2026 Prescription Drug Formulary

ACA Advantage



PLEASE READ:

This document contains information about the drugs we cover in your plan.

This formulary was updated on Oct. 1, 2026 and is subject to change.

Coverage is subject to the definitions, limitations, exclusions and parameters set forth in your official plan benefit documents. Please refer to your Certificate or Benefit Book for more information.

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C2383-RXX R10.26

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Notice of Availability of Language Assistance and Auxiliary Aids and Services

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ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-382-5729 (TTY: 711) or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-382-5729 (TTY: 711) o hable con su proveedor.

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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-382-5729 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

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Chinese

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-982-3117（文本电话：711）或咨询您的服务提供商。

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العربيةتنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-382-5729 (TTY: 711)

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HUBACHIISA: Yoo Afaan Oromoo dubbattu ta'e, tajaajiloonni gargaarsa afaanii bilisaa isiniif ni argamu. Deeggarsi dabalataa fi tajaajilootni mijaa'oo ta'an odeeffannoo bifa dhaqqabamaa ta'een kennuuf gargaaranis kaffaltii malee ni argamu. Gara 1-800-382-5729 (TTY: 711) tti bilbilaa ykn dhiyeessaa keessan haasofsiisaa.

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Order Number: Z8188-MCA R10.25
Dept of Ins. Filing Number: Z8188-MCA R10.25

Dutch

LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-800-382-5729 (TTY: 711) of spreek met je provider.

Pennsylvania Dutch

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УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-382-5729 (TTY: 711) або зверніться до свого постачальника.

Navajo

BAA'ÁKONÍNÍZIN: Diné bizaad bíyáti' nílt'įį', t'áá jíík'ehgo saad bee áká anilyeedígíí t'áá hóló. T'áá jíík'ehgo áká anilyeedígíí dóó bee haz'ánígíí t'áá hóló, t'áá íiyisí bee t'áá ájík'ehgo. 1-800-382-5729 (TTY: 711) bich'į' hodíilnih dóó provider ni'doolníił.

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- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator at CivilRightsCoordinator@MedMutual.com.

If you believe that Medical Mutual of Ohio has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

100 American Road
Cleveland, OH 44144

Call: 1-800-382-5729 (TTY: 711)
Email: CivilRightsCoordinator@MedMutual.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, our Civil Rights Coordinator (who is also our Section 1557 Coordinator) is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

- Complaint forms are available at: http://www.hhs.gov/ocr/office/file/index.html
- This notice is available at Medical Mutual's website: www.MedMutual.com

Questions about your benefits or other inquiries about your health insurance should be directed to Medical Mutual's Customer Care Department at 1-800-382-5729.

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.

Introduction

What is the ACA Advantage formulary?

The ACA Advantage formulary is a list of medications covered by your plan. It includes a variety of clinically effective medications that may cost you less than other options used to treat the same condition. The formulary includes five tiers:

1. Generic (lowest out-of-pocket cost)
2. Preferred brand
3. Non-preferred brand
4. Specialty (highest out-of-pocket cost)
5. Preventive ($0 out-of-pocket cost)

Refer to your Certificate or Benefit Book for information about your cost share, including copays, coinsurance and/or deductibles. Not all tiers apply to all plans.

If you are a member of a plan that includes a preferred pharmacy network, those preferred pharmacies may offer lower cost sharing to help you save money. Check your benefit materials for more details.

If a medication is not listed on this formulary, it will generally not be covered under the plan, and you will pay the full cost.

How do I use the ACA Advantage formulary?

Covered medications are organized two ways in the ACA Advantage formulary:

1. By condition
2. By name

If you know what your medication is used to treat, you can look it up by condition in the front of the document. If you don't know what condition it is used to treat, you can look for it in the alphabetical Index at the back of the document.

When you visit your doctor or health provider, ask him or her to review this formulary at MedMutual.com/2026Drugs so he or she can see what medications are covered by your plan.

What if my doctor prescribes a medication that is not on the ACA Advantage formulary?

Talk with your doctor or health provider to see if the formulary includes a medication to treat your condition. In most cases, your provider will find one that meets your needs.

In the rare instance that none of the covered medications is appropriate for you and a nonformulary medication is required, your provider can contact Express Scripts and ask for a formulary coverage review by:

- Calling 1-800-753-2851. Your provider will receive a form to fill out and fax back to Express Scripts. Express Scripts will send you and your doctor a letter confirming if coverage is approved (usually within three business days of receiving the necessary information).
- Accessing our online tool at Express-PAth.com. Your provider can initiate new requests, complete existing requests or check the status of previously submitted requests.

If an exception is made based on medical necessity, you will only pay your plan's applicable cost share (e.g., non-preferred brand, specialty). If your provider does not request a coverage review and you fill a prescription for a non-formulary medication, you will pay the full cost.

How can I find a covered alternative if my medication is not on the formulary?

If you cannot find your current medication on the ACA Advantage formulary, you can find covered alternatives in two ways:

1. Visit MedMutual.com/Member and log in to My Health Plan.

- Click "Benefits & Coverage," then "Prescription Drug Benefits."
- Click the "Sign on to Express Scripts" button. Once you are redirected to the Express Scripts website, click "Prescriptions," then "Price a Medication."
- Type the name of your medication in the Search bar and follow the instructions to see covered alternatives. On the results page, click "Visit My Rx Choices for potential savings" to identify lowest-cost prescription options based on your current benefit.

2. Call the Rx Information number on your Medical Mutual ID card. A Member Services representative can offer covered clinically appropriate alternatives.

Does the ACA Advantage formulary include generics?

Yes. The ACA Advantage formulary includes a large variety of generic medications to help you pay less out of pocket. Generics are shown in *lower-case italic letters*.

Generic medications are approved by the U.S. Food and Drug Administration (FDA) as having the same active ingredient as their brand-name counterparts. In addition, the FDA requires generics to be just as safe and strong as their brand-name counterparts so you get the same medical benefit.

Does the ACA Advantage formulary include brand names?

Yes. The ACA Advantage formulary includes a selection of brand medications in most categories. Brand medications are shown in ALL CAPITAL LETTERS.

You must fill prescriptions for these medications through one of Medical Mutual's contracted specialty pharmacies, Accredo or Gentry. In addition, you can only get a 30-day supply for most specialty medications.

If you are a member of a plan that includes a preferred pharmacy network, you may be required to use specific preferred pharmacies for specialty drugs. Check your benefit materials for more details about ordering specialty medications.

Does the ACA Advantage formulary include contraceptives?

Yes. Certain prescription contraceptives are included on the ACA Advantage formulary at a $0 cost share. Prior authorization, step therapy and quantity limit programs may apply. If your provider feels none of the covered contraceptives on the ACA Advantage formulary is right for you, he or she may contact our pharmacy benefit manager to request a formulary coverage review. If an exception is made to cover a non-formulary contraceptive based on medical necessity, Medical Mutual will cover that contraceptive. You will pay your plan's applicable cost share.

Are there other limitations or coverage rules in addition to what are listed in this guide?

Yes. Medications listed as covered may be subject to additional coverage rules and to your plan's benefits. In addition, Medical Mutual may limit the dose and/or overall quantity of medications you are able to receive to protect your safety. These limits are developed from evidence-based clinical best practices and both national and state prescribing guidelines. If you require a dose or quantity beyond the limits allowed, your doctor or your pharmacist can call Express Scripts at 1-800-753-2851 to begin the review process.

Do I have to use mail order for my maintenance medications?

You may be required to use mail order for your maintenance medications (those you take for three months or more), depending on your plan. Please check your Certificate or Benefit Book for details.

Even if you are not required to do so, you may save money on your maintenance medications if you order them through the mail. In addition, you may be able to enroll in Express Scripts' Extended Payment Program. This allows you to split your cost share into three equal monthly payments while still obtaining the full amount of your prescription (limitations may apply).

To get started using mail order, ask your provider to write a prescription for up to a 90-day supply of your medication, plus up to three refills, if applicable. Then:

1. Complete the home delivery form you received in the mail from Express Scripts, and return it with your payment in the envelope provided. If you need another form, visit MedMutual.com and click "Member Forms" at the bottom of the page. Download and print the Prescription Drug Mail Order Form.
2. Ask your provider to call Express Scripts at 1-888-327-9791 for instructions on how to fax the prescription or use the e-prescribing system. Your provider must have your member ID number (which is on your Medical Mutual member ID card).
3. Call the Rx Information number on your Medical Mutual ID card. A Member Services representative can help you transfer your prescriptions to mail order.

When ordering through the Express Scripts Pharmacy,℠ your medication should be delivered in about eight days (10-14 days if it's a new prescription). Please have a one-month supply of your medicine on hand when you place your order. You can check your order status by visiting the Express Scripts website through My Health Plan, or by calling the Rx Information number on your Medical Mutual ID card.



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100 American Road
Cleveland, OH 44144-2322

MedMutual.com

Express Scripts® Pharmacy Benefit Services manages your prescription benefit for your employer, plan sponsor or health plan. For specific questions on coverage, please call the Rx Information phone number on your member ID card or log into My Health Plan at MedMutual.com/Member and click Benefits & Coverage, then Prescription Drug Benefits. © 2026 Evernorth Health Services. All Rights Reserved. All trademarks are the property of their respective owners.

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MEDICAL MUTUAL®

EVERNORTH® HEALTH SERVICES

2026 Standard Plus Preventive Medications List (Generics Only)

In addition to a healthy lifestyle, getting preventive care and taking preventive medications can be an important step people take to avoid many illnesses and maintain good health.

Medical Mutual has adopted the following list of preventive medications to support this goal. This list provides examples of commonly prescribed preventive medications. We grouped the medications together based on the medical conditions they are used to prevent. This is not an all-inclusive list; only examples of medications in each category are listed. This list also does not guarantee coverage of a particular medication or describe the type of payment you may owe. Depending on your plan, you may not have to pay a copay, coinsurance or deductible amount for preventive medications. For more information about your cost of coverage, please check with your plan administrator and/or benefit information materials.

If you have questions about your preventive medication benefits, please call Customer Care at the number on your health plan identification.

ASTHMA/COPD

arformoterol
albuterol HFA
albuterol nebulizer solution
albuterol oral
breyna
budesonide oral inhalation
budesonide/formoterol
cromolyn nebulizer solution
fluticasone/salmeterol inhalation powder formoterol
ipratropium/albuterol nebulizer solution
ipratropium nebulizer solution
levabuterol nebulizer solution and concentrate
montelukast
roflumilast
terbutaline oral
theophylline
theophylline er
tiotropium cap-inhaler
wixela inhub
zafirlukast

BONE DISEASE AND FRACTURES

alendronate
ibandronate oral
raloxifene
risedronate
risedronate dr
zoledronic acid 5mg

CAVITIES

periomed
sodium fluoride rinse, gel, cream, paste, tabs and drops

COLONOSCOPY PREPARATION*

gavilyte-c
gavilyte-g
gavilyte-n
PEG-3350/electrolytes
sodium, potassium and magnesium sulfates

DEPRESSION

citalopram
escitalopram
fluoxetine
fluoxetine dr
fluvoxamine
fluvoxamine er
paroxetine
paroxetine er
sertraline

DIABETES

acarbose
exenatide
generic syringes, lancets and needles
glimepiride
glipizide
glipizide er and xl
glipizide/metformin
glyburide
glyburide/metformin
glyburide micronized
liraglutide
metformin
metformin er
metformin solution miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
saxagliptin
saxagliptin/metformin er

(over, please)

2026 Standard Plus Preventive Medications List (Generics Only)

HEART DISEASE AND STROKE

BLOOD THINNERS

aspirin, 81 mg* & 325 mg
aspirin-dipyridamole er
clopidogrel
dabigatran
dipyridamole
jantoven
prasugrel
rivaroxaban
ticagrelor
warfarin

CHOLESTEROL LOWERING

amlodipine/atorvastatin
atorvastatin
cholestyramine cholestyramine light colesevelam
colestipol
ezetimibe
ezetimibe/simvastatin
fenofibrate
fenofibric acid
fenofibric acid dr
fluvastatin
fluvastatin er
gemfibrozil
icosapent ethyl
lovastatin
niacin
niacin er
pitavastatin
pravastatin
prevalit
rosuvastatin
simvastatin

HIGH BLOOD PRESSURE (HBP)

acebutolol
amlodipine
atenolol
atenolol/chlorthalidone
benazepril
benazepril/hctz
betaxolol
bisoprolol
bisoprolol/hctz
candesartan
candesartan/hctz
captopril
captopril/hctz

HIGH BLOOD PRESSURE (HBP) (continued)

cartia xt
chlorthalidone
diltiazem
diltiazem cd
diltiazem er
enalapril
enalapril/hctz
eprosartan
felodipine er
fosinopril
fosinopril/hctz
hydrochlorothiazide
indapamide
irbesartan
irbesartan/hctz
isradipine
lisinopril
lisinopril/hctz
losartan
losartan/hctz
matzim la
metolazone
metoprolol/hctz
metoprolol succinate er
metoprolol tartrate
moexipril
nadolol
nebivolol
nicardipine
nifedipine
nifedipine er
nisoldipine er
olmesartan
olmesartan/hctz
perindopril
pindolol
propranolol
propranolol er
propranolol/hctz
quinapril
quinapril/hctz
ramipril
telmisartan
telmisartan/hctz
tiadylt er
timolol
trandolapril
valsartan
valsartan/hctz

HIGH BLOOD PRESSURE (HBP) (continued)

verapamil
verapamil er
verapamil er pm
verapamil sr

OTHER HBP & COMBINATIONS

amlodipine/atorvastatin
amlodipine/benazepril
amlodipine/olmesartan
amlodipine/olmesartan/hctz amlodipine/valsartan
amlodipine/valsartan/hctz
trandolapril/verapamil er

MALARIA

atovaquone/proguanil
chloroquine
mefloquine
primaquine

MISC ANTIVIRALS

emtricitabine/tenofovir disoproxil fumarate (TDF) 200mg/300mg*

SMOKING CESSATION*

bupropion sr 150mg
nicotine gum, lozenges and patches
vareniclin

VITAMINS OR MINERALS

folic acid*
generic prenatal vitamins
generic pediatric multivitamins with flouride*

(over, please)

*Please note that some of these medications are also subject to the Affordable Care Act (ACA) and may be covered by your plan at 100%.

Express Scripts® Pharmacy Benefit Services manages your prescription benefit for your employer, plan sponsor or health plan. For specific questions on coverage, please call the phone number on your ID card or log into My Health Plan at MedMutual.com/member and click Benefits & Coverage, then Prescription Drug Benefits.

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Table of Contents

ANTI - INFECTIVES 3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS 15
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH 23
AUTONOMIC & CNS DRUGS, NEUROLOGY 51
CARDIOVASCULAR, HYPERTENSION & LIPIDS 52
DERMATOLOGICALS/TOPICAL THERAPY 65
DIAGNOSTICS & MISCELLANEOUS AGENTS 77
EAR, NOSE & THROAT MEDICATIONS 80
ENDOCRINE/DIABETES 81
GASTROENTEROLOGY 94
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY 102
MUSCULOSKELETAL & RHEUMATOLOGY 109
OBSTETRICS & GYNECOLOGY 112
OPHTHALMOLOGY 124
RESPIRATORY, ALLERGY, COUGH & COLD 132
UROLOGICALS 141
VITAMINS, HEMATINICS & ELECTROLYTES 142
Index 150

List of Abbreviations

1A: Tier 1 Generic Standard Plus Preventative. These medications are available at $0 cost-share on the Standard Plus Preventive list if you belong to an individual plan which has this benefit in place. If your plan does not have the Standard Plus Preventive list in place then your typical generic copayment will apply.

1B: Generic

2: Preferred Brand

3: Non-Preferred Brand

4: Specialty

5: ACA. These medications may be available at $0 cost-share when used preventively.

ACA: ACA. These medications may be available at $0 cost-share when used for primary prevention.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
amphotericin b liposome intravenous suspension for reconstitution 50 mg	1B	
clotrimazole mucous membrane troche 10 mg	1B	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1B	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	1B	
fluconazole oral tablet 150 mg	1B	QL
flucytosine oral capsule 250 mg, 500 mg	1B	
griseofulvin microsize oral suspension 125 mg/5 ml	1B	
griseofulvin microsize oral tablet 500 mg	1B	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	1B	
itraconazole oral capsule 100 mg	1B	QL
itraconazole oral solution 10 mg/ml	1B	QL
ketoconazole oral tablet 200 mg	1B	
nystatin oral suspension 100,000 unit/ml	1B	
nystatin oral tablet 500,000 unit	1B	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	1B	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	3	QL
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1B	
voriconazole oral tablet 200 mg, 50 mg	1B	
ANTIVIRALS		
abacavir oral solution 20 mg/ml	1B	
abacavir oral tablet 300 mg	1B	
abacavir-lamivudine oral tablet 600-300 mg	1B	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
acyclovir oral capsule 200 mg	1B	
acyclovir oral suspension 200 mg/5 ml	1B	
acyclovir oral tablet 400 mg, 800 mg	1B	
adefovir oral tablet 10 mg	1B	
amantadine hcl oral capsule 100 mg	1B	
amantadine hcl oral solution 50 mg/5 ml	1B	
amantadine hcl oral tablet 100 mg	1B	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	5	ACA
APTIVUS ORAL CAPSULE 250 MG	2	
atazanavir oral capsule 150 mg, 200 mg, 300 mg	1B	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	ACA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	PA; QL
CIMDUO ORAL TABLET 300-300 MG	2	
COMPLERA ORAL TABLET 200-25-300 MG	3	
darunavir oral tablet 600 mg, 800 mg	1B	
DELSTRIGO ORAL TABLET 100-300-300 MG	2	
DESCOVY ORAL TABLET 120-15 MG	2	
DESCOVY ORAL TABLET 200-25 MG	5	ACA
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	2	
efavirenz oral tablet 600 mg	1B	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	1B	

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Drug Name	Drug Tier	Requirements / Limits
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	1B	
emtricitabine oral capsule 200 mg	1B	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1B	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	5	ACA
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	1B	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
ENFLONSIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML	5	ACA
entecavir oral tablet 0.5 mg, 1 mg	1B	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	3	PA; LA; QL
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	3	PA; LA; QL
etravirine oral tablet 100 mg, 200 mg	1B	
EVOTAZ ORAL TABLET 300-150 MG	3	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1B	QL
fosamprenavir oral tablet 700 mg	1B	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	3	PA; LA; QL
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	3	PA; LA; QL
IDVYNSO ORAL TABLET 100-0.25 MG	2	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN 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	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	2	QL

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Drug Name	Drug Tier	Requirements / Limits
lamivudine oral solution 10 mg/ml	1B	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1B	
lamivudine-zidovudine oral tablet 150-300 mg	1B	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1B	
maraviroc oral tablet 150 mg, 300 mg	1B	
nevirapine oral suspension 50 mg/5 ml	1B	
nevirapine oral tablet 200 mg	1B	
nevirapine oral tablet extended release 24 hr 400 mg	1B	
NORVIR ORAL POWDER IN PACKET 100 MG	2	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	1B	QL
oseltamivir oral suspension for reconstitution 6 mg/ml	1B	QL
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG	2	QL
PIFELTRO ORAL TABLET 100 MG	2	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	
REYATAZ ORAL POWDER IN PACKET 50 MG	2	
ribavirin inhalation recon soln 6 gram	1B	
ribavirin oral capsule 200 mg	4	LA
ribavirin oral tablet 200 mg	4	LA
rilpivirine hcl oral tablet 25 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
rimantadine oral tablet 100 mg	1B	
ritonavir oral tablet 100 mg	1B	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	3	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
SUNLENCA ORAL TABLET 300 MG	4	PA; LA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA; LA
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	
tenofovir disoproxil fumarate oral tablet 300 mg	1B	
TIVICAY ORAL TABLET 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	
TYBOST ORAL TABLET 150 MG	3	
valacyclovir oral tablet 1 gram, 500 mg	1B	QL
valganciclovir oral recon soln 50 mg/ml	1B	
valganciclovir oral tablet 450 mg	1B	
VEMLIDY ORAL TABLET 25 MG	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; LA; QL
XOCOVA ORAL TABLET 125 MG	3	QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
YEZTUGO ORAL TABLET 300 MG	5	ACA
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	5	ACA
ZEPATIER ORAL TABLET 50-100 MG	3	PA; LA; QL
zidovudine oral capsule 100 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
zidovudine oral syrup 10 mg/ml	1B	
zidovudine oral tablet 300 mg	1B	
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	1B	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1B	
cefaclor oral tablet extended release 12 hr 500 mg	1B	
cefadroxil oral capsule 500 mg	1B	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1B	
cefadroxil oral tablet 1 gram	1B	
cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml	1B	
cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml	1B	
cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml	1B	
cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml	1B	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 2 GRAM/10 ML	3	
cefazolin intravenous recon soln 20 gram	1B	
cefdinir oral capsule 300 mg	1B	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1B	
cefixime oral capsule 400 mg	1B	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1B	
cefixime oral tablet 400 mg	1B	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1B	
cefpodoxime oral tablet 100 mg, 200 mg	1B	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1B	

Drug Name	Drug Tier	Requirements / Limits
cefprozil oral tablet 250 mg, 500 mg	1B	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg	1B	
cefuroxime axetil oral tablet 250 mg, 500 mg	1B	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1B	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1B	
cephalexin oral tablet 250 mg, 500 mg	1B	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	3	
ZEVTERA INTRAVENOUS RECON SOLN 667 MG	3	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1B	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1B	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1B	
clarithromycin oral tablet 250 mg, 500 mg	1B	
clarithromycin oral tablet extended release 24 hr 500 mg	1B	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL
DIFICID ORAL TABLET 200 MG	3	QL
e.e.s. 400 oral tablet 400 mg	1B	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1B	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
erythrocin (as stearate) oral tablet 250 mg	1B	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1B	
erythromycin ethylsuccinate oral tablet 400 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1B	
erythromycin oral tablet 250 mg, 500 mg	1B	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1B	
fidaxomicin oral tablet 200 mg	1B	QL
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	1B	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL
atovaquone oral suspension 750 mg/5 ml	1B	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1A	QL
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL
chloroquine phosphate oral tablet 250 mg, 500 mg	1A	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1B	
clindamycin pediatric oral recon soln 75 mg/5 ml	1B	
COARTEM ORAL TABLET 20-120 MG	2	QL
cycloserine oral capsule 250 mg	1B	
dapsone oral tablet 100 mg, 25 mg	1B	
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
ethambutol oral tablet 100 mg, 400 mg	1B	
HUMATIN ORAL CAPSULE 250 MG	4	LA
hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1B	
isoniazid injection solution 100 mg/ml	1B	
isoniazid oral solution 50 mg/5 ml	1B	
isoniazid oral tablet 100 mg, 300 mg	1B	
ivermectin oral tablet 3 mg	1B	PA; QL
KRINTAFEL ORAL TABLET 150 MG	3	QL

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Drug Name	Drug Tier	Requirements / Limits
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	3	
linezolid oral suspension for reconstitution 100 mg/5 ml	1B	
linezolid oral tablet 600 mg	1B	
LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	3	
mefloquine oral tablet 250 mg	1A	QL
metronidazole oral capsule 375 mg	1B	
metronidazole oral tablet 250 mg, 500 mg	1B	
neomycin oral tablet 500 mg	1B	
nitazoxanide oral tablet 500 mg	1B	QL
ORLYNVAH ORAL TABLET 500-500 MG	4	LA
pentamidine inhalation recon soln 300 mg	1B	QL
praziquantel oral tablet 600 mg	1B	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	2	
primaquine oral tablet 26.3 mg (15 mg base)	1A	QL
pyrazinamide oral tablet 500 mg	1B	
pyrimethamine oral tablet 25 mg	1B	
quinine sulfate oral capsule 324 mg	1B	QL
rifabutin oral capsule 150 mg	1B	
rifampin intravenous recon soln 600 mg	1B	
rifampin oral capsule 150 mg, 300 mg	1B	
rifapentine oral tablet 150 mg	1B	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	
SIVEXTRO ORAL TABLET 200 MG	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	
tinidazole oral tablet 250 mg, 500 mg	1B	QL

