



Tufts Medicare Preferred PPO RX 2027 Formulary (List of Covered Drugs or “Drug List”)

Tufts Medicare Preferred PPO Plans

PLEASE READ: This document contains information about the drugs we cover in this plan

27404 Version 6

This formulary was updated on 01/01/2027. For more recent information or other questions, please contact Tufts Medicare Preferred PPO RX Member Services at **1-866-623-0172** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **www.thpmp.org**.

Tufts Medicare Preferred PPO RX 2027 Formulary (List of Covered Drugs)

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Tufts Health Plan. When it refers to “plan” or “our plan,” it means Tufts Medicare Preferred PPO RX.

This document includes the Drug List (formulary) for our plan which is current as of 01/01/2027. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Tufts Medicare Preferred PPO RX formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Tufts Medicare Preferred PPO RX in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Tufts Medicare Preferred PPO RX will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Medicare Preferred PPO RX network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the formulary change?

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

www.thpmp.org.

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section titled *“How do I request an exception to the Tufts Medicare Preferred PPO RX formulary?”* on page 5.

Some of these drug types may be new to you. For more information, see the section below titled *“What are original biological products and how are they related to biosimilars?”*

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines it to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled *“How do I request an exception to the Tufts Medicare Preferred PPO RX formulary?”* on page 5.

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2027. To get updated information about the drugs covered by Tufts Medicare Preferred PPO RX, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 14. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “*Cardiovascular Drugs*.” If you know what your drug is used for, look for the category name in the list that begins on page 12. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 87. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Tufts Medicare Preferred PPO RX requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred PPO RX based on specific criteria before you fill your prescriptions. If you don’t get approval, Tufts Medicare Preferred PPO RX may not cover the drug.

- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred PPO RX limits the amount of the drug that Tufts Medicare Preferred PPO RX will cover. For example, Tufts Medicare Preferred PPO RX provides 30 tablets per prescription for *ramelteon*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Tufts Medicare Preferred PPO RX requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Tufts Medicare Preferred PPO RX may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred PPO RX will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 14. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Tufts Medicare Preferred PPO RX to make an exception to these restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the section “*How do I request an exception to the Tufts Medicare Preferred PPO RX formulary?*” on page 5 for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that Tufts Medicare Preferred PPO RX does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Tufts Medicare Preferred PPO RX. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Tufts Medicare Preferred PPO RX.
- You can ask Tufts Medicare Preferred PPO RX to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Tufts Medicare Preferred PPO RX formulary?

You can ask Tufts Medicare Preferred PPO RX to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy or a quantity limit on your drug. For example, for certain drugs, Tufts Medicare Preferred PPO RX limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty

tier.

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

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

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

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

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

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

As a current member, if you are admitted to or discharged from a long-term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary "first fill" will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Medicare Preferred PPO RX Member Services department.

For more information

For more detailed information about your Tufts Medicare Preferred PPO RX prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Tufts Medicare Preferred PPO RX, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Tufts Medicare Preferred PPO RX formulary

The formulary that begins on page 12 provides coverage information about the drugs covered by Tufts Medicare Preferred PPO RX. If you have trouble finding your drug in the list, turn to the Index that begins on page 87.

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

The information in the Requirements/Limits column tells you if Tufts Medicare Preferred PPO RX has any special requirements for coverage of your drug.

PA BvD: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% coinsurance.

QL: Quantity Limit Applies

Because of potential safety and utilization concerns, Tufts Medicare Preferred PPO RX has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred PPO RX to make an exception to our coverage rules. See the section, “*How do I request an exception to the Tufts Medicare Preferred PPO RX formulary?*” on page 5 for information about how to request an exception.

EC: Enhanced Coverage Drug

This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for this drug.

HI: Home Infusion Drug

This prescription drug may be covered under your medical benefit. For more information, please call Tufts Medicare Preferred PPO RX Member Services at **1-866-623-0172** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30, or visit www.thpmp.org.

PA: Prior Authorization Required

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

PA NSO: Prior Authorization for New Starts Only

The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

ST: Step Therapy Prior Authorization Applies

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred PPO RX for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred PPO RX to make an exception to our coverage rules. See the section, *"How do I request an exception to the Tufts Medicare Preferred PPO RX formulary?"* on page 5 for information about how to request an exception.

ST NSO: Step Therapy Prior Authorization Applies to New Starts Only

The Step Therapy Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

NEDS: Non-extended Day Supply Drug

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

SP: Available Through a Designated Special Pharmacy Provider

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis and cancers treated with oral medications.

Optum Specialty Pharmacy: **1-844-265-1705**

Additional coverage

Diabetic Testing Supplies: Diabetic testing supplies including blood glucose monitors, blood glucose test strips, lancet devices, lancets, glucose control solutions and Continuous Glucose Monitoring Systems (CGMs) are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Our preferred coverage is as follows:

- Accu-Chek Test Strips
- Accu-Chek Meters (Quantity Limit: 1 meter per 180 days)
- Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare (Requires prior authorization)

Part B Vaccines: Certain vaccines are covered under the plan's medical benefit and can be obtained at participating retail pharmacies. Vaccines covered under Part B include:

- COVID-19 vaccines
- Flu vaccines
- Pneumonia vaccines (e.g., Pneumovax 23 & Prevnar 13)

Part B Oral Anti-Cancer Drugs: Certain oral anti-cancer drugs are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Oral anti-cancer drugs covered under Part B include:

- Alkeran Tablet
- Capecitabine Tablet
- Etoposide Capsule
- Hycamtin Capsule
- Melphalan Tablet
- Myleran Tablet
- Temozolomide Capsule

Prescription Drug Benefits: Deductible (for Part D prescription drugs)	Tufts Medicare Preferred PPO RX
	\$700 per year for your Tier 3, Tier 4 and Tier 5 drugs.

Prescription Drug Benefits: Initial Coverage	Tufts Medicare Preferred PPO RX
Note: Tier 1 and Tier 2 drugs include enhanced coverage of select erectile dysfunction (ED) drugs	After you pay your yearly deductible of \$700 for Tier 3, Tier 4 and Tier 5 drugs, you pay the Tier 3, Tier 4 or Tier 5 copays listed below until your total yearly drug costs reach \$2,400. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Retail Cost Sharing—Preferred Pharmacy			
Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0 (100-day supply)
Tier 2 (Generic)	\$2	\$4	\$6
Tier 3 (Preferred Brand)	20% of the cost (Insulin: \$35)	20% of the cost (Insulin: \$70)	20% of the cost (Insulin: \$105)
Tier 4 (Non-Preferred Drug)	25% of the cost (Insulin: \$35)	25% of the cost (Insulin: \$70)	25% of the cost (Insulin: \$105)
Tier 5 (Specialty Tier)	25% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A

Retail Cost Sharing—Non-Preferred Pharmacy			
Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$5	\$10	\$15 (100-day supply)
Tier 2 (Generic)	\$12	\$24	\$36
Tier 3 (Preferred Brand)	20% of the cost (Insulin: \$35)	20% of the cost (Insulin: \$70)	20% of the cost (Insulin: \$105)
Tier 4 (Non-Preferred Drug)	25% of the cost (Insulin: \$35)	25% of the cost (Insulin: \$70)	25% of the cost (Insulin: \$105)
Tier 5 (Specialty Tier)	25% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A

Mail Order Cost Sharing			
Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0 (100-day supply)
Tier 2 (Generic)	\$2	\$4	\$4
Tier 3 (Preferred Brand)	20% of the cost (Insulin: \$35)	20% of the cost (Insulin: \$70)	20% of the cost (Insulin: \$70)
Tier 4 (Non-Preferred Drug)	25% of the cost (Insulin: \$35)	25% of the cost (Insulin: \$70)	25% of the cost (Insulin: \$70)
Tier 5 (Specialty Tier)	25% of the cost	N/A	N/A
Tier 6 (Vaccines)	N/A	N/A	N/A

If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy.

You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy.

During this stage, the plan pays its share of the cost of your Tier 1, Tier 2 and Tier 6 drugs, and you pay your share of the cost. After you have met your annual \$700 Tier 3, Tier 4 and Tier 5 deductible, the plan pays its share of the cost of your Tier 3, Tier 4 and Tier 5 drugs, and you pay your share.

Prescription Drug Benefits: Catastrophic Coverage	Tufts Medicare Preferred PPO RX
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,400, you pay nothing for covered Part D drugs. You can have cost sharing for excluded drugs that are covered under our enhanced benefit.

Table of Contents

Analgesics	14
Anesthetics	15
Anti-Addiction/Substance Abuse Treatment Agents	16
Antibacterials.....	16
Anticonvulsants	21
Antidementia Agents.....	24
Antidepressants.....	24
Antiemetics.....	27
Antifungals.....	27
Antigout Agents	28
Antimigraine Agents	28
Antimyasthenic Agents.....	29
Antimycobacterials	29
Antineoplastics	29
Antiparasitics	37
Antiparkinson Agents	37
Antipsychotics.....	38
Antispasticity Agents	40
Antivirals	41
Anxiolytics.....	44
Bipolar Agents.....	44
Blood Glucose Regulators.....	44
Blood Products and Modifiers.....	47
Cardiovascular Agents	49
Central Nervous System Agents	55
Dental and Oral Agents.....	57
Dermatological Agents	57
Electrolytes/Minerals/Metals/Vitamins	60
Gastrointestinal Agents	64
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment.....	66
Genitourinary Agents	66
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	67
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	68
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	68
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid).....	71
Hormonal Agents, Suppressant (Adrenal or Pituitary).....	72
Hormonal Agents, Suppressant (Thyroid)	72
Immunological Agents	72
Inflammatory Bowel Disease Agents.....	77
Metabolic Bone Disease Agents	77
Miscellaneous Therapeutic Agents.....	78
Ophthalmic Agents	79
Otic Agents.....	81
Respiratory Tract/Pulmonary Agents	82
Skeletal Muscle Relaxants	85

Sleep Disorder Agents 85

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
JOURNAVX TABLET 50MG	4	QL(30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule 100mg, 200mg, 50mg	2	QL(60 EA per 30 days)
celecoxib capsule 400mg	3	QL(60 EA per 30 days)
diclofenac potassium tablet 50mg	3	
diclofenac sodium dr tablet delayed release 50mg, 75mg	2	
diclofenac sodium dr tablet delayed release 25mg	4	
diclofenac sodium er tablet extended release 24 hour 100mg	4	
diclofenac sodium gel 1%	3	QL(960 GM per 30 days)
diclofenac sodium topical solution 1.5%	4	
diflunisal tablet 500mg	4	
ec-naproxen tablet delayed release 500mg	4	
etodolac er tablet extended release 24 hour 400mg, 500mg, 600mg	4	
etodolac capsule 200mg, 300mg	3	
etodolac tablet 400mg, 500mg	2	
flurbiprofen tablet 100mg	3	
ibuprofen suspension 100mg/5ml	2	
ibuprofen tablet 400mg, 600mg, 800mg	1	
ibu tablet 400mg, 600mg, 800mg	1	
indomethacin capsule 25mg, 50mg	2	
meloxicam tablet 15mg, 7.5mg	1	
nabumetone tablet 500mg, 750mg	2	
naproxen dr tablet delayed release 375mg, 500mg	4	
naproxen sodium tablet 275mg, 550mg	2	
naproxen tablet 250mg, 375mg, 500mg	1	
oxaprozin tablet 600mg	2	
piroxicam capsule 10mg, 20mg	3	
salsalate tablet 500mg, 750mg	4	
sulindac tablet 150mg, 200mg	2	
Opioid Analgesics, Long-acting		
buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	4	QL(4 EA per 28 days)
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	QL(10 EA per 30 days)
methadone hcl solution 5mg/5ml	3	QL(1200 ML per 30 days)
methadone hcl tablet 10mg, 5mg	2	QL(120 EA per 30 days)
methadone hydrochloride solution 10mg/5ml	3	QL(600 ML per 30 days)
morphine sulfate er tablet extended release 15mg, 30mg, 60mg	2	QL(60 EA per 30 days)

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er tablet extended release 100mg, 200mg</i>	3	QL(60 EA per 30 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	2	QL(3600 ML per 30 days)
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	2	QL(240 EA per 30 days)
<i>butorphanol tartrate solution 10mg/ml</i>	4	QL(7.5 ML per 30 days)
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	2	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg</i>	3	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hcl liquid 1mg/ml</i>	3	QL(1350 ML per 30 days)
<i>hydromorphone hcl tablet 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	QL(240 EA per 30 days)
<i>morphine sulfate solution 100mg/5ml</i>	3	QL(180 ML per 30 days)
<i>morphine sulfate solution 10mg/5ml, 20mg/5ml</i>	3	QL(900 ML per 30 days)
<i>morphine sulfate tablet 15mg, 30mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride capsule 5mg</i>	3	QL(240 EA per 30 days)
<i>oxycodone hydrochloride concentrate 100mg/5ml</i>	4	QL(120 ML per 30 days)
<i>oxycodone hydrochloride solution 5mg/5ml</i>	2	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tablet 10mg, 15mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tablet 50mg</i>	2	QL(240 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>glydo prefilled syringe 2%</i>	3	QL(100 ML per 30 days)
<i>lidocaine hcl jelly prefilled syringe 2%</i>	3	QL(100 ML per 30 days)
<i>lidocaine hcl injection 0.5%, 1.5%, 4%</i>	2	
<i>lidocaine hcl prefilled syringe 2%</i>	3	QL(100 ML per 30 days)
<i>lidocaine hydrochloride jelly gel 2%</i>	3	QL(100 ML per 30 days)
<i>lidocaine hydrochloride injection 1%, 2%</i>	2	
<i>lidocaine hydrochloride topical solution 4%</i>	3	QL(100 ML per 30 days)
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	2	QL(60 GM per 30 days)
<i>lidocaine ointment 5%</i>	3	QL(100 GM per 30 days)

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine patch 5%</i>	4	QL(90 EA per 30 days); PA
<i>premium lidocaine ointment 5%</i>	3	QL(100 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	
<i>disulfiram tablet 250mg, 500mg</i>	4	
<i>naltrexone hydrochloride tablet 50mg</i>	2	
VIVITROL INJECTION 380MG	5	NEDS; SP
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg</i>	2	
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	4	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL(90 EA per 30 days)
Opioid Reversal Agents		
KLOXXADO LIQUID 8MG/0.1ML	4	
<i>naloxone hcl injection 4mg/10ml</i>	4	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml, 4mg/10ml</i>	4	
OPVEE SOLUTION 2.7MG/0.1ML	3	QL(4 EA per 30 days)
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	3	
NICOTROL NS SOLUTION 10MG/ML	4	
TYRVAYA SOLUTION 0.03MG/ACT	4	
<i>varenicline starting month tablet therapy pack 0</i>	4	QL(53 EA per 28 days)
<i>varenicline tartrate continuing month tablet 1mg</i>	4	QL(60 EA per 30 days)
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	4	QL(60 EA per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	HI
ARIKAYCE SUSPENSION 590MG/8.4ML	5	PA; NEDS; SP
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	HI
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	4	HI
<i>gentamicin sulfate ointment 0.1%</i>	2	
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	4	HI
<i>neomycin sulfate tablet 500mg</i>	2	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>streptomycin sulfate injection 1gm</i>	5	NEDS
<i>tobramycin sulfate injection 1.2gm/30ml, 40mg/ml</i>	2	HI
<i>tobramycin sulfate injection 10mg/ml, 80mg/2ml</i>	4	HI
Antibacterials, Other		
<i>aztreonam injection 1gm, 2gm</i>	4	HI
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	4	HI
<i>clindamycin phosphate swab 1%</i>	3	QL(69 EA per 30 days)
<i>colistimethate sodium injection 150mg</i>	4	HI
<i>daptomycin/sodium chloride injection 1000mg/100ml; 0.9%, 350mg/50ml; 0.9%, 500mg/50ml; 0.9%, 700mg/100ml; 0.9%</i>	4	HI
<i>daptomycin injection 350mg, 500mg</i>	4	HI
<i>fosfomycin tromethamine packet 3gm</i>	4	
IMPAVIDO CAPSULE 50MG	5	NEDS
<i>linezolid injection 600mg/300ml</i>	4	HI
<i>linezolid suspension reconstituted 100mg/5ml</i>	5	QL(1800 ML per 28 days); NEDS
<i>linezolid tablet 600mg</i>	4	QL(56 EA per 28 days)
<i>methenamine hippurate tablet 1gm</i>	4	
<i>methenamine mandelate tablet 0.5gm, 1gm</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	HI
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg, 25mg, 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	
NUVESSA GEL 1.3%	4	
SIVEXTRO INJECTION 200MG	5	QL(6 EA per 30 days); NEDS
SIVEXTRO TABLET 200MG	5	QL(6 EA per 30 days); NEDS
<i>tigecycline injection 50mg</i>	4	HI
<i>tinidazole tablet 250mg, 500mg</i>	4	
<i>trimethoprim tablet 100mg</i>	3	
<i>vancomycin hcl injection 0.9%; 1gm/200ml</i>	2	HI
<i>vancomycin hcl injection 100gm, 10gm</i>	4	HI
<i>vancomycin hydrochloride capsule 125mg, 250mg</i>	3	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	4	HI
<i>vancomycin injection 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	2	HI

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	PA
Beta-lactam, Cephalosporins		
<i>cefaclor capsule 250mg, 500mg</i>	4	
<i>cefadroxil capsule 500mg</i>	2	
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	4	
<i>cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%, 3gm; 2%</i>	4	HI
<i>cefazolin sodium injection 1gm/50ml; 4%</i>	2	HI
<i>cefazolin sodium injection 10gm, 1gm, 2gm, 3gm, 500mg</i>	4	HI
<i>cefazolin/dextrose injection 3gm/150ml; 4%</i>	2	HI
<i>cefazolin injection 2gm/100ml; 4%</i>	2	HI
<i>cefazolin injection 2gm, 3gm</i>	4	HI
<i>cefdinir capsule 300mg</i>	2	
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	3	
<i>cefepime hydrochloride injection 2gm</i>	4	HI
<i>cefepime/dextrose injection 1gm/50ml; 5%, 2gm/50ml; 5%</i>	4	HI
<i>cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm</i>	4	HI
<i>cefixime capsule 400mg</i>	4	
<i>cefixime suspension reconstituted 100mg/5ml, 200mg/5ml</i>	4	
<i>cefotetan injection 1gm, 2gm</i>	4	HI
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	HI
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	4	
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	3	
<i>cefprozil suspension reconstituted 125mg/5ml</i>	3	
<i>cefprozil suspension reconstituted 250mg/5ml</i>	4	
<i>cefprozil tablet 250mg, 500mg</i>	3	
<i>ceftaroline fosamil injection 400mg, 600mg</i>	5	NEDS; HI
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	HI
<i>ceftriaxone in iso-osmotic dextrose injection 20mg/ml; 0, 40mg/ml; 0</i>	4	HI
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	HI
<i>ceftriaxone/dextrose injection 1gm; 3.74%</i>	4	HI
<i>cefuroxime axetil tablet 250mg, 500mg</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	HI
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin capsule 750mg</i>	4	
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	3	
<i>tazicef injection 1gm, 2gm, 6gm</i>	4	HI

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
TEFLARO INJECTION 400MG, 600MG	5	NEDS; HI
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg, 400mg; 57mg</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin/potassium clavulanate tablet chewable 200mg; 28.5mg, 400mg; 57mg</i>	4	
<i>amoxicillin capsule 250mg, 500mg</i>	2	
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	2	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>amoxicillin tablet 500mg, 875mg</i>	2	
<i>ampicillin sodium injection 10gm, 125mg, 1gm, 250mg, 2gm, 500mg</i>	4	HI
<i>ampicillin-sulbactam injection 10gm; 5gm</i>	4	HI
<i>ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm</i>	4	HI
<i>ampicillin capsule 500mg</i>	2	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	3	
<i>naficillin sodium injection 10gm, 1gm, 2gm</i>	4	HI
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	HI
<i>penicillin g potassium injection 2000000unit, 5000000unit</i>	4	HI
<i>penicillin g sodium injection 5000000unit</i>	5	NEDS; HI
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium tablet 250mg, 500mg</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	HI
ZOSYN INJECTION 2GM/100ML; 4GM/100ML; 0.5GM/100ML	3	HI
Carbapenems		
<i>ertapenem sodium injection 1gm</i>	4	HI

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	4	HI
<i>meropenem injection 500mg</i>	3	HI
<i>meropenem injection 1gm, 2gm</i>	4	HI
Macrolides		
<i>azithromycin injection 500mg</i>	4	HI
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	3	
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	2	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	3	
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	4	
<i>clarithromycin tablet 250mg, 500mg</i>	2	
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	5	NEDS
<i>erythromycin dr capsule delayed release particles 250mg</i>	4	
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml, 400mg/5ml</i>	4	
<i>fidaxomicin tablet 200mg</i>	5	NEDS
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%</i>	4	HI
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml</i>	3	HI
<i>levofloxacin in d5w injection 5%; 750mg/150ml</i>	4	HI
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	HI
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotion 10%</i>	4	
<i>sulfadiazine tablet 500mg</i>	4	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	3	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	1	
Tetracyclines		
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	3	HI

