</i>	NF
<i>desonide external lotion</i>	NF
<i>desonide external ointment</i>	NF
<i>desoximetasone external cream</i>	4
<i>desoximetasone external gel</i>	NF
<i>desoximetasone external liquid</i>	NF
<i>desoximetasone external ointment</i>	NF
<i>diclofenac sodium external gel 3 %</i>	NF
<i>diclofenac sodium external solution 1.5 %</i>	4
<i>diclofenac sodium external solution 2 %</i>	NF
<i>diflorasone diacetate external cream</i>	NF
<i>diflorasone diacetate external ointment</i>	NF
DIPROLENE EXTERNAL OINTMENT	NF
DUOBRII EXTERNAL LOTION	NF
ENSTILAR EXTERNAL FOAM	NF
<i>fluocinolone acetonide external cream</i>	4
<i>fluocinolone acetonide external ointment</i>	3
<i>fluocinolone acetonide external solution</i>	4

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits
<i>fluocinonide emulsified base external cream</i>	3
<i>fluocinonide external cream 0.05 %</i>	3
<i>fluocinonide external cream 0.1 %</i>	NF
<i>fluocinonide external gel</i>	4
<i>fluocinonide external ointment</i>	4
<i>fluocinonide external solution</i>	3
<i>flurandrenolide external lotion</i>	NF
<i>fluticasone propionate external cream</i>	2
<i>fluticasone propionate external lotion</i>	NF
<i>fluticasone propionate external ointment</i>	NF
<i>halcinonide external cream</i>	NF
<i>halobetasol propionate external cream</i>	4
<i>halobetasol propionate external foam</i>	NF
<i>halobetasol propionate external ointment</i>	4
HALOG EXTERNAL CREAM	NF
HALOG EXTERNAL SOLUTION	NF
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2
<i>hydrocortisone butyrate external cream</i>	NF
<i>hydrocortisone butyrate external lotion</i>	NF
<i>hydrocortisone butyrate external ointment</i>	NF
<i>hydrocortisone butyrate external solution</i>	NF
<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 cream</i>	NF
<i>hydrocortisone valerate external ointment</i>	4
LEXETTE EXTERNAL FOAM	NF
<i>mometasone furoate external cream</i>	2
<i>mometasone furoate external ointment</i>	2
<i>mometasone furoate external solution</i>	2
NEO-SYNALAR EXTERNAL CREAM	NF
<i>nystatin-triamcinolone external cream</i>	NF
<i>nystatin-triamcinolone external ointment</i>	NF
PROCTO-MED HC EXTERNAL CREAM	2
PROCTOSOL HC EXTERNAL CREAM	2
PROCTOZONE-HC EXTERNAL CREAM	2

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier	Requirements/Limits
SYNALAR EXTERNAL CREAM	NF	
SYNALAR EXTERNAL OINTMENT	NF	
TACLONEX EXTERNAL SUSPENSION	NF	
TOPICORT EXTERNAL OINTMENT 0.05 %	NF	
TOPICORT SPRAY EXTERNAL LIQUID	NF	
TOVET EXTERNAL FOAM	NF	
<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 external ointment 0.05 %</i>	NF	
<i>triamcinolone acetonide mouth/throat paste</i>	3	
TRIDERM EXTERNAL CREAM 0.5 %	NF	
UCERIS RECTAL FOAM	NF	
ULTRAVATE EXTERNAL LOTION	NF	
<b>Antipruritics And Local Anesthetics</b>		
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	NF	
PROCTOFOAM HC EXTERNAL FOAM	NF	
PRUDOXIN EXTERNAL CREAM	NF	
ZONALON EXTERNAL CREAM	NF	
<b>Depigmenting And Pigmenting Agents</b>		
<i>methoxsalen rapid oral capsule</i>	NF	
<b>Skin And Mucous Membrane Agents, Misc</b>		
ABSORICA LD ORAL CAPSULE	NF	
ABSORICA ORAL CAPSULE	NF	
ACCUTANE ORAL CAPSULE 40 MG	NF	
<i>acitretin oral capsule</i>	4	
ACZONE EXTERNAL GEL 7.5 %	NF	
<i>adapalene external cream</i>	NF	
<i>adapalene external pad</i>	NF	
<i>adapalene-benzoyl peroxide external gel</i>	NF	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
AKLIEF EXTERNAL CREAM	NF	
ARAZLO EXTERNAL LOTION	NF	
<i>azelaic acid external gel</i>	4	
AZELEX EXTERNAL CREAM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
<i>bexarotene external gel</i>	5	PA
<i>brimonidine tartrate external gel</i>	NF	
<i>calcipotriene external cream</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external foam</i>	NF	
<i>calcipotriene external ointment</i>	4	
<i>calcipotriene external solution</i>	3	
<i>calcitriol external ointment</i>	NF	
CLARAVIS ORAL CAPSULE	NF	
<i>clindamycin-tretinoin external gel</i>	NF	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA
<i>dapsone external gel</i>	NF	
DIFFERIN EXTERNAL CREAM	NF	
<i>doxycycline oral capsule delayed release</i>	4	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
EPIDUO EXTERNAL GEL	NF	
EPIDUO FORTE EXTERNAL GEL	NF	
FINACEA EXTERNAL FOAM	4	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution</i>	3	QL (10 ML per 30 days)
HYFTOR EXTERNAL GEL	NF	
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
MIRVASO EXTERNAL GEL	NF	
OPZELURA EXTERNAL CREAM	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE	NF	
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)
RHOFADE EXTERNAL CREAM	NF	
SANTYL EXTERNAL OINTMENT	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
SORILUX EXTERNAL FOAM	NF	
SOTYKTU ORAL TABLET	NF	
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
TARGRETIN EXTERNAL GEL	NF	
<i>tazarotene external cream 0.1 %</i>	3	
<i>tazarotene external foam</i>	NF	
<i>tazarotene external gel</i>	NF	
TAZORAC EXTERNAL GEL	NF	
VALCHLOR EXTERNAL GEL	5	PA; QL (60 GM per 30 days)
VECTICAL EXTERNAL OINTMENT	NF	
VEREGEN EXTERNAL OINTMENT	NF	
VTAMA EXTERNAL CREAM	NF	
WINLEVI EXTERNAL CREAM	NF	
ZIANA EXTERNAL GEL	NF	
ZORYVE EXTERNAL CREAM 0.3 %	NF	
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	NF	

## Smooth Muscle Relaxants

### Genitourinary Smooth Muscle Relaxants

<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	4	
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	3	
<i>flavoxate hcl oral tablet</i>	NF	
GEMTESA ORAL TABLET	4	
<i>mirabegron er oral tablet extended release 24 hour</i>	NF	
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

Drug Name	Drug Tier Requirements/Limits
<i>oxybutynin chloride oral solution</i>	NF
<i>oxybutynin chloride oral tablet 5 mg</i>	2
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	NF
<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
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	NF
<i>tropium chloride er oral capsule extended release 24 hour</i>	4
<i>tropium chloride oral tablet</i>	3
<b>Respiratory Smooth Muscle Relaxants</b>	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	NF
<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
<i>theophylline oral solution</i>	NF
<b>Vitamins</b>	
<b>Multivitamin Preparations</b>	
<i>prenatal oral tablet 27-1 mg</i>	2
<b>Vitamin D</b>	
<i>calcitriol oral capsule</i>	2
<i>calcitriol oral solution</i>	NF
<i>doxercalciferol oral capsule</i>	NF
<i>paricalcitol oral capsule 1 mcg</i>	4
<i>paricalcitol oral capsule 2 mcg, 4 mcg</i>	NF
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5
ROCALTROL ORAL CAPSULE	NF
ROCALTROL ORAL SOLUTION	NF
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	NF

You can find information on what the symbols and abbreviations on this table mean by going to page 6.  
3/24/2026

## Index

<i>abacavir sulfate</i> .....	16	<i>adalimumab-adbm (2 syringe)</i> ..	108	ALREX.....	78
<i>abacavir sulfate-lamivudine</i> .....	16	<i>adalimumab-bwwd</i> .....	104	ALTAVERA.....	94
ABIGALE.....	99	<i>adalimumab-fkjp (2 pen)</i> .....	108	ALTRENO.....	119
ABIGALE LO.....	99	<i>adalimumab-fkjp (2 syringe)</i> .....	108	ALUNBRIG.....	21
ABILIFY.....	64	<i>adalimumab-ryvk (1 pen)</i> .....	104	ALVAIZ.....	34
ABILIFY ASIMTUFII.....	64	<i>adalimumab-ryvk (2 pen)</i> .....	108	ALVESCO.....	85
ABILIFY MAINTENA.....	64	<i>adalimumab-ryvk (2 syringe)</i> ....	104	<i>alyacen 1/35</i> .....	94
<i>abiraterone acetate</i> .....	20	<i>adapalene</i> .....	119, 125	ALYFTREK.....	115
ABIRTEGA.....	20	<i>adapalene-benzoyl peroxide</i> ....	125	ALYQ.....	46
ABRILADA (1 PEN).....	107	ADBRY.....	117, 125	<i>amantadine hcl</i> .....	60
ABRILADA (2 SYRINGE).....	107	ADCIRCA.....	46	AMBIEN.....	61
ABRYSVO.....	28	ADDERALL.....	51	AMBIEN CR.....	61
ABSORICA.....	125	ADDERALL XR.....	51	AMBISOME.....	14
ABSORICA LD.....	125	<i>adefovir dipivoxil</i> .....	16	<i>ambrisentan</i> .....	116
<i>acamprosate calcium</i> .....	7	ADEMPAS.....	116	<i>amcinonide</i> .....	122
ACANYA.....	117	ADMELOG.....	88	<i>amikacin sulfate</i> .....	8
<i>acarbose</i> .....	88	ADMELOG SOLOSTAR.....	88	<i>amiloride hcl</i> .....	72
AC CUTANE.....	119, 125	ADVAIR DISKUS.....	33	<i>amiloride-hydrochlorothiazide</i> ...	72
<i>acebutolol hcl</i> .....	39	ADVAIR HFA.....	33	<i>amiodarone hcl</i> .....	42
<i>acetaminophen-codeine</i> .....	46	ADZENYS XR-ODT.....	51	AMITIZA.....	83
<i>acetazolamide</i> .....	75	AFINITOR.....	21	<i>amitriptyline hcl</i> .....	64
<i>acetazolamide er</i> .....	75	AFINITOR DISPERZ.....	20	AMJEVITA.....	108
<i>acetic acid</i> .....	79	AFREZZA.....	88	AMJEVITA-PED 10KG TO	
<i>acetylcysteine</i> .....	106	AGAMREE.....	85	<15KG.....	108
ACIPHEX.....	81	AGRYLIN.....	35	AMJEVITA-PED 15KG TO	
<i>acitretin</i> .....	125	AIMOVIG.....	59	<30KG.....	108
ACTEMRA.....	107	AIRSUPRA.....	33	<i>amlodipine besy-benazepril hcl</i> ..	41
ACTEMRA ACTPEN.....	107	AJOVY.....	59	<i>amlodipine besylate</i> .....	41
ACTHAR.....	101	AKEEGA.....	21	<i>amlodipine besylate-valsartan</i> ...	41
ACTHAR GEL.....	101	AKLIEF.....	125	<i>amlodipine-atorvastatin</i> .....	41
ACTHIB.....	28	ALA SCALP.....	117	<i>amlodipine-olmesartan</i> .....	41
ACTIMMUNE.....	110	<i>ala-cort</i> .....	122	<i>amlodipine-valsartan-hctz</i> .....	41
ACTIVELLA.....	98	<i>albendazole</i> .....	8	<i>ammonium lactate</i> .....	119
ACTONEL.....	106	<i>albuterol sulfate</i> .....	33	AMNESTEEM.....	119
ACTOPLUS MET.....	88	<i>albuterol sulfate hfa</i> .....	33	<i>amoxapine</i> .....	64
ACTOS.....	88	<i>alclometasone dipropionate</i> ....	122	<i>amoxicill-clarithro-lansopraz</i> ....	81
ACULAR.....	78	ALDACTONE.....	44	<i>amoxicillin</i> .....	8
ACULAR LS.....	77	ALECENSA.....	21	<i>amoxicillin-pot clavulanate</i> .....	8
ACUVAIL.....	78	<i>alendronate sodium</i> .....	106	<i>amoxicillin-pot clavulanate er</i> ....	8
<i>acyclovir</i> .....	16, 120	<i>alfuzosin hcl er</i> .....	32	<i>amphetamine er</i> .....	51
<i>acyclovir sodium</i> .....	16	<i>aliskiren fumarate</i> .....	44	<i>amphetamine sulfate</i> .....	51
ACZONE.....	125	ALKINDI SPRINKLE.....	85	<i>amphetamine-dextroamphet er</i> ..	51
ADACEL.....	27	<i>allopurinol</i> .....	106	<i>amphetamine-</i>	
<i>adalimumab-aacf (2 pen)</i> .....	103	ALLZITAL.....	46	<i>dextroamphetamine</i> .....	52
<i>adalimumab-aacf (2 syringe)</i> ....	103	<i>almotriptan malate</i> .....	59	<i>amphet-dextroamphet 3-bead</i>	
<i>adalimumab-aacf(cd/uc/hs str)</i>	103	<i>alogliptin benzoate</i> .....	88	<i>er</i> .....	52
<i>adalimumab-aacf(psl/uv starter)</i>	104	<i>alogliptin-metformin hcl</i> .....	88	<i>amphotericin b</i> .....	14
<i>adalimumab-aaty (1 pen)</i> .....	107	<i>alogliptin-pioglitazone</i> .....	88	<i>amphotericin b liposome</i> .....	14
<i>adalimumab-aaty (2 pen)</i> .....	107	<i>alosetron hcl</i> .....	81	<i>ampicillin</i> .....	8
<i>adalimumab-aaty (2 syringe)</i> ....	108	ALPHAGAN P.....	75	<i>ampicillin sodium</i> .....	8
<i>adalimumab-aaty cd/uc/hs start</i>	104	<i>alprazolam</i> .....	61	<i>ampicillin-sulbactam sodium</i> .....	8
<i>adalimumab-adaz</i> .....	104	<i>alprazolam er</i> .....	61	AMPYRA.....	114
<i>adalimumab-adbm (2 pen)</i> .....	108	ALPRAZOLAM INTENSOL.....	61	AMRIX.....	31