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Drug Name	Drug Tier	Requirements / Limits
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	4	LA; QL
tobramycin inhalation solution for nebulization 300 mg/4 ml	4	LA; QL
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1B	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1B	
amoxicillin oral tablet 500 mg, 875 mg	1B	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1B	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	1B	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1B	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1B	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	1B	
ampicillin oral capsule 500 mg	1B	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	
dicloxacillin oral capsule 250 mg, 500 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1B	
penicillin v potassium oral tablet 250 mg, 500 mg	1B	
PIVYA ORAL TABLET 185 MG	3	QL
QUINOLONES		
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	
BAXDELA ORAL TABLET 450 MG	2	QL
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1B	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	1B	
levofloxacin oral solution 250 mg/10 ml	1B	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1B	
moxifloxacin oral tablet 400 mg	1B	
ofloxacin oral tablet 400 mg	1B	
SULFA'S & RELATED AGENTS		
sulfadiazine oral tablet 500 mg	1B	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1B	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1B	
sulfatrim oral suspension 200-40 mg/5 ml	1B	
TETRACYCLINES		
AVIDOXY DK KIT 100 MG-2 % -SPF 30	3	ST
avidoxy oral tablet 100 mg	1B	
demeclocycline oral tablet 150 mg, 300 mg	1B	
doxycycline hyclate oral capsule 100 mg, 50 mg	1B	
doxycycline hyclate oral tablet 100 mg, 20 mg	1B	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	1B	ST
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 75 mg	1B	ST

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Drug Name	Drug Tier	Requirements / Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg	1B	
doxycycline monohydrate oral capsule 150 mg	1B	ST
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	1B	ST
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1B	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1B	
minocycline oral capsule 100 mg, 50 mg, 75 mg	1B	
minocycline oral tablet 100 mg, 50 mg, 75 mg	1B	ST
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1B	ST
mondoxyne nl oral capsule 100 mg	1B	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	3	ST
tetracycline oral capsule 250 mg, 500 mg	1B	
tetracycline oral tablet 250 mg, 500 mg	1B	ST
URINARY TRACT AGENTS		
BLUJEPA ORAL TABLET 750 MG	3	
CONTEPO INTRAVENOUS RECON SOLN 6 GRAM	3	
fosfomycin tromethamine oral packet 3 gram	1B	
methenamine hippurate oral tablet 1 gram	1B	
METHENAMINE MANDELATE ORAL SOLUTION 500 MG/5 ML	3	
methenamine mandelate oral tablet 0.5 gram, 1 gram	1B	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1B	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1B	
nitrofurantoin oral suspension 25 mg/5 ml	1B	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
trimethoprim oral tablet 100 mg	1B	
VANCOMYCIN		

Drug Name	Drug Tier	Requirements / Limits
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	QL
TYZAVAN INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	3	
vancomycin oral capsule 125 mg, 250 mg	1B	QL
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	1B	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
AUKELSO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	LA; QL
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	LA; QL
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	LA; QL
BOMYNTRA SUBCUTANEOUS SYRINGE 120 MG/1.7 ML (70 MG/ML)	4	LA; QL
JUBEREQ SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	LA; QL
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	1B	
leucovorin calcium injection solution 10 mg/ml	1B	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1B	
MESNEX ORAL TABLET 400 MG	3	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	LA; QL
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	LA; QL
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	
VYKOURA INJECTION SOLUTION 10 MG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	LA; QL
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	LA; QL
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	4	LA; QL
abiraterone oral tablet 500 mg	4	PA; LA; QL
abirtega oral tablet 250 mg	4	QL
ALECENSA ORAL CAPSULE 150 MG	4	PA; LA; QL
anastrozole oral tablet 1 mg	5	ACA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	PA
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	4	PA; LA
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	3	
AZASAN ORAL TABLET 100 MG, 75 MG	3	ST
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1B	
bexarotene oral capsule 75 mg	4	PA; LA
bexarotene topical gel 1 %	4	PA; LA
bicalutamide oral tablet 50 mg	1B	
BOSULIF ORAL CAPSULE 100 MG, 50 MG	4	PA; LA; QL
bosutinib oral tablet 100 mg, 400 mg, 500 mg	4	PA; LA; QL
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML)	4	LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; LA; QL
capecitabine oral tablet 150 mg, 500 mg	4	LA; QL
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
CAVHANZA ORAL TABLET,DISINTEGRATING 60 MG, 80 MG	4	PA; LA; QL
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; LA; QL
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL
cyclophosphamide oral capsule 25 mg, 50 mg	1B	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1B	
cyclosporine modified oral solution 100 mg/ml	1B	
cyclosporine oral capsule 100 mg, 25 mg	1B	
DANZITEN ORAL TABLET 71 MG, 95 MG	4	PA; LA; QL
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	4	PA; LA; QL
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA; LA
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	4	PA; LA
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; LA; QL
erlotinib oral tablet 100 mg, 150 mg, 25 mg	4	PA; LA; QL
etoposide oral capsule 50 mg	1B	
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; LA; QL
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	4	PA; LA; QL
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1B	
exemestane oral tablet 25 mg	5	ACA

Drug Name	Drug Tier	Requirements / Limits
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
gefitinib oral tablet 250 mg	4	PA; LA; QL
gengraf oral capsule 100 mg, 25 mg	1B	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
GLIADEL WAFER IMPLANT WAFER 7.7 MG	3	
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	4	PA; LA
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	4	PA; LA
HERNEXEOS ORAL TABLET 60 MG	4	PA
hydroxyurea oral capsule 500 mg	1B	
HYRNUO ORAL TABLET 10 MG	4	PA; LA
IBTROZI ORAL CAPSULE 200 MG	4	PA; LA
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL
imatinib oral tablet 100 mg, 400 mg	4	LA; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; LA; QL
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA; LA; QL
IMBRUVICA ORAL TABLET 420 MG	4	PA; LA; QL
IMKELDI ORAL SOLUTION 80 MG/ML	4	PA; LA
INLURIYO ORAL TABLET 200 MG	4	PA; LA
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL
JIDEYTRO ORAL TABLET 100 MG, 25 MG	4	PA; LA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; LA; QL
KOMZIFTI ORAL CAPSULE 200 MG	4	PA; LA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; LA
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	4	PA; LA
lanreotide subcutaneous syringe 120 mg/0.5 ml	4	QL
lapatinib oral tablet 250 mg	4	PA; LA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	4	PA; LA; QL
letrozole oral tablet 2.5 mg	1B	
LEUKERAN ORAL TABLET 2 MG	2	
leuprolide subcutaneous kit 1 mg/0.2 ml	4	PA; LA
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 150 MG/DAY(100 MG X1-25MG X2)	4	PA; LA
lomustine oral capsule 10 mg, 100 mg, 40 mg	1B	
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	4	PA; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
LYSODREN ORAL TABLET 500 MG	4	LA
MATULANE ORAL CAPSULE 50 MG	4	LA
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1B	
megestrol oral tablet 20 mg, 40 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA; LA; QL
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; LA; QL
mercaptopurine oral suspension 20 mg/ml	4	LA
mercaptopurine oral tablet 50 mg	1B	
METHOTREXATE (PF) IN NACL,ISO INTRAMUSCULAR SYRINGE 125 MG/5 ML (25 MG/ML)	3	
methotrexate sodium (pf) injection recon soln 1 gram	1B	
methotrexate sodium (pf) injection solution 25 mg/ml	1B	
methotrexate sodium injection solution 25 mg/ml	1B	
methotrexate sodium oral tablet 2.5 mg	1B	
MODEYSO ORAL CAPSULE 125 MG	4	PA; LA
mycophenolate mofetil oral capsule 250 mg	1B	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1B	
mycophenolate mofetil oral tablet 500 mg	1B	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	1B	
MYLERAN ORAL TABLET 2 MG	2	
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	4	PA; LA; QL
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; LA; QL
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	4	PA; LA; QL
nilutamide oral tablet 150 mg	1B	
NIPENT INTRAVENOUS RECON SOLN 10 MG	3	
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	LA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	4	LA
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	4	LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; LA
oxaliplatin intravenous solution 200 mg/40 ml	1B	
pazopanib oral tablet 200 mg	4	PA; LA; QL
PAZOPANIB ORAL TABLET 400 MG	4	PA; LA; QL
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; LA; QL
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	4	PA; LA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	ST
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	4	PA; LA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	4	PA; LA; QL
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; LA; QL
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA; QL
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	4	LA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	LA
sirolimus oral solution 1 mg/ml	1B	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1B	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	LA; QL
sorafenib oral tablet 200 mg	4	PA; LA; QL
STIVARGA ORAL TABLET 40 MG	4	PA; LA; QL
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	PA; LA; QL
TABLOID ORAL TABLET 40 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
TACROLIMUS INTRAVENOUS SOLUTION 5 MG/ML	3	LA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1B	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; LA; QL
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA; LA; QL
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
tamoxifen oral tablet 10 mg, 20 mg	5	ACA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	4	LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; LA; QL
toremifene oral tablet 60 mg	1B	
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; LA; QL
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	3	PA
tretinoin (antineoplastic) oral capsule 10 mg	1B	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA; LA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL
valrubicin intravesical solution 40 mg/ml	4	LA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; LA; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA; QL
VEPPANU ORAL TABLET 100 MG, 200 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	4	PA; LA; QL
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; LA; QL
WAYRILZ ORAL TABLET 400 MG	4	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; LA; QL
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	4	PA; LA; QL
XROMI ORAL SOLUTION 100 MG/ML	3	PA
XTANDI ORAL CAPSULE 40 MG	4	PA; LA; QL
XTANDI ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	QL
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA; LA; QL
ZELBORAF ORAL TABLET 240 MG	4	PA; LA; QL
ZOLINZA ORAL CAPSULE 100 MG	4	PA; LA; QL
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
ZYKADIA ORAL TABLET 150 MG	4	PA; LA; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	
brivaracetam intravenous solution 50 mg/5 ml	1B	
brivaracetam oral solution 10 mg/ml	1B	ST
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1B	ST
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1B	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	1B	
carbamazepine oral tablet 200 mg	1B	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1B	
clobazam oral suspension 2.5 mg/ml	1B	

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Drug Name	Drug Tier	Requirements / Limits
clobazam oral tablet 10 mg, 20 mg	1B	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1B	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1B	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA; LA
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1B	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
divalproex oral capsule, delayed rel sprinkle 125 mg	1B	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1B	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1B	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg	1B	
ethosuximide oral capsule 250 mg	1B	
ethosuximide oral solution 250 mg/5 ml	1B	
felbamate oral suspension 600 mg/5 ml	1B	
felbamate oral tablet 400 mg, 600 mg	1B	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1B	
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1B	

Drug Name	Drug Tier	Requirements / Limits
gabapentin oral tablet 600 mg, 800 mg	1B	
gabapentin oral tablet extended release 24 hr 300 mg, 450 mg, 600 mg, 750 mg, 900 mg	1B	ST
lacosamide intravenous solution 200 mg/20 ml	1B	
lacosamide oral solution 10 mg/ml	1B	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1B	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1B	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	1B	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1B	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1B	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1B	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1B	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	1B	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1B	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1B	
methsuximide oral capsule 300 mg	1B	
MIDAZOLAM INTRAMUSCULAR AUTO-INJECTOR 10 MG/0.7 ML	3	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1B	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1B	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg	1B	ST
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	3	ST
perampanel oral suspension 0.5 mg/ml	1B	

Drug Name	Drug Tier	Requirements / Limits
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1B	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1B	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1B	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
phenytoin oral suspension 125 mg/5 ml	1B	
phenytoin oral tablet,chewable 50 mg	1B	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1B	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1B	
pregabalin oral solution 20 mg/ml	1B	
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	1B	ST
PRIMIDONE ORAL TABLET 125 MG	3	
primidone oral tablet 250 mg, 50 mg	1B	
relgaabi oral capsule 300 mg, 400 mg	1B	
roweepra oral tablet 500 mg	1B	
rufinamide oral suspension 40 mg/ml	1B	
rufinamide oral tablet 200 mg, 400 mg	1B	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1B	
subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)	1B	
subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)	1B	
subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)	1B	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	
TEGRETOL ORAL TABLET 200 MG	3	
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1B	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg	1B	ST
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1B	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1B	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	1B	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1B	
valproic acid oral capsule 250 mg	1B	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	PA; QL
vigabatrin oral powder in packet 500 mg	4	LA; QL
vigabatrin oral tablet 500 mg	4	LA; QL
vigadrone oral powder in packet 500 mg	4	LA; QL
vigadrone oral tablet 500 mg	4	LA; QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA; QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA; QL
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	PA; QL
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1B	
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; LA; QL
apomorphine subcutaneous cartridge 10 mg/ml	4	PA; LA; QL
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
bromocriptine oral capsule 5 mg	1B	
bromocriptine oral tablet 2.5 mg	1B	
carbidopa oral tablet 25 mg	1B	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1B	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1B	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1B	
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	1B	
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	3	ST
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	4	LA
entacapone oral tablet 200 mg	1B	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; LA; QL
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	4	PA; LA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA; QL
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1B	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1B	
rasagiline oral tablet 0.5 mg, 1 mg	1B	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1B	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
selegiline hcl oral capsule 5 mg	1B	
selegiline hcl oral tablet 5 mg	1B	
tolcapone oral tablet 100 mg	1B	
trihexyphenidyl oral elixir 0.4 mg/ml	1B	
trihexyphenidyl oral tablet 2 mg, 5 mg	1B	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	4	PA; LA
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1B	ST; QL
dihydroergotamine injection solution 1 mg/ml	1B	
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1B	ST; QL
eletriptan oral tablet 20 mg, 40 mg	1B	ST; QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
ERGOMAR SUBLINGUAL TABLET 2 MG	3	
frovatriptan oral tablet 2.5 mg	1B	ST; QL
migergot rectal suppository 2-100 mg	1B	
naratriptan oral tablet 1 mg, 2.5 mg	1B	ST; QL
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; QL
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; QL
rizatriptan oral tablet 10 mg, 5 mg	1B	QL

Drug Name	Drug Tier	Requirements / Limits
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1B	QL
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	1B	QL
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1B	QL
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1B	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1B	QL
sumatriptan-naproxen oral tablet 85-500 mg	1B	ST; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL
zolmitriptan nasal spray,non-aerosol 5 mg	1B	ST; QL
zolmitriptan oral tablet 2.5 mg, 5 mg	1B	ST; QL
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	1B	ST; QL
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	2	ST; QL
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
ANTICHOLIUM INTRAVENOUS SOLUTION 0.4 MG/ML	3	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; LA; QL
dalfampridine oral tablet extended release 12 hr 10 mg	4	PA; LA; QL
dextromethorphan-quinidine oral capsule 20-10 mg	1B	PA
dichlorphenamide oral tablet 50 mg	4	PA; LA
donepezil oral tablet 10 mg, 23 mg, 5 mg	1B	
donepezil oral tablet,disintegrating 10 mg, 5 mg	1B	
EVRYSDI ORAL TABLET 5 MG	4	PA; LA; QL
FIRDAPSE ORAL TABLET 10 MG	4	PA; LA
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1B	
galantamine oral solution 4 mg/ml	1B	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1B	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML, 500 MG/2.5 ML (250MG/1.25MLX2)	4	PA; LA
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1B	
memantine oral solution 2 mg/ml	1B	
memantine oral tablet 10 mg, 5 mg	1B	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	3	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	4	PA; LA
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
ormalvi oral tablet 50 mg	4	PA; LA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1B	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1B	
SKYCLARYS ORAL CAPSULE 50 MG	4	PA; LA
tetrabenazine oral tablet 12.5 mg, 25 mg	4	PA; LA; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; LA; QL
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	4	PA; LA; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	4	PA; LA; QL
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	3	PA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml	1B	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	1B	
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	1B	
carisoprodol oral tablet 250 mg, 350 mg	1B	PA
chlorzoxazone oral tablet 500 mg	1B	
cyclobenzaprine oral tablet 10 mg, 5 mg	1B	

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Drug Name	Drug Tier	Requirements / Limits
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1B	
meprobamate oral tablet 200 mg, 400 mg	1B	
metaxalone oral tablet 400 mg, 800 mg	1B	
methocarbamol injection solution 100 mg/ml	1B	
methocarbamol oral tablet 500 mg, 750 mg	1B	
orphenadrine citrate injection solution 30 mg/ml	1B	
orphenadrine citrate oral tablet extended release 100 mg	1B	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	1B	
orphengesic forte oral tablet 50-770-60 mg	1B	
pyridostigmine bromide oral tablet 60 mg	1B	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	3	
pyridostigmine bromide oral tablet extended release 180 mg	1B	
tizanidine oral tablet 2 mg, 4 mg	1B	
vanadom oral tablet 350 mg	1B	PA
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	4	PA; LA
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	1B	PA; QL
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1B	PA; QL
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1B	PA; QL
ascomp with codeine oral capsule 30-50-325-40 mg	1B	PA; QL
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	PA; QL
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1B	PA; QL
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1B	PA; QL
butalbital-acetaminophen oral capsule 50-300 mg	1B	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1B	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1B	
butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml	1B	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1B	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1B	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1B	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1B	PA; QL
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1B	PA; QL
DEMEROL (PF) INJECTION SYRINGE 25 MG/ML, 50 MG/ML	3	PA; QL
DEMEROL INJECTION SOLUTION 50 MG/ML	3	PA; QL
diskets oral tablet,soluble 40 mg	1B	PA; QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1B	PA; QL
fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 2-0.0625 mcg/ml-%	1B	PA; QL
fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %	1B	PA; QL
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 4 MCG/ML- 0.125 %	3	PA; QL
fentanyl citrate (pf) injection solution 50 mcg/ml	1B	PA; QL
fentanyl citrate (pf) injection syringe 100 mcg/2 ml (50 mcg/ml), 50 mcg/ml	1B	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF) INJECTION SYRINGE 25 MCG/0.5 ML	3	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR 10 MCG/ML	3	PA; QL
fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml	1B	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	3	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION SOLUTION 25 MCG/ML	3	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,000 MCG/20 ML (50 MCG/ML), 1,000 MCG/50 ML (20 MCG/ML), 500 MCG/50 ML (10 MCG/ML)	3	PA; QL
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)	1B	PA; QL
fentanyl citrate (pf)-0.9%nacl intravenous solution 10 mcg/ml, 20 mcg/ml, 5 mcg/ml, 50 mcg/ml	1B	PA; QL
fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 50 mcg/5 ml (10 mcg/ml)	1B	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 100 MCG/10 ML (10 MCG/ML), 20 MCG/2 ML (10 MCG/ML), 250 MCG/5 ML (50 MCG/ML), 50 MCG/ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	1B	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR 2 MCG/ML-0.1 %	3	PA; QL
fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%	1B	PA; QL
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	1B	PA; QL
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1B	PA; QL
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	1B	PA; QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1B	PA; QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1B	PA; QL
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	3	PA; QL
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)	1B	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/50 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)	1B	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 25 MG/25 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 1 mg/ml	1B	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.5 MG/ML	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML	3	PA; QL
hydromorphone in 0.9 % nacl injection prefilled pump reservoir 100 mg/100 ml (1 mg/ml)	1B	PA; QL
hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)	1B	PA; QL
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	1B	PA; QL
hydromorphone oral liquid 1 mg/ml	1B	PA; QL
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1B	PA; QL
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	1B	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
hydromorphone rectal suppository 3 mg	1B	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/ML	3	PA; QL
hydromorphone(pf)-nacl,iso-osm injection syringe 2 mg/10 ml (0.2 mg/ml)	1B	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syring 6 mg/30 ml (0.2 mg/ml)	1B	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SOLUTION 0.5 MG/ML	3	PA; QL
hydromorphone(pf)-nacl,iso-osm intravenous solution 1 mg/ml	1B	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SYRINGE 0.4 MG/2 ML (0.2 MG/ML)	3	PA; QL
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1B	PA; QL
meperidine oral solution 50 mg/5 ml	1B	PA; QL
meperidine oral tablet 50 mg	1B	PA; QL
METHADONE IN 0.9 % SOD.CHLORID INTRAVENOUS SYRINGE 5 MG/5 ML	3	PA; QL
METHADONE IN SOD CHLOR,ISO-OSM INTRAVENOUS SYRINGE 10 MG/ML	3	PA; QL
methadone intravenous syringe 10 mg/ml	1B	PA; QL
methadone oral tablet 10 mg, 5 mg	1B	PA; QL
methadone oral tablet,soluble 40 mg	1B	PA; QL
methadose oral tablet,soluble 40 mg	1B	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1B	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	PA; QL
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1B	PA; QL
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1B	PA; QL
morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)	1B	PA; QL
morphine oral tablet 15 mg, 30 mg	1B	PA; QL
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1B	PA; QL
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1B	PA; QL
oxycodone oral capsule 5 mg	1B	PA; QL
oxycodone oral concentrate 20 mg/ml	1B	PA; QL
oxycodone oral solution 5 mg/5 ml	1B	PA; QL
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1B	PA; QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1B	PA; QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	ST; QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	3	PA; QL
oxymorphone oral tablet 10 mg, 5 mg	1B	PA; QL
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1B	PA; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4	LA
tencon oral tablet 50-325 mg	1B	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	ST; QL
NON-NARCOTIC ANALGESICS		
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC
aspirin childrens oral tablet,chewable 81 mg	5	ACA; OTC
aspirin oral tablet,chewable 81 mg	5	ACA; OTC
aspirin oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1B	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1B	
butorphanol nasal spray,non-aerosol 10 mg/ml	1B	PA; QL
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1B	
diclofenac potassium oral tablet 50 mg	1B	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1B	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1B	
diclofenac sodium topical drops 1.5 %	1B	QL
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1B	
diflunisal oral tablet 500 mg	1B	
ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC
etodolac oral capsule 200 mg, 300 mg	1B	
etodolac oral tablet 400 mg, 500 mg	1B	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1B	
flurbiprofen oral tablet 100 mg	1B	
ibu oral tablet 400 mg, 600 mg, 800 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
ibuprofen oral suspension 100 mg/5 ml	1B	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1B	
indomethacin oral capsule 25 mg, 50 mg	1B	
indomethacin oral capsule, extended release 75 mg	1B	
JOURNAVX ORAL TABLET 50 MG	3	QL
ketoprofen oral capsule 75 mg	1B	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1B	ST
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)	1B	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	1B	
ketorolac intramuscular solution 60 mg/2 ml	1B	
ketorolac intramuscular syringe 60 mg/2 ml	1B	
ketorolac oral tablet 10 mg	1B	QL
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	2	QL
lofexidine oral tablet 0.18 mg	1B	QL
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	3	
LUCEMYRA ORAL TABLET 0.18 MG	2	QL
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	3	ST; QL
meloxicam oral tablet 15 mg, 7.5 mg	1B	QL
nabumetone oral tablet 500 mg, 750 mg	1B	
NALMEFENE INJECTION SOLUTION 1 MG/ML	3	
naloxone injection solution 0.4 mg/ml	1B	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1B	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	3	
naltrexone oral tablet 50 mg	1B	
naproxen oral suspension 125 mg/5 ml	1B	ST
naproxen oral tablet 250 mg, 375 mg, 500 mg	1B	

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Drug Name	Drug Tier	Requirements / Limits
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	1B	
naproxen sodium oral tablet 275 mg, 550 mg	1B	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	ST; QL
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	PA; QL
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	3	
oxaprozin oral tablet 600 mg	1B	
pentazocine-naloxone oral tablet 50-0.5 mg	1B	PA; QL
piroxicam oral capsule 10 mg, 20 mg	1B	
REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	QL
salsalate oral tablet 500 mg, 750 mg	1B	
st joseph aspirin oral tablet,chewable 81 mg	5	ACA; OTC
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC
sulindac oral tablet 150 mg, 200 mg	1B	
TAPENTADOL ORAL SOLUTION 20 MG/ML	3	PA; QL
tapentadol oral tablet 100 mg, 50 mg, 75 mg	1B	PA; QL
TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	ST; QL
tramadol oral tablet 50 mg	1B	PA; QL
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1B	PA; QL
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	1B	PA; QL
tramadol-acetaminophen oral tablet 37.5-325 mg	1B	PA; QL
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	4	LA
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
ZUBSOLV SUBLINGUAL TABLET 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	
PSYCHOTHERAPEUTIC DRUGS		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST
alprazolam intensol oral concentrate 1 mg/ml	1B	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1B	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	1B	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	1B	
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1B	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1B	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1B	
amphetamine oral tablet,disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg	1B	ST
amphetamine sulfate oral tablet 10 mg, 5 mg	1B	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	3	ST; QL
aripiprazole oral solution 1 mg/ml	1B	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1B	QL
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	1B	QL
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1B	QL
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1B	QL
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1B	
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL
bupropion hcl oral tablet 100 mg, 75 mg	1B	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1B	QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1B	QL
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1B	
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; QL
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	ST; QL
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	3	ST; QL
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2)	3	ST; QL
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	3	ST; QL
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1B	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1B	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1B	
citalopram oral solution 10 mg/5 ml	1A	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1A	QL
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1B	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1B	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1B	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1B	
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	ST; QL
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1B	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST; QL
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1B	ST; QL
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1B	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1B	
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	1B	
dextroamphetamine sulfate oral solution 5 mg/5 ml	1B	
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1B	
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	1B	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1B	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1B	
diazepam intensol oral concentrate 5 mg/ml	1B	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1B	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1B	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1B	
doxepin oral concentrate 10 mg/ml	1B	
doxepin oral tablet 3 mg, 6 mg	1B	ST; QL

