

Wellcare Meridian Dual Align, HMO D-SNP

2027 *List of Covered Drugs* (*Drug List* or *Formulary*)

10



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

HPMS Approved Formulary File Submission ID 27156, Version Number 07

This *Drug List* was updated on 10/01/2026. For more recent information or other questions, contact us at **1-844-536-2180** (TTY **711**), between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. or visit **go.wellcare.com/MeridianIL**.



**HealthChoice
Illinois**

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs are covered by our plan. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by our plan. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2180 (TTY 711), between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information,** visit go.wellcare.com/MeridianIL.

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A. Disclaimers

This is a list of drugs that members can get in Wellcare Meridian Dual Align (HMO D-SNP).

- ❖ You can always check our plan's up-to-date *List of Covered Drugs* online at go.wellcare.com/MeridianIL or by calling Member Services at the numbers in the footer of this document. This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the numbers in the footer of this document. This call is free.
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繁體中文 (**Chinese - Traditional**) 注意：我們為您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-844-536-2180 (TTY : 711)。

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If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2180 (TTY 711), between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/MeridianIL.

- ❖ This document is available for free in Spanish.
- ❖ Our plan can provide materials in languages other than English or in an alternate format. This includes large print, Braille, and audio formats. To receive materials in other languages or formats, call Member Services at the numbers in the footer of this document. The call is free.
 - If you would like to continue to receive printed materials after you have made a request, we'll work with you to supply them annually, or until a request to stop sending printed materials is given.
 - You may make a standing request, update, or change language and format preferences in your account on your Illinois Application for Benefits Eligibility (ABE) in Manage My Case at abe.illinois.gov. Our plan receives your language preference updates from ABE. Or you can call Member Services at the numbers in the footer of this document. The call is free.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by our plan. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Our plan will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - our plan agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a plan network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at go.wellcare.com/MeridianIL or call Member Services at the numbers in the footer of this document.



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B2. Does the *Drug List* ever change?

Yes, and our plan must follow Medicare and Illinois Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from our plan before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check our plan's up-to-date *Drug List* online at go.wellcare.com/MeridianIL. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the numbers in the footer of this document to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0 with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14.
 - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. Please talk to your doctor or other prescriber to help you decide if there's a similar drug on the *Drug List* that you can take instead.

This section is continued on the next page.



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We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases, you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from our plan based on specific criteria before you fill your prescription. Prior authorization is different from a referral. Our plan may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes our plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes our plan requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at go.wellcare.com/MeridianIL. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception to these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.



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B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled List of Drugs by Medical Condition has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if our plan changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we’ll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it if you know how to spell the drug. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search **by medical condition**, find **Section C1** labeled “List of Drugs by Medical Condition”. The drugs in this section are grouped into categories depending on the type of medical conditions they’re used to treat. For example, if a heart condition, you should look in CARDIOVASCULAR, HYPERTENSION / LIPIDS category. That’s where you’ll find drugs that treat heart conditions.

B8. What if the drug I want to take isn't on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at the numbers in the footer of this document and ask about it. If you learn that our plan won't cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that's like the one you want to take. **Or**
- Ask our plan to make an exception to cover your drug. Refer to questions B10–B12 for more information about exceptions.

B9. What if I'm a new plan member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you're a member of our plan. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 30 days of medication.

We'll cover a 30-day supply of your drug if:

- You're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by our plan, **or**
- you're taking a drug that's part of a step therapy restriction.

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If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new plan member.
- This is in addition to the temporary supply during the first 90 days you're a member of our plan.

If your level of care changes (such as moving to or from a long-term care facility or hospital), we'll cover one temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a total of a 30-day supply.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask our plan to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, our plan may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section F** of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. You, your representative, or your doctor (or other prescriber) can call, write, or fax us to make your request. You can also access the coverage decision process through our website. For the details, go to Chapter 2, Section A of the *Member Handbook* and look for the Section called "How to contact Meridian Member Services".

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Our plan covers both brand name drugs and generic drugs.



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B14. What are original biological products and how are they related to biosimilars?

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 forms 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 more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. Does our plan cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get a 35 to 100-day supply of your drugs sent directly to your home.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered drugs.

B16. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B17. What's my copayment?

Our plan members have no copayments or coinsurance on applicable tiers for prescription as long as the member follows the plan's rules.

Tiers are groups of drugs on our *Drug List*.

- *Tier 1 (Generic) includes preferred generic drugs and may include some brand drugs.*
- *Tier 2 (Preferred Brand) includes preferred brand drugs and may include some generic drugs.*
- *Tier 3 (Non-Preferred Drug) includes non-preferred brand and generic drugs.*
- *Tier 4 (Injectable Drugs) includes select drugs that are administered by injection or used to prevent illness (vaccines).*
- *Tier 5 (Specialty Tier) includes high-cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.*
- *Tier 6 (Select Care Drugs) includes select generic and/or brand drugs used to treat specific conditions.*

All tiers have \$0 copay.

If you have questions, call Member Services at the numbers in the footer of this document.



If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2180 (TTY 711), between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/MeridianIL.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by our plan . If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by our plan.

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

The information in the necessary actions, restrictions, or limits on use column tells you if our plan has any rules for covering your drug.

- **NT** stands for Not Part D. This drug isn't a "Part D drug."
- **NM** means the drug isn't available via your monthly mail service benefit. This is noted in the Necessary actions, restrictions, or limits on use column of your formulary.
- **PA** stands for Prior Authorization. Refer to question B4.
- **PA-NS** stands for Prior Authorization for New Starts. This means that if this drug is new to you, you'll need to get approval from us before you fill your prescription. If you're taking this drug at the time of enrollment, you'll not be required to meet criteria for approval.

This section is continued on the next page.

