Tufts Health RITogether Programa de farmacias y Lista de medicamentos preferidos 1 de enero de 2026

Nuestro programa de farmacias

Nuestro objetivo es brindar terapia de medicamentos rentables y de alta calidad. Trabajamos con sus proveedores de atención médica y farmacéuticos para asegurarnos de cubrir los medicamentos más importantes y útiles. Cubrimos tanto las primeras recetas como las renovaciones. También cubrimos algunos medicamentos de venta libre (over-the-counter, OTC) si su proveedor emite una receta y usted la surte en una farmacia.

Nuestro programa de farmacias no cubre todos los medicamentos ni todas las recetas. Algunos medicamentos deben cumplir con ciertos lineamientos antes de que podamos cubrirlos. Su proveedor debe solicitarnos una aprobación previa (Prior Approval, PA) antes de que cubramos estos medicamentos.

Lista de medicamentos preferidos (PDL)

Enumeramos todos los medicamentos en función de su categoría y clase de medicamento, seguidos de los nombres de los medicamentos genéricos o de marca. Use el índice para encontrar un medicamento por su nombre genérico o de marca. En general, cubrimos medicamentos de marca solo cuando no hay medicamentos genéricos o si otorgamos una PA para el medicamento de marca.

Copagos

Los medicamentos para pacientes ambulatorios que son médicamente necesarios están cubiertos cuando son recetados por un proveedor que está autorizado para recetar medicamentos. Algunos medicamentos del formulario de Tufts Health RITogether solo están cubiertos cuando su proveedor solicita una PA. Sus beneficios de medicamentos y los montos de copago se basan en su plan de salud.

Nivel	Descripción	Copago
Nivel 1	Medicamentos genéricos	$0
Nivel 2	Medicamentos de marca	$0
Nivel 3	Beneficio médico (el medicamento no está cubierto en una farmacia. Su proveedor deberá facturarle este medicamento a través de su beneficio médico).	$0
Nivel 4	(Por ejemplo, suministros para la diabetes).	$0
Nivel 5	MB/RX (el medicamento está disponible tanto por beneficios de farmacia como por beneficios médicos).	$0

La *Lista de medicamentos preferidos (Preferred Drug List, PDL)* se aplica solo a los medicamentos que usted obtiene en farmacias minoristas y especializadas. La *PDL* no se aplica a los medicamentos que recibe si está en el hospital. Los medicamentos que recibe mientras está en el hospital están cubiertos como parte de su estadía.

Para ver la *PDL* más actual, visite tuftshealthplan.com. O llámenos al **866-738-4116** (TTY: **711**).

Aprobación previa (PA)

Algunos medicamentos siempre necesitan PA. Eso significa que su proveedor debe solicitarnos la aprobación antes de que cubramos el medicamento. Uno de nuestros médicos revisará esta solicitud. Cubriremos el medicamento si:

- Hay un motivo médico por el que necesita el medicamento
- (Dependiendo del medicamento) Otros medicamentos de la PDL no han funcionado

Si no aprobamos la solicitud, usted o su representante autorizado, si tiene uno, pueden apelar la decisión. Consulte su Manual para Miembros para obtener más información sobre quejas y apelaciones.

Programa de terapia escalonada (ST)

Cubrimos algunos tipos de medicamentos solo a través de nuestro Programa de terapia escalonada (Step Therapy, ST). En este programa, debe probar medicamentos del primer nivel antes de que cubramos otro medicamento de ese tipo. Si usted y su proveedor consideran que un medicamento determinado no es adecuado para tratar su afección, su proveedor puede solicitarnos una PA para el otro medicamento. Uno de nuestros médicos revisará la solicitud según nuestros lineamientos. Si no aprobamos la solicitud, usted o su representante autorizado, si tiene uno, pueden apelar la decisión. Consulte su Manual para Miembros para obtener más información sobre quejas y apelaciones.

Límite de cantidad (QL)

Para asegurarnos de que los medicamentos que use sean seguros y que esté usando la cantidad correcta, podemos limitar la cantidad (Quantity Limit, QL) que puede obtener a la vez. Su proveedor puede solicitarnos una PA si necesita más de lo que cubrimos. Uno de nuestros médicos revisará la solicitud. Cubriremos el medicamento según nuestros lineamientos si hay un motivo médico por el que necesita una determinada cantidad. Si no aprobamos la solicitud, usted o su representante autorizado, si tiene uno, pueden apelar la decisión. Consulte su Manual para Miembros para obtener más información sobre quejas y apelaciones.

Medicamentos genéricos

Los medicamentos genéricos tienen los mismos ingredientes activos y son tan eficaces como los medicamentos de marca. Rhode Island tiene un Programa de medicamentos genéricos primero que requiere que todos los miembros usen primero medicamentos genéricos. Cuando haya medicamentos genéricos disponibles, no cubriremos el medicamento de marca sin otorgar una PA. Si usted y su proveedor consideran que un medicamento genérico no es adecuado para su salud y que el medicamento de marca es médicamente necesario, su proveedor puede solicitar una PA. Uno de nuestros médicos revisará la solicitud. Si no aprobamos la solicitud, usted o su representante autorizado, si tiene uno, pueden apelar la decisión. Consulte su Manual para Miembros para obtener más información sobre quejas y apelaciones.

Medicamentos nuevos en el mercado (NTM)

Revisamos los medicamentos nuevos (New-to-Market, NTM) para asegurarnos de que sean seguros y eficaces antes de agregarlos a nuestra *PDL*.

Límites de cobertura

La columna Limitaciones/Notas de la *PDL* muestra cuándo un medicamento tiene un determinado requisito o límite de cobertura. Incluyen:

- **AL: puede aplicarse un límite de edad (Age Limit, AL)**
  Este medicamento necesita PA si no está cubierto según su edad. Su proveedor debe enviarnos una solicitud de PA si el medicamento es médicamente necesario.
- **NTM: medicamento nuevo en el mercado**
  Este medicamento no está cubierto hasta que lo revisemos y tomemos una decisión de cobertura.

- **PA: aprobación previa**
  Este medicamento requiere PA. Su proveedor puede recetarle un medicamento diferente de la *PDL* o solicitar una PA.
- **QL: límite de cantidad**
  La cantidad de este medicamento está limitada. Si necesita una cantidad mayor, su proveedor debe solicitar una PA.
- **ST: terapia escalonada**
  Este medicamento requiere PA si aún no ha utilizado un medicamento de primera línea de la *PDL*. Su proveedor puede recetarle otro medicamento de la *PDL* o solicitarnos una PA.

Programa de farmacias especializadas

Una farmacia especializada puede suministrarle algunos medicamentos que a menudo se usan para tratar afecciones crónicas, como la hepatitis C o la esclerosis múltiple. Las farmacias especializadas tienen más conocimiento sobre estos medicamentos. El personal de la farmacia puede brindar apoyo adicional a los miembros y proveedores.

Optum® Specialty Pharmacy es nuestra farmacia especializada y puede proporcionarle estos medicamentos. Además de proporcionar medicamentos especializados específicos, Optum Specialty Pharmacy hará lo siguiente:

- Enviar los medicamentos a su hogar, al consultorio del proveedor o a cualquier dirección que usted elija (excepto una casilla postal)
- Responder sus preguntas y ofrecerá ayuda con sus medicamentos
- Brindar información y apoyo para ayudarle a controlar su afección de salud y asegurarse de que tome sus medicamentos de la manera correcta
- Contar con personal disponible que puede ayudarle si llama al **844-265-1705**

Arabic . للحصول على خدمة ال ترجمة المجانية باللغة العربية، ير ىج الاتصال على الرقم المدون على بطاقة الهوية الخاصة بكى

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek αιΓδωρεάνησαρφάτεμστηνΕλληνικά,καλέστετονσαριθμόπουσαναγράφεταιστην ή ήκιτσιρωνγανασκάρτασας.

જરાતી (Gujarati) ધ્યાન આપો : જો તમે જરાતી બોલતા હો તો આપનુ ે માટ ભાષાકય સહાય તદ્દન મફત ઉપલબ્ધ છે. િવશેષ માહતી માટ ફોન કરો. 1-888-333-4742 (TTY: 711)

Haitian Creole Pou jwenn tradiksyon gratis nan lang kreyòl ayisyen, rele nimewo ki sou kat ID ou a. **हदं (Hindi)** ध्यान दिजए: अगर आप हदं बोलते ह तो आपके लये भाषाक सहायता मफ्तु म उपलब्ध है. जानकार के लये फोन करे. 1-888-333-4742 (TTY: 711)

Italian Per richiedere la traduzione in italiano senza costi aggiuntivi, chiamare il numero indicato sulla carta di identità.

Japanese 日本語の無料翻訳については**ID**カードに書いてある番号に電話してください。

Khmer (Cambodian) សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

Korean 한국어로 무료 통번역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈໍາຕົວຂອງທ່ານ.

Navajo Doo bą́ą́h ilíní da Diné k'ehjí álnéehgo, hodiilnih béésh bee haní'é bee néé ho'dílzingo nantinígíí bikáá'.

Persian. بزنی بد زنگ تان شناسا ئ کارت در مندرج تلفن شماره ب بھ فارسی رایگانن ترجم بھ برای
Polish Aby uzyskaćsbezpłatne tłumaczenie w języku polskim, należy zadzwonićsna numer znajdujący się s na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para o português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Para servicios de traducción gratuitos en español, llame al número que aparece en su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ năcscước của bạn.

LA DISCRIMINACIÓN ES CONTRA LA LEY

TUFTS Health Plan
a Point32Health company

Tufts Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Tufts Health Plan no excluye a las personas ni las trata de forma diferente debido a su raza, color, nacionalidad, edad, discapacidad, sexo, orientación sexual o identidad de género.

Tufts Health Plan:

- Brinda asistencia y servicios gratuitos a las personas con problemas para comunicarse eficazmente con nosotros, como:
  - Intérpretes de lenguaje de señas capacitados
  - Información por escrito en otros formatos (letras grandes, audio, formatos electrónicos accesibles y otros formatos).
- Brinda servicios de comunicación gratuitos para las personas cuya lengua materna no es el inglés, como:
  - Intérpretes calificados;
  - Información escrita en otros idiomas

Si necesita recibir estos servicios, comuníquese con Servicios para Miembros de Tufts Health Plan a **866-738-4116**.

Si considera que Tufts Health Plan no cumplió con alguno de los servicios o lo discriminó de algún modo por cuestiones de raza, color, origen étnico, edad, discapacidad, o sexo (incluido el embarazo, orientación sexual, o identidad de género), puede presentar una queja puede presentar una queja ante:

Point32 Health Civil Rights Legal Coordinator
1 Wellness Way,
Canton, MA 02021-1166
Phone: 888-880-8699 ext. 48000, (TTY:711)
Fax: 617-668-2754
Email: OCRCoordinator@point32health.org

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, el coordinador de derechos civiles con Tufts Health Plan está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW,
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web http://www.hhs.gov/ocr/office/file/index.html.

Podemos brindarle información en otros formatos, tales como Braille y letras grandes y también en diferentes idiomas si lo solicita.

DRUG NAME	TIER	LIMITATIONS / *NOTES
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
DICLOFENAC PATCH EXTERNAL PATCH 1.3 %	1	PA; QL (Max of 60 patches per 30 days; Max of 90 days per year.)
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium external gel 1 %	1	QL (200 GM per 30 days)
diclofenac sodium external solution 1.5 %, 2 %	1	PA
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	
diflunisal oral tablet 500 mg	1	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
fenoprofen calcium oral tablet 600 mg	1	
FLECTOR EXTERNAL PATCH 1.3 %	1	PA; QL (Max of 60 patches per 30 days; Max of 90 days per year.)
flurbiprofen oral tablet 100 mg, 50 mg	1	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketoprofen er oral capsule extended release 24 hour 200 mg	1	
ketoprofen oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine +rfid injection solution 30 mg/ml	1	QL (20 ML per 5 days)
ketorolac tromethamine injection solution 15 mg/ml	1	QL (40 ML per 5 days)
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	QL (10 ML per 5 days)
ketorolac tromethamine oral tablet 10 mg	1	QL (20 EA per 30 days)
ketorolac tromethamine solution 30 mg/ml injection	1	QL (20 ML per 5 days)
LICART EXTERNAL PATCH 24 HOUR 1.3 %	2	PA; QL (1 EA per 1 day)
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	1	PA
meloxicam oral tablet 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
naproxen dr oral tablet delayed release 500 mg	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
naproxen oral suspension 125 mg/5ml	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet 600 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
salsalate oral tablet 500 mg, 750 mg	1	
sulindac oral tablet 150 mg, 200 mg	1	
tolmetin sodium oral tablet 200 mg, 600 mg	1	
Analgesics - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	1	QL (Max of 4 g of acetaminophen or 360 mg of codeine)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (12 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (6 EA per 1 day)
ascomp-codeine oral capsule 50-325-40-30 mg	1	QL (6 EA per 1 day)
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	QL (6 EA per 1 day)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	PA; QL (2 EA per 1 day)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	1	PA; QL (4 EA per 28 days)
butalbital-acetaminophen oral tablet 50-325 mg	1	QL (6 EA per 1 day)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL (6 EA per 1 day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	QL (6 EA per 1 day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	QL (6 EA per 1 day)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	QL (6 EA per 1 day)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	1	
butorphanol tartrate nasal solution 10 mg/ml	1	
codeine sulfate oral tablet 15 mg	1	QL (24 EA per 1 day)
codeine sulfate oral tablet 30 mg	1	QL (12 tablets per day)
codeine sulfate oral tablet 60 mg	1	QL (6 EA per 1 day)
endocet oral tablet 10-325 mg	1	QL (6 EA per 1 day)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)
endocet oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; QL (4 EA per 1 day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	1	PA; QL (10 EA per 30 days)

DRUG NAME	TIER	LIMITATIONS / *NOTES
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	1	PA; QL (2 EA per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	QL (90 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	1	QL (6 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-325 mg	1	QL (8 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg	1	QL (5 EA per 1 day)
hydrocodone-ibuprofen oral tablet 5-200 mg	1	QL (5 EA per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	1	PA; QL (1 EA per 1 day)
hydromorphone hcl oral liquid 1 mg/ml	1	QL (20 ML per 1 day)
hydromorphone hcl oral tablet 2 mg	1	QL (10 EA per 1 day)
hydromorphone hcl oral tablet 4 mg	1	QL (5 EA per 1 day)
hydromorphone hcl oral tablet 8 mg	1	QL (2 EA per 1 day)
hydromorphone hcl rectal suppository 3 mg	1	QL (4 EA per 1 day)
JOURNAVX ORAL TABLET 50 MG	2	QL (Max 30 tabs in 90 days)
meperidine hcl oral solution 50 mg/5ml	1	QL (90 ML per 1 day)
meperidine hcl oral tablet 50 mg	1	QL (18 EA per 1 day)
methadone hcl intensol oral concentrate 10 mg/ml	2	PA; QL (2 ML per 1 day)
methadone hcl oral concentrate 10 mg/ml	2	PA; QL (2 EA per 1 day)
methadone hcl oral solution 10 mg/5ml	1	PA; QL (10 ML per 1 day)
methadone hcl oral solution 5 mg/5ml	1	PA; QL (20 ML per 1 day)
methadone hcl oral tablet 10 mg	1	PA; QL (2 EA per 1 day)
methadone hcl oral tablet 5 mg	1	PA; QL (3 EA per 1 day)
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL (4.5 ML per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	PA; QL (1 EA per 1 day)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	PA; QL (2 EA per 1 day)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	PA; QL (3 EA per 1 day)
morphine sulfate oral solution 10 mg/5ml	1	QL (45 ML per 1 day)
morphine sulfate oral solution 20 mg/5ml	1	QL (22.5 ML per 1 day)
morphine sulfate oral tablet 15 mg	1	QL (6 EA per 1 day)
morphine sulfate oral tablet 30 mg	1	QL (3 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	2	PA; QL (2 EA per 1 day)
oxycodone hcl oral capsule 5 mg	1	QL (12 EA per 1 day)

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
oxycodone hcl oral concentrate 100 mg/5ml	1	QL (3 ML per 1 day)
oxycodone hcl oral solution 5 mg/5ml	1	QL (60 ML per 1 day)
oxycodone hcl oral tablet 10 mg	1	QL (6 EA per 1 day)
oxycodone hcl oral tablet 15 mg	1	QL (4 EA per 1 day)
oxycodone hcl oral tablet 20 mg	1	QL (3 EA per 1 day)
oxycodone hcl oral tablet 30 mg	1	QL (2 EA per 1 day)
oxycodone hcl oral tablet 5 mg	1	QL (12 EA per 1 day)
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 10 MG	2	QL (Max 6 tab per day)
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 15 MG	2	QL (Max 4 tab per day)
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 30 MG	2	QL (Max 2 tab per day)
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 5 MG	2	QL (Max 12 tab per day)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL (2 EA per 1 day)
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	PA; QL (2 EA per 1 day)
oxymorphone hcl oral tablet 10 mg	1	PA; QL (3 EA per 1 day)
oxymorphone hcl oral tablet 5 mg	1	PA; QL (6 EA per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG	2	QL (Max 6 tab per day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	2	QL (Max 4 tab per day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG	2	QL (Max 2 tab per day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	2	QL (Max 12 tab per day)
TAPENTADOL HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	2	PA; QL (2 EA per 1 day)
tapentadol hcl oral tablet 100 mg	1	PA; QL (2 EA per 1 day)
tapentadol hcl oral tablet 50 mg	1	PA; QL (4 EA per 1 day)
tapentadol hcl oral tablet 75 mg	1	PA; QL (3 EA per 1 day)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	PA; QL (1 EA per 1 day)