Drug Name	Drug Tier	Requirements / Limits
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1B	QL
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1B	ST; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	2	ST
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	2	ST
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
ergoloid oral tablet 1 mg	1B	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	
escitalopram oxalate oral solution 5 mg/5 ml	1A	ST
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1A	QL
estazolam oral tablet 1 mg, 2 mg	1B	QL
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1B	QL
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; QL
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	ST; QL
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	3	ST; QL
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	3	ST; QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; QL
fluoxetine oral capsule 10 mg, 40 mg	1A	QL
fluoxetine oral capsule 20 mg	1A	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	1A	ST; QL
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1A	
fluoxetine oral tablet 10 mg	1A	ST; QL
fluoxetine oral tablet 20 mg, 60 mg	1A	ST
fluphenazine decanoate injection solution 25 mg/ml	1B	
fluphenazine hcl injection solution 2.5 mg/ml	1B	
fluphenazine hcl oral concentrate 5 mg/ml	1B	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1B	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1B	
flurazepam oral capsule 15 mg, 30 mg	1B	QL
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	1A	ST; QL
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1A	QL
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1B	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1B	
haloperidol lactate oral concentrate 2 mg/ml	1B	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1B	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1B	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1B	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	2	

Drug Name	Drug Tier	Requirements / Limits
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1B	QL
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1B	ST; QL
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1B	
lithium carbonate oral tablet 300 mg	1B	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1B	
lithium citrate oral solution 8 meq/5 ml	1B	
lorazepam intensol oral concentrate 2 mg/ml	1B	
lorazepam oral concentrate 2 mg/ml	1B	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1B	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1B	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	4	PA; LA; QL
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	4	PA; QL
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	1B	QL
MARPLAN ORAL TABLET 10 MG	3	
methamphetamine oral tablet 5 mg	1B	
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1B	ST
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1B	
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1B	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1B	
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1B	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1B	
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	1B	
METHYLPHENIDATE ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	ST
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	1B	ST
midazolam (pf) injection solution 1 mg/ml, 5 mg/ml	1B	
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml	1B	
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML	3	
midazolam injection solution 1 mg/ml, 5 mg/ml	1B	
MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)	3	
midazolam oral syrup 2 mg/ml	1B	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1B	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1B	
modafinil oral tablet 100 mg, 200 mg	1B	QL
molindone oral tablet 10 mg, 25 mg, 5 mg	1B	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1B	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1B	
nortriptyline oral solution 10 mg/5 ml	1B	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1B	QL

Drug Name	Drug Tier	Requirements / Limits
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1B	QL
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1B	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1B	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	1B	QL
paroxetine hcl oral suspension 10 mg/5 ml	1A	ST
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1A	QL
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1A	ST; QL
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	1B	ST; QL
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1B	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1B	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	3	
phenelzine oral tablet 15 mg	1B	
pimozide oral tablet 1 mg, 2 mg	1B	
procentra oral solution 5 mg/5 ml	1B	
protriptyline oral tablet 10 mg, 5 mg	1B	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	3	PA
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1B	QL
QUETIAPINE ORAL TABLET 150 MG	3	QL
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1B	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	2	ST

Drug Name	Drug Tier	Requirements / Limits
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	2	ST
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	ST; QL
ramelteon oral tablet 8 mg	1B	QL
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; QL
risperidone oral solution 1 mg/ml	1B	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1B	QL
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1B	QL
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	QL
sertraline oral concentrate 20 mg/ml	1A	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1A	QL
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA
SUNOSI ORAL TABLET 150 MG, 75 MG	2	PA; QL
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1B	QL
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1B	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1B	
tranylcypromine oral tablet 10 mg	1B	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1B	
triazolam oral tablet 0.125 mg, 0.25 mg	1B	QL
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1B	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1B	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	1B	QL

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Drug Name	Drug Tier	Requirements / Limits
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1B	QL
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1B	ST; QL
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	3	ST
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	ST; QL
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; LA; QL
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	3	ST
zaleplon oral capsule 10 mg, 5 mg	1B	QL
zenzedi oral tablet 10 mg, 5 mg	1B	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1B	QL
zolpidem oral tablet 10 mg, 5 mg	1B	QL
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1B	QL
zolpidem sublingual tablet 1.75 mg, 3.5 mg	1B	ST; QL
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	4	PA; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; LA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1B	PA; LA; QL
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg	1B	PA; QL
fingolimod oral capsule 0.5 mg	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	4	PA; LA; QL
glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; LA; QL
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
teriflunomide oral tablet 14 mg, 7 mg	4	PA; LA; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; LA; QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone intravenous solution 50 mg/ml	1B	
amiodarone intravenous syringe 150 mg/3 ml	1B	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1B	
disopyramide phosphate oral capsule 100 mg, 150 mg	1B	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1B	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	1B	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1B	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
pacerone oral tablet 100 mg, 200 mg	1B	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1B	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1B	
quinidine gluconate oral tablet extended release 324 mg	1B	
quinidine sulfate oral tablet 200 mg, 300 mg	1B	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1B	
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	3	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1B	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	1A	
aliskiren oral tablet 150 mg, 300 mg	1B	
amiloride oral tablet 5 mg	1B	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1B	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1A	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1A	

Drug Name	Drug Tier	Requirements / Limits
atenolol oral tablet 100 mg, 25 mg, 50 mg	1A	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1A	
azilsartan medoxomil oral tablet 40 mg, 80 mg	1A	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1A	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1A	
betaxolol oral tablet 10 mg, 20 mg	1A	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1A	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1A	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1B	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1A	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1A	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1A	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1A	
CARDAMYST NASAL SPRAY,NON-AEROSOL 70 MG/2 SPRAY	3	PA
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1A	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1B	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	1B	
chlorthalidone oral tablet 25 mg, 50 mg	1A	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1B	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1B	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1A	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1A	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1B	QL
enalapril maleate oral solution 1 mg/ml	1A	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1A	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1A	
eplerenone oral tablet 25 mg, 50 mg	1B	
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	4	PA; LA
ethacrynic acid oral tablet 25 mg	1B	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1A	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1A	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1A	
FUROSCIX READYFLOW SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	LA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	4	LA
FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK 100 MG/100 ML (1 MG/ML)	3	

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Drug Name	Drug Tier	Requirements / Limits
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1B	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1B	
guanfacine oral tablet 1 mg, 2 mg	1B	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	4	PA; LA
hydralazine injection solution 20 mg/ml	1B	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1B	
hydrochlorothiazide oral capsule 12.5 mg	1A	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1A	
indapamide oral tablet 1.25 mg, 2.5 mg	1A	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1A	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1A	
isosorbide-hydralazine oral tablet 20-37.5 mg	1B	
isradipine oral capsule 2.5 mg, 5 mg	1A	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL
KERENDIA ORAL TABLET 40 MG	2	PA
labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1B	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1A	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1A	
losartan oral tablet 100 mg, 25 mg, 50 mg	1A	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1A	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	
methyldopa oral tablet 250 mg, 500 mg	1B	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1A	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1A	

Drug Name	Drug Tier	Requirements / Limits
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1A	
metoprolol tartrate intravenous solution 5 mg/5 ml	1B	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1A	
metyrosine oral capsule 250 mg	1B	PA
minoxidil oral tablet 10 mg, 2.5 mg	1B	
moexipril oral tablet 15 mg, 7.5 mg	1A	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1A	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1A	
nicardipine oral capsule 20 mg, 30 mg	1A	
nifedipine oral capsule 10 mg, 20 mg	1A	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1A	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1A	
nimodipine oral capsule 30 mg	1B	
nimodipine oral solution 60 mg/20 ml	1B	
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	1A	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1A	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1A	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1A	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (42)	4	PA; LA; QL
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (210)	4	PA; LA; QL
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG(42)-1MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; LA; QL
papaverine injection solution 30 mg/ml	1B	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1A	
phenoxybenzamine oral capsule 10 mg	1B	PA
pindolol oral tablet 10 mg, 5 mg	1A	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1B	
propranolol intravenous solution 1 mg/ml	1B	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1A	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1A	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1A	
spironolactone oral suspension 25 mg/5 ml	1B	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1B	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1B	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1A	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1A	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1B	QL
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1A	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1B	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1A	

Drug Name	Drug Tier	Requirements / Limits
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1A	
triamterene oral capsule 100 mg, 50 mg	1B	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1B	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1B	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; LA; QL
UPTRAVI ORAL TABLET 100 MCG, 150 MCG	4	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA; QL
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1A	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1A	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1A	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1A	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1A	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1A	
CARDIAC GLYCOSIDES		
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1B	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	1B	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	4	PA; LA
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	4	PA; LA
aminocaproic acid oral solution 250 mg/ml (25 %)	1B	
aminocaproic acid oral tablet 1,000 mg, 500 mg	1B	
argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml	1B	
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	3	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1A	
cilostazol oral tablet 100 mg, 50 mg	1B	
clopidogrel oral tablet 300 mg, 75 mg	1A	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	1A	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1A	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; LA; QL
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG	4	PA; LA; QL
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	2	
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	2	
enoxaparin subcutaneous solution 300 mg/3 ml	4	
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	4	

Drug Name	Drug Tier	Requirements / Limits
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	4	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)	1B	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml	1B	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	1B	
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/0.5 ML	4	PA; LA
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1A	
MULPLETA ORAL TABLET 3 MG	4	PA; LA; QL
pentoxifylline oral tablet extended release 400 mg	1B	
phytonadione (vitamin k1) oral tablet 5 mg	1B	QL
prasugrel hcl oral tablet 10 mg, 5 mg	1A	

Drug Name	Drug Tier	Requirements / Limits
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; LA
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	4	PA; LA
rivaroxaban oral suspension for reconstitution 1 mg/ml	1A	
rivaroxaban oral tablet 2.5 mg	1A	
ticagrelor oral tablet 60 mg, 90 mg	1A	
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)	1B	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1A	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	3	PA
ZONTIVITY ORAL TABLET 2.08 MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
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	1A	QL
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1A	QL
cholestyramine (with sugar) oral powder 4 gram	1A	
cholestyramine (with sugar) oral powder in packet 4 gram	1A	
cholestyramine light oral powder 4 gram	1A	
cholestyramine light oral powder in packet 4 gram	1A	
colesevelam oral powder in packet 3.75 gram	1A	
colesevelam oral tablet 625 mg	1A	
colestipol oral granules 5 gram	1A	

Drug Name	Drug Tier	Requirements / Limits
colestipol oral packet 5 gram	1A	
colestipol oral tablet 1 gram	1A	
ezetimibe oral tablet 10 mg	1A	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1A	QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1A	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1A	
fenofibrate oral tablet 160 mg, 54 mg	1A	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1A	
fenofibric acid oral tablet 105 mg, 35 mg	1A	
fluvastatin oral capsule 20 mg, 40 mg	1A	QL
fluvastatin oral tablet extended release 24 hr 80 mg	1A	QL
gemfibrozil oral tablet 600 mg	1A	
icosapent ethyl oral capsule 0.5 gram, 1 gram	1A	PA
LEROCHOL SUBCUTANEOUS SYRINGE 300 MG/1.2 ML	3	PA; QL
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1A	QL
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA
niacin oral tablet 500 mg	1A	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1A	
NIACOR ORAL TABLET 500 MG	3	
omega-3 acid ethyl esters oral capsule 1 gram	1B	PA
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1A	QL
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	PA; QL
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1A	QL
prevalite oral powder 4 gram	1A	
prevalite oral powder in packet 4 gram	1A	

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Drug Name	Drug Tier	Requirements / Limits
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	4	PA; LA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1A	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1A	QL
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML	4	PA; LA
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG	4	PA; LA
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	2	QL
isoproterenol hcl injection solution 0.2 mg/ml	1B	
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	PA; LA; QL
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1B	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1B	QL
VECAMYL ORAL TABLET 2.5 MG	3	
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1B	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1B	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1B	
nitro-bid transdermal ointment 2 %	1B	

Drug Name	Drug Tier	Requirements / Limits
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1B	
nitroglycerin transdermal ointment 2 %	1B	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1B	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1B	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	3	
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1B	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1B	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	4	PA; LA; QL
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	4	PA; LA; QL
calcipotriene scalp solution 0.005 %	1B	QL
calcipotriene topical cream 0.005 %	1B	QL
calcipotriene topical ointment 0.005 %	1B	QL
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1B	ST; QL
calcipotriene-betamethasone topical suspension 0.005-0.064 %	1B	ST; QL
calcitriol topical ointment 3 mcg/gram	1B	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; LA; QL
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; LA; QL
hydrocortisone-pramoxine topical cream 2.5-1 %	1B	ST
ICOTYDE ORAL TABLET 200 MG	4	PA; LA; QL
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA; QL
PLEXION NS TOPICAL SHAMPOO 9.8 %	3	
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; LA; QL
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA; QL
selenium sulfide topical lotion 2.5 %	1B	
selenium sulfide topical shampoo 2.25 %, 2.3 %	1B	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML	4	PA; LA; QL
SOTYKTU ORAL TABLET 6 MG	4	PA; LA; QL
sulfacetamide sodium topical cleanser 10 %	1B	
sulfacetamide sodium topical cleanser, gel 10 %	1B	
sulfacetamide sodium topical shampoo 10 %, 9.8 %	1B	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	4	PA; LA; QL
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; LA; QL
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	4	PA; LA; QL
USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; LA; QL
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA; QL
VTAMA TOPICAL CREAM 1 %	2	PA; QL
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; LA; QL
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA; QL
ZORYVE TOPICAL CREAM 0.05 %	2	PA
ZORYVE TOPICAL CREAM 0.15 %, 0.3 %	2	PA; QL
ZORYVE TOPICAL FOAM 0.3 %	3	PA; QL
BURN THERAPY		
silver sulfadiazine topical cream 1 %	1B	
ssd topical cream 1 %	1B	
MISCELLANEOUS DERMATOLOGICALS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; LA; QL
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
AMELUZ TOPICAL GEL 10 %	3	
ammonium lactate topical cream 12 %	1B	
ammonium lactate topical lotion 12 %	1B	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; LA; QL
diclofenac sodium topical gel 3 %	1B	QL
doxepin topical cream 5 %	1B	QL
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	4	PA; LA; QL
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	4	PA; LA; QL
EUCRISA TOPICAL OINTMENT 2 %	2	PA; QL
FILSUVEZ TOPICAL GEL 10 %	4	PA; LA
fluorouracil topical cream 5 %	1B	
fluorouracil topical solution 2 %, 5 %	1B	
HYFTOR TOPICAL GEL 0.2 %	4	PA; LA
imiquimod topical cream in packet 5 %	1B	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	1B	
methyl salicylate oil	1B	
methyl salicylate topical liquid	1B	
NORMLGEL AG TOPICAL GEL 0.11 %	3	
PANRETIN TOPICAL GEL 0.1 %	3	PA
pimecrolimus topical cream 1 %	1B	ST; QL
podofilox topical gel 0.5 %	1B	QL

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Drug Name	Drug Tier	Requirements / Limits
podofilox topical solution 0.5 %	1B	
prudoxin topical cream 5 %	1B	QL
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA
tacrolimus topical ointment 0.03 %, 0.1 %	1B	ST; QL
VALCHLOR TOPICAL GEL 0.016 %	4	LA
VEREGEN TOPICAL OINTMENT 15 %	3	QL
wintergreen oil oil	1B	
ZONALON TOPICAL CREAM 5 %	3	QL
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	ST
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1B	
adapalene topical cream 0.1 %	1B	PA
adapalene topical gel 0.3 %	1B	PA
adapalene topical gel with pump 0.3 %	1B	PA
ADAPALENE TOPICAL LOTION 0.1 %	3	PA
adapalene topical solution 0.1 %	1B	PA
adapalene topical swab 0.1 %	1B	PA; QL
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	1B	PA
AKLIEF TOPICAL CREAM 0.005 %	3	PA
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1B	
AMZEEQ TOPICAL FOAM 4 %	3	ST
avar topical cleanser 10-5 % (w/w)	1B	ST
AVAR-E TOPICAL CREAM 10-5 % (W/W)	3	ST
azelaic acid topical gel 15 %	1B	
AZELEX TOPICAL CREAM 20 %	3	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	3	ST
benzoyl peroxide topical cleanser 7 %	1B	
benzoyl peroxide topical foam 9.8 %	1B	
brimonidine topical gel with pump 0.33 %	1B	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
clindacin etz topical swab 1 %	1B	
clindacin p topical swab 1 %	1B	
clindacin topical foam 1 %	1B	ST; QL
clindamycin phosphate topical foam 1 %	1B	ST; QL
clindamycin phosphate topical gel 1 %	1B	QL
clindamycin phosphate topical gel, once daily 1 %	1B	ST; QL
clindamycin phosphate topical lotion 1 %	1B	QL
clindamycin phosphate topical solution 1 %	1B	QL
clindamycin phosphate topical swab 1 %	1B	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	1B	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %	1B	
clindamycin-tretinoin topical gel 1.2-0.025 %	1B	PA
dapsone topical gel 5 %	1B	
DAPSONE TOPICAL GEL 7.5 %	3	ST
dapsone topical gel with pump 7.5 %	1B	
DIFFERIN TOPICAL LOTION 0.1 %	3	PA
ery pads topical swab 2 %	1B	
erythromycin with ethanol topical gel 2 %	1B	
erythromycin with ethanol topical solution 2 %	1B	
erythromycin-benzoyl peroxide topical gel 3-5 %	1B	
FINACEA TOPICAL FOAM 15 %	2	ST
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1B	
ivermectin topical cream 1 %	1B	QL
metronidazole topical cream 0.75 %	1B	
metronidazole topical gel 0.75 %, 1 %	1B	
metronidazole topical gel with pump 1 %	1B	
metronidazole topical lotion 0.75 %	1B	

Drug Name	Drug Tier	Requirements / Limits
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 %	3	ST
neuac topical gel 1.2 %(1 % base) -5 %	1B	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	3	ST
rosadan topical cream 0.75 %	1B	
rosadan topical gel 0.75 %	1B	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	3	ST
SOOLANTRA TOPICAL CREAM 1 %	3	ST; QL
sss 10-5 topical cream 10-5 % (w/w)	1B	
sss 10-5 topical foam 10-5 %	1B	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4.5 %, 9.8-4.8 %	1B	ST
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %	1B	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1B	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1B	
sulfacetamide sodium-sulfur topical suspension 10-5 %	1B	ST
sulfacetamide-sulfur 9-4% wash	1B	ST
tazarotene topical cream 0.05 %, 0.1 %	1B	PA
tazarotene topical gel 0.05 %, 0.1 %	1B	PA
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	3	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	PA
tretinoin microspheres topical gel 0.04 %, 0.1 %	1B	PA
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %	1B	PA
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1B	PA

Drug Name	Drug Tier	Requirements / Limits
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1B	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1B	
TOPICAL ANESTHETICS		
bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)	1B	
bupivacaine hcl injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)	1B	
dermacinrx lidocan topical adhesive patch,medicated 5 %	1B	PA
lidocaine hcl laryngotracheal solution 4 %	1B	
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	1B	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1B	
lidocaine topical adhesive patch,medicated 5 %	1B	PA
lidocaine topical ointment 5 %	1B	QL
lidocaine-prilocaine topical cream 2.5-2.5 %	1B	QL
lidocaine-prilocaine topical kit 2.5-2.5 %	1B	

Drug Name	Drug Tier	Requirements / Limits
lidocan iii topical adhesive patch,medicated 5 %	1B	PA
lidocan iv topical adhesive patch,medicated 5 %	1B	PA
lidocan v topical adhesive patch,medicated 5 %	1B	PA
lidocort topical cream 3-0.5 %	1B	
TOPICAL ANTIBACTERIALS		
gentamicin topical cream 0.1 %	1B	QL
gentamicin topical ointment 0.1 %	1B	QL
lugols topical solution 5-10 %	1B	
mupirocin calcium topical cream 2 %	1B	ST; QL
mupirocin topical ointment 2 %	1B	QL
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
strong iodine topical solution 5-10 %	1B	
sulfacetamide sodium (acne) topical suspension 10 %	1B	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	

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Drug Name	Drug Tier	Requirements / Limits
XEPI TOPICAL CREAM 1 %	3	PA; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	3	
ciclodan topical cream 0.77 %	1B	QL
ciclopirox topical cream 0.77 %	1B	QL
ciclopirox topical gel 0.77 %	1B	QL
ciclopirox topical shampoo 1 %	1B	QL
ciclopirox topical suspension 0.77 %	1B	QL
clotrimazole topical cream 1 %	1B	QL
clotrimazole topical solution 1 %	1B	QL
clotrimazole-betamethasone topical cream 1-0.05 %	1B	QL
clotrimazole-betamethasone topical lotion 1-0.05 %	1B	QL
econazole nitrate topical cream 1 %	1B	QL
ERTACZO TOPICAL CREAM 2 %	3	QL
EXELDERM TOPICAL CREAM 1 %	3	QL
EXELDERM TOPICAL SOLUTION 1 %	3	QL
ketoconazole topical cream 2 %	1B	QL
ketoconazole topical foam 2 %	1B	QL
ketoconazole topical shampoo 2 %	1B	QL
ketodan kit topical combo pack 2 %	1B	
ketodan topical foam 2 %	1B	QL
klayesta topical powder 100,000 unit/gram	1B	QL
LOPROX KIT TOPICAL COMBO PACK 0.77 %	3	QL
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	3	QL
LULICONAZOLE TOPICAL CREAM 1 %	3	QL
naftifine topical cream 1 %, 2 %	1B	QL
naftifine topical gel 2 %	1B	QL
nyamyc topical powder 100,000 unit/gram	1B	QL
nystatin topical cream 100,000 unit/gram	1B	QL
nystatin topical ointment 100,000 unit/gram	1B	QL
nystatin topical powder 100,000 unit/gram	1B	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1B	QL
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1B	QL
nystop topical powder 100,000 unit/gram	1B	QL
oxiconazole topical cream 1 %	1B	QL
OXISTAT TOPICAL LOTION 1 %	3	QL
SULCONAZOLE TOPICAL CREAM 1 %	3	QL
SULCONAZOLE TOPICAL SOLUTION 1 %	3	QL
TOPICAL ANTIVIRALS		
acyclovir topical ointment 5 %	1B	QL
penciclovir topical cream 1 %	1B	
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1B	
ALA-SCALP TOPICAL LOTION 2 %	3	ST
alclometasone topical cream 0.05 %	1B	
alclometasone topical ointment 0.05 %	1B	
amcinonide topical cream 0.1 %	1B	ST
amcinonide topical ointment 0.1 %	1B	ST
beser topical lotion 0.05 %	1B	ST
betamethasone dipropionate topical cream 0.05 %	1B	
betamethasone dipropionate topical lotion 0.05 %	1B	
betamethasone dipropionate topical ointment 0.05 %	1B	
betamethasone valerate topical cream 0.1 %	1B	
betamethasone valerate topical lotion 0.1 %	1B	
betamethasone valerate topical ointment 0.1 %	1B	
betamethasone, augmented topical cream 0.05 %	1B	
betamethasone, augmented topical gel 0.05 %	1B	
betamethasone, augmented topical lotion 0.05 %	1B	
betamethasone, augmented topical ointment 0.05 %	1B	