AMZEEQ.....	120	ASMANEX HFA.....	86	AZOR.....	41
ANAFRANIL.....	64	<i>aspirin-dipyridamole er</i> .....	35	AZSTARYS.....	52
<i>anagrelide hcl</i> .....	35	ASSURE ID INSULIN SAFETY		<i>aztreonam</i> .....	9
ANALPRAM HC.....	118	SYR.....	71	AZULFIDINE.....	9
<i>anastrozole</i> .....	98	ASTAGRAF XL.....	111	AZULFIDINE EN-TABS.....	9
ANCOBON.....	14	ATACAND.....	44	AZURETTE.....	94
ANDEMBRY.....	43	ATACAND HCT.....	44	<i>bacitracin</i> .....	77
ANGELIQ.....	98	<i>atazanavir sulfate</i> .....	16	<i>bacitracin-polymyxin b</i> .....	77
ANNOVERA.....	94	ATELVIA.....	106	<i>bacitra-neomycin-polymyxin-hc</i> ..	78
ANORO ELLIPTA.....	30	<i>atenolol</i> .....	39	<i>baclofen</i> .....	31
ANUSOL-HC.....	122	<i>atenolol-chlorthalidone</i> .....	39	BACTRIM.....	9
ANZUPGO.....	117	ATIVAN.....	61	BACTRIM DS.....	9
APIDRA.....	88	<i>atomoxetine hcl</i> .....	63	BAFIERTAM.....	110
APIDRA SOLOSTAR.....	88	ATORVALIQ.....	38	BALCOLTRA.....	94
APLENZIN.....	64	<i>atorvastatin calcium</i> .....	38	<i>balsalazide disodium</i> .....	81
APOKYN.....	60	<i>atovaquone</i> .....	15	BALVERSA.....	21
<i>apomorphine hcl</i> .....	60	<i>atovaquone-proguanil hcl</i> .....	15	BALZIVA.....	94
<i>apraclonidine hcl</i> .....	79	ATRALIN.....	119	BANZEL.....	53
<i>aprepitant</i> .....	80	<i>atropine sulfate</i> .....	80	BAQSIMI ONE PACK.....	93
APRI.....	94	ATROVENT HFA.....	30	BARACLUDGE.....	16
APRISO.....	81	ATTRUBY.....	42	BASAGLAR KWIKPEN.....	88
APTENSIO XR.....	52	AUBAGIO.....	110	BAXDELA.....	9
APTIOM.....	53	AUBRA EQ.....	94	<i>bcg vaccine</i> .....	28
APTIVUS.....	16	AUGMENTIN.....	8	BELBUCA.....	46
AQNEURSA.....	113	AUGMENTIN ES-600.....	8	BELSOMRA.....	62
ARALAST NP.....	116	AUGTYRO.....	21	<i>benazepril hcl</i> .....	44
ARANELLE.....	94	AUSTEDO.....	70	<i>benazepril-hydrochlorothiazide</i> ..	44
ARANESP (ALBUMIN FREE)....	36	AUSTEDO XR.....	70	BENICAR.....	44
ARAVA.....	108	AUSTEDO XR PATIENT		BENICAR HCT.....	44
ARAZLO.....	125	TITRATION.....	70	BENLYSTA.....	111
ARBLI.....	44	AUVELITY.....	64	BENZAMYCIN.....	120
ARCALYST.....	113	AUVI-Q.....	33	<i>benzoyl peroxide-erythromycin</i>	120
AREXVY.....	28	AVALIDE.....	44	<i>benztropine mesylate</i> .....	60
<i>arformoterol tartrate</i> .....	33	AVAPRO.....	44	<i>bepotastine besilate</i> .....	75
ARICEPT.....	31	AVEED.....	87	BEPREVE.....	75
ARIKAYCE.....	8	AVIANE.....	94	BERINERT.....	107
ARIMIDEX.....	98	AVMAPKI FAKZYNJA CO-		BESIVANCE.....	77
<i>aripiprazole</i> .....	64	PACK.....	21	BESREMI.....	21
ARISTADA.....	64	AVODART.....	106	<i>betaine</i> .....	113
ARISTADA INITIO.....	64	AVONEX PEN.....	110	<i>betamethasone dipropionate</i> ....	122
ARIXTRA.....	35	AVONEX PREFILLED.....	110	<i>betamethasone dipropionate</i>	
<i>armodafinil</i> .....	52	AVYCAZ.....	8	<i>aug</i> .....	122
ARNUITY ELLIPTA.....	85	AYVAKIT.....	21	<i>betamethasone valerate</i> .....	122
AROMASIN.....	98	AZACTAM.....	8	BETAPACE AF.....	40
ARTHROTEC.....	46	AZASAN.....	111	BETASERON.....	110
ASCOMP-CODEINE.....	46	AZASITE.....	77	<i>betaxolol hcl</i> .....	40, 76
<i>asenapine maleate</i> .....	64	<i>azathioprine</i> .....	111	<i>bethanechol chloride</i> .....	31
ASHLYNA.....	94	<i>azelaic acid</i> .....	125	BETHKIS.....	9
ASMANEX (120 METERED		<i>azelastine hcl</i> .....	75	BETIMOL.....	76
DOSES).....	85	<i>azelastine-fluticasone</i> .....	75	BETOPTIC-S.....	76
ASMANEX (30 METERED		AZELEX.....	125	BEVESPI AEROSPHERE.....	30
DOSES).....	85	AZILECT.....	60	<i>bexarotene</i> .....	21, 126
ASMANEX (60 METERED		<i>azithromycin</i> .....	8	BEXSERO.....	28
DOSES).....	86	AZOPT.....	75	BEYAZ.....	94

<i>bicalutamide</i> .....	21	<i>bupropion hcl er (smoking det)</i> ...	64	<i>carisoprodol</i> .....	31
BICILLIN C-R.....	9	<i>bupropion hcl er (sr)</i> .....	64	CARNITOR.....	113
BICILLIN C-R 900/300.....	9	<i>bupropion hcl er (xl)</i> .....	65	CAROSPIR.....	44
BICILLIN L-A.....	9	<i>bupirone hcl</i> .....	62	<i>carteolol hcl</i> .....	76
BIDIL.....	46	<i>butalbital-acetaminophen</i> .....	47	CARTIA XT.....	41
BIJUVA.....	99	<i>butalbital-apap-caff-cod</i> .....	47	<i>carvedilol</i> .....	40
BIKTARVY.....	16	<i>butalbital-apap-caffeine</i> .....	47	<i>carvedilol phosphate er</i> .....	40
BILDYOS.....	103	<i>butalbital-asa-caff-codeine</i> .....	47	CASODEX.....	21
BILPREVDA.....	103	<i>butalbital-aspirin-caffeine</i> .....	47	<i>caspofungin acetate</i> .....	14
<i>bimatoprost</i> .....	76	<i>butorphanol tartrate</i> .....	47	CAYSTON.....	9
BIMZELX.....	119	BUTRANS.....	47	<i>cefaclor</i> .....	9
BINOSTO.....	106	BYLVAY.....	84	<i>cefaclor er</i> .....	9
<i>bismuth/metronidaz/tetracyclin</i> ...	81	BYLVAY (PELLETS).....	84	<i>cefadroxil</i> .....	9
<i>bisoprolol fumarate</i> .....	40	BYSTOLIC.....	40	<i>cefazolin sodium</i> .....	9
<i>bisoprolol-hydrochlorothiazide</i> ...	40	<i>cabergoline</i> .....	60	<i>cefdinir</i> .....	9
BIVIGAM.....	27	CABLIVI.....	35	<i>cefepime hcl</i> .....	9
BLISOVI 24 FE.....	94	CABOMETYX.....	21	<i>cefixime</i> .....	9
BLISOVI FE 1.5/30.....	94	CABTREO.....	117	<i>cefotetan disodium</i> .....	9
BLUJEPa.....	9	CADUET.....	41	<i>cefoxitin sodium</i> .....	9
BOMYNTRA.....	103	<i>calcipotriene</i> .....	126	<i>cefpodoxime proxetil</i> .....	9
BONJESTA.....	80	<i>calcipotriene-betameth diprop</i> ..	123	<i>cefprozil</i> .....	10
BONSITY.....	100	<i>calcitonin (salmon)</i> .....	100	<i>ceftazidime</i> .....	10
BOOSTRIX.....	27	<i>calcitriol</i> .....	126, 128	<i>ceftriaxone sodium</i> .....	10
<i>bosentan</i> .....	116	<i>calcium acetate (phos binder)</i> ...	74	<i>cefuroxime axetil</i> .....	10
BOSULIF.....	21	CALQUENCE.....	21	<i>cefuroxime sodium</i> .....	10
BRAFTOVI.....	21	CAMBIA.....	47	CELEBREX.....	47
BREKIYA.....	32	CAMILA.....	94	<i>celecoxib</i> .....	47
BREO ELLIPTA.....	86	CAMRESE LO.....	94	CELEXA.....	65
BREYNA.....	86	CAMZYOS.....	42	CELLCEPT.....	112
BREZTRI AEROSPHERE.....	86	CANASA.....	81	CELONTIN.....	54
<i>briellyn</i> .....	94	<i>candesartan cilexetil</i> .....	44	<i>cephalexin</i> .....	10
BRILINTA.....	34, 35	<i>candesartan cilexetil-hctz</i> .....	44	CEQUA.....	78
<i>brimonidine tartrate</i> .....	76, 126	CAPLYTA.....	65	CERDELGA.....	113
<i>brimonidine tartrate-timolol</i> .....	76	CAPRELSA.....	21	<i>cetirizine hcl</i> .....	7
BRINSUPRI.....	115	<i>captopril</i> .....	44	<i>cevimeline hcl</i> .....	31
<i>brinzolamide</i> .....	76	CARAFATE.....	81	CHANTIX.....	31, 32
BRIVIACT.....	54	CARBAGLU.....	71	CHANTIX CONTINUING MONTH PAK.....	32
<i>bromfenac sodium</i> .....	78	<i>carbamazepine</i> .....	54	CHANTIX STARTING MONTH PAK.....	32
<i>bromfenac sodium (once-daily)</i> ..	78	<i>carbamazepine er</i> .....	54	CHEMET.....	85
<i>bromocriptine mesylate</i> .....	60	CARBATROL.....	54	<i>chlordiazepoxide hcl</i> .....	62
BROMSITE.....	78	<i>carbidopa</i> .....	60	<i>chlordiazepoxide-amitriptyline</i> ...	65
BRUKINSA.....	21	<i>carbidopa-levodopa</i> .....	60	<i>chlordiazepoxide-clidinium</i> .....	30
BRYHALI.....	122	<i>carbidopa-levodopa er</i> .....	60	<i>chlorhexidine gluconate</i> .....	77
BRYNOVIN.....	88	<i>carbidopa-levodopa- entacapone</i> .....	60	<i>chloroquine phosphate</i> .....	15
BUCAPSOL.....	62	<i>carbinoxamine maleate</i> .....	7	<i>chlorpromazine hcl</i> .....	65
<i>budesonide</i> .....	86, 122	<i>carbinoxamine maleate er</i> .....	7	<i>chlorthalidone</i> .....	72
<i>budesonide er</i> .....	86	<i>carbzah</i> .....	7	<i>chlorzoxazone</i> .....	31
<i>budesonide-formoterol fumarate</i> .....	86	CARDIZEM.....	41	CHOLBAM.....	83
<i>bumetanide</i> .....	72	CARDIZEM CD.....	41	<i>cholestyramine</i> .....	38
<i>buprenorphine</i> .....	47	CARDIZEM LA.....	41	<i>cholestyramine light</i> .....	38
<i>buprenorphine hcl</i> .....	46	CARDURA.....	38	CIALIS.....	46
<i>buprenorphine hcl-naloxone hcl</i> ..	47	CARDURA XL.....	38	CIBINQO.....	108
<i>bupropion hcl</i> .....	65	<i>carglumic acid</i> .....	71		