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	PA; QL (1 EA per 1 day)
tramadol hcl oral tablet 50 mg	1	QL (8 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	QL (8 EA per 1 day)
Anesthetics		
glydo external prefilled syringe 2 %	1	
lidocaine external ointment 5 %	1	QL (50 GM per 30 days)
lidocaine external patch 5 %	1	
lidocaine hcl external cream 3 %	1	
lidocaine hcl external lotion 3 %	1	
lidocaine hcl external solution 4 %	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	1	
lidocaine-prilocaine external kit 2.5-2.5 %	1	
premium lidocaine external ointment 5 %	1	QL (50 GM per 30 days)
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium oral tablet delayed release 333 mg	1	Medication can be filled for up to a 90 day supply
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	1	PA
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	QL (Max 2.66 Films Per Day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	QL (16 EA per day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	QL (8 EA per day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	QL (4 EA per day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (16 tablets per day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (4 tablets per day)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	
disulfiram oral tablet 250 mg, 500 mg	1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl nasal liquid 4 mg/0.1ml	1	QL (2 EA per 1 fill)
naltrexone hcl oral tablet 50 mg	1	
NICOTROL NS NASAL SOLUTION 10 MG/ML	2	PA
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	1	PA

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	PA
varenicline tartrate(continue) oral tablet 1 mg	1	PA
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	PA; QL (Max of 32 mg/day for the first 6 months)
Antibacterials		
amoxicillin oral capsule 250 mg, 500 mg	1	Medication included in the Extended Family Planning formulary
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	Medication included in the Extended Family Planning formulary
amoxicillin oral tablet 500 mg, 875 mg	1	Medication included in the Extended Family Planning formulary
amoxicillin oral tablet chewable 125 mg, 250 mg	1	Medication included in the Extended Family Planning formulary
amoxicillin trihydrate oral suspension reconstituted 250 mg/5ml	1	Medication included in the Extended Family Planning formulary
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	1	Medication included in the Extended Family Planning formulary
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	Medication included in the Extended Family Planning formulary
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	Medication included in the Extended Family Planning formulary
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	Medication included in the Extended Family Planning formulary
ampicillin oral capsule 500 mg	1	Medication included in the Extended Family Planning formulary
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	2	
azithromycin oral packet 1 gm	1	Medication included in the Extended Family Planning formulary
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	Medication included in the Extended Family Planning formulary
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	Medication included in the Extended Family Planning formulary
BAXDELA ORAL TABLET 450 MG	2	PA
cefaclor oral capsule 250 mg, 500 mg	1	Medication included in the Extended Family Planning formulary
cefaclor oral suspension reconstituted 250 mg/5ml	1	Medication included in the Extended Family Planning formulary
cefadroxil oral capsule 500 mg	1	Medication included in the Extended Family Planning formulary

DRUG NAME	TIER	LIMITATIONS / *NOTES
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	Medication included in the Extended Family Planning formulary
cefadroxil oral tablet 1 gm	1	Medication included in the Extended Family Planning formulary
cefdinir oral capsule 300 mg	1	Medication included in the Extended Family Planning formulary
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	Medication included in the Extended Family Planning formulary
cefixime oral capsule 400 mg	1	Medication included in the Extended Family Planning formulary
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	Medication included in the Extended Family Planning formulary
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	Medication included in the Extended Family Planning formulary
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	Medication included in the Extended Family Planning formulary
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	Medication included in the Extended Family Planning formulary
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	Medication included in the Extended Family Planning formulary
cephalexin oral tablet 250 mg, 500 mg	1	Medication included in the Extended Family Planning formulary
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	2	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	Medication included in the Extended Family Planning formulary
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	Medication included in the Extended Family Planning formulary
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phosphate vaginal cream 2 %	1	Medication included in the Extended Family Planning formulary

DRUG NAME	TIER	LIMITATIONS / *NOTES
demeclocycline hcl oral tablet 150 mg, 300 mg	1	PA
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	2	PA; QL (136 ML per 1 fill)
doxycycline hyclate oral capsule 100 mg, 50 mg	1	Medication included in the Extended Family Planning formulary
doxycycline hyclate oral tablet 100 mg, 20 mg	1	Medication included in the Extended Family Planning formulary
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	Medication included in the Extended Family Planning formulary
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	Medication included in the Extended Family Planning formulary
doxycycline monohydrate oral tablet 100 mg, 50 mg	1	Medication included in the Extended Family Planning formulary
E.E.S. 400 ORAL TABLET 400 MG	1	Medication included in the Extended Family Planning formulary
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG	1	Medication included in the Extended Family Planning formulary
erythromycin base oral capsule delayed release particles 250 mg	1	Medication included in the Extended Family Planning formulary
erythromycin base oral tablet 250 mg, 500 mg	1	Medication included in the Extended Family Planning formulary
erythromycin base oral tablet delayed release 500 mg	1	Medication included in the Extended Family Planning formulary
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	1	Medication included in the Extended Family Planning formulary
erythromycin ethylsuccinate oral tablet 400 mg	1	Medication included in the Extended Family Planning formulary
erythromycin oral tablet delayed release 500 mg	1	Medication included in the Extended Family Planning formulary
fidaxomicin oral tablet 200 mg	1	PA; QL (20 EA per 1 fill)
fosfomycin tromethamine oral packet 3 gm	1	Medication included in the Extended Family Planning formulary
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
iodine tincture external tincture 2 %	1	
levofloxacin oral solution 25 mg/ml	1	Medication included in the Extended Family Planning formulary
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	Medication included in the Extended Family Planning formulary
linezolid oral suspension reconstituted 100 mg/5ml	1	QL (60 ML per 1 day)
linezolid oral tablet 600 mg	1	QL (2 EA per 1 day)

DRUG NAME	TIER	LIMITATIONS / *NOTES
methenamine hippurate oral tablet 1 gm	1	
methenamine mandelate oral tablet 0.5 gm, 1 gm	1	
metronidazole oral capsule 375 mg	1	Medication included in the Extended Family Planning formulary
metronidazole oral tablet 250 mg, 500 mg	1	Medication included in the Extended Family Planning formulary
metronidazole vaginal gel 0.75 %	1	Medication included in the Extended Family Planning formulary
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
moxifloxacin hcl oral tablet 400 mg	1	Medication included in the Extended Family Planning formulary
mupirocin calcium external cream 2 %	1	PA
mupirocin external ointment 2 %	1	
neomycin sulfate oral tablet 500 mg	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	Medication included in the Extended Family Planning formulary
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	1	Medication included in the Extended Family Planning formulary
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	1	Medication included in the Extended Family Planning formulary
NUZYRA ORAL TABLET 150 MG	2	PA
ofloxacin oral tablet 400 mg	1	Medication included in the Extended Family Planning formulary
ORLYNVAH ORAL TABLET 500-500 MG	2	PA; QL (10 tabs/30 days)
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
silver sulfadiazine external cream 1 %	1	
SIVEXTRO ORAL TABLET 200 MG	2	PA; QL (6 EA per 365 days)
SOLOSEC ORAL PACKET 2 GM	2	PA; Medication included in the Extended Family Planning formulary
ssd external cream 1 %	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	1	Medication included in the Extended Family Planning formulary
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	Medication included in the Extended Family Planning formulary
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	Medication included in the Extended Family Planning formulary
tetracycline hcl oral capsule 250 mg, 500 mg	1	Medication included in the Extended Family Planning formulary

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
tinidazole oral tablet 250 mg, 500 mg	1	Medication included in the Extended Family Planning formulary
trimethoprim oral tablet 100 mg	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 750 mg	1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	1	QL (1 bottle per 10 days)
XEPI EXTERNAL CREAM 1 %	2	PA; QL (30 GM per 1 fill)
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; QL (2 EA per 1 day)
Anticoagulants		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	1	QL (2 EA per 1 day)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	2	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	2	QL (1 pack per lifetime.)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	2	
enoxaparin sodium injection solution 300 mg/3ml	1	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	1	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	2	
heparin sodium (porcine) +rfid injection solution 1000 unit/ml	1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	
heparin sodium (porcine) pf injection solution 1000 unit/ml	1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
Anticonvulsants - Drugs for Seizures		
brivaracetam oral solution 10 mg/ml	1	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	PA
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet 10 mg, 20 mg	1	PA
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	2	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	2	PA
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	QL (1 EA per 1 fill)
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	2	
DILANTIN ORAL CAPSULE 100 MG, 30 MG	2	
DILANTIN ORAL SUSPENSION 125 MG/5ML	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML	2	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG	2	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	PA
epitol oral tablet 200 mg	1	
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	1	PA
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	1	
felbamate oral suspension 600 mg/5ml	1	PA
felbamate oral tablet 400 mg, 600 mg	1	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML	2	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	PA
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	PA
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	PA
lamotrigine odt oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg	1	
lamotrigine oral kit 42 x 50 mg & 14x100 mg	2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	PA
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	2	PA
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	2	PA
NAYZILAM SOLUTION 5 MG/0.1ML NASAL	2	PA; QL (1 EA per 1 fill)
NAYZILAM SOLUTION 5 MG/0.1ML NASAL	2	PA; QL (Max. 1 box (2 sprays) per fill.)
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg	1	PA
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
perampanel oral suspension 0.5 mg/ml	1	PA
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	PA
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
phenytek oral capsule 200 mg, 300 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
primidone oral tablet 250 mg, 50 mg	1	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	1	PA
rufinamide oral tablet 200 mg, 400 mg	1	PA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	2	PA
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral kit 35 x 25 mg	1	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	2	PA
tiagabine hcl oral tablet 2 mg, 4 mg	1	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	PA
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	PA
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml, 500 mg/10ml	1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	2	PA; QL (1 box per fill.)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	2	PA; QL (1 box per fill.)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	2	PA; QL (1 box per fill.)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	2	PA; QL (1 box per fill.)
vigabatrin oral packet 500 mg	1	PA
vigabatrin oral tablet 500 mg	1	PA
vigpoder oral packet 500 mg	1	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	2	PA

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	2	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	2	PA
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet 10 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	Medication can be filled for up to a 90 day supply
galantamine hydrobromide oral solution 4 mg/ml	1	Medication can be filled for up to a 90 day supply
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	Medication can be filled for up to a 90 day supply
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	1	Medication can be filled for up to a 90 day supply
memantine hcl oral solution 10 mg/5ml, 2 mg/ml	1	Medication can be filled for up to a 90 day supply
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	Medication can be filled for up to a 90 day supply
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1	Medication can be filled for up to a 90 day supply
Antidepressants		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	2	PA
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG	2	PA
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral tablet 100 mg, 75 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml	1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	1	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	1	ST
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1	ST
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral concentrate 10 mg/ml	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	2	PA; QL (2 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	2	PA; QL (3 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	2	PA; QL (1 EA per 1 day)
escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	2	PA: PA; QL (1 EA per 1 day)
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	2	PA: PA; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	2	PA; QL (1 EA per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	2	PA; QL (1 EA per 1 day)
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	1	PA
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl oral solution 20 mg/5ml	1	
fluoxetine hcl oral tablet 10 mg, 20 mg	1	PA
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	1	PA
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline hcl oral solution 10 mg/5ml	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	PA; QL (1 EA per 1 day)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	1	PA
paroxetine hcl oral suspension 10 mg/5ml	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
phenelzine sulfate oral tablet 15 mg	1	
protriptyline hcl oral tablet 10 mg, 5 mg	1	PA
RALDESY ORAL SOLUTION 10 MG/ML	2	PA
sertraline hcl oral concentrate 20 mg/ml	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	
tranylcypromine sulfate oral tablet 10 mg	1	
trazodone hcl oral tablet 100 mg, 150 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	1	PA
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	PA; QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	1	ST
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	1	PA; QL (1 EA per 1 day)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	2	PA; QL (Max. 2 capsules per Day)
ZURZUVAE ORAL CAPSULE 30 MG	2	PA; QL (Max. 1 capsule per Day)
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL CAPSULE 300-0.5 MG	2	PA; QL (1 EA per 1 fill)
ANTIVERT ORAL TABLET CHEWABLE 25 MG	2	
ANZEMET ORAL TABLET 50 MG	2	PA; QL (5 EA per 1 fill)
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL (6 EA per 30 days)
aprepitant oral capsule therapy pack 80 & 125 mg	1	QL (6 EA per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG	2	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	1	PA
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
DRONABINOL ORAL SOLUTION 5 MG/ML	2	PA
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	2	PA; QL (3 EA per 7 days)
granisetron hcl oral tablet 1 mg	1	QL (14 EA per 1 fill)
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
meclizine hcl oral tablet chewable 25 mg	1	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
ondansetron hcl +rfid injection solution 4 mg/2ml	1	
ondansetron hcl +rfid injection solution prefilled syringe 4 mg/2ml	1	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	1	
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	1	
ondansetron hcl oral solution 4 mg/5ml	1	QL (105 ML per 1 fill)
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	1	QL (21 EA per 1 fill)
ondansetron odt oral tablet dispersible 16 mg, 4 mg, 8 mg	1	QL (21 EA per 1 fill)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
prochlorperazine edisylate injection solution 10 mg/2ml	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	2	PA
scopolamine transdermal patch 72 hour 1 mg/3days	1	
SYNDROS ORAL SOLUTION 5 MG/ML	2	PA
trimethobenzamide hcl oral capsule 300 mg	1	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	2	PA; QL (2 tablet per fill; maximum of 6 tablets per 30 days)
Antifungals		
ciclodan external solution 8 %	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	1	PA
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
ciclopirox olamine external suspension 0.77 %	1	PA
clotrimazole external cream 1 %	1	
clotrimazole external solution 1 %	1	
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	2	PA
econazole nitrate external cream 1 %	1	
ECONAZOLE NITRATE EXTERNAL FOAM 1 %	2	PA
ECOZA EXTERNAL FOAM 1 %	2	PA
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	Medication included in the Extended Family Planning formulary
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	Medication included in the Extended Family Planning formulary
flucytosine oral capsule 250 mg, 500 mg	1	PA
griseofulvin microsize oral suspension 125 mg/5ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
itraconazole oral capsule 100 mg	1	
JUBLIA EXTERNAL SOLUTION 10 %	2	PA
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral tablet 200 mg	1	
ketodan external foam 2 %	1	
klayesta external powder 100000 unit/gm	1	
LULICONAZOLE EXTERNAL CREAM 1 %	1	PA
miconazole 3 vaginal suppository 200 mg	1	Medication included in the Extended Family Planning formulary
naftifine hcl external cream 1 %, 2 %	1	PA
NOXAFIL ORAL PACKET 300 MG	2	PA
nyamyc external powder 100000 unit/gm	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
nystop external powder 100000 unit/gm	1	
oxiconazole nitrate external cream 1 %	1	PA
OXISTAT EXTERNAL LOTION 1 %	2	PA
posaconazole oral suspension 40 mg/ml	1	PA
posaconazole oral tablet delayed release 100 mg	1	PA
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	1	PA
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	1	PA
terbinafine hcl oral tablet 250 mg	1	
terconazole vaginal cream 0.4 %, 0.8 %	1	Medication included in the Extended Family Planning formulary
terconazole vaginal suppository 80 mg	1	Medication included in the Extended Family Planning formulary
voriconazole oral suspension reconstituted 40 mg/ml	1	PA
voriconazole oral tablet 200 mg, 50 mg	1	PA
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	Medication can be filled for up to a 90 day supply
allopurinol oral tablet 200 mg	1	
colchicine oral tablet 0.6 mg	1	
colchicine-probenecid oral tablet 0.5-500 mg	1	
febuxostat oral tablet 40 mg, 80 mg	1	ST; Medication can be filled for up to a 90 day supply
probenecid oral tablet 500 mg	1	Medication included in the Extended Family Planning formulary
Antimigraine Agents		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	2	PA; QL (Max. 1 injection per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	2	PA; QL (Max. 1 injection per 30 days)
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1	PA; QL (9 EA per 30 days)
dihydroergotamine mesylate nasal solution 4 mg/ml	1	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	1	PA; QL (9 EA per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA; QL (1 mL per 30 days; 2 injections permitted for the first month of treatment.)