Drug Name	Drug Tier	Requirements / Limits
CAPEX TOPICAL SHAMPOO 0.01 %	3	ST
clobetasol scalp solution 0.05 %	1B	QL
clobetasol topical cream 0.05 %	1B	QL
clobetasol topical foam 0.05 %	1B	ST; QL
clobetasol topical gel 0.05 %	1B	QL
clobetasol topical ointment 0.05 %	1B	QL
clobetasol topical shampoo 0.05 %	1B	ST; QL
clobetasol topical spray,non-aerosol 0.05 %	1B	ST; QL
clobetasol-emollient topical cream 0.05 %	1B	QL
clobetasol-emollient topical foam 0.05 %	1B	ST; QL
clocortolone pivalate topical cream 0.1 %	1B	ST
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	3	ST; QL
clodan topical shampoo 0.05 %	1B	ST; QL
desonide topical cream 0.05 %	1B	
desonide topical gel 0.05 %	1B	ST
desonide topical ointment 0.05 %	1B	
desoximetasone topical gel 0.05 %	1B	ST
desoximetasone topical ointment 0.05 %, 0.25 %	1B	ST
desoximetasone topical spray,non-aerosol 0.25 %	1B	ST
fluocinolone and shower cap scalp oil 0.01 %	1B	
fluocinolone topical oil 0.01 %	1B	
fluocinolone topical ointment 0.025 %	1B	
fluocinolone topical solution 0.01 %	1B	
fluocinonide topical gel 0.05 %	1B	QL
fluocinonide topical ointment 0.05 %	1B	QL
fluocinonide topical solution 0.05 %	1B	QL
fluocinonide-e topical cream 0.05 %	1B	QL
flurandrenolide topical cream 0.05 %	1B	ST; QL
flurandrenolide topical lotion 0.05 %	1B	ST; QL
flurandrenolide topical ointment 0.05 %	1B	ST; QL
fluticasone propionate topical cream 0.05 %	1B	

Drug Name	Drug Tier	Requirements / Limits
fluticasone propionate topical lotion 0.05 %	1B	ST
fluticasone propionate topical ointment 0.005 %	1B	
halobetasol propionate topical cream 0.05 %	1B	
halobetasol propionate topical foam 0.05 %	1B	ST
halobetasol propionate topical ointment 0.05 %	1B	
hydrocortisone butyrate topical cream 0.1 %	1B	QL
hydrocortisone butyrate topical lotion 0.1 %	1B	ST; QL
hydrocortisone butyrate topical ointment 0.1 %	1B	ST; QL
hydrocortisone butyrate topical solution 0.1 %	1B	ST; QL
hydrocortisone topical cream 1 %, 2.5 %	1B	
hydrocortisone topical lotion 2 %, 2.5 %	1B	
hydrocortisone topical ointment 1 %, 2.5 %	1B	
hydrocortisone valerate topical cream 0.2 %	1B	
hydrocortisone valerate topical ointment 0.2 %	1B	
lexette topical foam 0.05 %	1B	ST
mometasone topical cream 0.1 %	1B	
mometasone topical ointment 0.1 %	1B	
mometasone topical solution 0.1 %	1B	
PANDEL TOPICAL CREAM 0.1 %	3	ST
prednicarbate topical cream 0.1 %	1B	
scalacort topical lotion 2 %	1B	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	3	ST
SYNALAR TS TOPICAL KIT 0.01 %	3	ST
TEXACORT TOPICAL SOLUTION 2.5 %	3	ST
tovet emollient topical foam 0.05 %	1B	ST; QL
triamcinolone acetonide topical aerosol 0.147 mg/gram	1B	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1B	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1B	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1B	
triamcinolone acetonide topical ointment 0.05 %	1B	ST
triderm topical cream 0.5 %	1B	ST
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
crotan topical lotion 10 %	1B	
malathion topical lotion 0.5 %	1B	
permethrin topical cream 5 %	1B	
pruradik topical lotion 10 %	1B	
spinosad topical suspension 0.9 %	1B	
ULESFIA TOPICAL LOTION 5 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA; QL
IRRIGATING SOLUTIONS		
lactated ringers irrigation solution	1B	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	1B	
ringer's irrigation solution	1B	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	3	
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1B	
acetic acid irrigation solution 0.25 %	1B	
anagrelide oral capsule 0.5 mg, 1 mg	1B	
BKEMV INTRAVENOUS SOLUTION 300 MG/30 ML	4	PA; LA
bupivacaine-dextrose-water(pf) injection solution 0.75 % (7.5 mg/ml)	1B	

Drug Name	Drug Tier	Requirements / Limits
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	1B	
carglumic acid oral tablet, dispersible 200 mg	4	LA
cevimeline oral capsule 30 mg	1B	
CHEMET ORAL CAPSULE 100 MG	2	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	4	PA; LA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	4	PA; LA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	4	PA; LA
deferiprone oral tablet 1,000 mg, 500 mg	4	PA; LA
disulfiram oral tablet 250 mg, 500 mg	1B	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	4	PA; LA
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	4	PA; LA
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML	4	PA; LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA
KYGEVVI ORAL POWDER IN PACKET 4 GRAM	4	PA; LA
levocarnitine (with sugar) oral solution 100 mg/ml	1B	
levocarnitine oral solution 100 mg/ml	1B	
levocarnitine oral tablet 330 mg	1B	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1B	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	4	PA; LA
PHEBURANE ORAL GRANULES 483 MG/GRAM	4	PA; LA
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RHAPSIDO ORAL TABLET 25 MG	2	PA
risedronate oral tablet 30 mg	1A	ST; QL
sodium phenylbutyrate oral powder 0.94 gram/gram	1B	PA
sodium phenylbutyrate oral tablet 500 mg	1B	PA

Drug Name	Drug Tier	Requirements / Limits
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	4	PA; LA
trientine oral capsule 250 mg	1B	PA
venxxiva oral tablet,delayed release (dr/ec) 100 mg, 300 mg	4	PA; LA
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	4	PA; LA
water for irrigation, sterile irrigation solution	1B	
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	5	ACA
CHANTIX ORAL TABLET 0.5 MG, 1 MG	5	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42)	5	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	2	OTC; QL
NICORETTE BUCCAL GUM 2 MG	2	OTC; QL
nicorette buccal gum 4 mg	5	ACA; OTC; QL
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	OTC; QL
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	OTC; QL
nicotine (polacrilex) buccal gum 2 mg, 4 mg	5	ACA; OTC; QL
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	5	ACA; OTC; QL
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	5	ACA; OTC; QL
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	5	ACA; OTC; QL
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	5	ACA; OTC; QL
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	5	ACA
quit 2 buccal gum 2 mg	5	ACA; OTC; QL
quit 2 buccal lozenge 2 mg	5	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
quit 4 buccal gum 4 mg	5	ACA; OTC; QL
quit 4 buccal lozenge 4 mg	5	ACA; OTC; QL
stop smoking aid buccal lozenge 2 mg, 4 mg	5	ACA; OTC; QL
varenicline tartrate oral tablet 0.5 mg, 1 mg	5	ACA
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	5	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1B	QL
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1B	
denta 5000 plus dental cream 1.1 %	1A	
denta 5000 plus sensitive dental paste 1.1-5 %	1A	
dentagel dental gel 1.1 %	1A	
fluoride (sodium) dental cream 1.1 %	1A	
fluoride (sodium) dental gel 1.1 %	1A	
fluoride (sodium) dental paste 1.1 %	1A	
fluoride (sodium) dental solution 0.2 %	1A	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1B	QL
kourzeq dental paste 0.1 %	1B	
olopatadine nasal spray,non-aerosol 0.6 %	1B	QL
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
paroex oral rinse mucous membrane mouthwash 0.12 %	1B	
periogard mucous membrane mouthwash 0.12 %	1B	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1B	
sf 5000 plus dental cream 1.1 %	1A	
sf dental gel 1.1 %	1A	
sodium fluoride 5000 plus dental cream 1.1 %	1A	
sodium fluoride-pot nitrate dental paste 1.1-5 %	1A	
triamcinolone acetonide dental paste 0.1 %	1B	
MISCELLANEOUS OTIC PREPARATIONS		

Drug Name	Drug Tier	Requirements / Limits
acetic acid otic (ear) solution 2 %	1B	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1B	
flac otic oil otic (ear) drops 0.01 %	1B	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1B	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1B	
ofloxacin otic (ear) drops 0.3 %	1B	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	ST
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1B	
ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %	1B	ST
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1B	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1B	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	ST
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
AGAMREE ORAL SUSPENSION 40 MG/ML	4	PA; LA
cortisone oral tablet 25 mg	1B	
CORTROSYN INJECTION RECON SOLN 0.25 MG	3	
cosyntropin injection recon soln 0.25 mg	1B	
deflazacort oral suspension 22.75 mg/ml	4	PA; LA
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	4	PA; LA
dexabliss oral tablets,dose pack 1.5 mg (39 tabs)	1B	PA
dexamethasone intensol oral drops 1 mg/ml	1B	
dexamethasone oral elixir 0.5 mg/5 ml	1B	
dexamethasone oral solution 0.5 mg/5 ml	1B	

Drug Name	Drug Tier	Requirements / Limits
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1B	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)	1B	PA
DEXLYT ORAL TABLET 0.25 MG	3	
fludrocortisone oral tablet 0.1 mg	1B	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1B	
hydrocortisone sod succinate injection recon soln 100 mg	1B	
jaythari oral suspension 22.75 mg/ml	4	PA; LA
jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg	4	PA; LA
kymbee oral suspension 22.75 mg/ml	4	PA; LA
kymbee oral tablet 18 mg, 30 mg, 36 mg, 6 mg	4	PA; LA
MEDROL ORAL TABLET 2 MG	3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1B	
methylprednisolone oral tablets,dose pack 4 mg	1B	
millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)	1B	
millipred oral tablet 5 mg	1B	
prednisolone oral solution 15 mg/5 ml	1B	
prednisolone oral tablet 5 mg	1B	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1B	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	1B	
prednisone intensol oral concentrate 5 mg/ml	1B	
prednisone oral solution 5 mg/5 ml	1B	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1B	
prednisone oral tablets,dose pack 10 mg, 5 mg	1B	
pyquvi oral suspension 22.75 mg/ml	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	2	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	2	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1B	
potassium iodide oral solution 1 gram/ml	1B	
propylthiouracil oral tablet 50 mg	1B	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ASSURE TITANIUM TEST STRIP STRIP	3	QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	2	QL
GLUCOSE ELEVATING AGENTS		
diazoxide oral suspension 50 mg/ml	1B	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	QL
glucagon emergency kit (human) injection recon soln 1 mg	1B	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	QL

Drug Name	Drug Tier	Requirements / Limits
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	QL
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	QL
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	2	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	OTC
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	PA
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	PA
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	3	ST
TWIIST REFILL KT(CSST-NDL-SYR) KIT	2	QL
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT	2	QL
TWIIST STARTER KIT KIT	2	QL
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	3	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	3	

Drug Name	Drug Tier	Requirements / Limits
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	ST
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	

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Drug Name	Drug Tier	Requirements / Limits
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	

Drug Name	Drug Tier	Requirements / Limits
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL
MISCELLANEOUS HORMONES		
cabergoline oral tablet 0.5 mg	1B	QL
calcitonin (salmon) injection solution 200 unit/ml	1B	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1B	
calcitriol intravenous solution 1 mcg/ml	1B	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1B	
calcitriol oral solution 1 mcg/ml	1B	
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1B	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	4	PA; LA
CRENESSITY ORAL SOLUTION 50 MG/ML	4	PA; LA
danazol oral capsule 100 mg, 200 mg, 50 mg	1B	
desmopressin injection solution 4 mcg/ml	4	LA
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
desmopressin oral tablet 0.1 mg, 0.2 mg	1B	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1B	
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	PA; QL
javygtor oral tablet,soluble 100 mg	4	PA; LA
METHITEST ORAL TABLET 10 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
methyltestosterone oral capsule 10 mg	1B	PA
mifepristone oral tablet 300 mg	4	PA; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1B	
sapropterin oral powder in packet 100 mg, 500 mg	4	PA; LA
sapropterin oral tablet,soluble 100 mg	4	PA; LA
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	4	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; LA
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	2	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1B	PA
testosterone enanthate intramuscular oil 200 mg/ml	1B	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	1B	PA; QL
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	1B	PA; QL
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	1B	PA; QL
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1B	PA; QL
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	4	PA; LA; QL
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
tolvaptan oral tablet 15 mg, 30 mg	4	PA; LA; QL
VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML)	3	
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	2	PA; QL
zelvysia oral powder in packet 100 mg, 500 mg	4	PA; LA
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1A	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	QL
BRENZAVVY ORAL TABLET 20 MG	3	ST; QL
CYCLOSET ORAL TABLET 0.8 MG	3	
dapagliflozin oral tablet 10 mg, 5 mg	1A	ST; QL
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg	1A	ST; QL
dapagliflozin-saxagliptin oral tablet 10-5 mg	1A	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1A	
glipizide oral tablet 10 mg, 5 mg	1A	
GLIPIZIDE ORAL TABLET 15 MG, 2.5 MG	3	PA
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1A	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1A	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1A	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1A	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1A	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	QL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	1A	PA; QL
metformin oral solution 500 mg/5 ml	1A	PA
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1A	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1A	QL
miglitol oral tablet 100 mg, 25 mg, 50 mg	1A	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL
nateglinide oral tablet 120 mg, 60 mg	1A	
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1A	QL
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1A	QL
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1A	QL
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1A	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
saxagliptin oral tablet 2.5 mg, 5 mg	1A	QL
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg	1A	QL

Drug Name	Drug Tier	Requirements / Limits
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	1A	QL
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg, 50-1,000 mg, 50-500 mg	1A	QL
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	1A	QL
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL
THYROID HORMONES		
adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1B	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	
amerithroid oral tablet 120 mg, 15 mg, 180 mg, 240 mg, 30 mg, 300 mg, 60 mg, 90 mg	1B	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
euthyrox oral tablet 112 mcg, 125 mcg, 137 mcg, 175 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1B	
evexithroid oral tablet 120 mg, 15 mg, 180 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1B	
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	1B	

Drug Name	Drug Tier	Requirements / Limits
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1B	
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	1B	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	1B	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1B	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1B	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1B	
renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1B	
RENTHYROID ORAL TABLET 45 MG, 75 MG	3	
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	3	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	3	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1B	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
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	1B	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)	1B	
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML)	3	
atropine intravenous solution 0.4 mg/ml, 1 mg/ml	1B	
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1B	PA; QL
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1B	
dicyclomine intramuscular solution 10 mg/ml	1B	
dicyclomine oral capsule 10 mg	1B	
dicyclomine oral solution 10 mg/5 ml	1B	
dicyclomine oral tablet 20 mg	1B	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1B	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1B	
ed-spaz oral tablet,disintegrating 0.125 mg	1B	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	1B	
glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg	1B	
hyoscyamine sulfate oral drops 0.125 mg/ml	1B	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1B	
hyoscyamine sulfate oral tablet 0.125 mg	1B	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1B	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	1B	
hyoscyamine sulfate sublingual tablet 0.125 mg	1B	
hyosyne oral drops 0.125 mg/ml	1B	
hyosyne oral elixir 0.125 mg/5 ml	1B	

Drug Name	Drug Tier	Requirements / Limits
loperamide oral capsule 2 mg	1B	
methscopolamine oral tablet 2.5 mg, 5 mg	1B	
MOTOFEN ORAL TABLET 1-0.025 MG	3	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	3	
oscimin oral tablet 0.125 mg	1B	
oscimin sl sublingual tablet 0.125 mg	1B	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	1B	
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	1B	
symax fastabs oral tablet,disintegrating 0.125 mg	1B	
symax-sl sublingual tablet 0.125 mg	1B	
symax-sr oral tablet extended release 12 hr 0.375 mg	1B	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg, 1 mg	1B	
alvimopan oral capsule 12 mg	1B	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
anucort-hc rectal suppository 25 mg	1B	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1B	QL
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1B	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	ST
balsalazide oral capsule 750 mg	1B	
betaine oral powder 1 gram/scoop	4	PA
bisacodyl oral tablet,delayed release (dr/ec) 5 mg	5	ACA; OTC
budesonide oral capsule,delayed,extend.release 3 mg	1B	
budesonide oral tablet,delayed and ext.release 9 mg	1B	
budesonide rectal foam 2 mg/actuation	1B	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	4	PA; LA; QL
citroma oral solution	5	ACA; OTC
clearlax oral powder 17 gram/dose	5	ACA; OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	5	ACA
compro rectal suppository 25 mg	1B	
constulose oral solution 10 gram/15 ml	1B	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
cromolyn oral concentrate 100 mg/5 ml	1B	
CTEXLI ORAL TABLET 250 MG	4	PA; LA
DIPENTUM ORAL CAPSULE 250 MG	3	ST
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	1B	QL
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1B	
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	5	ACA; OTC
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	3	QL
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	4	PA; LA; QL
enulose oral solution 10 gram/15 ml	1B	
gavilax oral powder 17 gram/dose	5	ACA; OTC
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	5	ACA
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	5	ACA
gavilyte-n oral recon soln 420 gram	5	ACA
generlac oral solution 10 gram/15 ml	1B	
gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
gentle laxative (mag hydrox) oral suspension 400 mg/5 ml	5	ACA; OTC
gentlelax oral powder 17 gram/dose	5	ACA; OTC
granisetron hcl oral tablet 1 mg	1B	QL
hemmorex-hc rectal suppository 25 mg	1B	
hydrocortisone acetate rectal suppository 25 mg	1B	
hydrocortisone rectal enema 100 mg/60 ml	1B	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1B	
hydrocortisone-pramoxine rectal cream 1-1 %	1B	
hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)	1B	ST
lactulose oral solution 10 gram/15 ml	1B	
laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	5	ACA; OTC
laxative peg 3350 oral powder 17 gram/dose	5	ACA; OTC
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1B	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %	1B	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1B	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL
lubiprostone oral capsule 24 mcg, 8 mcg	1B	QL
magnesium citrate oral solution	5	ACA; OTC
mesalamine oral capsule (with del rel tablets) 400 mg	1B	
mesalamine oral capsule, extended release 250 mg, 500 mg	1B	
mesalamine oral capsule,extended release 24hr 0.375 gram	1B	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	1B	
mesalamine rectal enema 4 gram/60 ml	1B	
mesalamine rectal suppository 1,000 mg	1B	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	1B	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
metoclopramide hcl injection solution 5 mg/ml	1B	
metoclopramide hcl injection syringe 5 mg/ml	1B	
metoclopramide hcl oral solution 5 mg/5 ml	1B	ST
metoclopramide hcl oral tablet 10 mg, 5 mg	1B	
milk of magnesia concentrated oral suspension 2,400 mg/10 ml	5	ACA; OTC
milk of magnesia oral suspension 400 mg/5 ml	5	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA; QL
nitroglycerin rectal ointment 0.4 % (w/w)	1B	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; LA; QL
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; LA; QL
ondansetron hcl oral solution 4 mg/5 ml	1B	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1B	QL
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1B	QL
onelax magnesium citrate oral solution	5	ACA; OTC
oral saline laxative oral liquid 7.2-2.7 gram/15 ml	5	ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	5	ACA
peg-electrolyte soln oral recon soln 420 gram	5	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	
phosphate laxative oral liquid 7.2-2.7 gram/15 ml	5	ACA; OTC
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	5	ACA
polyethylene glycol 3350 oral powder 17 gram/dose	5	ACA; OTC
powderlax oral powder 17 gram/dose	5	ACA; OTC
prochlorperazine maleate oral tablet 10 mg, 5 mg	1B	
prochlorperazine rectal suppository 25 mg	1B	
procto-med hc topical cream with perineal applicator 2.5 %	1B	
proctosol hc topical cream with perineal applicator 2.5 %	1B	
proctozone-hc topical cream with perineal applicator 2.5 %	1B	
purelax oral powder 17 gram/dose	5	ACA; OTC
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	QL
scopolamine base transdermal patch 3 day 1 mg over 3 days	1B	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA; LA; QL
smoothlax oral powder 17 gram/dose	5	ACA; OTC
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	5	ACA
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	2	
sulfasalazine oral tablet 500 mg	1B	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	5	ACA
SYMPROIC ORAL TABLET 0.2 MG	2	PA
trimethobenzamide oral capsule 300 mg	1B	
TRULANCE ORAL TABLET 3 MG	2	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	3	
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
ursodiol oral capsule 200 mg, 300 mg, 400 mg	1B	
ursodiol oral tablet 250 mg, 500 mg	1B	
VARUBI ORAL TABLET 90 MG	2	QL
VELSIPITY ORAL TABLET 2 MG	4	PA; LA; QL
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	4	PA; LA; QL
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	5	ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT	2	
ULCER THERAPY		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1B	QL
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	1B	
cimetidine hcl oral solution 300 mg/5 ml	1B	

Drug Name	Drug Tier	Requirements / Limits
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1B	
dexlansoprazole oral capsule,biphase delayed releas 30 mg	1B	ST; QL
dexlansoprazole oral capsule,biphase delayed releas 60 mg	1B	ST
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1B	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	1B	ST; QL
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1B	ST
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	1B	
famotidine oral tablet 20 mg, 40 mg	1B	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1B	QL
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1B	
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1B	ST; QL
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1B	ST
misoprostol oral tablet 100 mcg, 200 mcg	1B	
nizatidine oral capsule 150 mg, 300 mg	1B	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1B	QL
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1B	
pantoprazole intravenous recon soln 40 mg	1B	
pantoprazole oral granules dr for susp in packet 40 mg	1B	ST
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1B	QL
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1B	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1B	ST
sucralfate oral suspension 100 mg/ml	1B	
sucralfate oral tablet 1 gram	1B	

Drug Name	Drug Tier	Requirements / Limits
VOQUEZNA ORAL TABLET 10 MG, 20 MG	3	PA; QL
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; LA; QL
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; LA
FILKRI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA; LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; LA; QL
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4 ML	4	PA; LA; QL
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	4	LA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; LA
RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; LA; QL
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
GROWTH HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA; LA
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	4	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; LA
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	4	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	LA; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML	2	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	5	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	5	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	5	ACA
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	5	ACA
CAPVAXIVE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	5	ACA
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	5	ACA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	5	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	5	ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	5	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	5	ACA
FLUAD 2026-2027 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUARIX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUBLOK 2026-2027 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	5	ACA
FLUCELVAX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLULAVAL 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	ACA
FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	ACA
FLUZONE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUZONE 2026-2027 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUZONE HIGH-DOSE 2026-27 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	5	ACA
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 %	4	PA; LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	5	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	5	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	5	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	4	PA; LA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	5	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	5	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	5	ACA
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	5	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	5	ACA
MFLUSIVA 2026-2027 (PF) INTRAMUSCULAR SYRINGE 37.5 MCG (12.5 MCG X 3)/0.38ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	5	ACA
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	5	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	5	ACA
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	5	ACA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	5	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	5	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	5	ACA
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	5	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	5	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	5	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	5	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	5	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	5	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	5	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	5	ACA
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	5	ACA; QL
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	5	ACA
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	5	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	5	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	5	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	5	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	5	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	5	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	5	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	5	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	2	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	2	
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	4	PA; LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1B	
colchicine oral capsule 0.6 mg	1B	
colchicine oral tablet 0.6 mg	1B	
febuxostat oral tablet 40 mg, 80 mg	1B	ST
probenecid oral tablet 500 mg	1B	
probenecid-colchicine oral tablet 500-0.5 mg	1B	
OSTEOPOROSIS THERAPY		
alendronate oral solution 70 mg/75 ml	1A	QL
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1A	QL
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	4	LA; QL
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	4	PA; LA; QL
BOSAYA SUBCUTANEOUS SYRINGE 60 MG/ML	4	LA; QL
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	4	LA; QL

Drug Name	Drug Tier	Requirements / Limits
ENOBY SUBCUTANEOUS SYRINGE 60 MG/ML	4	QL
ibandronate oral tablet 150 mg	1A	QL
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	4	LA; QL
OSPOMYV SUBCUTANEOUS SYRINGE 60 MG/ML	4	LA; QL
OSVYRTI SUBCUTANEOUS SYRINGE 60 MG/ML	4	LA; QL
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	LA; QL
raloxifene oral tablet 60 mg	5	ACA
risedronate oral tablet 150 mg, 35 mg, 5 mg	1A	ST; QL
risedronate oral tablet,delayed release (dr/ec) 35 mg	1A	ST; QL
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	4	LA; QL
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	4	PA; LA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; LA; QL
OTHER RHEUMATOLOGICALS		
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; LA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; LA; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; LA; QL
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; LA; QL
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; LA; QL
leflunomide oral tablet 10 mg, 20 mg	1B	
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1B	ST; QL
milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	1B	ST; QL
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA; LA; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; LA; QL
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; LA; QL
OTEZLA ORAL TABLET 20 MG, 30 MG	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; LA; QL
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	4	PA; LA; QL
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	4	PA; LA; QL
penicillamine oral tablet 250 mg	1B	PA