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tablet 100mg, 20mg</i>	2	
<i>doxycycline hyclate tablet 150mg</i>	4	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	2	
<i>doxycycline monohydrate tablet 150mg</i>	4	
<i>doxycycline suspension reconstituted 25mg/5ml</i>	4	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hcl tablet 100mg, 75mg</i>	4	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>minocycline hydrochloride tablet 50mg</i>	4	
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	3	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
<i>brivaracetam solution 10mg/ml</i>	4	QL(600 ML per 30 days); PA NSO
<i>brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	4	QL(60 EA per 30 days); PA NSO
EPIDIOLEX SOLUTION 100MG/ML	5	PA NSO; NEDS; SP
FELBAMATE SUSPENSION 600MG/5ML	4	
<i>felbamate tablet 400mg, 600mg</i>	4	
FINTEPLA SOLUTION 2.2MG/ML	5	QL(360 ML per 30 days); PA NSO; NEDS
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	4	
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	4	
<i>lamotrigine starter kit/blue kit 25mg</i>	4	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	4	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	3	
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	2	
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	4	
<i>levetiracetam injection 500mg/5ml</i>	2	
<i>levetiracetam oral solution 100mg/ml</i>	2	
<i>levetiracetam tablet disintegrating soluble 250mg, 500mg</i>	4	
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	3	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days); PA NSO
<i>perampanel suspension 0.5mg/ml</i>	4	
<i>perampanel tablet 10mg</i>	4	
<i>perampanel tablet 12mg, 2mg, 4mg, 6mg, 8mg</i>	4	QL(30 EA per 30 days)
<i>roweepra tablet 500mg</i>	3	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 250MG, 500MG, 750MG	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>subvenite starter kit/blue kit 25mg</i>	4	
<i>subvenite starter kit/green kit 0</i>	4	
<i>subvenite starter kit/orange kit 0</i>	4	
SUBVENITE SUSPENSION 10MG/ML	4	
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	2	
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	4	
<i>topiramate solution 25mg/ml</i>	4	
<i>topiramate tablet 100mg, 200mg, 25mg, 50mg</i>	2	
<i>valproic acid capsule 250mg</i>	2	
<i>valproic acid solution 250mg/5ml</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide capsule 250mg</i>	4	
<i>ethosuximide solution 250mg/5ml</i>	3	
<i>methsuximide capsule 300mg</i>	3	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam suspension 2.5mg/ml</i>	3	
<i>clobazam tablet 10mg, 20mg</i>	3	QL(60 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg, 2mg</i>	3	
<i>clonazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
DIACOMIT CAPSULE 250MG, 500MG	5	PA NSO; NEDS
DIACOMIT PACKET 250MG, 500MG	5	PA NSO; NEDS
<i>diazepam gel 2.5mg, 20mg</i>	4	
<i>diazepam gel 10mg</i>	4	QL(5 EA per 30 days)
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	3	
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	3	
<i>gabapentin capsule 100mg, 300mg, 400mg</i>	2	
<i>gabapentin solution 250mg/5ml</i>	4	
<i>gabapentin tablet 600mg, 800mg</i>	2	
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	4	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	3	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution 20mg/ml</i>	4	QL(900 ML per 30 days)
<i>primidone tablet 250mg, 50mg</i>	2	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>primidone tablet 125mg</i>	4	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	NEDS
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days); PA NSO; NEDS
<i>vigabatrin packet 500mg</i>	5	NEDS; SP
<i>vigabatrin tablet 500mg</i>	5	NEDS; SP
VIGAFYDE SOLUTION 100MG/ML	5	PA NSO; NEDS; SP
<i>vigpoder packet 500mg</i>	5	NEDS; SP
ZTALMY SUSPENSION 50MG/ML	5	PA NSO; NEDS
Sodium Channel Agents		
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg</i>	4	
<i>carbamazepine suspension 100mg/5ml</i>	4	
<i>carbamazepine tablet chewable 100mg, 200mg</i>	3	
<i>carbamazepine tablet 200mg</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol tablet 200mg</i>	3	
<i>eslicarbazepine acetate tablet 400mg</i>	4	
<i>eslicarbazepine acetate tablet 200mg</i>	4	QL(30 EA per 30 days)
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	4	QL(60 EA per 30 days)
<i>lacosamide injection 200mg/20ml</i>	4	
<i>lacosamide oral solution 10mg/ml</i>	4	
<i>lacosamide tablet 100mg, 150mg, 200mg, 50mg</i>	3	QL(60 EA per 30 days)
<i>oxcarbazepine suspension 300mg/5ml</i>	4	
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	3	
<i>phenytek capsule 200mg, 300mg</i>	2	
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	2	
<i>phenytoin suspension 125mg/5ml</i>	2	
<i>phenytoin tablet chewable 50mg</i>	2	
<i>rufinamide suspension 40mg/ml</i>	5	NEDS
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	NEDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABLET THERAPY PACK 12.5MG-25MG	4	QL(56 EA per 365 days)
XCOPRI TABLET THERAPY PACK 50MG-100MG; 150MG-200MG (28 TAB PACK); 100MG-150MG; 150MG-200MG (56 TAB PACK)	5	NEDS
XCOPRI TABLET THERAPY PACK 50MG-100MG; 150MG-200MG (28 TAB PACK); 100MG-150MG; 150MG-200MG (56 TAB PACK)	5	QL(56 EA per 28 days); NEDS
XCOPRI TABLET THERAPY PACK 50MG-100MG; 150MG-200MG (28 TAB PACK); 100MG-150MG; 150MG-200MG (56 TAB PACK)	5	QL(56 EA per 365 days); NEDS
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL(30 EA per 30 days); NEDS
XCOPRI TABLET 150MG, 200MG	5	QL(60 EA per 30 days); NEDS
ZONISADE SUSPENSION 100MG/5ML	4	
<i>zonisamide capsule 100mg, 25mg, 50mg</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
LEQEMBI IQLIK INJECTION 250MG/1.25ML	5	QL(10 ML per 28 days); PA; NEDS
LEQEMBI IQLIK INJECTION 360MG/1.8ML	5	QL(7.2 ML per 28 days); PA; NEDS
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	3	
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	3	
<i>donepezil hcl tablet 10mg</i>	2	
<i>donepezil hcl tablet 23mg</i>	3	
<i>donepezil hydrochloride tablet 5mg</i>	2	
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	3	
<i>galantamine hydrobromide solution 4mg/ml</i>	4	
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	3	
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	3	
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak tablet 0</i>	2	
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	3	
<i>memantine hydrochloride solution 2mg/ml</i>	3	
<i>memantine hydrochloride tablet 10mg, 5mg</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 0; 0	4	
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	4	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tablet 100mg, 75mg</i>	2	
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	ST NSO; NEDS
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG, 36.3MG, 54.5MG, 72.6MG	5	ST NSO; NEDS
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	3	
<i>mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg</i>	2	
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO; NEDS
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	ST NSO; NEDS
MARPLAN TABLET 10MG	4	
<i>phenelzine sulfate tablet 15mg</i>	3	
<i>tranylcypromine sulfate tablet 10mg</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution 10mg/5ml</i>	4	
<i>citalopram hydrobromide tablet 10mg, 20mg, 40mg</i>	1	
<i>desvenlafaxine er tablet extended release 24 hour 100mg, 25mg, 50mg</i>	3	
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 40mg</i>	4	QL(90 EA per 30 days)
<i>escitalopram oxalate solution 5mg/5ml</i>	4	
<i>escitalopram oxalate tablet 10mg, 20mg, 5mg</i>	2	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	4	QL(30 EA per 30 days); ST NSO
<i>fluoxetine dr capsule delayed release 90mg</i>	4	
<i>fluoxetine hydrochloride capsule 10mg, 20mg, 40mg</i>	1	
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	4	
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	3	
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
RALDESY SOLUTION 10MG/ML	5	NEDS
<i>sertraline hcl concentrate 20mg/ml</i>	3	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	2	
<i>trazodone hydrochloride tablet 300mg</i>	4	
TRINTELLIX TABLET 10MG, 20MG, 5MG	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg</i>	3	
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	2	
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	3	
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	4	
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate 10mg/ml</i>	2	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	3	
<i>imipramine hydrochloride tablet 10mg</i>	3	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution 10mg/5ml</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline hcl tablet 10mg, 5mg</i>	4	
<i>trimipramine maleate capsule 100mg, 25mg, 50mg</i>	4	
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tablet 12.5mg, 25mg</i>	2	
<i>meclizine hydrochloride tablet 25mg</i>	2	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	2	
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl injection 25mg/ml, 50mg/ml</i>	2	
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	2	
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	2	
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	2	
<i>scopolamine patch 72 hour 1mg/3days</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule therapy pack 0</i>	4	PA BvD
<i>aprepitant capsule 40mg, 80mg</i>	4	PA BvD
<i>aprepitant capsule 125mg</i>	5	PA BvD; NEDS
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	4	PA BvD
<i>granisetron hydrochloride tablet 1mg</i>	3	PA BvD
<i>ondansetron hcl solution 4mg/5ml</i>	2	PA BvD
<i>ondansetron hcl tablet 24mg</i>	2	PA BvD
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	2	PA BvD
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	PA BvD
Antifungals		
Antifungals		
<i>ABELCET INJECTION 5MG/ML</i>	4	PA BvD
<i>amphotericin b liposome injection 50mg</i>	5	PA BvD; NEDS
<i>amphotericin b injection 50mg</i>	4	PA BvD
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole solution 1%</i>	3	
<i>clotrimazole troche 10mg</i>	3	
<i>CRESEMBA CAPSULE 186MG, 74.5MG</i>	5	PA; NEDS
<i>econazole nitrate cream 1%</i>	2	
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	4	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	4	
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	2	
<i>flucytosine capsule 250mg, 500mg</i>	5	NEDS
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	
<i>griseofulvin microsize tablet 500mg</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole capsule 100mg</i>	3	
<i>ketoconazole cream 2%</i>	2	QL(120 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tablet 200mg</i>	2	
<i>klayesta powder 100000unit/gm</i>	2	
<i>miconazole injection 100mg, 50mg</i>	4	
<i>miconazole 3 suppository 200mg</i>	3	
<i>naftifine hydrochloride cream 1%, 2%</i>	4	
<i>nyamyc powder 100000unit/gm</i>	2	
<i>nystatin cream 100000unit/gm</i>	2	
<i>nystatin ointment 100000unit/gm</i>	2	
<i>nystatin powder 100000unit/gm</i>	2	
<i>nystatin suspension 100000unit/ml</i>	2	
<i>nystatin tablet 500000unit</i>	3	
<i>nystop powder 100000unit/gm</i>	2	
<i>posaconazole dr tablet delayed release 100mg</i>	5	QL(93 EA per 30 days); PA; NEDS
<i>posaconazole suspension 40mg/ml</i>	5	
<i>terbinafine hcl tablet 250mg</i>	2	QL(42 EA per 42 days)
<i>terconazole cream 0.4%, 0.8%</i>	3	
<i>terconazole suppository 80mg</i>	4	
<i>voriconazole injection 200mg</i>	4	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	5	NEDS
<i>voriconazole tablet 200mg, 50mg</i>	4	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	2	
<i>colchicine tablet 0.6mg</i>	3	
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	3	
<i>probenecid tablet 500mg</i>	3	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	3	QL(1 ML per 30 days); PA; SP
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 30 days); PA; SP
EMGALITY INJECTION 100MG/ML	3	QL(3 ML per 30 days); PA; SP
NURTEC TABLET DISINTEGRATING 75MG	5	QL(18 EA per 30 days); PA; NEDS
QULIPTA TABLET 10MG, 30MG, 60MG	5	QL(30 EA per 30 days); PA; NEDS
UBRELVY TABLET 100MG, 50MG	5	QL(16 EA per 30 days); PA; NEDS
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution 4mg/ml</i>	4	QL(8 ML per 30 days)
<i>ergotamine tartrate/cafeine tablet 100mg; 1mg</i>	3	
<i>Prophylactic</i>		
<i>timolol maleate tablet 10mg, 5mg</i>	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate tablet 20mg</i>	4	
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	2	
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	2	
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	2	
<i>sumatriptan succinate refill injection 6mg/0.5ml</i>	3	
<i>sumatriptan succinate injection 6mg/0.5ml</i>	3	
<i>sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml</i>	4	
<i>sumatriptan succinate tablet 100mg, 25mg, 50mg</i>	2	
<i>sumatriptan solution 20mg/act, 5mg/act</i>	4	
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er tablet extended release 180mg</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet 100mg, 25mg</i>	3	
<i>pretomanid tablet 200mg</i>	4	
<i>rifabutin capsule 150mg</i>	4	
Antituberculars		
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	3	
<i>isoniazid syrup 50mg/5ml</i>	4	
<i>isoniazid tablet 100mg, 300mg</i>	1	
PRIFTIN TABLET 150MG	4	
<i>pyrazinamide tablet 500mg</i>	4	
<i>rifampin capsule 150mg, 300mg</i>	4	
<i>rifampin injection 600mg</i>	4	
<i>rifapentine tablet 150mg</i>	4	
SIRTURO TABLET 100MG, 20MG	5	PA; NEDS
TRECTOR TABLET 250MG	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide capsule 25mg, 50mg</i>	3	PA BvD; SP
<i>cyclophosphamide tablet 25mg, 50mg</i>	3	PA BvD
LEUKERAN TABLET 2MG	5	NEDS
<i>lomustine capsule 10mg, 40mg</i>	4	
<i>lomustine capsule 100mg</i>	5	NEDS
MATULANE CAPSULE 50MG	5	NEDS; SP
VALCHLOR GEL 0.016%	5	QL(60 GM per 30 days); PA NSO; NEDS; SP
Antiandrogens		
<i>abiraterone acetate tablet 250mg, 500mg</i>	5	PA NSO; NEDS; SP

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
ABIRTEGA TABLET 250MG	4	PA NSO; SP
<i>bicalutamide tablet 50mg</i>	2	SP
ERLEADA TABLET 240MG, 60MG	5	PA NSO; NEDS; SP
EULEXIN CAPSULE 125MG	4	
<i>nilutamide tablet 150mg</i>	5	NEDS
NUBEQA TABLET 300MG	5	PA NSO; NEDS; SP
XTANDI CAPSULE 40MG	5	PA NSO; NEDS; SP
XTANDI TABLET 40MG, 80MG	5	PA NSO; NEDS; SP
YONSA TABLET 125MG	5	PA NSO; NEDS
Antiangiogenic Agents		
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
<i>pomalidomide capsule 1mg, 2mg, 3mg, 4mg</i>	5	QL(30 EA per 30 days); PA NSO; NEDS
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
THALOMID CAPSULE 50MG	5	PA NSO; NEDS; SP
THALOMID CAPSULE 100MG	5	QL(112 EA per 28 days); PA NSO; NEDS; SP
Antiestrogens/Modifiers		
INLURIYO TABLET 200MG	5	PA NSO; NEDS
ORSERDU TABLET 345MG	5	QL(30 EA per 30 days); PA NSO; NEDS
ORSERDU TABLET 86MG	5	QL(90 EA per 30 days); PA NSO; NEDS
SOLTAMOX SOLUTION 10MG/5ML	5	NEDS
<i>tamoxifen citrate tablet 10mg, 20mg</i>	3	
<i>toremifene citrate tablet 60mg</i>	4	
Antimetabolites		
DROXIA CAPSULE 200MG, 300MG, 400MG	3	
<i>hydroxyurea capsule 500mg</i>	3	
<i>mercaptopurine suspension 2000mg/100ml</i>	5	NEDS
<i>mercaptopurine tablet 50mg</i>	4	
TABLOID TABLET 40MG	5	NEDS; SP
Antineoplastics, Other		
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	PA NSO; NEDS
<i>bortezomib injection 1mg, 2.5mg</i>	4	
<i>bortezomib injection 3.5mg</i>	5	NEDS; SP
<i>boruzu injection 3.5mg/1.4ml</i>	5	NEDS
<i>docetaxel injection 160mg/8ml, 20mg/ml, 80mg/4ml</i>	4	
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO; NEDS; SP
INREBIC CAPSULE 100MG	5	PA NSO; NEDS; SP

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
ITOVEBI TABLET 9MG	5	PA NSO; NEDS; SP
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA NSO; NEDS; SP
IWILFIN TABLET 192MG	5	PA NSO; NEDS
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO; NEDS; SP
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO; NEDS; SP
KOMZIFTI CAPSULE 200MG	5	PA NSO; NEDS
LAZCLUZE TABLET 240MG	5	PA NSO; NEDS
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	2	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA NSO; NEDS; SP
LYSODREN TABLET 500MG	5	NEDS
MODEYSO CAPSULE 125MG	5	PA NSO; NEDS
OGSIVEO TABLET 100MG, 50MG	5	PA NSO; NEDS
OGSIVEO TABLET 150MG	5	QL(60 EA per 30 days); PA NSO; NEDS
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	PA NSO; NEDS
OJEMDA TABLET 100MG	5	PA NSO; NEDS
ONUREG TABLET 200MG, 300MG	5	PA NSO; NEDS; SP
<i>paclitaxel injection 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	
REVUFORJ TABLET 25MG	5	PA NSO; NEDS
REVUFORJ TABLET 110MG, 160MG	5	PA NSO; NEDS; SP
VONJO CAPSULE 100MG	5	PA NSO; NEDS; SP
ZOLINZA CAPSULE 100MG	5	PA NSO; NEDS; SP
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet 1mg</i>	3	
<i>exemestane tablet 25mg</i>	4	
<i>letrozole tablet 2.5mg</i>	3	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	PA NSO; NEDS
KYPROLIS INJECTION 10MG, 30MG, 60MG	5	NEDS; SP
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	5	PA NSO; NEDS; SP
ALUNBRIG TABLET THERAPY PACK 0	5	QL(60 EA per 365 days); PA NSO; NEDS; SP
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
AUGTYRO CAPSULE 160MG, 40MG	5	PA NSO; NEDS; SP
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
BALVERSA TABLET 3MG, 4MG, 5MG	5	PA NSO; NEDS
BOSULIF CAPSULE 50MG	5	PA NSO; NEDS; SP
BOSULIF CAPSULE 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP
BOSULIF TABLET 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP
BOSULIF TABLET 500MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
<i>bosutinib tablet 100mg</i>	5	QL(120 EA per 30 days); PA NSO; NEDS
<i>bosutinib tablet 400mg, 500mg</i>	5	QL(30 EA per 30 days); PA NSO; NEDS
BRAFTOVI CAPSULE 75MG	5	PA NSO; NEDS; SP
BRUKINSA CAPSULE 80MG	5	PA NSO; NEDS; SP
BRUKINSA TABLET 160MG	5	PA NSO; NEDS
CABOMETYX TABLET 20MG, 60MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
CABOMETYX TABLET 40MG	5	QL(60 EA per 30 days); PA NSO; NEDS; SP
CALQUENCE TABLET 100MG	5	PA NSO; NEDS; SP
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ KIT 0, 20MG	5	PA NSO; NEDS; SP
COPIKTRA CAPSULE 15MG, 25MG	5	PA NSO; NEDS; SP
COTELLIC TABLET 20MG	5	PA NSO; NEDS; SP
DANZITEN TABLET 95MG	5	PA NSO; NEDS
DANZITEN TABLET 71MG	5	PA NSO; NEDS; SP
<i>dasatinib tablet 100mg, 140mg, 70mg</i>	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
<i>dasatinib tablet 80mg</i>	5	QL(60 EA per 30 days); PA NSO; NEDS; SP
<i>dasatinib tablet 20mg, 50mg</i>	5	QL(90 EA per 30 days); PA NSO; NEDS; SP
DAURISMO TABLET 100MG, 25MG	5	PA NSO; NEDS; SP
ENSACOVE CAPSULE 100MG, 25MG	5	PA NSO; NEDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE CAPSULE 150MG	5	PA NSO; NEDS; SP
<i>erlotinib hydrochloride tablet 150mg, 25mg</i>	5	QL(30 EA per 30 days); NEDS; SP
<i>erlotinib hydrochloride tablet 100mg</i>	5	QL(90 EA per 30 days); NEDS; SP
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	QL(60 EA per 30 days); PA NSO; NEDS; SP
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	PA NSO; NEDS; SP
FRUZAQLA CAPSULE 5MG	5	QL(21 EA per 28 days); PA NSO; NEDS
FRUZAQLA CAPSULE 1MG	5	QL(84 EA per 28 days); PA NSO; NEDS
GAVRETO CAPSULE 100MG	5	PA NSO; NEDS; SP
<i>gefitinib tablet 250mg</i>	5	PA NSO; NEDS; SP
GILOTRIF TABLET 20MG, 30MG, 40MG	5	PA NSO; NEDS; SP
GOMEKLI CAPSULE 1MG, 2MG	5	PA NSO; NEDS
GOMEKLI TABLET SOLUBLE 1MG	5	PA NSO; NEDS
HERNEXEOS TABLET 60MG	5	PA NSO; NEDS
HYRNUO TABLET 10MG	5	PA NSO; NEDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO; NEDS; SP
IBTROZI CAPSULE 200MG	5	PA NSO; NEDS
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
IDHIFA TABLET 100MG, 50MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
<i>imatinib mesylate tablet 100mg</i>	3	SP
<i>imatinib mesylate tablet 400mg</i>	5	NEDS; SP
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP
IMBRUVICA CAPSULE 70MG	5	QL(28 EA per 28 days); PA NSO; NEDS; SP
IMBRUVICA SUSPENSION 70MG/ML	5	QL(240 ML per 30 days); PA NSO; NEDS; SP
IMBRUVICA TABLET 140MG, 280MG, 420MG	5	QL(28 EA per 28 days); PA NSO; NEDS; SP
IMKELDI SOLUTION 80MG/ML	5	PA NSO; NEDS; SP
INLYTA TABLET 5MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP
INLYTA TABLET 1MG	5	QL(180 EA per 30 days); PA NSO; NEDS; SP
INQOVI TABLET 100MG; 35MG	5	PA NSO; NEDS; SP

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	5	QL(30 EA per 30 days); PA NSO; NEDS
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	QL(60 EA per 30 days); PA NSO; NEDS; SP
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
JAYPIRCA TABLET 100MG	5	QL(90 EA per 30 days); PA NSO; NEDS; SP
KISQALI TABLET THERAPY PACK 200MG	5	PA NSO; NEDS; SP
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	5	PA NSO; NEDS
KOSELUGO CAPSULE 10MG, 25MG	5	PA NSO; NEDS; SP
KRAZATI TABLET 200MG	5	PA NSO; NEDS
<i>lapatinib ditosylate tablet 250mg</i>	5	QL(180 EA per 30 days); PA NSO; NEDS; SP
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO; NEDS; SP
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO; NEDS; SP
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO; NEDS; SP
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO; NEDS; SP
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO; NEDS; SP
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO; NEDS; SP
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO; NEDS; SP
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO; NEDS; SP
LIFYORLI CAPSULE THERAPY PACK 0	5	PA NSO; NEDS
LORBRENA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
LORBRENA TABLET 25MG	5	QL(90 EA per 30 days); PA NSO; NEDS; SP
LUMAKRAS TABLET 120MG, 240MG, 320MG	5	PA NSO; NEDS; SP
LYNPARZA TABLET 100MG, 150MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; NEDS
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA NSO; NEDS; SP
MEKINIST TABLET 0.5MG, 2MG	5	PA NSO; NEDS; SP
MEKTOVI TABLET 15MG	5	PA NSO; NEDS; SP
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA NSO; NEDS; SP
<i>nilotinib d-tartrate capsule 150mg, 200mg, 50mg</i>	5	PA NSO; NEDS
<i>nilotinib hydrochloride capsule 200mg</i>	5	QL(112 EA per 28 days); PA NSO; NEDS; SP
<i>nilotinib hydrochloride capsule 150mg</i>	5	QL(140 EA per 28 days); PA NSO; NEDS; SP

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>nilotinib hydrochloride capsule 50mg</i>	5	QL(420 EA per 30 days); PA NSO; NEDS; SP
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA NSO; NEDS; SP
ODOMZO CAPSULE 200MG	5	PA NSO; NEDS; SP
OJJAARA TABLET 100MG, 150MG, 200MG	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>pazopanib hydrochloride tablet 200mg</i>	5	QL(120 EA per 30 days); PA NSO; NEDS; SP
<i>pazopanib hydrochloride tablet 400mg</i>	5	QL(60 EA per 30 days); PA NSO; NEDS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA NSO; NEDS; SP
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA NSO; NEDS; SP
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA NSO; NEDS; SP
QINLOCK TABLET 50MG	5	PA NSO; NEDS; SP
RETEVMO TABLET 120MG, 160MG, 80MG	5	QL(60 EA per 30 days); PA NSO; NEDS; SP
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO; NEDS; SP
REZLIDHIA CAPSULE 150MG	5	PA NSO; NEDS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	PA NSO; NEDS
ROZLYTREK CAPSULE 100MG	5	QL(150 EA per 30 days); PA NSO; NEDS; SP
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA NSO; NEDS; SP
ROZLYTREK PACKET 50MG	5	PA NSO; NEDS; SP
RUBRACA TABLET 200MG, 250MG, 300MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP
RYDAPT CAPSULE 25MG	5	PA NSO; NEDS; SP
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
SCEMBLIX TABLET 40MG	5	QL(240 EA per 30 days); PA NSO; NEDS; SP
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO; NEDS; SP
<i>sorafenib tosylate tablet 200mg</i>	5	QL(220 EA per 30 days); PA NSO; NEDS; SP
<i>sorafenib tablet 200mg</i>	5	QL(220 EA per 30 days); PA NSO; NEDS; SP
STIVARGA TABLET 40MG	5	QL(90 EA per 30 days); PA NSO; NEDS; SP