DRUG NAME	TIER	LIMITATIONS / *NOTES
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL (Max. 1 injection per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	PA; QL (1 mL per 30 days; 2 injections permitted for the first month of treatment.)
frovatriptan succinate oral tablet 2.5 mg	1	PA; QL (9 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	1	
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	ST; QL (9 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	2	PA; QL (8 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	QL (9 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	QL (9 EA per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	QL (6 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL (9 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	1	QL (2 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL (2 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL (2 ML per 30 days)
TOSYMRA NASAL SOLUTION 10 MG/ACT	2	PA; QL (6 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL (8 EA per 30 days)
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	2	ST; QL (6 EA per 30 days)
zolmitriptan nasal solution 5 mg	1	ST; QL (6 EA per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	ST; QL (9 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	1	ST; QL (9 EA per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG	2	ST; QL (6 EA per 30 days)
Antimyasthenic Agents		
pyridostigmine bromide er oral tablet extended release 180 mg	1	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
cycloserine oral capsule 250 mg	1	
dapsone oral tablet 100 mg, 25 mg	1	
ethambutol hcl oral tablet 100 mg, 400 mg	1	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
PRETOMANID ORAL TABLET 200 MG	2	PA
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
rifampin oral capsule 150 mg, 300 mg	1	
rifapentine oral tablet 150 mg	1	PA
SIRTURO ORAL TABLET 100 MG, 20 MG	2	PA
TRECATOR ORAL TABLET 250 MG	2	PA
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg, 500 mg	1	PA
abirtega oral tablet 250 mg	1	PA
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	2	PA
ALECENSA ORAL CAPSULE 150 MG	2	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	2	PA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	2	PA
anastrozole oral tablet 1 mg	1	
AUGTYRO ORAL CAPSULE 40 MG	2	PA
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	2	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	2	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	2	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	2	PA
bexarotene oral capsule 75 mg	1	
bicalutamide oral tablet 50 mg	1	
BOSULIF ORAL CAPSULE 100 MG, 50 MG	2	PA
bosutinib oral tablet 100 mg, 500 mg	1	PA
BRAFTOVI ORAL CAPSULE 75 MG	2	PA
BRUKINSA ORAL CAPSULE 80 MG	2	PA
BRUKINSA ORAL TABLET 160 MG	2	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA
CALQUENCE ORAL TABLET 100 MG	2	PA
capecitabine oral tablet 150 mg, 500 mg	1	
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	2	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	2	PA
COTELLIC ORAL TABLET 20 MG	2	PA
cyclophosphamide oral capsule 25 mg, 50 mg	1	
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	1	PA
DAURISMO ORAL TABLET 100 MG, 25 MG	2	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	2	PA
ERIVEDGE ORAL CAPSULE 150 MG	2	PA
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	1	
etoposide oral capsule 50 mg	1	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	1	PA
exemestane oral tablet 25 mg	1	
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	2	PA
GAVRETO ORAL CAPSULE 100 MG	2	PA
gefitinib oral tablet 250 mg	1	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	2	PA: PA required
GOMEKLI ORAL TABLET SOLUBLE 1 MG	2	PA: PA required
HERNEXEOS ORAL TABLET 60 MG	2	PA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	2	PA
hydroxyurea oral capsule 500 mg	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA
IBTROZI ORAL CAPSULE 200 MG	2	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	2	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	2	PA
imatinib mesylate oral tablet 100 mg, 400 mg	1	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	2	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA
INLURIYO ORAL TABLET 200 MG	2	PA: PA
INLYTA ORAL TABLET 1 MG, 5 MG	2	PA
INQOVI ORAL TABLET 35-100 MG	2	PA
INREBIC ORAL CAPSULE 100 MG	2	PA
ITOVEBI ORAL TABLET 3 MG, 9 MG	2	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	2	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	2	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA
KOMZIFTI ORAL CAPSULE 200 MG	2	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	2	PA
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG	2	PA
KRAZATI ORAL TABLET 200 MG	2	PA
lapatinib ditosylate oral tablet 250 mg	1	PA
LAZCLUZE ORAL TABLET 240 MG, 80 MG	2	PA
lederle leucovorin oral tablet 5 mg	1	
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 3 X 4 MG, 4 MG	2	PA
letrozole oral tablet 2.5 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
LEUKERAN ORAL TABLET 2 MG	2	
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	2	PA
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG	2	PA
lomustine oral capsule 10 mg, 100 mg, 40 mg	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	2	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	2	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA
LYSODREN ORAL TABLET 500 MG	2	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	2	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	2	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	2	PA
MATULANE ORAL CAPSULE 50 MG	2	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	2	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	2	PA
MEKTOVI ORAL TABLET 15 MG	2	PA
mercaptopurine oral suspension 2000 mg/100ml	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
mercaptopurine oral tablet 50 mg	1	
mesna oral tablet 400 mg	1	
MODEYSO ORAL CAPSULE 125 MG	2	PA
MYLERAN ORAL TABLET 2 MG	2	
NERLYNX ORAL TABLET 40 MG	2	PA
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	1	PA
nilutamide oral tablet 150 mg	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	PA
ODOMZO ORAL CAPSULE 200 MG	2	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	2	PA
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	2	PA
OJEMDA ORAL TABLET 100 MG	2	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	2	PA
ONUREG ORAL TABLET 200 MG, 300 MG	2	PA
ORGOVYX ORAL TABLET 120 MG	2	PA
ORSERDU ORAL TABLET 345 MG, 86 MG	2	PA
PANRETIN EXTERNAL GEL 0.1 %	2	PA
pazopanib hcl oral tablet 200 mg, 400 mg	1	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	2	PA
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG	2	PA
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	1	PA
QINLOCK ORAL TABLET 50 MG	2	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	2	PA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	2	PA
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	2	PA
REZLIDHIA ORAL CAPSULE 150 MG	2	PA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	2	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	2	PA
ROZLYTREK ORAL PACKET 50 MG	2	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	PA
RYDAPT ORAL CAPSULE 25 MG	2	PA
SIKLOS ORAL TABLET 100 MG, 1000 MG	2	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	2	
sorafenib tosylate oral tablet 200 mg	1	PA
STIVARGA ORAL TABLET 40 MG	2	PA

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA
TABLOID ORAL TABLET 40 MG	2	
TABRECTA ORAL TABLET 150 MG, 200 MG	2	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA
TAFINLAR ORAL TABLET SOLUBLE 10 MG	2	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	2	PA
tamoxifen citrate oral tablet 10 mg, 20 mg	1	
TAZVERIK ORAL TABLET 200 MG	2	PA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	
TEPMETKO ORAL TABLET 225 MG	2	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	
TIBSOVO ORAL TABLET 250 MG	2	PA
toremifene citrate oral tablet 60 mg	1	
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA
tretinoin oral capsule 10 mg	1	
TRUQAP ORAL TABLET 160 MG, 200 MG	2	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	2	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	2	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	2	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA
VIJOICE ORAL PACKET 50 MG	2	PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	2	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	2	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA
VONJO ORAL CAPSULE 100 MG	2	PA
VORANIGO ORAL TABLET 10 MG, 40 MG	2	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	2	PA
XOSPATA ORAL TABLET 40 MG	2	PA

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	2	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	2	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	2	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	2	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	2	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG	2	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	2	PA
XTANDI ORAL CAPSULE 40 MG	2	PA
XTANDI ORAL TABLET 40 MG, 80 MG	2	PA
yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	2	PA
ZELBORAF ORAL TABLET 240 MG	2	PA
ZOLINZA ORAL CAPSULE 100 MG	2	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA
ZYKADIA ORAL TABLET 150 MG	2	PA
Antiparasitics		
albendazole oral tablet 200 mg	1	
atovaquone oral suspension 750 mg/5ml	1	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG	2	QL (24 EA per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	1	
IMPAVIDO ORAL CAPSULE 50 MG	2	
ivermectin oral tablet 3 mg, 6 mg	1	Medication included in the Extended Family Planning formulary; QL (20 EA per 90 days)
KRINTAFEL ORAL TABLET 150 MG	2	QL (2 EA per 1 fill)
LAMPIT ORAL TABLET 120 MG, 30 MG	2	
malathion external lotion 0.5 %	1	Medication included in the Extended Family Planning formulary
mefloquine hcl oral tablet 250 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
nitazoxanide oral tablet 500 mg	1	
permethrin external cream 5 %	1	Medication included in the Extended Family Planning formulary
praziquantel oral tablet 600 mg	1	
quinine sulfate oral capsule 324 mg	1	PA
spinosad external suspension 0.9 %	2	ST; QL (120 ML per 1 fill)
Antiparkinson Agents		
amantadine hcl oral capsule 100 mg	1	Medication can be filled for up to a 90 day supply
amantadine hcl oral solution 50 mg/5ml	1	Medication can be filled for up to a 90 day supply
amantadine hcl oral tablet 100 mg	1	Medication can be filled for up to a 90 day supply
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine mesylate oral capsule 5 mg	1	
bromocriptine mesylate oral tablet 2.5 mg	1	
carbidopa oral tablet 25 mg	1	Medication can be filled for up to a 90 day supply
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	Medication can be filled for up to a 90 day supply
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	Medication can be filled for up to a 90 day supply
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	Medication can be filled for up to a 90 day supply
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	Medication can be filled for up to a 90 day supply
entacapone oral tablet 200 mg	1	Medication can be filled for up to a 90 day supply
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	2	PA
INBRIJA INHALATION CAPSULE 42 MG	2	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	2	PA
NOURIANZ ORAL TABLET 20 MG, 40 MG	2	PA; QL (1 EA per 1 day)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	2	PA; QL (1 EA per 1 day)
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1	Medication can be filled for up to a 90 day supply
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	Medication can be filled for up to a 90 day supply
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	Medication can be filled for up to a 90 day supply
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
tolcapone oral tablet 100 mg	1	PA; Medication can be filled for up to a 90 day supply; QL (6 EA per 1 day)
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
XADAGO ORAL TABLET 100 MG, 50 MG	2	PA
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	2	PA; QL (2 EA per 1 day)
Antiplatelets		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	Medication can be filled for up to a 90 day supply
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	1	Medication can be filled for up to a 90 day supply
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	Medication can be filled for up to a 90 day supply
prasugrel hcl oral tablet 10 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
ticagrelor oral tablet 60 mg, 90 mg	1	PA
ZONTIVITY ORAL TABLET 2.08 MG	2	PA
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	MB/RX	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	MB/RX	PA
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	2	PA; QL (1 EA per 1 day)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	2	PA; QL (1 EA per 1 day)
aripiprazole oral solution 1 mg/ml	1	PA; QL (25 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	QL (1 EA per 1 day)
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	PA; QL (1 EA per 1 day)

DRUG NAME	TIER	LIMITATIONS / *NOTES
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	MB/RX	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	MB/RX	PA
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	1	PA; QL (2 EA per 1 day)
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	PA; QL (2 tablets/day)
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK 1 & 2 & 4 & 6 MG	2	PA
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK 1 & 2 & 6 & 8 MG	2	PA
BYSANTI TITRATION PACK C ORAL TABLET THERAPY PACK 1 & 2 & 6 MG	2	PA
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	2	PA; QL (1 EA per 1 day)
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	QL (2 EA per 1 day)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	2	PA; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	2	PA; QL (2 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	PA; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	2	PA
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	2	PA
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	2	PA
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	MB/RX	PA
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	MB/RX	PA
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	PA; QL (1 EA per 1 day)
NUPLAZID ORAL CAPSULE 34 MG	2	PA; QL (1 EA per 1 day)
NUPLAZID ORAL TABLET 10 MG	2	PA; QL (2 EA per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	QL (1 EA per 1 day)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	1	PA; QL (1 EA per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	MB/RX	PA
pimozide oral tablet 1 mg, 2 mg	1	PA
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	PA
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	QL (3 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	PA; QL (1 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	MB/RX	PA
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	QL (2 EA per 1 day)
risperidone oral tablet 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	2	PA; QL (1 EA per 1 day)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	PA
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	QL (2 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	MB/RX	PA
Antivirals		
abacavir sulfate oral solution 20 mg/ml	1	
abacavir sulfate oral tablet 300 mg	1	
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	
acyclovir external cream 5 %	1	PA; QL (5 GM per 1 fill)
acyclovir external ointment 5 %	1	
acyclovir oral capsule 200 mg	1	Medication included in the Extended Family Planning formulary
acyclovir oral suspension 200 mg/5ml, 800 mg/20ml	1	Medication included in the Extended Family Planning formulary
acyclovir oral tablet 400 mg, 800 mg	1	Medication included in the Extended Family Planning formulary
adefovir dipivoxil oral tablet 10 mg	1	
APTIVUS ORAL CAPSULE 250 MG	2	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CIMDUO ORAL TABLET 300-300 MG	2	
darunavir oral tablet 600 mg, 800 mg	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	2	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	2	
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	2	
efavirenz oral capsule 200 mg, 50 mg	1	
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	1	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
entecavir oral tablet 0.5 mg, 1 mg	1	QL (1 tablet per day)
EPCLUSA ORAL PACKET 200-50 MG	2	PA; QL (1 tablet per day)

DRUG NAME	TIER	LIMITATIONS / *NOTES
EPCLUSA ORAL TABLET 200-50 MG	2	PA; QL (1 tablet per day)
EPCLUSA ORAL TABLET 400-100 MG	2	PA
etravirine oral tablet 100 mg, 200 mg	1	
EVOTAZ ORAL TABLET 300-150 MG	2	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	Medication included in the Extended Family Planning formulary
fosamprenavir calcium oral tablet 700 mg	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	2	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL TABLET 45-200 MG	2	PA; QL (1 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG	2	PA
IDVYNSO ORAL TABLET 100-0.25 MG	2	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL PACKET 100 MG	2	
ISENTRESS ORAL TABLET 400 MG	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	2	
lamivudine oral solution 10 mg/ml, 300 mg/30ml	1	
lamivudine oral tablet 100 mg	1	QL (1 tablet per day)
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
LIVTENCITY ORAL TABLET 200 MG	2	PA; QL (4 EA per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	
maraviroc oral tablet 150 mg, 300 mg	1	
MAVYRET ORAL PACKET 50-20 MG	2	AL (Min 3 Years and Max 12 Years)
MAVYRET ORAL TABLET 100-40 MG	2	
nevirapine er oral tablet extended release 24 hour 400 mg	1	
nevirapine oral suspension 50 mg/5ml	1	
nevirapine oral tablet 200 mg	1	
NORVIR ORAL PACKET 100 MG	2	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
oseltamivir phosphate oral capsule 30 mg	1	QL (20 tablets per fill; maximum of 2 fills per year.)
oseltamivir phosphate oral capsule 45 mg, 75 mg	1	QL (10 tablets per fill; maximum of 2 fills per year.)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	1	QL (Max. 2 fills per year)

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL	2	QL (20 EA per 1 fill)
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL	2	QL (QL (20 per fill))
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	2	QL (11 EA per 1 fill)
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL	2	QL (30 EA per 1 fill)
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL	2	QL (QL (30 per fill))
penciclovir external cream 1 %	1	PA; QL (5 GM per 1 fill)
PIFELTRO ORAL TABLET 100 MG	2	
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	PA
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	2	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (20 blisters per 1 fill; maximum of 2 fills per year.)
REYATAZ ORAL PACKET 50 MG	2	
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
rilpivirine hcl oral tablet 25 mg	1	
rimantadine hcl oral tablet 100 mg	1	
ritonavir oral tablet 100 mg	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	2	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SOVALDI ORAL TABLET 200 MG	2	PA; QL (2 EA per 1 day)
SOVALDI ORAL TABLET 400 MG	2	PA
STRIBILD ORAL TABLET 150-150-200-300 MG	2	
SUNLENCA ORAL TABLET 300 MG	2	PA; QL (QL(4 tabs/fill))
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	
tenofovir disoproxil fumarate oral tablet 300 mg	1	QL (1 tablet per day)
TIVICAY ORAL TABLET 50 MG	2	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
TYBOST ORAL TABLET 150 MG	2	
valacyclovir hcl oral tablet 1 gm, 500 mg	1	Medication included in the Extended Family Planning formulary
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	
valganciclovir hcl oral tablet 450 mg	1	
VEMLIDY ORAL TABLET 25 MG	2	PA; QL (1 tablet per day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIREAD ORAL POWDER 40 MG/GM	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL (1 tablet per day)
VOSEVI ORAL TABLET 400-100-100 MG	2	PA
XOCOVA ORAL TABLET 125 MG	2	QL (7 tabs/fill - 1 fill per 30 days)
YEZTUGO ORAL TABLET 300 MG	2	PA; QL (QL(4 tabs/fill))
ZEPATIER ORAL TABLET 50-100 MG	2	PA
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 50 mg/5ml	1	
zidovudine oral tablet 300 mg	1	
Anxiolytics - Drugs for Anxiety		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	1	
buspirone hcl oral tablet 30 mg	1	PA
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
clonazepam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
estazolam oral tablet 1 mg	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
lorazepam intensol oral concentrate 2 mg/ml	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium oral solution 8 meq/5ml	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	PA
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	MB/RX	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML	MB/RX	PA
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	MB/RX	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	PA
aminocaproic acid oral solution 0.25 gm/ml	1	
aminocaproic acid oral tablet 1000 mg, 500 mg	1	
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	Covered under the Prescription Drug Benefit when self-administered; QL (4 ML per 30 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	2	Covered under the Prescription Drug Benefit when self-administered; QL (4 ML per 30 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML	2	Covered under the Prescription Drug Benefit when self-administered; QL (4.2 ML per 30 days)