<i>ciclopirox</i> .....	120	CLINIMIX/DEXTROSE	COPAXONE.....	110
<i>ciclopirox olamine</i> .....	120	(4.25/10).....	COPIKTRA.....	21
<i>cilostazol</i> .....	35	CLINIMIX/DEXTROSE (4.25/5) ..	CORDRAN.....	123
CILOXAN.....	77	CLINIMIX/DEXTROSE (5/15).....	COREG.....	40
CIMDUO.....	16	CLINIMIX/DEXTROSE (5/20).....	COREG CR.....	40
<i>cimetidine</i> .....	81	CLINISOL SF.....	<i>corphena</i> .....	7
<i>cimetidine hcl</i> .....	81	CLINOLIPID.....	CORTEF.....	86
CIMZIA.....	108	<i>clobazam</i> .....	CORTROPHIN.....	101
CIMZIA (1 SYRINGE).....	108	<i>clobetasol propionate</i> .....	CORTROPHIN GEL.....	101
CIMZIA-STARTER.....	108	<i>clobetasol propionate e</i> .....	COSENTYX.....	126
<i>cinacalcet hcl</i> .....	100	<i>clobetasol propionate emulsion</i>	COSENTYX (300 MG DOSE) ..	126
CINRYZE.....	107	CLOBEX.....	COSENTYX SENSOREADY	
CIPRO.....	10	CLOBEX SPRAY.....	(300 MG).....	104
CIPRO HC.....	78	<i>clocortolone pivalate</i> .....	COSENTYX UNOREADY.....	104
<i>ciprofloxacin hcl</i> .....	10, 77	CLODAN.....	COSOPT.....	76
<i>ciprofloxacin in d5w</i> .....	10	<i>clomipramine hcl</i> .....	COSOPT PF.....	76
<i>ciprofloxacin-dexamethasone</i> .....	78	<i>clonazepam</i> .....	COTELLIC.....	21
<i>ciprofloxacin-hydrocortisone</i> .....	78	<i>clonidine</i> .....	COTEMPLA XR-ODT.....	52
<i>citalopram hydrobromide</i> .....	65	<i>clonidine er</i> .....	COZAAR.....	44
<i>cladribine (8 tabs)</i> .....	105	<i>clonidine hcl</i> .....	CRENESSITY.....	101
CLARAVIS.....	126	<i>clonidine hcl er</i> .....	CREON.....	83
CLARINEX.....	7	<i>clopidogrel bisulfate</i> .....	CRESEMBA.....	14
CLARINEX-D 12 HOUR.....	7	<i>clorazepate dipotassium</i> .....	CRESTOR.....	38
<i>clarithromycin</i> .....	10	<i>clotrimazole</i> .....	CREXONT.....	60
<i>clarithromycin er</i> .....	10	<i>clotrimazole-betamethasone</i> ....	CRINONE.....	101
<i>clemastine fumarate</i> .....	7	<i>clozapine</i> .....	<i>cromolyn sodium</i> .....	75, 115
CLEMSZA.....	7	CLOZARIL.....	CROTAN.....	120
CLENPIQ.....	82	COARTEM.....	CRYSELLE.....	94
CLEOCIN.....	10, 120	COBENFY.....	CTEXLI.....	83
CLEOCIN PHOSPHATE.....	10	COBENFY STARTER PACK.....	CUPRIMINE.....	85
CLEOCIN-T.....	120	<i>codeine sulfate</i> .....	CUVPOSA.....	30
CLIMARA.....	98	<i>colchicine</i> .....	CUVRIOR.....	85
CLIMARA PRO.....	98	<i>colchicine-probenecid</i> .....	<i>cvs gauze sterile</i> .....	71
CLINDACIN.....	120	<i>colesevelam hcl</i> .....	<i>cyclobenzaprine hcl</i> .....	32
CLINDACIN ETZ.....	120	COLESTID.....	<i>cyclobenzaprine hcl er</i> .....	32
CLINDAGEL.....	117	<i>colestipol hcl</i> .....	<i>cyclophosphamide</i> .....	21
<i>clindamycin hcl</i> .....	10	<i>colistimethate sodium (cba)</i> .....	<i>cycloserine</i> .....	15
<i>clindamycin palmitate hcl</i> .....	10	COMBIGAN.....	CYCLOSET.....	88
<i>clindamycin phos (once-daily)</i> ..	117	COMBIPATCH.....	<i>cyclosporine</i> .....	78, 112
<i>clindamycin phos (twice-daily)</i> ..	117	COMBIVENT RESPIMAT.....	<i>cyclosporine modified</i> .....	112
<i>clindamycin phos-benzoyl</i>		COMETRIQ (100 MG DAILY	CYLTEZO (2 PEN).....	108
<i>perox</i> .....	117, 120	DOSE).....	CYLTEZO (2 SYRINGE).....	108
<i>clindamycin phosphate</i> .....	10, 120	COMETRIQ (140 MG DAILY	<i>cyproheptadine hcl</i> .....	7
<i>clindamycin phosphate in d5w</i> ...	10	DOSE).....	CYRED EQ.....	94
<i>clindamycin-tretinoin</i> .....	126	COMETRIQ (60 MG DAILY	CYSTADANE.....	113
CLINDESSE.....	120	DOSE).....	CYSTADROPS.....	79
CLINIMIX E/DEXTROSE		COMFORT ASSIST INSULIN	CYSTAGON.....	113
(2.75/5).....	72	SYRINGE.....	CYSTARAN.....	79
CLINIMIX E/DEXTROSE		COMPLERA.....	CYTOMEL.....	102
(4.25/10).....	72	COMPRO.....	CYTOTEC.....	81
CLINIMIX E/DEXTROSE		CONCERTA.....	<i>dabigatran etexilate mesylate</i> ....	35
(4.25/5).....	72	CONEXXENCE.....	<i>dalbavancin hcl</i> .....	10
CLINIMIX E/DEXTROSE (5/15) ..	72	<i>constulose</i> .....	<i>dalfampridine er</i> .....	114
CLINIMIX E/DEXTROSE (5/20) ..	72	CONZIP.....	DALIRESP.....	116

DALVANCE.....	10	DEXEDRINE.....	52	dofetilide.....	42
danazol.....	87	DEXILANT.....	81	DOJOLVI.....	72
DANTRIUM.....	32	dexlansoprazole.....	81	DOLISHALE.....	94
dantrolene sodium.....	32	dexmethylphenidate hcl.....	52	DOLOBID.....	47
DANZITEN.....	21	dexmethylphenidate hcl er.....	52	donepezil hcl.....	31
dapagliflozin pro-metformin er....	88	dextroamphetamine sulfate.....	52	DOPTELET.....	36
dapagliflozin propanediol.....	88	dextroamphetamine sulfate er....	52	DOPTELET SPRINKLE.....	34
dapsone.....	15, 126	dextrose.....	72	DORYX MPC.....	11
DAPTACEL.....	27	dextrose-sodium chloride.....	74	dorzolamide hcl.....	76
daptomycin.....	10, 11	DHIVY.....	60	dorzolamide hcl-timolol mal.....	76
DARAPRIM.....	15	DIACOMIT.....	54	dorzolamide hcl-timolol mal pf....	76
darifenacin hydrobromide er.....	127	diazepam.....	54, 62	DOTTI.....	98
darunavir.....	16	DIAZEPAM INTENSOL.....	62	DOVATO.....	17
dasatinib.....	21	diazoxide.....	93	doxazosin mesylate.....	38
DAURISMO.....	21	dichlorphenamide.....	107	doxepin hcl.....	65, 118
DAWNZERA.....	43	DICLEGIS.....	80	doxercalciferol.....	128
DAYBUE.....	63	diclofenac epolamine.....	47	DOXY 100.....	11
DAYBUE STIX.....	63	diclofenac potassium.....	47	doxycycline.....	126
DAYTRANA.....	52	diclofenac potassium(migraine) ..	47	doxycycline hyclate.....	11
DAYVIGO.....	62	diclofenac sodium.....	47, 78, 123	doxycycline monohydrate.....	11
DDAVP.....	101	diclofenac sodium er.....	47	doxylamine-pyridoxine.....	80
DEBLITANE.....	94	diclofenac-misoprostol.....	47	DRIZALMA SPRINKLE.....	65
deferasirox.....	85	dicloxacillin sodium.....	11	dronabinol.....	80
deferasirox granules.....	85	dicyclomine hcl.....	30	drosipren-eth estrad-levomefol...94	
deferiprone.....	85	DIFFERIN.....	119, 126	drosiprenone-ethinyl estradiol....	94
deflazacort.....	86	DIFICID.....	11	DROXIA.....	21
DELESTROGEN.....	98	diflorasone diacetate.....	123	droxidopa.....	33
DELSTRIGO.....	16	DIFLUCAN.....	14	DUAKLIR PRESSAIR.....	30
demeclocycline hcl.....	11	diflunisal.....	47	DUAVEE.....	98
DEMEROL.....	47	difluprednate.....	78	DUETACT.....	89
DENAVIR.....	120	digoxin.....	42	DULERA.....	86
DEPAKOTE.....	54	dihydroergotamine mesylate.....	32	duloxetine hcl.....	66
DEPAKOTE ER.....	54	DILANTIN.....	54	DUOBRII.....	123
DEPAKOTE SPRINKLES.....	54	DILANTIN INFATABS.....	54	DUOPA.....	61
DEPEN TITRATABS.....	85	DILANTIN-125.....	54	DUPIXENT.....	117, 126
DEPO-ESTRADIOL.....	98	DILAUDID.....	47	DUREZOL.....	78
DEPO-PROVERA.....	101	diltiazem hcl.....	41	dutasteride.....	106
DEPO-SUBQ PROVERA 104..	101	diltiazem hcl er.....	41	dutasteride-tamsulosin hcl.....	106
DEPO-TESTOSTERONE.....	87	diltiazem hcl er beads.....	41	DUVYZAT.....	113
DERMA-SMOOTH/FS SCALP.....	117	diltiazem hcl er coated beads....	41	DYANAVEL XR.....	52
DERMOTIC.....	78	dilt-xr.....	41	DYMISTA.....	75
DESCOVY.....	16	dimethyl fumarate.....	110	DYRENIUM.....	72
desipramine hcl.....	65	dimethyl fumarate starter pack. 110		E.E.S. 400.....	11
desloratadine.....	7	DIOVAN.....	44	EBGLYSS.....	117
desmopressin ace spray refig. 101		DIOVAN HCT.....	44	econazole nitrate.....	117, 120
desmopressin acetate.....	101	DIPENTUM.....	81	EDARBI.....	44
desonide.....	123	diphenoxylate-atropine.....	80	EDARBYCLOR.....	44
desoximetasone.....	123	DIPROLENE.....	123	EDECRIIN.....	72
desvenlafaxine er.....	65	dipyridamole.....	46	EDLUAR.....	62
desvenlafaxine succinate er.....	65	disopyramide phosphate.....	42	EDURANT.....	17
dexamethasone.....	86	disulfiram.....	7	EDURANT PED.....	17
dexamethasone sodium.....		divalproex sodium.....	54	efavirenz.....	17
phosphate.....	78	divalproex sodium er.....	54	efavirenz-emtricitab-tenofo df....	17
		DIVIGEL.....	99	efavirenz-lamivudine-tenofovir... 17	

EFFEXOR XR.....	66	<i>epinastine hcl</i> .....	75	EVOXAC.....	31
EFFIENT.....	35	<i>epinephrine</i> .....	33	EVRYSDI.....	113
EGRIFTA SV.....	102	EPIPEN 2-PAK.....	33	EXEL COMFORT POINT PEN	
EGRIFTA WR.....	102	EPIPEN JR 2-PAK.....	33	NEEDLE.....	71
EKTERLY.....	43	EPIVIR.....	17	EXELDERM.....	121
ELESTRIN.....	99	<i>eplerenone</i> .....	44	EXELON.....	31
<i>eletriptan hydrobromide</i> .....	59	EPOGEN.....	36	<i>exemestane</i> .....	98
ELIGARD.....	100	EPRONTIA.....	55	<i>exenatide</i> .....	89
ELIMITE.....	117	EPSOLAY.....	120	EXFORGE.....	41
ELIQUIS.....	35	EQUETRO.....	55	EXFORGE HCT.....	41
ELIQUIS DVT/PE STARTER		ERAXIS.....	14	EXJADE.....	85
PACK.....	35	ERGOMAR.....	32	EXXUA.....	66
ELMIRON.....	113	<i>ergotamine-caffeine</i> .....	59	EXXUA TITRATION PACK.....	66
<i>eltrombopag olamine</i> .....	34, 35	ERIVEDGE.....	22	EYSUVIS.....	78
ELURYNG.....	94	ERLEADA.....	22	<i>ezetimibe</i> .....	38
ELYXYB.....	47	<i>erlotinib hcl</i> .....	22	<i>ezetimibe-simvastatin</i> .....	38
EMEND.....	80	ERMEZA.....	102	FABHALTA.....	113
EMEND BIPACK.....	80	ERRIN.....	94	FALMINA.....	94
EMEND TRIPACK.....	80	ERTACZO.....	120	<i>famciclovir</i> .....	17
EMFLAZA.....	86	<i>ertapenem sodium</i> .....	11	<i>famotidine</i> .....	81, 82
EMGALITY.....	59	<i>ery</i> .....	120	FANAPT.....	66
EMGALITY (300 MG DOSE).....	59	ERYTHROCIN		FANAPT TITRATION PACK A...66	
EMPAVELI.....	107	LACTOBIONATE.....	11	FARXIGA.....	89
EMROSI.....	117	<i>erythromycin</i> .....	11, 77, 120, 121	FASENRA.....	115
EMSAM.....	61	<i>erythromycin base</i> .....	11	FASENRA PEN.....	115
<i>emtricitabine</i> .....	17	<i>erythromycin ethylsuccinate</i> .....	11	<i>febuxostat</i> .....	106
<i>emtricitabine-tenofovir df</i> .....	17	ERZOFRI.....	66	FEIRZA 1.5/30.....	94
<i>emtricitab-rilpivir-tenofov df</i> .....	17	ESBRIET.....	114	FEIRZA 1/20.....	94
EMTRIVA.....	17	<i>escitalopram oxalate</i> .....	66	<i>felbamate</i> .....	55
EMVERM.....	8	<i>eslicarbazepine acetate</i> .....	55	FELBATOL.....	55
<i>enalapril maleate</i> .....	44	<i>esomeprazole magnesium</i> .....	81	<i>felodipine er</i> .....	41
<i>enalapril-hydrochlorothiazide</i> .....	44	ESTARYLLA.....	94	FEMARA.....	98
ENBREL.....	108	<i>estazolam</i> .....	62	FEMLYV.....	94
ENBREL MINI.....	108	ESTRACE.....	98	FEMRING.....	99
ENBREL SURECLICK.....	108	<i>estradiol</i> .....	98, 99	<i>fenofibrate</i> .....	38
ENDARI.....	113	<i>estradiol valerate</i> .....	98	<i>fenofibrate micronized</i> .....	38
ENGERIX-B.....	28	<i>estradiol-norethindrone acet</i> .....	98	<i>fenofibric acid</i> .....	38
ENILLORING.....	94	ESTRING.....	98	<i>fenoprofen calcium</i> .....	48
<i>enoxaparin sodium</i> .....	35	<i>eszopiclone</i> .....	62	FENOPRON.....	48
ENSACOVE.....	21	<i>ethacrynic acid</i> .....	72	<i>fentanyl</i> .....	48
ENSKYCE.....	94	<i>ethambutol hcl</i> .....	15	FERRIPROX.....	85
ENSPRYNG.....	110	<i>ethosuximide</i> .....	55	FERRIPROX TWICE-A-DAY.....	85
ENSTILAR.....	123	<i>etodolac</i> .....	47, 48	<i>fesoterodine fumarate er</i> .....	127
<i>entacapone</i> .....	61	<i>etodolac er</i> .....	47	FETZIMA.....	66
<i>entecavir</i> .....	17	<i>etonogestrel-ethinyl estradiol</i> .....	94	FETZIMA TITRATION.....	66
ENTRESTO.....	44	<i>etravirine</i> .....	17	FEXMID.....	32
ENTYVIO PEN.....	84	EUCRISA.....	117	FIASP.....	89
<i>enulose</i> .....	71	EULEXIN.....	22	FIASP FLEXTOUCH.....	89
ENVARUSUS XR.....	112	EVAMIST.....	98	FIASP PENFILL.....	89
EOHILIA.....	86	EVEKEO.....	52	<i>fidaxomicin</i> .....	11
EPCLUSA.....	17	EVENITY.....	113	FILSPARI.....	113
EPIDIOLEX.....	54	<i>everolimus</i> .....	22, 112	FILSUVEZ.....	119
EPIDUO.....	126	EVISTA.....	98	FINACEA.....	126
EPIDUO FORTE.....	126	EVOTAZ.....	17	<i>finasteride</i> .....	106

