Longevity Health Plan
2026 Formulary
List of Covered Drugs or "Drug List"

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

HPMS Approved Formulary File Submission ID 26066, Version 17.

This formulary is current as of 11/1/2026. For more recent information or other questions, please contact Longevity Health Plan Customer Services at 1-888-332-5938 (TTY users should call 711), The hours are 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. Or visit: https://longevityhealthplan.com/

When this Drug List (formulary) refers to "we," "us", or "our," it means Longevity Health. When it refers to "plan" or "our plan," it means Longevity Health Plan.

This document includes Drug List (formulary) for our plan which is current as of 11/1/2026. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

Can the formulary change?
Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.longevityhealthplan.com.
Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Longevity Health Plan's formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 31-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception to Longevity Health Plan's formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.
This formulary is current as of 11/1/2026. To get updated information about the drugs covered by Longevity Health please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?
There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 5. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on 109. Then look under the category name for your drug.

Alphabetical Listing
If you are not sure what category to look under, you should look for your drug in the Index that begins on page 109. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?
Longevity Health covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.
What are original biological products and how are they related to biosimilars?

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

For discussion of drug types, please see the Evidence of Coverage, Chapter *5,* Section 3.1, "The 'Drug List' tells which Part D drugs are covered."
Are there any restrictions on my coverage?
Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- ***Prior Authorization*:** Longevity Health requires your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Longevity Health before you fill your prescriptions. If you don't get approval, Longevity Health may not cover the drug.

- ***Quantity Limits*:** For certain drugs, Longevity Health limits the amount of the drug that Longevity Health will cover. For example, Longevity Health provides 120 units per prescription for itraconazole oral capsule. This may be in addition to a standard one-month or three-month supply.

- ***Step Therapy*:** In some cases, Longevity Health 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, Longevity Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Longevity Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 5. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Longevity Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Longevity Health's formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that Longevity Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Longevity Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Longevity Health.

- You can ask Longevity Health to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to Longevity Health Plan's formulary?

You can ask Longevity Health to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Longevity Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Longevity Health will only approve your request for an exception if the alternative drugs included on the plan's formulary or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. If coverage is not approved, after your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For more information

For more detailed information about your Longevity Health prescription drug coverage, please review your Evidence of Coverage and other plan materials.
If you have questions about Longevity Health, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.
If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or visit http://www.medicare.gov.

Longevity Health formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Longevity Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 109.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., APTIVUS ORAL CAPSULE) and generic drugs are listed in lower-case italics (e.g., *acyclovir oral capsul*).
The information in the Requirements/Limits column tells you if Longevity Health has any special requirements for coverage of your drug. Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage for your drug.

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage for your drug.

List of Abbreviations

B/D PA: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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

NEDS: Non-Extended Day Supply Medication. This drug is only available as a 30-day supply or less.

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.