DRUG NAME	TIER	LIMITATIONS / *NOTES
ARMLUPEG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA; QL (QL 0.6 mL/14 days)
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	MB/RX	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	MB/RX	PA
DOPTELET ORAL TABLET 20 MG	2	PA
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	2	PA
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	MB/RX	PA
eltrombopag olamine oral packet 12.5 mg, 25 mg	1	
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	1	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	Covered under the Prescription Drug Benefit when self-administered; QL (10 ML per 14 days)
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	MB/RX	PA
FILKRI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2	PA; QL (10 mL/14 days)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (0.6 ML per 14 days)
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA; QL (1 syringe per 14 days)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (10 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (16 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (5 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (8 ML per 14 days)

DRUG NAME	TIER	LIMITATIONS / *NOTES
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	MB/RX	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	MB/RX	PA
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	MB/RX	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	MB/RX	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	2	
MULPLETA ORAL TABLET 3 MG	2	PA
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4ML	2	PA; QL (0.6 mL/14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (0.6 ML per 14 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (10 ML per 14 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (10 ML per 14 days)

DRUG NAME	TIER	LIMITATIONS / *NOTES
NIVESTYM INJECTION SOLUTION 300 MCG/ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (10 ML per 14 days)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (16 ML per 14 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (5 ML per 14 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (8 ML per 14 days)
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	MB/RX	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	PA
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	2	PA; QL (10 syringes (5 mL) per 14 days)
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	2	PA; QL (10 syringes (8mL) per 14 days)
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (0.6 ML per 14 days)
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	MB/RX	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	Covered under the Prescription Drug Benefit when self-administered; QL (10 ML per 14 days)
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT	MB/RX	PA
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML	MB/RX	PA
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	MB/RX	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	MB/RX	PA
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2	PA; QL (10 syringes per 14 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	Covered under the Prescription Drug Benefit when self-administered; QL (10 ML per 14 days)
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	QL (10 mL per 14 days); Covered under the Prescription Drug Benefit when self-administered
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	MB/RX	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA; QL (1 syringe per 14 days.)
TAVALISSE ORAL TABLET 100 MG, 150 MG	2	PA; QL (2 EA per 1 day)
tranexamic acid oral tablet 650 mg	1	Medication included in the Extended Family Planning formulary
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	MB/RX	PA
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA; QL (0.6 ML per 14 days)
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	2	PA; QL (0.6 ML per 14 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (0.6 ML per 14 days)
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	MB/RX	PA
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	MB/RX	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2	PA; QL (10 syringes per 14 days); Covered under the Prescription Drug Benefit when self-administered
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (0.6 ML per 14 days)

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral capsule 200 mg, 400 mg	1	Medication can be filled for up to a 90 day supply
aliskiren fumarate oral tablet 150 mg, 300 mg	1	PA; Medication can be filled for up to a 90 day supply; QL (1 EA per 1 day)
amiloride hcl oral tablet 5 mg	1	Medication can be filled for up to a 90 day supply
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	Medication can be filled for up to a 90 day supply
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	Medication can be filled for up to a 90 day supply
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	Medication can be filled for up to a 90 day supply
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	Medication can be filled for up to a 90 day supply
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	PA; Medication can be filled for up to a 90 day supply
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	ST; Medication can be filled for up to a 90 day supply
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	PA; Medication can be filled for up to a 90 day supply
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	Medication can be filled for up to a 90 day supply
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	Medication can be filled for up to a 90 day supply
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	Medication can be filled for up to a 90 day supply
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	2	PA: PA; QL (4 tabs/day)
azilsartan medoxomil oral tablet 40 mg, 80 mg	1	PA
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	Medication can be filled for up to a 90 day supply
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	Medication can be filled for up to a 90 day supply
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	PA; Medication can be filled for up to a 90 day supply
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	PA; Medication can be filled for up to a 90 day supply
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	Medication can be filled for up to a 90 day supply
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	Medication can be filled for up to a 90 day supply
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	Medication can be filled for up to a 90 day supply
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	Medication can be filled for up to a 90 day supply
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	ST; Medication can be filled for up to a 90 day supply
chlorthalidone oral tablet 25 mg, 50 mg	1	Medication can be filled for up to a 90 day supply
cholestyramine light oral packet 4 gm	1	Medication can be filled for up to a 90 day supply
cholestyramine light oral powder 4 gm/dose	1	Medication can be filled for up to a 90 day supply
cholestyramine oral packet 4 gm	1	Medication can be filled for up to a 90 day supply
cholestyramine oral powder 4 gm/dose	1	Medication can be filled for up to a 90 day supply
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
colesevelam hcl oral tablet 625 mg	1	Medication can be filled for up to a 90 day supply
colestipol hcl oral packet 5 gm	1	Medication can be filled for up to a 90 day supply
colestipol hcl oral tablet 1 gm	1	Medication can be filled for up to a 90 day supply
CORLANOR ORAL SOLUTION 5 MG/5ML	2	PA
digoxin oral solution 0.05 mg/ml	1	Medication can be filled for up to a 90 day supply
digoxin oral tablet 125 mcg, 250 mcg	1	Medication can be filled for up to a 90 day supply
digoxin oral tablet 62.5 mcg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	Medication can be filled for up to a 90 day supply
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	Medication can be filled for up to a 90 day supply
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	Medication can be filled for up to a 90 day supply
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	Medication can be filled for up to a 90 day supply
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	PA; Medication can be filled for up to a 90 day supply
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	Medication can be filled for up to a 90 day supply
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	Medication can be filled for up to a 90 day supply
disopyramide phosphate oral capsule 100 mg, 150 mg	1	Medication can be filled for up to a 90 day supply
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	Medication can be filled for up to a 90 day supply
droxidopa oral capsule 100 mg, 200 mg, 300 mg	1	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	Medication can be filled for up to a 90 day supply
eplerenone oral tablet 25 mg, 50 mg	1	PA; Medication can be filled for up to a 90 day supply
ezetimibe oral tablet 10 mg	1	Medication can be filled for up to a 90 day supply
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
fenofibrate micronized oral capsule 130 mg, 43 mg	1	PA; Medication can be filled for up to a 90 day supply
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	Medication can be filled for up to a 90 day supply
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	Medication can be filled for up to a 90 day supply
fenofibrate oral capsule 150 mg, 50 mg	1	PA; Medication can be filled for up to a 90 day supply
fenofibrate oral tablet 120 mg, 40 mg	1	PA; Medication can be filled for up to a 90 day supply
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	PA; Medication can be filled for up to a 90 day supply
fenofibric acid oral tablet 105 mg, 35 mg	1	PA; Medication can be filled for up to a 90 day supply
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	Medication can be filled for up to a 90 day supply
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	Medication can be filled for up to a 90 day supply
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	Medication can be filled for up to a 90 day supply
furosemide injection solution 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	Medication can be filled for up to a 90 day supply
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	Medication can be filled for up to a 90 day supply
gemfibrozil oral tablet 600 mg	1	Medication can be filled for up to a 90 day supply
guanfacine hcl oral tablet 1 mg, 2 mg	1	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	Medication can be filled for up to a 90 day supply
hydrochlorothiazide oral capsule 12.5 mg	1	Medication can be filled for up to a 90 day supply
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	Medication can be filled for up to a 90 day supply
icosapent ethyl oral capsule 0.5 gm, 1 gm	1	PA; Medication can be filled for up to a 90 day supply
indapamide oral tablet 1.25 mg, 2.5 mg	1	Medication can be filled for up to a 90 day supply
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	Medication can be filled for up to a 90 day supply
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	Medication can be filled for up to a 90 day supply
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	PA
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	Medication can be filled for up to a 90 day supply
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	Medication can be filled for up to a 90 day supply
isradipine oral capsule 2.5 mg, 5 mg	1	PA; Medication can be filled for up to a 90 day supply
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	PA

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG	2	PA; QL (1 EA per 1 day)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	Medication can be filled for up to a 90 day supply
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	Medication can be filled for up to a 90 day supply
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	Medication can be filled for up to a 90 day supply
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	Medication can be filled for up to a 90 day supply
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	Medication can be filled for up to a 90 day supply
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	PA; Medication can be filled for up to a 90 day supply
methyldopa oral tablet 250 mg, 500 mg	1	Medication can be filled for up to a 90 day supply
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	Medication can be filled for up to a 90 day supply
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	Medication can be filled for up to a 90 day supply
metoprolol tartrate oral tablet 37.5 mg, 75 mg	1	PA
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	Medication can be filled for up to a 90 day supply
metyrosine oral capsule 250 mg	1	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	Medication can be filled for up to a 90 day supply
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	Medication can be filled for up to a 90 day supply
moexipril hcl oral tablet 15 mg, 7.5 mg	1	Medication can be filled for up to a 90 day supply
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	Medication can be filled for up to a 90 day supply
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	ST
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA
niacin (antihyperlipidemic) oral tablet 500 mg	1	Medication can be filled for up to a 90 day supply

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	Medication can be filled for up to a 90 day supply
niacor oral tablet 500 mg	1	Medication can be filled for up to a 90 day supply
nicardipine hcl oral capsule 20 mg, 30 mg	1	Medication can be filled for up to a 90 day supply
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	Medication can be filled for up to a 90 day supply
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	Medication can be filled for up to a 90 day supply
nifedipine oral capsule 10 mg, 20 mg	1	Medication can be filled for up to a 90 day supply
nimodipine oral capsule 30 mg	1	PA; Medication can be filled for up to a 90 day supply
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	Medication can be filled for up to a 90 day supply
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	Medication can be filled for up to a 90 day supply
nitroglycerin translingual solution 0.4 mg/spray	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	Medication can be filled for up to a 90 day supply
pentoxifylline er oral tablet extended release 400 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	Medication can be filled for up to a 90 day supply
phenoxybenzamine hcl oral capsule 10 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	Medication can be filled for up to a 90 day supply
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
prevalite oral packet 4 gm	1	Medication can be filled for up to a 90 day supply
prevalite oral powder 4 gm/dose	1	Medication can be filled for up to a 90 day supply
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	1	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	Medication can be filled for up to a 90 day supply
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	Medication can be filled for up to a 90 day supply
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	Medication can be filled for up to a 90 day supply
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	Medication can be filled for up to a 90 day supply
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	Medication can be filled for up to a 90 day supply
quinidine gluconate er oral tablet extended release 324 mg	1	Medication can be filled for up to a 90 day supply
quinidine sulfate oral tablet 200 mg, 300 mg	1	Medication can be filled for up to a 90 day supply
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	1	Medication can be filled for up to a 90 day supply
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	2	PA; QL (1 syringe/84 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	2	PA; QL (2 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL (2 ML per 28 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	Medication can be filled for up to a 90 day supply
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	Medication can be filled for up to a 90 day supply
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	Medication can be filled for up to a 90 day supply
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	Medication can be filled for up to a 90 day supply
spironolactone-hctz oral tablet 25-25 mg	1	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	Medication can be filled for up to a 90 day supply
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	PA; Medication can be filled for up to a 90 day supply
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	Medication can be filled for up to a 90 day supply
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	Medication can be filled for up to a 90 day supply
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	Medication can be filled for up to a 90 day supply
triamterene oral capsule 100 mg, 50 mg	1	Medication can be filled for up to a 90 day supply
triamterene-hctz oral capsule 37.5-25 mg	1	Medication can be filled for up to a 90 day supply
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	Medication can be filled for up to a 90 day supply
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	Medication can be filled for up to a 90 day supply
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	Medication can be filled for up to a 90 day supply
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	Medication can be filled for up to a 90 day supply
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	Medication can be filled for up to a 90 day supply
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	Medication can be filled for up to a 90 day supply
VYNDAMAX ORAL CAPSULE 61 MG	2	PA; QL (1 EA per 1 day)
VYNDAQEL ORAL CAPSULE 20 MG	2	PA; QL (4 EA per 1 day)
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	PA: PA applies to members 25 and older; QL (2 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	PA: PA applies to members 25 and older; QL (3 EA per 1 day)
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	QL (2 EA per 1 day)

DRUG NAME	TIER	LIMITATIONS / *NOTES
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	PA; QL (4 EA per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	PA: PA applies to members 25 and older; QL (1 EA per 1 day); AL (Max 24 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg	1	PA: Additional PA requirements for members 25 and older; QL (1 EA per 1 day); AL (Max 24 Years)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	PA: PA applies to members 25 and older; QL (2 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1	PA: PA applies to members 25 and older; QL (3 EA per 1 day)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	PA: PA applies to members 25 and older; QL (40 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	PA: PA applies to members 25 and older; QL (3 EA per 1 day)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	2	PA: Additional PA requirements for members 25 and older; QL (8 ML per 1 day); AL (Max 24 Years)
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG	2	PA: Additional PA requirements for members 25 and older; QL (1 EA per day); AL (Max 24 Years)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	1	
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1	PA: Additional PA requirements for members 25 and older; QL (1 EA per 1 day); AL (Max 24 Years)
methamphetamine hcl oral tablet 5 mg	1	PA: PA applies to members 25 and older; QL (5 EA per 1 day)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	PA: PA applies to members 25 and older; QL (2 capsules per day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 60 mg	1	PA: Additional PA requirements for members 25 and older; QL (1 EA per 1 day); AL (Max 24 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg	1	PA: PA applies to members 25 and older; QL (1 EA per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	1	PA: PA applies to members 25 and older; QL (2 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	1	PA: PA applies to members 25 and older; QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	1	PA: PA applies to members 25 and older; QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	PA: PA applies to members 25 and older; QL (3 EA per 1 day)

DRUG NAME	TIER	LIMITATIONS / *NOTES
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	1	PA: PA applies to members 25 and older; QL (1 tablet per day)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	1	PA: PA applies to members 25 and older; QL (2 tablets per day); AL (Max 24 Years)
methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg	1	PA: PA applies to members 25 and older; QL (1 EA per 1 day)
methylphenidate hcl er(diffus) oral tablet extended release 36 mg	1	PA: PA applies to members 25 and older; QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	1	PA: PA applies to members 25 and older; QL (30 ML per 1 day)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	PA: PA applies to members 25 and older; QL (3 EA per 1 day)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	1	PA: PA applies to members 25 and older; QL (3 EA per 1 day)
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	1	PA: Additional PA requirements for members 25 and older; QL (1 EA per 1 day); AL (Max 24 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	2	PA; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	2	PA; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	2	PA; QL (3 EAs per day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	2	PA; QL (30 ML per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	PA: Additional PA requirements for members 25 and older; QL (1 EA per 1 day); AL (Max 24 Years)
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	PA: PA applies to members 25 and older; QL (3 EA per 1 day)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	2	QL (4 EA per 1 day)
cladribine (10 tabs) oral tablet therapy pack 10 mg	1	QL (10 EA per 30 days)
cladribine (4 tabs) oral tablet therapy pack 10 mg	1	QL (10 EA per 30 days)
cladribine (5 tabs) oral tablet therapy pack 10 mg	1	QL (10 EA per 30 days)
cladribine (6 tabs) oral tablet therapy pack 10 mg	1	QL (10 EA per 30 days)
cladribine (7 tabs) oral tablet therapy pack 10 mg	1	QL (10 EA per 30 days)
cladribine (8 tabs) oral tablet therapy pack 10 mg	1	QL (10 EA per 30 days)
cladribine (9 tabs) oral tablet therapy pack 10 mg	1	QL (10 EA per 30 days)

DRUG NAME	TIER	LIMITATIONS / *NOTES
dalfampridine er oral tablet extended release 12 hour 10 mg	1	QL (2 EA per 1 day)
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	1	QL (2 EA per 1 day)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	1	QL (Max. 1 pack per lifetime)
fingolimod hcl oral capsule 0.5 mg	1	QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	2	QL (1 EA per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	1	QL (1 ML per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	1	QL (12 ML per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	1	QL (1 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	1	QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	2	QL (1 auto-injector per 30 days)
MAYZENT ORAL TABLET 0.25 MG	2	QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG	2	QL (1 EA per 1 day)
MAYZENT ORAL TABLET 2 MG	2	QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	2	QL (12 EA per 1 lifetime)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	2	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	1	QL (Max. 1 fill per lifetime)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	2	QL (Max. 1 fill per lifetime)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	1	QL (2 pens per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	1	QL (2 pens per 28 days)
teriflunomide oral tablet 14 mg, 7 mg	1	QL (1 EA per 1 day)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	2	QL (4 EA per 1 day)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	2	PA; QL (Max. 1 pack per lifetime)
ZEPOSIA ORAL CAPSULE 0.92 MG	2	PA; QL (Max. 1 capsule per day)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	2	PA; QL (Max. 1 pack per lifetime)
Central Nervous System Agents - Miscellaneous		
AUSTEDO ORAL TABLET 12 MG	2	PA; QL (4 EA per 1 day)