- **B/D** stands for Covered under Medicare B or D. This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** stands for Quantity Limits. Refer to question B4.
- **LA** stands for Limited Access medication. This prescription may be available only at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call Member Services at the numbers in the footer of this document.
- **ST** stands for Step Therapy. Refer to question B4.
- **^** stands for Drug may be available for up to a 30-day supply only.

Note: The NT next to a drug means the drug isn't a "Part D drug." These drugs also have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Illinois Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the numbers in the footer of this document.
- You can also read **Chapter 9**, of the *Member Handbook* to learn how to appeal a decision.



If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2180 (TTY 711), between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/MeridianIL.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, CARDIOVASCULAR, HYPERTENSION / LIPIDS. That's where you'll find drugs that treat heart conditions.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *simvastatin*) and brand name drugs are capitalized (for example, ELIQUIS). The information in the "Necessary actions, restrictions, or limits on use" column tells you if our plan has any rules for covering your drug.

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>amphotericin b injection recon soln 50 mg</i>	1	B/D
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	5^	B/D
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	3	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5^	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	3	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5^	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	3	
<i>griseofulvin microsize oral tablet 500 mg</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
<i>itraconazole oral capsule 100 mg</i>	3	QL (120 EA per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	1	PA
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	3	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	3	PA; QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i>	3	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	5^	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	3	PA
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	3	B/D
<i>adefovir oral tablet 10 mg</i>	3	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	5^	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5^	
CIMDUO ORAL TABLET 300-300 MG	5^	
<i>darunavir oral tablet 600 mg</i>	3	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	3	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5^	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5^	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5^	
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	3	
<i>efavirenz oral tablet 600 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	3	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	5^	
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	3	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i>	5^	QL (30 EA per 30 days)
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i>	5^	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
<i>etravirine oral tablet 100 mg, 200 mg</i>	3	
EVOTAZ ORAL TABLET 300-150 MG	5^	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>fosamprenavir oral tablet 700 mg</i>	3	
GENVOYA ORAL TABLET 150-150-200-10 MG	5^	
IDVYNZO ORAL TABLET 100-0.25 MG	5^	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	5^	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ISENTRESS ORAL POWDER IN PACKET 100 MG	5^	
ISENTRESS ORAL TABLET 400 MG	5^	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5^	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5^	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	5^	PA; QL (28 EA per 28 days)
LIVTENCITY ORAL TABLET 200 MG	5^	PA; LA; QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5^	
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NORVIR ORAL POWDER IN PACKET 100 MG	2	
ODEFSEY ORAL TABLET 200-25-25 MG	5^	
<i>oseltamivir oral capsule 30 mg</i>	1	QL (168 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (84 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 EA per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	QL (11 EA per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5^	
PREVYMIS ORAL TABLET 240 MG, 480 MG	5^	PA; QL (28 EA per 28 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	5^	
PREZISTA ORAL SUSPENSION 100 MG/ML	5^	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	3	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	3	QL (480 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	5^	
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rilpivirine hcl oral tablet 25 mg</i>	3	
<i>rimantadine oral tablet 100 mg</i>	3	
<i>ritonavir oral tablet 100 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5^	
SELZENTRY ORAL SOLUTION 20 MG/ML	5^	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	5^	PA; QL (28 EA per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5^	
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	5^	
SYMITUZA ORAL TABLET 800-150-200-10 MG	5^	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 50 MG	5^	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5^	
TRIUMEQ ORAL TABLET 600-50-300 MG	5^	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>valganciclovir oral recon soln 50 mg/ml</i>	5^	
<i>valganciclovir oral tablet 450 mg</i>	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	3	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5^	
VIREAD ORAL TABLET 150 MG, 250 MG	5^	
VIREAD ORAL TABLET 200 MG	2	
VOSEVI ORAL TABLET 400-100-100 MG	5^	PA; QL (28 EA per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml</i>	3	
<i>cefadroxil oral suspension for reconstitution 500 mg/5 ml</i>	1	
<i>cefazolin injection recon soln 1 gram</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefazolin injection recon soln 500 mg</i>	1	
<i>cefazolin intravenous recon soln 10 gram</i>	3	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	3	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	3	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml</i>	3	
<i>cefpodoxime oral suspension for reconstitution 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	3	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml</i>	1	
<i>cefprozil oral suspension for reconstitution 250 mg/5 ml</i>	3	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftaroline fosamil intravenous recon soln 400 mg, 600 mg</i>	5^	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	3	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram</i>	3	
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	3	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	3	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	1	
<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	3	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	3	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
<i>fidaxomicin oral tablet 200 mg</i>	5^	QL (20 EA per 10 days)
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	3	
<i>amikacin injection solution 500 mg/2 ml</i>	3	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5^	PA; LA
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	1	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5^	PA; LA; QL (84 ML per 56 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 900 mg/50 ml</i>	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 600 mg/50 ml</i>	3	
<i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	3	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	3	QL (30 EA per 10 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>daptomycin intravenous recon soln 500 mg</i>	3	
<i>ertapenem injection recon soln 1 gram</i>	3	QL (14 EA per 14 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	3	
IMPAVIDO ORAL CAPSULE 50 MG	5^	PA
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	2	PA; QL (20 EA per 30 days)
<i>ivermectin oral tablet 6 mg</i>	2	PA; QL (8 EA per 30 days)
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	3	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	5^	QL (1800 ML per 30 days)
<i>linezolid oral tablet 600 mg</i>	3	QL (60 EA per 30 days)
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram</i>	2	QL (30 EA per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	2	QL (10 EA per 10 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	5^	QL (12 EA per 30 days)
<i>pentamidine inhalation recon soln 300 mg</i>	1	B/D; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	3	
PRIFTIN ORAL TABLET 150 MG	3	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	3	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	5^	PA
<i>quinine sulfate oral capsule 324 mg</i>	3	PA
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	5^	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	5^	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tigecycline intravenous recon soln 50 mg</i>	3	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5^	PA; QL (280 ML per 28 days)
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg</i>	3	QL (20 EA per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	3	QL (2 EA per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	QL (10 EA per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	3	QL (27 EA per 10 days)
<i>vancomycin oral capsule 125 mg</i>	3	QL (40 EA per 10 days)
<i>vancomycin oral capsule 250 mg</i>	3	QL (80 EA per 10 days)
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; QL (90 EA per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 2 gram</i>	3	
<i>ampicillin sodium injection recon soln 10 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nafcillin injection recon soln 10 gram</i>	5^	
<i>oxacillin injection recon soln 1 gram</i>	1	
<i>oxacillin injection recon soln 10 gram, 2 gram</i>	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	
<i>penicillin g potassium injection recon soln 20 million unit</i>	3	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	3	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levofloxacin oral solution 250 mg/10 ml</i>	3	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
TETRACYCLINES		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	3	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	3	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	3	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	3	
<i>methenamine hippurate oral tablet 1 gram</i>	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	3	
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5^	PA-NS