<i> fingolimod hcl</i> .....	110	<i> fosfomycin tromethamine</i> .....	20	GLEEVEC.....	22
FINTEPLA.....	55	<i> fosinopril sodium</i> .....	44	GLEOSTINE.....	22
FINZALA.....	94	<i> fosinopril sodium-hctz</i> .....	44	<i> glimepiride</i> .....	89
FIORICET.....	48	FOSRENOL.....	73	<i> glipizide</i> .....	89
FIRAZYR.....	107	FOTIVDA.....	22	<i> glipizide er</i> .....	89
FIRDAPSE.....	113	FRAGMIN.....	35	<i> glipizide-metformin hcl</i> .....	89
FIRMAGON.....	100	<i> frovatriptan succinate</i> .....	59	<i> global alcohol prep ease</i> .....	71
FIRMAGON (240 MG DOSE)...	100	FRUZAQLA.....	22	GLOPERBA.....	106
FIRVANQ.....	11	FULPHILA.....	36	<i> glucagon emergency</i> .....	93
FLAREX.....	78	FUROSCIX.....	73	GLUCOTROL XL.....	89
<i> flavoxate hcl</i> .....	127	<i> furosemide</i> .....	73	<i> glyburide</i> .....	89
<i> flecainide acetate</i> .....	42	FYAVOLV.....	99	<i> glyburide-metformin</i> .....	89
FLECTOR.....	48	FYCOMPA.....	55	GLYCATÉ.....	30
FLEQSUVY.....	32	FYLNÉTRA.....	36	<i> glycerol phenylbutyrate</i> .....	71
<i> flolipid</i> .....	38	<i> gabapentin</i> .....	55	<i> glycopyrrolate</i> .....	30
<i> fluconazole</i> .....	14	<i> gabapentin (once-daily)</i> .....	48, 55	GLYXAMBI.....	89
<i> fluconazole in sodium chloride</i> ...	14	GABARONE.....	55	GOCOVRI.....	61
<i> flucytosine</i> .....	14	GALAFOLD.....	75	GOLYTELY.....	82
<i> fludrocortisone acetate</i> .....	86	<i> galantamine hydrobromide</i> .....	31	GOMEKLI.....	22
<i> flunisolide</i> .....	78	<i> galantamine hydrobromide er</i> ....	31	GRALISE.....	48
<i> fluocinolone acetonide</i> .....	78, 123	GALBRIELA.....	95	<i> granisetron hcl</i> .....	80
<i> fluocinolone acetonide scalp</i> ....	118	GALLIFREY.....	101	GRANIX.....	36
<i> fluocinonide</i> .....	124	GAMMAGARD.....	27	GRASTEK.....	27
<i> fluocinonide emulsified base</i> ....	124	GAMMAGARD S/D LESS IGA... 27		<i> griseofulvin microsize</i> .....	14
<i> fluorometholone</i> .....	78	GAMMAKED.....	27	<i> griseofulvin ultramicrosize</i> .....	14
<i> fluorouracil</i> .....	118, 126	GAMMAPLEX.....	27	<i> guanfacine hcl</i> .....	43
<i> fluoxetine hcl</i> .....	66	GAMUNEX-C.....	27	<i> guanfacine hcl er</i> .....	63
<i> fluoxetine hcl (padded)</i> .....	66	GARDASIL 9.....	28	GVOKE HYPOPEN 2-PACK.....	93
<i> fluphenazine decanoate</i> .....	66	GASTROCROM.....	115	GVOKE KIT.....	93
<i> fluphenazine hcl</i> .....	66	<i> gatifloxacin</i> .....	77	GVOKE PFS.....	93
<i> flurandrenolide</i> .....	124	GATTEX.....	83	GYNAZOLE-1.....	121
<i> flurazepam hcl</i> .....	62	GAVILYTE-C.....	82	HADLIMA.....	108
<i> flurbiprofen</i> .....	48	GAVILYTE-G.....	82	HADLIMA PUSHTOUCH.....	108
<i> flurbiprofen sodium</i> .....	78	GAVILYTE-N WITH FLAVOR		HAEGARDA.....	107
<i> fluticasone furoate ellipta</i> .....	86	PACK.....	82	HAILEY 24 FE.....	95
<i> fluticasone furoate-vilanterol</i> ....	86	GAVRETO.....	22	HAILEY FE 1/20.....	95
<i> fluticasone propionate</i> .....	78, 124	<i> gefitinib</i> .....	22	<i> halcinonide</i> .....	118, 124
<i> fluticasone propionate diskus</i> ....	86	<i> gemfibrozil</i> .....	38	HALCION.....	62
<i> fluticasone propionate hfa</i> .....	86	GEMMILY.....	95	<i> halobetasol propionate</i> .....	124
<i> fluticasone-salmeterol</i> .....	33	GEMTESA.....	127	HALOG.....	124
<i> fluvastatin sodium</i> .....	38	<i> generlac</i> .....	71	<i> haloperidol</i> .....	66
<i> fluvastatin sodium er</i> .....	38	GENGRAF.....	112	<i> haloperidol decanoate</i> .....	66
<i> fluvoxamine maleate</i> .....	66	GENOTROPIN.....	102	<i> haloperidol lactate</i> .....	66
<i> fluvoxamine maleate er</i> .....	66	GENOTROPIN MINIQUICK....	102	HARLIKU.....	75
FML FORTE.....	78	<i> gentamicin in saline</i> .....	11	HARVONI.....	17
FML LIQUIFILM.....	78	<i> gentamicin sulfate</i> .....	11, 77, 121	HAVRIX.....	28
FOCALIN.....	52	GENVOYA.....	17	HEATHER.....	95
FOCALIN XR.....	52	GEODON.....	66	HEMADY.....	86
<i> fondaparinux sodium</i> .....	35	GILENYA.....	110	HEMICLOR.....	43
<i> formoterol fumarate</i> .....	33	GILOTRIF.....	22	<i> heparin sodium (porcine)</i> .....	35
FORTEO.....	100	GIMOTI.....	84	HEPLISAV-B.....	28
FOSAMAX.....	106	GLASSIA.....	116	HERNEXEOS.....	22
FOSAMAX PLUS D.....	106	<i> glatiramer acetate</i> .....	110	HETLIOZ.....	62
<i> fosamprenavir calcium</i> .....	17	GLATOPA.....	110	HETLIOZ LQ.....	62

HIBERIX.....	28	HYRIMOZ-PED>=40KG	INQOVI.....	22
HORIZANT.....	55	CROHN START.....	INREBIC.....	22
HULIO (2 PEN).....	108	HYRIMOZ-PLAQ PSOR/UVEIT	INSPRA.....	44
HULIO (2 SYRINGE).....	109	START.....	<i>insulin glargine max solostar</i> .....	90
HUMALOG.....	89	HYRNUO.....	<i>insulin glargine solostar</i> .....	90
HUMALOG JUNIOR KWIKPEN.....	89	HYSINGLA ER.....	<i>insulin glargine-yfgn</i> .....	90
HUMALOG KWIKPEN.....	89	HYZAAR.....	<i>insulin lispro</i> .....	90
HUMALOG MIX 50/50		<i>ibandronate sodium</i> .....	<i>insulin lispro (1 unit dial)</i> .....	90
KWIKPEN.....	89	IBRANCE.....	<i>insulin lispro junior kwikpen</i> .....	90
HUMALOG MIX 75/25.....	89	IBSRELA.....	<i>insulin lispro prot &amp; lispro</i> .....	90
HUMALOG MIX 75/25		IBTROZI.....	INTELENCE.....	17
KWIKPEN.....	89	IBU.....	INTRALIPID.....	72
HUMATIN.....	15	<i>ibuprofen</i> .....	INTRAROSA.....	86
HUMATROPE.....	102	<i>ibuprofen-famotidine</i> .....	INTROVALE.....	95
HUMIRA (2 PEN).....	109	<i>icatibant acetate</i> .....	INTUNIV.....	63
HUMIRA (2 SYRINGE).....	109	ICLEVIA.....	INVEGA.....	67
HUMIRA-CD/UC/HS STARTER		ICLUSIG.....	INVEGA HAFYERA.....	67
.....	109	<i>icosapent ethyl</i> .....	INVEGA SUSTENNA.....	67
HUMIRA-PSORIASIS/UVEIT		IDHIFA.....	INVEGA TRINZA.....	67
STARTER.....	109	ILEVRO.....	INVELTYS.....	78
HUMULIN 70/30.....	90	ILUMYA.....	INVOKAMET.....	90
HUMULIN 70/30 KWIKPEN.....	90	<i>imatinib mesylate</i> .....	INVOKAMET XR.....	90
HUMULIN N.....	90	IMBRUVICA.....	INVOKANA.....	90
HUMULIN N KWIKPEN.....	90	<i>imipenem-cilastatin</i> .....	INZIRQO.....	43
HUMULIN R.....	90	<i>imipramine hcl</i> .....	IOPIDINE.....	79
HUMULIN R U-500		<i>imipramine pamoate</i> .....	IPOL.....	28
(CONCENTRATED).....	90	<i>imiquimod</i> .....	<i>ipratropium bromide</i> .....	30
HUMULIN R U-500 KWIKPEN...	90	<i>imiquimod pump</i> .....	<i>ipratropium-albuterol</i> .....	34
<i>hydralazine hcl</i> .....	43	IMITREX.....	IQIRVO.....	83
HYDREA.....	22	IMITREX STATDOSE REFILL...	<i>irbesartan</i> .....	44
<i>hydrochlorothiazide</i> .....	73	IMITREX STATDOSE SYSTEM...	<i>irbesartan-hydrochlorothiazide</i> ...	44
<i>hydrocodone bitartrate er</i> .....	48	<i>imkeldi</i> .....	IRESSA.....	22
<i>hydrocodone-acetaminophen</i> ....	48	IMOVAX RABIES.....	ISENTRESS.....	17
<i>hydrocodone-ibuprofen</i> .....	48	IMPAVIDO.....	ISENTRESS HD.....	17
<i>hydrocortisone</i> .....	86, 118, 124	IMURAN.....	ISIBLOOM.....	95
<i>hydrocortisone (perianal)</i> .....	124	IMVEXXY MAINTENANCE	ISOLYTE-P IN D5W.....	74
<i>hydrocortisone ace-pramoxine</i> ..	125	PACK.....	ISOLYTE-S PH 7.4.....	74
<i>hydrocortisone acetate</i> .....	118	.....	<i>isoniazid</i> .....	15
<i>hydrocortisone butyrate</i> .....	124	.....	<i>isosorb dinitrate-hydralazine</i> .....	46
<i>hydrocortisone valerate</i> .....	124	INBRIJA.....	<i>isosorbide dinitrate</i> .....	46
<i>hydrocortisone-acetic acid</i> .....	78	INCASSIA.....	<i>isosorbide mononitrate</i> .....	46
<i>hydromorphone hcl</i> .....	48	INCRELEX.....	<i>isosorbide mononitrate er</i> .....	46
<i>hydromorphone hcl er</i> .....	48	INCRUSE ELLIPTA.....	<i>isotretinoin</i> .....	119
<i>hydromorphone hcl pf</i> .....	48	<i>indapamide</i> .....	<i>isradipine</i> .....	41
<i>hydroxychloroquine sulfate</i> .....	15	INDERAL LA.....	ISTALOL.....	76
<i>hydroxyurea</i> .....	22	INDOCIN.....	ISTURISA.....	113
<i>hydroxyzine hcl</i> .....	62	<i>indomethacin</i> .....	ITOVEBI.....	23
<i>hydroxyzine pamoate</i> .....	62	<i>indomethacin er</i> .....	<i>itraconazole</i> .....	14
HYFTOR.....	126	INFANRIX.....	<i>ivabradine hcl</i> .....	42
HYRIMOZ.....	104	INGREZZA.....	<i>ivermectin</i> .....	8, 121
HYRIMOZ-CROHNS/UC		INLURIYO.....	IWILFIN.....	23
STARTER.....	104	INLYTA.....	IXIARO.....	28
HYRIMOZ-PED<40KG CROHN		INNOPRAN XL.....	IYUZEH.....	76
STARTER.....	104	INPEFA.....	JADENU.....	85