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
AUSTEDO ORAL TABLET 6 MG, 9 MG	2	PA; QL (2 EA per 1 day)
benzphetamine hcl oral tablet 50 mg	1	PA
caffeine citrate oral solution 60 mg/3ml	1	
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG	2	PA
dextromethorphan-quinidine oral capsule 20-10 mg	1	PA
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	1	PA
diethylpropion hcl oral tablet 25 mg	1	PA
EXSERVAN ORAL FILM 50 MG	2	
gabapentin (once-daily) oral tablet 300 mg, 450 mg, 600 mg	1	PA; QL (3 EA per 1 day)
gabapentin (once-daily) oral tablet 750 mg, 900 mg	1	PA; QL (2 EA per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	2	PA; QL (2 EA per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	2	PA; QL (1 pack per lifetime.)
milnacipran hcl oral 12.5 & 25 & 50 mg	1	QL (1 pack per lifetime.); ST
milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	ST; QL (2 EA per 1 day)
ORLISTAT ORAL CAPSULE 120 MG	2	PA
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	1	PA
phendimetrazine tartrate oral tablet 35 mg	1	PA
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	1	PA
phentermine hcl oral tablet 37.5 mg	1	PA
phentermine hcl oral tablet 8 mg	1	
phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	1	PA
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	PA; QL (1 EA per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	PA; QL (3 EA per 1 day)
pregabalin oral solution 20 mg/ml	1	PA; QL (30 ML per 1 day)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	2	PA; QL (50 mL/28 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	2	PA; QL (1 fill per lifetime)
riluzole oral tablet 50 mg	1	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	2	QL (1 pack per lifetime.); ST
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	2	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
tetrabenazine oral tablet 12.5 mg	1	QL (3 EA per 1 day)
tetrabenazine oral tablet 25 mg	1	QL (4 EA per 1 day)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	2	
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	2	PA; QL (Max. 1 injection per 30 days)
WAINUA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.8ML	2	PA; QL (1 syringe/30 days)
XENICAL ORAL CAPSULE 120 MG	2	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl oral capsule 30 mg	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	1	
DENTA 5000 PLUS SENSITIVE DENTAL GEL 1.1-5 %	1	
DENTAGEL DENTAL GEL 1.1 %	2	
FLUORIDEX DENTAL PASTE 1.1 %	1	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 %	1	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	1	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 %	1	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	
NUMOISYN MOUTH/THROAT LOZENGE	2	
periogard mouth/throat solution 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	1	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 %	1	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 %	1	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	1	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 %	1	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sod fluoride-potassium nitrate dental gel 1.1-5 %	1	
sodium fluoride 5000 enamel dental gel 1.1-5 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
sodium fluoride 5000 ppm dental gel 1.1 %	1	
sodium fluoride 5000 ppm dental paste 1.1 %	1	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	
sodium fluoride dental cream 1.1 %	1	
sodium fluoride dental gel 1.1 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	2	PA
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
adapalene external cream 0.1 %	1	ST
adapalene external gel 0.1 %, 0.3 %	1	ST
ala-cort external cream 1 %	1	
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
ALTRENO EXTERNAL LOTION 0.05 %	2	PA
amcinonide external cream 0.1 %	1	PA
amcinonide external ointment 0.1 %	1	PA
ammonium lactate external cream 12 %	1	
ammonium lactate external lotion 12 %	1	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
APEXICON E EXTERNAL CREAM 0.05 %	2	PA
attero external suspension 0.005-0.064 %	1	PA
azelaic acid external gel 15 %	1	
AZELEX EXTERNAL CREAM 20 %	2	PA; QL (30 GM per 1 fill)
BENZAC AC WASH EXTERNAL LIQUID 5 %	2	
benzoyl peroxide external foam 9.8 %	1	PA
benzoyl peroxide-erythromycin external gel 5-3 %	1	PA
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 %	1	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
brimonidine tartrate external gel 0.33 %	1	PA
BRYHALI EXTERNAL LOTION 0.01 %	2	PA
calcipotriene external cream 0.005 %	1	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	PA
calcipotriene-betameth diprop external suspension 0.005-0.064 %	1	PA
CALCITRENE EXTERNAL OINTMENT 0.005 %	1	
calcitriol external ointment 3 mcg/gm	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	1	PA
clindacin-p external swab 1 %	1	
clindamycin phos (once-daily) external gel 1 %	1	
clindamycin phos (twice-daily) external gel 1 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	PA
clindamycin phosphate external foam 1 %	1	PA
clindamycin phosphate external lotion 1 %	1	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clobetasol prop emollient base external cream 0.05 %	1	
clobetasol propionate external cream 0.05 %	1	PA
clobetasol propionate external foam 0.05 %	1	
clobetasol propionate external gel 0.05 %	1	PA
clobetasol propionate external liquid 0.05 %	1	PA
clobetasol propionate external lotion 0.05 %	1	
clobetasol propionate external ointment 0.05 %	1	PA
clobetasol propionate external shampoo 0.05 %	1	
clobetasol propionate external solution 0.05 %	1	PA
clocortolone pivalate external cream 0.1 %	1	PA
clodan external shampoo 0.05 %	1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	2	PA
dapsone external gel 5 %, 7.5 %	1	PA

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
desonide external cream 0.05 %	1	PA
desonide external lotion 0.05 %	1	PA
desonide external ointment 0.05 %	1	PA
desoximetasone external cream 0.05 %	1	PA
desoximetasone external cream 0.25 %	1	
desoximetasone external gel 0.05 %	1	
desoximetasone external ointment 0.05 %	1	PA
desoximetasone external ointment 0.25 %	1	
diclofenac sodium external gel 3 %	1	QL (200 gm per 30 days; maximum of 90 days per year)
DIFFERIN EXTERNAL LOTION 0.1 %	2	ST
diflorasone diacetate external cream 0.05 %	1	PA
diflorasone diacetate external ointment 0.05 %	1	PA
doxepin hcl external cream 5 %	1	QL (45 GM per 1 fill)
DRYSOL EXTERNAL SOLUTION 20 %	1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	2	PA; QL (2.28 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	2	PA; QL (4 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA; QL (2 syringes per 28 days)
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
FABIOR EXTERNAL FOAM 0.1 %	2	PA
FILSUVEZ EXTERNAL GEL 10 %	2	PA; QL (Max. 1 tube per day)
FINACEA EXTERNAL FOAM 15 %	2	PA
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	
fluocinolone acetonide external ointment 0.025 %	1	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	1	PA
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
flurandrenolide external cream 0.05 %	1	PA
flurandrenolide external lotion 0.05 %	1	PA
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
halcinonide external cream 0.1 %	1	PA
halobetasol propionate external cream 0.05 %	1	PA
halobetasol propionate external foam 0.05 %	1	PA
halobetasol propionate external ointment 0.05 %	1	PA
HALOG EXTERNAL OINTMENT 0.1 %	2	PA
hydrocortisone butyrate external cream 0.1 %	1	PA
hydrocortisone butyrate external ointment 0.1 %	1	PA
hydrocortisone butyrate external solution 0.1 %	1	PA
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
HYFTOR EXTERNAL GEL 0.2 %	2	PA
imiquimod external cream 3.75 %	1	PA; Medication included in the Extended Family Planning formulary; QL (28 EA per 14 days)
imiquimod external cream 5 %	1	Medication included in the Extended Family Planning formulary
imiquimod pump external cream 3.75 %	1	PA; Medication included in the Extended Family Planning formulary; QL (7.5 GM per 14 days)
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	PA
ivermectin external cream 1 %	1	PA
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	2	PA
KLISYRI (350 MG) EXTERNAL OINTMENT 1 %	2	PA
methoxsalen rapid oral capsule 10 mg	1	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
neuac external gel 1.2-5 %	1	PA
NORITATE EXTERNAL CREAM 1 %	2	PA
OPZELURA EXTERNAL CREAM 1.5 %	2	PA; QL (240 GM per 30 days)
pimecrolimus external cream 1 %	1	PA
podofilox external solution 0.5 %	1	Medication included in the Extended Family Planning formulary
QBREXZA EXTERNAL PAD 2.4 %	2	PA; QL (1 EA per 1 day)
selenium sulfide external lotion 2.5 %	1	
selenium sulfide external shampoo 2.25 %, 2.3 %	1	
sulfacetamide sodium (acne) external lotion 10 %	1	
sulfacetamide sodium-sulfur external liquid 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
tacrolimus external ointment 0.03 %, 0.1 %	1	PA
tazarotene external cream 0.05 %, 0.1 %	1	ST
TAZAROTENE EXTERNAL FOAM 0.1 %	1	PA
tazarotene external gel 0.05 %, 0.1 %	1	ST
TOLAK EXTERNAL CREAM 4 %	2	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	PA: PA for members 26 years of age and older
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	1	PA: PA for members 26 years of age and older
tretinoin microsphere external gel 0.04 %, 0.1 %	1	PA: PA for members 26 years of age and older
tretinoin microsphere pump external gel 0.04 %, 0.1 %	1	PA: PA for members 26 years of age and older
tretinoin microsphere pump external gel 0.06 %	1	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	1	PA
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm external cream 0.5 %	1	
trilitas external gel 0.1 %	1	ST
urea external cream 40 %	1	
urea external lotion 40 %	1	
VEREGEN EXTERNAL OINTMENT 15 %	2	PA; Medication included in the Extended Family Planning formulary
VTAMA EXTERNAL CREAM 1 %	2	PA

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
WINLEVI EXTERNAL CREAM 1 %	2	PA
XERAC AC EXTERNAL SOLUTION 6.25 %	1	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 %, 0.3 %	2	PA
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	2	PA; QL (7.5 GM per 14 days)
Diabetes - Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	Medication can be filled for up to a 90 day supply
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	1	PA; QL (1 EA per 1 day)
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	1	PA; QL (2 EA per 1 day)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	1	PA; QL (1 EA per 1 day)
BEXAGLIFLOZIN ORAL TABLET 20 MG	2	PA; QL (Max. 1 Tablet per Day)
BRENZAVVY ORAL TABLET 20 MG	2	PA; QL (Max. 1 Tablet per Day)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	2	PA
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	PA
dapagliflozin tablet 10 mg oral	1	QL (1 EA per 1 day)
dapagliflozin tablet 10 mg oral	2	QL (1 EA per 1 day)
dapagliflozin tablet 5 mg oral	1	QL (1 EA per 1 day)
dapagliflozin tablet 5 mg oral	2	QL (1 EA per 1 day)
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg	1	QL (1 EA per 1 day)
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	1	QL (2 EA per 1 day)
EXENATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	PA
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	Medication can be filled for up to a 90 day supply
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
glipizide oral tablet 10 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	Medication can be filled for up to a 90 day supply
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	Medication can be filled for up to a 90 day supply
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	2	PA; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	2	PA; QL (2 EA per 1 day)
INVOKANA ORAL TABLET 100 MG	2	PA; QL (2 EA per 1 day)
INVOKANA ORAL TABLET 300 MG	2	PA; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	PA; QL (1 EA per 1 day)
liraglutide subcutaneous solution pen-injector 18 mg/3ml	1	PA
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PA; Medication can be filled for up to a 90 day supply
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PA; Medication can be filled for up to a 90 day supply
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	Medication can be filled for up to a 90 day supply
metformin hcl oral solution 500 mg/5ml	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	Medication can be filled for up to a 90 day supply
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	Medication can be filled for up to a 90 day supply
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	2	PA; QL (4 pens per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	Medication can be filled for up to a 90 day supply
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA; QL (1 EA per 1 day)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	Medication can be filled for up to a 90 day supply
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	Medication can be filled for up to a 90 day supply
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	Medication can be filled for up to a 90 day supply
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL (1 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	2	PA; QL (2 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	PA; QL (1 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	2	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	2	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	2	PA; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	2	PA; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	2	PA; QL (2 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	2	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	PA; QL (2 EA per 1 day)
Diabetes - Glucose Monitoring		
DEXCOM G6 RECEIVER DEVICE	$0	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	$0	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER	$0	PA; QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR	2	PA; QL (2 sensors/30 days)
DEXCOM G7 RECEIVER DEVICE	$0	PA; QL (Max. 1 receiver per year.)
DEXCOM G7 SENSOR	$0	PA; QL (Max. 3 sensors per 30 days.)
FREESTYLE FREEDOM LITE KIT W/DEVICE	$0	QL (Max. 2 devices per year)
FREESTYLE LITE TEST IN VITRO STRIP	$0	QL (10 EA per 1 day)
FREESTYLE TEST IN VITRO STRIP	$0	QL (10 EA per 1 day)
LANCETS	$0	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	$0	QL (10 EA per 1 day)
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	2	QL (2 EA per 1 fill)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	2	QL (2 EA per 1 fill)
diazoxide oral suspension 50 mg/ml	1	
glucagon emergency kit injection solution reconstituted 1 mg	1	QL (2 EA per 1 fill)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	2	QL (0.2 ML per 1 fill)

DRUG NAME	TIER	LIMITATIONS / *NOTES
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	2	QL (0.4 ML per 1 fill)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	2	QL (0.2 ML per 1 fill)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	2	QL (0.4 ML per 1 fill)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	2	QL (2 EA per fill)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	QL (0.4 ML per 1 fill)
Diabetes - Insulins		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	2	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	$0	
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	$0	
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML	$0	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	$0	
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	$0	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML	$0	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	$0	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	2	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	1	
INSULIN PEN NEEDLES 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	$0	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	$0	
VERISAFE SAFETY INSULIN SYR 29G X 1/2" 1 ML	$0	
Electrolytes / Minerals / Metals / Vitamins		
ACTIVITE ORAL TABLET 1 MG	2	
AQUASTAT INTRAVENOUS SOLUTION 0.9 %	$0	
AQUASTAT SFR INTRAVENOUS SOLUTION 0.9 %	$0	
BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 %	$0	
BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION 0.9 %	$0	
b-plex oral tablet	1	
carglumic acid oral tablet soluble 200 mg	1	PA
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	1	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	1	PA
deferasirox oral packet 180 mg, 360 mg, 90 mg	1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA
deferiprone oral tablet 1000 mg, 500 mg	1	PA
DERMACINRX PNV PRENATOL ORAL TABLET 27-1 MG	2	
DIALYVITE ORAL TABLET	2	
DODEX INJECTION SOLUTION 1000 MCG/ML	1	
effer-k oral tablet effervescent 25 meq	1	
ELITE-OB ORAL TABLET 50-1.25 MG	1	
ergocalciferol oral capsule 1.25 mg (50000 ut)	1	
FERRIPROX ORAL SOLUTION 100 MG/ML	2	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	2	PA
FLORAFOL PEDIATRIC ORAL SUSPENSION 0.25 MG/ML	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
FLORIVA PLUS ORAL SUSPENSION 0.25 MG/ML	2	
folic acid oral tablet 1 mg	1	Medication can be filled for up to a 90 day supply
klor-con 10 oral tablet extended release 10 meq	1	
klor-con m10 oral tablet extended release 10 meq	1	
klor-con m15 oral tablet extended release 15 meq	1	
klor-con m20 oral tablet extended release 20 meq	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release 8 meq	1	
klor-con/ef oral tablet effervescent 25 meq	1	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	2	
levocarnitine intravenous solution 200 mg/ml	1	
levocarnitine oral solution 1 gm/10ml	1	
levocarnitine oral tablet 330 mg	1	
levocarnitine sf oral solution 1 gm/10ml	1	
LIVITA ADULTS ORAL LIQUID	2	
LOKELMA ORAL PACKET 10 GM, 5 GM	2	PA
MATRONEX ORAL TABLET 27-1 MG	2	
MI-VITE RX ORAL TABLET 1 MG	2	
M-NATAL PLUS ORAL TABLET 27-1 MG	2	
MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION 0.9 %	$0	
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION 0.9 %	$0	
multivitamin w/fluoride oral tablet chewable 0.25 mg	1	
multi-vitamin/fluoride oral suspension 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride oral tablet chewable 0.25 mg	1	
multivitamin/fluoride oral tablet chewable 0.5 mg, 1 mg	1	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG	2	
MYNEPHRON ORAL CAPSULE 1 MG	1	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	2	
NEONATAL PLUS ORAL TABLET 27-1 MG	2	
normal saline flush intravenous solution 0.9 %	$0	
NOVYRA ORAL TABLET 27-1 MG	2	
NUTRIBOOST ORAL CAPSULE 1 MG	1	
NUTRIVIO ORAL CAPSULE 1 MG	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	2	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	2	
phosphorous oral tablet 155-852-130 mg	2	
phospho-trin 250 neutral oral tablet 155-852-130 mg	2	
phytonadione oral tablet 5 mg	1	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG	2	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML	2	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	1	
potassium chloride oral packet 20 meq, 40 meq	1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATRIX ORAL TABLET 27-1 MG	2	
PRENATRYL ORAL TABLET 27-1 MG	2	
QUFLORA PEDIATRIC ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	2	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG	2	
RELEVIA ORAL TABLET 27-1 MG	2	
RENAL ORAL CAPSULE 1 MG	1	
saline flush intravenous solution 0.9 %	$0	
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 1500-1002 mg/15ml, 3-2 gm/30ml, 3000-2004 mg/30ml, 500-334 mg/5ml	1	
sodium chloride flush solution 0.9 % intravenous	$0	
SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS	$0	
sodium citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	
sodium fluoride oral tablet 2.2 (1 f) mg	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	
sodium polystyrene sulfonate combination suspension 15 gm/60ml	1	
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	1	
SUPPORT ORAL LIQUID	2	
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	1	
TM-VITE RX ORAL TABLET 1 MG	2	
tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg	1	
tolvaptan oral tablet 15 mg, 30 mg	1	
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	1	
trientine hcl oral capsule 250 mg, 500 mg	1	PA
trigels-f forte oral capsule 460-60-0.01-1 mg	1	
TRINATE ORAL TABLET	1	
triphrocaps oral capsule 1 mg	1	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
TRONVITE ORAL TABLET 1 MG	2	
TRUEBOOST ORAL TABLET 1 MG	2	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	2	PA
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITASURE ORAL TABLET 1 MG	2	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG	2	
wescaps oral capsule 1 mg	1	
WESTAB PLUS ORAL TABLET 27-1 MG	2	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
cimetidine hcl oral solution 300 mg/5ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	1	PA
esomeprazole magnesium oral capsule delayed release 20 mg	1	PA: Rx and OTC require PA; Medication can be filled for up to a 90 day supply