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOMYNTRA SUBCUTANEOUS SYRINGE 120 MG/1.7 ML (70 MG/ML)	5^	PA-NS
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>mesna oral tablet 400 mg</i>	3	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5^	PA-NS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5^	PA-NS; QL (120 EA per 30 days)
<i>abirtega oral tablet 250 mg</i>	3	PA-NS; QL (120 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5^	PA-NS; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5^	PA-NS; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5^	PA-NS; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5^	PA-NS; QL (30 EA per 180 days)
<i>anastrozole oral tablet 1 mg</i>	1	
AUGTYRO ORAL CAPSULE 160 MG	5^	PA-NS; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AUGTYRO ORAL CAPSULE 40 MG	5^	PA-NS; QL (240 EA per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	5^	PA-NS; QL (66 EA per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
<i>azathioprine oral tablet 50 mg</i>	1	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5^	PA-NS; LA
<i>bexarotene oral capsule 75 mg</i>	5^	PA-NS
<i>bexarotene topical gel 1 %</i>	5^	PA-NS; QL (60 GM per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	
BOSULIF ORAL CAPSULE 100 MG	5^	PA-NS; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5^	PA-NS; QL (330 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5^	PA-NS; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 500 MG	5^	PA-NS; QL (30 EA per 30 days)
<i>bosutinib oral tablet 400 mg</i>	5^	PA-NS; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
BRUKINSA ORAL TABLET 160 MG	5^	PA-NS; LA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5^	PA-NS; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5^	PA-NS; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5^	PA-NS; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5^	PA-NS; LA; QL (56 EA per 28 days)
COTELLIC ORAL TABLET 20 MG	5^	PA-NS; LA; QL (63 EA per 28 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DANZITEN ORAL TABLET 71 MG, 95 MG	5^	PA-NS; QL (112 EA per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5^	PA-NS; QL (30 EA per 30 days)
<i>dasatinib oral tablet 20 mg</i>	5^	PA-NS; QL (90 EA per 30 days)
<i>dasatinib oral tablet 70 mg</i>	5^	PA-NS; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	5^	PA-NS; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5^	PA-NS; QL (60 EA per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	PA-NS
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ERIVEDGE ORAL CAPSULE 150 MG	5^	PA-NS; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	5^	PA-NS; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5^	PA-NS; QL (120 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5^	PA-NS; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5^	PA-NS; QL (60 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG	5^	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5^	PA-NS; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5^	PA-NS; QL (150 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5^	PA-NS; QL (90 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5^	PA-NS; QL (60 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	2	B/D
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5^	B/D
<i>exemestane oral tablet 25 mg</i>	1	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5^	PA-NS