JADENU SPRINKLE.....	85	KHINDIVI.....	86	LARIN 1.5/30.....	95
JAIMIESS.....	95	KINERET.....	109	LARIN 1/20.....	95
JAKAFI.....	23	KINRIX.....	28	LARIN FE 1.5/30.....	95
JALYN.....	106	KIONEX.....	73	LARIN FE 1/20.....	95
JANTOVEN.....	35	KISQALI (200 MG DOSE).....	23	<i>latanoprost</i> .....	76
JANUMET.....	90	KISQALI (400 MG DOSE).....	23	LATUDA.....	67
JANUMET XR.....	90	KISQALI (600 MG DOSE).....	23	LAZCLUZE.....	23
JANUVIA.....	90	KISQALI FEMARA (400 MG		<i>ledipasvir-sofosbuvir</i> .....	18
JARDIANCE.....	90	DOSE).....	99	<i>leflunomide</i> .....	109
JASMIEL.....	95	KISQALI FEMARA (600 MG		<i>lenalidomide</i> .....	23
JATENZO.....	87	DOSE).....	99	LENVIMA (10 MG DAILY	
JAVYGTOR.....	113	KITABIS PAK (W/ NEBULIZER)	11	DOSE).....	23
JAYPIRCA.....	23	KLARON.....	121	LENVIMA (12 MG DAILY	
<i>jaythari</i> .....	86	KLISYRI (250 MG).....	126	DOSE).....	23
JENTADUETO.....	90	KLONOPIN.....	55	LENVIMA (14 MG DAILY	
JENTADUETO XR.....	90	KLOR-CON.....	74	DOSE).....	23
JINTELI.....	99	KLOR-CON 10.....	74	LENVIMA (18 MG DAILY	
JOENJA.....	110	KLOR-CON M10.....	74	DOSE).....	23
JORNAY PM.....	52	KLOR-CON M15.....	74	LENVIMA (20 MG DAILY	
JOURNAVX.....	49	KLOR-CON M20.....	74	DOSE).....	23
JOYEAX.....	95	KLOXXADO.....	64	LENVIMA (24 MG DAILY	
JUBBONTI.....	106	KONVOMEPI.....	82	DOSE).....	23
JUBLIA.....	121	KORLYM.....	90	LENVIMA (4 MG DAILY DOSE)	23
JULEBER.....	95	KOSELUGO.....	23	LENVIMA (8 MG DAILY DOSE)	23
JULUCA.....	18	KOURZEQ.....	118	LEQEMBI IQLIK.....	103
JUNEL 1.5/30.....	95	KRAZATI.....	23	LEQSELVI.....	118
JUNEL 1/20.....	95	KRINTAFEL.....	15	LESCOL XL.....	38
JUNEL FE 1.5/30.....	95	KRISTALOSE.....	71	LESSINA.....	95
JUNEL FE 1/20.....	95	KURVELO.....	95	LETAIRIS.....	116
JUNEL FE 24.....	95	KUVAN.....	113	<i>letrozole</i> .....	99
JUXTAPID.....	38	KYLEENA.....	95	<i>leucovorin calcium</i> .....	106
JYLAMVO.....	23	KYMBEE.....	87	LEUKERAN.....	23
JYNARQUE.....	73	<i>labetalol hcl</i> .....	40	LEUKINE.....	36
JYNNEOS.....	28	<i>lacosamide</i> .....	55	<i>leuprolide acetate</i> .....	100
KAITLIB FE.....	95	<i>lactulose</i> .....	71	<i>leuprolide acetate (3 month)</i> .....	100
KALETRA.....	18	LAGEVRIO.....	18	<i>levalbuterol hcl</i> .....	34
KALYDECO.....	115	LAMICTAL.....	55	<i>levalbuterol tartrate</i> .....	34
KARBINAL ER.....	7	LAMICTAL ODT.....	55	<i>levetiracetam</i> .....	56
KARIVA.....	95	LAMICTAL STARTER.....	55	<i>levetiracetam er</i> .....	56
KATERZIA.....	41	LAMICTAL XR.....	55, 56	<i>levobunolol hcl</i> .....	76
<i>kcl in dextrose-nacl</i> .....	74	<i>lamivudine</i> .....	18	<i>levocarnitine</i> .....	113
<i>kcl-lactated ringers-d5w</i> .....	74	<i>lamivudine-zidovudine</i> .....	18	<i>levocetirizine dihydrochloride</i> .....	7
KELNOR 1/35.....	95	<i>lamotrigine</i> .....	56	<i>levofloxacin</i> .....	11, 77
KEPPRA.....	55	<i>lamotrigine er</i> .....	56	<i>levofloxacin in d5w</i> .....	11
KEPPRA XR.....	55	<i>lamotrigine starter kit-blue</i> .....	56	LEVONEST.....	95
KERENDIA.....	44	<i>lamotrigine starter kit-green</i> .....	56	<i>levonorgest-eth estrad 91-day</i> .....	95
KESIMPTA.....	110	<i>lamotrigine starter kit-orange</i> .....	56	<i>levonorgestrel-ethinyl estrad</i> .....	95
<i>ketoconazole</i> .....	14, 121	LAMPIT.....	15	<i>levonorg-eth estrad triphasic</i> .....	95
KETODAN.....	121	LANOXIN.....	42	<i>levorphanol tartrate</i> .....	49
<i>ketoprofen</i> .....	49	<i>lansoprazole</i> .....	82	<i>levothyroxine sodium</i> .....	102, 103
<i>ketoprofen er</i> .....	49	<i>lanthanum carbonate</i> .....	73	LEVOXYL.....	103
<i>ketorolac tromethamine</i> .....	49, 78	LANTUS.....	91	LEXAPRO.....	67
KEVEYIS.....	107	LANTUS SOLOSTAR.....	90	LEXETTE.....	124
KEVZARA.....	109	<i>lapatinib ditosylate</i> .....	23	<i>l-glutamine</i> .....	113

LIALDA.....	81	LOTEMAX.....	78	<i>maraviroc</i> .....	18
LIBRAX.....	30	LOTEMAX SM.....	78	MARINOL.....	80
LICART.....	49	LOTENSIN.....	45	<i>marlissa</i> .....	96
<i>lidocaine</i> .....	118	<i>loteprednol etabonate</i> .....	78	MARPLAN.....	67
<i>lidocaine hcl</i> .....	118	<i>lovastatin</i> .....	39	MATULANE.....	24
<i>lidocaine viscous hcl</i> .....	80	LOVAZA.....	39	MATZIM LA.....	41
<i>lidocaine-prilocaine</i> .....	118	LOVENOX.....	35	MAVENCLAD (10 TABS).....	112
LIDOCAN.....	118	LOW-OGESTREL.....	96	MAVENCLAD (4 TABS).....	112
LILETTA (52 MG).....	95	<i>loxapine succinate</i> .....	67	MAVENCLAD (5 TABS).....	112
<i>linezolid</i> .....	12	<i>lubiprostone</i> .....	84	MAVENCLAD (6 TABS).....	112
LINZESS.....	84	LUIZZA 1.5/30.....	96	MAVENCLAD (7 TABS).....	112
LIOMNY.....	103	LUIZZA 1/20.....	96	MAVENCLAD (8 TABS).....	112
<i>liothyronine sodium</i> .....	103	<i>luliconazole</i> .....	121	MAVENCLAD (9 TABS).....	112
LIPITOR.....	38	LUMAKRAS.....	23	MAVYRET.....	18
LIPOFEN.....	39	LUMIGAN.....	76	MAXALT.....	59
<i>liraglutide</i> .....	91	LUMRYZ.....	63	MAXALT-MLT.....	59
<i>lisdexamfetamine dimesylate</i> .....	52	LUMRYZ STARTER PACK.....	52	MAXIDEX.....	79
<i>lisinopril</i> .....	44	LUNESTA.....	62	MAXITROL.....	79
<i>lisinopril-hydrochlorothiazide</i> .....	44	LUPKYNIS.....	112	MAYZENT.....	110
LITFULO.....	119	LUPRON DEPOT (1-MONTH).....	100	MAYZENT STARTER PACK.....	110
<i>lithium</i> .....	58	LUPRON DEPOT (3-MONTH).....	100	<i>meclizine hcl</i> .....	80
<i>lithium carbonate</i> .....	58	LUPRON DEPOT (4-MONTH).....	100	<i>meclofenamate sodium</i> .....	49
<i>lithium carbonate er</i> .....	58	LUPRON DEPOT (6-MONTH).....	100	MEDROL.....	87
LITHOBID.....	59	LUPRON DEPOT-PED (1-		<i>medroxyprogesterone acetate</i> .....	101
LITHOSTAT.....	71	MONTH).....	100	<i>mefenamic acid</i> .....	49
LIVALO.....	39	LUPRON DEPOT-PED (3-		<i>mefloquine hcl</i> .....	15
LIVDELZI.....	83	MONTH).....	100	<i>megestrol acetate</i> .....	101
LIVMARLI.....	83	LUPRON DEPOT-PED (6-		MEKINIST.....	24
LIVTENCITY.....	18	MONTH).....	100	MEKTOVI.....	24
LO LOESTRIN FE.....	95	<i>lurasidone hcl</i> .....	67	MELEYA.....	96
LODINE.....	49	LURBIRO.....	49	<i>meloxicam</i> .....	49
LODOCO.....	113	LUTERA.....	96	<i>memantine hcl</i> .....	63
LODOSYN.....	61	LUZU.....	121	<i>memantine hcl er</i> .....	63
LOESTRIN 1.5/30 (21).....	96	LYBALVI.....	67	<i>memantine hcl-donepezil hcl er</i> .....	63
LOESTRIN 1/20 (21).....	96	LYLEQ.....	96	MENOSTAR.....	99
LOESTRIN FE 1.5/30.....	96	LYLLANA.....	99	MENQUADFI.....	28
LOESTRIN FE 1/20.....	96	LYNPARZA.....	24	MENVEO.....	28
LOFENA.....	49	LYRICA.....	56	<i>mepredine hcl</i> .....	49
<i>lofexidine hcl</i> .....	34	LYRICA CR.....	49	<i>meprobamate</i> .....	62
LOJAIMIESS.....	96	LYSODREN.....	24	MEPRON.....	15
LOKELMA.....	73	LYTGObI (12 MG DAILY		<i>mercaptopurine</i> .....	24
LOMOTIL.....	80	DOSE).....	24	MERIOLOG.....	91
<i>lomustine</i> .....	23	LYTGObI (16 MG DAILY		MERIOLOG SOLOSTAR.....	91
LONSURF.....	23	DOSE).....	24	<i>meropenem</i> .....	12
<i>loperamide hcl</i> .....	80	LYTGObI (20 MG DAILY		<i>mesalamine</i> .....	81
<i>lopinavir-ritonavir</i> .....	18	DOSE).....	24	<i>mesalamine er</i> .....	81
LOPRESSOR.....	40	LYUMJEV.....	91	<i>mesna</i> .....	114
<i>lorazepam</i> .....	62	LYUMJEV KWIKPEN.....	91	MESNEX.....	114
LORAZEPAM INTENSOL.....	62	LYZA.....	96	MESTINON.....	31
LORBRENA.....	23	MACROBID.....	20	METADATE CD.....	52
LOREEV XR.....	62	MACRODANTIN.....	20	<i>metaxalone</i> .....	32
LORYNA.....	96	<i>magnesium sulfate</i> .....	56	<i>metformin hcl</i> .....	91
<i>losartan potassium</i> .....	44, 45	MALARONE.....	15	<i>metformin hcl er</i> .....	91
<i>losartan potassium-hctz</i> .....	45	<i>malathion</i> .....	121	<i>metformin hcl er (mod)</i> .....	91

<i>metformin hcl er (osm)</i> .....	91	MINZOYA.....	96	NAMZARIC.....	63
<i>methadone hcl</i> .....	49	MIPLYFFA.....	75	NAPRELAN.....	50
<i>methamphetamine hcl</i> .....	52	<i>mirabegron er</i> .....	127	<i>naproxen</i> .....	50
<i>methazolamide</i> .....	76	MIRCERA.....	35	<i>naproxen dr</i> .....	50
<i>methenamine hippurate</i> .....	20	MIRENA (52 MG).....	96	<i>naproxen sodium</i> .....	50
<i>methimazole</i> .....	103	<i>mirtazapine</i> .....	67	<i>naproxen sodium er</i> .....	50
<i>methitest</i> .....	88	MIRVASO.....	126	<i>naproxen-esomeprazole mg</i> .....	50
<i>methocarbamol</i> .....	32	<i>misoprostol</i> .....	82	<i>naratriptan hcl</i> .....	59
<i>methotrexate sodium</i> .....	24	MITIGARE.....	106	NARDIL.....	67
<i>methotrexate sodium (pf)</i> .....	24	M-M-R II.....	28	NATACYN.....	77
<i>methoxsalen rapid</i> .....	125	<i>modafinil</i> .....	53	NATAZIA.....	96
<i>methscopolamine bromide</i> .....	30	MODEYSO.....	24	<i>nateglinide</i> .....	91
<i>methsuximide</i> .....	56	<i>moexipril hcl</i> .....	45	NATROBA.....	121
<i>methyl dopa</i> .....	43	<i>molindone hcl</i> .....	67	NAYZILAM.....	56
METHYLIN.....	52	<i>mometasone furoate</i> .....	79, 124	<i>nebivolol hcl</i> .....	40
<i>methylphenidate</i> .....	53	<i>montelukast sodium</i> .....	115	NEBUPENT.....	16
<i>methylphenidate hcl</i> .....	53	<i>morphine sulfate</i> .....	49, 50	NECON 0.5/35 (28).....	96
<i>methylphenidate hcl er</i> .....	53	<i>morphine sulfate (concentrate)</i> ...49		<i>nefazodone hcl</i> .....	67
<i>methylphenidate hcl er (cd)</i> .....	52	<i>morphine sulfate er</i> .....	49	NEFFY.....	34
<i>methylphenidate hcl er (la)</i> .....	53	<i>morphine sulfate er beads</i> .....	49	NEMLUVIO.....	118
<i>methylphenidate hcl er (osm)</i> .....	53	MOTEGRITY.....	84	<i>neomycin sulfate</i> .....	12
<i>methylphenidate hcl er (xr)</i> .....	53	MOTPOLY XR.....	56	<i>neomycin-bacitracin zn-</i>	
<i>methylprednisolone</i> .....	87	MOUNJARO.....	91	<i>polymyx</i> .....	77
<i>methyltestosterone</i> .....	88	MOVANTIK.....	84	<i>neomycin-polymyxin-dexameth</i> ..79	
<i>metoclopramide hcl</i> .....	84	MOVIPREP.....	83	<i>neomycin-polymyxin-gramicidin</i> ..77	
<i>metolazone</i> .....	73	<i>moxifloxacin hcl</i> .....	12, 77	<i>neomycin-polymyxin-hc</i> .....	79
<i>metoprolol succinate er</i> .....	40	<i>moxifloxacin hcl in nacl</i> .....	12	NEORAL.....	112
<i>metoprolol tartrate</i> .....	40	MRESVIA.....	28	NEO-SYNALAR.....	124
<i>metoprolol-hydrochlorothiazide</i> ..40		MS CONTIN.....	50	NERLYNX.....	24
METROCREAM.....	121	MULPLETA.....	36	NEUAC.....	121
<i>metronidazole</i> .....	16, 121	MULTAQ.....	43	NEULASTA.....	37
<i>metyrosine</i> .....	71	<i>multiple electro type 1 ph 7.4</i> ....74		NEUPOGEN.....	37
<i>mexiletine hcl</i> .....	43	<i>mupirocin</i> .....	121	NEUPRO.....	61
MIBELAS 24 FE.....	96	<i>mupirocin calcium</i> .....	121	NEURONTIN.....	56
<i>micafungin sodium</i> .....	14	MYALEPT.....	100	NEVANAC.....	79
MICARDIS HCT.....	45	MYCAPSSA.....	102	<i>nevirapine</i> .....	18
<i>miconazole 3</i> .....	121	<i>mycophenolate mofetil</i> .....	112	<i>nevirapine er</i> .....	18
MICORT HC.....	118	<i>mycophenolate sodium</i> .....	112	NEXAVAR.....	24
MICROGESTIN 1.5/30.....	96	MYDAYIS.....	53	NEXICLON XR.....	43
MICROGESTIN 1/20.....	96	MYFEMBREE.....	100	NEXIUM.....	82
MICROGESTIN FE 1.5/30.....	96	MYFORTIC.....	112	NEXLETOL.....	39
MICROGESTIN FE 1/20.....	96	MYHIBBIN.....	112	NEXLIZET.....	39
<i>midodrine hcl</i> .....	34	MYRBETRIQ.....	127	NEXPLANON.....	96
MIEBO.....	80	MYSOLINE.....	56	NEXTSTELLIS.....	96
<i>mifepristone</i> .....	91	MYTESI.....	80	NGENLA.....	101
MIGERGOT.....	59	<i>na sulfate-k sulfate-mg sulf</i> .....	83	<i>niacin (antihyperlipidemic)</i> .....	39
<i>miglitol</i> .....	91	<i>nabumetone</i> .....	50	<i>niacin er (antihyperlipidemic)</i> ....39	
<i>miglustat</i> .....	113	<i>nadolol</i> .....	40	NIACOR.....	39
MILI.....	96	<i>nafcillin sodium</i> .....	12	<i>nicardipine hcl</i> .....	41
MIMVEY.....	99	<i>naftifine hcl</i> .....	117, 121	NICOTROL NS.....	32
MINIVELLE.....	99	NAFTIN.....	121	<i>nifedipine</i> .....	41
<i>minocycline hcl</i> .....	12	<i>nalocet</i> .....	50	<i>nifedipine er</i> .....	41
<i>minocycline hcl er</i> .....	12	<i>naloxone hcl</i> .....	64	<i>nifedipine er osmotic release</i> ....41	
<i>minoxidil</i> .....	43	<i>naltrexone hcl</i> .....	64	NIKKI.....	96