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate capsule 12.5mg, 25mg, 50mg</i>	5	QL(28 EA per 28 days); PA NSO; NEDS; SP
<i>sunitinib malate capsule 37.5mg</i>	5	QL(56 EA per 28 days); PA NSO; NEDS; SP
TABRECTA TABLET 150MG, 200MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP
TAFINLAR CAPSULE 50MG, 75MG	5	PA NSO; NEDS; SP
TAFINLAR TABLET SOLUBLE 10MG	5	PA NSO; NEDS; SP
TAGRISSO TABLET 80MG	5	PA NSO; NEDS; SP
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
TALZENNA CAPSULE 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP
TAZVERIK TABLET 200MG	5	PA NSO; NEDS; SP
TEPMETKO TABLET 225MG	5	PA NSO; NEDS; SP
TIBSOVO TABLET 250MG	5	PA NSO; NEDS; SP
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	PA NSO; NEDS
TRUQAP TABLET 160MG, 200MG	5	PA NSO; NEDS
TUKYSA TABLET 150MG, 50MG	5	PA NSO; NEDS; SP
TURALIO CAPSULE 125MG	5	PA NSO; NEDS; SP
VANFLYTA TABLET 17.7MG, 26.5MG	5	PA NSO; NEDS
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	QL(84 EA per 365 days); PA NSO; NEDS; SP
VENCLEXTA TABLET 10MG	3	PA NSO; SP
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO; NEDS; SP
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	PA NSO; NEDS; SP
VITRAKVI CAPSULE 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP
VITRAKVI CAPSULE 25MG	5	QL(180 EA per 30 days); PA NSO; NEDS; SP
VITRAKVI SOLUTION 20MG/ML	5	QL(600 ML per 30 days); PA NSO; NEDS; SP
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	PA NSO; NEDS; SP
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	5	PA NSO; NEDS; SP
XALKORI CAPSULE 200MG, 250MG	5	PA NSO; NEDS; SP
XOSPATA TABLET 40MG	5	PA NSO; NEDS; SP
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO; NEDS; SP
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO; NEDS; SP
XPOVIO TABLET THERAPY PACK 10MG, 80MG	5	PA NSO; NEDS
XPOVIO TABLET THERAPY PACK 40MG, 50MG, 60MG	5	PA NSO; NEDS; SP
ZEJULA TABLET 100MG, 200MG, 300MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
ZELBORAF TABLET 240MG	5	PA NSO; NEDS; SP
ZYDELIG TABLET 100MG, 150MG	5	PA NSO; NEDS; SP
ZYKADIA TABLET 150MG	5	PA NSO; NEDS; SP
Monoclonal Antibodies/Antibody-Drug Conjugates		
DARZALEX INJECTION 100MG/5ML, 400MG/20ML	5	NEDS
OPDIVO INJECTION 100MG/10ML, 120MG/12ML, 240MG/24ML, 40MG/4ML	5	NEDS; SP
YERVOY INJECTION 200MG/40ML, 50MG/10ML	5	NEDS; SP
Retinoids		
<i>bexarotene capsule 75mg</i>	5	PA NSO; NEDS; SP
<i>bexarotene gel 1%</i>	5	PA NSO; NEDS; SP
PANRETIN GEL 0.1%	5	NEDS
<i>tretinoin capsule 10mg</i>	5	NEDS; SP
Treatment Adjuncts		
<i>mesna tablet 400mg</i>	3	
VORANIGO TABLET 40MG	5	QL(30 EA per 30 days); PA NSO; NEDS
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole tablet 200mg</i>	4	
<i>ivermectin tablet 3mg, 6mg</i>	3	
<i>praziquantel tablet 600mg</i>	3	
Antiprotozoals		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	4	
<i>atovaquone suspension 750mg/5ml</i>	4	
<i>chloroquine phosphate tablet 250mg</i>	3	
<i>chloroquine phosphate tablet 500mg</i>	4	
COARTEM TABLET 20MG; 120MG	4	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	
<i>mefloquine hydrochloride tablet 250mg</i>	3	
<i>nitazoxanide tablet 500mg</i>	5	NEDS
<i>pentamidine isethionate injection 300mg</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	4	PA BvD
<i>primaquine phosphate tablet 26.3mg</i>	4	
<i>pyrimethamine tablet 25mg</i>	5	NEDS
<i>quinine sulfate capsule 324mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	2	
<i>trihexyphenidyl hydrochloride solution 0.4mg/ml</i>	3	
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	2	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone tablet 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	4	
<i>entacapone tablet 200mg</i>	3	
Dopamine Agonists		
<i>bromocriptine mesylate capsule 5mg</i>	4	
<i>bromocriptine mesylate tablet 2.5mg</i>	4	
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	2	
<i>ropinirole er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg</i>	3	
<i>carbidopa/levodopa er tablet extended release 50mg; 200mg</i>	4	
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	4	
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	
<i>carbidopa tablet 25mg</i>	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	4	
<i>selegiline hcl capsule 5mg</i>	3	
<i>selegiline hcl tablet 5mg</i>	4	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	4	
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	
<i>fluphenazine decanoate injection 25mg/ml</i>	4	
<i>fluphenazine hcl concentrate 5mg/ml</i>	4	
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	4	
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	3	
<i>haloperidol lactate injection 5mg/ml</i>	4	
<i>haloperidol concentrate 2mg/ml</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	2	
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	3	
<i>molindone hydrochloride tablet 10mg, 25mg, 5mg</i>	3	
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	3	
<i>pimozide tablet 1mg, 2mg</i>	4	
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	4	
2nd Generation/Atypical		
ABILIFY MAINTENA INJECTION 300MG, 400MG	5	NEDS
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10MG	5	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	4	
<i>aripiprazole solution 1mg/ml</i>	3	QL(750 ML per 30 days)
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	2	QL(30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	NEDS
ARISTADA INJECTION 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	NEDS
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	4	QL(60 EA per 30 days); ST NSO
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); PA NSO; NEDS
FANAPT TITRATION PACK A TABLET 0	4	ST NSO
FANAPT TITRATION PACK B TABLET 0	4	ST NSO
FANAPT TITRATION PACK C TABLET 0	4	ST NSO
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST NSO; NEDS
INVEGA HAFYERA INJECTION 1092MG/3.5ML, 1560MG/5ML	5	NEDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NEDS
INVEGA TRINZA INJECTION 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	NEDS
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL(30 EA per 30 days); PA NSO; NEDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
NUPLAZID CAPSULE 34MG	5	QL(60 EA per 30 days); PA NSO; NEDS; SP
NUPLAZID TABLET 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS; SP
<i>olanzapine odt tablet disintegrating 5mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg</i>	3	QL(30 EA per 30 days)
<i>olanzapine injection 10mg</i>	3	
<i>olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	2	QL(30 EA per 30 days)
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA NSO; NEDS
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA NSO; NEDS
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	QL(30 EA per 30 days); NEDS
<i>risperidone er injection 12.5mg, 25mg</i>	4	
<i>risperidone er injection 37.5mg, 50mg</i>	5	NEDS
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	3	
<i>risperidone solution 1mg/ml</i>	3	
<i>risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	1	
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	NEDS
VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	3	QL(30 EA per 30 days)
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate injection 20mg</i>	3	
ZYPREXA RELPREVV INJECTION 210MG	3	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	NEDS
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 100mg, 12.5mg, 150mg, 200mg, 25mg</i>	4	
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ SUSPENSION 50MG/ML	5	NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	2	
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir injection 75mg/ml</i>	5	NEDS
LIVTENCITY TABLET 200MG	5	QL(360 EA per 30 days); PA; NEDS
PREVYMIS PACKET 20MG	4	QL(120 EA per 30 days); PA
PREVYMIS PACKET 120MG	5	QL(120 EA per 30 days); PA; NEDS
PREVYMIS TABLET 240MG, 480MG	5	QL(28 EA per 28 days); PA; NEDS
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	5	NEDS
<i>valganciclovir tablet 450mg</i>	3	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil tablet 10mg</i>	4	SP
<i>entecavir tablet 0.5mg, 1mg</i>	4	SP
<i>lamivudine tablet 100mg</i>	3	SP
VEMLIDY TABLET 25MG	5	NEDS
<i>Anti-hepatitis C (HCV) Agents</i>		
MAVYRET PACKET 50MG; 20MG	5	PA; NEDS; SP
MAVYRET TABLET 100MG; 40MG	5	PA; NEDS; SP
<i>ribavirin capsule 200mg</i>	3	SP
<i>ribavirin tablet 200mg</i>	3	SP
VOSEVI TABLET 400MG; 100MG; 100MG	5	PA; NEDS; SP
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	NEDS
DOVATO TABLET 50MG; 300MG	5	NEDS
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	NEDS
ISENTRESS HD TABLET 600MG	5	QL(60 EA per 30 days); NEDS
ISENTRESS PACKET 100MG	5	NEDS; SP
ISENTRESS TABLET CHEWABLE 25MG	3	QL(720 EA per 30 days); SP
ISENTRESS TABLET CHEWABLE 100MG	5	QL(180 EA per 30 days); NEDS; SP
ISENTRESS TABLET 400MG	5	QL(120 EA per 30 days); NEDS; SP
JULUCA TABLET 50MG; 25MG	5	NEDS
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	NEDS; SP
TIVICAY PD TABLET SOLUBLE 5MG	4	SP
TIVICAY TABLET 50MG	5	NEDS; SP
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	NEDS
EDURANT PED TABLET SOLUBLE 2.5MG	5	NEDS
EDURANT TABLET 25MG	5	QL(30 EA per 30 days); NEDS; SP

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	3	SP
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	NEDS
<i>efavirenz tablet 600mg</i>	4	SP
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	5	NEDS; SP
<i>etravirine tablet 100mg, 200mg</i>	5	NEDS; SP
IDVYNZO TABLET 100MG; 0.25MG	5	QL(30 EA per 30 days); NEDS
INTELENCE TABLET 25MG	3	SP
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	SP
<i>nevirapine suspension 50mg/5ml</i>	4	SP
<i>nevirapine tablet 200mg</i>	2	SP
PIFELTRO TABLET 100MG	5	NEDS
<i>rilpivirine hydrochloride tablet 25mg</i>	5	QL(30 EA per 30 days); NEDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	SP
<i>abacavir solution 20mg/ml</i>	4	SP
<i>abacavir tablet 300mg</i>	3	SP
CIMDUO TABLET 300MG; 300MG	5	NEDS
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 200mg; 300mg</i>	4	SP
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	NEDS; SP
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	SP
<i>emtricitabine capsule 200mg</i>	4	SP
EMTRIVA SOLUTION 10MG/ML	4	SP
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	4	SP
<i>lamivudine solution 10mg/ml</i>	4	SP
<i>lamivudine tablet 150mg, 300mg</i>	3	SP
ODEFSEY TABLET 200MG; 25MG; 25MG	5	NEDS
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	SP
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	5	NEDS
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	NEDS; SP
VIREAD POWDER 40MG/GM	5	NEDS; SP
VIREAD TABLET 150MG, 200MG, 250MG	5	NEDS; SP
<i>zidovudine capsule 100mg</i>	3	SP
<i>zidovudine syrup 50mg/5ml</i>	3	SP
<i>zidovudine tablet 300mg</i>	3	SP
Anti-HIV Agents, Other		

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
FUZEON INJECTION 90MG	5	NEDS; SP
<i>maraviroc tablet 300mg</i>	5	QL(120 EA per 30 days); NEDS; SP
<i>maraviroc tablet 150mg</i>	5	QL(60 EA per 30 days); NEDS; SP
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	NEDS
SELZENTRY SOLUTION 20MG/ML	5	QL(1800 ML per 30 days); NEDS
SUNLENCA TABLET THERAPY PACK 300MG	5	NEDS
SUNLENCA TABLET 300MG	5	QL(24 EA per 168 days); NEDS
TYBOST TABLET 150MG	3	SP
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	NEDS; SP
<i>atazanavir sulfate capsule 300mg</i>	4	SP
<i>atazanavir capsule 150mg, 200mg</i>	4	SP
<i>darunavir tablet 600mg</i>	4	QL(60 EA per 30 days); SP
<i>darunavir tablet 800mg</i>	5	QL(30 EA per 30 days); NEDS; SP
EVOTAZ TABLET 300MG; 150MG	5	NEDS; SP
<i>fosamprenavir calcium tablet 700mg</i>	5	NEDS; SP
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	4	SP
NORVIR PACKET 100MG	4	
PREZCOBIX TABLET 150MG; 675MG	5	NEDS
PREZCOBIX TABLET 150MG; 800MG	5	NEDS; SP
PREZISTA SUSPENSION 100MG/ML	5	NEDS; SP
PREZISTA TABLET 75MG	4	SP
PREZISTA TABLET 150MG	5	NEDS; SP
REYATAZ PACKET 50MG	5	NEDS; SP
<i>ritonavir tablet 100mg</i>	3	SP
SYM TUZA TABLET 150MG; 800MG; 200MG; 10MG	5	NEDS
VIRACEPT TABLET 250MG, 625MG	5	NEDS; SP
Anti-influenza Agents		
<i>amantadine hcl capsule 100mg</i>	3	
<i>amantadine hcl solution 50mg/5ml</i>	3	
<i>amantadine hcl tablet 100mg</i>	3	
<i>amantadine hydrochloride tablet 100mg</i>	3	
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	3	QL(1080 ML per 365 days)
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	3	
<i>rimantadine hydrochloride tablet 100mg</i>	4	
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	QL(1 EA per 7 days)
Antitherpetic Agents		

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium injection 50mg/ml</i>	4	PA BvD
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet 125mg, 250mg, 500mg</i>	3	
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	2	
Antiviral, Coronavirus Agents		
LAGEVRIO CAPSULE 200MG	3	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 300MG-100MG DAY 1; 150MG-100MG DAYS 2-5	3	QL(11 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg</i>	2	
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg, 3.75mg, 7.5mg</i>	4	
<i>diazepam intensol concentrate 5mg/ml</i>	3	
<i>diazepam solution 5mg/5ml</i>	3	QL(1200 ML per 30 days)
<i>diazepam tablet 10mg</i>	2	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>lorazepam intensol concentrate 2mg/ml</i>	3	QL(150 ML per 30 days)
<i>lorazepam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	2	
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	2	
<i>lithium carbonate tablet 300mg</i>	2	
<i>lithium solution 8meq/5ml</i>	3	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	1	
<i>dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 1000mg, 10mg; 500mg, 5mg; 1000mg, 5mg; 500mg</i>	3	
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	1	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	1	
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	1	
<i>glipizide tablet 10mg, 5mg</i>	1	
<i>glyburide micronized tablet 1.5mg, 3mg, 6mg</i>	1	
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	3	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	3	
JANUVIA TABLET 100MG, 25MG, 50MG	3	QL(30 EA per 30 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride solution 500mg/5ml</i>	2	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>miglitol tablet 100mg, 25mg, 50mg</i>	2	
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg, 60mg</i>	1	
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC TABLET 4MG, 9MG	3	QL(30 EA per 30 days); PA
OZEMPIC TABLET 1.5MG	3	QL(60 EA per 365 days); PA
<i>pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg</i>	1	
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	1	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide tablet 0.5mg, 1mg, 2mg</i>	1	
RYBELSUS TABLET 1.5MG, 4MG, 9MG	3	PA
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
<i>saxagliptin hydrochloride tablet 2.5mg, 5mg</i>	1	
<i>sitagliptin phosphate/metformin hydrochloride er tablet extended release 24 hour 1000mg; 100mg, 1000mg; 50mg, 500mg; 50mg</i>	3	
<i>sitagliptin phosphate/metformin hydrochloride tablet 1000mg; 50mg, 500mg; 50mg</i>	3	
<i>sitagliptin phosphate tablet 100mg, 25mg, 50mg</i>	3	QL(30 EA per 30 days)
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	5	NEDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	5	NEDS
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	3	
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	3	
TRADJENTA TABLET 5MG	3	QL(30 EA per 30 days)
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 5MG; 500MG	3	QL(30 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
<i>diazoxide suspension 50mg/ml</i>	4	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	4	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 1MG/0.2ML	3	
Insulins		
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
HUMULIN N INJECTION 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R INJECTION 100UNIT/ML	3	
<i>insulin aspart flexpen injection 100unit/ml</i>	3	
<i>insulin aspart penfill injection 100unit/ml</i>	3	
<i>insulin aspart protamine/insulin aspart injection 30%; 70%</i>	3	
<i>insulin aspart injection 100unit/ml</i>	3	
INSULIN LISPRO JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
INSULIN LISPRO KWIKPEN INJECTION 100UNIT/ML	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
INSULIN LISPRO INJECTION 100UNIT/ML	3	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
LANTUS INJECTION 100UNIT/ML	3	
<i>novolin 70/30 flexpen injection 30unit/ml; 70unit/ml</i>	3	
<i>novolin 70/30 injection 30unit/ml; 70unit/ml</i>	3	
<i>novolin n flexpen injection 100unit/ml</i>	3	
<i>novolin n injection 100unit/ml</i>	3	
<i>novolin r flexpen injection 100unit/ml</i>	3	
<i>novolin r injection 100unit/ml</i>	3	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	
NOVOLOG INJECTION 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate capsule 110mg, 150mg, 75mg</i>	4	QL(60 EA per 30 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL(148 EA per 365 days)
ELIQUIS CAPSULE SPRINKLE 0.15MG	3	QL(84 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(140 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(420 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(560 EA per 28 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium injection 300mg/3ml</i>	3	SP
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	SP
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	SP

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NEDS; SP
<i>heparin sodium/d5w injection 5%; 40unit/ml</i>	2	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	3	
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
<i>rivaroxaban suspension reconstituted 1mg/ml</i>	3	QL(600 ML per 30 days)
<i>rivaroxaban tablet 2.5mg</i>	3	QL(360 EA per 30 days)
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG	3	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	3	
<i>eltrombopag olamine packet 12.5mg, 25mg</i>	5	PA; NEDS; SP
<i>eltrombopag olamine tablet 12.5mg, 25mg, 50mg, 75mg</i>	5	PA; NEDS; SP
LEUKINE INJECTION 250MCG	5	PA; NEDS
MOZOBIL INJECTION 24MG/1.2ML	5	NEDS; SP
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	NEDS; SP
NEULASTA INJECTION 4MG/0.4ML	5	NEDS
NEULASTA INJECTION 6MG/0.6ML	5	NEDS; SP
<i>plerixafor injection 24mg/1.2ml</i>	5	NEDS; SP
PROCRT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	SP
PROCRT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	NEDS; SP
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	SP
RETACRIT INJECTION 40000UNIT/ML	5	NEDS; SP
UDENYCA ONBODY INJECTION 6MG/0.6ML	5	NEDS; SP
UDENYCA INJECTION 6MG/0.6ML	5	NEDS; SP
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	NEDS; SP
Hemostasis Agents		
<i>aminocaproic acid injection 250mg/ml</i>	2	
<i>aminocaproic acid oral solution 0.25gm/ml</i>	4	
<i>aminocaproic acid tablet 500mg</i>	2	
<i>tranexamic acid tablet 650mg</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	4	
CABLIVI INJECTION 11MG	5	NEDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol tablet 100mg, 50mg</i>	2	
<i>clopidogrel tablet 300mg, 75mg</i>	1	
DOPTelet TABLET 20MG	5	PA; NEDS; SP
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	3	
<i>ticagrelor tablet 60mg, 90mg</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	4	
<i>droxidopa capsule 100mg</i>	4	QL(90 EA per 30 days); PA; SP
<i>droxidopa capsule 200mg, 300mg</i>	5	QL(180 EA per 30 days); PA; NEDS; SP
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	3	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg</i>	1	
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	1	
<i>losartan potassium tablet 100mg, 25mg, 50mg</i>	1	
<i>olmesartan medoxomil tablet 20mg, 40mg, 5mg</i>	1	
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	1	
<i>valsartan tablet 160mg, 320mg, 40mg, 80mg</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	1	
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	1	
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	1	
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<i>digoxin injection 0.25mg/ml</i>	2	
<i>digoxin oral solution 0.05mg/ml</i>	2	
<i>digoxin tablet 125mcg, 250mcg</i>	2	
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	3	SP
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	2	
<i>mexiletine hydrochloride capsule 150mg, 200mg, 250mg</i>	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
MULTAQ TABLET 400MG	3	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	3	
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	4	
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	3	
<i>quinidine sulfate tablet 200mg, 300mg</i>	4	
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	2	
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	2	
<i>sotalol hydrochloride tablet 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	3	
<i>atenolol tablet 100mg, 25mg, 50mg</i>	1	
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	3	
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	3	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	2	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg</i>	1	
<i>metoprolol tartrate tablet 75mg</i>	3	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg</i>	3	
<i>pindolol tablet 10mg, 5mg</i>	4	
<i>propranolol hcl solution 40mg/5ml</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	3	
<i>propranolol hydrochloride solution 20mg/5ml</i>	3	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	1	
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	3	
<i>nimodipine capsule 30mg</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	3	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	3	
<i>diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	3	
<i>diltiazem hcl er tablet extended release 24 hour 300mg, 360mg, 420mg</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	3	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg</i>	4	
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	3	
<i>verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 300mg</i>	4	
<i>verapamil hcl er tablet extended release 120mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg</i>	4	
<i>verapamil hydrochloride er capsule extended release 24 hour 100mg, 200mg, 300mg</i>	4	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	2	
<i>verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg</i>	4	
<i>verapamil hydrochloride tablet 120mg, 40mg, 80mg</i>	2	
Cardiovascular Agents, Other		
<i>aliskiren tablet 150mg, 300mg</i>	1	
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	1	
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	1	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	1	
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	3	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	3	
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg</i>	1	
CORLANOR SOLUTION 5MG/5ML	4	
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	1	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	3	
FILSPARI TABLET 200MG	5	QL(30 EA per 30 days); PA; NEDS
FILSPARI TABLET 400MG	5	QL(60 EA per 30 days); PA; NEDS
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	3	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg</i>	1	
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	4	
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	
<i>metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>	3	
<i>metyrosine capsule 250mg</i>	5	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	1	
<i>pentoxifylline er tablet extended release 400mg</i>	4	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	3	
<i>sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg</i>	3	
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	2	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg</i>	1	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg</i>	1	
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	1	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	1	
Diuretics, Loop		
<i>bumetanide injection 0.25mg/ml</i>	2	
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	3	
<i>ethacrynic acid tablet 25mg</i>	4	
<i>furosemide injection 10mg/ml</i>	4	
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	2	
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	
<i>torsemide tablet 100mg, 10mg, 20mg, 5mg</i>	3	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet 5mg</i>	2	
<i>triamterene capsule 100mg, 50mg</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tablet 1.25mg, 2.5mg</i>	2	
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	3	
<i>fenofibrate capsule 130mg, 43mg</i>	3	
<i>fenofibrate capsule 50mg</i>	4	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	3	
<i>gemfibrozil tablet 600mg</i>	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	1	
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	1	
<i>fluvastatin capsule 20mg, 40mg</i>	1	
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	1	
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	1	
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	1	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light packet 4gm</i>	4	
<i>cholestyramine light powder 4gm/dose</i>	3	
<i>cholestyramine packet 4gm</i>	4	
<i>cholestyramine powder 4gm/dose</i>	3	
<i>colestipol hydrochloride granules 5gm</i>	4	
<i>colestipol hydrochloride packet 5gm</i>	4	
<i>colestipol hydrochloride tablet 1gm</i>	4	
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	1	
<i>ezetimibe tablet 10mg</i>	2	
<i>icosapent ethyl capsule 0.5gm, 1gm</i>	4	
NEXLETOL TABLET 180MG	3	QL(30 EA per 30 days); PA
NEXLIZET TABLET 180MG; 10MG	3	QL(30 EA per 30 days); PA
<i>niacin er tablet extended release 1000mg, 500mg, 750mg</i>	4	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	3	
PRALUENT INJECTION 150MG/ML, 75MG/ML	3	PA
<i>prevalite packet 4gm</i>	4	
<i>prevalite powder 4gm/dose</i>	3	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	PA
REPATHA SURECLICK INJECTION 140MG/ML	3	PA
REPATHA INJECTION 140MG/ML	3	PA
TRYNGOLZA INJECTION 50MG/0.8ML, 80MG/0.8ML	5	QL(0.8 ML per 28 days); PA; NEDS
Mineralocorticoid Receptor Antagonists		
<i>eplerenone tablet 25mg, 50mg</i>	3	
KERENDIA TABLET 10MG, 20MG, 40MG	3	QL(30 EA per 30 days); PA
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
<i>dapagliflozin tablet 10mg, 5mg</i>	3	QL(30 EA per 30 days)
FARXIGA TABLET 10MG, 5MG	3	QL(30 EA per 30 days); ST
JARDIANCE TABLET 10MG, 25MG	3	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	3	
<i>isosorbide dinitrate tablet 40mg</i>	4	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	2	
<i>isosorbide mononitrate tablet 10mg, 20mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	3	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
VERQUVO TABLET 10MG, 2.5MG, 5MG	4	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet 10mg, 2.5mg</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 15mg, 5mg</i>	4	
<i>dextroamphetamine sulfate tablet 10mg, 15mg, 20mg, 30mg, 5mg</i>	4	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg, 18mg, 25mg, 40mg, 60mg</i>	4	QL(60 EA per 30 days)
<i>clonidine hydrochloride er tablet extended release 12 hour 0.1mg</i>	3	
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg, 5mg</i>	4	
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	2	
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg</i>	3	QL(90 EA per 90 days)
<i>methylphenidate hydrochloride er (cd) capsule extended release 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	4	
<i>methylphenidate hydrochloride er (dif) tablet extended release 27mg, 36mg, 54mg</i>	4	
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour 10mg, 20mg, 30mg, 40mg, 60mg</i>	4	
<i>methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 36mg, 54mg</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	4	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	4	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution 10mg/5ml, 5mg/5ml</i>	3	
<i>methylphenidate hydrochloride tablet chewable 10mg</i>	4	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 2.5mg, 5mg</i>	4	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	2	QL(90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	5	QL(56 EA per 365 days); PA; NEDS; SP
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA; NEDS; SP
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA; NEDS; SP
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA; NEDS; SP
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA; NEDS; SP
AUSTEDO TABLET 12MG, 6MG, 9MG	5	QL(120 EA per 30 days); PA; NEDS; SP
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL(112 EA per 365 days); PA NSO; NEDS
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>dextromethorphan hydrobromide/quinidine sulfate capsule 20mg; 10mg</i>	5	QL(60 EA per 30 days); PA; NEDS
NUEDEXTA CAPSULE 20MG; 10MG	5	QL(60 EA per 30 days); PA; NEDS
<i>riluzole tablet 50mg</i>	4	
<i>tetrabenazine tablet 25mg</i>	4	QL(120 EA per 30 days); PA; SP
<i>tetrabenazine tablet 12.5mg</i>	4	QL(90 EA per 30 days); PA; SP
VEOZAH TABLET 45MG	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
<i>milnacipran hydrochloride titration pack miscellaneous 0</i>	3	
<i>milnacipran hydrochloride tablet 100mg, 12.5mg, 25mg, 50mg</i>	3	
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	3	
Multiple Sclerosis Agents		
BETASERON INJECTION 0.3MG	5	QL(15 EA per 30 days); NEDS; SP