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA-NS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5^	PA-NS; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5^	PA-NS; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5^	PA-NS; QL (30 EA per 30 days)
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5^	PA-NS; QL (30 EA per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	5^	PA-NS; QL (126 EA per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5^	PA-NS; QL (84 EA per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	5^	PA-NS; QL (168 EA per 28 days)
HERNEXEOS ORAL TABLET 60 MG	5^	PA-NS; QL (90 EA per 30 days)
<i>hydroxyurea oral capsule 500 mg</i>	1	
HYRNUO ORAL TABLET 10 MG	5^	PA-NS; QL (120 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IBRANCE ORAL CAPSULE 125 MG	5^	PA-NS; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5^	PA-NS; QL (21 EA per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5^	PA-NS; QL (90 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5^	PA-NS; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	2	PA-NS; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	5^	PA-NS; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5^	PA-NS; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5^	PA-NS; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5^	PA-NS; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5^	PA-NS; QL (28 EA per 28 days)
IMKELDI ORAL SOLUTION 80 MG/ML	5^	PA-NS; QL (280 ML per 28 days)
INLURIYO ORAL TABLET 200 MG	5^	PA-NS
INLYTA ORAL TABLET 1 MG	5^	PA-NS; QL (180 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INLYTA ORAL TABLET 5 MG	5^	PA-NS; QL (120 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	5^	PA-NS; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG	5^	PA-NS; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	5^	PA-NS; QL (30 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	5^	PA-NS; LA; QL (240 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5^	PA-NS; QL (60 EA per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	5^	PA-NS; QL (30 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5^	PA-NS; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5^	PA-NS; QL (30 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	2	
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5^	PA-NS; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5^	PA-NS; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5^	PA-NS; QL (63 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KOMZIFTI ORAL CAPSULE 200 MG	5^	PA-NS; QL (90 EA per 30 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5^	PA-NS
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	5^	PA-NS
KRAZATI ORAL TABLET 200 MG	5^	PA-NS; QL (180 EA per 30 days)
<i>lapatinib oral tablet 250 mg</i>	5^	PA-NS; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5^	PA-NS; QL (28 EA per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5^	PA-NS; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5^	PA-NS; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5^	PA-NS; QL (60 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	5^	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	3	PA-NS
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9)	5^	PA-NS; LA; QL (18 EA per 28 days)
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	5^	PA-NS; LA; QL (27 EA per 28 days)
<i>lomustine oral capsule 10 mg, 40 mg</i>	3	
<i>lomustine oral capsule 100 mg</i>	5^	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5^	PA-NS
LORBRENA ORAL TABLET 100 MG	5^	PA-NS; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5^	PA-NS; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5^	PA-NS; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5^	PA-NS; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5^	PA-NS; QL (90 EA per 30 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5^	PA-NS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5^	PA-NS; QL (120 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYSODREN ORAL TABLET 500 MG	5^	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5^	PA-NS; LA; QL (84 EA per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5^	PA-NS; LA; QL (112 EA per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5^	PA-NS; LA; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE 50 MG	5^	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	3	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	3	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5^	PA-NS; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5^	PA-NS; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5^	PA-NS; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
<i>mercaptopurine oral suspension 20 mg/ml</i>	5^	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B/D
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
MODEYSO ORAL CAPSULE 125 MG	5^	PA-NS; QL (20 EA per 28 days)
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5^	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B/D; mycophenolate sodium = mycophenolic acid
<i>mycophenolic acid dr 180 mg tb</i>	1	B/D
<i>mycophenolic acid dr 360 mg tb</i>	1	B/D
NERLYNX ORAL TABLET 40 MG	5^	PA-NS; LA
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5^	PA-NS; QL (112 EA per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	5^	PA-NS; QL (120 EA per 30 days)
<i>nilutamide oral tablet 150 mg</i>	5^	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5^	PA-NS; QL (3 EA per 28 days)
NUBEQA ORAL TABLET 300 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5^	PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA
ODOMZO ORAL CAPSULE 200 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5^	PA-NS; QL (56 EA per 28 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5^	PA-NS; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5^	PA-NS; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5^	PA-NS; QL (20 EA per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5^	PA-NS; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5^	PA-NS; QL (30 EA per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5^	PA-NS; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	5^	PA-NS; LA; QL (30 EA per 28 days)
ORSERDU ORAL TABLET 345 MG	5^	PA-NS; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5^	PA-NS; QL (90 EA per 30 days)
<i>pazopanib oral tablet 200 mg</i>	5^	PA-NS; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5^	PA-NS; LA; QL (28 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5^	PA-NS; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5^	PA-NS; QL (56 EA per 28 days)
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	5^	PA-NS; QL (21 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	B/D
QINLOCK ORAL TABLET 50 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG	5^	PA-NS; QL (120 EA per 30 days)
REVUFORJ ORAL TABLET 160 MG	5^	PA-NS; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 25 MG	5^	PA-NS; QL (240 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5^	PA-NS; QL (60 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5^	PA-NS; LA; QL (8 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ROZLYTREK ORAL CAPSULE 100 MG	5^	PA-NS; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5^	PA-NS; QL (90 EA per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5^	PA-NS; QL (336 EA per 28 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5^	PA-NS; QL (224 EA per 28 days)
SCSEMBLIX ORAL TABLET 100 MG	5^	PA-NS; QL (120 EA per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	5^	PA-NS; QL (60 EA per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	5^	PA-NS; QL (300 EA per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5^	PA
<i>sirolimus oral solution 1 mg/ml</i>	3	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5^	
<i>sorafenib oral tablet 200 mg</i>	5^	PA-NS; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5^	PA-NS; QL (84 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5^	PA-NS; QL (28 EA per 28 days)
TABLOID ORAL TABLET 40 MG	3	
TABRECTA ORAL TABLET 150 MG, 200 MG	5^	PA-NS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5^	PA-NS; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5^	PA-NS; QL (840 EA per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5^	PA-NS; QL (30 EA per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TEPMETKO ORAL TABLET 225 MG	5^	PA-NS; LA
THALOMID ORAL CAPSULE 100 MG	5^	PA-NS; QL (112 EA per 28 days)
THALOMID ORAL CAPSULE 50 MG	5^	PA-NS; QL (28 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG	5^	PA-NS
<i>toremifene oral tablet 60 mg</i>	3	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5^	
TRUQAP ORAL TABLET 160 MG, 200 MG	5^	PA-NS; QL (64 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TUKYSA ORAL TABLET 150 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5^	PA-NS; LA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5^	PA-NS; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	2	PA-NS; LA; QL (14 EA per 7 days)
VENCLEXTA ORAL TABLET 100 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5^	PA-NS; LA; QL (7 EA per 7 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	5^	PA-NS; LA; QL (42 EA per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5^	PA-NS; LA; QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5^	PA-NS; LA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5^	PA-NS; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VONJO ORAL CAPSULE 100 MG	5^	PA-NS; QL (120 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	5^	PA-NS; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5^	PA-NS; QL (30 EA per 30 days)
WELIREG ORAL TABLET 40 MG	5^	PA-NS; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5^	PA-NS; QL (60 EA per 30 days)
XALKORI ORAL PELLETT 150 MG	5^	PA-NS; QL (180 EA per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	5^	PA-NS; QL (120 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	2	
XERMELO ORAL TABLET 250 MG	5^	PA; LA; QL (84 EA per 28 days)
XOSPATA ORAL TABLET 40 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	5^	PA-NS; LA
XTANDI ORAL CAPSULE 40 MG	5^	PA-NS; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XTANDI ORAL TABLET 40 MG	5^	PA-NS; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5^	PA-NS; QL (60 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5^	PA-NS; QL (224 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5^	PA-NS; QL (120 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5^	PA-NS; QL (90 EA per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
<i>brivaracetam oral solution 10 mg/ml</i>	5^	QL (600 ML per 30 days)
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	5^	QL (60 EA per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i>	3	PA-NS; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	3	PA-NS; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5^	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5^	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	3	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5^	PA-NS; LA
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	3	QL (60 EA per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	5^	QL (60 EA per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	3	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5^	PA-NS; LA; QL (360 ML per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gabapentin oral solution 250 mg/5 ml</i>	1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	3	PA; QL (180 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	3	PA; QL (90 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	QL (120 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	3	
<i>methsuximide oral capsule 300 mg</i>	3	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	PA-NS; QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>perampanel oral suspension 0.5 mg/ml</i>	5^	QL (680 ML per 28 days)
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	3	QL (30 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	3	PA-NS
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA-NS
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	
<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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pregabalin oral solution 20 mg/ml</i>	3	QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	3	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	5^	PA-NS; QL (2760 ML per 30 days)
<i>rufinamide oral tablet 200 mg</i>	1	PA-NS; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	5^	PA-NS; QL (240 EA per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	5^	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5^	PA-NS; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA-NS; QL (60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral solution 25 mg/ml</i>	2	PA-NS
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	PA-NS; QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	5^	PA-NS; LA; QL (150 EA per 25 days)
<i>vigabatrin oral tablet 500 mg</i>	5^	PA-NS; LA; QL (180 EA per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	5^	PA-NS; LA; QL (150 EA per 25 days)
<i>vigadrone oral tablet 500 mg</i>	5^	PA-NS; LA; QL (180 EA per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5^	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5^	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5^	QL (60 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)-25 MG (14)	3	QL (28 EA per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)-200 MG (14), 50 MG (14)- 100 MG (14)	5^	QL (28 EA per 180 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZONISADE ORAL SUSPENSION 100 MG/5 ML	5^	PA-NS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	5^	PA-NS; LA; QL (1100 ML per 30 days)
ANTIPARKINSONISM AGENTS		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	PA
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<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>	1	
<i>entacapone oral tablet 200 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1 ML per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	3	QL (8 ML per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (2 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	QL (40 EA per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; QL (16 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (12 EA per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL (12 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL (18 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (18 EA per 28 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	1	QL (18 EA per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5^	PA; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AUSTEDO ORAL TABLET 6 MG	5^	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	5^	PA; QL (30 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5^	PA; QL (28 EA per 180 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	3	PA; QL (56 EA per 28 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	3	PA; QL (120 EA per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	3	PA; QL (60 EA per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	3	QL (30 EA per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
<i>fingolimod oral capsule 0.5 mg</i>	5^	PA; QL (30 EA per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>galantamine oral solution 4 mg/ml</i>	1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5^	PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5^	PA; QL (12 ML per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5^	PA; QL (30 ML per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5^	PA; QL (12 ML per 28 days)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	5^	PA; LA; QL (28 EA per 180 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5^	PA; LA; QL (30 EA per 30 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	5^	PA
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	PA
<i>memantine oral solution 2 mg/ml</i>	1	PA
<i>memantine oral tablet 10 mg, 5 mg</i>	1	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	QL (30 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	5^	PA; QL (30 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	3	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5^	PA; QL (120 EA per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (360 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	3	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	3	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	QL (50 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	1	QL (600 ML per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	QL (180 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA; QL (450 ML per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA; QL (90 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (180 ML per 30 days)
<i>morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)</i>	1	QL (900 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	1	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL (90 EA per 30 days)
<i>oxycodone oral capsule 5 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	1	QL (180 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (900 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	3	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	3	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	3	QL (240 EA per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	QL (10 ML per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	PA; QL (300 ML per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