V: This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
amphotericin b injection recon soln	1	B/D PA
amphotericin b liposome intravenous suspension for reconstitution	1	B/D PA; NEDS
caspofungin intravenous recon soln	1	
clotrimazole mucous membrane troche	1	
CRESEMBA ORAL CAPSULE	1	PA; NEDS
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	PA
fluconazole oral suspension for reconstitution	1	
fluconazole oral tablet	1	
flucytosine oral capsule	1	NEDS
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
itraconazole oral capsule	1	QL (120 per 30 days)
itraconazole oral solution	1	
ketoconazole oral tablet	1	
micafungin intravenous recon soln	1	
nystatin oral suspension	1	
nystatin oral tablet	1	
posaconazole oral tablet,delayed release (dr/ec)	1	PA; QL (96 per 30 days); NEDS
terbinafine hcl oral tablet	1	
voriconazole intravenous recon soln	1	PA; NEDS
voriconazole oral suspension for reconstitution	1	PA; NEDS
voriconazole oral tablet	1	PA
voriconazole-hpbcd intravenous recon soln	1	PA; NEDS
ANTIVIRALS		
abacavir oral solution	1	
abacavir oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
abacavir-lamivudine oral tablet	1	
acyclovir oral capsule	1	
acyclovir oral suspension	1	
acyclovir oral tablet	1	
acyclovir sodium intravenous solution	1	B/D PA
adefovir oral tablet	1	
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	
amantadine hcl oral tablet	1	
APTIVUS ORAL CAPSULE	1	NEDS
atazanavir oral capsule	1	
BARACLUDE ORAL SOLUTION	1	NEDS
BIKTARVY ORAL TABLET	1	NEDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	NEDS
cidofovir intravenous solution	1	NEDS
CIMDUO ORAL TABLET	1	NEDS
darunavir oral tablet 600 mg	1	
darunavir oral tablet 800 mg	1	NEDS
DELSTRIGO ORAL TABLET	1	NEDS
DESCOVY ORAL TABLET	1	NEDS
DOVATO ORAL TABLET	1	NEDS
EDURANT ORAL TABLET	1	NEDS
EDURANT PED ORAL TABLET FOR SUSPENSION	1	NEDS
efavirenz oral tablet	1	
efavirenz-emtricitabin-tenofov oral tablet	1	
efavirenz-lamivu-tenofov disop oral tablet	1	NEDS
emtricitabine oral capsule	1	
emtricitabine-tenofovir (tdf) oral tablet	1	
emtricita-rilpivirine-tenof df oral tablet	1	NEDS
EMTRIVA ORAL SOLUTION	1	
entecavir oral tablet	1	
etravirine oral tablet	1	
EVOTAZ ORAL TABLET	1	NEDS
famciclovir oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements /Limits
fosamprenavir oral tablet	1	
ganciclovir sodium intravenous recon soln	1	B/D PA
ganciclovir sodium intravenous solution	1	B/D PA
GENVOYA ORAL TABLET	1	NEDS
IDVYNSO ORAL TABLET	1	NEDS
INTELENCE ORAL TABLET 25 MG	1	
ISENTRESS HD ORAL TABLET	1	NEDS
ISENTRESS ORAL POWDER IN PACKET	1	NEDS
ISENTRESS ORAL TABLET	1	NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	
JULUCA ORAL TABLET	1	NEDS
KALETRA ORAL SOLUTION	1	
LAGEVRIO (EUA) ORAL CAPSULE	1	QL (40 per 30 days)
lamivudine oral solution	1	
lamivudine oral tablet	1	
lamivudine-zidovudine oral tablet	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	1	PA; QL (28 per 28 days); NEDS
LIVTENCITY ORAL TABLET	1	PA; LA; QL (120 per 30 days); NEDS
lopinavir-ritonavir oral tablet	1	
maraviroc oral tablet	1	NEDS
MAVYRET ORAL PELLETS IN PACKET	1	PA; QL (168 per 28 days); NEDS
MAVYRET ORAL TABLET	1	PA; QL (84 per 28 days); NEDS
nevirapine oral suspension	1	
nevirapine oral tablet	1	
nevirapine oral tablet extended release 24 hr	1	
NORVIR ORAL POWDER IN PACKET	1	
ODEFSEY ORAL TABLET	1	NEDS
oseltamivir oral capsule	1	
oseltamivir oral suspension for reconstitution	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements /Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	1	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)-100 MG (5)	1	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 30 days)
PIFELTRO ORAL TABLET	1	NEDS
PREVYMIS INTRAVENOUS SOLUTION	1	PA; NEDS
PREVYMIS ORAL TABLET 240 MG	1	PA; QL (56 per 28 days); NEDS
PREVYMIS ORAL TABLET 480 MG	1	PA; QL (28 per 28 days); NEDS
PREZCOBIX ORAL TABLET	1	NEDS
PREZISTA ORAL SUSPENSION	1	NEDS
PREZISTA ORAL TABLET 150 MG, 75 MG	1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	1	
RETROVIR INTRAVENOUS SOLUTION	1	
REYATAZ ORAL POWDER IN PACKET	1	NEDS
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rilpivirine hcl oral tablet	1	NEDS
rimantadine oral tablet	1	
ritonavir oral tablet	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	1	NEDS
SOFOSBUVIR-VELPATASVIR ORAL TABLET	1	PA; QL (28 per 28 days); NEDS
STRIBILD ORAL TABLET	1	NEDS
SUNLENCA ORAL TABLET	1	NEDS
SUNLENCA SUBCUTANEOUS SOLUTION	1	NEDS
SYMTUZA ORAL TABLET	1	NEDS
tenofovir disoproxil fumarate oral tablet	1	
TIVICAY ORAL TABLET 50 MG	1	NEDS
TIVICAY PD ORAL TABLET FOR SUSPENSION	1	NEDS
TRIUMEQ ORAL TABLET	1	NEDS