Drug Name	Drug Tier	Requirements / Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA; LA; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; LA; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; LA; QL
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; LA; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA; LA; QL
tofacitinib oral solution 1 mg/ml	4	PA; LA; QL
tofacitinib oral tablet 10 mg, 5 mg	4	PA; LA; QL
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	4	PA; LA; QL
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; LA; QL
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; LA; QL
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; LA; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; LA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	5	ACA
DUREX AVANTI BARE REAL FEEL	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
DUREX TROPICAL CONDOM DEVICE	5	ACA; OTC
FC2 FEMALE CONDOM	5	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	5	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	5	ACA; LA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	5	ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	5	ACA; LA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	5	ACA; LA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	5	ACA; LA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
ESTROGENS & PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	1B	
abigale oral tablet 1-0.5 mg	1B	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	3	
camila oral tablet 0.35 mg	5	ACA
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
covaryx h.s. oral tablet 0.625-1.25 mg	1B	
covaryx oral tablet 1.25-2.5 mg	1B	
CRINONE VAGINAL GEL 4 %	3	
deblitane oral tablet 0.35 mg	5	ACA
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	5	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1B	QL
DUAVEE ORAL TABLET 0.45-20 MG	2	
eemt hs oral tablet 0.625-1.25 mg	1B	
eemt oral tablet 1.25-2.5 mg	1B	
emzahh oral tablet 0.35 mg	5	ACA
errin oral tablet 0.35 mg	5	ACA
ESTRADIOL IMPLANT PELLET 6 MG	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1B	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	1B	ST; QL
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)	1B	ST; QL
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1B	QL
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1B	QL
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1B	
estradiol vaginal tablet 10 mcg	1B	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1B	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1B	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	ST; QL
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1B	
gallifrey oral tablet 5 mg	1B	
heather oral tablet 0.35 mg	5	ACA
incassia oral tablet 0.35 mg	5	ACA
jencycla oral tablet 0.35 mg	5	ACA
jinteli oral tablet 1-5 mg-mcg	1B	
lyleq oral tablet 0.35 mg	5	ACA
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1B	QL
lyza oral tablet 0.35 mg	5	ACA
medroxyprogesterone intramuscular suspension 150 mg/ml	5	ACA; QL
medroxyprogesterone intramuscular syringe 150 mg/ml	5	ACA; QL
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1B	
meleya oral tablet 0.35 mg	5	ACA
MENEST ORAL TABLET 2.5 MG	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL
mimvey oral tablet 1-0.5 mg	1B	
nora-be oral tablet 0.35 mg	5	ACA
norethindrone (contraceptive) oral tablet 0.35 mg	5	ACA
norethindrone acetate oral tablet 5 mg	1B	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1B	
OPILL ORAL TABLET 0.075 MG	5	ACA; OTC
orquidea oral tablet 0.35 mg	5	ACA
PREMARIN INJECTION RECON SOLN 25 MG	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
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	4	LA
progesterone micronized oral capsule 100 mg, 200 mg	1B	
sharobel oral tablet 0.35 mg	5	ACA
tulana oral tablet 0.35 mg	5	ACA
yuvafem vaginal tablet 10 mcg	1B	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	5	ST; ACA; QL
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
clindamycin phosphate vaginal cream 2 %	1B	
eluryng vaginal ring 0.12-0.015 mg/24 hr	5	ACA
enilloring vaginal ring 0.12-0.015 mg/24 hr	5	ACA
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	5	ACA
GWYN LO TRANSDERMAL PATCH WEEKLY 220-20 MCG/24 HR	5	ST; ACA
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
LYNKUET ORAL CAPSULE 60 MG	3	PA
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1B	
miconazole-3 vaginal suppository 200 mg	1B	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA
NEXPLANON SUBDERMAL IMPLANT 68 MG	5	ACA; LA
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	5	ACA
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
terconazole vaginal cream 0.4 %, 0.8 %	1B	
terconazole vaginal suppository 80 mg	1B	
tranexamic acid oral tablet 650 mg	1B	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	5	ST; ACA

Drug Name	Drug Tier	Requirements / Limits
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	1B	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	5	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	5	ACA; OTC
xulane transdermal patch weekly 150-35 mcg/24 hr	5	ACA
zafemy transdermal patch weekly 150-35 mcg/24 hr	5	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle oral tablet 0.1-20 mg-mcg	5	ACA
after pill oral tablet 1.5 mg	5	ACA; OTC; QL
AFTERA ORAL TABLET 1.5 MG	3	OTC; QL
altavera (28) oral tablet 0.15-0.03 mg	5	ACA
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	5	ACA
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	5	ACA
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	5	ACA
amethyst (28) oral tablet 90-20 mcg (28)	5	ACA
apri oral tablet 0.15-0.03 mg	5	ACA
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	5	ACA
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	5	ACA
aubra eq oral tablet 0.1-20 mg-mcg	5	ACA
aubra oral tablet 0.1-20 mg-mcg	5	ACA
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	5	ACA
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	5	ACA
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)	5	ST; ACA
aviane oral tablet 0.1-20 mg-mcg	5	ACA
ayuna oral tablet 0.15-0.03 mg	5	ACA

Drug Name	Drug Tier	Requirements / Limits
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
balziva (28) oral tablet 0.4-35 mg-mcg	5	ACA
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	3	ST
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
briellyn oral tablet 0.4-35 mg-mcg	5	ACA
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	5	ACA
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	5	ACA
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	5	ACA
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	5	ACA
chateal eq (28) oral tablet 0.15-0.03 mg	5	ACA
cryselle (28) oral tablet 0.3-30 mg-mcg	5	ACA
cyred eq oral tablet 0.15-0.03 mg	5	ACA
cyred oral tablet 0.15-0.03 mg	5	ACA
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	5	ACA
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	5	ACA
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	5	ACA
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
dolishale oral tablet 90-20 mcg (28)	5	ACA
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	5	ACA
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	5	ACA
econtra ez oral tablet 1.5 mg	5	ACA; OTC; QL
econtra one-step oral tablet 1.5 mg	5	ACA; OTC; QL
elinest oral tablet 0.3-30 mg-mcg	5	ACA
ELLA ORAL TABLET 30 MG	5	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	5	ACA
enskyce oral tablet 0.15-0.03 mg	5	ACA
estarylla oral tablet 0.25-0.035 mg	5	ACA
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	5	ACA
falmina (28) oral tablet 0.1-20 mg-mcg	5	ACA
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG-20 MCG	5	ST; ACA
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	5	ACA
galbriela oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	5	ACA
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	5	ACA
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
hailey oral tablet 1.5-30 mg-mcg	5	ACA
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	5	ACA
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	5	ACA
isibloom oral tablet 0.15-0.03 mg	5	ACA
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	5	ACA
jasmiel (28) oral tablet 3-0.02 mg	5	ACA
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	5	ACA
joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)	5	ACA
juleber oral tablet 0.15-0.03 mg	5	ACA
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	5	ACA
junel 1/20 (21) oral tablet 1-20 mg-mcg	5	ACA
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA

Drug Name	Drug Tier	Requirements / Limits
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	5	ACA
kalliga oral tablet 0.15-0.03 mg	5	ACA
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	5	ACA
kurvelo (28) oral tablet 0.15-0.03 mg	5	ACA
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	5	ACA
larin 1/20 (21) oral tablet 1-20 mg-mcg	5	ACA
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	5	ACA
lessina oral tablet 0.1-20 mg-mcg	5	ACA
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	5	ACA
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	5	ACA
levonorgestrel oral tablet 1.5 mg	5	ACA; OTC; QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	5	ACA
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	5	ACA
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	5	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	5	ACA
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	ST
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	ST
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	ST
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	5	ACA
loryna (28) oral tablet 3-0.02 mg	5	ACA
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	5	ACA
lo-zumandimine (28) oral tablet 3-0.02 mg	5	ACA
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	5	ACA
lutera (28) oral tablet 0.1-20 mg-mcg	5	ACA
marlissa (28) oral tablet 0.15-0.03 mg	5	ACA
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	5	ACA
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	5	ACA
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	5	ACA
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
mili oral tablet 0.25-0.035 mg	5	ACA
minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)	5	ACA
mono-linyah oral tablet 0.25-0.035 mg	5	ACA
my choice oral tablet 1.5 mg	5	ACA; OTC; QL
my way oral tablet 1.5 mg	5	ACA; OTC; QL
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	5	ST; ACA
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	5	ACA
new day oral tablet 1.5 mg	5	ACA; OTC; QL
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	5	ST; ACA
nikki (28) oral tablet 3-0.02 mg	5	ACA
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	5	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	5	ACA
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	5	ACA
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA

Drug Name	Drug Tier	Requirements / Limits
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	5	ACA
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	5	ACA
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	5	ACA
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	5	ACA
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	5	ACA
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	5	ACA
nylia 1/35 (28) oral tablet 1-35 mg-mcg	5	ACA
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg	5	ACA
ocella oral tablet 3-0.03 mg	5	ACA
opcicon one-step oral tablet 1.5 mg	5	ACA; OTC; QL
option-2 oral tablet 1.5 mg	5	ACA; OTC; QL
philith oral tablet 0.4-35 mg-mcg	5	ACA
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
portia 28 oral tablet 0.15-0.03 mg	5	ACA
reclipsen (28) oral tablet 0.15-0.03 mg	5	ACA
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	5	ACA
rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	5	ACA
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	5	ACA
shewise oral tablet 1.5 mg	5	ACA; OTC; QL
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	5	ACA
SLYND ORAL TABLET 4 MG (28)	5	ST; ACA
sprintec (28) oral tablet 0.25-0.035 mg	5	ACA
syeda oral tablet 3-0.03 mg	5	ACA
TAKE ACTION ORAL TABLET 1.5 MG	3	OTC; QL
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA

Drug Name	Drug Tier	Requirements / Limits
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	5	ACA
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	5	ACA
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	5	ACA
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	5	ACA
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	5	ACA
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	5	ACA
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	5	ACA
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	5	ACA
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	5	ACA
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	5	ACA
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	5	ACA
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	5	ACA
turqoz (28) oral tablet 0.3-30 mg-mcg	5	ACA
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	5	ST; ACA
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	5	ACA
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	5	ACA
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	5	ACA
vestura (28) oral tablet 3-0.02 mg	5	ACA
vienva oral tablet 0.1-20 mg-mcg	5	ACA
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
vyfemla (28) oral tablet 0.4-35 mg-mcg	5	ACA
vylibra oral tablet 0.25-0.035 mg	5	ACA

Drug Name	Drug Tier	Requirements / Limits
wera (28) oral tablet 0.5-35 mg-mcg	5	ACA
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	5	ACA
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	5	ACA
xelria fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	5	ACA
your choice oral tablet 1.5 mg	5	ACA; OTC; QL
zarah oral tablet 3-0.03 mg	5	ACA
zovia 1-35 (28) oral tablet 1-35 mg-mcg	5	ACA
zumandimine (28) oral tablet 3-0.03 mg	5	ACA
OXYTOCICS		
methylergonovine oral tablet 0.2 mg	1B	QL
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1B	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1B	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1B	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1B	
gatifloxacin ophthalmic (eye) drops 0.5 %	1B	
gentamicin ophthalmic (eye) drops 0.3 %	1B	
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	1B	
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION 1 MG/ML	3	
moxifloxacin ophthalmic (eye) drops 0.5 %	1B	

Drug Name	Drug Tier	Requirements / Limits
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1B	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 0.8 MG/0.8 ML, 4 MG/0.8 ML, 5 MG/ML	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1B	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1B	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1B	
ofloxacin ophthalmic (eye) drops 0.3 %	1B	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1B	
povidone-iodine ophthalmic (eye) solution 5 %	1B	
tobramycin ophthalmic (eye) drops 0.3 %	1B	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1-2.5 %, 1.5-5 %	3	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1B	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1B	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
carteolol ophthalmic (eye) drops 1 %	1B	

Drug Name	Drug Tier	Requirements / Limits
levobunolol ophthalmic (eye) drops 0.5 %	1B	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	1B	ST
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1B	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	1B	ST
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1B	ST
timolol ophthalmic (eye) drops 0.5 %	1B	ST
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	LA
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %	1B	
ATROPINE OPHTHALMIC (EYE) DROPS 0.05 %	3	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	3	
cyclopentolate ophthalmic (eye) drops 1 %	1B	
homatropaire ophthalmic (eye) drops 5 %	1B	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	1B	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	1B	
DIRECT ACTING MIOTICS		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1B	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
altacaine ophthalmic (eye) drops 0.5 %	1B	
azelastine ophthalmic (eye) drops 0.05 %	1B	
bepotastine besilate ophthalmic (eye) drops 1.5 %	1B	ST

Drug Name	Drug Tier	Requirements / Limits
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; QL
cromolyn ophthalmic (eye) drops 4 %	1B	
cyclosporine ophthalmic (eye) dropperette 0.05 %	1B	PA; QL
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	LA
DEXAMET-MOXIFL-KETORO-NACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	3	
epinastine ophthalmic (eye) drops 0.05 %	1B	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	1B	
ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)	1B	OTC
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	2	PA; QL
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	1B	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.075 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	3	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	1B	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	3	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLON-MOXIFLOX-KETOROLAC OPHTHALMIC (EYE) DROPS 1-0.5-0.5 %	3	
proparacaine ophthalmic (eye) drops 0.5 %	1B	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	3	
tetracaine hcl ophthalmic (eye) drops 0.5 %	1B	
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %	3	PA
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	PA
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	4	PA; LA; QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; QL
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	ST
bromfenac ophthalmic (eye) drops 0.07 %	1B	
bromfenac ophthalmic (eye) drops 0.075 %	1B	ST
diclofenac sodium ophthalmic (eye) drops 0.1 %	1B	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1B	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	ST
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1B	

Drug Name	Drug Tier	Requirements / Limits
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	ST
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1B	
acetazolamide oral tablet 125 mg, 250 mg	1B	
methazolamide oral tablet 25 mg, 50 mg	1B	
OTHER GLAUCOMA DRUGS		
BIMATOPROST (PF) OPHTHALMIC (EYE) DROPS 0.01 %	3	ST
bimatoprost ophthalmic (eye) drops 0.01 %, 0.03 %	1B	ST
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	3	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS 0.1-2 %	3	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1B	
brinzolamide ophthalmic (eye) drops,suspension 1 %	1B	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	3	
dorzolamide ophthalmic (eye) drops 2 %	1B	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	1B	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1B	
latanoprost ophthalmic (eye) drops 0.005 %	1B	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	2	ST
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	ST
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	

Drug Name	Drug Tier	Requirements / Limits
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	1B	ST
TIMOL-BRIMON-DORZOL-BIMATO(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.01 %	3	
TIMOLOL-BIMATOPROST OPHTHALMIC (EYE) DROPS 0.5-0.01 %	3	
TIMOLOL-BRIMON-DORZOL-BIMATOP OPHTHALMIC (EYE) DROPS 0.5-0.1-2-0.01 %	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC (EYE) DROPS 0.5-0.1-2 %	3	
TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.01 %	3	
travoprost ophthalmic (eye) drops 0.004 %	1B	ST
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML	3	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1B	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1B	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1B	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1B	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1B	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1B	
tobramycin-loteprednol ophthalmic (eye) drops,suspension 0.3-0.5 %	1B	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
STEROIDS		
BYQLOVI OPHTHALMIC (EYE) DROPS,SUSPENSION 0.05 %	3	ST
CLOBETASOL OPHTHALMIC (EYE) DROPS,SUSPENSION 0.05 %	3	ST
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1B	
difluprednate ophthalmic (eye) drops 0.05 %	1B	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	PA; QL
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1B	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	ST
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	ST
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	ST
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	1B	

Drug Name	Drug Tier	Requirements / Limits
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	1B	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1B	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1B	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1B	
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1B	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops 10 %	1B	
SYMPATHOMIMETICS		
apraclonidine ophthalmic (eye) drops 0.5 %	1B	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	1B	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	ST
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	3	
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1B	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	2	QL
BROMPHENIRAMINE IN NACL,ISO-OS INTRAMUSCULAR SOLUTION 10 MG/ML	3	
carbinoxamine maleate oral liquid 4 mg/5 ml	1B	
carbinoxamine maleate oral tablet 4 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
carbzah oral liquid 4 mg/5 ml	1B	
cetirizine oral solution 1 mg/ml	1B	
clemastine oral tablet 2.68 mg	1B	
corphena oral solution 2 mg/5 ml	1B	
cyproheptadine oral syrup 2 mg/5 ml	1B	
cyproheptadine oral tablet 4 mg	1B	
desloratadine oral tablet 5 mg	1B	QL
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	1B	QL
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	3	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	1B	
EPINEPHRINE IN SOD CHL,ISO(PF) INJECTION SYRINGE 1 MG/ML	3	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1B	QL
EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML	3	QL
hydroxyzine hcl oral solution 10 mg/5 ml	1B	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1B	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1B	
levocetirizine oral solution 2.5 mg/5 ml	1B	
levocetirizine oral tablet 5 mg	1B	QL
promethazine injection solution 25 mg/ml, 50 mg/ml	1B	
promethazine oral syrup 6.25 mg/5 ml	1B	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1B	
promethazine rectal suppository 12.5 mg, 25 mg	1B	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1B	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3	
COUGH & COLD THERAPY		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1B	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	3	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1B	

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Drug Name	Drug Tier	Requirements / Limits
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1B	
g tussin ac oral liquid 10-100 mg/5 ml	1B	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1B	
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	1B	
hydrocodone-homatropine oral tablet 5-1.5 mg	1B	
maxi-tuss ac oral liquid 10-100 mg/5 ml	1B	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1B	
promethazine-dm oral solution 6.25-15 mg/5 ml	1B	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	1B	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	3	
PULMONARY AGENTS		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1A	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA; QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	2	
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1A	QL
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	1A	
albuterol sulfate oral syrup 2 mg/5 ml	1A	
albuterol sulfate oral tablet 2 mg, 4 mg	1A	
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	4	PA; LA; QL
alyq oral tablet 20 mg	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
ambrisentan oral tablet 10 mg, 5 mg	4	PA; LA; QL
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	4	PA; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL
arformoterol inhalation solution for nebulization 15 mcg/2 ml	1A	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL
beclomethasone dipropionate inhalation aerosol 40 mcg/actuation, 80 mcg/actuation	1A	
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	4	PA; LA; QL
bosentan oral tablet 125 mg, 62.5 mg	4	PA; LA; QL
bosentan oral tablet for suspension 32 mg	4	PA; LA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	QL

Drug Name	Drug Tier	Requirements / Limits
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1A	QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION	2	QL
BRINSUPRI ORAL TABLET 10 MG, 25 MG	4	PA; LA
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	1A	QL
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1A	QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL
cromolyn inhalation solution for nebulization 20 mg/2 ml	1A	

Drug Name	Drug Tier	Requirements / Limits
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	4	PA; LA; QL
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL
EKTERLY ORAL TABLET 300 MG	4	PA; LA; QL
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1B	QL
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	1A	QL
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1B	QL
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1A	QL
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	1A	ST; QL

Drug Name	Drug Tier	Requirements / Limits
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	3	
icatibant subcutaneous syringe 30 mg/3 ml	4	PA; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	1A	QL
ipratropium bromide inhalation solution 0.02 %	1A	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1A	QL
JASCAYD ORAL TABLET 18 MG, 9 MG	4	PA; LA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL TABLET 150 MG	4	PA; LA; QL
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	1A	
macitentan oral tablet 10 mg	4	PA; LA; QL
mometasone nasal spray,non-aerosol 50 mcg/actuation	1B	QL
montelukast oral granules in packet 4 mg	1A	
montelukast oral tablet 10 mg	1A	
montelukast oral tablet,chewable 4 mg, 5 mg	1A	
nebusal inhalation solution for nebulization 3 %	1B	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
nintedanib oral capsule 100 mg, 150 mg	4	PA; LA; QL
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; QL
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	4	PA; LA
OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA
OPSUMIT ORAL TABLET 10 MG	4	PA; LA; QL
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	4	PA; LA; QL
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; LA; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; LA; QL
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; LA; QL
ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG	4	PA; LA; QL
pirfenidone oral capsule 267 mg	4	PA; LA; QL
pirfenidone oral tablet 267 mg, 801 mg	4	PA; LA; QL
pulmosal inhalation solution for nebulization 7 %	1B	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL
roflumilast oral tablet 250 mcg	1A	QL
roflumilast oral tablet 500 mcg	1A	
sajazir subcutaneous syringe 30 mg/3 ml	4	PA; LA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	4	LA
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
sildenafil (pulm.hypertension) oral tablet 20 mg	4	PA; LA; QL
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	1B	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; LA; QL
tadalafil (pulm. hypertension) oral tablet 20 mg	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL
terbutaline oral tablet 2.5 mg, 5 mg	1A	
terbutaline subcutaneous solution 1 mg/ml	1B	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
theophylline oral elixir 80 mg/15 ml	1A	
theophylline oral solution 80 mg/15 ml	1A	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1A	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1A	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	1A	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL

Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; LA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; LA; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 48-80 MCG, 64 MCG, 80 MCG	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	4	PA; LA
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1A	QL
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; LA; QL
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; LA; QL
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	4	PA; LA
zafirlukast oral tablet 10 mg, 20 mg	1A	

Drug Name	Drug Tier	Requirements / Limits
zileuton oral tablet, er multiphase 12 hr 600 mg	1A	PA
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1B	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	1B	
flavoxate oral tablet 100 mg	1B	
GEMTESA ORAL TABLET 75 MG	3	
oxybutynin chloride oral syrup 5 mg/5 ml	1B	
oxybutynin chloride oral tablet 5 mg	1B	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1B	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	3	ST; QL
solifenacin oral tablet 10 mg, 5 mg	1B	ST
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	1B	ST
tolterodine oral tablet 1 mg, 2 mg	1B	
trospium oral capsule,extended release 24hr 60 mg	1B	ST
trospium oral tablet 20 mg	1B	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1B	
dutasteride oral capsule 0.5 mg	1B	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1B	ST
finasteride oral tablet 5 mg	1B	
silodosin oral capsule 4 mg, 8 mg	1B	
tadalafil oral tablet 2.5 mg, 5 mg	1B	PA
tamsulosin oral capsule 0.4 mg	1B	
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1B	
MISCELLANEOUS UROLOGICALS		
alprostadil injection solution 500 mcg/ml	1B	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA
ELMIRON ORAL CAPSULE 100 MG	2	

Drug Name	Drug Tier	Requirements / Limits
mb caps oral capsule 120-10.8-40.8 mg	1B	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	1B	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1B	
uretron d-s oral tablet 81.6-10.8-40.8 mg	1B	
urimar-t oral tablet 120-10.8-0.12 mg	1B	
urogesic-blue oral tablet 81.6-40.8-0.12 mg	1B	
uro-mp oral capsule 118-10-40.8-36 mg	1B	
uro-sp oral capsule 118-10-40.8-36 mg	1B	
uryl oral tablet 81.6-40.8-0.12 mg	1B	
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1B	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA ORAL TABLET 210 MG IRON	3	PA
calcium acetate(phosphat bind) oral capsule 667 mg	1B	QL
calcium acetate(phosphat bind) oral tablet 667 mg	1B	QL
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet, effervescent 25 meq	1B	
ferric citrate oral tablet 210 mg iron	1B	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	3	QL
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	4	LA
kionex oral suspension 15 gram/60 ml	1B	
klor-con 10 oral tablet extended release 10 meq	1B	
klor-con 8 oral tablet extended release 8 meq	1B	
klor-con m10 oral tablet,er particles/crystals 10 meq	1B	
klor-con m15 oral tablet,er particles/crystals 15 meq	1B	