JOURNAVX ORAL TABLET 50 MG	2	QL (30 EA per 90 days)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (240 EA per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5^	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	5^	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	5^	QL (1 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5^	QL (1 EA per 28 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	3	
<i>aripiprazole oral solution 1 mg/ml</i>	3	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	3	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5^	QL (2.4 ML per 180 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5^	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5^	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5^	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5^	QL (3.2 ML per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	3	ST; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5^	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	3	
<i>chlorpromazine oral tablet 10 mg, 50 mg</i>	1	
<i>chlorpromazine oral tablet 100 mg, 200 mg, 25 mg</i>	3	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	3	PA-NS
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA-NS; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA-NS; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA-NS; QL (360 EA per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	3	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5^	QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	5^	QL (56 EA per 180 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	1	QL (90 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	3	PA-NS; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	3	PA-NS; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	3	PA-NS; QL (120 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>doxepin oral concentrate 10 mg/ml</i>	3	
<i>doxepin oral tablet 3 mg, 6 mg</i>	3	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	3	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5^	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	5^	ST; QL (30 EA per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	5^	ST; QL (32 EA per 180 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	ST; QL (8 EA per 180 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	3	ST; QL (12 EA per 180 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	3	ST; QL (8 EA per 180 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg</i>	3	QL (30 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 3 mg</i>	3	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5^	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5^	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5^	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5^	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5^	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	QL (0.25 ML per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5^	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5^	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5^	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5^	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5^	QL (2.63 ML per 90 days)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	3	QL (30 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	PA; QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA; QL (150 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	3	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5^	QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	3	
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	3	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	3	
NUPLAZID ORAL CAPSULE 34 MG	5^	PA-NS; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5^	PA-NS; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg</i>	3	QL (60 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg</i>	3	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG	3	QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	3	QL (30 EA per 30 days)
OPIPZA ORAL FILM 5 MG	3	QL (180 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	3	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	3	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	3	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	3	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	3	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	3	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
QUETIAPINE ORAL TABLET 150 MG	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	3	ST
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5^	QL (30 EA per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	3	QL (2 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5^	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5^	QL (30 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>sodium oxybate oral solution 500 mg/ml</i>	5^	PA; LA; QL (540 ML per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	3	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5^	PA-NS; QL (600 ML per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5^	PA-NS; QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	5^	PA-NS; QL (14 EA per 365 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	3	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	3	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacерone oral tablet 100 mg, 200 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	6	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	6	QL (30 EA per 30 days)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	6	QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	6	QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	6	QL (60 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	6	QL (30 EA per 30 days)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL (4 EA per 28 days)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG	2	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	QL (30 EA per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	6	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	3	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	6	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	6	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	6	QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	2	QL (30 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	
<i>losartan oral tablet 100 mg</i>	6	QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	6	QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	6	QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	6	QL (60 EA per 30 days)
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	5^	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	6	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	6	QL (30 EA per 30 days)
<i>olmesartan oral tablet 5 mg</i>	6	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	6	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	6	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	6	QL (30 EA per 30 days)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	6	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	6	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	6	QL (60 EA per 30 days)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	6	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	6	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	QL (30 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
COAGULATION THERAPY		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	1	QL (60 EA per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	3	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL (74 EA per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (74 EA per 30 days)
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i>	5^	PA; QL (180 EA per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	5^	PA; QL (30 EA per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	5^	PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	3	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>	1	
<i>rivaroxaban oral tablet 2.5 mg</i>	1	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	2	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	6	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	6	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	6	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	6	QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	3	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	QL (60 EA per 30 days)
NEXLETOL ORAL TABLET 180 MG	2	PA
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	2	PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	QL (30 EA per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	QL (60 EA per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	5^	PA; QL (30 EA per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	3	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	3	
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	2	QL (180 EA per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	2	QL (60 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	QL (30 EA per 30 days)
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	
<i>calcipotriene scalp solution 0.005 %</i>	3	QL (120 ML per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcipotriene topical ointment 0.005 %</i>	3	QL (120 GM per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5^	PA; QL (10 ML per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5^	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5^	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5^	PA; QL (10 ML per 28 days)
<i>selenium sulfide topical lotion 2.5 %</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5^	PA; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5^	PA; QL (6 ML per 365 days)
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	5^	PA; QL (1 ML per 28 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; QL (0.5 ML per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; QL (0.5 ML per 28 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML	5^	PA; QL (1 ML per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5^	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5^	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5^	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5^	PA; QL (8 ML per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	3	PA; QL (120 GM per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	QL (40 GM per 30 days)
<i>fluorouracil topical solution 2 %, 5 %</i>	1	QL (10 ML per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	1	QL (24 EA per 28 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	QL (50 ML per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	PA; QL (50 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	PA; QL (30 GM per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	3	PA; QL (90 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	5 [^]	PA-NS; QL (60 GM per 30 days)
<i>pimecrolimus topical cream 1 %</i>	3	QL (100 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	3	QL (7 ML per 28 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (180 GM per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	3	QL (100 GM per 30 days)
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	3	PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5 [^]	PA-NS; QL (60 GM per 30 days)
THERAPY FOR ACNE		
<i>acutane oral capsule 10 mg, 20 mg, 40 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amnestem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>azelaic acid topical gel 15 %</i>	3	QL (50 GM per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	3	QL (120 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	3	QL (75 ML per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	3	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	QL (120 ML per 30 days)
<i>ery pads topical swab 2 %</i>	3	QL (60 EA per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	1	QL (60 ML per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	3	
<i>metronidazole topical cream 0.75 %</i>	3	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	3	QL (45 GM per 30 days)
<i>metronidazole topical lotion 0.75 %</i>	3	QL (59 ML per 30 days)
<i>tazarotene topical cream 0.1 %</i>	2	PA; QL (60 GM per 30 days)
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	3	PA; QL (100 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA; QL (45 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream 0.1 %</i>	1	QL (60 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	3	QL (60 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	1	QL (44 GM per 30 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	3	
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream 0.77 %</i>	1	QL (90 GM per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	1	QL (100 GM per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	3	QL (60 ML per 28 days)
<i>clotrimazole topical cream 1 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole topical solution 1 %</i>	1	QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	3	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	3	QL (60 ML per 28 days)
<i>ketconazole topical cream 2 %</i>	1	QL (60 GM per 28 days)
<i>ketconazole topical shampoo 2 %</i>	1	QL (120 ML per 28 days)
<i>naftifine topical cream 1 %</i>	3	QL (90 GM per 28 days)
<i>naftifine topical cream 2 %</i>	3	QL (60 GM per 28 days)
<i>naftifine topical gel 2 %</i>	3	QL (60 GM per 28 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	1	QL (120 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (30 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (30 GM per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL (120 GM per 30 days)
<i>nystop topical powder 100,000 unit/gram</i>	1	QL (120 GM per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	3	QL (120 GM per 30 days)
<i>alclometasone topical ointment 0.05 %</i>	3	QL (120 GM per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	QL (135 GM per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	QL (120 ML per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	3	QL (135 GM per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	1	QL (135 GM per 30 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	3	QL (120 ML per 30 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	1	QL (135 GM per 30 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	1	QL (150 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>betamethasone, augmented topical gel 0.05 %</i>	1	QL (150 GM per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	QL (120 ML per 30 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	QL (150 GM per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	3	QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	3	QL (120 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	3	QL (120 GM per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	3	QL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	3	QL (236 ML per 28 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	3	QL (120 GM per 28 days)
<i>clodan topical shampoo 0.05 %</i>	3	QL (236 ML per 28 days)
<i>desonide topical cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>desonide topical lotion 0.05 %</i>	3	QL (118 ML per 30 days)
<i>desonide topical ointment 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	QL (118.28 ML per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	3	QL (120 GM per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	3	QL (120 GM per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	1	QL (120 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	3	QL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	3	QL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	1	QL (120 GM per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluocinonide topical solution 0.05 %</i>	1	QL (120 ML per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	3	QL (120 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	QL (100 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	3	QL (100 GM per 30 days)
<i>hydrocortisone topical cream 1 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion topical lotion 0.5 %</i>	1	
<i>permethrin topical cream 5 %</i>	1	QL (60 GM per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
<i>carglumic acid oral tablet, dispersible 200 mg</i>	5^	PA
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	3	PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>deferasirox oral tablet 180 mg, 360 mg</i>	3	PA
<i>deferasirox oral tablet 90 mg</i>	1	PA
<i>deferasirox oral tablet, dispersible 125 mg</i>	3	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5^	PA
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dextrose 10 % in water (d10w)</i> <i>intravenous parenteral solution 10 %</i>	1	
<i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.2 % sod chloride</i> <i>intravenous parenteral solution</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	5^	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5^	PA; LA
<i>kionex oral suspension 15 gram/60 ml</i>	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5^	PA
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5^	PA; LA