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	SP
<i>dimethyl fumarate capsule delayed release 120mg, 240mg</i>	4	SP
<i>fingolimod hydrochloride capsule 0.5mg</i>	5	QL(30 EA per 30 days); NEDS; SP
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); NEDS; SP
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); NEDS; SP
KESIMPTA INJECTION 20MG/0.4ML	5	PA; NEDS; SP
PLEGRIDY STARTER PACK INJECTION 0	5	NEDS; SP
PLEGRIDY INJECTION 125MCG/0.5ML	5	NEDS; SP
<i>teriflunomide tablet 14mg, 7mg</i>	4	SP
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0	5	QL(14 EA per 365 days); PA; NEDS
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; NEDS
ZEPOSIA CAPSULE 0.92MG	5	QL(30 EA per 30 days); PA; NEDS
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride capsule 30mg</i>	4	
<i>chlorhexidine gluconate solution 0.12%</i>	1	
<i>kourzeq paste 0.1%</i>	3	
<i>lidocaine hydrochloride viscous solution 2%</i>	2	
<i>lidocaine viscous solution 2%</i>	2	
<i>oralone dental paste paste 0.1%</i>	3	
<i>periogard solution 0.12%</i>	1	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	
<i>sf 5000 plus cream 1.1%</i>	2	
<i>sodium fluoride 5000 plus cream 1.1%</i>	2	
<i>sodium fluoride 5000 ppm cream 1.1%</i>	2	
<i>sodium fluoride cream 1.1%</i>	2	
<i>triamcinolone acetonide dental paste paste 0.1%</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>accutane capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	4	
<i>adapalene gel 0.1%, 0.3%</i>	4	PA
<i>amnestem capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>azelaic acid gel 15%</i>	4	
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 5%; 1.2%</i>	4	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	4	
<i>isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene cream 0.1%</i>	3	PA
<i>tazarotene cream 0.05%</i>	4	PA
<i>tazarotene gel 0.05%, 0.1%</i>	4	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	3	PA
ZENATANE CAPSULE 10MG, 20MG, 30MG, 40MG	4	
<i>Dermatitis and Pruritus Agents</i>		
<i>ammonium lactate cream 12%</i>	2	
<i>ammonium lactate lotion 12%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	3	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate ointment 0.05%</i>	4	
<i>betamethasone valerate cream 0.1%</i>	3	
<i>betamethasone valerate lotion 0.1%</i>	3	
<i>betamethasone valerate ointment 0.1%</i>	3	
<i>clobetasol propionate e cream 0.05%</i>	2	QL(240 GM per 30 days)
<i>clobetasol propionate cream 0.05%</i>	2	QL(240 GM per 30 days)
<i>clobetasol propionate gel 0.05%</i>	3	QL(240 GM per 30 days)
<i>clobetasol propionate ointment 0.05%</i>	2	QL(240 GM per 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	3	QL(236 ML per 30 days)
<i>clobetasol propionate solution 0.05%</i>	3	QL(200 ML per 30 days)
<i>clodan shampoo 0.05%</i>	3	QL(236 ML per 30 days)
<i>desonide cream 0.05%</i>	3	
<i>desonide ointment 0.05%</i>	3	
<i>desoximetasone cream 0.05%, 0.25%</i>	4	
EUCRISA OINTMENT 2%	4	PA
<i>fluocinolone acetonide body oil 0.01%</i>	4	
<i>fluocinolone acetonide scalp oil 0.01%</i>	4	
<i>fluocinolone acetonide topical oil 0.01%</i>	4	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	4	
<i>fluocinolone acetonide ointment 0.025%</i>	3	
<i>fluocinolone acetonide solution 0.01%</i>	2	
<i>fluocinonide emulsified base cream 0.05%</i>	4	
<i>fluocinonide cream 0.05%</i>	3	QL(60 GM per 30 days)
<i>fluocinonide cream 0.1%</i>	4	QL(120 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	3	QL(60 GM per 30 days)
<i>fluocinonide ointment 0.05%</i>	3	QL(60 GM per 30 days)
<i>fluocinonide solution 0.05%</i>	2	QL(60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream 0.05%</i>	4	
<i>halobetasol propionate ointment 0.05%</i>	4	
<i>hydrocortisone valerate cream 0.2%</i>	3	
<i>hydrocortisone valerate ointment 0.2%</i>	4	
<i>hydrocortisone cream 1%, 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	1	
<i>hydrocortisone ointment 1%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	3	
<i>pimecrolimus cream 1%</i>	4	QL(100 GM per 30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
Dermatological Agents, Other		
<i>calcipotriene cream 0.005%</i>	3	QL(120 GM per 30 days)
<i>calcipotriene ointment 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene solution 0.005%</i>	4	QL(120 ML per 30 days)
<i>calcitriol ointment 3mcg/gm</i>	4	
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	QL(90 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate lotion 0.05%; 1%</i>	4	QL(60 ML per 30 days)
<i>diclofenac sodium gel 3%</i>	3	QL(200 GM per 30 days)
<i>fluorouracil cream 0.5%, 5%</i>	3	
<i>fluorouracil solution 2%, 5%</i>	4	
<i>imiquimod cream 5%</i>	2	
<i>imiquimod cream 3.75%</i>	4	
<i>nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	2	
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	2	
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	5	QL(30 EA per 30 days); PA; NEDS
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 0	5	QL(82 EA per 365 days); PA; NEDS
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA; NEDS; SP
<i>podofilox gel 0.5%</i>	4	
<i>podofilox solution 0.5%</i>	4	
SANTYL OINTMENT 250UNIT/GM	4	QL(180 GM per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cream 1%</i>	2	
<i>Pediculicides/Scabicides</i>		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	
<i>Topical Anti-infectives</i>		
<i>ciclopirox nail lacquer solution 8%</i>	3	
<i>ciclopirox olamine cream 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	3	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox suspension 0.77%</i>	3	
<i>clindamycin phosphate (once-daily) gel 1%</i>	2	
<i>clindamycin phosphate (twice-daily) gel 1%</i>	2	
<i>clindamycin phosphate lotion 1%</i>	3	QL(75 ML per 30 days)
<i>clindamycin phosphate topical solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery pad 2%</i>	4	
<i>erythromycin gel 2%</i>	3	
<i>erythromycin solution 2%</i>	2	
<i>mupirocin cream 2%</i>	4	QL(180 GM per 30 days)
<i>mupirocin ointment 2%</i>	2	QL(44 GM per 30 days)
SULFAMYLLON CREAM 85MG/GM	4	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	PA BvD
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	PA BvD

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	PA BvD
<i>carglumic acid tablet soluble 200mg</i>	5	PA; NEDS; SP
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	3	PA BvD
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	PA BvD
CLINIMIX E 8/10 INJECTION 83MEQ/L; 1656MG/100ML; 920MG/100ML; 33MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	PA BvD
<i>dextrose 10%/sodium chloride 0.2% injection 10%; 0.2%</i>	2	
<i>dextrose 10%/sodium chloride 0.45% injection 10%; 0.45%</i>	2	
<i>dextrose 10% injection 10%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45% injection 2.5%; 0.45%</i>	2	
<i>dextrose 5%/sodium chloride 0.2% injection 5%; 0.2%</i>	2	
<i>dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%</i>	2	
<i>dextrose 5%/sodium chloride 0.33% injection 5%; 0.33%</i>	2	
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	2	
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	2	
<i>dextrose 5% injection 5%</i>	2	
<i>dextrose 50% injection 50%</i>	2	
<i>dextrose 70% injection 70%</i>	2	
<i>dextrose/sodium chloride injection 5%; 0.225%</i>	2	
<i>effer-k tablet effervescent 25meq</i>	1	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>glucose (dextrose) 50% injection 50%</i>	2	
<i>glucose (dextrose) 70% injection 70%</i>	2	
<i>k-prime tablet effervescent 25meq</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2% injection 5%; 20meq/l; 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%</i>	4	
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	
<i>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	2	
<i>klor-con m20 tablet extended release 20meq</i>	2	
<i>klor-con/ef tablet effervescent 25meq</i>	2	
<i>klor-con packet 20meq</i>	3	
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>magnesium sulfate injection 50%</i>	4	
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	3	PA BvD
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	3	
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	2	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride injection 10meq/50ml, 20meq/50ml</i>	2	
<i>potassium chloride injection 2meq/ml</i>	4	
<i>potassium chloride packet 20meq</i>	3	
<i>potassium chloride oral solution 10%, 20%</i>	3	
<i>potassium citrate er tablet extended release 1080mg, 15meq, 540mg</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
PROSOL INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	3	PA BvD
<i>sodium chloride 0.45% injection 0.45%</i>	2	
<i>sodium chloride injection 0.9%, 3%, 5%</i>	2	
<i>sodium chloride injection 0.9%, 2.5meq/ml, 4meq/ml</i>	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	PA BvD
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPSULE 100MG	5	NEDS
<i>deferasirox packet 180mg, 360mg, 90mg</i>	5	NEDS; SP
<i>deferasirox tablet soluble 125mg</i>	4	SP
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	NEDS; SP
<i>deferasirox tablet 90mg</i>	3	SP
<i>deferasirox tablet 180mg, 360mg</i>	4	SP
<i>penicillamine tablet 250mg</i>	5	NEDS
<i>tolvaptan tablet 15mg, 30mg</i>	5	QL(120 EA per 30 days); PA; NEDS; SP
<i>trientine hydrochloride capsule 250mg, 500mg</i>	5	NEDS
Phosphate Binders		
<i>calcium acetate capsule 667mg</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate packet 0.8gm, 2.4gm</i>	4	
<i>sevelamer carbonate tablet 800mg</i>	4	
VELPHORO TABLET CHEWABLE 500MG	5	NEDS
Potassium Binders		
LOKELMA PACKET 10GM, 5GM	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	4	
<i>sps multiple routes suspension 15gm/60ml, 15gm/60ml</i>	4	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	
<i>generlac solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	3	QL(30 EA per 30 days)
<i>lubiprostone capsule 24mcg, 8mcg</i>	4	
MOVANTIK TABLET 12.5MG, 25MG	3	QL(30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA; NEDS
<i>loperamide hydrochloride capsule 2mg</i>	3	
XERMELO TABLET 250MG	5	QL(90 EA per 30 days); PA; NEDS; SP
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution 10mg/5ml</i>	4	
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
<i>glycopyrrolate solution 1mg/5ml</i>	4	SP
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	
Gastrointestinal Agents, Other		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo capsule 140mg; 125mg; 125mg</i>	4	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	3	
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	3	
<i>metoclopramide hcl injection 5mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5mg/5ml</i>	2	
<i>metoclopramide hydrochloride +rfid injection 5mg/ml</i>	2	
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	1	
<i>nitroglycerin ointment 0.4%</i>	4	QL(30 GM per 30 days)
<i>opium tincture tincture 1%</i>	4	
<i>opium tincture 1%</i>	4	
<i>peg-3350/electrolytes/ascorbate solution reconstituted 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm</i>	4	
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	3	
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	3	
<i>peg-3350/sodium sulf/nacl/potassium cl/na ascorbate/ascorbic solution reconstituted 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm</i>	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 17.5gm/177ml; 3.13gm/177ml; 1.6gm/177ml</i>	4	
TALICIA CAPSULE DELAYED RELEASE 250MG; 10MG; 12.5MG	4	
<i>ursodiol capsule 300mg</i>	3	
<i>ursodiol tablet 250mg, 500mg</i>	4	
VOQUEZNA TABLET 10MG	4	QL(30 EA per 30 days); PA
VOQUEZNA TABLET 20MG	4	QL(60 EA per 30 days); PA
VOWST CAPSULE 0	5	PA; NEDS
XIFAXAN TABLET 200MG, 550MG	3	QL(90 EA per 30 days); PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine tablet 200mg, 300mg, 400mg, 800mg</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
Protectants		
<i>misoprostol tablet 100mcg, 200mcg</i>	3	
<i>sucralfate suspension 1gm/10ml</i>	4	
<i>sucralfate tablet 1gm</i>	3	
Proton Pump Inhibitors		
DEXLANSOPRAZOLE CAPSULE DELAYED RELEASE 30MG, 60MG	4	
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>esomeprazole magnesium packet 10mg, 20mg, 40mg</i>	4	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release 15mg, 30mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole capsule delayed release 20mg, 40mg</i>	2	
<i>pantoprazole sodium tablet delayed release 20mg, 40mg</i>	2	
<i>rabeprazole sodium tablet delayed release 20mg</i>	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine anhydrous powder 0</i>	5	NEDS; SP
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON CAPSULE 150MG, 50MG	4	SP
<i>dichlorphenamide tablet 50mg</i>	5	PA; NEDS; SP
<i>l-glutamine packet 5gm</i>	5	NEDS
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	5	PA; NEDS; SP
PROLASTIN-C INJECTION 1000MG/20ML	5	PA; NEDS; SP
REVCovi INJECTION 2.4MG/1.5ML	5	PA; NEDS
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	5	PA; NEDS; SP
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA; NEDS; SP
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	NEDS; SP
<i>sodium phenylbutyrate tablet 500mg</i>	5	NEDS; SP
WELIREG TABLET 40MG	5	PA NSO; NEDS
<i>zelvysia packet 100mg, 500mg</i>	5	PA; NEDS
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GEMTESA TABLET 75MG	4	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg</i>	3	
<i>oxybutynin chloride solution 5mg/5ml</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tablet 2.5mg</i>	3	
<i>solifenacin succinate tablet 10mg, 5mg</i>	3	
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	4	
<i>tolterodine tartrate tablet 1mg, 2mg</i>	4	
<i>trospium chloride tablet 20mg</i>	3	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	3	
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	2	
<i>dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg</i>	4	
<i>dutasteride capsule 0.5mg</i>	2	
<i>finasteride tablet 5mg</i>	2	
<i>tadalafil tablet 10mg, 20mg</i>	2	QL(6 EA per 30 days); EC
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride capsule 0.4mg</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
Genitourinary Agents, Other		
<i>acetic acid 0.25% solution 0.25%</i>	2	
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	3	
<i>sildenafil citrate tablet 100mg, 25mg, 50mg</i>	1	QL(6 EA per 30 days); EC
<i>sildenafil tablet 25mg</i>	1	QL(6 EA per 30 days); EC
<i>tiopronin dr tablet delayed release 100mg, 300mg</i>	5	NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>DEPO-MEDROL INJECTION 20MG/ML</i>	3	
<i>dexamethasone intensol concentrate 1mg/ml</i>	2	
<i>dexamethasone sodium phosphate +rfd injection 4mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elixir 0.5mg/5ml</i>	2	
<i>dexamethasone solution 0.5mg/5ml</i>	2	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet 0.1mg</i>	3	
<i>hydrocortisone sodium succinate injection 100mg</i>	4	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	3	
<i>methylprednisolone acetate injection 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	2	
<i>prednisolone sodium phosphate oral solution 5mg/5ml</i>	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml</i>	4	
<i>prednisolone solution 15mg/5ml</i>	4	
<i>prednisolone tablet 5mg</i>	4	
<i>prednisone solution 5mg/5ml</i>	4	
<i>prednisone tablet therapy pack 10mg, 5mg</i>	3	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>triamcinolone acetonide injection 10mg/ml, 40mg/ml</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate solution 0.01%</i>	2	
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	2	
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA; SP
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; NEDS; SP
GENOTROPIN INJECTION 12MG, 5MG	5	PA; NEDS; SP
INCRELEX INJECTION 40MG/4ML	5	PA; NEDS; SP
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA; NEDS
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule 100mg, 200mg, 50mg</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate injection 200mg/ml</i>	4	
<i>testosterone pump gel 1.62%</i>	3	
<i>testosterone pump gel 1%</i>	4	
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	
<i>Estrogens</i>		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	3	
<i>abigale tablet 1mg; 0.5mg</i>	3	
<i>apri tablet 0.15mg; 30mcg</i>	4	
<i>ashlyna tablet 0; 0</i>	4	
<i>aviane tablet 20mcg; 0.1mg</i>	4	
<i>azurette tablet 0; 0</i>	4	
<i>balziva tablet 35mcg; 0.4mg</i>	4	
<i>briellyn tablet 35mcg; 0.4mg</i>	4	
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	4	
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.03mg</i>	4	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	3	
<i>estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml</i>	4	
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	3	
<i>estradiol cream 0.1mg/gm</i>	3	
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	3	
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	2	
<i>estradiol vaginal tablet 10mcg</i>	4	
ESTRING RING 7.5MCG/24HR	4	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>falmina tablet 20mcg; 0.1mg</i>	4	
FEIRZA 1.5/30 TABLET 30MCG; 75MG; 1.5MG	4	
FEIRZA 1/20 TABLET 20MCG; 75MG; 1MG	4	
<i>finzala tablet chewable 20mcg; 75mg; 1mg</i>	4	
<i>fyavolv tablet 5mcg; 1mg</i>	3	
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	4	
<i>galbriela tablet chewable 25mcg; 75mg; 0.8mg</i>	4	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>iclevia tablet 0.03mg; 0.15mg</i>	4	
IMVEXXY MAINTENANCE PACK INSERT 10MCG, 4MCG	3	
IMVEXXY STARTER PACK INSERT 10MCG, 4MCG	3	
<i>introvale tablet 0.03mg; 0.15mg</i>	4	
<i>jaimiess tablet 0; 0</i>	4	
<i>jinteli tablet 5mcg; 1mg</i>	3	
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>junel 1/20 tablet 20mcg; 1mg</i>	4	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	
<i>junel fe 24 tablet 20mcg; 75mg; 1mg</i>	4	
<i>kariva tablet 0; 0</i>	4	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	4	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>larin 1/20 tablet 20mcg; 1mg</i>	4	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>lessina tablet 20mcg; 0.1mg</i>	4	
<i>levonest tablet 0; 0</i>	4	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate tablet 0.02mg; 36.5mg; 0.1mg</i>	4	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 20mcg; 0.1mg</i>	4	
<i>lojaimiess tablet 0; 0</i>	4	
<i>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>luizza 1/20 tablet 20mcg; 1mg</i>	4	
<i>marlissa tablet 0.03mg; 0.15mg</i>	4	
<i>mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	4	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	4	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	
<i>minzoya tablet 0.02mg; 36.5mg; 0.1mg</i>	4	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	4	
<i>nikki tablet 3mg; 0.02mg</i>	4	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	4	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	4	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	4	
<i>nortrel 7/7/7 tablet 35mcg; 0</i>	4	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	4	
PREMARIN CREAM 0.625MG/GM	3	
PREMPHASE TABLET 0.625MG; 5MG	4	
<i>rosyrah tablet 0; 0</i>	4	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	4	
<i>tri-sprintec tablet 0; 0</i>	2	
<i>turqoz tablet 30mcg; 0.3mg</i>	4	
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	4	
<i>valtya 1/35 tablet 35mcg; 1mg</i>	4	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	4	
<i>velivet tablet 0; 0</i>	4	
<i>viorele tablet 0; 0</i>	4	
<i>vyfemla tablet 35mcg; 0.4mg</i>	4	
XARAH FE TABLET 0; 75MG; 1MG	4	
<i>xelria fe tablet chewable 35mcg; 75mg; 0.4mg</i>	4	
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>yuvaferm tablet 10mcg</i>	4	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	4	
Progestins		
<i>camila tablet 0.35mg</i>	2	
<i>deblitane tablet 0.35mg</i>	2	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	
<i>errin tablet 0.35mg</i>	2	
<i>gallifrey tablet 5mg</i>	3	
<i>heather tablet 0.35mg</i>	2	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	
<i>megestrol acetate suspension 40mg/ml</i>	3	
<i>megestrol acetate suspension 625mg/5ml</i>	4	
<i>megestrol acetate tablet 20mg, 40mg</i>	2	
<i>meleya tablet 0.35mg</i>	2	
NEXPLANON INJECTION 68MG	3	SP
<i>norethindrone acetate tablet 5mg</i>	3	
<i>orquidea tablet 0.35mg</i>	2	
<i>progesterone capsule 100mg, 200mg</i>	3	
<i>sharobel tablet 0.35mg</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABLET 60MG	4	
<i>raloxifene hydrochloride tablet 60mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID TABLET 120MG, 15MG, 180MG, 240MG, 300MG, 30MG, 60MG, 90MG	4	
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	3	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	3	
NIVA THYROID TABLET 15MG	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>niva thyroid tablet 120mg, 30mg, 60mg, 90mg</i>	4	
<i>np thyroid 120 tablet 120mg</i>	2	
<i>np thyroid 15 tablet 15mg</i>	2	
<i>np thyroid 30 tablet 30mg</i>	2	
<i>np thyroid 60 tablet 60mg</i>	2	
<i>np thyroid 90 tablet 90mg</i>	2	
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL(30 EA per 30 days); PA; NEDS; SP
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	4	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
<i>unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline tablet 0.5mg</i>	3	
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	4	SP
FIRMAGON INJECTION 80MG	4	SP
FIRMAGON INJECTION 120MG/VIAL	5	NEDS; SP
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	NEDS; SP
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	NEDS; SP
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	5	NEDS; SP
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	5	NEDS; SP
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	NEDS; SP
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	NEDS; SP
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA; NEDS; SP
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	SP
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	NEDS; SP
ORGOVYX TABLET 120MG	5	PA NSO; NEDS; SP
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL(60 ML per 30 days); PA; NEDS; SP
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	5	NEDS; SP
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; NEDS; SP
SYNAREL SOLUTION 2MG/ML	5	NEDS; SP
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet 50mg</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT INJECTION 500UNIT	5	PA; NEDS; SP