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Drug Name	Drug Tier	Requirements /Limits
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	1	
TROGARZO INTRAVENOUS SOLUTION	1	LA; NEDS
valacyclovir oral tablet 1 gram	1	QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	QL (60 per 30 days)
valganciclovir oral recon soln	1	NEDS
valganciclovir oral tablet	1	
VEMLIDY ORAL TABLET	1	NEDS
VIRACEPT ORAL TABLET	1	NEDS
VIREAD ORAL POWDER	1	NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	
VOSEVI ORAL TABLET	1	PA; QL (28 per 28 days); NEDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	
zidovudine oral capsule	1	
zidovudine oral syrup	1	
zidovudine oral tablet	1	
CEPHALOSPORINS		
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 250 mg/5 ml	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	
cefazolin injection recon soln 1 gram, 100 gram, 300 gram, 500 mg	1	
cefazolin intravenous recon soln 10 gram	1	
cefdinir oral capsule	1	
cefdinir oral suspension for reconstitution	1	
cefepime in dextrose,iso-osm intravenous piggyback	1	
cefepime injection recon soln	1	
cefixime oral capsule	1	
cefixime oral suspension for reconstitution	1	

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Drug Name	Drug Tier	Requirements /Limits
cefoxitin in dextrose, iso-osm intravenous piggyback	1	PA
cefoxitin intravenous recon soln	1	PA
cefpodoxime oral suspension for reconstitution	1	
cefpodoxime oral tablet	1	
cefprozil oral suspension for reconstitution	1	
cefprozil oral tablet	1	
ceftaroline fosamil intravenous recon soln	1	PA; NEDS
ceftazidime injection recon soln	1	PA
ceftriaxone in dextrose,iso-os intravenous piggyback	1	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	
ceftriaxone intravenous recon soln 2 gram	1	
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection recon soln 750 mg	1	PA
cefuroxime sodium intravenous recon soln	1	PA
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution	1	
tazicef injection recon soln	1	PA
TEFLARO INTRAVENOUS RECON SOLN	1	PA; NEDS
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln	1	PA
azithromycin oral suspension for reconstitution	1	
azithromycin oral tablet	1	
clarithromycin oral suspension for reconstitution	1	
clarithromycin oral tablet	1	
clarithromycin oral tablet extended release 24 hr	1	
DIFICID ORAL TABLET	1	QL (20 per 10 days); NEDS
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	
erythromycin ethylsuccinate oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements /Limits
erythromycin oral capsule,delayed release(dr/ec)	1	
erythromycin oral tablet	1	
erythromycin oral tablet,delayed release (dr/ec)	1	
fidaxomicin oral tablet	1	QL (20 per 10 days); NEDS
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet	1	
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	PA
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	1	PA; LA; NEDS
atovaquone oral suspension	1	
atovaquone-proguanil oral tablet	1	
aztreonam injection recon soln	1	PA
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	1	PA; LA; QL (84 per 56 days); NEDS
chloroquine phosphate oral tablet	1	
clindamycin hcl oral capsule	1	
clindamycin in 5 % dextrose intravenous piggyback	1	PA
clindamycin phosphate injection solution	1	PA
COARTEM ORAL TABLET	1	
colistin (colistimethate na) injection recon soln	1	PA; QL (30 per 10 days); NEDS
dapsone oral tablet	1	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	NEDS
daptomycin intravenous recon soln 500 mg	1	NEDS
EMVERM ORAL TABLET,CHEWABLE	1	NEDS
ertapenem injection recon soln	1	PA; QL (14 per 14 days)
ethambutol oral tablet	1	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	1	PA
gentamicin injection solution	1	PA
gentamicin sulfate (ped) (pf) injection solution	1	PA