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5^	PA; LA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5^	PA; QL (30 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL (30 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	3	PA
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	5^	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5^	PA
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	1	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>trientine oral capsule 250 mg</i>	5^	PA
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	2	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	2	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	2	PA; QL (3 ML per 28 days)
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	QL (60 EA per 30 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	1	
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1	QL (60 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	1	QL (30 ML per 28 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	1	QL (30 ML per 20 days)
<i>kourzeq dental paste 0.1 %</i>	2	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	3	QL (7.5 ML per 7 days)
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B/D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	3	
<i>prednisone oral solution 5 mg/5 ml</i>	3	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	5^	PA; QL (120 EA per 30 days)
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	6	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	6	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	6	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alcohol pads topical pads, medicated</i>	1	
<i>dapagliflozin oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg</i>	1	QL (30 EA per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg</i>	1	QL (60 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	5^	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	6	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (30 EA per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	2	PA; QL (9 ML per 30 days)
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
<i>metformin er 1,000 mg osm-tab</i>	1	generic of Fortamet; QL (60 EA per 30 days)
<i>metformin er 500 mg osmotic tb</i>	1	generic of Fortamet; QL (120 EA per 30 days)
<i>metformin oral tablet 1,000 mg</i>	6	QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	6	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	6	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	generic for Glucophage XR; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	generic for Glucophage XR; QL (60 EA per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	(osmotic) generic of Fortamet; QL (60 EA per 30 days)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	(osmotic) generic of Fortamet; QL (120 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	4	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg</i>	6	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	6	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA; QL (30 EA per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 ML per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	6	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	6	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	6	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	6	QL (960 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	6	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	2	QL (60 EA per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	2	QL (30 EA per 30 days)
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL (2 ML per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (60 EA per 30 days)
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>cinacalcet oral tablet 30 mg</i>	1	PA; QL (60 EA per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	3	PA; QL (60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	3	PA; QL (120 EA per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
<i>mifepristone oral tablet 300 mg</i>	5^	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
<i>sapropterin oral powder in packet 100 mg</i>	5^	PA