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
HAEGARDA INJECTION 2000UNIT, 3000UNIT	5	PA; NEDS; SP
<i>icatibant acetate injection 30mg/3ml</i>	5	QL(18 ML per 30 days); PA; NEDS; SP
Immunoglobulins		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA BvD; NEDS; HI; SP
CUVITRU INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML	5	PA BvD; NEDS; SP
FLEBOGAMMA DIF INJECTION 10GM/200ML, 20GM/400ML, 5GM/100ML	5	PA BvD; NEDS; HI; SP
GAMMAGARD LIQUID INJECTION 10GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI
GAMMAGARD LIQUID INJECTION 2.5GM/25ML, 20GM/200ML, 30GM/300ML	5	PA BvD; NEDS; HI; SP
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI; SP
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA BvD; NEDS; SP
OCTAGAM INJECTION 1GM/20ML	3	PA BvD; HI; SP
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI; SP
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA BvD; NEDS; HI; SP
Immunological Agents, Other		
ARCALYST INJECTION 220MG	5	PA; NEDS; SP
BENLYSTA INJECTION 200MG/ML	5	PA; NEDS; SP
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	PA; NEDS; SP
COSENTYX UNOREADY INJECTION 300MG/2ML	5	PA; NEDS; SP
COSENTYX INJECTION 125MG/5ML	5	PA; NEDS
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	PA; NEDS; SP
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA; NEDS; SP
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA; NEDS; SP
ENTYVIO PEN INJECTION 108MG/0.68ML	5	QL(1.36 ML per 28 days); PA; NEDS
KINERET INJECTION 100MG/0.67ML	5	PA; NEDS
ORENCIA CLICKJECT INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS; SP
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA; NEDS; SP
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA; NEDS; SP
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS; SP
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA; NEDS; SP

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ SOLUTION 1MG/ML	5	QL(360 ML per 30 days); PA; NEDS; SP
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA; NEDS; SP
SKYRIZI PEN INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP
SKYRIZI INJECTION 600MG/10ML	5	PA; NEDS; SP
SKYRIZI INJECTION 55MG/0.37ML	5	QL(0.37 ML per 28 days); PA; NEDS
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 28 days); PA; NEDS; SP
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 28 days); PA; NEDS; SP
STEQEYMA INJECTION 45MG/0.5ML	3	QL(1 ML per 28 days); PA
STEQEYMA INJECTION 45MG/0.5ML	3	QL(1 ML per 28 days); PA; SP
STEQEYMA INJECTION 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP
TAVNEOS CAPSULE 10MG	5	QL(180 EA per 30 days); PA; NEDS
<i>tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg</i>	5	QL(30 EA per 30 days); PA; NEDS
<i>tofacitinib citrate solution 1mg/ml</i>	5	QL(300 ML per 30 days); PA; NEDS
<i>tofacitinib citrate tablet 10mg, 5mg</i>	5	QL(60 EA per 30 days); PA; NEDS
TYENNE INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA; NEDS; SP
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	5	PA; NEDS; SP
YESINTEK INJECTION 45MG/0.5ML	3	QL(1 ML per 28 days); PA; SP
YESINTEK INJECTION 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	NEDS; SP
BESREMI PEN INJECTION 500MCG/0.5ML	5	PA NSO; NEDS
BESREMI INJECTION 500MCG/ML	5	PA NSO; NEDS; SP
PEGASYS INJECTION 180MCG/ML	5	QL(4 ML per 28 days); NEDS; SP
Immunosuppressants		
<i>adalimumab-aaty 1-pen kit injection 80mg/0.8ml</i>	5	QL(4 EA per 28 days); PA; NEDS; SP
<i>adalimumab-aaty 1-pen kit injection 40mg/0.4ml</i>	5	QL(6 EA per 28 days); PA; NEDS; SP
<i>adalimumab-aaty 2-pen kit injection 40mg/0.4ml</i>	5	QL(6 EA per 28 days); PA; NEDS; SP
<i>adalimumab-aaty 2-syringe injection 20mg/0.2ml</i>	5	QL(2 EA per 28 days); PA; NEDS; SP
<i>adalimumab-aaty 2-syringe injection 40mg/0.4ml</i>	5	QL(6 EA per 28 days); PA; NEDS; SP
<i>adalimumab-aaty cd/uc/hs starter injection 80mg/0.8ml</i>	5	PA; NEDS; SP
<i>adalimumab-fkjp injection 20mg/0.4ml</i>	5	QL(2 EA per 28 days); PA; NEDS
<i>adalimumab-fkjp injection 40mg/0.8ml</i>	5	QL(6 EA per 28 days); PA; NEDS
<i>azathioprine tablet 50mg</i>	3	PA BvD
<i>azathioprine tablet 100mg, 75mg</i>	4	PA BvD

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	4	PA BvD; SP
<i>cyclosporine modified solution 100mg/ml</i>	4	PA BvD; SP
<i>cyclosporine capsule 100mg, 25mg</i>	4	PA BvD; SP
ENBREL MINI INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP
ENBREL SURECLICK INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP
ENBREL INJECTION 25MG/0.5ML	5	QL(8.16 ML per 28 days); PA; NEDS; SP
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG, 4MG	4	PA BvD
<i>everolimus tablet 0.25mg</i>	4	QL(60 EA per 30 days); PA BvD; SP
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	QL(60 EA per 30 days); PA BvD; NEDS; SP
GENGRAF CAPSULE 100MG, 25MG	4	PA BvD; SP
GENGRAF SOLUTION 100MG/ML	4	PA BvD; SP
JYLAMVO SOLUTION 2MG/ML	4	
<i>leflunomide tablet 10mg, 20mg</i>	2	
<i>methotrexate sodium injection 250mg/10ml</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	SP
<i>methotrexate sodium tablet 2.5mg</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	SP
<i>mycophenolate mofetil capsule 250mg</i>	3	PA BvD; SP
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	5	PA BvD; NEDS; SP
<i>mycophenolate mofetil tablet 500mg</i>	3	PA BvD; SP
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	4	PA BvD; SP
NULOJIX INJECTION 250MG	5	NEDS; SP
PEGASYS INJECTION 180MCG/0.5ML	5	QL(4 ML per 28 days); NEDS; SP
PROGRAF PACKET 0.2MG, 1MG	4	PA BvD
REZUROCK TABLET 200MG	5	QL(60 EA per 30 days); PA; NEDS
<i>sirolimus solution 1mg/ml</i>	4	PA BvD; SP
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	4	PA BvD; SP
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	PA BvD; SP
XATMEP SOLUTION 2.5MG/ML	4	
ZYMFENTRA 1-PEN INJECTION 120MG/ML	5	QL(2 EA per 28 days); PA; NEDS
ZYMFENTRA 2-PEN INJECTION 120MG/ML	5	QL(2 EA per 28 days); PA; NEDS
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	5	QL(2 EA per 28 days); PA; NEDS
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	6	
ACTHIB INJECTION 0	6	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	6	
AREXVY INJECTION 120MCG/0.5ML	6	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE INJECTION 50MG	6	
BEXSERO INJECTION 0.5ML	6	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	6	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	6	
DENG VAXIA INJECTION 0	6	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	6	PA BvD
GARDASIL 9 INJECTION 0.5ML	6	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	6	
HEPLISAV-B INJECTION 20MCG/0.5ML	6	PA BvD
HIBERIX INJECTION 10MCG	6	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	6	PA BvD
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	6	
IPOL INACTIVATED IPV INJECTION 0	6	
IXIARO INJECTION 0	6	
JYNNEOS INJECTION 0.5ML	6	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
M-M-R II INJECTION 0; 0; 0	6	
MENQUADFI INJECTION 0.5ML	6	
MENVEO INJECTION 0	6	
MRESVIA INJECTION 50MCG/0.5ML	6	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
PEDVAXHIB INJECTION 7.5MCG/0.5ML	6	
PENBRAYA INJECTION 0; 0	6	
PENMENVY INJECTION 0; 0	6	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	6	
PRIORIX INJECTION 0; 0; 0	6	
PROQUAD INJECTION 0; 0; 0; 0	6	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	6	
RABAVERT INJECTION 0	6	PA BvD
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	6	PA BvD
ROTARIX SUSPENSION 0	6	
ROTATEQ SOLUTION 0	6	
SHINGRIX INJECTION 50MCG/0.5ML	6	
SHINGRIX INJECTION 50MCG/0.5ML	6	QL(2 EA per 999 days)
STAMARIL INJECTION 0	6	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	6	
TENIVAC INJECTION 2LFU; 5LFU	6	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	6	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	6	
TRUMENBA INJECTION 0.5ML	6	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	6	
TYPHIM VI INJECTION 25MCG/0.5ML	6	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	6	
VARIVAX INJECTION 1350PFU/0.5ML	6	
VAXCHORA SUSPENSION RECONSTITUTED 0	6	
VIMKUNYA INJECTION 40MCG/0.8ML	6	
VIVOTIF CAPSULE DELAYED RELEASE 0	6	
YF-VAX INJECTION 0	6	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium capsule 750mg</i>	4	
<i>mesalamine dr capsule delayed release 400mg</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	4	
<i>mesalamine er capsule extended release 500mg</i>	4	
<i>mesalamine enema 4gm</i>	4	
<i>mesalamine kit 4gm</i>	4	
<i>mesalamine suppository 1000mg</i>	4	
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	
Glucocorticoids		
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	NEDS
<i>budesonide capsule delayed release particles 3mg</i>	4	
CORTIFOAM FOAM 10%	4	
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc cream 2.5%</i>	2	
<i>proctosol hc cream 2.5%</i>	2	
<i>proctozone-hc cream 2.5%</i>	2	
TARPEYO CAPSULE DELAYED RELEASE 4MG	5	QL(120 EA per 30 days); PA; NEDS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium solution 70mg/75ml</i>	4	
<i>alendronate sodium tablet 10mg, 35mg, 70mg</i>	1	
BONSITY INJECTION 560MCG/2.24ML	5	PA; NEDS; SP
<i>calcitonin salmon injection 200unit/ml</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin-salmon solution 200unit/act</i>	3	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride tablet 30mg, 60mg, 90mg</i>	4	SP
JUBBONTI INJECTION 60MG/ML	4	PA
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	4	
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	5	NEDS
<i>risedronate sodium dr tablet delayed release 35mg</i>	4	
<i>risedronate sodium tablet 150mg, 30mg, 35mg, 5mg</i>	3	
<i>teriparatide injection 560mcg/2.24ml</i>	5	PA; NEDS; SP
WYOST INJECTION 120MG/1.7ML	5	PA; NEDS
<i>zoledronic acid injection 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	SP
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol prep pads pad 70%</i>	2	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i> <i>miscellaneous</i>	2	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2" miscellaneous</i>	2	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i> <i>miscellaneous</i>	2	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i> <i>miscellaneous</i>	2	
<i>curity gauze pads 2"x2" 12 ply pad</i>	2	
<i>insulin syringes, needles miscellaneous</i>	2	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	PA BvD
<i>levocarnitine tablet 330mg</i>	4	
NUTRILIPID INJECTION 20GM/100ML	3	PA BvD
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	4	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	4	
OMNIPOD 5 LIBRE INTRO KIT KIT	4	
OMNIPOD 5 LIBRE PODS MISCELLANEOUS	4	
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	4	
OMNIPOD DASH INTRO KIT (GEN 4) KIT	4	
OMNIPOD DASH PDM KIT (GEN 4) KIT	4	
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	4	
OMNIPOD GO 10 UNITS/DAY KIT	4	
OMNIPOD GO 15 UNITS/DAY KIT	4	
OMNIPOD GO 20 UNITS/DAY KIT	4	
OMNIPOD GO 25 UNITS/DAY KIT	4	
OMNIPOD GO 30 UNITS/DAY KIT	4	
OMNIPOD GO 35 UNITS/DAY KIT	4	
OMNIPOD GO 40 UNITS/DAY KIT	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.9% solution 0.9%</i>	3	
<i>sterile water for irrigation solution 0</i>	2	
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	3	QL(2 ML per 28 days); PA
WEGOVY INJECTION 1.7MG/0.75ML, 2.4MG/0.75ML	3	QL(3 ML per 28 days); PA
WEGOVY TABLET 25MG, 4MG, 9MG	3	QL(30 EA per 30 days); PA
WEGOVY TABLET 1.5MG	3	QL(60 EA per 365 days); PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	4	
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	2	
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	4	
<i>cyclopentolate hydrochloride solution 1%</i>	2	
CYSTARAN SOLUTION 0.44%	5	NEDS; SP
<i>dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	4	
MIEBO SOLUTION 1.338GM/ML	4	
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	2	
RESTASIS MULTIDOSE EMULSION 0.05%	3	
RESTASIS EMULSION 0.05%	3	
ROCKLATAN SOLUTION 0.005%; 0.02%	3	
SIMBRINZA SUSPENSION 0.2%; 1%	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	3	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	3	
XIIDRA SOLUTION 5%	4	
Ophthalmic Anti-allergy Agents		
ALOCRIAL SOLUTION 2%	4	
<i>azelastine hcl solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	2	
<i>epinastine hcl solution 0.05%</i>	4	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin ointment 500unit/gm</i>	4	
BESIVANCE SUSPENSION 0.6%	4	
<i>ciprofloxacin hydrochloride ophthalmic solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin solution 0.5%</i>	4	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 1.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	
NATACYN SUSPENSION 5%	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium ointment 10%</i>	3	
<i>sulfacetamide sodium solution 10%</i>	3	
<i>tobramycin solution 0.3%</i>	2	
<i>trifluridine solution 1%</i>	4	
XDEMY SOLUTION 0.25%	5	PA; NEDS
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	4	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
<i>difluprednate emulsion 0.05%</i>	4	
FLAREX SUSPENSION 0.1%	3	
<i>fluorometholone suspension 0.1%</i>	4	
<i>flurbiprofen sodium solution 0.03%</i>	4	
ILEVRO SUSPENSION 0.3%	3	
<i>ketorolac tromethamine solution 0.5%</i>	2	
<i>ketorolac tromethamine solution 0.4%</i>	4	
LOTEMAX OINTMENT 0.5%	4	
<i>loteprednol etabonate gel 0.5%</i>	4	
<i>loteprednol etabonate suspension 0.2%, 0.5%</i>	4	
<i>prednisolone acetate suspension 1%</i>	3	

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	4	
<i>carteolol hcl solution 1%</i>	2	
<i>levobunolol hcl solution 0.5%</i>	3	
<i>timolol hemihydrate solution 0.5%</i>	4	
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>timolol maleate solution 0.5%</i>	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	2	
<i>acetazolamide tablet 125mg, 250mg</i>	2	
<i>apraclonidine solution 0.5%</i>	4	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brimonidine tartrate solution 0.1%, 0.15%</i>	3	
<i>brinzolamide suspension 1%</i>	4	
<i>dorzolamide hydrochloride solution 2%</i>	2	
<i>methazolamide tablet 25mg, 50mg</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
<i>RHOPRESSA SOLUTION 0.02%</i>	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost solution 0.01%</i>	3	
<i>bimatoprost solution 0.03%</i>	4	
<i>latanoprost solution 0.005%</i>	2	
<i>LUMIGAN SOLUTION 0.01%</i>	3	
<i>travoprost solution 0.004%</i>	4	
<i>VYZULTA SOLUTION 0.024%</i>	4	
Otic Agents		
Otic Agents		
<i>acetic acid solution 2%</i>	2	
<i>ciprofloxacin hydrochloride otic solution 0.2%</i>	4	
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	
<i>CORTISPORIN-TC SUSPENSION 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML</i>	4	
<i>flac oil 0.01%</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	3	
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	4	
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin otic solution 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	PA BvD
<i>flunisolide solution 0.025%</i>	3	QL(150 ML per 90 days)
<i>fluticasone propionate diskus aerosol powder breath activated 250mcg/act</i>	4	QL(720 EA per 90 days); ST
<i>fluticasone propionate diskus aerosol powder breath activated 100mcg/act, 50mcg/act</i>	4	ST
<i>fluticasone propionate hfa aerosol 44mcg/act</i>	4	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aerosol 110mcg/act, 220mcg/act</i>	4	QL(72 GM per 90 days); ST
<i>fluticasone propionate suspension 50mcg/act</i>	1	QL(48 GM per 90 days)
<i>mometasone furoate suspension 50mcg/act</i>	3	QL(102 GM per 90 days)
QVAR REDHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	3	QL(63.6 GM per 90 days)
<i>Antihistamines</i>		
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(120 ML per 90 days)
<i>cyproheptadine hcl syrup 2mg/5ml</i>	4	
<i>cyproheptadine hydrochloride tablet 4mg</i>	3	
<i>desloratadine tablet 5mg</i>	3	
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	2	
<i>hydroxyzine hcl tablet 50mg</i>	2	
<i>hydroxyzine hydrochloride injection 25mg/ml</i>	2	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	3	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	2	
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	QL(30 EA per 30 days)
<i>Antileukotrienes</i>		
<i>montelukast sodium packet 4mg</i>	2	
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	2	
<i>montelukast sodium tablet 10mg</i>	2	
<i>zafirlukast tablet 10mg, 20mg</i>	4	
<i>Bronchodilators, Anticholinergic</i>		
<i>atrovent hfa aerosol solution 17mcg/act</i>	4	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL(30 EA per 30 days)
<i>ipratropium bromide hfa aerosol solution 17mcg/act</i>	4	QL(77.4 GM per 90 days)
<i>ipratropium bromide inhalation solution 0.02%</i>	2	PA BvD
<i>ipratropium bromide nasal solution 0.03%</i>	3	QL(180 ML per 90 days)
<i>ipratropium bromide nasal solution 0.06%</i>	3	QL(90 ML per 90 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	QL(12 GM per 90 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act (18 gm)</i>	2	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aerosol solution 108 mcg/act (6.7 gm)</i>	2	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aerosol solution 108 mcg/act (8.5 gm)</i>	2	QL(51 GM per 90 days)
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	2	PA BvD
<i>albuterol sulfate syrup 2mg/5ml</i>	4	
<i>albuterol sulfate tablet 2mg, 4mg</i>	4	
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	4	PA BvD
<i>epinephrine injection 0.15mg/0.3ml</i>	3	QL(2 EA per 1 days)
<i>epinephrine injection 0.15mg/0.15ml, 0.3mg/0.3ml</i>	3	QL(2 EA per 1 days); SP
<i>formoterol fumarate nebulization solution 20mcg/2ml</i>	4	PA BvD
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	4	PA BvD
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	PA BvD
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	4	PA BvD
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL(6 EA per 90 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	QL(12 GM per 90 days)
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA; NEDS; SP
KALYDECO PACKET 5.8MG	5	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACKET 13.4MG, 25MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA; NEDS; SP
KALYDECO TABLET 150MG	5	QL(56 EA per 28 days); PA; NEDS; SP
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	5	QL(56 EA per 28 days); PA; NEDS; SP
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	5	QL(112 EA per 28 days); PA; NEDS; SP
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA BvD; NEDS; SP
TOBI PODHALER CAPSULE 28MG	5	NEDS; SP
TRIKAFTA TABLET THERAPY PACK 50MG; 0; 25MG	5	QL(84 EA per 28 days); PA; NEDS
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA; NEDS; SP
TRIKAFTA THERAPY PACK 100MG; 0; 50MG, 80MG; 0; 40MG	5	QL(56 EA per 28 days); PA; NEDS
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	PA BvD
Phosphodiesterase Inhibitors, Airways Disease		
<i>elixophyllin elixir 80mg/15ml</i>	4	
<i>roflumilast tablet 250mcg, 500mcg</i>	4	
<i>theophylline er tablet extended release 12 hour 100mg, 200mg, 300mg, 450mg</i>	4	

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	3	
<i>theophylline elixir 80mg/15ml</i>	4	
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	PA; NEDS; SP
<i>alyq tablet 20mg</i>	4	PA; SP
<i>ambrisentan tablet 10mg, 5mg</i>	5	QL(30 EA per 30 days); PA; NEDS; SP
<i>bosentan tablet 125mg, 62.5mg</i>	5	QL(60 EA per 30 days); PA; NEDS; SP
<i>macitentan tablet 10mg</i>	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	5	PA; NEDS; SP
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	5	PA; NEDS; SP
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	5	PA; NEDS; SP
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA; SP
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA; NEDS; SP
<i>sildenafil citrate tablet 20mg</i>	3	PA; SP
<i>tadalafil tablet 20mg</i>	4	PA; SP
VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML	5	PA; NEDS; SP
WINREVAIR INJECTION 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA; NEDS
Pulmonary Fibrosis Agents		
<i>nintedanib esylate capsule 100mg, 150mg</i>	5	QL(60 EA per 30 days); PA; NEDS
OFEV CAPSULE 100MG, 150MG	5	QL(60 EA per 30 days); PA; NEDS; SP
<i>pirfenidone capsule 267mg</i>	5	QL(270 EA per 30 days); PA; NEDS; SP
<i>pirfenidone tablet 534mg</i>	5	QL(135 EA per 30 days); PA; NEDS; SP
<i>pirfenidone tablet 267mg</i>	5	QL(270 EA per 30 days); PA; NEDS; SP
<i>pirfenidone tablet 801mg</i>	5	QL(90 EA per 30 days); PA; NEDS; SP
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 10%, 20%</i>	4	PA BvD
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	3	QL(96.3 GM per 90 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL(180 EA per 90 days)
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	3	QL(10.7 GM per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL(180 EA per 90 days)