<i>nilotinib d-tartrate</i> .....	24	NOVOLOG MIX 70/30		OMVOH.....	84
<i>nilotinib hcl</i> .....	24	FLEXPEN.....	92	OMVOH (300 MG DOSE).....	84
<i>nilutamide</i> .....	24	NOVOLOG PENFILL.....	92	ONAPGO.....	61
<i>nimodipine</i> .....	42	NOXAFIL.....	14	<i>ondansetron</i> .....	80
NINLARO.....	24	NUBEQA.....	24	<i>ondansetron hcl</i> .....	80
<i>nisoldipine er</i> .....	42	NUCALA.....	115	ONEXTON.....	117
<i>nitazoxanide</i> .....	16	NUCYNTA.....	50	ONFI.....	56
<i>nitisinone</i> .....	114	NUCYNTA ER.....	50	ONGENTYS.....	61
NITRO-BID.....	46	NUEDEXTA.....	63	ONUREG.....	24
NITRO-DUR.....	46	NUPLAZID.....	67	ONYDA XR.....	34
<i>nitrofurantoin</i> .....	20	NURTEC.....	59	ONZETRA XSAIL.....	59
<i>nitrofurantoin macrocrystal</i> .....	20	NUTRILIPID.....	72	OPIPZA.....	68
<i>nitrofurantoin monohyd macro</i> .....	20	NUVARING.....	97	OPSUMIT.....	116
<i>nitroglycerin</i> .....	46, 119	NUVIGIL.....	53	OPSYNVI.....	116
NITROLINGUAL.....	46	NUZYRA.....	12	OPVEE.....	64
NITROSTAT.....	46	NYAMYC.....	117	OPZELURA.....	126
NITYR.....	114	NYLIA 1/35.....	97	ORACEA.....	126
NIVESTYM.....	37	NYLIA 7/7/7.....	97	ORAPRED ODT.....	87
<i>nizatidine</i> .....	82	NYMALIZE.....	42	ORENCIA.....	109
NORA-BE.....	96	<i>nystatin</i> .....	14, 117, 121	ORENCIA CLICKJECT.....	109
NORDITROPIN FLEXPRO.....	102	<i>nystatin-triamcinolone</i> .....	124	ORENITRAM.....	116
<i>norelgestromin-eth estradiol</i> .....	96	NYSTOP.....	117	ORENITRAM MONTH 1.....	116
<i>norethin ace-eth estrad-fe</i> .....	96	NYVEPRIA.....	37	ORENITRAM MONTH 2.....	116
<i>norethindrone</i> .....	96	OCTAGAM.....	27	ORENITRAM MONTH 3.....	116
<i>norethindrone acetate</i> .....	101	<i>octreotide acetate</i> .....	102	ORFADIN.....	114
<i>norethindrone acet-ethinyl est</i> .....	96	OCUFLOX.....	77	ORGOVYX.....	100
<i>norethindrone-eth estradiol</i> .....	99	ODACTRA.....	27	ORIAHNN.....	100
NORGESIC.....	50	ODEFSEY.....	18	ORILISSA.....	100
<i>norgesic forte</i> .....	50	ODOMZO.....	24	ORKAMBI.....	115
<i>norgestimate-eth estradiol</i> .....	96	OFEV.....	114	ORLADEYO.....	107
<i>norgestim-eth estrad triphasic</i> .....	96	<i>ofloxacin</i> .....	12, 77	ORLYNVAH.....	20
NORITATE.....	121	OGSIVEO.....	24	ORMALVI.....	43
NORLIQVA.....	42	OHTUVAYRE.....	115	<i>orphenadrine citrate er</i> .....	32
NORPACE.....	43	OJEMDA.....	24	<i>orphenadrine-aspirin-caffeine</i> .....	50
NORPACE CR.....	43	OJJAARA.....	24	ORQUIDEA.....	97
NORPRAMIN.....	67	<i>olanzapine</i> .....	67, 68	ORSERDU.....	24
NORTHERA.....	34	<i>olanzapine-fluoxetine hcl</i> .....	68	<i>oseltamivir phosphate</i> .....	18
NORTREL 0.5/35 (28).....	96	<i>olmesartan medoxomil</i> .....	45	OSENVELT.....	103
NORTREL 1/35 (21).....	97	<i>olmesartan medoxomil-hctz</i> .....	45	OSPHENA.....	99
NORTREL 1/35 (28).....	97	<i>olmesartan-amlodipine-hctz</i> .....	42	OSPOMYV.....	103
NORTREL 7/7/7.....	97	<i>olopatadine hcl</i> .....	75	OTEZLA.....	104
<i>nortriptyline hcl</i> .....	67	OLPRUVA (2 GM DOSE).....	71	OTEZLA XR.....	104
NORVASC.....	42	OLPRUVA (3 GM DOSE).....	71	OTEZLA/OTEZLA XR	
NORVIR.....	18	OLPRUVA (4 GM DOSE).....	71	INITIATION PK.....	104
NOURIANZ.....	63	OLPRUVA (5 GM DOSE).....	71	OTULFI.....	104
NOVOLIN 70/30.....	91	OLPRUVA (6 GM DOSE).....	71	OVIDE.....	121
NOVOLIN 70/30 FLEXPEN.....	91	OLPRUVA (6.67 GM DOSE).....	71	<i>oxacillin sodium</i> .....	12
NOVOLIN N.....	91	OLUMIANT.....	109	<i>oxacillin sodium in dextrose</i> .....	12
NOVOLIN N FLEXPEN.....	91	<i>omega-3-acid ethyl esters</i> .....	39	<i>oxaprozin</i> .....	50
NOVOLIN R.....	91	<i>omeprazole</i> .....	82	<i>oxazepam</i> .....	62
NOVOLIN R FLEXPEN.....	91	<i>omeprazole-sodium</i>		<i>oxcarbazepine</i> .....	56
NOVOLOG.....	91	<i>bicarbonate</i> .....	82	<i>oxcarbazepine er</i> .....	56
NOVOLOG FLEXPEN.....	91	OMNARIS.....	79	OXERVATE.....	80
NOVOLOG MIX 70/30.....	92	OMNITROPE.....	102	<i>oxiconazole nitrate</i> .....	121

OXISTAT .....	121	<i>pentazocine-naloxone hcl</i> .....	50	PONVORY STARTER PACK...	111
OXTELLAR XR.....	56	<i>pentoxifylline er</i> .....	35	PORTIA-28.....	97
<i>oxybutynin chloride</i> .....	128	PEPCID.....	82	<i>posaconazole</i> .....	14, 15
<i>oxybutynin chloride er</i> .....	127	<i>perampanel</i> .....	56	<i>potassium chloride</i> .....	74
<i>oxycodone hcl</i> .....	50	PERCOCET.....	51	<i>potassium chloride crys er</i> .....	74
<i>oxycodone-acetaminophen</i> .....	50	PERFOROMIST.....	34	<i>potassium chloride er</i> .....	74
OXYCONTIN.....	50	<i>perindopril erbumine</i> .....	45	<i>potassium chloride in nacl</i> .....	74
<i>oxymorphone hcl</i> .....	50	PERIOGARD.....	77	<i>potassium citrate er</i> .....	71
<i>oxymorphone hcl er</i> .....	50	<i>permethrin</i> .....	121	<i>potassium cl in dextrose 5%</i> .....	74
OXYTROL.....	128	<i>perphenazine</i> .....	68	PRADAXA.....	35, 37
OZEMPIC (0.25 OR 0.5		<i>perphenazine-amitriptyline</i> .....	68	PRALUENT.....	39
MG/DOSE).....	92	PERSERIS.....	68	<i>pramipexole dihydrochloride</i> .....	61
OZEMPIC (1 MG/DOSE).....	92	PERTZYE.....	83	<i>pramipexole dihydrochloride er</i> ..	61
OZEMPIC (2 MG/DOSE).....	92	PHEBURANE.....	71	PRAMOSONE.....	118
OZOBAX DS.....	32	<i>phenelzine sulfate</i> .....	68	<i>prasugrel hcl</i> .....	35
PACERONE.....	43	<i>phenobarbital</i> .....	62	<i>pravastatin sodium</i> .....	39
<i>paliperidone er</i> .....	68	<i>phenoxybenzamine hcl</i> .....	32	<i>praziquantel</i> .....	8
PALYNZIQ.....	75	PHENYTEK.....	56	<i>prazosin hcl</i> .....	38
PANCREAZE.....	83	<i>phenytoin</i> .....	57	PRED FORTE.....	79
PANRETIN.....	126	<i>phenytoin sodium extended</i> .....	57	PRED MILD.....	79
<i>pantoprazole sodium</i> .....	82	PHEXXI.....	70	<i>prednisolone</i> .....	87
PANZYGA.....	27	PHOSPHOLINE IODIDE.....	76	<i>prednisolone acetate</i> .....	79
<i>paricalcitol</i> .....	128	PHYRAGO.....	24	<i>prednisolone sodium phosphate</i>	
PARLODEL.....	61	PIFELTRO.....	18	.....	79, 87
PARNATE.....	68	<i>pilocarpine hcl</i> .....	31, 76	<i>prednisone</i> .....	87
<i>paroxetine hcl</i> .....	68	<i>pimecrolimus</i> .....	126	PREDNISON INTENSOL.....	87
<i>paroxetine hcl er</i> .....	68	<i>pimozide</i> .....	68	<i>preferred plus insulin syringe</i> ....	71
<i>paroxetine mesylate</i> .....	68	PIMTREA.....	97	<i>pregabalin</i> .....	57
PAXIL.....	68	<i>pindolol</i> .....	40	<i>pregabalin er</i> .....	51
PAXIL CR.....	68	<i>pioglitazone hcl</i> .....	92	PREMARIN.....	99
PAXLOVID (150/100).....	18	<i>pioglitazone hcl-glimepiride</i> .....	92	PREMASOL.....	72
PAXLOVID (300/100 &		<i>pioglitazone hcl-metformin hcl</i> ...92		PREMPHASE.....	99
150/100).....	18	<i>piperacillin sod-tazobactam so</i> ... 12		PREMPRO.....	99
PAXLOVID (300/100).....	18	PIQRAY (200 MG DAILY		<i>prenatal</i> .....	128
<i>pazopanib hcl</i> .....	24	DOSE).....	24	<i>pretomanid</i> .....	15
PEDIARIX.....	29	PIQRAY (250 MG DAILY		PREVACID.....	82
PEDVAX HIB.....	29	DOSE).....	25	PREVACID SOLUTAB.....	82
<i>peg 3350-kcl-na bicarb-nacl</i> .....	83	PIQRAY (300 MG DAILY		PREVALITE.....	39
<i>peg-3350/electrolytes</i> .....	83	DOSE).....	25	PREVYMIS.....	18
<i>peg-3350/electrolytes/ascorbat</i> ..	83	<i>pirfenidone</i> .....	114	PREZCOBIX.....	18
PEGASYS.....	18	<i>piroxicam</i> .....	51	PREZISTA.....	19
PEMAZYRE.....	24	<i>pitavastatin calcium</i> .....	39	PRIFTIN.....	15
PENBRAYA.....	29	PLAQUENIL.....	16	PRILOSEC.....	82
<i>penciclovir</i> .....	121	PLASMA-LYTE A.....	74	<i>primaquine phosphate</i> .....	16
<i>penicillamine</i> .....	85	PLAVIX.....	35	PRIMAXIN IV.....	12
<i>penicillin g pot in dextrose</i> .....	12	PLEGRIDY.....	111	<i>primidone</i> .....	57
<i>penicillin g potassium</i> .....	12	PLENAMINE.....	72	PRIORIX.....	29
<i>penicillin g sodium</i> .....	12	PLENVU.....	83	PRISTIQ.....	68
<i>penicillin v potassium</i> .....	12	<i>podofilox</i> .....	119, 126	PRIVIGEN.....	27
<i>penmenvy</i> .....	29	POKONZA.....	74	PROAIR RESPICLICK.....	34
PENTACEL.....	29	<i>polymyxin b sulfate</i> .....	12	<i>probenecid</i> .....	75
PENTAM.....	16	<i>polymyxin b-trimethoprim</i> .....	77	PROCARDIA XL.....	42
<i>pentamidine isethionate</i> .....	16	POMALYST.....	25	PROCENTRA.....	53
PENTASA.....	81	PONVORY.....	111	<i>prochlorperazine</i> .....	68