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
esomeprazole magnesium oral capsule delayed release 40 mg	1	PA; Medication can be filled for up to a 90 day supply
esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg	1	PA
famotidine oral suspension reconstituted 40 mg/5ml	1	
famotidine oral tablet 20 mg, 40 mg	1	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	2	PA: PA applies to members 14 and older
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	2	PA: PA applies to members 14 and older
KONVOMEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML	2	PA
lansoprazole oral capsule delayed release 15 mg, 30 mg	1	PA; Medication can be filled for up to a 90 day supply
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	1	PA; AL (Max 2 Years)
misoprostol oral tablet 100 mcg, 200 mcg	1	
nizatidine oral capsule 150 mg, 300 mg	1	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	Medication can be filled for up to a 90 day supply
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	1	PA; QL (1 EA per 1 day)
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	1	PA; QL (1 EA per 1 day)
pantoprazole sodium oral packet 40 mg	1	PA
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	Medication can be filled for up to a 90 day supply
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	2	PA
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	2	PA
rabeprazole sodium oral tablet delayed release 20 mg	1	PA; Medication can be filled for up to a 90 day supply
sucralfate oral suspension 1 gm/10ml	1	PA: PA applies to members 12 and older.
sucralfate oral tablet 1 gm	1	Medication can be filled for up to a 90 day supply
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl oral tablet 0.5 mg, 1 mg	1	
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	
BACILLEX ORAL CAPSULE 250 MG	2	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
BIOACTIVE ORAL CAPSULE	2	
BIOVANTA ORAL CAPSULE	2	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
constulose oral solution 10 gm/15ml	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
DERMACINRX DIGENYX ORAL TABLET 0.125 MG	1	
DERMACINRX PROBEX ORAL CAPSULE	2	
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
enulose oral solution 10 gm/15ml	1	
FLORVEXA ORAL CAPSULE	2	
GATTEX SUBCUTANEOUS KIT 5 MG	2	
gavilyte-c oral solution reconstituted 240 gm	1	
gavilyte-g oral solution reconstituted 236 gm	1	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	
generlac oral solution 10 gm/15ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral solution 0.125 mg/ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
IBSRELA ORAL TABLET 50 MG	2	PA
IQIRVO ORAL TABLET 80 MG	2	PA; QL (1 tab/day)
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	
LEVSIN ORAL TABLET 0.125 MG	1	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	PA; QL (1 EA per 1 day)

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
LIVDELZI ORAL CAPSULE 10 MG	2	PA; QL (1 cap/day)
loperamide hcl oral capsule 2 mg	1	
lubiprostone oral capsule 24 mcg, 8 mcg	1	PA; QL (2 EA per 1 day)
methscopolamine bromide oral tablet 2.5 mg, 5 mg	1	PA
MICROWELL ORAL CAPSULE	2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	
opium oral tincture 10 mg/ml (1%)	1	
OSCIMIN ORAL TABLET 0.125 MG	1	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	1	
PAXOTIN ORAL CAPSULE	2	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	
peg-3350/electrolytes oral solution reconstituted 236 gm	1	
PROBIONYX ORAL CAPSULE	2	
PROBIOVEX ORAL CAPSULE	2	
prucalopride succinate oral tablet 1 mg, 2 mg	1	PA; QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	2	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	2	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML	2	PA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	2	PA; QL (Max. 1 tab per day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	2	PA
SYMBIONEX ORAL CAPSULE	2	
SYMFLORA ORAL CAPSULE	2	
SYMPROIC ORAL TABLET 0.2 MG	2	PA
TRUECORE ORAL CAPSULE	2	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA
VOWST ORAL CAPSULE	2	PA; QL (12 EA per 1 fill)
XERMELO ORAL TABLET 250 MG	2	PA
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA ORAL CAPSULE 84 MG	2	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	PA

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	2	PA; QL (1 mL/day)
glycerol phenylbutyrate oral liquid 1.1 gm/ml	1	PA
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	2	PA; QL (1 EA per 1 day)
nitisinone oral capsule 10 mg, 2 mg, 5 mg	1	
nitisinone oral capsule 20 mg	1	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA
OCALIVA ORAL TABLET 10 MG, 5 MG	2	PA; QL (1 EA per 1 day)
ORFADIN ORAL SUSPENSION 4 MG/ML	2	PA
sapropterin dihydrochloride oral packet 100 mg, 500 mg	1	PA
sapropterin dihydrochloride oral tablet 100 mg	1	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML	2	PA; QL (10.8 ML per 28 days)
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML	2	PA; QL (16.8 ML per 28 days)
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML	2	PA; QL (24 ML per 28 days)
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML	2	PA; QL (19.2 ML per 28 days)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	2	
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG	2	PA
zelvysia oral packet 100 mg, 500 mg	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
calcium acetate (phos binder) oral capsule 667 mg	1	Medication can be filled for up to a 90 day supply
calcium acetate (phos binder) oral tablet 667 mg	1	Medication can be filled for up to a 90 day supply
calcium acetate oral tablet 667 mg	1	Medication can be filled for up to a 90 day supply

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	1	PA; Medication can be filled for up to a 90 day supply
ferric citrate oral tablet 1 gm 210 mg(fe)	1	PA
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	1	PA
FILSPARI ORAL TABLET 200 MG, 400 MG	2	PA; QL (Max. 1 tablet per day)
flavoxate hcl oral tablet 100 mg	1	Medication can be filled for up to a 90 day supply
GELNIQUE TRANSDERMAL GEL 10 %	2	PA
GEMTESA ORAL TABLET 75 MG	2	PA
INTRAROSA VAGINAL INSERT 6.5 MG	2	PA
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	1	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
mirabegron er oral suspension reconstituted er 8 mg/ml	1	PA
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	1	PA
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
oxybutynin chloride oral solution 5 mg/5ml	1	Medication can be filled for up to a 90 day supply
oxybutynin chloride oral tablet 5 mg	1	Medication can be filled for up to a 90 day supply
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	2	PA
penicillamine oral tablet 250 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sevelamer carbonate oral tablet 800 mg	1	
solifenacin succinate oral tablet 10 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
tadalafil oral tablet 5 mg	1	PA; QL (1 EA per 1 day)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	1	Medication can be filled for up to a 90 day supply
tolterodine tartrate oral tablet 1 mg, 2 mg	1	Medication can be filled for up to a 90 day supply
trospium chloride er oral capsule extended release 24 hour 60 mg	1	Medication can be filled for up to a 90 day supply
trospium chloride oral tablet 20 mg	1	Medication can be filled for up to a 90 day supply
URIBEL ORAL TABLET 81.6 MG	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
VANRAFIA ORAL TABLET 0.75 MG	2	PA; QL (Max 1 tab per day)
VESICARE LS ORAL SUSPENSION 5 MG/5ML	2	PA
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	Medication can be filled for up to a 90 day supply
dutasteride oral capsule 0.5 mg	1	PA; Medication can be filled for up to a 90 day supply
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	PA; Medication can be filled for up to a 90 day supply; QL (1 EA per 1 day)
finasteride oral tablet 5 mg	1	Medication can be filled for up to a 90 day supply
silodosin oral capsule 4 mg, 8 mg	1	PA; Medication can be filled for up to a 90 day supply
tamsulosin hcl oral capsule 0.4 mg	1	Medication can be filled for up to a 90 day supply
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
Hormonal Agents - Adrenal		
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
fludrocortisone acetate oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablet therapy pack 4 mg	1	
methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg	1	
prednisolone oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	1	
prednisone oral solution 5 mg/5ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	1	
Hormonal Agents - Men's Health		
danazol oral capsule 100 mg, 200 mg, 50 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
JATENZO ORAL CAPSULE 158 MG, 237 MG	2	PA; QL (2 EA per 1 day)
JATENZO ORAL CAPSULE 198 MG	2	PA; QL (4 EA per 1 day)
KYZATREX ORAL CAPSULE 100 MG, 150 MG	2	PA
METHITEST ORAL TABLET 10 MG	2	PA
methyltestosterone oral capsule 10 mg	1	PA
testosterone cypionate intramuscular solution 100 mg/ml	1	
testosterone cypionate intramuscular solution 200 mg/ml	1	
testosterone enanthate intramuscular solution 200 mg/ml	1	
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1	
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	1	PA
testosterone transdermal solution 30 mg/act	1	PA
TLANDO ORAL CAPSULE 112.5 MG	2	PA; QL (4 EA per day)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	2	PA
Hormonal Agents - Pituitary		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	2	PA
ACTHAR INJECTION GEL 80 UNIT/ML	2	PA
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML	2	PA
cabergoline oral tablet 0.5 mg	1	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	2	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	2	PA
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	2	PA: PA; QL (2 caps /day)
CRENESSITY ORAL CAPSULE 25 MG	2	PA; QL (Daily Dose 2 Caps)
CRENESSITY ORAL SOLUTION 50 MG/ML	2	PA: PA; QL (2 ml /day)
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate spray nasal solution 0.01 %	1	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	2	PA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	2	PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	2	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	2	PA
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	2	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	2	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	2	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	1	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG	2	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	2	PA
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	2	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	2	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	2	PA
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA; QL (1 ML per 1 day)
ORILISSA ORAL TABLET 150 MG	2	PA; QL (1 EA per 1 day)
ORILISSA ORAL TABLET 200 MG	2	PA; QL (2 EA per 1 day)
RECORLEV ORAL TABLET 150 MG	2	PA; QL (8 EA per 1 day)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	2	PA; QL (2 ML per 1 day)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; QL (1 EA per 1 day)
SYNAREL NASAL SOLUTION 2 MG/ML	2	PA
VASOPRESSIN-SODIUM CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 2-0.9 UNIT/2ML-%	MB/RX	
Hormonal Agents - Prostaglandins		
mifepristone oral tablet 200 mg	$0	
mifepristone oral tablet 300 mg	1	PA
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET 60 MG	2	PA
raloxifene hcl oral tablet 60 mg	1	Medication can be filled for up to a 90 day supply
Hormonal Agents - Sex Hormones and Birth Control		
abigale lo oral tablet 0.5-0.1 mg	1	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
abigale oral tablet 1-0.5 mg	1	Medication can be filled for up to a 90 day supply
afirmelle oral tablet 0.1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
altavera oral tablet 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
alyacen 1/35 oral tablet 1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
amethyst oral tablet 90-20 mcg	1	Medication included in the Extended Family Planning formulary
apri oral tablet 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
ashlyna oral tablet 0.15-0.03 &0.01 mg	1	Medication included in the Extended Family Planning formulary
aubra eq oral tablet 0.1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
aurovela 1/20 oral tablet 1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	Medication included in the Extended Family Planning formulary
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
aviane oral tablet 0.1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
ayuna oral tablet 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	Medication included in the Extended Family Planning formulary
balziva oral tablet 0.4-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	Medication included in the Extended Family Planning formulary
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
briellyn oral tablet 0.4-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
camila oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
camrese lo oral tablet 0.1-0.02 & 0.01 mg	1	Medication included in the Extended Family Planning formulary
camrese oral tablet 0.15-0.03 &0.01 mg	1	Medication included in the Extended Family Planning formulary
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	Medication included in the Extended Family Planning formulary
chateal eq oral tablet 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
CRINONE VAGINAL GEL 8 %	2	PA
cryselle oral tablet 0.3-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
cryselle-28 oral tablet 0.3-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
cyred eq oral tablet 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
daysee oral tablet 0.15-0.03 &0.01 mg	1	Medication included in the Extended Family Planning formulary
deblitane oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
delyla oral tablet 0.1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
dolishale oral tablet 90-20 mcg	1	Medication included in the Extended Family Planning formulary
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	Medication can be filled for up to a 90 day supply
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	Medication included in the Extended Family Planning formulary
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	Medication included in the Extended Family Planning formulary

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
EC-RX PROGESTERONE TRANSDERMAL CREAM 10 %, 20 %	1	
elinest oral tablet 0.3-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
ELLA ORAL TABLET 30 MG	2	
eluryng vaginal ring 0.12-0.015 mg/24hr	1	Medication included in the Extended Family Planning formulary
emzahh oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
enilloring vaginal ring 0.12-0.015 mg/24hr	1	Medication included in the Extended Family Planning formulary
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	Medication included in the Extended Family Planning formulary
enskyce oral tablet 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
errin oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
estarylla oral tablet 0.25-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	Medication can be filled for up to a 90 day supply
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	Medication can be filled for up to a 90 day supply
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	Medication can be filled for up to a 90 day supply
estradiol vaginal tablet 10 mcg	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	Medication can be filled for up to a 90 day supply
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	Medication included in the Extended Family Planning formulary
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	Medication included in the Extended Family Planning formulary
falmina oral tablet 0.1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
feirza 1/20 oral tablet 1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary

DRUG NAME	TIER	LIMITATIONS / *NOTES
finzala oral tablet chewable 1-20 mg-mcg(24)	1	Medication included in the Extended Family Planning formulary
fyavolv oral tablet 0.5-2.5 mg-mcg	1	Medication included in the Extended Family Planning formulary; Medication can be filled for up to a 90 day supply
fyavolv oral tablet 1-5 mg-mcg	1	Medication can be filled for up to a 90 day supply
galbriela oral tablet chewable 0.8-25 mg-mcg	1	Medication included in the Extended Family Planning formulary
gallifrey oral tablet 5 mg	1	
gemmily oral capsule 1-20 mg-mcg(24)	1	Medication included in the Extended Family Planning formulary
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	Medication included in the Extended Family Planning formulary
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
haloette vaginal ring 0.12-0.015 mg/24hr	1	Medication included in the Extended Family Planning formulary
heather oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
iclevia oral tablet 0.15-0.03 mg	1	Medication included in the Extended Family Planning formulary
incassia oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
introvale oral tablet 0.15-0.03 mg	1	Medication included in the Extended Family Planning formulary
isibloom oral tablet 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
jaimiess oral tablet 0.15-0.03 &0.01 mg	1	Medication included in the Extended Family Planning formulary
jasmiel oral tablet 3-0.02 mg	1	Medication included in the Extended Family Planning formulary
jencycla oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
jinteli oral tablet 1-5 mg-mcg	1	Medication can be filled for up to a 90 day supply
jolessa oral tablet 0.15-0.03 mg	1	Medication included in the Extended Family Planning formulary

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
joyeaux oral tablet 0.1-20 mg-mcg(21)	1	Medication included in the Extended Family Planning formulary
juleber oral tablet 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
junel 1/20 oral tablet 1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
junel fe 1/20 oral tablet 1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	Medication included in the Extended Family Planning formulary
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	1	Medication included in the Extended Family Planning formulary
kalliga oral tablet 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	1	Medication included in the Extended Family Planning formulary
kelnor 1/35 oral tablet 1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
kelnor 1/50 oral tablet 1-50 mg-mcg	1	Medication included in the Extended Family Planning formulary
kurvelo oral tablet 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
larin 1/20 oral tablet 1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	Medication included in the Extended Family Planning formulary
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
larin fe 1/20 oral tablet 1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
layolis fe oral tablet chewable 0.8-25 mg-mcg	1	Medication included in the Extended Family Planning formulary
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
lessina oral tablet 0.1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary

DRUG NAME	TIER	LIMITATIONS / *NOTES
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	Medication included in the Extended Family Planning formulary
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	1	Medication included in the Extended Family Planning formulary
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	1	Medication included in the Extended Family Planning formulary
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	1	Medication included in the Extended Family Planning formulary
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	Medication included in the Extended Family Planning formulary
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	1	
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	1	Medication included in the Extended Family Planning formulary
loryna oral tablet 3-0.02 mg	1	Medication included in the Extended Family Planning formulary
low-ogestrel oral tablet 0.3-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
lo-zumandimine oral tablet 3-0.02 mg	1	Medication included in the Extended Family Planning formulary
luizza 1.5/30 oral tablet 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
luizza 1/20 oral tablet 1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
lutera oral tablet 0.1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
lyleq oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	Medication can be filled for up to a 90 day supply
lyza oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
marlissa oral tablet 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	Medication included in the Extended Family Planning formulary
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	
medroxyprogesterone acetate suspension 150 mg/ml intramuscular	1	Medication included in the Extended Family Planning formulary