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
BREYNA AEROSOL 160MCG/ACT; 4.5MCG/ACT, 80MCG/ACT; 4.5MCG/ACT	4	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT, 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(32.1 GM per 90 days)
BRONCHITOL CAPSULE 40MG	5	NEDS; SP
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4	QL(30.9 GM per 90 days)
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(24 GM per 90 days)
FASENRA PEN INJECTION 30MG/ML	5	PA; NEDS; SP
FASENRA INJECTION 10MG/0.5ML	4	PA; SP
FASENRA INJECTION 30MG/ML	5	PA; NEDS; SP
<i>fluticasone furoate/vilanterol ellipta aerosol powder breath activated 100mcg/inh; 25mcg/inh, 200mcg/inh; 25mcg/inh</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	4	QL(3 EA per 90 days)
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	PA BvD
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA; NEDS
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA; NEDS
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA; NEDS
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(12 GM per 90 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(180 EA per 90 days)
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	
<i>cyclobenzaprine hydrochloride tablet 7.5mg</i>	4	
<i>methocarbamol tablet 750mg</i>	3	
<i>methocarbamol tablet 500mg</i>	3	SP
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	3	
<i>eszopiclone tablet 1mg, 2mg, 3mg</i>	2	
<i>ramelteon tablet 8mg</i>	4	QL(30 EA per 30 days)
<i>tasimelteon capsule 20mg</i>	5	QL(30 EA per 30 days); PA; NEDS; SP
<i>temazepam capsule 15mg, 30mg, 7.5mg</i>	2	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg, 5mg</i>	2	
<i>zolpidem tartrate tablet 10mg, 5mg</i>	2	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil tablet 150mg, 200mg, 250mg, 50mg</i>	3	PA
<i>modafinil tablet 100mg, 200mg</i>	2	QL(30 EA per 30 days); PA
SODIUM OXYBATE SOLUTION 500MG/ML	5	QL(540 ML per 30 days); PA; NEDS

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Index of Drugs

Drug Name	Page #
<i>abacavir</i>	42
<i>abacavir sulfate/lamivudine</i>	42
ABELCET.....	27
<i>abigale</i>	68
<i>abigale lo</i>	68
ABILIFY MAINTENA.....	39
ABILIFY MYCITE MAINTENANCE KIT.....	39
ABILIFY MYCITE STARTER KIT.....	39
<i>abiraterone acetate</i>	29
ABIRTEGA.....	30
ABRYSVO.....	75
<i>acamprosate calcium dr</i>	16
<i>acarbose</i>	44
<i>accutane</i>	57
<i>acebutolol hydrochloride</i>	50
<i>acetaminophen/codeine</i>	15
<i>acetazolamide</i>	81
<i>acetazolamide er</i>	81
<i>acetic acid</i>	81
<i>acetic acid 0.25%</i>	67
<i>acetylcysteine</i>	84
<i>acitretin</i>	57
ACTHIB.....	75
ACTIMMUNE.....	74
<i>acyclovir</i>	44
<i>acyclovir sodium</i>	44
ADACEL.....	75
<i>adalimumab-aaty 1-pen kit</i>	74
<i>adalimumab-aaty 2-pen kit</i>	74
<i>adalimumab-aaty 2-syringe</i>	74
<i>adalimumab-aaty cd/uc/hs starter</i>	74
<i>adalimumab-fkjp</i>	74
<i>adapalene</i>	57
<i>adefovir dipivoxil</i>	41
ADEMPAS.....	84
ADTHYZA.....	71
AIMOVIG.....	28
AIRSUPRA.....	84
AKEEGA.....	30
<i>albendazole</i>	37

Drug Name	Page #
<i>albuterol sulfate</i>	83
<i>albuterol sulfate hfa</i>	83
<i>alcohol prep pads</i>	78
ALECENSA.....	31
<i>alendronate sodium</i>	77
<i>alfuzosin hcl er</i>	67
<i>aliskiren</i>	51
<i>allopurinol</i>	28
ALOCRI.....	80
<i>alosetron hydrochloride</i>	64
<i>alprazolam</i>	44
ALUNBRIG.....	31
<i>alyq</i>	84
<i>amantadine hcl</i>	43
<i>amantadine hydrochloride</i>	43
<i>ambrisentan</i>	84
<i>amikacin sulfate</i>	16
<i>amiloride hcl</i>	53
<i>amiloride/hydrochlorothiazide</i>	51
<i>aminocaproic acid</i>	48
AMINOSYN II.....	60
AMINOSYN-PF.....	61
AMINOSYN-PF 7%.....	60
<i>amiodarone hydrochloride</i>	49
<i>amitriptyline hcl</i>	26
<i>amitriptyline hydrochloride</i>	26
<i>amlodipine besylate</i>	50
<i>amlodipine besylate/atorvastatin calcium</i>	51
<i>amlodipine besylate/benazepril hydrochloride</i>	51
<i>amlodipine besylate/valsartan</i>	51
<i>amlodipine/olmesartan medoxomil</i>	51
<i>amlodipine/valsartan/hydrochlorothiazide</i>	52
<i>ammonium lactate</i>	58
<i>amnestem</i>	57
<i>amoxapine</i>	26
<i>amoxicillin</i>	19
<i>amoxicillin/clavulanate potassium</i>	19
<i>amoxicillin/clavulanate potassium er</i>	19
<i>amoxicillin/potassium clavulanate</i>	19
<i>amphetamine/dextroamphetamine</i>	55
<i>amphotericin b</i>	27
<i>amphotericin b liposome</i>	27
<i>ampicillin</i>	19

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #	Drug Name	Page #
<i>ampicillin sodium</i>	19	AYVAKIT.....	32
<i>ampicillin/sulbactam</i>	19	<i>azathioprine</i>	74
<i>ampicillin-sulbactam</i>	19	<i>azelaic acid</i>	57
<i>anagrelide hydrochloride</i>	48	<i>azelastine hcl</i>	80
<i>anastrozole</i>	31	<i>azelastine hydrochloride</i>	82
ANORO ELLIPTA.....	84	<i>azithromycin</i>	20
<i>apraclonidine</i>	81	<i>aztreonam</i>	17
<i>aprepitant</i>	27	<i>azurette</i>	68
<i>apri</i>	68	<i>bacitracin</i>	80
APTIVUS.....	43	<i>bacitracin/polymyxin b</i>	79
ARCALYST	73	<i>baclofen</i>	40
AREXVY	75	<i>balsalazide disodium</i>	77
<i>arformoterol tartrate</i>	83	BALVERSA.....	32
ARIKAYCE	16	<i>balziva</i>	68
<i>aripiprazole</i>	39	BAQSIMI ONE PACK	46
<i>aripiprazole odt</i>	39	BAQSIMI TWO PACK.....	46
ARISTADA	39	BCG VACCINE	76
ARISTADA INITIO	39	<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i> ..	78
<i>armodafinil</i>	86	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	78
ARMOUR THYROID	71	<i>5/16"</i>	
<i>asenapine maleate sl</i>	39	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	78
<i>ashlyna</i>	68	<i>12.7mm</i>	
<i>aspirin/dipyridamole er</i>	48	<i>bd pen needle/original/ultra-fine/29g x</i>	78
<i>atazanavir</i>	43	<i>12.7mm</i>	
<i>atazanavir sulfate</i>	43	BELSOMRA	86
<i>atenolol</i>	50	<i>benazepril hydrochloride</i>	49
<i>atenolol/chlorthalidone</i>	52	<i>benazepril hydrochloride/hydrochlorothiazide</i> ..	52
<i>atomoxetine</i>	55	BENLYSTA	73
<i>atomoxetine hydrochloride</i>	55	<i>benztropine mesylate</i>	38
<i>atorvastatin calcium</i>	53	BERINERT.....	72
<i>atovaquone</i>	37	BESIVANCE	80
<i>atovaquone/proguanil hcl</i>	37	BESREMI	74
<i>atovaquone/proguanil hydrochloride</i>	37	BESREMI PEN	74
<i>atropine sulfate</i>	79	<i>betaine anhydrous</i>	66
<i>atrovent hfa</i>	82	<i>betamethasone dipropionate</i>	58
AUGTYRO.....	32	<i>betamethasone dipropionate augmented</i>	58
AUSTEDO	56	<i>betamethasone valerate</i>	58
AUSTEDO XR	56	BETASERON	56
AUSTEDO XR PATIENT TITRATION KIT	56	<i>betaxolol hcl</i>	81
AUVELITY	25	<i>bethanechol chloride</i>	67
AUVELITY TITRATION PACK	25	BEVESPI AEROSPHERE.....	84
<i>aviane</i>	68	<i>bexarotene</i>	37
AVMAPKI FAKZYNJA CO-PACK.....	31	BEXSERO.....	76

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
<i>bicalutamide</i>	30
BICILLIN L-A	19
BIKTARVY	41
<i>bimatoprost</i>	81
<i>bismuth subcitrate</i>	64
<i>pot/metronidazole/tetracycline hydrochlo</i>	
<i>bisoprolol fumarate</i>	50
<i>bisoprolol fumarate/hydrochlorothiazide</i>	52
BIVIGAM	73
BONSITY	77
BOOSTRIX	76
<i>bortezomib</i>	30
<i>boruzu</i>	30
<i>bosentan</i>	84
BOSULIF	32
<i>bosutinib</i>	32
BRAFTOVI	32
BREO ELLIPTA	84
BREYNA.....	85
BREZTRI AEROSPHERE	85
<i>briellyn</i>	68
<i>brimonidine tartrate</i>	81
<i>brimonidine tartrate/timolol maleate</i>	79
<i>brinzolamide</i>	81
<i>brivaracetam</i>	21
<i>bromocriptine mesylate</i>	38
BRONCHITOL	85
BRUKINSA	32
<i>budesonide</i>	77
<i>budesonide</i>	82
<i>budesonide er</i>	77
<i>budesonide/formoterol fumarate dihydrate</i>	85
<i>bumetanide</i>	53
<i>buprenorphine</i>	14
<i>buprenorphine hcl</i>	16
<i>buprenorphine hcl/naloxone hcl</i>	16
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	16
<i>bupropion hydrochloride</i>	25
<i>bupropion hydrochloride er (sr)</i>	16
<i>bupropion hydrochloride er (sr)</i>	25
<i>bupropion hydrochloride er (xl)</i>	25
<i>buspirone hcl</i>	44

Drug Name	Page #
<i>buspirone hydrochloride</i>	44
<i>butorphanol tartrate</i>	15
<i>cabergoline</i>	72
CABLIVI	48
CABOMETYX	32
<i>calcipotriene</i>	59
<i>calcitonin salmon</i>	77
<i>calcitonin-salmon</i>	78
<i>calcitriol</i>	59
<i>calcitriol</i>	78
<i>calcium acetate</i>	63
CALQUENCE.....	32
<i>camila</i>	71
<i>candesartan cilexetil</i>	49
<i>candesartan cilexetil/hydrochlorothiazide</i>	52
CAPLYTA	39
CAPRELSA	32
<i>captopril</i>	49
<i>carbamazepine</i>	23
<i>carbamazepine er</i>	23
<i>carbidopa</i>	38
<i>carbidopa/levodopa</i>	38
<i>carbidopa/levodopa er</i>	38
<i>carbidopa/levodopa odt</i>	38
<i>carbidopa/levodopa/entacapone</i>	38
<i>carglumic acid</i>	61
<i>carteolol hcl</i>	81
<i>cartia xt</i>	50
<i>carvedilol</i>	50
CAYSTON	83
<i>cefaclor</i>	18
<i>cefadroxil</i>	18
<i>cefazolin</i>	18
<i>cefazolin sodium</i>	18
<i>cefazolin sodium/dextrose</i>	18
<i>cefazolin/dextrose</i>	18
<i>cefdinir</i>	18
<i>cefepime</i>	18
<i>cefepime hydrochloride</i>	18
<i>cefepime/dextrose</i>	18
<i>cefixime</i>	18
<i>cefotetan</i>	18
<i>cefoxitin sodium</i>	18

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #	Drug Name	Page #
<i>cefepodoxime proxetil</i>	18	<i>clindamycin phosphate (once-daily)</i>	60
<i>cefprozil</i>	18	<i>clindamycin phosphate (twice-daily)</i>	60
<i>ceftaroline fosamil</i>	18	<i>clindamycin phosphate/benzoyl peroxide</i>	57
<i>ceftazidime</i>	18	<i>clindamycin/benzoyl peroxide</i>	57
<i>ceftriaxone in iso-osmotic dextrose</i>	18	CLINIMIX 6/5	61
<i>ceftriaxone sodium</i>	18	CLINIMIX 8/10	61
<i>ceftriaxone/dextrose</i>	18	CLINIMIX E 8/10	61
<i>cefuroxime axetil</i>	18	<i>clobazam</i>	22
<i>cefuroxime sodium</i>	18	<i>clobetasol propionate</i>	58
<i>celecoxib</i>	14	<i>clobetasol propionate e</i>	58
<i>cephalexin</i>	18	<i>clodan</i>	58
<i>cevimeline hydrochloride</i>	57	<i>clomipramine hydrochloride</i>	26
CHEMET	63	<i>clonazepam</i>	22
<i>chlorhexidine gluconate</i>	57	<i>clonazepam odt</i>	22
<i>chloroquine phosphate</i>	37	<i>clonidine</i>	49
<i>chlorpromazine hydrochloride</i>	38	<i>clonidine hydrochloride</i>	49
<i>chlorthalidone</i>	53	<i>clonidine hydrochloride er</i>	55
<i>cholestyramine</i>	54	<i>clopidogrel</i>	49
<i>cholestyramine light</i>	54	<i>clorazepate dipotassium</i>	44
<i>ciclopirox</i>	60	<i>clotrimazole</i>	27
<i>ciclopirox nail lacquer</i>	60	<i>clotrimazole/betamethasone dipropionate</i>	59
<i>ciclopirox olamine</i>	60	<i>clozapine</i>	40
<i>cidofovir</i>	41	<i>clozapine odt</i>	40
<i>cilostazol</i>	49	COARTEM	37
CIMDUO.....	42	COBENFY	56
<i>cimetidine</i>	65	COBENFY STARTER PACK	56
<i>cinacalcet hydrochloride</i>	78	<i>colchicine</i>	28
<i>ciprofloxacin hcl</i>	20	<i>colestipol hydrochloride</i>	54
<i>ciprofloxacin hydrochloride</i>	20	<i>colistimethate sodium</i>	17
<i>ciprofloxacin hydrochloride</i>	80	COMBIVENT RESPIMAT	85
<i>ciprofloxacin hydrochloride</i>	81	COMETRIQ.....	32
<i>ciprofloxacin i.v.-in d5w</i>	20	<i>conjugated estrogens</i>	68
<i>ciprofloxacin/dexamethasone</i>	81	<i>constulose</i>	64
<i>citalopram hydrobromide</i>	25	COPIKTRA	32
<i>claravis</i>	57	CORLANOR	52
<i>clarithromycin</i>	20	CORTIFOAM	77
<i>clarithromycin er</i>	20	CORTISPORIN-TC	81
CLENPIQ.....	64	COSENTYX	73
<i>clindamycin hcl</i>	17	COSENTYX SENSOREADY PEN	73
<i>clindamycin hydrochloride</i>	17	COSENTYX UNOREADY	73
<i>clindamycin palmitate hydrochloride</i>	17	COTELLIC	32
<i>clindamycin phosphate</i>	17	CREON	66
<i>clindamycin phosphate</i>	60	CRESEMBA.....	27

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
<i>cromolyn sodium</i>	66
<i>cromolyn sodium</i>	80
<i>cromolyn sodium</i>	83
<i>curity gauze pads 2"x2" 12 ply</i>	78
CUVITRU	73
<i>cyclobenzaprine hydrochloride</i>	85
<i>cyclopentolate hydrochloride</i>	79
<i>cyclophosphamide</i>	29
<i>cyclosporine</i>	75
<i>cyclosporine modified</i>	75
<i>cyproheptadine hcl</i>	82
<i>cyproheptadine hydrochloride</i>	82
CYSTAGON	66
CYSTARAN.....	79
<i>dabigatran etexilate</i>	47
<i>dalfampridine er</i>	57
<i>danazol</i>	68
<i>dantrolene sodium</i>	40
DANZITEN	32
<i>dapagliflozin</i>	54
<i>dapagliflozin/metformin hydrochloride er</i>	44
<i>dapsone</i>	29
DAPTACEL	76
<i>daptomycin</i>	17
<i>daptomycin/sodium chloride</i>	17
<i>darunavir</i>	43
DARZALEX.....	37
<i>dasatinib</i>	32
DAURISMO	32
<i>deblitane</i>	71
<i>deferasirox</i>	63
DELSTRIGO.....	41
DENGVAZIA	76
DEPO-MEDROL	67
DEPO-SUBQ PROVERA 104.....	71
DESCOVY.....	42
<i>desipramine hydrochloride</i>	26
<i>desloratadine</i>	82
<i>desmopressin acetate</i>	68
<i>desonide</i>	58
<i>desoximetasone</i>	58
<i>desvenlafaxine er</i>	25
<i>dexamethasone</i>	67

Drug Name	Page #
<i>dexamethasone intensol</i>	67
<i>dexamethasone sodium phosphate</i>	67
<i>dexamethasone sodium phosphate</i>	80
<i>dexamethasone sodium phosphate +rfid</i>	67
DEXLANSOPRAZOLE	65
<i>dexmethylphenidate hcl</i>	55
<i>dexmethylphenidate hydrochloride</i>	55
<i>dexmethylphenidate hydrochloride er</i>	55
<i>dextroamphetamine sulfate</i>	55
<i>dextroamphetamine sulfate er</i>	55
<i>dextromethorphan hydrobromide/quinidine sulfate</i>	56
<i>dextrose 10%</i>	61
<i>dextrose 10%/sodium chloride 0.2%</i>	61
<i>dextrose 10%/sodium chloride 0.45%</i>	61
<i>dextrose 2.5%/sodium chloride 0.45%</i>	61
<i>dextrose 5%</i>	61
<i>dextrose 5%/sodium chloride 0.2%</i>	61
<i>dextrose 5%/sodium chloride 0.3%</i>	61
<i>dextrose 5%/sodium chloride 0.33%</i>	61
<i>dextrose 5%/sodium chloride 0.45%</i>	61
<i>dextrose 5%/sodium chloride 0.9%</i>	61
<i>dextrose 50%</i>	61
<i>dextrose 70%</i>	61
<i>dextrose/sodium chloride</i>	61
DIACOMIT.....	22
<i>diazepam</i>	22
<i>diazepam</i>	44
<i>diazepam intensol</i>	44
<i>diazoxide</i>	46
<i>dichlorphenamide</i>	66
<i>diclofenac potassium</i>	14
<i>diclofenac sodium</i>	14
<i>diclofenac sodium</i>	59
<i>diclofenac sodium</i>	80
<i>diclofenac sodium dr</i>	14
<i>diclofenac sodium er</i>	14
<i>dicloxacillin sodium</i>	19
<i>dicyclomine hcl</i>	64
<i>dicyclomine hydrochloride</i>	64
DIFICID.....	20
<i>diflunisal</i>	14
<i>difluprednate</i>	80

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #	Drug Name	Page #
<i>digoxin</i>	49	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	42
<i>dihydroergotamine mesylate</i>	28	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	42
DILANTIN	23	<i>effek-k</i>	61
<i>diltiazem hcl</i>	51	ELIGARD	72
<i>diltiazem hcl er</i>	50	ELIQUIS	47
<i>diltiazem hydrochloride</i>	51	ELIQUIS STARTER PACK	47
<i>diltiazem hydrochloride er</i>	51	<i>elixophyllin</i>	83
<i>dilt-xr</i>	50	<i>eltrombopag olamine</i>	48
<i>dimethyl fumarate</i>	57	<i>eluryng</i>	69
<i>diphenhydramine hydrochloride</i>	82	EMGALITY	28
<i>disulfiram</i>	16	EMSAM	25
<i>divalproex sodium dr</i>	22	<i>emtricitabine</i>	42
<i>divalproex sodium er</i>	22	<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	42
<i>docetaxel</i>	30	<i>emtricitabine/tenofovir disoproxil fumarate</i>	42
<i>dofetilide</i>	49	<i>emtricitabine/tenofovir disoproxil fumarate</i>	42
<i>donepezil hcl</i>	24	EMTRIVA	42
<i>donepezil hydrochloride</i>	24	<i>enalapril maleate</i>	49
DOPTLET	49	<i>enalapril maleate/hydrochlorothiazide</i>	52
<i>dorzolamide hcl/timolol maleate</i>	79	ENBREL	75
<i>dorzolamide hydrochloride</i>	81	ENBREL MINI	75
<i>dorzolamide hydrochloride/timolol maleate pf</i> 79		ENBREL SURECLICK	75
<i>dotti</i>	68	<i>endocet</i>	15
DOVATO	41	ENGERIX-B	76
<i>doxazosin mesylate</i>	67	<i>enilloring</i>	69
<i>doxepin hcl</i>	26	<i>enoxaparin sodium</i>	47
<i>doxepin hydrochloride</i>	26	ENSACOVE	32
<i>doxycycline</i>	21	<i>entacapone</i>	38
<i>doxycycline hyclate</i>	20	<i>entecavir</i>	41
<i>doxycycline monohydrate</i>	21	ENTRESTO	52
DRIZALMA SPRINKLE	25	ENTYVIO PEN	73
<i>dronabinol</i>	27	<i>enulose</i>	64
<i>drospirenone/ethinyl estradiol</i>	69	ENVARSUS XR	75
DROXIA	30	EPIDIOLEX	21
<i>droxidopa</i>	49	<i>epinastine hcl</i>	80
<i>duloxetine hydrochloride dr</i>	25	<i>epinephrine</i>	83
DUPIXENT	73	<i>epitol</i>	23
<i>dutasteride</i>	67	<i>eplerenone</i>	54
<i>dutasteride/tamsulosin hydrochloride</i>	67	<i>ergotamine tartrate/caffeine</i>	28
<i>ec-naproxen</i>	14	ERIVEDGE	33
<i>econazole nitrate</i>	27	ERLEADA	30
EDURANT	41		
EDURANT PED	41		
<i>efavirenz</i>	42		