<i>prochlorperazine maleate</i> .....	68	QUADRACEL.....	28	RESTORIL.....	62
PROCRIT.....	37	QUESTRAN.....	39	RETACRIT.....	37
PROCTOFOAM HC.....	125	QUESTRAN LIGHT.....	39	RETEVMO.....	25
PROCTO-MED HC.....	124	<i>quetiapine fumarate</i> .....	68	RETIN-A.....	119
PROCTOSOL HC.....	124	<i>quetiapine fumarate er</i> .....	68	RETIN-A MICRO PUMP.....	119
PROCTOZONE-HC.....	124	QUILLICHEW ER.....	53	RETROVIR.....	19
PROCYSBI.....	114	QUILLIVANT XR.....	53	REVIATIO.....	46
<i>progesterone</i> .....	102	<i>quinapril hcl</i> .....	45	REVCIVI.....	75
PROGLYCEM.....	93	<i>quinapril-hydrochlorothiazide</i> .....	45	REVLIMID.....	25
PROGRAF.....	112	<i>quinidine gluconate er</i> .....	43	REVUFORJ.....	25
PROLASTIN-C.....	116	<i>quinidine sulfate</i> .....	43	REXTOVY.....	64
PROLATE.....	51	<i>quinine sulfate</i> .....	16	REXULTI.....	68
PROLENSA.....	79	QULIPTA.....	59	REYATAZ.....	19
PROLIA.....	106	QUVIVIQ.....	62	REZDIFFRA.....	103
PROMACTA.....	37	QVAR REDIHALER.....	87	REZLIDHIA.....	25
<i>promethazine hcl</i> .....	7	RABAVERT.....	29	REZUROCK.....	114
<i>promethazine-phenylephrine</i> .....	7	<i>rabeprazole sodium</i> .....	82	REZVOGLAR KWIKPEN.....	92
PROMETHEGAN.....	7	RADICAVA ORS STARTER		RHOFADE.....	126
PROMETRIUM.....	102	KIT.....	63	RHOPRESSA.....	76
<i>propafenone hcl</i> .....	43	RALDESY.....	68	<i>ribavirin</i> .....	19
<i>propafenone hcl er</i> .....	43	<i>raloxifene hcl</i> .....	99	RIDAURA.....	84
<i>propranolol hcl</i> .....	40	<i>ramelteon</i> .....	62	<i>rifabutin</i> .....	15
<i>propranolol hcl er</i> .....	40	<i>ramipril</i> .....	45	<i>rifampin</i> .....	15
<i>propylthiouracil</i> .....	103	<i>ranitidine hcl</i> .....	82	<i>riluzole</i> .....	63
PROQUAD.....	29	<i>ranolazine er</i> .....	43	<i>rimantadine hcl</i> .....	19
PROSCAR.....	106	<i>rasagiline mesylate</i> .....	61	RINVOQ.....	109
PROSOL.....	72	RASUVO.....	109	RINVOQ LQ.....	105
PROTONIX.....	82	RAVICTI.....	71	<i>risedronate sodium</i> .....	106, 107
<i>protriptyline hcl</i> .....	68	RAYALDEE.....	128	RISPERDAL.....	69
PROVERA.....	102	REBIF.....	111	RISPERDAL CONSTA.....	69
PROVIGIL.....	53	REBIF REBIDOSE.....	111	<i>risperidone</i> .....	69
PROZAC.....	68	REBIF REBIDOSE TITRATION		<i>risperidone microspheres er</i> .....	69
<i>prucalopride succinate</i> .....	84	PACK.....	111	RITALIN.....	53
PRUDOXIN.....	125	REBIF TITRATION PACK.....	111	<i>ritonavir</i> .....	19
PRURADIK.....	117	RECLIPSEN.....	97	<i>rivaroxaban</i> .....	36, 37
PULMICORT.....	87	RECOMBIVAX HB.....	29	<i>rivastigmine</i> .....	31
PULMICORT FLEXHALER.....	87	RECORLEV.....	114	<i>rivastigmine tartrate</i> .....	31
PULMOZYME.....	115	RECTIV.....	119	RIVELSA.....	97
PURIXAN.....	25	REGLAN.....	84	RIVFLOZA.....	114
PYLERA.....	82	RELAFEN DS.....	51	<i>rizatriptan benzoate</i> .....	59
PYQUVI.....	87	RELENZA DISKHALER.....	19	ROCALTROL.....	128
<i>pyrazinamide</i> .....	15	<i>releuko</i> .....	35	ROCKLATAN.....	76
<i>pyridostigmine bromide</i> .....	31	RELEXXII.....	53	<i>roflumilast</i> .....	116
<i>pyridostigmine bromide er</i> .....	31	RELI-ON INSULIN SYRINGE....	71	ROMVIMZA.....	25
<i>pyrimethamine</i> .....	16	RELISTOR.....	84	<i>ropinirole hcl</i> .....	61
PYRUKYND.....	36	RELPAK.....	59	<i>ropinirole hcl er</i> .....	61
PYRUKYND TAPER PACK.....	36	RELTONE.....	83	<i>rosuvastatin calcium</i> .....	39
PYZCHIVA.....	104, 105	REMERON.....	68	ROSYRAH.....	97
QBRELIS.....	45	REMERON SOLTAB.....	68	ROTARIX.....	29
QBREXZA.....	126	<i>repaglinide</i> .....	92	ROTATEQ.....	29
QELBREE.....	63	REPATHA.....	39	ROWASA.....	81
QINLOCK.....	25	REPATHA SURECLICK.....	39	ROWEEPRA.....	57
QNASL.....	79	RESTASIS.....	79	ROXICODONE.....	51
QNASL CHILDRENS.....	79	RESTASIS MULTIDOSE.....	79	ROXYBOND.....	51

ROZEREM.....	62	<i>silodosin</i> .....	32	SPRITAM.....	57
ROZLYTREK.....	25	SILVADENE.....	122	SPRIX.....	51
RUBRACA.....	25	<i>silver sulfadiazine</i> .....	122	SPRYCEL.....	25
RUCONEST.....	107	SIMBRINZA.....	76	SPS (SODIUM	
<i>rufinamide</i> .....	57	SIMLANDI (1 PEN).....	105	POLYSTYRENE SULF).....	73
RUKOBIA.....	19	SIMLANDI (2 PEN).....	109	SSD.....	122
RYALTRIS.....	75	SIMLANDI (2 SYRINGE).....	105	STARJEMZA.....	105
RYBELSUS.....	92	SIMPONI.....	109	STEGLATRO.....	92
RYCLORA.....	7	<i>simvastatin</i> .....	39	STEGLUJAN.....	92
RYDAPT.....	25	SINEMET.....	61	STELARA.....	127
RYTARY.....	61	SINGULAIR.....	115	STEQEYMA.....	105
RYVENT.....	7	<i>sirolimus</i> .....	112	STIMUFEND.....	37
SABRIL.....	57	SIRTURO.....	15	STIOLTO RESPIMAT.....	30
<i>sacubitril-valsartan</i> .....	45	<i>sitaglipt base-metform hcl er</i> .....	92	STIVARGA.....	25
SAFYRAL.....	97	<i>sitagliptin</i> .....	92	STOBOCLO.....	103
SAJAZIR.....	107	<i>sitagliptin base-metformin hcl</i> .....	92	<i>streptomycin sulfate</i> .....	12
SALAGEN.....	31	SIVEXTRO.....	12	STRIBILD.....	19
SAMSCA.....	73	SKYCLARYS.....	114	STRIVERDI RESPIMAT.....	34
SANCUSO.....	80	SKYLA.....	97	STROMECTOL.....	8
SANDIMMUNE.....	112	SKYRIZI.....	84, 127	SUBOXONE.....	51
SANDOSTATIN.....	102	SKYRIZI PEN.....	127	SUBVENITE.....	57
SANTYL.....	126	SKYTROFA.....	101	SUBVENITE STARTER KIT-	
SAPHRIS.....	69	SOAAZ.....	73	BLUE.....	57
<i>sapropterin dihydrochloride</i> 75, 114		<i>sodium chloride</i> .....	74, 75	SUBVENITE STARTER KIT-	
SAVAYSA.....	36	<i>sodium fluoride</i> .....	107	GREEN.....	57
SAVELLA.....	63, 64	<i>sodium oxybate</i> .....	63	SUBVENITE STARTER KIT-	
SAVELLA TITRATION PACK.....	64	<i>sodium phenylbutyrate</i> .....	71, 72	ORANGE.....	57
<i>saxagliptin hcl</i> .....	92	<i>sodium polystyrene sulfonate</i> .....	73	SUCRAID.....	75
<i>saxagliptin-metformin er</i> .....	92	SOFDRA.....	118	<i>sucralfate</i> .....	82
SCEMBLIX.....	25	<i>sofosbuvir-velpatasvir</i> .....	19	SUFLAVE.....	83
<i>scopolamine</i> .....	80	SOGROYA.....	101	SULAR.....	42
SECUADO.....	69	SOHONOS.....	114	<i>sulfacetamide sodium</i> .....	77
SEGLUROMET.....	92	<i>solifenacin succinate</i> .....	128	<i>sulfacetamide sodium (acne)</i> ...	122
SELARSDI.....	105	SOLQUA.....	92	<i>sulfacetamide-prednisolone</i> .....	79
<i>selegiline hcl</i> .....	61	SOLOSEC.....	16	<i>sulfadiazine</i> .....	12
<i>selenium sulfide</i> .....	121	SOLTAMOX.....	99	<i>sulfamethoxazole-trimethoprim</i> ..	13
SELZENTRY.....	19	SOMA.....	32	SULFAMYLON.....	122
SEMGLEE (YFGN).....	92	SOMAVERT.....	102	<i>sulfasalazine</i> .....	13
SEREVENT DISKUS.....	34	SOOLANTRA.....	122	<i>sulindac</i> .....	51
SEROQUEL.....	69	<i>sorafenib tosylate</i> .....	25	<i>sumatriptan</i> .....	59
SEROQUEL XR.....	69	SORILUX.....	127	<i>sumatriptan succinate</i> .....	59, 60
SEROSTIM.....	102	<i>sotalol hcl</i> .....	40	<i>sumatriptan-naproxen sodium</i> ....	60
<i>sertraline hcl</i> .....	69	<i>sotalol hcl (af)</i> .....	40	<i>sunitinib malate</i> .....	25
SETLAKIN.....	97	SOTYKTU.....	127	SUNLENCA.....	19
<i>sevelamer carbonate</i> .....	73	SOTYLIZE.....	40	SUNOSI.....	53
<i>sevelamer hcl</i> .....	73	SOVALDI.....	19	SUPREP BOWEL PREP KIT.....	83
SEYSARA.....	12	SOVUNA.....	16	SUTAB.....	83
SHAROBEL.....	97	SPEVIGO.....	118	SUTENT.....	25
SHINGRIX.....	29	<i>spinosad</i> .....	122	SYEDA.....	97
SIGNIFOR.....	102	SPIRIVA HANDIHALER.....	30	SYMBICORT.....	87
SIKLOS.....	25	SPIRIVA RESPIMAT.....	30	SYMBRAVO.....	60
<i>sildenafil citrate</i> .....	46	<i>spironolactone</i> .....	45	SYMDEKO.....	115
SILENOR.....	69	<i>spironolactone-hctz</i> .....	45	SYMFI.....	19
SILIQ.....	127	SPRINTEC 28.....	97	SYMPAZAN.....	57

SYMPROIC.....	84	TENORETIC 100.....	40	TOBRADEX ST.....	79
SYMTUZA.....	19	TENORETIC 50.....	40	<i>tobramycin</i> .....	13, 77
SYNALAR.....	125	TENORMIN.....	40	<i>tobramycin sulfate</i> .....	13
SYNAREL.....	100	TEPMETKO.....	25	<i>tobramycin-dexamethasone</i> .....	79
SYNJARDY.....	92	<i>terazosin hcl</i> .....	38	TOBREX.....	77
SYNJARDY XR.....	92, 93	<i>terbinafine hcl</i> .....	15	<i>tolcapone</i> .....	61
SYNTHROID.....	103	<i>terbutaline sulfate</i> .....	34	TOLECTIN 600.....	51
SYPRINE.....	85	<i>terconazole</i> .....	122	<i>tolmetin sodium</i> .....	51
TABLOID.....	25	<i>teriflunomide</i> .....	111	<i>tolsura</i> .....	15
TABRECTA.....	25	<i>teriparatide</i> .....	101	<i>tolterodine tartrate</i> .....	128
TACLONEX.....	125	TESTIM.....	88	<i>tolterodine tartrate er</i> .....	128
<i>tacrolimus</i> .....	112, 127	<i>testosterone</i> .....	88	<i>tolvaptan</i> .....	73
<i>tadalafil</i> .....	46	<i>testosterone cypionate</i> .....	88	<i>tolvaptan (hyponatremia)</i> .....	73
<i>tadalafil (pah)</i> .....	46	<i>testosterone enanthate</i> .....	88	TOPAMAX.....	57
TADLIQ.....	46	<i>tetrabenazine</i> .....	70	TOPAMAX SPRINKLE.....	57
TAFINLAR.....	25	<i>tetracycline hcl</i> .....	13	TOPICORT.....	125
<i>tafluprost (pf)</i> .....	76	TEXACORT.....	118	TOPICORT SPRAY.....	125
TAGRISSO.....	25	THALITONE.....	73	<i>topiramate</i> .....	57
TAKHZYRO.....	113	THALOMID.....	111	<i>topiramate er</i> .....	57
TALICIA.....	82	THEO-24.....	128	TOPROL XL.....	40
TALTZ.....	105, 127	<i>theophylline</i> .....	128	<i>toremifene citrate</i> .....	99
TALZENNA.....	25	<i>theophylline er</i> .....	128	TORPENZ.....	25
TAMIFLU.....	19	THIOLA.....	114	<i>torseamide</i> .....	73
<i>tamoxifen citrate</i> .....	99	THIOLA EC.....	114	TOSYMRA.....	60
<i>tamsulosin hcl</i> .....	33	<i>thioridazine hcl</i> .....	69	TOUJEO MAX SOLOSTAR.....	93
TANLOR.....	32	<i>thiothixene</i> .....	69	TOUJEO SOLOSTAR.....	93
TARGADOX.....	13	THYQUIDITY.....	103	TOVET.....	125
TARGRETIN.....	25, 127	TIADYLT ER.....	42	TOVIAZ.....	128
TARINA 24 FE.....	97	<i>tiagabine hcl</i> .....	57	TPN ELECTROLYTES.....	75
TARINA FE 1/20 EQ.....	97	TIAZAC.....	42	TRACLEER.....	116
TARPEYO.....	87	TIBSOVO.....	25	TRADJENTA.....	93
TASCENSO ODT.....	111	<i>ticagrelor</i> .....	36	<i>tramadol hcl</i> .....	51
TASIGNA.....	25	TICOVAC.....	29	<i>tramadol hcl (er biphasic)</i> .....	51
<i>tasimelteon</i> .....	62	<i>tigecycline</i> .....	13	<i>tramadol hcl er</i> .....	51
TASMAR.....	61	TIGLUTIK.....	63	<i>tramadol-acetaminophen</i> .....	51
<i>tavorole</i> .....	122	TIKOSYN.....	43	<i>trandolapril</i> .....	45
TAVALISSE.....	36	TILIA FE.....	97	<i>trandolapril-verapamil hcl er</i> .....	42
TAVNEOS.....	107	<i>timolol hemihydrate</i> .....	76	<i>tranexamic acid</i> .....	34
<i>tazarotene</i> .....	119, 127	<i>timolol maleate</i> .....	40, 76	TRANSDERM SCOP.....	30
TAZICEF.....	13	<i>timolol maleate (once-daily)</i> .....	76	<i>tranylcypromine sulfate</i> .....	69
TAZORAC.....	119, 127	<i>timolol maleate pf</i> .....	76	TRAVASOL.....	72
TAZVERIK.....	25	TIMOPTIC OCUDOSE.....	76	TRAVATAN Z.....	76
TECFIDERA.....	111	<i>tinidazole</i> .....	16	<i>travoprost (bak free)</i> .....	77
TEFLARO.....	13	<i>tiopronin</i> .....	114	<i>trazodone hcl</i> .....	69
TEGRETOL.....	57	<i>tiotropium bromide</i> .....	30	TRELEGY ELLIPTA.....	87
TEGRETOL-XR.....	57	TIROSINT.....	103	TRELSTAR MIXJECT.....	100
TEKTURNA.....	45	TIROSINT-SOL.....	103	TREMFYA.....	118
<i>telmisartan</i> .....	45	TIVICAY.....	19	TREMFYA ONE-PRESS.....	118
<i>telmisartan-amlodipine</i> .....	42	TIVICAY PD.....	19	TREMFYA PEN.....	118
<i>telmisartan-hctz</i> .....	45	<i>tizanidine hcl</i> .....	32	TREMFYA-CD/UC INDUCTION	
<i>temazepam</i> .....	62	TLANDO.....	88	.....	118
TENCON.....	51	TOBI.....	13	TRESIBA.....	93
TENIVAC.....	28	TOBI PODHALER.....	13	TRESIBA FLEXTOUCH.....	93
<i>tenofovir disoproxil fumarate</i> .....	19	TOBRADEX.....	79	<i>tretinoin</i> .....	26, 119