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Drug Name	Drug Tier	Requirements /Limits
hydroxychloroquine oral tablet 200 mg	1	
imipenem-cilastatin intravenous recon soln	1	PA
IMPAVIDO ORAL CAPSULE	1	PA; NEDS
isoniazid injection solution	1	
isoniazid oral solution	1	
isoniazid oral tablet	1	
ivermectin oral tablet 3 mg	1	PA; QL (20 per 30 days)
ivermectin oral tablet 6 mg	1	PA; QL (8 per 30 days)
lincomycin injection solution	1	PA
linezolid in dextrose 5% intravenous piggyback	1	PA
linezolid oral suspension for reconstitution	1	
linezolid oral tablet	1	
mefloquine oral tablet	1	
meropenem intravenous recon soln 1 gram, 2 gram	1	PA; QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	1	PA; QL (10 per 10 days)
metronidazole in nacl (iso-os) intravenous piggyback	1	PA
metronidazole oral tablet 250 mg, 500 mg	1	
neomycin oral tablet	1	
nitazoxanide oral tablet	1	QL (12 per 30 days); NEDS
pentamidine inhalation recon soln	1	B/D PA; QL (1 per 28 days)
pentamidine injection recon soln	1	
praziquantel oral tablet	1	
PRIFTIN ORAL TABLET	1	
PRIMAQUINE ORAL TABLET	1	
pyrazinamide oral tablet	1	
pyrimethamine oral tablet	1	PA; NEDS
quinine sulfate oral capsule	1	
rifabutin oral capsule	1	
rifampin intravenous recon soln	1	
rifampin oral capsule	1	
SIRTURO ORAL TABLET	1	PA; LA; NEDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	1	PA; QL (60 per 30 days); NEDS
tigecycline intravenous recon soln	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
tinidazole oral tablet	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	1	QL (224 per 56 days); NEDS
tobramycin in 0.225 % nacl inhalation solution for nebulization	1	PA; QL (280 per 28 days); NEDS
tobramycin inhalation solution for nebulization	1	PA; QL (224 per 28 days); NEDS
tobramycin sulfate injection recon soln	1	PA; QL (9 per 14 days)
tobramycin sulfate injection solution	1	PA
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	QL (4050 per 10 days)
vancomycin intravenous recon soln 1,000 mg	1	QL (20 per 10 days)
vancomycin intravenous recon soln 10 gram	1	QL (2 per 10 days)
vancomycin intravenous recon soln 5 gram	1	QL (4 per 10 days)
vancomycin intravenous recon soln 500 mg	1	QL (10 per 10 days)
vancomycin intravenous recon soln 750 mg	1	QL (27 per 10 days)
vancomycin oral capsule 125 mg	1	PA; QL (40 per 10 days)
vancomycin oral capsule 250 mg	1	PA; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	1	PA; NEDS
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90 per 30 days); NEDS
PENICILLINS		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
amoxicillin-pot clavulanate oral suspension for reconstitution	1	
amoxicillin-pot clavulanate oral tablet	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	
amoxicillin-pot clavulanate oral tablet,chewable	1	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	PA
ampicillin sodium intravenous recon soln	1	PA
ampicillin-sulbactam injection recon soln	1	PA
ampicillin-sulbactam intravenous recon soln 1.5 gram	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE	1	PA
dicloxacillin oral capsule	1	
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	1	PA
nafcillin injection recon soln 1 gram, 2 gram	1	PA
nafcillin injection recon soln 10 gram	1	PA; NEDS
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	PA
oxacillin injection recon soln	1	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	PA
penicillin g potassium injection recon soln	1	PA
penicillin g sodium injection recon soln	1	PA
penicillin v potassium oral recon soln	1	
penicillin v potassium oral tablet	1	
pfizerpen-g injection recon soln	1	PA