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #	Drug Name	Page #
<i>erlotinib hydrochloride</i>	33	FASENRA PEN	85
<i>errin</i>	71	FEIRZA 1.5/30	69
<i>ertapenem sodium</i>	19	FEIRZA 1/20	69
<i>ery</i>	60	FELBAMATE	21
<i>erythromycin</i>	60	<i>felodipine er</i>	50
<i>erythromycin</i>	80	<i>fenofibrate</i>	53
<i>erythromycin dr</i>	20	<i>fenofibrate micronized</i>	53
<i>erythromycin ethylsuccinate</i>	20	<i>fenofibric acid dr</i>	53
<i>escitalopram oxalate</i>	25	<i>fentanyl</i>	14
<i>eslicarbazepine acetate</i>	23	FETZIMA	26
<i>esomeprazole magnesium</i>	65	FETZIMA TITRATION PACK	26
<i>estradiol</i>	69	<i>fidaxomicin</i>	20
<i>estradiol valerate</i>	69	FILSPARI	52
<i>estradiol/norethindrone acetate</i>	69	<i>finasteride</i>	67
ESTRING	69	<i> fingolimod hydrochloride</i>	57
<i>eszopiclone</i>	86	FINTEPLA	21
<i>ethacrynic acid</i>	53	<i>finzala</i>	69
<i>ethambutol hydrochloride</i>	29	FIRMAGON	72
<i>ethosuximide</i>	22	<i>flac</i>	81
<i>etodolac</i>	14	FLAREX	80
<i>etodolac er</i>	14	FLEBOGAMMA DIF	73
<i>etonogestrel/ethinyl estradiol</i>	69	<i>flecainide acetate</i>	49
<i>etravirine</i>	42	<i>fluconazole</i>	27
EUCRISA	58	<i>fluconazole in sodium chloride</i>	27
EULEXIN	30	<i>flucytosine</i>	27
<i>euthyrox</i>	71	<i>fludrocortisone acetate</i>	67
<i>everolimus</i>	33	<i>flunisolide</i>	82
<i>everolimus</i>	75	<i>fluocinolone acetonide</i>	58
EVOTAZ	43	<i>fluocinolone acetonide</i>	81
<i>exemestane</i>	31	<i>fluocinolone acetonide body</i>	58
EXXUA	25	<i>fluocinolone acetonide scalp</i>	58
EXXUA TITRATION PACK	25	<i>fluocinolone acetonide topical</i>	58
<i>ezetimibe</i>	54	<i>fluocinonide</i>	58
<i>ezetimibe/simvastatin</i>	54	<i>fluocinonide emulsified base</i>	58
<i>falmina</i>	69	<i>fluorometholone</i>	80
<i>famciclovir</i>	44	<i>fluorouracil</i>	59
<i>famotidine</i>	65	<i>fluoxetine dr</i>	26
FANAPT	39	<i>fluoxetine hydrochloride</i>	26
FANAPT TITRATION PACK A	39	<i>fluphenazine decanoate</i>	38
FANAPT TITRATION PACK B	39	<i>fluphenazine hcl</i>	38
FANAPT TITRATION PACK C	39	<i>fluphenazine hydrochloride</i>	38
FARXIGA	54	<i>flurbiprofen</i>	14
FASENRA	85	<i>flurbiprofen sodium</i>	80

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #	Drug Name	Page #
<i>fluticasone furoate/vilanterol ellipta</i>	85	<i>gentamicin sulfate/0.9% sodium chloride</i>	16
<i>fluticasone propionate</i>	58	GENVOYA	41
<i>fluticasone propionate</i>	82	GILOTRIF	33
<i>fluticasone propionate diskus</i>	82	<i>glatiramer acetate</i>	57
<i>fluticasone propionate hfa</i>	82	<i>glimepiride</i>	44
<i>fluticasone propionate/salmeterol</i>	85	<i>glipizide</i>	45
<i>fluticasone propionate/salmeterol diskus</i>	85	<i>glipizide er</i>	45
<i>fluvastatin</i>	53	<i>glipizide/metformin hydrochloride</i>	45
<i>fluvastatin sodium er</i>	53	GLUCAGON EMERGENCY KIT FOR LOW	46
<i>fluvoxamine maleate</i>	26	BLOOD SUGAR	
<i>fondaparinux sodium</i>	47	<i>glucose (dextrose) 50%</i>	62
<i>formoterol fumarate</i>	83	<i>glucose (dextrose) 70%</i>	62
<i>fosamprenavir calcium</i>	43	<i>glyburide</i>	45
<i>fosfomycin tromethamine</i>	17	<i>glyburide micronized</i>	45
<i>fosinopril sodium</i>	49	<i>glyburide/metformin hydrochloride</i>	45
<i>fosinopril sodium/hydrochlorothiazide</i>	52	<i>glycopyrrolate</i>	64
FOTIVDA	33	<i>glydo</i>	15
FRUZAQLA	33	GLYXAMBI	45
<i>furosemide</i>	53	GOMEKLI	33
FUZEON	43	<i>granisetron hydrochloride</i>	27
<i>fyavolv</i>	69	<i>griseofulvin microsize</i>	27
<i>gabapentin</i>	22	<i>griseofulvin ultramicrosize</i>	27
<i>galantamine hydrobromide</i>	24	<i>guanfacine hydrochloride er</i>	55
<i>galantamine hydrobromide er</i>	24	GVOKE HYPOPEN 1-PACK	46
<i>galbriela</i>	69	GVOKE HYPOPEN 2-PACK	46
<i>gallifrey</i>	71	GVOKE KIT	46
GAMMAGARD LIQUID	73	GVOKE PFS	46
GAMMAPLEX	73	HAEGARDA	73
GARDASIL 9	76	<i>hailey fe 1/20</i>	69
<i>gatifloxacin</i>	80	<i>halobetasol propionate</i>	59
<i>gavilyte-c</i>	64	<i>haloette</i>	69
<i>gavilyte-g</i>	64	<i>haloperidol</i>	39
<i>gavilyte-n/flavor pack</i>	65	<i>haloperidol decanoate</i>	39
GAVRETO	33	<i>haloperidol lactate</i>	39
<i>gefitinib</i>	33	HAVRIX	76
<i>gemfibrozil</i>	53	<i>heather</i>	71
GEMTESA	66	<i>heparin sodium</i>	48
<i>generlac</i>	64	<i>heparin sodium/d5w</i>	48
GENGRAF	75	HEPLISAV-B	76
GENOTROPIN	68	HERNEXEOS	33
GENOTROPIN MINISQUICK	68	HIBERIX	76
<i>gentamicin sulfate</i>	16	HIZENTRA	73
<i>gentamicin sulfate</i>	80	HUMALOG	46

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #	Drug Name	Page #
HUMALOG JUNIOR KWIKPEN	46	<i>imipenem/cilastatin</i>	20
HUMALOG KWIKPEN	46	<i>imipramine hcl</i>	26
HUMALOG MIX 50/50 KWIKPEN	46	<i>imipramine hydrochloride</i>	26
HUMALOG MIX 75/25	46	<i>imiquimod</i>	59
HUMALOG MIX 75/25 KWIKPEN	46	IMKELDI	33
HUMULIN 70/30	46	IMOVAX RABIES (H.D.C.V.)	76
HUMULIN 70/30 KWIKPEN	46	IMPAVIDO	17
HUMULIN N	46	IMVEXXY MAINTENANCE PACK	69
HUMULIN N KWIKPEN	46	IMVEXXY STARTER PACK	69
HUMULIN R	47	INCRELEX	68
HUMULIN R U-500 (CONCENTRATED)	46	INCRUSE ELLIPTA	82
HUMULIN R U-500 KWIKPEN	46	<i>indapamide</i>	53
<i>hydralazine hydrochloride</i>	55	<i>indomethacin</i>	14
<i>hydrochlorothiazide</i>	53	INFANRIX	76
<i>hydrocodone bitartrate/acetaminophen</i>	15	INLURIYO	30
<i>hydrocodone/acetaminophen</i>	15	INLYTA	33
<i>hydrocortisone</i>	59	INQOVI	33
<i>hydrocortisone</i>	67	INREBIC	30
<i>hydrocortisone</i>	77	<i>insulin aspart</i>	47
<i>hydrocortisone sodium succinate</i>	67	<i>insulin aspart flexpen</i>	47
<i>hydrocortisone valerate</i>	59	<i>insulin aspart penfill</i>	47
<i>hydrocortisone/acetic acid</i>	81	<i>insulin aspart protamine/insulin aspart</i>	47
<i>hydromorphone hcl</i>	15	INSULIN LISPRO	47
<i>hydroxychloroquine sulfate</i>	37	INSULIN LISPRO JUNIOR KWIKPEN	47
<i>hydroxyurea</i>	30	INSULIN LISPRO KWIKPEN	47
<i>hydroxyzine hcl</i>	82	INSULIN LISPRO PROTAMINE/INSULIN LISPRO	47
<i>hydroxyzine hydrochloride</i>	82	KWIKPEN	
<i>hydroxyzine pamoate</i>	82	<i>Insulin Syringes, Needles</i>	78
HYRNUO	33	INTELENCE	42
IBRANCE	30	INTRALIPID	78
IBRANCE	33	<i>introvale</i>	69
IBTROZI	33	INVEGA HAFYERA	39
<i>ibu</i>	14	INVEGA SUSTENNA	39
<i>ibuprofen</i>	14	INVEGA TRINZA	39
<i>icatibant acetate</i>	73	IPOL INACTIVATED IPV	76
<i>iclevia</i>	69	<i>ipratropium bromide</i>	82
ICLUSIG	33	<i>ipratropium bromide hfa</i>	82
<i>icosapent ethyl</i>	54	<i>ipratropium bromide/albuterol sulfate</i>	85
IDHIFA	33	<i>irbesartan</i>	49
IDVYNZO	42	<i>irbesartan/hydrochlorothiazide</i>	52
ILEVRO	80	ISENTRESS	41
<i>imatinib mesylate</i>	33	ISENTRESS HD	41
IMBRUVICA	33	<i>isoniazid</i>	29

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #	Drug Name	Page #
<i>isosorbide dinitrate</i>	54	KERENDIA	54
<i>isosorbide mononitrate</i>	54	KESIMPTA.....	57
<i>isosorbide mononitrate er</i>	54	<i>ketoconazole</i>	28
<i>isotonic gentamicin</i>	16	<i>ketorolac tromethamine</i>	80
<i>isotretinoin</i>	57	KINERET	73
ISTURISA	68	KINRIX.....	76
ITOVEBI.....	31	KISQALI	34
<i>itraconazole</i>	28	KISQALI FEMARA 400 DOSE	31
<i>ivabradine hydrochloride</i>	52	KISQALI FEMARA 600 DOSE	31
<i>ivermectin</i>	37	<i>klayesta</i>	28
IWILFIN	31	<i>klor-con</i>	62
IXIARO.....	76	<i>klor-con 10</i>	62
<i>jaimiess</i>	69	<i>klor-con 8</i>	62
JAKAFI	34	<i>klor-con m10</i>	62
JAKAFI XR.....	34	<i>klor-con m15</i>	62
<i>jantoven</i>	48	<i>klor-con m20</i>	62
JANUMET	45	<i>klor-con/ef</i>	62
JANUMET XR.....	45	KLOXXADO.....	16
JANUVIA.....	45	KOMZIFTI.....	31
JARDIANCE.....	54	KOSELUGO.....	34
JAYPIRCA.....	34	<i>kourzeq</i>	57
<i>jinteli</i>	69	<i>k-prime</i>	62
JOURNAVX.....	14	KRAZATI.....	34
JUBBONTI	78	KYPROLIS	31
JULUCA	41	<i>labetalol hydrochloride</i>	50
<i>junel 1.5/30</i>	69	<i>lacosamide</i>	23
<i>junel 1/20</i>	69	<i>lactated ringers</i>	62
<i>junel fe 1.5/30</i>	69	<i>lactulose</i>	64
<i>junel fe 1/20</i>	69	LAGEVRIO	44
<i>junel fe 24</i>	69	<i>lamivudine</i>	41
JYLAMVO	75	<i>lamivudine</i>	42
JYNNEOS	76	<i>lamivudine/zidovudine</i>	42
KALETRA	43	<i>lamotrigine</i>	21
KALYDECO.....	83	<i>lamotrigine er</i>	21
<i>kariva</i>	69	<i>lamotrigine odt</i>	21
<i>kcl 0.075%/d5w/nacl 0.45%</i>	62	<i>lamotrigine starter kit/blue</i>	21
<i>kcl 0.15%/d5w/nacl 0.2%</i>	62	<i>lamotrigine starter kit/green</i>	21
<i>kcl 0.15%/d5w/nacl 0.225%</i>	62	<i>lamotrigine starter kit/orange</i>	21
<i>kcl 0.15%/d5w/nacl 0.45%</i>	62	<i>lanreotide acetate</i>	72
<i>kcl 0.15%/d5w/nacl 0.9%</i>	62	<i>lansoprazole</i>	65
<i>kcl 0.3%/d5w/nacl 0.45%</i>	62	LANTUS.....	47
<i>kcl 0.3%/d5w/nacl 0.9%</i>	62	LANTUS SOLOSTAR.....	47
<i>kelnor 1/35</i>	69	<i>lapatinib ditosylate</i>	34

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #	Drug Name	Page #
<i>larin 1.5/30</i>	69	LIBERVANT	22
<i>larin 1/20</i>	69	<i>lidocaine</i>	15
<i>larin fe 1.5/30</i>	69	<i>lidocaine hcl</i>	15
<i>larin fe 1/20</i>	69	<i>lidocaine hcl jelly</i>	15
<i>latanoprost</i>	81	<i>lidocaine hydrochloride</i>	15
LAZCLUZE.....	31	<i>lidocaine hydrochloride jelly</i>	15
<i>leflunomide</i>	75	<i>lidocaine hydrochloride viscous</i>	57
<i>lenalidomide</i>	30	<i>lidocaine viscous</i>	57
LENVIMA 10 MG DAILY DOSE.....	34	<i>lidocaine/prilocaine</i>	15
LENVIMA 12MG DAILY DOSE.....	34	LIFYORLI.....	34
LENVIMA 14 MG DAILY DOSE.....	34	LILETTA	71
LENVIMA 18 MG DAILY DOSE.....	34	<i>linezolid</i>	17
LENVIMA 20 MG DAILY DOSE.....	34	LINZESS.....	64
LENVIMA 24 MG DAILY DOSE.....	34	<i>liomny</i>	71
LENVIMA 4 MG DAILY DOSE.....	34	<i>liothyronine sodium</i>	71
LENVIMA 8 MG DAILY DOSE.....	34	<i>lisinopril</i>	49
LEQEMBI IQLIK.....	24	<i>lisinopril/hydrochlorothiazide</i>	52
<i>lessina</i>	70	<i>lithium</i>	44
<i>letrozole</i>	31	<i>lithium carbonate</i>	44
<i>leucovorin calcium</i>	31	<i>lithium carbonate er</i>	44
LEUKERAN.....	29	LIVTENCITY	41
LEUKINE	48	<i>lojaimiess</i>	70
<i>leuprolide acetate</i>	72	LOKELMA.....	64
<i>levalbuterol</i>	83	<i>lomustine</i>	29
<i>levalbuterol hcl</i>	83	LONSURF	31
<i>levalbuterol hydrochloride</i>	83	<i>loperamide hydrochloride</i>	64
<i>levetiracetam</i>	21	<i>lopinavir/ritonavir</i>	43
<i>levetiracetam er</i>	21	<i>lorazepam</i>	44
<i>levobunolol hcl</i>	81	<i>lorazepam intensol</i>	44
<i>levocarnitine</i>	78	LORBRENA.....	34
<i>levocetirizine dihydrochloride</i>	82	<i>losartan potassium</i>	49
<i>levofloxacin</i>	20	<i>losartan potassium/hydrochlorothiazide</i>	52
<i>levofloxacin</i>	80	LOTEMAX	80
<i>levofloxacin in d5w</i>	20	<i>loteprednol etabonate</i>	80
<i>levonest</i>	70	<i>lovastatin</i>	53
<i>levonorgestrel and ethinyl estradiol</i>	70	<i>loxapine</i>	39
<i>levonorgestrel/ethinyl estradiol</i>	70	<i>lubiprostone</i>	64
<i>levonorgestrel/ethinyl estradiol/ferrous</i>	70	<i>luizza 1.5/30</i>	70
<i>bisglycinate</i>		<i>luizza 1/20</i>	70
<i>levo-t</i>	71	LUMAKRAS	34
<i>levothyroxine sodium</i>	71	LUMIGAN	81
<i>levoxyl</i>	71	LUPRON DEPOT (1-MONTH)	72
<i>l-glutamine</i>	66	LUPRON DEPOT (3-MONTH)	72

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
LUPRON DEPOT (4-MONTH)	72
LUPRON DEPOT (6-MONTH)	72
<i>lurasidone hydrochloride</i>	39
LYBALVI.....	39
LYNPARZA.....	34
LYSODREN.....	31
LYTGOBI.....	34
<i>macitentan</i>	84
<i>magnesium sulfate</i>	62
<i>malathion</i>	60
<i>maraviroc</i>	43
<i>marlissa</i>	70
MARPLAN	25
MATULANE	29
<i>matzim la</i>	51
MAVYRET.....	41
<i>meclizine hcl</i>	27
<i>meclizine hydrochloride</i>	27
<i>medroxyprogesterone acetate</i>	71
<i>mefloquine hydrochloride</i>	37
<i>megestrol acetate</i>	71
MEKINIST	34
MEKTOVI.....	34
<i>meleya</i>	71
<i>meloxicam</i>	14
<i>memantine hcl titration pak</i>	24
<i>memantine hydrochloride</i>	24
<i>memantine hydrochloride er</i>	24
<i>memantine/donepezil hydrochloride er</i>	24
MENQUADFI	76
MENVEO	76
<i>mercaptopurine</i>	30
<i>meropenem</i>	20
<i>mesalamine</i>	77
<i>mesalamine dr</i>	77
<i>mesalamine er</i>	77
<i>mesna</i>	37
<i>metformin hydrochloride</i>	45
<i>metformin hydrochloride er</i>	45
<i>methadone hcl</i>	14
<i>methadone hydrochloride</i>	14
<i>methazolamide</i>	81
<i>methenamine hippurate</i>	17

Drug Name	Page #
<i>methenamine mandelate</i>	17
<i>methimazole</i>	72
<i>methocarbamol</i>	85
<i>methotrexate</i>	75
<i>methotrexate sodium</i>	75
<i>methsuximide</i>	22
<i>methylphenidate hydrochloride</i>	56
<i>methylphenidate hydrochloride er</i>	56
<i>methylphenidate hydrochloride er (cd)</i>	55
<i>methylphenidate hydrochloride er (dif)</i>	55
<i>methylphenidate hydrochloride er (la)</i>	55
<i>methylphenidate hydrochloride er (osm)</i>	55
<i>methylprednisolone</i>	67
<i>methylprednisolone acetate</i>	67
<i>methylprednisolone dose pack</i>	67
<i>metoclopramide hcl</i>	65
<i>metoclopramide hydrochloride</i>	65
<i>metoclopramide hydrochloride +rfid</i>	65
<i>metolazone</i>	53
<i>metoprolol succinate er</i>	50
<i>metoprolol tartrate</i>	50
<i>metoprolol/hydrochlorothiazide</i>	52
<i>metronidazole</i>	17
<i>metronidazole</i>	57
<i>metronidazole vaginal</i>	17
<i>metyrosine</i>	52
<i>mexiletine hydrochloride</i>	49
<i>mibelas 24 fe</i>	70
<i>micafungin</i>	28
<i>miconazole 3</i>	28
<i>microgestin 1.5/30</i>	70
<i>microgestin 1/20</i>	70
<i>microgestin fe 1.5/30</i>	70
<i>microgestin fe 1/20</i>	70
<i>midodrine hydrochloride</i>	49
MIEBO	79
<i>mifepristone</i>	72
<i>miglitol</i>	45
<i>milnacipran hydrochloride</i>	56
<i>milnacipran hydrochloride titration pack</i>	56
<i>minocycline hcl</i>	21
<i>minocycline hydrochloride</i>	21
<i>minoxidil</i>	55

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
<i>minzoya</i>	70
<i>mirtazapine</i>	25
<i>mirtazapine odt</i>	25
<i>misoprostol</i>	65
M-M-R II	76
<i>modafinil</i>	86
MODEYSO	31
<i>moexipril hydrochloride</i>	49
<i>molindone hydrochloride</i>	39
<i>mometasone furoate</i>	59
<i>mometasone furoate</i>	82
<i>montelukast sodium</i>	82
<i>morphine sulfate</i>	15
<i>morphine sulfate er</i>	14
MOUNJARO	45
MOVANTIK	64
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	20
<i>moxifloxacin hydrochloride</i>	20
<i>moxifloxacin hydrochloride</i>	80
MOZOBIL	48
MRESVIA	76
MULTAQ	50
<i>mupirocin</i>	60
<i>mycophenolate mofetil</i>	75
<i>mycophenolic acid dr</i>	75
MYRBETRIQ	66
<i>nabumetone</i>	14
<i>nadolol</i>	50
<i>nafcillin sodium</i>	19
<i>naftifine hydrochloride</i>	28
<i>naloxone hcl</i>	16
<i>naloxone hydrochloride</i>	16
<i>naltrexone hydrochloride</i>	16
NAMZARIC	24
<i>naproxen</i>	14
<i>naproxen dr</i>	14
<i>naproxen sodium</i>	14
<i>naratriptan hcl</i>	29
NATACYN	80
<i>nateglinide</i>	45
NAYZILAM	21
<i>nebivolol hydrochloride</i>	50

Drug Name	Page #
<i>necon 0.5/35-28</i>	70
<i>nefazodone hydrochloride</i>	26
<i>neomycin sulfate</i>	16
<i>neomycin/polymyxin/bacitracin</i>	79
<i>neomycin/polymyxin/bacitracin zinc</i>	79
<i>neomycin/polymyxin/bacitracin/hydrocortiso</i>	79
<i>ne</i>	
<i>neomycin/polymyxin/dexamethasone</i>	79
<i>neomycin/polymyxin/gramicidin</i>	79
<i>neomycin/polymyxin/hc</i>	81
<i>neomycin/polymyxin/hydrocortisone</i>	79
<i>neomycin/polymyxin/hydrocortisone</i>	81
<i>neo-polycin</i>	79
<i>neo-polycin hc</i>	79
NERLYNX	34
NEULASTA	48
NEULASTA ONPRO KIT	48
<i>nevirapine</i>	42
<i>nevirapine er</i>	42
NEXLETOL	54
NEXLIZET	54
NEXPLANON	71
<i>niacin er</i>	54
NICOTROL NS	16
<i>nifedipine er</i>	50
<i>nikki</i>	70
<i>nilotinib d-tartrate</i>	34
<i>nilotinib hydrochloride</i>	34
<i>nilutamide</i>	30
<i>nimodipine</i>	50
NINLARO	35
<i>nintedanib esylate</i>	84
<i>nitazoxanide</i>	37
<i>nitisinone</i>	66
<i>nitrofurantoin macrocrystals</i>	17
<i>nitrofurantoin monohydrate/macrocrystals</i>	17
<i>nitroglycerin</i>	54
<i>nitroglycerin</i>	65
<i>nitroglycerin transdermal</i>	54
NIVA THYROID	71
<i>norelgestromin/ethinyl estradiol</i>	70
<i>norethindrone acetate</i>	71
<i>norethindrone acetate/ethinyl estradiol</i>	70