<i>tretinoin microsphere</i> .....	119	TYGACIL.....	13	VARIVAX.....	29
<i>tretinoin microsphere pump</i> .....	119	TYKERB.....	26	VARUBI (180 MG DOSE).....	81
TREXALL.....	26	TYMLOS.....	101	VASCEPA.....	39
TREXIMET.....	60	TYPHIM VI.....	29	VASERETIC.....	45
<i>triamcinolone acetonide</i> .....	125	TYRVAYA.....	80	VASOTEC.....	45
<i>triamterene</i> .....	73	TYVASO DPI MAINTENANCE		VAXCHORA.....	30
<i>triamterene-hctz</i> .....	73	KIT.....	116	VECAMYL.....	43
<i>triazolam</i> .....	63	TYVASO DPI TITRATION KIT.....	117	VECTICAL.....	127
TRIBENZOR.....	42	TYZAVAN.....	13	VELIVET.....	97
TRIDACAINE II.....	118	UBRELVY.....	60	VELPHORO.....	73
TRIDERM.....	125	UCERIS.....	87, 125	VELSIPITY.....	111
<i>trientine hcl</i> .....	85	UDENYCA.....	37	VELTASSA.....	74
TRI-ESTARYLLA.....	97	ULORIC.....	106	VEMLIDY.....	20
<i>trifluoperazine hcl</i> .....	69	ULTRAVATE.....	125	VENCLEXTA.....	26
<i>trifluridine</i> .....	77	<i>umeclidinium-vilanterol</i> .....	30	VENCLEXTA STARTING	
<i>trihexyphenidyl hcl</i> .....	61	UNASYN.....	13	PACK.....	26
TRIJARDY XR.....	93	UNITHROID.....	103	<i>venlafaxine besylate er</i> .....	69
TRIKAFTA.....	115	UPTRAVI.....	117	<i>venlafaxine hcl</i> .....	69
TRI-LEGEST FE.....	97	UPTRAVI TITRATION.....	117	<i>venlafaxine hcl er</i> .....	69
TRILEPTAL.....	57, 58	UROCIT-K 10.....	71	VENTOLIN HFA.....	34
TRI-LO-ESTARYLLA.....	97	UROCIT-K 15.....	71	VENXXIVA.....	114
TRI-LO-SPRINTEC.....	97	UROXATRAL.....	33	VEOZAH.....	63
<i>trimethobenzamide hcl</i> .....	81	<i>ursodiol</i> .....	83	<i>verapamil hcl</i> .....	42
<i>trimethoprim</i> .....	20	<i>ustekinumab</i> .....	105	<i>verapamil hcl er</i> .....	42
TRI-MILI.....	97	<i>ustekinumab-aauz</i> .....	105	VEREGEN.....	127
<i>trimipramine maleate</i> .....	69	<i>ustekinumab-aekn</i> .....	105	VERKAZIA.....	79
TRINTELLIX.....	69	<i>ustekinumab-ttwe</i> .....	105	VERQUVO.....	46
TRI-SPRINTEC.....	97	UZEDY.....	69	VERSACLOZ.....	69
TRIUMEQ.....	19	VABOMERE.....	13	VERZENIO.....	26
<i>triumeq pd</i> .....	19	VABRINTY.....	100	VESTURA.....	97
TRI-VYLIBRA.....	97	VAGIFEM.....	99	VEVYE.....	79
TRI-VYLIBRA LO.....	97	<i>valacyclovir hcl</i> .....	19	VFEND.....	15
TROKENDI XR.....	58	VALCHLOR.....	127	VFEND IV.....	15
TROPHAMINE.....	72	VALCYTE.....	20	VIBERZI.....	84
<i>trospium chloride</i> .....	128	<i>valganciclovir hcl</i> .....	20	VICTOZA.....	93
<i>trospium chloride er</i> .....	128	VALIUM.....	63	VIENVA.....	97
TRUDHESA.....	33	<i>valproic acid</i> .....	58	<i>vigabatrin</i> .....	58
TRULANCE.....	84	<i>valsartan</i> .....	45	VIGADRONE.....	58
TRULICITY.....	93	<i>valsartan-hydrochlorothiazide</i> ....	45	VIGAFYDE.....	58
TRUMENBA.....	29	VALTOCO 10 MG DOSE.....	58	VIGAMOX.....	77
TRUQAP.....	26	VALTOCO 15 MG DOSE.....	58	VIIBRYD.....	70
TRUVADA.....	19	VALTOCO 20 MG DOSE.....	58	VIJOICE.....	114
TRYNGOLZA.....	39	VALTOCO 5 MG DOSE.....	58	<i>vilazodone hcl</i> .....	70
TRYPTYR.....	80	VALTRESX.....	20	VIMKUNYA.....	30
TRYVIO.....	116	VALTYA 1/35.....	97	VIMPAT.....	58
TUDORZA PRESSAIR.....	30	VALTYA 1/50.....	97	VIOKACE.....	83
TUKYSA.....	26	VANCOCIN.....	13	<i>viorele</i> .....	97
TURALIO.....	26	<i>vancomycin hcl</i> .....	13	VIRACEPT.....	20
TURQOZ.....	97	VANDAZOLE.....	122	VIREAD.....	20
TWINRIX.....	29	VANFLYTA.....	26	VITRAKVI.....	26
TWYNEO.....	119	VANRAFIA.....	117	VIVELLE-DOT.....	99
TYBOST.....	114	VAQTA.....	29	VIVITROL.....	64
TYDEMY.....	97	<i>varenicline tartrate</i> .....	32	VIVJOA.....	15
TYENNE.....	105	<i>varenicline tartrate (starter)</i> .....	32	VIVOTIF.....	30

VIZIMPRO.....	26	XDEMVY.....	77	YUTREPIA.....	117
VOGELXO.....	88	XELJANZ.....	109	YUVAFEM.....	99
VOGELXO PUMP.....	88	XELJANZ XR.....	109	ZAFEMY.....	98
VONJO.....	26	XELSTRYM.....	53	<i>zafirlukast</i> .....	115
VOQUEZNA.....	82	XENAZINE.....	70	<i>zaleplon</i> .....	63
VOQUEZNA DUAL PAK.....	82	XERESE.....	122	ZANAFLEX.....	32
VOQUEZNA TRIPLE PAK.....	82	XERMELO.....	80	ZARONTIN.....	58
VORANIGO.....	26	XGEVA.....	107	ZARXIO.....	37
<i>voriconazole</i> .....	15	XHANCE.....	79	ZAVESCA.....	114
VOSEVI.....	20	XIFAXAN.....	13	ZAVZPRET.....	60
VOTRIENT.....	26	XIGDUO XR.....	93	ZEGALOGUE.....	93, 94
VOWST.....	84	XIIDRA.....	79	ZEJULA.....	27
VOXZOGO.....	114	XOFLUZA (40 MG DOSE).....	20	ZELAPAR.....	61
VOYDEYA.....	113	XOFLUZA (80 MG DOSE).....	20	ZELBORAF.....	27
VRAYLAR.....	70	XOLAIR.....	116	ZELSUVMI.....	117
VTAMA.....	127	XOLREMDI.....	35	ZEMAIRA.....	116
VUMERITY.....	111	XOPENEX HFA.....	34	ZEMBRACE SYMTOUCH.....	60
VYFEMLA.....	98	XOSPATA.....	26	ZEMDRI.....	13
VYKAT XR.....	53	XPOVIO (100 MG ONCE		ZEMPLAR.....	128
VYLIBRA.....	98	WEEKLY).....	26	ZENATANE.....	119
VYNDAMAX.....	43	XPOVIO (40 MG ONCE		ZENPEP.....	83
VYTORIN.....	39	WEEKLY).....	26	ZENZEDI.....	53
VYVANSE.....	53	XPOVIO (40 MG TWICE		ZEPBOUND.....	93
VYVGART HYTRULO.....	105	WEEKLY).....	26	ZEPOSIA.....	111
VYZULTA.....	77	XPOVIO (60 MG ONCE		ZEPOSIA 7-DAY STARTER	
WAINUA.....	106	WEEKLY).....	26	PACK.....	111
WAKIX.....	53	XPOVIO (60 MG TWICE		ZEPOSIA STARTER KIT.....	111
<i>warfarin sodium</i> .....	36	WEEKLY).....	26	ZERBAXA.....	13
WAYRILZ.....	34	XPOVIO (80 MG ONCE		ZERVIAE.....	75
WEGOVY.....	93	WEEKLY).....	26	ZESTORETIC.....	45
WELCHOL.....	39	XPOVIO (80 MG TWICE		ZESTRIL.....	45
WELIREG.....	26	WEEKLY).....	26	ZETIA.....	39
WELLBUTRIN SR.....	70	XROMI.....	26	ZEVTERA.....	13
WELLBUTRIN XL.....	70	XTAMPZA ER.....	51	ZIAGEN.....	20
WEZLANA.....	105	XTANDI.....	27	ZIANA.....	127
WINLEVI.....	127	XULANE.....	98	<i>zidovudine</i> .....	20
WINREVAIR.....	116	XULTOPHY.....	93	ZIEXTENZO.....	37
WIXELA INHUB.....	34	XYOSTED.....	88	ZILBRYSQ.....	113
WYMZYA FE.....	98	XYREM.....	63	<i>zileuton er</i> .....	115
WYOST.....	107	XYWAV.....	63	ZILXI.....	122
XACIATO.....	122	YARGESA.....	114	ZIOPTAN.....	77
XALATAN.....	77	YASMIN 28.....	98	<i>ziprasidone hcl</i> .....	70
XALKORI.....	26	YAZ.....	98	<i>ziprasidone mesylate</i> .....	70
XANAX.....	63	YESINTEK.....	105	ZIPSOR.....	51
XANAX XR.....	63	YF-VAX.....	30	ZIRGAN.....	77
XARAH FE.....	98	YIMMUGO.....	27	ZITHROMAX.....	13, 14
XARELTO.....	36	YONSA.....	27	ZITHROMAX TRI-PAK.....	14
XARELTO STARTER PACK.....	36	YORVIPATH.....	101	ZITHROMAX Z-PAK.....	14
XATMEP.....	26	YUFLYMA (1 PEN).....	109	ZITUVIMET.....	93
XCOPRI.....	58	YUFLYMA (2 SYRINGE).....	109	ZITUVIMET XR.....	93
XCOPRI (250 MG DAILY		YUFLYMA-CD/UC/HS		ZITUVIO.....	93
DOSE).....	58	STARTER.....	109	ZOCOR.....	39
XCOPRI (350 MG DAILY		YUPELRI.....	31	ZOKINVY.....	114
DOSE).....	58	YUSIMRY.....	110	ZOLINZA.....	27

<i>zolmitriptan</i> .....	60
ZOLOFT .....	70
<i>zolpidem tartrate</i> .....	63
<i>zolpidem tartrate er</i> .....	63
ZOMACTON .....	102
ZOMIG .....	60
ZONALON .....	125
ZONEGRAN .....	58
ZONISADE .....	58
<i>zonisamide</i> .....	58
ZORTRESS .....	112
ZORYVE .....	118, 119, 127
ZOSYN .....	14
ZOVIA 1/35 (28) .....	98
ZOVIRAX .....	122
ZTALMY .....	58
ZTLIDO .....	118
ZUBSOLV .....	51
ZUNVEYL .....	31
ZURNAL .....	64
ZURZUVAE .....	70
ZYCLARA PUMP .....	127
ZYDELIG .....	27
ZYKADIA .....	27
ZYLET .....	79
ZYMFENTRA (2 PEN) .....	110
ZYMFENTRA (2 SYRINGE) .....	110
ZYPITAMAG .....	39
ZYPREXA .....	70
ZYTIGA .....	27
ZYVOX .....	14

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