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
piperacillin-tazobactam intravenous recon soln	1	
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback	1	PA
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	1	
levofloxacin in d5w intravenous piggyback	1	PA
levofloxacin oral solution	1	
levofloxacin oral tablet	1	
moxifloxacin oral tablet	1	
moxifloxacin-sod.chloride(iso) intravenous piggyback	1	PA
SULFA'S / RELATED AGENTS		
sulfadiazine oral tablet	1	
sulfamethoxazole-trimethoprim intravenous solution	1	PA
sulfamethoxazole-trimethoprim oral suspension	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TETRACYCLINES		
demeclocycline oral tablet	1	
doxy-100 intravenous recon soln	1	PA
doxycycline hyclate intravenous recon soln	1	PA
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
minocycline oral capsule	1	
minocycline oral tablet	1	
mondoxyne nl oral capsule 100 mg	1	
tetracycline oral capsule	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
URINARY TRACT AGENTS		
fosfomycin tromethamine oral packet	1	
methenamine hippurate oral tablet	1	
methenamine mandelate oral tablet	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin monohyd/m-cryst oral capsule	1	
trimethoprim oral tablet	1	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BOMYNTRA SUBCUTANEOUS SOLUTION	1	B/D PA; NEDS
BOMYNTRA SUBCUTANEOUS SYRINGE	1	B/D PA; NEDS
dexrazoxane hcl intravenous recon soln	1	B/D PA; NEDS
ELITEK INTRAVENOUS RECON SOLN	1	NEDS
KHAPZORY INTRAVENOUS RECON SOLN	1	B/D PA; NEDS
leucovorin calcium oral tablet	1	
levoleucovorin calcium intravenous solution	1	B/D PA; NEDS
mesna intravenous solution	1	B/D PA
mesna oral tablet	1	NEDS
WYOST SUBCUTANEOUS SOLUTION	1	B/D PA; NEDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	PA; QL (120 per 30 days); NEDS
abiraterone oral tablet 500 mg	1	PA; QL (60 per 30 days); NEDS
abirtega oral tablet	1	PA; QL (120 per 30 days)
ADCETRIS INTRAVENOUS RECON SOLN	1	B/D PA; NEDS
ADSTILADRIN INTRAVESICAL SUSPENSION	1	PA; NEDS
AKEEGA ORAL TABLET	1	PA; LA; QL (60 per 30 days); NEDS
ALECENSA ORAL CAPSULE	1	PA; QL (240 per 30 days); NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days); NEDS
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (30 per 180 days); NEDS
anastrozole oral tablet	1	
ANKTIVA INTRAVESICAL SOLUTION	1	PA; NEDS
arsenic trioxide intravenous solution	1	B/D PA; NEDS
ASPARLAS INTRAVENOUS SOLUTION	1	PA; NEDS
AUGTYRO ORAL CAPSULE 160 MG	1	PA; QL (60 per 30 days); NEDS
AUGTYRO ORAL CAPSULE 40 MG	1	PA; QL (240 per 30 days); NEDS
AVMAPKI-FAKZYNJA ORAL COMBO PACK	1	PA; QL (66 per 28 days); NEDS
AYVAKIT ORAL TABLET	1	PA; LA; QL (30 per 30 days); NEDS
azacitidine injection recon soln	1	B/D PA; NEDS
azathioprine oral tablet 50 mg	1	B/D PA
azathioprine sodium injection recon soln	1	B/D PA
BALVERSA ORAL TABLET	1	PA; LA; NEDS
BAVENCIO INTRAVENOUS SOLUTION	1	B/D PA; LA; NEDS
BEIZRAY-ALBUMIN INTRAVENOUS SOLUTION	1	B/D PA; NEDS
BELEODAQ INTRAVENOUS RECON SOLN	1	B/D PA; NEDS
bendamustine intravenous recon soln	1	B/D PA; NEDS
BENDEKA INTRAVENOUS SOLUTION	1	B/D PA; NEDS
BESPONSA INTRAVENOUS RECON SOLN	1	B/D PA; LA; NEDS
bexarotene oral capsule	1	PA; NEDS
bexarotene topical gel	1	PA; NEDS
bicalutamide oral tablet	1	
BIZENGRI INTRAVENOUS SOLUTION	1	PA; NEDS
BLENREP INTRAVENOUS RECON SOLN	1	PA; NEDS
bleomycin injection recon soln	1	B/D PA
BLINCYTO INTRAVENOUS KIT	1	B/D PA; NEDS