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5^	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA-NS
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; QL (300 GM per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg</i>	5^	PA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	5^	PA
THYROID HORMONES		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule 10 mg</i>	3	PA
<i>dicyclomine oral solution 10 mg/5 ml</i>	3	PA
<i>dicyclomine oral tablet 20 mg</i>	3	PA
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>loperamide oral capsule 2 mg</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	3	PA; QL (60 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	B/D
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1	B/D
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	5^	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	5^	PA; QL (30 EA per 30 days)
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA; QL (60 EA per 30 days)
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	5^	PA; QL (1.36 ML per 28 days)
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>gavilyte-n oral recon soln 420 gram</i>	1	
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg</i>	2	QL (60 EA per 30 days)
<i>lubiprostone oral capsule 8 mcg</i>	2	QL (120 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	PA
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>	3	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL (30 EA per 30 days)
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	3	QL (30 GM per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	3	QL (10 EA per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5^	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5^	PA; QL (2.4 ML per 56 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	3	
VELSIPITY ORAL TABLET 2 MG	3	PA; QL (30 EA per 30 days)
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	5^	PA; LA

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	5^	PA; QL (2 EA per 28 days)
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	5^	PA; QL (2 EA per 28 days)
ULCER THERAPY		
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	3	QL (120 EA per 180 days)
<i>dexlansoprazole oral capsule, biphase delayed releas 30 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	3	QL (60 EA per 30 days)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL (60 EA per 30 days)
<i>sucralfate oral suspension 100 mg/ml</i>	3	
<i>sucralfate oral tablet 1 gram</i>	1	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	QL (112 EA per 180 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	QL (112 EA per 180 days)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5^	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5^	PA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5^	PA-NS; LA
BETASERON SUBCUTANEOUS KIT 0.3 MG	5^	PA; QL (14 EA per 28 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5^	PA
LEUKINE INJECTION RECON SOLN 250 MCG	5^	PA

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5^	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5^	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5^	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5^	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5^	QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5^	QL (2 ML per 28 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5^	PA
<i>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</i>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	4	NM; IRA \$0 for age 19 and older
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	4	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	4	NM

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	4	NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	4	NM; IRA \$0 for age 50 and older only
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	4	NM
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	4	NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	4	NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	4	NM
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	4	B/D; NM
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	4	B/D; NM
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	4	B/D; NM
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5^	PA; NM

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	4	NM; IRA \$0 up to age 45
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	4	NM; IRA \$0 up to age 45
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	4	NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	4	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	4	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	4	B/D; NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	4	NM
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	4	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	4	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	4	B/D; NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	4	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	4	NM

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	4	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	4	NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	4	NM; IRA \$0 for age 50 and older only
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	4	NM
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	4	NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	4	NM
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	4	NM
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	4	NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	4	NM
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	4	NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	4	NM

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	4	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	4	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	4	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	4	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	6	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	6	NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	4	NM; A third dose may be considered in post-transplant members (PA required).; QL (2 EA per 720 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	4	NM; A third dose may be considered in post-transplant members (PA required).; QL (1 ML per 720 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	4	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	4	NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	4	NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	4	NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	4	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	4	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	4	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	4	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	4	NM
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	6	NM
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	4	NM