DRUG NAME	TIER	LIMITATIONS / *NOTES
medroxyprogesterone acetate suspension 150 mg/ml intramuscular	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml, 800 mg/20ml	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	
meleya oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
merzee oral capsule 1-20 mg-mcg(24)	1	Medication included in the Extended Family Planning formulary
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	Medication included in the Extended Family Planning formulary
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
microgestin 1/20 oral tablet 1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
mili oral tablet 0.25-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
mimvey oral tablet 1-0.5 mg	1	Medication can be filled for up to a 90 day supply
minzoya oral tablet 0.1-20 mg-mcg(21)	1	Medication included in the Extended Family Planning formulary
mono-linyah oral tablet 0.25-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA; QL (1 EA per 1 day)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	1	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
nikki oral tablet 3-0.02 mg	1	Medication included in the Extended Family Planning formulary
nora-be oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	Medication included in the Extended Family Planning formulary
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	Medication included in the Extended Family Planning formulary
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary

DRUG NAME	TIER	LIMITATIONS / *NOTES
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	Medication included in the Extended Family Planning formulary
norethindrone acetate oral tablet 5 mg	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
norethindrone oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	1	Medication included in the Extended Family Planning formulary; Medication can be filled for up to a 90 day supply
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	1	Medication can be filled for up to a 90 day supply
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	1	Medication included in the Extended Family Planning formulary
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	Medication included in the Extended Family Planning formulary
norlyroc oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
nylia 1/35 oral tablet 1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
ocella oral tablet 3-0.03 mg	1	Medication included in the Extended Family Planning formulary
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	2	PA; QL (2 EA per 1 day)
orquidea oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
philith oral tablet 0.4-35 mg-mcg	1	Medication included in the Extended Family Planning formulary

DRUG NAME	TIER	LIMITATIONS / *NOTES
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	Medication included in the Extended Family Planning formulary
portia-28 oral tablet 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
PREMARIN VAGINAL CREAM 0.625 MG/GM	2	
PREMPHASE ORAL TABLET 0.625-5 MG	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
progesterone intramuscular oil 50 mg/ml	1	PA
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	1	
progesterone oral capsule 100 mg, 200 mg	1	
reclipsen oral tablet 0.15-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
setlakin oral tablet 0.15-0.03 mg	1	Medication included in the Extended Family Planning formulary
sharobel oral tablet 0.35 mg	1	Medication included in the Extended Family Planning formulary
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	Medication included in the Extended Family Planning formulary
simpesse oral tablet 0.15-0.03 &0.01 mg	1	Medication included in the Extended Family Planning formulary
sprintec 28 oral tablet 0.25-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
sronyx oral tablet 0.1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
syeda oral tablet 3-0.03 mg	1	Medication included in the Extended Family Planning formulary
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	Medication included in the Extended Family Planning formulary
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
taysofy oral capsule 1-20 mg-mcg(24)	1	Medication included in the Extended Family Planning formulary
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	Medication included in the Extended Family Planning formulary
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	Medication included in the Extended Family Planning formulary

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	Medication included in the Extended Family Planning formulary
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	Medication included in the Extended Family Planning formulary
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	Medication included in the Extended Family Planning formulary
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	Medication included in the Extended Family Planning formulary
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	Medication included in the Extended Family Planning formulary
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	Medication included in the Extended Family Planning formulary
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	Medication included in the Extended Family Planning formulary
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	Medication included in the Extended Family Planning formulary
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	Medication included in the Extended Family Planning formulary
turqoz oral tablet 0.3-30 mg-mcg	1	Medication included in the Extended Family Planning formulary
tydemy oral tablet 3-0.03-0.451 mg	1	Medication included in the Extended Family Planning formulary
valtya 1/35 oral tablet 1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
valtya 1/50 oral tablet 1-50 mg-mcg	1	Medication included in the Extended Family Planning formulary
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	Medication included in the Extended Family Planning formulary
vestura oral tablet 3-0.02 mg	1	Medication included in the Extended Family Planning formulary
vienva oral tablet 0.1-20 mg-mcg	1	Medication included in the Extended Family Planning formulary
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	Medication included in the Extended Family Planning formulary
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	Medication included in the Extended Family Planning formulary
vyfemla oral tablet 0.4-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
vylibra oral tablet 0.25-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
wera oral tablet 0.5-35 mg-mcg	1	Medication included in the Extended Family Planning formulary

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
wymzya fe oral tablet chewable 0.4-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
xelria fe oral tablet chewable 0.4-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
xulane transdermal patch weekly 150-35 mcg/24hr	1	Medication included in the Extended Family Planning formulary
yuvafem vaginal tablet 10 mcg	1	
zafemy transdermal patch weekly 150-35 mcg/24hr	1	Medication included in the Extended Family Planning formulary
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	Medication included in the Extended Family Planning formulary
zumandimine oral tablet 3-0.03 mg	1	Medication included in the Extended Family Planning formulary
Hormonal Agents - Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	2	
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
methimazole oral tablet 10 mg, 5 mg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
propylthiouracil oral tablet 50 mg	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	2	PA; QL (4 syringes per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	2	PA; QL (4 syringes per 28 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	2	
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	2	PA; QL (Max. 2 auto-injectors per 28 days)
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	2	PA; QL (Max. 2 syringes per 28 days)
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	2	PA; QL (Max. 2 auto-injectors per 28 days)
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	2	PA; QL (Max. 2 auto-injectors per 28 days)
ADALIMUMAB-FKJP (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; QL (2 syringes/28 day)
ADALIMUMAB-FKJP (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; QL (Max. 2 auto-injectors per 28 days)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	2	PA; QL (2 syringes/28 day)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	2	PA; QL (Max. 2 syringes per 28 days)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; QL (2 syringes/28 day)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; QL (Max. 2 syringes per 28 days)
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	MB/RX	PA: PA applies to members 18 and older.; AL (Max 17 Years)
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML	2	PA; QL (1 syringe/30 days)
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML	MB/RX	PA
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	2	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	2	PA
BERINERT INTRAVENOUS KIT 500 UNIT	MB/RX	

DRUG NAME	TIER	LIMITATIONS / *NOTES
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	2	PA; QL (2 EA per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	2	PA; QL (2 EA per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	2	PA; QL (2 EA per 28 days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	2	PA; QL (2 EA per 28 days)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	MB/RX	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	2	PA; QL (2 ML per 28 days)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	2	PA; QL (1 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA; QL (2 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA; QL (1 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	2	PA; QL (2 mL [1 pen] per 28 days)
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	MB/RX	PA
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA; QL (1 injection PER 28 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	2	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	2	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	2	PA; QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	2	PA; QL (4 ML per 28 days)
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1	
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML	MB/RX	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	MB/RX	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	MB/RX	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	MB/RX	PA
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	2	PA; QL (Max. 2 auto-injectors per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	2	PA; QL (Max. 2 syringes per 28 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	2	PA; QL (40 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	2	PA; QL (27 EA per 30 days)
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	MB/RX	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	MB/RX	PA
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	MB/RX	PA
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	PA; QL (6 ML per 1 fill)
JOENJA ORAL TABLET 70 MG	2	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	2	PA; QL (2.28 ML per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	2	PA; QL (2 syringes per 30 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA; QL (28 syringes per 28 days)
leflunomide oral tablet 10 mg, 20 mg	1	
methotrexate sodium oral tablet 2.5 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	
NEORAL ORAL CAPSULE 100 MG, 25 MG	2	
NEORAL ORAL SOLUTION 100 MG/ML	2	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	2	PA; QL (1 EA per day)

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	2	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	2	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	2	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	2	PA; QL (2.8 ML per 28 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	2	PA; QL (1 EA per 1 day)
ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG	2	PA; QL (1 packet/day)
OTEZLA ORAL TABLET 20 MG, 30 MG	2	PA; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	2	PA; QL (1 fill per 1 lifetime)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	2	PA; QL (1 tab/day)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	2	PA; QL (Starter pack: 1/lifetime)
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	MB/RX	PA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	2	
PROGRAF ORAL PACKET 0.2 MG, 1 MG	2	
QIVIGY INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	2	PA
REZUROCK ORAL TABLET 200 MG	2	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	2	PA; QL (Max. 6 mL day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	2	PA; QL (1 EA per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	2	PA; QL (1 EA per 1 day)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	MB/RX	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	2	PA; QL (3 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	2	PA; QL (1 syringe per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL (1 mL per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	2	PA; QL (0.5 mL per 28 days)
sirolimus oral solution 1 mg/ml	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA; QL (2 ML PER 84 DAYS)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	2	PA; QL (2 injections/56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	2	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	2	PA; QL (2 ML PER 84 DAYS)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	2	PA; QL (1 pen/84 days)
SOTYKTU ORAL TABLET 6 MG	2	PA; QL (1 EA per 1 day)
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	PA; QL (1 syringe/84 days)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	2	PA; QL (1 syringe/84 days)
tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg	1	PA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	2	PA; QL (Max. 2 syringes per 28 days.)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	2	PA; QL (2 vials per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	2	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML	2	PA; QL (1 ML per 28 days)
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg	1	PA; QL (1 EA per 1 day)
tofacitinib citrate oral solution 1 mg/ml	1	PA; QL (10 ML per 1 day)
tofacitinib citrate oral tablet 10 mg, 5 mg	1	PA; QL (2 EA per 1 day)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	2	PA; QL (1 mL per 54 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA; QL (1 mL per 54 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	2	PA; QL (1 ML per 54 days)
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	2	PA; QL (Max. 4 autoinjectors per 28 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	2	PA
YIMMUGO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	2	PA
ZORTRESS ORAL TABLET 1 MG	2	
Immunological Agents - Drugs for Vaccination		
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	$0	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	$0	
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML	$0	
NUVAXOVID COVID-19 VACCINE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML	$0	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	MB/RX	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	MB/RX	
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	$0	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	$0	
Inflammatory Bowel Disease Agents		
balsalazide disodium oral capsule 750 mg	1	
budesonide er oral tablet extended release 24 hour 9 mg	1	PA
budesonide oral capsule delayed release particles 3 mg	1	
budesonide rectal foam 2 mg, 2 mg/act	1	PA
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal enema 100 mg/60ml	1	
mesalamine oral tablet delayed release 1.2 gm	1	Medication can be filled for up to a 90 day supply
mesalamine oral tablet delayed release 800 mg	1	
mesalamine rectal enema 4 gm	1	
mesalamine rectal suppository 1000 mg	1	
procto-med hc external cream 2.5 %	1	
sulfasalazine oral tablet 500 mg	1	Medication can be filled for up to a 90 day supply
sulfasalazine oral tablet delayed release 500 mg	1	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	2	PA; QL (Max. 4 capsules per day)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	2	PA
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg	1	Medication can be filled for up to a 90 day supply; QL (1 EA per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	1	Medication can be filled for up to a 90 day supply; QL (12 EA per 90 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	2	PA; QL (1 auto-injector/28 days)
calcitonin (salmon) nasal solution 200 unit/act	1	Medication can be filled for up to a 90 day supply
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	2	PA; QL (4 EA per 28 days)
ibandronate sodium oral tablet 150 mg	1	Medication can be filled for up to a 90 day supply; QL (3 EA per 90 days)
risedronate sodium oral tablet 150 mg	1	PA; Medication can be filled for up to a 90 day supply; QL (3 EA per 90 days)
risedronate sodium oral tablet 30 mg, 5 mg	1	PA; Medication can be filled for up to a 90 day supply; QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg	1	PA; Medication can be filled for up to a 90 day supply; QL (12 EA per 90 days)
risedronate sodium oral tablet delayed release 35 mg	1	PA; Medication can be filled for up to a 90 day supply; QL (12 EA per 90 days)
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	2	PA; QL (1 auto-injector/28 days)
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	2	PA; QL (1 auto-injector/28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	2	PA; QL (1.56 ML per 30 days)
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	Medication can be filled for up to a 90 day supply
calcitriol oral solution 1 mcg/ml	1	Medication can be filled for up to a 90 day supply
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	1	PA
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	Medication can be filled for up to a 90 day supply
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	PA