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Drug Name	Drug Tier	Requirements /Limits
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA; NEDS
bortezomib injection recon soln 3.5 mg	1	B/D PA; NEDS
BOSULIF ORAL CAPSULE 100 MG	1	PA; QL (180 per 30 days); NEDS
BOSULIF ORAL CAPSULE 50 MG	1	PA; QL (330 per 30 days); NEDS
BOSULIF ORAL TABLET 100 MG	1	PA; QL (90 per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; QL (30 per 30 days); NEDS
bosutinib oral tablet 100 mg	1	PA; QL (90 per 30 days); NEDS
bosutinib oral tablet 400 mg, 500 mg	1	PA; QL (30 per 30 days); NEDS
BRAFTOVI ORAL CAPSULE	1	PA; LA; QL (180 per 30 days); NEDS
BRUKINSA ORAL TABLET	1	PA; LA; QL (60 per 30 days); NEDS
busulfan intravenous solution	1	B/D PA; NEDS
CABOMETYX ORAL TABLET	1	PA; LA; QL (30 per 30 days); NEDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	1	PA; LA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days); NEDS
carboplatin intravenous solution	1	B/D PA
carmustine intravenous recon soln 100 mg	1	B/D PA; NEDS
CAVHANZA ORAL TABLET,DISINTEGRATING	1	PA; LA; QL (112 per 28 days); NEDS
cisplatin intravenous solution	1	B/D PA
cladribine intravenous solution	1	B/D PA; NEDS
clofarabine intravenous solution	1	B/D PA; NEDS
COLUMVI INTRAVENOUS SOLUTION	1	PA; NEDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; QL (56 per 28 days); NEDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; QL (112 per 28 days); NEDS

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; QL (84 per 28 days); NEDS
COPIKTRA ORAL CAPSULE	1	PA; LA; QL (56 per 28 days); NEDS
COTELLIC ORAL TABLET	1	PA; LA; QL (63 per 28 days); NEDS
cyclophosphamide intravenous recon soln	1	B/D PA
cyclophosphamide oral capsule	1	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	B/D PA
cyclosporine modified oral capsule	1	B/D PA
cyclosporine modified oral solution	1	B/D PA
cyclosporine oral capsule	1	B/D PA
CYRAMZA INTRAVENOUS SOLUTION	1	B/D PA; NEDS
cytarabine (pf) injection solution	1	B/D PA
cytarabine injection solution	1	B/D PA
dacarbazine intravenous recon soln	1	B/D PA
dactinomycin intravenous recon soln	1	B/D PA
DANYELZA INTRAVENOUS SOLUTION	1	B/D PA; NEDS
DANZITEN ORAL TABLET	1	PA; QL (112 per 28 days); NEDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	1	B/D PA; NEDS
DARZALEX INTRAVENOUS SOLUTION	1	B/D PA; LA; NEDS
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	1	PA; QL (30 per 30 days); NEDS
dasatinib oral tablet 20 mg	1	PA; QL (90 per 30 days); NEDS
dasatinib oral tablet 70 mg	1	PA; QL (60 per 30 days); NEDS
DATROWAY INTRAVENOUS RECON SOLN	1	PA; NEDS
daunorubicin intravenous solution	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; QL (30 per 30 days); NEDS
DAURISMO ORAL TABLET 25 MG	1	PA; QL (60 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
decitabine intravenous recon soln	1	B/D PA; NEDS
DECNUPAZ INTRAVENOUS RECON SOLN	1	PA; NEDS
docetaxel intravenous solution	1	B/D PA; NEDS
doxorubicin intravenous recon soln	1	B/D PA
doxorubicin intravenous solution	1	B/D PA
doxorubicin, peg-liposomal intravenous suspension	1	B/D PA; NEDS
DROXIA ORAL CAPSULE	1	
ELAHERE INTRAVENOUS SOLUTION	1	PA; LA; NEDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	1	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	1	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	1	PA
ELIGARD SUBCUTANEOUS SYRINGE	1	PA
ELREXFIO SUBCUTANEOUS SOLUTION	1	PA; NEDS
ELZONRIS INTRAVENOUS SOLUTION	1	B/D PA; LA; NEDS
EMPLICITI INTRAVENOUS RECON SOLN	1	B/D PA; NEDS
EMRELIS INTRAVENOUS RECON SOLN	1	PA; NEDS
ENSACOVE ORAL CAPSULE	1	PA; LA; QL (60 per 30 days); NEDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	1	B/D PA
EPKINLY SUBCUTANEOUS SOLUTION	1	PA; NEDS
ERBITUX INTRAVENOUS SOLUTION	1	B/D PA; NEDS
eribulin intravenous solution	1	B/D PA; NEDS
ERIVEDGE ORAL CAPSULE	1	PA; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 240 MG	1	PA; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 60 MG	1	PA; QL (120 per 30 days); NEDS