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT	6	NM
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	4	NM
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	
GAUZE PAD TOPICAL BANDAGE 2 X 2"	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	1	BD or Embecta preferred
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	BD or Embecta preferred
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	3	QL (120 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	3	QL (120 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5^	PA; QL (2.24 ML per 28 days)
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
<i>raloxifene oral tablet 60 mg</i>	1	
<i>risedronate oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	QL (4 EA per 28 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	5^	PA; QL (2.24 ML per 28 days)
OTHER RHEUMATOLOGICALS		
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5^	PA; QL (4 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5^	PA; QL (2 EA per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5^	PA; QL (2 EA per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5^	PA; QL (4 EA per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5^	PA; QL (3 EA per 180 days)
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5^	PA; QL (4 EA per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5^	PA; QL (4 EA per 28 days)
BENLYSTA SUBCUTANEOUS AUTO- INJECTOR 200 MG/ML	5^	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5^	PA; QL (8 ML per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5^	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5^	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5^	PA; QL (8 ML per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5^	PA; QL (8 ML per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	5^	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5^	PA; QL (55 EA per 180 days)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	5^	PA; QL (41 EA per 180 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	5^	PA; QL (30 EA per 30 days)
<i>penicillamine oral tablet 250 mg</i>	5^	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5^	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5^	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5^	PA; QL (84 EA per 180 days)
<i>tofacitinib oral solution 1 mg/ml</i>	5^	PA; QL (480 ML per 30 days)
<i>tofacitinib oral tablet 10 mg, 5 mg</i>	5^	PA; QL (60 EA per 30 days)
<i>tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg</i>	5^	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5^	PA; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5^	PA; QL (3.6 ML per 28 days)
OBSTETRICS / GYNECOLOGY		
<i>ESTROGENS / PROGESTINS</i>		
<i>abigale lo oral tablet 0.5-0.1 mg</i>	3	
<i>abigale oral tablet 1-0.5 mg</i>	3	
<i>camila oral tablet 0.35 mg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	QL (8 EA per 28 days)
<i>errin oral tablet 0.35 mg</i>	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	QL (8 EA per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	3	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	
<i>gallifrey oral tablet 5 mg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	3	
<i>lyleq oral tablet 0.35 mg</i>	1	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	QL (8 EA per 28 days)
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>meleya oral tablet 0.35 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	3	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	
<i>orquidea oral tablet 0.35 mg</i>	1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	2	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	3	
<i>tranexamic acid oral tablet 650 mg</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>apri oral tablet 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>camrese lo oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	
<i>estarylla oral tablet 0.25-0.035 mg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tablet 0.25-0.035 mg</i>	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>vylibra oral tablet 0.25-0.035 mg</i>	1	
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	2	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5^	PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	5^	PA; QL (10 ML per 42 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %</i>	3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OTHER GLAUCOMA DRUGS		
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	2	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	3	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	3	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>cypheptadine oral tablet 4 mg</i>	3	PA
<i>desloratadine oral tablet 5 mg</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (4 EA per 30 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	3	PA
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	3	PA
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	3	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	3	PA
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5^	PA; LA; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	2	QL (32.1 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	8.5 gm inhaler; QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	6.7 gm inhaler; QL (13.4 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	1	18 gm inhaler; QL (36 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5^	PA; LA; QL (30 EA per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	3	B/D; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	QL (10.7 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5^	PA; LA; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	QL (60 EA per 30 days)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	Breyna is generic for Symbicort; QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION	2	QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D; QL (120 ML per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	B/D
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5^	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5^	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5^	PA; QL (1 ML per 28 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 ML per 30 days)
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (60 EA per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	3	B/D; QL (120 ML per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5^	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5^	PA; LA; QL (20 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5^	PA; QL (27 ML per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B/D
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	B/D
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
<i>nintedanib oral capsule 100 mg, 150 mg</i>	5^	PA; QL (60 EA per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5^	PA; LA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5^	PA; LA; QL (3 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5^	PA; LA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5^	PA; LA; QL (0.4 ML per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5^	PA; QL (60 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5^	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5^	PA; QL (90 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	5^	B/D
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	QL (30 EA per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (60 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; generic for Revatio; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 GM per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	3	PA; generic for Adcirca; QL (60 EA per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5^	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5^	PA; QL (84 EA per 28 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	5^	PA; QL (1 EA per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5^	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5^	PA; LA; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5^	PA; LA; QL (8 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5^	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5^	PA; LA; QL (1 ML per 28 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	3	QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	3	QL (30 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	3	QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	3	QL (60 EA per 30 days)
<i>trospium oral capsule, extended release 24hr 60 mg</i>	3	QL (30 EA per 30 days)
<i>trospium oral tablet 20 mg</i>	3	QL (60 EA per 30 days)

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
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You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA; LA
ELMIRON ORAL CAPSULE 100 MG	3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1	NT; QL (6 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	3	PA; QL (60 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>varafenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	NT; QL (6 EA per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	PA
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	3	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	
MISCELLANEOUS NUTRITION PRODUCTS		
<i>electrolyte-a intravenous parenteral solution</i>	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D
<i>premasol 10 % intravenous parenteral solution 10 %</i>	3	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>travasol 10 % intravenous parenteral solution 10 %</i>	3	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D
VITAMINS / HEMATINICS		
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	NT
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	NT
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>vitamin d2 oral capsule 1,250 mcg (50,000 unit)</i>	1	NT

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

You can find information on what the symbols and abbreviations in this table mean by going to Section C. 10/01/2026

D. Index of Covered Drugs

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This *Drug List* was updated on 10/01/2026. For more recent information or other questions, please contact us at **1-844-536-2180** (TTY **711**), between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. or visit **go.wellcare.com/MeridianIL**.

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