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
Miscellaneous Therapeutic Agents		
ACTIFOAM COLLAGEN SPONGE EXTERNAL	$0	
AEROCHAMBER HOLDING CHAMBER DEVICE	$0	QL (4 UNITS PER YEAR)
AEROCHAMBER MINI CHAMBER DEVICE	$0	QL (4 UNITS PER YEAR)
AEROCHAMBER MV	$0	QL (4 UNITS PER YEAR)
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	$0	QL (4 UNITS PER YEAR)
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	$0	QL (4 UNITS PER YEAR)
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	$0	QL (4 UNITS PER YEAR)
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	$0	QL (4 UNITS PER YEAR)
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	$0	QL (4 UNITS PER YEAR)
AEROCHAMBER PLUS FLOW VU	$0	QL (4 UNITS PER YEAR)
AEROCHAMBER W/FLOWSIGNAL	$0	QL (4 UNITS PER YEAR)
AEROCHAMBER2GO ANTI-STATIC DEVICE	$0	QL (4 UNITS PER YEAR)
AEROGEAR ACTION ASTHMA KIT KIT	$0	
BARD PISTON ENT IRRIGATION SYR	$0	
BD BLUNT FILL NEEDLE 18G X 1"	$0	
BD ECLIPSE NEEDLE 23G X 1"	$0	
BREATHE EASE LARGE DEVICE	$0	QL (4 UNITS PER YEAR)
BREATHE EASE MEDIUM DEVICE	$0	QL (4 UNITS PER YEAR)
BREATHE EASE SMALL DEVICE	$0	QL (4 UNITS PER YEAR)
BREATHERITE VALVED MDI CHAMBER DEVICE	$0	QL (4 UNITS PER YEAR)
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	$0	
CAREPOINT PRECISION POLY HUB 23G X 1" , 25G X 5/8"	$0	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	$0	
CAREPOINT SYRINGE LUER LOCK 1 ML , 30 ML	$0	
CAREPOINT SYRINGE LUER SLIP 1 ML	$0	
CLEVER CHOICE HOLDING CHAMBER DEVICE	$0	QL (4 UNITS PER YEAR)
COMPACT SPACE CHAMBER DEVICE	$0	QL (4 UNITS PER YEAR)
COMPACT SPACE CHAMBER/LG MASK DEVICE	$0	QL (4 UNITS PER YEAR)
COMPACT SPACE CHAMBER/MED MASK DEVICE	$0	QL (4 UNITS PER YEAR)
COMPACT SPACE CHAMBER/SM MASK DEVICE	$0	QL (4 UNITS PER YEAR)
DEFLUX METAL NEEDLE 23G X 350MM	$0	
DOJOLVI ORAL LIQUID 100 %	2	PA
DROPSAFE SICURA 25G X 1" , 25G X 5/8"	$0	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
EASIVENT	$0	QL (4 UNITS PER YEAR)
EASYPOINT NEEDLE 23G X 1" , 25G X 1" , 25G X 5/8"	$0	
ENDO AVITENE EXTERNAL	$0	
ENEMA BOTTLE	$0	
ENFIT AMBER LOW DOSE SYR/0.5ML	$0	
ENFIT AMBER LOW DOSE SYR/1ML	$0	
ENFIT AMBER LOW DOSE SYR/3ML	$0	
ENFIT AMBER SYRINGE/10ML	$0	
ENFIT AMBER SYRINGE/20ML	$0	
ENFIT AMBER SYRINGE/35ML	$0	
ENFIT AMBER SYRINGE/60ML	$0	
ENFIT AMBER TIP SYRINGE/5ML	$0	
ENFIT CAP	$0	
ENFIT IRRIGATION KIT	$0	
ENFIT IRRIGATION SYR/THUMB CNT	$0	
ENFIT LOW DOSE TIP SYRINGE	$0	
ENFIT LOW DOSE TIP SYRINGE/1ML	$0	
ENFIT LOW DOSE TIP SYRINGE/3ML	$0	
ENFIT MED BOTTLE ADAPTER/SZ 6	$0	
ENFIT MED BOTTLE ADAPTER/SZ 7	$0	
ENFIT MEDICINE STRAW/2"/5CM	$0	
ENFIT MEDICINE STRAW/4"/10CM	$0	
ENFIT MEDICINE STRAW/6"/15CM	$0	
ENFIT POP ON CAP	$0	
ENFIT SCREW ON CAP	$0	
ENFIT SYRINGE/10ML	$0	
ENFIT SYRINGE/20ML	$0	
ENFIT SYRINGE/35ML	$0	
ENFIT SYRINGE/60ML	$0	
ENFIT THUMB CONTROL IRRIG/60ML	$0	
ENFIT TIP SYRINGE/10ML	$0	
ENFIT TIP SYRINGE/20ML	$0	
ENFIT TIP SYRINGE/35ML	$0	
ENFIT TIP SYRINGE/5ML	$0	
ENFIT TIP SYRINGE/60ML	$0	
ENFIT TRANSITION CONNECTOR	$0	
ENTERAL DELIVERY GRAVITY BAG	$0	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
ENU NUTRITIONAL SHAKE ORAL LIQUID	$0	
ENU PRO3 PLUS ORAL POWDER	$0	
EQUACARE JR ORAL POWDER	$0	
ergoloid mesylates oral tablet 1 mg	1	
ESSENTIAL CARE JR ORAL LIQUID	$0	
ESSENTIAL CARE JR ORAL POWDER	$0	
FLEXICHAMBER ADULT MASK/SMALL	$0	
FLEXICHAMBER CHILD MASK/LARGE	$0	
FLEXICHAMBER CHILD MASK/SMALL	$0	
FLEXICHAMBER DEVICE	$0	QL (4 UNITS PER YEAR)
GLYTACTIN BETTERMILK 15 ORAL PACKET	$0	
GLYTACTIN BETTERMILK DE-LITE ORAL PACKET	$0	
GLYTACTIN BUILD 10PE ORAL PACKET	$0	
GLYTACTIN BUILD 20/20 ORAL PACKET	$0	
GLYTACTIN BUILD 20/20 PKU ORAL PACKET	$0	
GLYTACTIN BURST ORAL PACKET	$0	
GLYTACTIN RESTORE 10 ORAL LIQUID	$0	
GLYTACTIN RESTORE 5 ORAL PACKET	$0	
GLYTACTIN RESTORE LITE 10 ORAL LIQUID	$0	
GLYTACTIN RESTORE LITE 10PE ORAL PACKET	$0	
GLYTACTIN RTD 10 ORAL LIQUID	$0	
GLYTACTIN RTD 15 ORAL LIQUID	$0	
GLYTACTIN RTD LITE 15 ORAL LIQUID	$0	
GLYTACTIN SWIRL 15 ORAL PACKET	$0	
GLYTACTIN SWIRL 15PE ORAL PACKET	$0	
HCU EASY ORAL TABLET	2	
HCU EXPRESS 15 PLUS+ ORAL PACKET	$0	
HCU EXPRESS 20 PLUS+ ORAL PACKET	$0	
HOMACTIN AA PLUS ORAL LIQUID	$0	
HOMACTIN AA PLUS ORAL PACKET	$0	
INSPIREASE RESERVOIR BAGS	2	
ISOVACTIN AA PLUS 15 IVA ORAL PACKET	$0	
ISOVACTIN AA PLUS ORAL PACKET	$0	
IWILFIN ORAL TABLET 192 MG	2	PA
KANGAROO STOMA MEASURING DEV	$0	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	2	PA; QL (1 EA per 1 day)
KETOVIE 3:1 ORAL LIQUID	$0	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
KETOVIE 4:1 ORAL LIQUID	$0	
KETOVIE ORAL LIQUID	$0	
KETOVIE PEPTIDE ORAL LIQUID	$0	
l-glutamine oral packet 5 gm	1	PA
LIVMARLI ORAL SOLUTION 19 MG/ML	2	PA; QL (2 mL/day)
LYNKUET ORAL CAPSULE 60 MG	2	PA; QL (2 caps/day)
methylergonovine maleate oral tablet 0.2 mg	1	
MICROCHAMBER DEVICE	$0	QL (4 UNITS PER YEAR)
MINT REFILL KIT	$0	
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	$0	
MONOJECT MONODOSE ORAL MED SYR	$0	
MSUD EASY ORAL TABLET	2	
NEOMED ENFIT SYRINGE 12ML	$0	
NEOMED ENFIT SYRINGE 3ML	$0	
NEOMED ENFIT SYRINGE 6ML	$0	
NORM-JECT LUER SLIP SYRINGE 1 ML	$0	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	2	PA
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	$0	QL (1 kit per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	$0	
OMNIPOD 5 DEXG7G6 PODS GEN 5	$0	QL (10 pods per 30 days)
OMNIPOD 5 LIBRE INTRO KIT	1	QL (Max. 1 system per 365 days)
OMNIPOD 5 LIBRE PODS	$0	QL (10 pods per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	$0	QL (10 pods per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	$0	QL (1 kit per 365 days.)
OMNIPOD DASH PODS (GEN 4)	$0	QL (10 pods per 30 days)
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	$0	QL (10 pods per 30 days)
OPTICHAMBER DIAMOND	$0	QL (4 UNITS PER YEAR)
OPTICHAMBER DIAMOND-LG MASK DEVICE	$0	QL (4 UNITS PER YEAR)
OPTICHAMBER DIAMOND-MD MASK	$0	QL (4 UNITS PER YEAR)
OPTICHAMBER DIAMOND-SM MASK	$0	QL (4 UNITS PER YEAR)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	2	PA
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG	2	PA
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG	2	PA
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	2	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	2	PA
PALFORZIA ORAL PACKET 300 MG	2	PA
PHENYLADE GMP MIX DHA/FIBER ORAL POWDER	$0	
PISTON IRRIGATION SYRINGE	$0	
PKU EASY ORAL TABLET	2	
PKU EXPRESS 15 PLUS+ ORAL PACKET	$0	
PKU EXPRESS 20 PLUS+ ORAL PACKET	$0	
POCKET SPACER DEVICE	$0	QL (4 UNITS PER YEAR)
SHARPS CONTAINER	$0	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	2	PA
SOL-M SYRINGE LUER LOCK 1 ML	$0	
sterile water for injection injection solution	MB/RX	
STRIVE DUAL ZONE PEAK FLOW MTR DEVICE	$0	
SYRINGE AVITENE EXTERNAL	$0	
SYRINGE LUER LOCK 30 ML	$0	
SYRINGE LUER SLIP 1 ML	$0	
SYRINGE PRECISEDOSE DISPENSER	$0	
THE EPINEPHRINE SYRINGE 1 ML	$0	
THRIVACIN 30 ORAL LIQUID	$0	
THRIVACIN DETOX ORAL LIQUID	$0	
TRUZONE PEAK FLOW METER DEVICE	$0	
TYLACTIN BUILD 20PE TYR ORAL PACKET	$0	
TYLACTIN RESTORE 10 ORAL LIQUID	$0	
TYLACTIN RESTORE 5PE ORAL PACKET	$0	
TYLACTIN RTD 15 ORAL LIQUID	$0	
TYR EASY ORAL TABLET	2	
TYR EXPRESS 15 PLUS+ ORAL PACKET	$0	
TYR EXPRESS 20 PLUS+ ORAL PACKET	$0	
VEOZAH ORAL TABLET 45 MG	2	PA; QL (Max. 1 Tablet per Day)
VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" , 25G X 1"	$0	
VILACTIN AA PLUS ORAL LIQUID	$0	
VILACTIN AA PLUS ORAL PACKET	$0	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	$0	QL (4 UNITS PER YEAR)
VORTEX VALVED HOLDING CHAMBER DEVICE	$0	QL (4 UNITS PER YEAR)

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG	2	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	2	PA
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	2	PA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	2	PA
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOCRIL OPHTHALMIC SOLUTION 2 %	2	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	2	PA
azelastine hcl ophthalmic solution 0.05 %	1	PA
bacitracin ophthalmic ointment 500 unit/gm	1	
bepotastine besilate ophthalmic solution 1.5 %	1	PA
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	1	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	1	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
cromolyn sodium ophthalmic solution 4 %	1	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
diclofenac sodium ophthalmic solution 0.1 %	1	
difluprednate ophthalmic emulsion 0.05 %	1	
epinastine hcl ophthalmic solution 0.05 %	1	PA
erythromycin ophthalmic ointment 5 mg/gm	1	
fluorometholone ophthalmic suspension 0.1 %	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
gatifloxacin ophthalmic solution 0.5 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 %	2	PA
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
levofloxacin ophthalmic solution 0.5 %, 1.5 %	1	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	2	PA
loteprednol etabonate ophthalmic gel 0.5 %	1	
loteprednol etabonate ophthalmic suspension 0.5 %	1	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
ofloxacin ophthalmic solution 0.3 %	1	
olopatadine hcl ophthalmic solution 0.2 %	1	PA
prednisolone acetate ophthalmic suspension 1 %	1	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
trifluridine ophthalmic solution 1 %	1	
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	2	PA
XDEMVY OPHTHALMIC SOLUTION 0.25 %	2	PA; QL (Max. 1 bottle per fill; 2 total fills per year)
ZIRGAN OPHTHALMIC GEL 0.15 %	2	PA
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	Medication can be filled for up to a 90 day supply
acetazolamide oral tablet 125 mg, 250 mg	1	Medication can be filled for up to a 90 day supply
betaxolol hcl ophthalmic solution 0.5 %	1	
bimatoprost ophthalmic solution 0.03 %	1	PA
bimatoprost solution 0.01 % ophthalmic	1	PA
BIMATOPROST SOLUTION 0.01 % OPHTHALMIC	2	PA
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	1	PA
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	1	PA
brinzolamide ophthalmic suspension 1 %	1	PA
carteolol hcl ophthalmic solution 1 %	1	
dichlorphenamide oral tablet 50 mg	1	PA
dorzolamide hcl ophthalmic solution 2 %	1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
latanoprost ophthalmic solution 0.005 %	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
methazolamide oral tablet 25 mg, 50 mg	1	Medication can be filled for up to a 90 day supply
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
pilocarpine hcl ophthalmic solution 1.25 %	1	PA; QL (1 bottle per 18 days)
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	2	PA
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	2	PA
tafluprost (pf) ophthalmic solution 0.0015 %	1	PA
timolol maleate ocudose ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
travoprost (bak free) ophthalmic solution 0.004 %	1	PA
VYZULTA OPHTHALMIC SOLUTION 0.024 %	2	PA
XELPROS OPHTHALMIC EMULSION 0.005 %	2	PA
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
CEQUA OPHTHALMIC SOLUTION 0.09 %	2	PA
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine (pf) ophthalmic emulsion 0.05 %	1	PA
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	2	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	2	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	2	PA
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
proparacaine hcl ophthalmic solution 0.5 %	1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	PA
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
tropicamide ophthalmic solution 0.5 %, 1 %	1	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic solution 2 %	1	

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	2	PA
flac otic oil 0.01 %	1	
fluocinolone acetonide otic oil 0.01 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
ofloxacin otic solution 0.3 %	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
benzonatate oral capsule 100 mg, 200 mg	1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	1	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	2	PA
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	1	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	PA
fluticasone propionate nasal suspension 50 mcg/act	1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	1	PA
levocetirizine dihydrochloride oral tablet 5 mg	1	PA
mometasone furoate nasal suspension 50 mcg/act	1	PA
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT	2	PA
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	QL (30 ML per 1 day)
promethazine-codeine oral syrup 6.25-10 mg/5ml	1	QL (30 ML per 1 day)
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	2	PA
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	2	PA
sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation solution 10 %, 20 %	1	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	2	PA
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	1	
albuterol sulfate oral syrup 2 mg/5ml, 8 mg/20ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	2	PA; QL (2 EA per 1 fill)
BECLOMETHASONE DIPROP HFA INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	2	PA
breyna inhalation aerosol 160-4.5 mcg/act	1	PA
breyna inhalation aerosol 80-4.5 mcg/act	1	PA: PA applies to members 0-5 years of age and members 12 years of age and older
BRINSUPRI ORAL TABLET 10 MG, 25 MG	2	PA: PA; QL (1 EA per 1 day)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act	1	PA
budesonide-formoterol fumarate inhalation aerosol 80-4.5 mcg/act	1	PA: PA applies to members 0-5 years of age and members 12 years of age and older
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	2	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	2	PA
elixophyllin oral elixir 80 mg/15ml	1	Medication can be filled for up to a 90 day supply
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL (2 EA per 1 fill)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	2	PA; QL (2 EA per 1 fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	2	PA; QL (2 EA per 1 fill)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	2	PA; QL (1 ML per 56 days)
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	2	PA
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	2	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	2	
ipratropium bromide hfa inhalation aerosol solution 17 mcg/act	1	
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	1	
montelukast sodium oral packet 4 mg	1	ST: Covered for members 6 through 23 months of age; Medication can be filled for up to a 90 day supply
montelukast sodium oral tablet 10 mg	1	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	Medication can be filled for up to a 90 day supply
nintedanib esylate oral capsule 100 mg, 150 mg	1	QL (2 EA per 1 day)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL (3 mL per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; QL (0.4 ML per 28 days)
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	2	PA
pirfenidone oral capsule 267 mg	1	QL (9 EA per 1 day)
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	1	QL (9 EA per 1 day)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	2	PA
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	2	
roflumilast oral tablet 250 mcg, 500 mcg	1	ST
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	2	PA; QL (Max. 1 pen per 28 days.)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	Medication can be filled for up to a 90 day supply
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	Medication can be filled for up to a 90 day supply
theophylline oral elixir 80 mg/15ml	1	Medication can be filled for up to a 90 day supply
theophylline oral solution 80 mg/15ml	1	Medication can be filled for up to a 90 day supply
UMECLIDINIUM ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	2	
UMECLIDINIUM-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	PA
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA; QL (Max. 8 mL per 28 days)

Last Update: 11/15/26
Next Update: 12/15/26

DRUG NAME	TIER	LIMITATIONS / *NOTES
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML, 75 MG/0.5ML	2	PA; QL (Max. 4 mL per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML, 75 MG/0.5ML	2	PA; Covered under the Prescription Drug Benefit when self-administered; QL (4 ML per 28 days)
zafirlukast oral tablet 10 mg, 20 mg	1	Medication can be filled for up to a 90 day supply
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG	2	PA; QL (Max Daily Dose 2 tablets)
ALYFTREK ORAL TABLET 4-20-50 MG	2	PA; QL (Max Daily Dose 3 tablets)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	2	
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	2	PA; QL (2 EA per 1 day)
KALYDECO ORAL TABLET 150 MG	2	PA; QL (2 EA per 1 day)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	2	PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET 200-125 MG	2	PA; QL (4 EA per 1 day)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	2	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	2	PA; QL (2 EA per 1 day)
TOBI PODHALER INHALATION CAPSULE 28 MG	2	PA; QL (8 EA per 1 day)
tobramycin nebulization solution 300 mg/5ml inhalation	1	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	2	PA; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	2	PA; QL (2 EA per 1 day)
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA
alyq oral tablet 20 mg	1	PA; QL (2 EA per 1 day)
ambrisentan oral tablet 10 mg, 5 mg	1	PA; QL (1 EA per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	1	PA; QL (2 EA per 1 day)
bosentan oral tablet soluble 32 mg	1	PA; QL (4 EA per 1 day)
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	MB/RX	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
macitentan oral tablet 10 mg	1	PA
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	2	PA; QL (Max. 1 pack per lifetime.)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	2	PA; QL (Max. 1 pack per lifetime.)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25	2	PA; QL (Max. 1 pack per lifetime.)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	2	PA
riociguat oral tablet 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	1	PA
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA
sildenafil citrate oral tablet 20 mg	1	PA; QL (3 EA per 1 day)
tadalafil (pah) oral tablet 20 mg	1	PA; QL (2 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	2	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	2	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML	2	PA; QL (Max. 1 Ampule Per Day.)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	2	PA; QL (Max. 1 Ampule Per Day.)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	2	PA; QL (Max. 1 Ampule Per Day.)
UPTRAVI ORAL TABLET 100 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 150 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	2	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	1	PA; QL (9 EA per day)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	2	PA; QL (2 kits/month)
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral solution 5 mg/5ml	2	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	1	
metaxalone oral tablet 800 mg	1	ST

DRUG NAME	TIER	LIMITATIONS / *NOTES
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	1	PA; QL (2 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	PA
DAYVIGO ORAL TABLET 10 MG, 5 MG	2	PA
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	2	PA; QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL (1 EA per 1 day)
flurazepam hcl oral capsule 15 mg, 30 mg	1	
HETLIOZ LQ SUSPENSION 4 MG/ML ORAL	2	PA; QL (1 bottle per 30 days.)
HETLIOZ LQ SUSPENSION 4 MG/ML ORAL	2	PA; QL (3 bottles per 30 days.)
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM	2	PA
modafinil oral tablet 100 mg, 200 mg	1	PA; QL (1 EA per 1 day)
ramelteon oral tablet 8 mg	1	PA; QL (1 EA per 1 day)
sodium oxybate oral solution 500 mg/ml	1	PA
SUNOSI ORAL TABLET 150 MG, 75 MG	2	PA; QL (1 EA per 1 day)
tasimelteon oral capsule 20 mg	1	PA; QL (1 EA per 1 day)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	2	PA; QL (2 EA per 1 day)
XYWAV ORAL SOLUTION 500 MG/ML	2	PA
zaleplon oral capsule 10 mg, 5 mg	1	QL (1 EA per 1 day)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	PA; QL (1 EA per 1 day)
zolpidem tartrate oral tablet 10 mg, 5 mg	1	QL (1 EA per 1 day)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	PA; QL (1 EA per 1 day)