Drug Name	Drug Tier	Requirements / Limits
klor-con m20 oral tablet,er particles/crystals 20 meq	1B	
klor-con oral packet 20 meq	1B	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	1B	QL
lugols oral solution 5 %	1B	
magnesium chloride injection solution 200 mg/ml (20 %)	1B	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	1B	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	1B	
magnesium sulfate injection solution 500 mg/ml (50 %)	1B	
magnesium sulfate injection syringe 500 mg/ml (50 %)	1B	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1B	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1B	
potassium chloride oral packet 20 meq	1B	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1B	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	1B	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1B	QL
sevelamer carbonate oral tablet 800 mg	1B	QL
sevelamer hcl oral tablet 400 mg, 800 mg	1B	QL
sodium polystyrene sulfonate oral powder 15 gram	1B	

Drug Name	Drug Tier	Requirements / Limits
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	1B	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1B	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	1B	
strong iodine oral solution 5 %	1B	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	QL
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	2	QL
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	4	PA; LA
electrolyte-148 intravenous parenteral solution	1B	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE 148 PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG	3	
bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg	1A	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG	3	

Drug Name	Drug Tier	Requirements / Limits
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	3	
complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg	1A	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
CONCEPT OB ORAL CAPSULE 85-1 MG	3	
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1B	
cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray	1B	ST; QL
dodex injection solution 1,000 mcg/ml	1B	
elite-ob oral tablet 50 mg iron- 1.25 mg	1B	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	3	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1B	
flotrex oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	5	ACA; OTC
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	5	ACA; OTC
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	5	ACA; OTC
folic acid injection solution 5 mg/ml	1B	
folic acid oral tablet 1 mg	1A	
folic acid oral tablet 400 mcg, 800 mcg	5	ACA; OTC
folivane-ob oral capsule 85-1 mg	1B	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	3	
ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	5	ACA; OTC
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG	3	
m-natal plus oral tablet 27 mg iron- 1 mg	1A	
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	5	ACA; OTC
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	5	ACA; OTC
multivit-fluoride (metafolin) oral tablet,chewable 0.5 mg fluoride	5	ACA; OTC
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	5	ACA; OTC
mynatal oral capsule 65 mg iron- 1 mg	1A	
mynatal oral tablet 90-1-50 mg	1A	
mynatal plus oral tablet 65 mg iron- 1 mg	1A	
mynatal-z oral tablet 65 mg iron- 1 mg	1A	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	3	
neo-vital rx oral tablet 27 mg iron- 1 mg	1A	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
newgen oral tablet 32-1,000 mg-mcg	1A	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	3	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	3	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg	1A	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	3	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	3	
one natal rx oral tablet 27 mg iron- 1 mg	1A	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	1A	
pnv-dha oral capsule 27 mg iron-1 mg -300 mg	1B	
pnv-omega oral capsule 28-1-300 mg	1B	
pnv-select oral tablet 27-1 mg	1A	
pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg	1A	
pr natal 400 oral combo pack 29-1-400 mg	1A	
pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg	1A	
pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg	1A	
prenaissance oral capsule 29-1.25-55-325 mg	1A	
prenaissance plus oral capsule 28-1-50-250 mg	1A	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
prenatabs fa oral tablet 29-1 mg	1A	
prenatabs rx oral tablet 29 mg iron- 1 mg	1A	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	3	
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	1A	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	3	
prenatal plus oral tablet 29 mg iron- 1 mg	1A	
prenatal-u oral capsule 106.5-1 mg	1B	
PRENATE AM ORAL TABLET 1-500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	3	
purevita folic acid oral tablet 400 mcg	5	ACA; OTC
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG - 250 MG	3	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	5	ACA; OTC
taron-c dha oral capsule 35-1-200 mg	1B	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	1B	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	
trinatal rx 1 oral tablet 60 mg iron-1 mg	1A	
trinate oral tablet 28 mg iron- 1 mg	1A	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	5	ACA; OTC
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG	3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAFOL-OB ORAL TABLET 65-1 MG	3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	
VITALIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML	3	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
VITLIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML	3	
wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg	1B	
wesnate dha oral capsule 28 mg iron-1 mg -200 mg	1A	
westab plus oral tablet 27 mg iron- 1 mg	1A	
westgel dha oral capsule 31 mg iron-1 mg-200 mg	1A	
zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg	1B	
zatean-pn plus oral capsule 28-1-300 mg	1B	
zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg	1B	

Index

A

abacavir 3
abacavir-lamivudine 3
abigale 113
abigale lo 113
abiraterone 16
abirtega 16
ABRYSVO (PF) 103
ABSORICA 69
ACAM2000 (NATIONAL STOCKPILE) 104
acamprosate 77
acarbose 90
accutane 69
acebutolol 53
acetaminophen-caff-dihydrocod 32
acetaminophen-codeine 32
acetazolamide 129
acetic acid 77, 81
acetylcysteine 134
acitretin 65
ACTHIB (PF) 104
ACTIMMUNE 103
ACUVAIL (PF) 128
acyclovir 4, 74
ADACEL(TDAP ADOLESN/ADULT)(PF) 104
ADALIMUMAB-ADAZ ... 110
ADALIMUMAB-ADBM .. 110
ADALIMUMAB-RYVK .. 110, 111
adapalene 69
ADAPALENE 69
adapalene-benzoyl peroxide . 69
ADBRY 68
adefovir 4
ADEMPAS 134
adthyza 92
ADTHYZA 92
adult aspirin regimen 39
ADVAIR HFA 134
ADZENYS XR-ODT 42
afirmelle 117
after pill 117
AFTERA 117
AGAMREE 81
AGGRASTAT CONCENTRATE 59
AIMOVIG AUTOINJECTOR 29
AIRSUPRA 134
AJOVY AUTOINJECTOR .. 29
AJOVY SYRINGE 29
AKLIEF 69
AKTEN (PF) 126
ala-cort 74
ALA-SCALP 74
albendazole 10
albuterol sulfate 134
alclometasone 74
ALECENSA 16
alendronate 109
alfuzosin 141
ALHEMO PEN 60
ALINIA 10
aliskiren 53
allopurinol 109
almotriptan malate 29
ALOGLIPTIN-PIOGLITAZONE 90
alosetron 95
alprazolam 42
alprazolam intensol 42
alprostadil 141
altacaine 126
altavera (28) 117
ALVAIZ 60
alvimopan 95
alyacen 1/35 (28) 117
alyacen 7/7/7 (28) 117
ALYFTREK 134
alyq 134
amantadine hcl 4
ambrisentan 135
amcinonide 74
AMELUZ 68
amerithroid 92
amethia 117
amethyst (28) 117
amiloride 53
amiloride-hydrochlorothiazide 53
aminocaproic acid 60
amiodarone 52
amitriptyline 42
amitriptyline-chlordiazepoxide 42
amlodipine 53
amlodipine-atorvastatin 62
amlodipine-benazepril 53
amlodipine-olmesartan 53
amlodipine-valsartan 53
amlodipine-valsartan-hcthiazid 53
ammonium lactate 68
amnesteem 69
amoxapine 42
amoxicil-clarithromy-lansopraz 100
amoxicillin 12
amoxicillin-pot clavulanate .. 12
amphetamine 42
amphetamine sulfate 42
amphotericin b liposome 3
ampicillin 12
AMZEEQ 69
anagrelide 77
ANALPRAM-HC 95
anastrozole 16
ANDEMBRY AUTOINJECTOR 135
ANGELIQ 113
ANNOVERA 116
ANORO ELLIPTA 135
ANTICHOLIUM 30
anucort-hc 95
APLENZIN 42
APOKYN 27
apomorphine 27
apraclonidine 132
aprepitant 95
APRETUDE 4
apri 117

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

APRISO.....95
APTIOM.....23
APTIVUS.....4
AQNEURSA.....144
aranelle (28).....117
ARCALYST.....102
AREXVY (PF).....104
arformoterol.....135
ARGATROBAN.....60
argatroban in 0.9 % sod chlor.....60
aripiprazole.....42
armodafinil.....42
ARMOUR THYROID.....92
ARNUITY ELLIPTA.....135
ascomp with codeine.....32
asenapine maleate.....42
ashlyna.....117
ASMANEX HFA.....135
ASMANEX TWISTHALER.....135
aspirin.....39
aspirin childrens.....39
aspirin-dipyridamole.....60
ASSURE TITANIUM TEST STRIP.....83
ASTAGRAF XL.....16
atazanavir.....4
atenolol.....54
atenolol-chlorthalidone.....54
ATGAM.....104
atomoxetine.....42
atorvastatin.....62
atovaquone.....10
atovaquone-proguanil.....10
atropine.....94, 126
ATROPINE.....126
atropine in 0.9 % sod chloride.....94
ATROPINE IN 0.9 % SOD CHLORIDE.....94
ATROPINE SULFATE (PF).....126
ATROVENT HFA.....135
ATTRUBY.....64
aubra.....117
aubra eq.....117
AUDENZ (NATIONAL STOCKPILE).....104
AUGMENTIN.....12
AUKELSO.....15
aurovela 1.5/30 (21).....117
aurovela 1/20 (21).....117
aurovela 24 fe.....117
aurovela fe 1.5/30 (28).....117
aurovela fe 1-20 (28).....117
AURYXIA.....142
AUSTEDO.....30
AUVI-Q.....132
avar.....69
AVAR-E.....69
AVERI.....117
aviane.....117
avidoxy.....13
AVIDOXY DK.....13
AVMAPKI-FAKZYNJA.....16
AVONEX.....51
AXTLE.....16
ayuna.....117
AZASAN.....16
AZASITE.....124
azathioprine.....16
azelaic acid.....69
azelastine.....80, 126
AZELEX.....69
azilsartan medoxomil.....54
azithromycin.....9
AZSTARYS.....42
azurette (28).....118
B
bacitracin.....124
bacitracin-polymyxin b.....124
baclofen.....31
bal-care dha.....144
BAL-CARE DHA ESSENTIAL.....144
balsalazide.....95
balziva (28).....118
BARACLUDE.....4
BASAGLAR KWIKPEN U-100 INSULIN.....84
BASAGLAR TEMPO PEN(U-100)INSLN.....84
BAXDELA.....13
bayer low dose aspirin.....39
BD INTEGRA NEEDLE.....84
BD SPECIALTY USE NEEDLES.....84
BD ULTRA-FINE NANO PEN NEEDLE.....84
beclomethasone dipropionate.....135
BELBUCA.....32
belladonna alkaloids-opium.94
BELSOMRA.....43
benazepril.....54
benazepril-hydrochlorothiazide.....54
BENZEPRO (MICROSPHERES).....69
BENZNIDAZOLE.....10
benzonatate.....133
benzoyl peroxide.....69
benztropine.....27
bepotastine besilate.....126
BERINERT.....135
beser.....74
BESIVANCE.....124
BESREMI PEN.....103
BETADINE OPHTHALMIC PREP.....124
betaine.....95
betamethasone dipropionate 74
betamethasone valerate.....74
betamethasone, augmented...74
BETASERON.....51
betaxolol.....54, 125
bethanechol chloride.....141
BETOPTIC S.....125
bexarotene.....16
BEXSERO.....104
BEYAZ.....118
BEYFORTUS.....4
bicalutamide.....16
BICILLIN L-A.....12
BIJUVA.....113
BIKTARVY.....4
BILDYOS.....109
BILPREVDA.....15
bimatoprost.....129
BIMATOPROST (PF).....129
BIMZELX.....65

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

BIMZELX AUTOINJECTOR 65
bisacodyl 95
bismuth subcit k-metronidz-tcn 100
bisoprolol fumarate 54
bisoprolol-hydrochlorothiazide 54
BKEMV 77
blisovi 24 fe 118
blisovi fe 1.5/30 (28) 118
blisovi fe 1/20 (28) 118
BLUJEPA 14
BOMYNTRA 15
BONSITY 109
BOOSTRIX TDAP 104
BOSAYA 109
bosentan 135
BOSULIF 16
bosutinib 16
BRENZAVVY 90
BREO ELLIPTA 135
breyna 136
BREZTRI AEROSPHERE 136
briellyn 118
brimonidine 69, 132
BRIMONIDINE-DORZOLAMIDE 129
BRIMONIDINE-DORZOLAMIDE (PF) .. 129
brimonidine-timolol 129
BRINSUPRI 136
brinzolamide 129
brivaracetam 23
BRIVIACT 23
BROMFED DM 133
bromfenac 128
bromocriptine 28
BROMPHENIRAMINE IN NACL,ISO-OS 132
brompheniramine-pseudoeph-dm 133
budesonide 95, 136
budesonide-formoterol 136
bumetanide 54
bupivacaine (pf) 72
bupivacaine hcl 72
bupivacaine-dextrose-water(pf) 77
buprenorphine 33
buprenorphine hcl 32
buprenorphine-naloxone 39
bupropion hcl 43
BUPROPION HCL 43
bupropion hcl (smoking deter) 79
buspirone 43
butalbital-acetaminop-caf-cod 33
butalbital-acetaminophen 33
butalbital-acetaminophen-caff 33
butalbital-aspirin-caffeine 33
butorphanol 39
BYNFEZIA 16
BYQLOVI 131
BYSANTI 43
BYSANTI TITRATION PACK A 43
BYSANTI TITRATION PACK B 43
BYSANTI TITRATION PACK C 43

C

CABENUVA 4
cabergoline 88
CABOMETYX 16
caffeine citrate 78
calcipotriene 65
calcipotriene-betamethasone 65
calcitonin (salmon) 88
calcitriol 65, 88
calcium acetate(phosphat bind) 142
CALQUENCE (ACALABRUTINIB MAL) 16
camila 113
camrese 118
camrese lo 118
candesartan 54
candesartan-hydrochlorothiazid 54
capecitabine 16
CAPEX 75
CAPLYTA 43
CAPRELSA 16
captopril 54
captopril-hydrochlorothiazide 54
CAPVAXIVE (PF) 104
carbamazepine 23
carbidopa 28
carbidopa-levodopa 28
carbidopa-levodopa-entacapone 28
carbinoxamine maleate 132
carbzah 133
CARDAMYST 54
CARDURA XL 54
carglumic acid 78
carisoprodol 31
carteolol 125
cartia xt 54
carvedilol 54
carvedilol phosphate 54
CAVHANZA 17
CAYA CONTOURED 112
CAYSTON 10
caziant (28) 118
cefaclor 8
cefadroxil 8
cefazolin 8
cefazolin in 0.9% sod chloride 8
cefazolin in dextrose 5 % 8
cefazolin in sterile water 8
CEFAZOLIN IN STERILE WATER 8
cefdinir 8
cefixime 8
cefpodoxime 8
cefprozil 8, 9
ceftaroline fosamil 9
cefuroxime axetil 9
celecoxib 39
cephalexin 9
CEQUA 127
cetirizine 133
cevimeline 78
CHANTIX 79
CHANTIX STARTING MONTH BOX 79
charlotte 24 fe 118

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

chateal eq (28).....118
CHEMET 78
chlordiazepoxide hcl 43
chlordiazepoxide-clidinium..94
chlorhexidine gluconate 80
chloroquine phosphate 10
chlorpromazine.....43
chlorthalidone 54
chlorzoxazone.....31
cholestyramine (with sugar).62
cholestyramine light 62
CIBINQO 68
ciclodan 73
CICLODAN KIT.....73
ciclopirox.....73
cilostazol.....60
CILOXAN.....124
CIMDUO.....4
cimetidine 101
cimetidine hcl 100
CIMZIA.....96
CIMZIA POWDER FOR RECONST.....95
cinacalcet 88
CIPRO HC.....81
ciprofloxacin.....13
ciprofloxacin hcl.....13, 81, 124
ciprofloxacin-dexamethasone 81
ciprofloxacin-hydrocortisone 81
citalopram 43
CITRANATAL (DUAL-IRON).....144
CITRANATAL 90 DHA (ALGAL OIL).....144
CITRANATAL ASSURE..144
CITRANATAL BLOOM...144
CITRANATAL DHA (ALGAL OIL).....145
CITRANATAL HARMONY (IRON FUM).....145
citroma 96
claravis.....69
clarithromycin 9
clearlax.....96
clemastine.....133
CLENPIQ.....96
CLEOCIN.....116
CLEOCIN PEDIATRIC.....10
clindacin 70
clindacin etz.....70
clindacin p 70
clindamycin hcl.....10
clindamycin pediatric 10
clindamycin phosphate.70, 116
clindamycin-benzoyl peroxide 70
clindamycin-tretinoin 70
clobazam.....23, 24
clobetasol.....75
CLOBETASOL 131
clobetasol-emollient 75
clocortolone pivalate.....75
clodan 75
CLODAN KIT.....75
clomipramine.....43
clonazepam.....24
clonidine 54
clonidine hcl 43, 54
clopidogrel.....60
clorazepate dipotassium.....43
clotrimazole.....3, 73
clotrimazole-betamethasone.73
clozapine.....43, 44
COARTEM 10
codeine sulfate.....33
codeine-butalbital-asa-caff ..33
codeine-guaifenesin.....134
colchicine.....109
colesevelam 62
colestipol 62, 63
COMBIPATCH.....113
COMBIVENT RESPIMAT136
COMETRIQ 17
COMIRNATY 2025-2026(5-11Y)(PF).....104
COMIRNATY 2025-26 (12Y UP)(PF) 104
COMPLERA 4
complete natal dha 145
compro.....96
CONCEPT DHA 145
CONCEPT OB 145
CONEXXENCE.....109
constulose 96
CONTEPO.....14
corphena 133
CORTIFOAM.....96
cortisone 81
CORTISPORIN-TC 81
CORTROSYN.....81
COSENTYX.....66
COSENTYX (2 SYRINGES) 65
COSENTYX PEN 66
COSENTYX PEN (2 PENS)65
COSENTYX UNOREADY PEN.....66
cosyntropin 81
COTELLIC.....17
COTEMPLA XR-ODT 44
covaryx 113
covaryx h.s. 113
CRENESSITY 88
CREON.....96
CREXONT 28
CRINONE 113
cromolyn 96, 127, 136
crotan.....77
cryselle (28).....118
CTEXLI.....96
cyanocobalamin (vitamin b-12) 145
cyclobenzaprine.....31
CYCLOGYL 126
CYCLOMYDRIL.....132
cyclopentolate.....126
cyclophosphamide 17
CYCLOPHOSPHAMIDE 17
cycloserine.....10
CYCLOSET 90
cyclosporine.....17, 127
cyclosporine modified.....17
cyproheptadine 133
cyred 118
cyred eq 118
CYSTAGON 141
CYSTARAN.....127

D

dabigatran etexilate.....60
dalfampridine 30
danazol 88
dantrolene.....32

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

DANZITEN.....17
dapagliflozin.....90
dapagliflozin-metformin.....90
dapagliflozin-saxagliptin.....90
dapsone.....10, 70
DAPSONE 70
DAPTACEL (DTAP PEDIATRIC) (PF).....104
darifenacin 141
darunavir.....4
dasatinib.....17
dasetta 1/35 (28).....118
dasetta 7/7/7 (28) 118
DAWNZERA.....136
daysee.....118
DAYVIGO 44
deblitane.....113
deferasirox.....78
deferiprone 78
deflazacort.....81
DELSTRIGO.....4
demeclocycline 13
DEMEROL.....33
DEMEROL (PF) 33
DENGVAXIA (PF).....104
denta 5000 plus 80
denta 5000 plus sensitive.....80
dentagel 80
DEPO-ESTRADIOL.....113
DEPO-SUBQ PROVERA 104 113
dermacinrx lidocan 72
DESCOVY 4
desipramine 44
desloratadine.....133
desmopressin 88
DESMOPRESSIN.....88
desog-e.estradiol/e.estradiol 118
desonide.....75
desoximetasone.....75
DESVENLAFAXINE 44
desvenlafaxine succinate.....44
dexabliss.....81
dexamethasone 81, 82
dexamethasone intensol.....81
dexamethasone sodium phosphate 131
DEXAMETH-MOXIFLOX(PF)-NACL,ISO.....130
DEXAMET-MOXIFL-KETORO-NACL(PF) 127
dexlansoprazole.....101
DEXLYT.....82
dexmethylphenidate.....44
dextroamphetamine sulfate...44
dextroamphetamine-amphetamine 44
dextromethorphan-quinidine 30
DIACOMIT.....24
diazepam.....24, 44
diazepam intensol.....44
diazoxide.....83
dichlorphenamide.....30
diclofenac potassium.....39
diclofenac sodium...39, 68, 128
diclofenac-misoprostol.....39
dicloxacillin.....12
dicyclomine.....94
DIFFERIN.....70
DIFICID 9
diflunisal.....39
difluprednate 131
digoxin.....59
dihydroergotamine 29
DILANTIN.....24
DILANTIN EXTENDED.....24
DILANTIN INFATABS 24
DILANTIN-125.....24
diltiazem 55
dilt-xr.....55
dimethyl fumarate.....51
DIPENTUM 96
DIPHEN 133
diphenhydramine hcl 133
diphenoxylate-atropine.....94
dipyridamole.....60
diskets.....33
disopyramide phosphate.....52
disulfiram.....78
DIURIL 55
divalproex.....24
dodex 145
dofetilide.....52
dolishale 118
donepezil.....30
DOPTELET (15 TAB PACK) 60
DOPTELET SPRINKLE.....60
dorzolamide 129
DORZOLAMIDE (PF).....129
dorzolamide-timolol 129
dorzolamide-timolol (pf).....129
dotti.....114
DOVATO 4
doxazosin 55
doxepin 44, 68
doxercalciferol.....88
doxycycline hyclate.....13
doxycycline monohydrate 14
doxylamine-pyridoxine (vit b6) 96
dronabinol 96
drospirenone-e.estradiol-lm.fa 118
drospirenone-ethinyl estradiol 118
DROXIA.....17
droxidopa.....78
DRYSOL DAB-O-MATIC ..68
DUAVEE.....114
dulcolax (magnesium hydroxide).....96
DULERA.....136
duloxetine 45
DUOPA 28
DUPIXENT PEN.....68
DUPIXENT SYRINGE.....68
DUREX AVANTI BARE REAL FEEL 112
DUREX TROPICAL CONDOM 113
dutasteride 141
dutasteride-tamsulosin 141
DUVYZAT.....78
DYANAVEL XR 45
E
e.e.s. 400 9
EBGLYSS PEN.....68
EBGLYSS SYRINGE.....68
econazole nitrate 73
econtra ez.....118
econtra one-step 118

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

ecotrin low strength.....39
ed-spaz.....94
EDURANT PED 4
eemt 114
eemt hs.....114
efavirenz 4
*efavirenz-emtricitabin-tenofov*4
efavirenz-lamivu-tenofov disop 5
effer-k 142
EFFER-K.....142
EKTERLY.....136
electrolyte-148.....144
eletriptan 29
ELIGARD 17
ELIGARD (3 MONTH).....17
ELIGARD (4 MONTH).....17
ELIGARD (6 MONTH).....17
elinest 118
ELIQUIS 60
ELIQUIS DVT-PE TREAT 30D START 60
ELIQUIS SPRINKLE 60
elite-ob.....145
ELLA.....118
ELMIRON.....141
eluryng.....116
EMEND.....96
EMGALITY PEN 29
EMGALITY SYRINGE.....29
EMSAM 45
emtricitabine.....5
emtricitabine-tenofovir (tdf)...5
emtricita-rilpivirine-tenof df ..5
EMTRIVA.....5
EMVERM 10
emzahh.....114
enalapril maleate.....55
enalapril-hydrochlorothiazide 55
ENBRACE HR.....145
ENBREL 111
ENBREL MINI 111
ENBREL SURECLICK.....111
endocet 33
ENFLONSIA.....5
ENGERIX-B (PF) 104, 105
ENGERIX-B PEDIATRIC (PF).....105
enilloring 116
ENOBY 110
enoxaparin.....60
enpresse 119
ENSACOVE.....17
enskyce.....119
entacapone.....28
entecavir 5
ENTRESTO SPRINKLE 64
ENTYVIO PEN.....96
enulose.....96
EPCLUSA 5
EPIDIOLEX 24
epinastine.....127
epinephrine.....133
EPINEPHRINE 133
EPINEPHRINE IN SOD CHL,ISO(PF) 133
eplerenone 55
EPOGEN 102
epoprostenol 55
EPYSQLI.....78
EQUETRO 24
ERAXIS(WATER DILUENT) 3
ergocalciferol (vitamin d2).145
ergoloid 45
ERGOMAR.....29
ERIVEDGE.....17
erlotinib 17
errin.....114
ERTACZO.....73
ery pads 70
ery-tab 9
ERY-TAB.....9
erythrocin (as stearate) 9
erythromycin.....10, 124
erythromycin ethylsuccinate...9
erythromycin with ethanol....70
erythromycin-benzoyl peroxide 70
ERZOFRI 45
escitalopram oxalate 45
eslicarbazepine.....24
esomeprazole magnesium...101
estarylla.....119
estazolam 45
estradiol.....114
ESTRADIOL.....114
estradiol valerate.....114
estradiol-norethindrone acet 114
ESTRING 114
estrogens-methyltestosterone 114
eszopiclone 45
ethacrynic acid 55
ethambutol 10
ethosuximide.....24
ethynodiol diac-eth estradiol 119
etodolac 39
etonogestrel-ethinyl estradiol 116
etoposide.....17
etravirine 5
EUCRISA.....68
euthyrox 92
EVAMIST 115
everolimus (antineoplastic) ..17
everolimus (immunosuppressive).....17
evexithroid 92
EVOTAZ 5
EVRYSDI.....30
EXELDERM 73
exemestane.....17
EYSUVIS 131
ezetimibe 63
ezetimibe-simvastatin 63
F
falmina (28) 119
famciclovir.....5
famotidine.....101
FANAPT.....45
FANAPT TITRATION PACK A 45
FANAPT TITRATION PACK B 45
FANAPT TITRATION PACK C 45
FC2 FEMALE CONDOM .113
febuxostat.....109
feirza.....119