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #	Drug Name	Page #
<i>nortrel 0.5/35 (28)</i>	70	OJEMDA	31
<i>nortrel 1/35</i>	70	OJJAARA	35
<i>nortrel 7/7/7</i>	70	<i>olanzapine</i>	40
<i>nortriptyline hcl</i>	26	<i>olanzapine odt</i>	40
<i>nortriptyline hydrochloride</i>	26	<i>olmesartan medoxomil</i>	49
NORVIR	43	<i>olmesartan</i>	52
<i>novolin 70/30</i>	47	<i>medoxomil/amlodipine/hydrochlorothiazide</i> ...	
<i>novolin 70/30 flexpen</i>	47	<i>olmesartan medoxomil/hydrochlorothiazide</i> ...	52
<i>novolin n</i>	47	<i>olopatadine hydrochloride</i>	80
<i>novolin n flexpen</i>	47	<i>omega-3-acid ethyl esters</i>	54
<i>novolin r</i>	47	<i>omeprazole</i>	66
<i>novolin r flexpen</i>	47	<i>omeprazole dr</i>	65
NOVOLOG	47	OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	78
NOVOLOG FLEXPEN	47	OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	78
NOVOLOG MIX 70/30	47	OMNIPOD 5 LIBRE INTRO KIT	78
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	47	OMNIPOD 5 LIBRE PODS	78
NOVOLOG PENFILL	47	OMNIPOD CLASSIC PODS (GEN 3).....	78
<i>np thyroid 120</i>	72	OMNIPOD DASH INTRO KIT (GEN 4)	78
<i>np thyroid 15</i>	72	OMNIPOD DASH PDM KIT (GEN 4).....	78
<i>np thyroid 30</i>	72	OMNIPOD DASH PODS (GEN 4)	78
<i>np thyroid 60</i>	72	OMNIPOD GO 10 UNITS/DAY.....	78
<i>np thyroid 90</i>	72	OMNIPOD GO 15 UNITS/DAY.....	78
NUBEQA.....	30	OMNIPOD GO 20 UNITS/DAY.....	78
NUCALA	85	OMNIPOD GO 25 UNITS/DAY.....	78
NUEDEXTA	56	OMNIPOD GO 30 UNITS/DAY.....	78
NULOJIX	75	OMNIPOD GO 35 UNITS/DAY.....	78
NUPLAZID	40	OMNIPOD GO 40 UNITS/DAY.....	78
NURTEC	28	<i>ondansetron hcl</i>	27
NUTRILIPID	78	<i>ondansetron hydrochloride</i>	27
NUVESSA	17	<i>ondansetron odt</i>	27
<i>nyamyc</i>	28	ONUREG	31
<i>nystatin</i>	28	OPDIVO	37
<i>nystatin/triamcinolone</i>	59	OPIPZA.....	40
<i>nystatin/triamcinolone acetonide</i>	59	<i>opium</i>	65
<i>nystop</i>	28	<i>opium tincture</i>	65
OCTAGAM.....	73	OPVEE.....	16
<i>octreotide acetate</i>	72	<i>oralone dental paste</i>	57
ODEFSEY	42	ORENCIA.....	73
ODOMZO	35	ORENCIA CLICKJECT	73
OFEV	84	ORENITRAM	84
<i>ofloxacin</i>	80	ORENITRAM TITRATION KIT MONTH 1	84
<i>ofloxacin</i>	82	ORENITRAM TITRATION KIT MONTH 2	84
OGSIVEO	31		

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #	Drug Name	Page #
ORENITRAM TITRATION KIT MONTH 3	84	<i>penicillin v potassium</i>	19
ORGOVYX.....	72	PENMENVY.....	76
ORKAMBI	83	PENTACEL	76
<i>orquidea</i>	71	<i>pentamidine isethionate</i>	37
ORSERDU	30	<i>pentoxifylline er</i>	52
<i>oseltamivir phosphate</i>	43	<i>perampanel</i>	21
OSPHENA.....	71	<i>perindopril erbumine</i>	49
OTEZLA	59	<i>periogard</i>	57
OTEZLA	73	<i>permethrin</i>	60
OTEZLA XR	59	<i>perphenazine</i>	39
OTEZLA/OTEZLA XR 28 DAY TREATMENT	59	<i>phenelzine sulfate</i>	25
INITIATION PACK		<i>phenobarbital</i>	22
<i>oxacillin sodium</i>	19	<i>phenytek</i>	23
<i>oxaprozin</i>	14	<i>phenytoin</i>	23
<i>oxcarbazepine</i>	23	<i>phenytoin sodium extended</i>	23
<i>oxybutynin chloride</i>	66	PIFELTRO	42
<i>oxybutynin chloride er</i>	66	<i>pilocarpine hcl</i>	81
<i>oxycodone hydrochloride</i>	15	<i>pilocarpine hydrochloride</i>	57
<i>oxycodone/acetaminophen</i>	15	<i>pilocarpine hydrochloride</i>	81
OZEMPIC.....	45	<i>pimecrolimus</i>	59
<i>paclitaxel</i>	31	<i>pimozide</i>	39
<i>paliperidone er</i>	40	<i>pindolol</i>	50
PANRETIN	37	<i>pioglitazone hcl</i>	45
<i>pantoprazole sodium</i>	66	<i>pioglitazone hcl/metformin hcl</i>	45
<i>paricalcitol</i>	78	<i>pioglitazone hcl-glimepiride</i>	45
<i>paroxetine hcl</i>	26	<i>pioglitazone hydrochloride</i>	45
<i>paroxetine hydrochloride</i>	26	<i>piperacillin sodium/tazobactam sodium</i>	19
PAXLOVID	44	PIQRAY 200MG DAILY DOSE	35
<i>pazopanib hydrochloride</i>	35	PIQRAY 250MG DAILY DOSE	35
PEDIARIX.....	76	PIQRAY 300MG DAILY DOSE	35
PEDVAXHIB	76	<i>pirfenidone</i>	84
<i>peg-3350/electrolytes</i>	65	<i>piroxicam</i>	14
<i>peg-3350/electrolytes/ascorbate</i>	65	PLEGRIDY.....	57
<i>peg-3350/nacl/na bicarbonate/kcl</i>	65	PLEGRIDY STARTER PACK.....	57
<i>peg-3350/sodium sulf/naclpotassium cl/na</i>	65	PLENAMINE	62
<i>ascorbate/ascorbic</i>		<i>plerixafor</i>	48
PEGASYS	74	<i>podofilox</i>	59
PEGASYS	75	<i>polycin</i>	79
PEMAZYRE	35	<i>polymyxin b sulfate/trimethoprim sulfate</i>	79
PENBRAYA	76	<i>pomalidomide</i>	30
<i>penicillamine</i>	63	POMALYST.....	30
<i>penicillin g potassium</i>	19	<i>portia-28</i>	70
<i>penicillin g sodium</i>	19	<i>posaconazole</i>	28

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #	Drug Name	Page #
<i>posaconazole dr</i>	28	PROGRAF	75
<i>potassium chloride</i>	62	PROLASTIN-C	66
<i>potassium chloride er</i>	62	<i>promethazine hcl</i>	27
<i>potassium chloride/dextrose/sodium chloride</i>	62	<i>promethazine hydrochloride</i>	27
<i>potassium citrate er</i>	62	<i>promethazine hydrochloride plain</i>	27
PRALUENT	54	<i>propafenone hcl</i>	50
<i>pramipexole dihydrochloride</i>	38	<i>propafenone hydrochloride</i>	50
<i>prasugrel hydrochloride</i>	49	<i>propafenone hydrochloride er</i>	50
<i>pravastatin sodium</i>	53	<i>propranolol hcl</i>	50
<i>praziquantel</i>	37	<i>propranolol hydrochloride</i>	50
<i>prazosin hydrochloride</i>	49	<i>propranolol hydrochloride er</i>	50
<i>prednisolone</i>	68	<i>propylthiouracil</i>	72
<i>prednisolone acetate</i>	80	PROQUAD	76
<i>prednisolone sodium phosphate</i>	67	PROSOL	63
<i>prednisolone sodium phosphate</i>	81	<i>protriptyline hcl</i>	27
<i>prednisone</i>	68	PULMOZYME	83
<i>pregabalin</i>	22	<i>pyrazinamide</i>	29
PREMARIN	70	<i>pyridostigmine bromide</i>	29
PREMASOL	63	<i>pyridostigmine bromide er</i>	29
<i>premium lidocaine</i>	16	<i>pyrimethamine</i>	37
PREMPHASE	70	QINLOCK	35
<i>prenatal</i>	64	QUADRACEL	76
<i>pretomanid</i>	29	<i>quetiapine fumarate</i>	40
<i>prevalite</i>	54	<i>quinapril hydrochloride</i>	49
PREVYMIS	41	<i>quinapril/hydrochlorothiazide</i>	52
PREZCOBIX	43	<i>quinidine sulfate</i>	50
PREZISTA	43	<i>quinine sulfate</i>	37
PRIFTIN	29	QULIPTA	28
<i>primaquine phosphate</i>	37	QVAR REDIHALER	82
<i>primidone</i>	22	RABAVERT	76
PRIORIX	76	<i>rabeprazole sodium</i>	66
PRIVIGEN	73	RALDESY	26
PROAIR RESPICLICK	83	<i>raloxifene hydrochloride</i>	71
<i>probenecid</i>	28	<i>ramelteon</i>	86
<i>probenecid/colchicine</i>	28	<i>ramipril</i>	49
<i>prochlorperazine</i>	27	<i>ranolazine er</i>	52
<i>prochlorperazine edisylate</i>	27	<i>rasagiline mesylate</i>	38
<i>prochlorperazine maleate</i>	27	RAYALDEE	78
PROCRIIT	48	RECOMBIVAX HB	76
<i>procto-med hc</i>	77	RELENZA DISKHALER	43
<i>proctosol hc</i>	77	<i>repaglinide</i>	45
<i>proctozone-hc</i>	77	REPATHA	54
<i>progesterone</i>	71	REPATHA PUSHTRONEX SYSTEM	54

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #	Drug Name	Page #
REPATHA SURECLICK	54	<i>roweepra</i>	21
RESTASIS	79	ROZLYTREK	35
RESTASIS MULTIDOSE	79	RUBRACA	35
RETACRIT	48	<i>rufinamide</i>	23
RETEVMO	35	RUKOBIA	43
REVCovi	66	RYBELSUS	45
REVUFORJ	31	RYDAPT	35
REXULTI	40	<i>sacubitril/valsartan</i>	52
REYATAZ	43	<i>salsalate</i>	14
REZDIFFRA	72	SANTYL	59
REZLIDHIA	35	<i>sapropterin dihydrochloride</i>	66
REZUROCK	75	SAVELLA	56
RHOPRESSA	81	SAVELLA TITRATION PACK	56
<i>ribavirin</i>	41	<i>saxagliptin hydrochloride</i>	45
<i>rifabutin</i>	29	SCEMBLIX	35
<i>rifampin</i>	29	<i>scopolamine</i>	27
<i>rifapentine</i>	29	SECUADO	40
<i>rilpivirine hydrochloride</i>	42	<i>selegiline hcl</i>	38
<i>riluzole</i>	56	<i>selenium sulfide</i>	59
<i>rimantadine hydrochloride</i>	43	SELZENTRY	43
RINVOQ	74	SEREVENT DISKUS	83
RINVOQ LQ	74	<i>sertraline hcl</i>	26
<i>risedronate sodium</i>	78	<i>sertraline hydrochloride</i>	26
<i>risedronate sodium dr</i>	78	<i>sevelamer carbonate</i>	64
<i>risperidone</i>	40	<i>sf 5000 plus</i>	57
<i>risperidone er</i>	40	<i>sharobel</i>	71
<i>risperidone odt</i>	40	SHINGRIX	76
<i>ritonavir</i>	43	SIGNIFOR	72
<i>rivaroxaban</i>	48	<i>sildenafil</i>	67
<i>rivastigmine tartrate</i>	24	<i>sildenafil citrate</i>	67
<i>rivastigmine transdermal system</i>	24	<i>sildenafil citrate</i>	84
<i>rizatriptan benzoate</i>	29	<i>silver sulfadiazine</i>	60
<i>rizatriptan benzoate odt</i>	29	SIMBRINZA	79
ROCKLATAN	79	<i>simvastatin</i>	54
<i>roflumilast</i>	83	<i>sirolimus</i>	75
ROMVIMZA	35	SIRTURO	29
<i>ropinirole er</i>	38	<i>sitagliptin phosphate</i>	45
<i>ropinirole hcl</i>	38	<i>sitagliptin phosphate/metformin</i>	45
<i>ropinirole hydrochloride</i>	38	<i>hydrochloride</i>	
<i>rosuvastatin calcium</i>	53	<i>sitagliptin phosphate/metformin</i>	45
<i>rosyrah</i>	70	<i>hydrochloride er</i>	
ROTARIX	76	SIVEXTRO	17
ROTATEQ	76	SKYRIZI	74

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
SKYRIZI PEN	74
sodium chloride	63
sodium chloride 0.45%	63
sodium chloride 0.9%	79
sodium fluoride	57
sodium fluoride 5000 plus	57
sodium fluoride 5000 ppm	57
SODIUM OXYBATE	86
sodium phenylbutyrate	66
sodium polystyrene sulfonate	64
sodium sulfate/potassium sulfate/magnesium sulfate	65
solifenacin succinate	67
SOLTAMOX	30
SOMATULINE DEPOT	72
SOMAVERT	72
sorafenib	35
sorafenib tosylate	35
sotalol hcl	50
sotalol hydrochloride	50
sotalol hydrochloride (af)	50
SPIRIVA RESPIMAT	82
spironolactone	54
spironolactone/hydrochlorothiazide	52
SPRITAM	21
sps	64
ssd	60
STAMARIL	76
STEQEYMA	74
sterile water for irrigation	79
STIOLTO RESPIMAT	85
STIVARGA	35
streptomycin sulfate	17
STRIBILD	41
STRIVERDI RESPIMAT	83
SUBVENITE	22
subvenite starter kit/blue	22
subvenite starter kit/green	22
subvenite starter kit/orange	22
sucrafate	65
sulfacetamide sodium	20
sulfacetamide sodium	80

Drug Name	Page #
sulfacetamide sodium/prednisolone sodium phosphate	80
sulfadiazine	20
sulfamethoxazole/trimethoprim	20
sulfamethoxazole/trimethoprim ds	20
SULFAMYLON	60
sulfasalazine	77
sulindac	14
sumatriptan	29
sumatriptan succinate	29
sumatriptan succinate refill	29
sunitinib malate	36
SUNLENCA	43
SYMLINPEN 120	45
SYMLINPEN 60	46
SYMPAZAN	23
SYMTUZA	43
SYNAREL	72
SYNJARDY	46
SYNJARDY XR	46
SYNTHROID	72
TABLOID	30
TABRECTA	36
tacrolimus	59
tacrolimus	75
tadalafil	67
tadalafil	84
TAFINLAR	36
TAGRISSO	36
TALICIA	65
TALZENNA	36
tamoxifen citrate	30
tamsulosin hydrochloride	67
tarina fe 1/20 eq	70
TARPEYO	77
tasimelteon	86
TAVNEOS	74
tazarotene	58
tazicef	18
TAZVERIK	36
TDVAX	77
TEFLARO	19
telmisartan	49

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #	Drug Name	Page #
<i>telmisartan/amlodipine</i>	53	TOBRADEX ST	80
<i>telmisartan/hydrochlorothiazide</i>	53	<i>tobramycin</i>	80
<i>temazepam</i>	86	<i>tobramycin sulfate</i>	17
TENIVAC.....	77	<i>tobramycin/dexamethasone</i>	80
<i>tenofovir disoproxil fumarate</i>	42	<i>tofacitinib citrate</i>	74
TEPMETKO.....	36	<i>tofacitinib citrate er</i>	74
<i>terazosin hcl</i>	67	<i>tolterodine tartrate</i>	67
<i>terazosin hydrochloride</i>	67	<i>tolterodine tartrate er</i>	67
<i>terbinafine hcl</i>	28	<i>tolvaptan</i>	63
<i>terconazole</i>	28	<i>topiramate</i>	22
<i>teriflunomide</i>	57	<i>toremifene citrate</i>	30
<i>teriparatide</i>	78	<i>torsemide</i>	53
<i>testosterone</i>	68	TOUJEO MAX SOLOSTAR.....	47
<i>testosterone cypionate</i>	68	TOUJEO SOLOSTAR	47
<i>testosterone enanthate</i>	68	TRADJENTA.....	46
<i>testosterone pump</i>	68	<i>tramadol hydrochloride</i>	15
TETANUS/DIPHtheria TOXoids-ADSORBED ADULT	77	<i>tramadol hydrochloride/acetaminophen</i>	15
<i>tetrabenazine</i>	56	<i>trandolapril</i>	49
<i>tetracycline hydrochloride</i>	21	<i>trandolapril/verapamil hcl er</i>	53
THALOMID	30	<i>tranexamic acid</i>	48
<i>theophylline</i>	84	<i>tranylcypromine sulfate</i>	25
<i>theophylline er</i>	83	TRAVASOL	63
<i>thioridazine hydrochloride</i>	39	<i>travoprost</i>	81
<i>thiothixene</i>	39	<i>trazodone hydrochloride</i>	26
THYROID	72	TRECTOR	29
<i>tiadylt er</i>	51	TRELEGY ELLIPTA.....	85
<i>tiagabine hydrochloride</i>	23	<i>tretinoin</i>	37
TIBSOVO	36	<i>tretinoin</i>	58
<i>ticagrelor</i>	49	<i>triamcinolone acetonide</i>	59
TICOVAC	77	<i>triamcinolone acetonide</i>	68
<i>tigecycline</i>	17	<i>triamcinolone acetonide dental paste</i>	57
<i>timolol hemihydrate</i>	81	<i>triamterene</i>	53
<i>timolol maleate</i>	28	<i>triamterene/hydrochlorothiazide</i>	53
<i>timolol maleate</i>	81	<i>trientine hydrochloride</i>	63
<i>timolol maleate ophthalmic gel forming</i>	81	<i>trifluoperazine hcl</i>	39
<i>tinidazole</i>	17	<i>trifluoperazine hydrochloride</i>	39
<i>tiopronin dr</i>	67	<i>trifluridine</i>	80
TIVICAY	41	<i>trihexyphenidyl hydrochloride</i>	38
TIVICAY PD.....	41	TRIKAFTA.....	83
<i>tizanidine hcl</i>	41	<i>trimethoprim</i>	17
<i>tizanidine hydrochloride</i>	41	<i>trimipramine maleate</i>	27
TOBI PODHALER	83	TRINTELLIX	26
		<i>tri-sprintec</i>	70

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #	Drug Name	Page #
TRIUMEQ	42	VARIVAX	77
TRIUMEQ PD.....	42	VAXCHORA	77
TROPHAMINE	63	<i>velivet</i>	70
<i>trosipium chloride</i>	67	VELPHORO.....	64
TRULICITY	46	VEMLIDY.....	41
TRUMENBA.....	77	VENCLEXTA.....	36
TRUQAP	36	VENCLEXTA STARTING PACK.....	36
TRYNGOLZA	54	<i>venlafaxine hydrochloride</i>	26
TUKYSA	36	<i>venlafaxine hydrochloride er</i>	26
TURALIO	36	VENTAVIS	84
<i>turqoz</i>	70	VEOZAH	56
TWINRIX	77	<i>verapamil hcl er</i>	51
TYBOST	43	<i>verapamil hcl sr</i>	51
<i>tydemy</i>	70	<i>verapamil hydrochloride</i>	51
TYENNE.....	74	<i>verapamil hydrochloride er</i>	51
TYPHIM VI.....	77	<i>verapamil hydrochloride sr</i>	51
TYRVAYA.....	16	VERQUVO	55
UBRELVY	28	VERSACLOZ.....	40
UDENYCA.....	48	VERZENIO	36
UDENYCA ONBODY.....	48	<i>vigabatrin</i>	23
<i>unithroid</i>	72	VIGAFYDE	23
<i>ursodiol</i>	65	<i>vigpoder</i>	23
<i>valacyclovir hydrochloride</i>	44	<i>vilazodone hydrochloride</i>	26
VALCHLOR	29	VIMKUNYA	77
<i>valganciclovir</i>	41	<i>viorele</i>	70
<i>valganciclovir hydrochloride</i>	41	VIRACEPT.....	43
<i>valproic acid</i>	22	VIREAD	42
<i>valsartan</i>	49	VITRAKVI	36
<i>valsartan/hydrochlorothiazide</i>	53	VIVITROL.....	16
VALTOCO 10 MG DOSE.....	23	VIVOTIF.....	77
VALTOCO 15 MG DOSE.....	23	VIZIMPRO	36
VALTOCO 20 MG DOSE.....	23	VONJO	31
VALTOCO 5 MG DOSE.....	23	VOQUEZNA.....	65
<i>valtya 1/35</i>	70	VOQUEZNA DUAL PAK	18
<i>valtya 1/50</i>	70	VOQUEZNA TRIPLE PAK.....	18
<i>vancomycin</i>	17	VORANIGO	37
<i>vancomycin hcl</i>	17	<i>voriconazole</i>	28
<i>vancomycin hydrochloride</i>	17	VOSEVI.....	41
VANFLYTA	36	VOWST	65
VAQTA	77	VRAYLAR.....	40
<i>varenicline starting month</i>	16	<i>vyfemla</i>	70
<i>varenicline tartrate</i>	16	VYZULTA.....	81
<i>varenicline tartrate continuing month</i>	16	<i>warfarin sodium</i>	48

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
WEGOVY	79
WELIREG	66
WINREVAIR	84
<i>wixela inhub</i>	85
WYOST	78
XALKORI	36
XARAH FE	70
XARELTO	48
XARELTO STARTER PACK	48
XATMEP	75
XCOPRI	24
XDEMVI	80
<i>xelria fe</i>	70
XERMELO	64
XIFAXAN	65
XIGDUO XR	46
XIIDRA	80
XOFLUZA	43
XOLAIR	74
XOSPATA	36
XPOVIO	36
XPOVIO 60 MG TWICE WEEKLY	36
XPOVIO 80 MG TWICE WEEKLY	36
XTANDI	30
<i>xulane</i>	70
YERVOY	37
YESINTEK	74
YF-VAX	77
YONSA	30
<i>yuvaferm</i>	71
<i>zafemy</i>	71
<i>zafirlukast</i>	82
<i>zaleplon</i>	86
ZARXIO	48
ZEJULA	36
ZELBORAF	37
<i>zelvysia</i>	66
ZENATANE	58
ZENPEP	66
ZEPOSIA	57
ZEPOSIA 7-DAY STARTER PACK	57
ZEPOSIA STARTER KIT	57
<i>zidovudine</i>	42

Drug Name	Page #
<i>ziprasidone hcl</i>	40
<i>ziprasidone mesylate</i>	40
ZIRGAN	80
<i>zoledronic acid</i>	78
ZOLINZA	31
<i>zolpidem tartrate</i>	86
ZONISADE	24
<i>zonisamide</i>	24
ZOSYN	19
<i>zovia 1/35</i>	71
ZTALMY	23
ZURZUVAE	25
ZYDELIG	37
ZYKADIA	37
ZYMFENTRA 1-PEN	75
ZYMFENTRA 2-PEN	75
ZYMFENTRA 2-SYRINGE	75
ZYPREXA RELPREVV	40

Last Updated: 01/01/2027

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) o hable con su proveedor.

Português (Portuguese) ATENÇÃO: Se fala Português, estão disponíveis para si serviços gratuitos de assistência linguística. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) ou fale com o seu prestador.

中文 (Simplified Chinese) 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (文本电话：711) 或咨询您的服务提供商。

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) oswa pale avèk founisè w la.

Việt (Vietnamese) LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) или обратитесь к своему поставщику услуг.

(Arabic) العربية تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 711 (1-800-701-9000) (PPO) 1-866-623-0172 (HMO) أو تحدث إلى مقدم الخدمة.

ភាសាខ្មែរ (Khmer) សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Français (French) ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) ou parlez à votre fournisseur.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (tty: 711) o parla con il tuo fornitore.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) ή απευθυνθείτε στον πάροχό σας.

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) lub porozmawiaj ze swoim dostawcą.

हिंदी (Hindi) न दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.



This formulary was updated on 01/01/2027. For more recent information or other questions, please contact Tufts Medicare Preferred PPO Rx Member Services at **1-866-623-0172** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **www.thpmp.org**.



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