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

felbamate 24
felodipine 55
FEMCAP 113
FEMLYV 119
FEMRING 115
fenofibrate 63
fenofibrate micronized 63
fenofibrate nanocrystallized . 63
fenofibric acid 63
fenofibric acid (choline) 63
FENSOLVI 18
fentanyl 35
fentanyl (pf)-bupivacaine-nacl 33
FENTANYL (PF)-BUPIVACAINE-NACL ... 33
fentanyl citrate (pf) 33
FENTANYL CITRATE (PF) 34
fentanyl citrate (pf)-0.9%nacl 34
FENTANYL CITRATE (PF)-0.9%NACL 34
fentanyl-ropivacaine-nacl (pf) 35
FENTANYL-ROPIVACAINE-NACL (PF) 35
ferric citrate 142
fesoterodine 141
FETZIMA 45
fidaxomicin 10
FILKRI 102
FILSUVEZ 68
FINACEA 70
finasteride 141
fingolimod 51
finzala 119
FIRDAPSE 30
FIRVANQ 15
flac otic oil 81
flavoxate 141
flecainide 52
flotrex 145
FLUAD 2026-2027 (65 YR UP)(PF) 105
FLUARIX 2026-2027 (PF) 105
FLUBLOK 2026-2027 (PF) 105
FLUCELVAX 2026-2027 (PF) 105
fluconazole 3
flucytosine 3
fludrocortisone 82
FLULAVAL 2026-2027 (PF) 105
FLUMIST 2026-2027 105
FLUMIST HOME 2026-2027 105
flunisolide 136
fluocinolone 75
fluocinolone acetonide oil 81
fluocinolone and shower cap 75
fluocinonide 75
fluocinonide-e 75
fluorescein-proparacaine ... 127
fluoride (sodium) 80, 145
fluorometholone 131
fluorouracil 68
fluoxetine 45, 46
fluphenazine decanoate 46
fluphenazine hcl 46
flurandrenolide 75
flurazepam 46
flurbiprofen 39
flurbiprofen sodium 128
fluticasone propionate ... 75, 76, 136
fluticasone propion-salmeterol 136
fluvastatin 63
fluvoxamine 46
FLUZONE 2026-2027 105
FLUZONE 2026-2027 (PF) 105
FLUZONE HIGH-DOSE 2026-27 (PF) 105
folic acid 145
folivane-ob 145
fondaparinux 61
formoterol fumarate 136
fosamprenavir 5
fosfomycin tromethamine 14
fosinopril 55
fosinopril-hydrochlorothiazide 55
FOSRENOL 142
FRAGMIN 61
frovatriptan 29
FULPHILA 102
FUROSCIX 55
FUROSCIX READYFLOW 55
furosemide 56
FUROSEMIDE IN 0.9 % NACL 55
fyavolv 115
FYCOMPA 24

G

g tussin ac 134
gabapentin 24, 25
galantamine 30
galbriela 119
gallifrey 115
GALZIN 142
GAMMAGARD LIQUID ERC 105
GARDASIL 9 (PF) 105
gatifloxacin 124
gavilax 96
gavilyte-c 96
gavilyte-g 96
gavilyte-n 96
gefitinib 18
gemfibrozil 63
gemmily 119
GEMTESA 141
generlac 96
gengraf 18
GENOTROPIN 103
GENOTROPIN MINIQUICK 103
gentamicin 72, 124
gentle laxative (bisacodyl) 96
gentle laxative (mag hydrox) 97
gentlelax 97
GENVOYA 5
GILOTRIF 18
glatiramer 52
glatopa 52
GLEOSTINE 18
GLIADEL WAFER 18
glimepiride 90
glipizide 90
GLIPIZIDE 90

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

glipizide-metformin 90
GLUCAGON (HCL) EMERGENCY KIT 83
glucagon emergency kit (human) 83
GLUCAGON HCL 83
glyburide 90
glyburide micronized 90
glyburide-metformin 90
glycopyrrolate 94
GLYXAMBI 90
GOMEKLI 18
granisetron hcl 97
griseofulvin microsize 3
griseofulvin ultramicrosize 3
guanfacine 46, 56
GVOKE 83
GVOKE HYPOPEN 2-PACK 83
GVOKE PFS 2-PACK SYRINGE 83
GWYN LO 116
GYNAZOLE-1 116

H

hailey 119
hailey 24 fe 119
hailey fe 1.5/30 (28) 119
hailey fe 1/20 (28) 119
halobetasol propionate 76
haloperidol 46
haloperidol decanoate 46
haloperidol lactate 46
HARVONI 5
HAVRIX (PF) 106
heather 115
HEMANGEOL 56
hemmorex-hc 97
heparin (porcine) in 0.9% nacl 61
HEPARIN (PORCINE) IN 0.9% NACL 61
heparin lockflush(porcine)(pf) 61
heparin, porcine (pf) 61
HEPLISAV-B (PF) 106
HERNEXEOS 18
HIBERIX (PF) 106
homatropaire 126
HORIZANT 30
HUMALOG JUNIOR KWIKPEN U-100 84
HUMALOG KWIKPEN INSULIN 85
HUMALOG MIX 50-50 KWIKPEN 85
HUMALOG MIX 75-25 KWIKPEN 85
HUMALOG MIX 75-25(U-100)INSULN 85
HUMALOG TEMPO PEN(U-100)INSULN 85
HUMALOG U-100 INSULIN 85
HUMATIN 10
HUMULIN 70/30 U-100 INSULIN 85
HUMULIN 70/30 U-100 KWIKPEN 85
HUMULIN N NPH INSULIN KWIKPEN 85
HUMULIN N NPH U-100 INSULIN 85
HUMULIN R REGULAR U-100 INSULN 85
HUMULIN R U-500 (CONC) KWIKPEN 85
hydralazine 56
hydrochlorothiazide 56
hydrocodone bitartrate 35
hydrocodone-acetaminophen 35
hydrocodone-chlorpheniramine 134
hydrocodone-homatropine . 134
hydrocodone-ibuprofen 35
hydrocortisone 76, 82, 97
hydrocortisone acetate 97
hydrocortisone butyrate 76
hydrocortisone sod succinate 82
hydrocortisone valerate 76
hydrocortisone-acetic acid ... 81
hydrocortisone-pramoxine .. 66, 97
hydromorphone 36, 37
HYDROMORPHONE (PF) IN WATER 35
hydromorphone (pf)-0.9 % nacl 35, 36
HYDROMORPHONE (PF)-0.9 % NACL 35, 36
hydromorphone in 0.9 % nacl 36
HYDROMORPHONE IN 0.9 % NACL 36
hydromorphone(pf)-nacl,iso-osm 37
HYDROMORPHONE(PF)-NACL,ISO-OSM 37
hydroxychloroquine 10
hydroxyurea 18
hydroxyzine hcl 133
hydroxyzine pamoate 133
HYFTOR 68
HYMPAVZI PEN 61
hyoscyamine sulfate 94
hyosyne 94
HYPER-SAL 137
HYQVIA 106
HYRNUO 18

I

ibandronate 110
IBTROZI 18
ibu 39
ibuprofen 40
icatibant 137
iclevia 119
icosapent ethyl 63
ICOTYDE 66
IDHIFA 18
IDVYNSO 5
ILEVRO 128
ILUMYA 66
imatinib 18
IMBRUVICA 18
IMCIVREE 77
imipramine hcl 46
imipramine pamoate 46
imiquimod 68
IMKELDI 18
IMOVAX RABIES VACCINE (PF) 106
IMULDOSA 66
INBRIJA 28
incassia 115

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

INCRELEX 78
INCRUSE ELLIPTA..... 137
indapamide 56
indomethacin 40
INFANRIX (DTAP) (PF)... 106
INLURIYO..... 18
INLYTA..... 18
INPEN (FOR HUMALOG) PINK..... 84
INPEN (NOVOLOG OR FIASP) BLUE 84
INSULIN DEGLUDEC .85, 86
INSULIN GLARGINE U-300 CONC..... 86
INSULIN GLARGINE-YFGN 86
INSULIN LISPRO 86
INSULIN LISPRO PROTAMIN-LISPRO..... 86
INSULIN SYRINGE-NEEDLE U-100 83
INTELENCE..... 5
introvale 119
INVEGA HAFYERA..... 46
INVEGA SUSTENNA..... 46
INVEGA TRINZA..... 46
INVELTYS 131
IODOFLEX..... 68
IOPIDINE..... 132
IPOL 106
ipratropium bromide 80, 137
ipratropium-albuterol..... 137
irbesartan 56
irbesartan-hydrochlorothiazide 56
ISENTRESS..... 5
ISENTRESS HD 5
isibloom 119
ISOLYTE S PH 7.4..... 144
ISOLYTE-S..... 144
isoniazid 10
isoproterenol hcl 64
isosorbide dinitrate 64
isosorbide mononitrate..... 64
isosorbide-hydralazine..... 56
isotretinoin 70
isradipine..... 56
ISTURISA..... 88
itraconazole 3
ivermectin 10, 70
IXIARO (PF)..... 106

J

jaimiess..... 119
jantoven 61
JANUMET 91
JANUMET XR..... 91
JANUVIA..... 91
JARDIANCE..... 91
JASCAYD..... 137
jasmiel (28)..... 119
JATENZO 88
javygtor..... 88
jaythari 82
jencycla..... 115
JIDEYTRO..... 18
jinteli..... 115
jolessa..... 119
JORNAY PM 47
JOURNAVX 40
joyeaux..... 119
JUBBONTI..... 110
JUBEREQ 15
juleber..... 119
JULUCA..... 5
junel 1.5/30 (21) 119
junel 1/20 (21) 119
junel fe 1.5/30 (28) 119
junel fe 1/20 (28) 120
junel fe 24 120
JYNNEOS (PF)..... 106

K

kaitlib fe..... 120
KALETRA 5
kalliga..... 120
KALYDECO..... 137
kariva (28)..... 120
KEDRAB (PF) 106
kelnor 1/35 (28)..... 120
KERENDIA..... 56
KESIMPTA PEN 52
ketoconazole 3, 73
ketodan 73
ketodan kit 73
ketoprofen..... 40
ketorolac..... 40, 128
ketotifen fumarate..... 127
KEVZARA 111
KINERET 111
KINRIX (PF) 106
kionex..... 142
KISQALI 18
KLARITY (CHONDROITIN) (PF) 127
klayesta 73
klor-con..... 143
klor-con 10..... 142
klor-con 8..... 142
klor-con m10..... 142
klor-con m15..... 142
klor-con m20..... 143
KLOXXADO 40
KOMZIFTI 18
KOSELUGO..... 18
KOSHER PRENATAL PLUS IRON 145
kourzeq 80
KRINTAFEL 10
kurvelo (28) 120
KYGEVVI..... 78
KYLEENA 113
kymbee 82

L

labetalol..... 56
lacosamide..... 25
lactated ringers..... 77
lactulose..... 97
LAGEVRIO (EUA)..... 5
lamivudine 6
lamivudine-zidovudine..... 6
lamotrigine 25
LANOXIN..... 59
lanreotide..... 18
lansoprazole 101
lanthanum 143
LANTUS SOLOSTAR U-100 INSULIN 86
LANTUS U-100 INSULIN ..86
lapatinib..... 18
larin 1.5/30 (21)..... 120
larin 1/20 (21)..... 120
larin 24 fe 120
larin fe 1.5/30 (28)..... 120
larin fe 1/20 (28)..... 120
latanoprost..... 129

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

laxative (bisacodyl) 97
laxative peg 3350 97
leena 28 120
leflunomide 111
lenalidomide 19
LEQEMBI IQLIK 31
LEROCHOL 63
lessina 120
letrozole 19
leucovorin calcium 15
LEUKERAN 19
leuprolide 19
levalbuterol hcl 137
levetiracetam 25
levobunolol 126
levocarnitine 78
levocarnitine (with sugar) 78
levocetirizine 133
levofloxacin 13, 124
levonest (28) 120
levonorgest-eth.estradiol-iron 120
levonorgestrel 120
levonorgestrel-ethinyl estrad 120
levonorg-eth estrad triphasic 120
levo-t 92
levothyroxine 93
LEVOTHYROXINE 93
levoxyl 93
lexette 76
lidocaine 72
lidocaine hcl 72
lidocaine hcl-hydrocortison ac 72, 97
lidocaine in 5 % dextrose (pf) 53
lidocaine-hydrocortisone-aloe 97
lidocaine-prilocaine 72
lidocan iii 72
lidocan iv 72
lidocan v 72
lidocort 72
LIFYORLI 19
LIKMEZ 11
LILETTA 113
linezolid 11
LINEZOLID-0.9% SODIUM CHLORIDE 11
LINZESS 97
liomny 93
liothyronine 93
liraglutide 91
lisdexamfetamine 47
lisinopril 56
lisinopril-hydrochlorothiazide 56
lithium carbonate 47
lithium citrate 47
LO LOESTRIN FE 120
LOESTRIN 1.5/30 (21) 120
LOESTRIN 1/20 (21) 120
LOESTRIN FE 1.5/30 (28-DAY) 120
LOESTRIN FE 1/20 (28-DAY) 120
lofexidine 40
lojaimiess 121
lomustine 19
loperamide 95
lopinavir-ritonavir 6
LOPROX KIT 73
lorazepam 47
lorazepam intensol 47
LOREEV XR 47
loryna (28) 121
losartan 56
losartan-hydrochlorothiazide 56
LOTEMAX 131
LOTEMAX SM 131
loteprednol etabonate 131, 132
LOTREXONE 40
lovastatin 63
low-ogestrel (28) 121
loxapine succinate 47
lo-zumandimine (28) 121
lubiprostone 97
LUCEMYRA 40
ludent fluoride 145
lugols 72, 143
luizza 121
LULICONAZOLE 73
LUMIGAN 129
LUMRYZ 47
LUMRYZ STARTER PACK 47
LUNSUMIO VELO 19
LUPRON DEPOT 19
LUPRON DEPOT (3 MONTH) 19
LUPRON DEPOT (4 MONTH) 19
LUPRON DEPOT (6 MONTH) 19
LUPRON DEPOT-PED 19
LUPRON DEPOT-PED (3 MONTH) 19
lurasidone 47
lutera (28) 121
LUTRATE DEPOT (3 MONTH) 19
lyleq 115
lyllana 115
LYNKUET 116
LYNPARZA 19
LYSODREN 19
LYUMJEV KWIKPEN U-100 INSULIN 86
LYUMJEV KWIKPEN U-200 INSULIN 86
LYUMJEV TEMPO PEN(U-100)INSULN 86
LYUMJEV U-100 INSULIN 86
lyza 115

M

macitentan 137
magnesium chloride 143
magnesium citrate 97
magnesium sulfate 143
MAGNESIUM SULFATE IN D5W 143
magnesium sulfate in water 143
malathion 77
maraviroc 6
marlissa (28) 121
MARNATAL-F 145
MARPLAN 47
MATULANE 19
matzim la 56
maxi-tuss ac 134

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

mb caps.....142
MECOBALAMIN (VITAMIN B12).....146
MEDROL.....82
medroxyprogesterone.....115
mefloquine.....11
megestrol.....19
MEKINIST.....20
meleya.....115
meloxicam.....40
MELOXICAM.....40
memantine.....31
MEMANTINE.....31
MENEST.....115
MENOSTAR.....115
MENQUADFI (PF).....106
MENVEO A-C-Y-W-135-DIP (PF).....106
meperidine.....37
meperidine (pf).....37
meprobamate.....32
mercaptopurine.....20
MERILOG.....87
MERILOG SOLOSTAR.....86
mesalamine.....97
mesalamine with cleansing wipe.....97
MESNEX.....15
metaxalone.....32
metformin.....91
methadone.....37
METHADONE IN 0.9 % SOD.CHLORID.....37
METHADONE IN SOD CHLOR,ISO-OSM.....37
methadose.....37
methamphetamine.....47
methazolamide.....129
methenamine hippurate.....14
methenamine mandelate.....14
METHENAMINE MANDELATE.....14
methen-sod phos-meth blue-hyos.....142
methimazole.....83
METHITEST.....88
methocarbamol.....32
METHOTREXATE (PF) IN NACL,ISO.....20
methotrexate sodium.....20
methotrexate sodium (pf).....20
methoxsalen.....68
methscopolamine.....95
methsuximide.....25
methyl salicylate.....68
methyldopa.....56
methylergonovine.....124
methylphenidate.....48
METHYLPHENIDATE.....48
methylphenidate hcl.....47, 48
methylprednisolone.....82
methyltestosterone.....89
metoclopramide hcl.....98
metolazone.....56
metoprolol succinate.....56
metoprolol ta-hydrochlorothiaz.....57
metoprolol tartrate.....57
metronidazole.....11, 70, 116
metyrosine.....57
mexiletine.....53
MFLUSIVA 2026-2027 (PF).....106
mibelas 24 fe.....121
miconazole-3.....116
microgestin 1.5/30 (21).....121
microgestin 1/20 (21).....121
microgestin fe 1.5/30 (28)..121
microgestin fe 1/20 (28).....121
midazolam.....48
MIDAZOLAM.....25, 48
midazolam (pf).....48
MIDAZOLAM IN NACL,ISO-OSMO(PF).....48
midodrine.....78
MIEBO (PF).....127
mifepristone.....89
migergot.....29
miglitol.....91
mili.....121
milk of magnesia.....98
milk of magnesia concentrated.....98
millipred.....82
millipred dp.....82
milnacipran.....111
mimvey.....115
minocycline.....14
minoxidil.....57
minzoya.....121
MIPLYFFA.....31
MIRCERA.....102
MIRENA.....113
mirtazapine.....48
misoprostol.....101
M-M-R II (PF).....107
m-natal plus.....146
MNEXSPIKE 2025-2026 (PF).....107
modafinil.....48
MODEYSO.....20
moexipril.....57
molindone.....48
mometasone.....76, 137
mondoxyne nl.....14
mono-linyah.....121
montelukast.....137
morphine.....38
MORPHINE (PF) IN 0.9 % SOD CHL.....37
morphine concentrate.....38
MORPHINE IN 0.9 % SODIUM CHLOR.....38
MOTOFEN.....95
MOUNJARO.....91
MOVANTIK.....98
moxifloxacin.....13, 124, 125
MOXIFLOXACIN (PF)-BSS.....124
MOXIFLOXACIN-SOD CHLOR,ISO(PF).....125
MRESVIA (PF).....107
MULPLETA.....61
multi-vitamin with fluoride.146
multivit-fluoride (metafolin).....146
mupirocin.....72
mupirocin calcium.....72
mvc-fluoride.....146
my choice.....121
my way.....121
MYALEPT.....89
mycophenolate mofetil.....20

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

mycophenolate sodium 20
MYFEMBREE 116
MYLERAN 20
mynatal 146
mynatal plus 146
mynatal-z 146
MYQORZO 64
N
nabumetone 40
nadolol 57
naftifine 73
NALMEFENE 40
naloxone 40
NALTREX 40
naltrexone 40
naproxen 40, 41
naproxen sodium 41
naratriptan 29
NATACYN 125
NATAZIA 121
nateglinide 91
nebivolol 57
nebusal 137
NEBUSAL 137
necon 0.5/35 (28) 121
NEEVODHA (WITH ALGAL OIL) 146
nefazodone 48
NEMLUVIO 20
neomycin 11
neomycin-bacitracin-poly-hc 130
neomycin-bacitracin-polymyxin 125
neomycin-polymyxin b gu 77
neomycin-polymyxin b-dexameth 130
neomycin-polymyxin-gramicidin 125
neomycin-polymyxin-hc 81, 130
neo-polycin 125
neo-polycin hc 130
NEO-SYNALAR 72
NEO-SYNALAR KIT 72
neo-vital rx 146
NESTABS 146
NESTABS ABC 146
NESTABS DHA 146
NESTABS ONE 146
neuac 71
NEUAC KIT 71
NEULASTA 102
NEULASTA ONPRO 102
NEUPRO 28
NEVANAC 129
nevirapine 6
new day 121
newgen 146
NEXLETOL 63
NEXLIZET 63
NEXPLANON 116
NEXTSTELLIS 121
niacin 63
NIACOR 63
nicardipine 57
NICODERM CQ 79
nicorette 79
NICORETTE 79
nicotine 79
nicotine (polacrilex) 79
NICOTROL NS 79
nifedipine 57
nikki (28) 121
NILOTINIB D-TARTRATE 20
nilotinib hcl 20
nilutamide 20
nimodipine 57
nintedanib 137
NIPENT 20
nisoldipine 57
nitazoxanide 11
nitisinone 78
nitro-bid 64
NITRO-DUR 65
nitrofurantoin 14
nitrofurantoin macrocrystal 14
nitrofurantoin monohyd/m-cryst 14
nitroglycerin 65, 98
NITROMIST 65
nitro-time 65
niva thyroid 93
nizatidine 101
nora-be 115
norelgestromin-ethin.estradiol 116
noreth-ethinyl estradiol-iron 121
norethindrone (contraceptive) 115
norethindrone acetate 115
norethindrone ac-eth estradiol 115, 121
norethindrone-e.estradiol-iron 121, 122
norgestimate-ethinyl estradiol 122
NORMLGEL AG 68
NORMOSOL-R 143
NORMOSOL-R PH 7.4 144
NORPACE CR 53
nortrel 0.5/35 (28) 122
nortrel 1/35 (21) 122
nortrel 1/35 (28) 122
nortrel 7/7/7 (28) 122
nortriptyline 48
NORVIR 6
NOVOLIN 70-30 FLEXPEN U-100 87
NOVOLIN N FLEXPEN 87
NOVOLOG FLEXPEN U-100 INSULIN 87
NOVOLOG MIX 70-30 U-100 INSULN 87
NOVOLOG MIX 70-30FLEXPEN U-100 87
NOVOLOG U-100 INSULIN ASPART 87
np thyroid 93
NUCALA 137, 138
NUCYNTA 41
NUCYNTA ER 41
NUEDEXTA 31
NULEV 95
NURTEC ODT 29
NUVAXOVID 2025-2026 (PF) 107
nyamyc 73
nylia 1/35 (28) 122
nylia 7/7/7 (28) 122
NYPOZI 102
nystatin 3, 73
nystatin-triamcinolone 74
nystop 74

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

O
OB COMPLETE 146
OB COMPLETE ONE 146
OB COMPLETE PETITE .. 146
OB COMPLETE PREMIER 146
OB COMPLETE WITH DHA 146
obstetrix dha 147
OBSTETRIX EC 147
OBTREX DHA 147
ocella 122
octreotide acetate 20
octreotide,microspheres 20
ODEFSEY 6
ODOMZO 21
ofloxacin 13, 81, 125
OGSIVEO 21
OHTUVAYRE 138
olanzapine 48, 49
olanzapine-fluoxetine 49
olmesartan 57
olmesartan-amlodipin-hcthiazid 57
olmesartan-hydrochlorothiazide 57
olopatadine 80
OLUMIANT 111
omega-3 acid ethyl esters 63
omeprazole 101
OMLYCLO 138
OMNIPOD 5 (LIBRE 2/3 PLUS) 83
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 84
OMNIPOD 5 G6-G7 PODS (GEN 5) 84
OMNIPOD 5 INTRO (LIBRE2/3PLUS) 83
OMNIPOD DASH INTRO KIT (GEN 4) 84
OMNIPOD DASH PODS (GEN 4) 84
OMNITROPE 103
OMVOH 98
OMVOH PEN 98
ONAPGO 28
ondansetron 98
ondansetron hcl 98
one natal rx 147
onelax magnesium citrate 98
ONEXTON 71
ONGENTYS 28
opcicon one-step 122
OPILL 115
OPSUMIT 138
OPSYNVI 138
option-2 122
OPVEE 41
oral saline laxative 98
ORAMAGICRX 80
ORAVIG 3
ORENCIA 111
ORENCIA CLICKJECT 111
ORENITRAM 58
ORENITRAM MONTH 1 TITRATION KT 57
ORENITRAM MONTH 2 TITRATION KT 57
ORENITRAM MONTH 3 TITRATION KT 57
ORILISSA 89
ORKAMBI 138
ORLADEYO 138
ORLYNVAH 11
ormalvi 31
orphenadrine citrate 32
orphenadrine-asa-caffeine 32
orphengesic forte 32
orquidea 115
oscimin 95
oscimin sl 95
oseltamivir 6
OSENVELT 15
OSPOMYV 110
OSVYRTI 110
OTEZLA 111
OTEZLA STARTER 111
OTEZLA XR 111
OTEZLA XR INITIATION 111
OTOVEL 81
oxaliplatin 21
oxaprozin 41
oxazepam 49
oxcarbazepine 25
oxiconazole 74
OXISTAT 74
OXTELLAR XR 25
oxybutynin chloride 141
oxycodone 38
oxycodone-acetaminophen 38
OXYCONTIN 38
oxymorphone 38
OXYTROL 141
OZEMPIC 91
P
pacerone 53
paliperidone 49
PANCREAZE 98
PANDEL 76
PANRETIN 68
pantoprazole 101
papaverine 58
PARAGARD T 380A 113
paricalcitol 89
paroex oral rinse 80
paroxetine hcl 49
paroxetine mesylate(menop.sym) 49
PAXLOVID 6
pazopanib 21
PAZOPANIB 21
PEDIARIX (PF) 107
PEDVAX HIB (PF) 107
peg 3350-electrolytes 98
peg3350-sod sul-nacl-kcl-asb-c 99
PEGASYS 103
peg-electrolyte soln 99
PEN NEEDLE 84
PENBRAYA (PF) 107
penciclovir 74
penicillamine 111
PENICILLIN G POT IN DEXTROSE 13
penicillin v potassium 13
PENMENVY MEN A-B-C-W-Y (PF) 107
PENTACEL (PF) 107
pentamidine 11
PENTASA 99
pentazocine-naloxone 41
pentoxifylline 61

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

perampanel 25, 26
perindopril erbumine 58
periogard 80
permethrin 77
perphenazine 49
perphenazine-amitriptyline .. 49
PERSERIS 49
PHEBURANE 78
phenazopyridine 142
phenelzine 49
phenobarb-hyoscy-atropine-scop 95
phenobarbital 26
phenoxybenzamine 58
phenylephrine hcl 132
phenyleph-tropicamide in water 126
PHENYTEK 26
phenytoin 26
phenytoin sodium extended .. 26
philith 122
phosphate laxative 99
PHOSPHOLINE IODIDE .. 126
PHYRAGO 21
phytonadione (vitamin k1) 61
PIFELTRO 6
pilocarpine hcl 80, 126
pimecrolimus 68
pimozide 49
pimtrea (28) 122
pindolol 58
pioglitazone 91
pioglitazone-glimepiride 91
pioglitazone-metformin 91
pirfenidone 138
piroxicam 41
pitavastatin calcium 63
PIVYA 13
PLASMA-LYTE 148 PH 7.4 144
PLASMA-LYTE A 144
PLEGRIDY 52
PLENVU 99
plerixafor 102
PLEXION NS 66
PNEUMOVAX-23 107
pnv-dha 147
pnv-dha + docusate 147
pnv-omega 147
pnv-select 147
podofilox 68, 69
polyethylene glycol 3350 99
polymyxin b sulf-trimethoprim 125
pomalidomide 21
portia 28 122
posaconazole 3
potassium chloride 143
POTASSIUM CHLORIDE 143
potassium citrate 142
potassium iodide 83
povidone-iodine 125
powderlax 99
PR BENZOYL PEROXIDE. 71
pr natal 400 147
pr natal 400 ec 147
pr natal 430 147
pr natal 430 ec 147
PRALUENT PEN 63
pramipexole 28
prasugrel hcl 61
pravastatin 63
praziquantel 11
prazosin 58
prednicarbate 76
prednisoln sp-moxiflox-bromfen 127
prednisolone 82
prednisolone acetate 132
PREDNISOLONE ACETATE (PF) 132
PREDNISOLONE ACETATE-BROMFENAC 127
PREDNISOLONE ACETATE-NEPAFENAC 127
prednisolone sod ph-bromfenac 127
PREDNISOLONE SOD PH-MOXIFLOX 131
prednisolone sodium phosphate 82, 132
PREDNISOLONE-MOXIFLO-NEPAFENAC 127
PREDNISOLONE-MOXIFLOXACIN HCL 131
PREDNISOLONE-MOXIFLOX-BROMFEN 127
PREDNISOLON-MOXIFLOX-KETOROLAC 128
prednisone 82
prednisone intensol 82
pregabalin 26
PREMARIN 115
PREMPHASE 115
PREMPRO 116
prenaissance 147
prenaissance plus 147
PRENATA 147
prenatabs fa 147
prenatabs rx 147
PRENATAL 19 (WITH DOCUSATE) 147
prenatal plus 147
prenatal plus (calcium carb) 147
PRENATAL PLUS DHA ... 147
prenatal-u 147
PRENATE AM 147
PRENATE CHEWABLE ... 148
PRENATE DHA (FERR ASP GLYCIN) 148
PRENATE ELITE (IRON ASP GLYC) 148
PRENATE ENHANCE 148
PRENATE ESSENTIAL(IRON-ASP-GL) 148
PRENATE MINI (FERR ASP GLYCIN) 148
PRENATE PIXIE 148
PRENATE RESTORE 148
PRENATE STAR 148
PREPIDIL 116
PRETOMANID 11
prevalite 63
PREVNAR 20 (PF) 107
PREZCOBIX 6
PREZISTA 6
PRIFTIN 11
primaquine 11
primidone 26

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

PRIMIDONE....26
PRIMSOL....14
PRIORIX (PF)....107
probenecid....109
probenecid-colchicine....109
procentra....49
prochlorperazine....99
prochlorperazine maleate....99
procto-med hc....99
proctosol hc....99
proctozone-hc....99
progesterone....116
progesterone micronized....116
PROGRAF....21
PROLIA....110
promethazine....133
promethazine-codeine....134
promethazine-dm....134
promethazine-phenylephrine....134
promethegan....133
propafenone....53
proparacaine....128
propranolol....58
propylthiouracil....83
PROQUAD (PF)....107
protriptyline....49
PROVIDA OB....148
prudoxin....69
pruradik....77
pulmosal....138
PULMOZYME....138
purelax....99
purevita folic acid....148
pyquvi....82
pyrazinamide....11
pyridostigmine bromide....32
PYRIDOSTIGMINE BROMIDE....32
pyrimethamine....11
Q
QBREXZA....69
QELBREE....49
QFITLIA....62
QFITLIA PEN....62
QUADRACEL (PF)....107
quetiapine....49
QUETIAPINE....49
QUILLICHEW ER....49
QUILLIVANT XR....50
quinapril....58
quinapril-hydrochlorothiazide....58
quinidine gluconate....53
quinidine sulfate....53
quinine sulfate....11
quit 2....79
quit 4....80
QULIPTA....29
QUVIVIQ....50
QVAR REDIHALER....138
R
RABAVERT (PF)....107
rabeprazole....101
RADIOGARDASE....78
raloxifene....110
ramelteon....50
ramipril....58
ranolazine....64
rasagiline....28
RASUVO (PF)....112
REBIF (WITH ALBUMIN)....52
REBIF REBIDOSE....52
REBIF TITRATION PACK....52
reclipsen (28)....122
RECOMBIVAX HB (PF)....107, 108
REDEMPLO....64
RELENZA DISKHALER....6
relgaabi....26
RELION NOVOLIN 70/30....87
RELION NOVOLIN N....87
RELION NOVOLIN R....87
renthyroid....93
RENTHYROID....93
repaglinide....91
REPATHA PUSHTRONEX 64
REPATHA SURECLICK....64
REPATHA SYRINGE....64
RESTASIS....128
RESTASIS MULTIDOSE....128
RETACRIT....102
RETROVIR....6
REVUFORJ....21
REXTOVY....41
REXULTI....50
REYATAZ....6
REYVOW....29
REZVOGLAR KWIKPEN....87
RHAPSIDO....78
RHOPRESSA....129
ribavirin....6
rifabutin....11
rifampin....11
rifapentine....11
rilpivirine hcl....6
rimantadine....7
ringer's....77
RINVOQ....112
RINVOQ LQ....112
risedronate....78, 110
risperidone....50
ritonavir....7
rivaroxaban....62
rivastigmine....31
rivastigmine tartrate....31
rivelsa....122
rizatriptan....29, 30
R-NATAL OB....148
ROCKLATAN....129
roflumilast....138
ROMVIMZA....21
ropinirole....28
rosadan....71
ROSADAN....71
rosuvastatin....64
rosyrah....122
ROTARIX....108
ROTATEQ VACCINE....108
roweepra....26
ROZLYTREK....21
RUBRACA....21
rufinamide....26
RUKOBIA....7
RUXIENCE....21
RYBELSUS....91
RYCLORA....133
RYZNEUTA....102
S
sacubitril-valsartan....64
sajazir....138
salsalate....41
SANCUSO....99

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

SANDOSTATIN LAR DEPOT 21
SANTYL 77
sapropterin 89
saxagliptin 91
saxagliptin-metformin 91
scalacort 76
scopolamine base 99
SECUADO 50
SELARSDI 66
SELECT-OB 148
SELECT-OB (FOLIC ACID) 148
SELECT-OB + DHA 148
selegiline hcl 29
selenium sulfide 66
SELZENTRY 7
SEMGLEE(INSULIN GLARGINE-YFGN) 87
SEMGLEE(INSULIN GLARG-YFGN)PEN 87
SEPHIENCE 89
SEREVENT DISKUS 138
sertraline 50
setlakin 122
sevelamer carbonate 143
sevelamer hcl 143
SEYSARA 14
sf 80
sf 5000 plus 80
sharobel 116
shewise 122
SHINGRIX (PF) 108
SIGNIFOR 21
sildenafil (pulm.hypertension) 138, 139
SILIQ 66
silodosin 141
silver sulfadiazine 67
SIMBRINZA 129
SIMLANDI(CF) 112
SIMLANDI(CF) AUTOINJECTOR 112
simliya (28) 122
simpesse 122
SIMPONI 112
simvastatin 64
sirolimus 21
SIRTURO 11
sitagliptin phos-metformin ... 92
sitagliptin phosphate 92
SIVEXTRO 11
SKYCLARYS 31
SKYLA 113
SKYRIZI 66, 99
SKYTROFA 103
SLYND 122
smoothlax 99
sodium chloride 139
sodium fluoride 5000 plus 80
sodium fluoride-pot nitrate ... 80
sodium phenylbutyrate 78
sodium polystyrene sulfonate 143, 144
sodium,potassium,mag sulfates 99
solifenacin 141
SOLIQUA 100/33 87
SOLOSEC 11
SOLU-CORTEF 83
SOLU-CORTEF ACT-O-VIAL (PF) 83
soluvita a,c,d with fluoride . 148
SOMATULINE DEPOT 21
SOMAVERT 89
SOOLANTRA 71
sorafenib 21
SORBITOL 77
SORBITOL-MANNITOL 77
sotalol 53
SOTALOL 53
sotalol af 53
SOTYKTU 66
SOTYLIZE 53
SPIKEVAX 2025-2026(12Y UP)(PF) 108
SPIKEVAX 2025-26 (6M-11Y) (PF) 108
spinosad 77
SPIRIVA RESPIMAT 139
SPIRIVA WITH HANDIHALER 139
spironolactone 58
spironolacton-hydrochlorothiaz 58
SPRAVATO 50
sprintec (28) 122
sps (with sorbitol) 144
ssd 67
SSKI 83
sss 10-5 71
st joseph aspirin 41
st. joseph aspirin 41
STAMARIL (PF) 108
STIOLTO RESPIMAT 139
STIVARGA 21
STOBOCLO 110
stop smoking aid 80
STREPTOMYCIN 11
STRIBILD 7
STRIVERDI RESPIMAT .. 139
strong iodine 72, 144
SUBLOCADE 38
subvenite 26
subvenite starter (blue) kit 26
subvenite starter (green) kit .. 26
subvenite starter (orange) kit 26
sucralfate 101
SUFLAVE 99
SULCONAZOLE 74
sulfacetamide sodium ... 66, 132
sulfacetamide sodium (acne) 72
sulfacetamide sodium-sulfur . 71
sulfacetamide-prednisolone 132
sulfadiazine 13
sulfamethoxazole-trimethoprim 13
SULFAMYLON 72
sulfasalazine 99
sulfatrim 13
sulindac 41
sumatriptan 30
sumatriptan succinate 30
sumatriptan-naproxen 30
sunitinib malate 21
SUNLENCA 7
SUNOSI 50
SUPREP BOWEL PREP KIT 100
SUTAB 100
syeda 122
symax fastabs 95
symax-sl 95
symax-sr 95

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

SYMDEKO 139
SYMPROIC 100
SYMTUZA 7
SYNALAR CREAM KIT 76
SYNALAR OINTMENT KIT 76
SYNALAR TS 76
SYNAREL 89
SYNJARDY 92
SYNJARDY XR 92
SYNTHROID 93
T
TABLOID 21
tacrolimus 22, 69
TACROLIMUS 22
tadalafil 141
tadalafil (pulm. hypertension) 139
TAFINLAR 22
tafluprost (pf) 130
TAGRISSO 22
TAKE ACTION 122
TAKHZYRO 139
TALTZ AUTOINJECTOR 67
TALTZ AUTOINJECTOR (2 PACK) 66
TALTZ AUTOINJECTOR (3 PACK) 67
TALTZ SYRINGE 67
TALZENNA 22
tamoxifen 22
tamsulosin 141
tapentadol 41
TAPENTADOL 41
tarina 24 fe 122
tarina fe 1/20 (28) 123
taron-c dha 148
taron-prex prenatal-dha 148
tazarotene 71
TAZORAC 71
TEFLARO 9
TEGRETOL 26
telmisartan 58
telmisartan-hydrochlorothiazid 58
temazepam 50
temozolomide 22
tencon 38
TENIVAC (PF) 108
tenofovir disoproxil fumarate 7
terazosin 58
terbutaline 139
terconazole 116
teriflunomide 52
teriparatide 110
testosterone 89
testosterone cypionate 89
testosterone enanthate 89
tetrabenazine 31
tetracaine hcl 128
TETRACAINE HCL (PF) 128
tetracycline 14
TEXACORT 76
THALOMID 22
THEO-24 139
theophylline 139
thioridazine 50
thiothixene 50
THRIVITE RX 148
THYMOGLOBULIN 108
THYQUIDITY 93
thyroid (pork) 93
tiadylt er 58
tiagabine 26
ticagrelor 62
TICOVAC 108
tilia fe 123
TIMOL-BRIMON-DORZOL-BIMATO(PF) 130
timolol 126
timolol maleate 58, 126
timolol maleate (pf) 126
TIMOLOL-BIMATOPROST 130
TIMOLOL-BRIMON-DORZOL-BIMATOP 130
TIMOLOL-BRIMONIDI-DORZOLAM(PF) 130
TIMOLOL-BRIMONIDINE-DORZOLAMID 130
TIMOLOL-DORZOLAM-BIMATOPRO(PF) 130
tinidazole 11
tiopronin 79
tiotropium bromide 139
TIROSINT 93
TIROSINT-SOL 93
TIVICAY 7
TIVICAY PD 7
tizanidine 32
TOBRADEX 131
TOBRADEX ST 131
tobramycin 12, 125
tobramycin in 0.225 % nacl 12
TOBRAMYCIN WITH NEBULIZER 12
tobramycin-dexamethasone 131
tobramycin-lotepred 131
TOBRAMYCIN-VANCOMYCIN 125
TOBREX 125
tofacitinib 112
tolcapone 29
TOLSURA 3
tolterodine 141
tolvaptan 90
tolvaptan (polycys kidney dis) 89
topiramate 26, 27
toremifene 22
torpenz 22
torsemide 58
TOUJEO MAX U-300 SOLOSTAR 87
TOUJEO SOLOSTAR U-300 INSULIN 87
tovet emollient 76
tramadol 41
tramadol-acetaminophen 41
trandolapril 58
trandolapril-verapamil 59
tranexamic acid 62, 116
tranylcypromine 50
travoprost 130
trazodone 50
TRELEGY ELLIPTA 139
TRELSTAR 22
TREMFYA 67
TREMFYA ONE-PRESS 67
TREMFYA PEN 67
TREMFYA PEN INDUCTION PK(2PEN) 67
TRESIBA FLEXTOUCH U-100 88

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

TRESIBA FLEXTOUCH U-200 88
TRESIBA U-100 INSULIN 88
tretinoin 71, 72
tretinoin (antineoplastic) 22
tretinoin microspheres 71
TREXALL 22
TREZIX 38
triamcinolone acetonide 76, 77, 80
triamterene 59
triamterene-hydrochlorothiazid 59
triazolam 50
TRICARE 149
triderm 77
trientine 79
tri-estarylla 123
trifluoperazine 50
trifluridine 125
trihexyphenidyl 29
TRIJARDY XR 92
TRIKAFTA 140
tri-legest fe 123
tri-linyah 123
tri-lo-estarylla 123
tri-lo-marzia 123
tri-lo-mili 123
tri-lo-sprintec 123
trimethobenzamide 100
trimethoprim 14
tri-mili 123
trimipramine 50
trinatal rx 1 149
trinate 149
TRINTELLIX 50
tri-sprintec (28) 123
TRISTART DHA 149
TRIUMEQ 7
TRIUMEQ PD 7
tri-vitamin with fluoride 149
tri-vylibra 123
tri-vylibra lo 123
tropicamide 126
trospium 141
TRULANCE 100
TRULICITY 92
TRUMENBA 108
TRUQAP 22
TRUSTEX-RIA NON-LUB CONDOMS 113
TRUXIMA 22
TRYNGOLZA 64
TRYPTYR 128
tulana 116
TURALIO 22
turqoz (28) 123
TUXARIN ER 134
TWIIST REFILL KT(CSST-NDL-SYR) 84
TWIIST RFL(INFUS-CSST-NDL-SYR) 84
TWIIST STARTER KIT 84
TWINRIX (PF) 108
TWIRLA 116
TYBLUME 123
TYBOST 7
tydemy 123
TYENNE 112
TYENNE AUTOINJECTOR 112
TYMLOS 110
TYPHIM VI 108
TYRVAYA 128
TYVASO 140
TYVASO DPI 140
TYVASO REFILL KIT 140
TYVASO STARTER KIT 140
TYZAVAN 15

U

UBRELVY 30
UCERIS 100
UDENYCA ONBODY 103
ULESFIA 77
unithroid 94
UPTRAVI 59
uretron d-s 142
urimar-t 142
urogesic-blue 142
uro-mp 142
uro-sp 142
ursodiol 100
uryl 142
USTEKINUMAB-TTWE 67

V

valacyclovir 7
VALCHLOR 69
valganciclovir 7
valproate sodium 27
valproic acid 27
valproic acid (as sodium salt) 27
valrubicin 22
valsartan 59
valsartan-hydrochlorothiazide 59
VALTOCO 27
valtya 123
vanadom 32
vancomycin 15
vandazole 117
VAQTA (PF) 108
varenicline tartrate 80
VARIVAX (PF) 108
VARUBI 100
VASCEPA 64
VASOPRESSIN IN DEXTROSE 5 % 90
VAXCHORA VACCINE 109
VAXELIS (PF) 109
VAXNEUVANCE (PF) 109
VCF CONTRACEPTIVE FILM 117
VCF CONTRACEPTIVE GEL 117
VECAMYL 64
velivet triphasic regimen (28) 123
VELPHORO 144
VELSIPITY 100
VELTASSA 144
VEMLIDY 7
VENCLEXTA 22
VENCLEXTA STARTING PACK 22
venlafaxine 50, 51
VENTOLIN HFA 140
venxxiva 79
VEPPANU 22
verapamil 59
VEREGEN 69
VERZENIO 23
vestura (28) 123
vienva 123

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.

vigabatrin 27
vigadrone 27
vilazodone 51
VIMKUNYA (PF) 109
VIOKACE 100
viorele (28) 123
VIRACEPT 7
VIREAD 7
VISTOGARD 15
VITAFOL FE PLUS 149
VITAFOL GUMMIES 149
VITAFOL ULTRA 149
VITAFOL-OB 149
VITAFOL-OB+DHA 149
VITALIPID N INFANT 149
VITAMEDMD ONE RX 149
VITLIPID N INFANT 149
VITRAKVI 23
VIVITROL 41
VIVOTIF 109
volnea (28) 123
VOQUEZNA 102
VORAXAZE 15
voriconazole 3
VOSEVI 7
VOWST 100
VRAYLAR 51
VTAMA 67
VUMERITY 52
VYALEV 29
vyfemla (28) 123
VYKAT XR 79
VYKOURA 15
vylibra 123
VYVGART HYTRULO 32

W

WAKIX 51
warfarin 62
water for irrigation, sterile 79
WAYRILZ 23
wera (28) 124
wescap-pn dha 149
wesnate dha 149
westab plus 149
westgel dha 149
WINREVAIR 140
wintergreen oil 69
wixela inhub 140
women's gentle laxative(bisac) 100
wymzya fe 124
WYOST 16

X

XALKORI 23
xarah fe 124
XARELTO 62
XARELTO DVT-PE TREAT 30D START 62
XCOPRI 27
XCOPRI MAINTENANCE PACK 27
XCOPRI TITRATION PACK 27
XDEMVY 128
XELJANZ 112
XELJANZ XR 112
xelria fe 124
XELSTRYM 51
XEOMIN 109
XEPI 73
XGEVA 16
XIFAXAN 12
XIIDRA 128
XOCOVA 7
XOFLUZA 7
XOLAIR 140
XROMI 23
XTAMPZA ER 39
XTANDI 23
XTRENBO 16
xulane 117
XULTOPHY 100/3.6 88
XYOSTED 90

Y

YESINTEK 67
YEZTUGO 7
YF-VAX (PF) 109
YOSPRALA 62
your choice 124
yulithira 23
YUTREPIA 140
yuvafem 116

Z

zafemy 117
zafirlukast 140
zaleplon 51
zarah 124
ZARXIO 103
zatean-pn dha 149
zatean-pn plus 149
ZEGALOGUE AUTOINJECTOR 84
ZEGALOGUE SYRINGE 84
ZEJULA 23
ZELBORAF 23
zelvysia 90
zenatane 72
ZENPEP 100
zenzedi 51
ZENZEDI 51
ZEPATIER 7
ZEPOSIA 31
ZEPOSIA STARTER KIT (28-DAY) 31
ZEPOSIA STARTER PACK (7-DAY) 31
ZERVIATE 128
ZEVTERA 9
zidovudine 7, 8
zileuton 141
ZIMHI 41
zingiber 149
ziprasidone hcl 51
ZIRGAN 125
ZOLINZA 23
zolmitriptan 30
zolpidem 51
ZOMIG 30
ZONALON 69
zonisamide 27
ZONTIVITY 62
ZORYVE 67
zovia 1-35 (28) 124
ZUBSOLV 42
zumandimine (28) 124
ZUNVEYL 31
ZURZUVAE 51
ZYDELIG 23
ZYKADIA 23
ZYLET 131
ZYPREXA RELPREVV 51

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated October 1, 2026.