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
erlotinib oral tablet 100 mg, 150 mg	1	PA; QL (30 per 30 days); NEDS
erlotinib oral tablet 25 mg	1	PA; QL (60 per 30 days); NEDS
ETOPOPHOS INTRAVENOUS RECON SOLN	1	B/D PA
etoposide intravenous solution	1	B/D PA
EULEXIN ORAL CAPSULE	1	NEDS
everolimus (antineoplastic) oral tablet	1	PA; QL (30 per 30 days); NEDS
everolimus (antineoplastic) oral tablet for suspension 2 mg	1	PA; QL (150 per 30 days); NEDS
everolimus (antineoplastic) oral tablet for suspension 3 mg	1	PA; QL (90 per 30 days); NEDS
everolimus (antineoplastic) oral tablet for suspension 5 mg	1	PA; QL (60 per 30 days); NEDS
everolimus (immunosuppressive) oral tablet 0.25 mg	1	B/D PA
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	1	B/D PA; NEDS
exemestane oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
FAVLYXA INTRAVENOUS SOLUTION	1	B/D PA; NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA; NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA
floxuridine injection recon soln	1	B/D PA
fludarabine intravenous recon soln	1	B/D PA
fludarabine intravenous solution	1	B/D PA
fluorouracil intravenous solution	1	B/D PA
FOTIVDA ORAL CAPSULE	1	PA; LA; QL (21 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 per 28 days); NEDS
fulvestrant intramuscular syringe	1	B/D PA; NEDS

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION	1	PA; NEDS
GAVRETO ORAL CAPSULE	1	PA; LA; QL (120 per 30 days); NEDS
GAZYVA INTRAVENOUS SOLUTION	1	B/D PA; NEDS
gefitinib oral tablet	1	PA; QL (30 per 30 days); NEDS
gemcitabine intravenous recon soln	1	B/D PA
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	1	B/D PA
gengraf oral capsule	1	B/D PA
GILOTRIF ORAL TABLET	1	PA; QL (30 per 30 days); NEDS
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	1	
GLEOSTINE ORAL CAPSULE 100 MG	1	NEDS
GOMEKLI ORAL CAPSULE 1 MG	1	PA; QL (126 per 28 days); NEDS
GOMEKLI ORAL CAPSULE 2 MG	1	PA; QL (84 per 28 days); NEDS
GOMEKLI ORAL TABLET FOR SUSPENSION	1	PA; QL (168 per 28 days); NEDS
GRAFAPEX INTRAVENOUS RECON SOLN	1	B/D PA; NEDS
HERNEXEOS ORAL TABLET	1	PA; QL (90 per 30 days); NEDS
hydroxyurea oral capsule	1	
HYRNUO ORAL TABLET	1	PA; QL (120 per 30 days); NEDS
IBRANCE ORAL CAPSULE 125 MG	1	PA; QL (21 per 28 days); NEDS
IBRANCE ORAL TABLET	1	PA; QL (21 per 28 days); NEDS
IBTROZI ORAL CAPSULE	1	PA; QL (90 per 30 days); NEDS
ICLUSIG ORAL TABLET	1	PA; QL (30 per 30 days); NEDS
idarubicin intravenous solution	1	B/D PA
IDHIFA ORAL TABLET	1	PA; LA; QL (30 per 30 days); NEDS
ifosfamide intravenous recon soln	1	B/D PA
ifosfamide intravenous solution	1	B/D PA
imatinib oral tablet 100 mg	1	PA; QL (180 per 30 days)

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
imatinib oral tablet 400 mg	1	PA; QL (60 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (90 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (28 per 28 days); NEDS
IMBRUVICA ORAL SUSPENSION	1	PA; QL (324 per 30 days); NEDS
IMBRUVICA ORAL TABLET	1	PA; QL (28 per 28 days); NEDS
IMDELLTRA INTRAVENOUS RECON SOLN	1	PA; NEDS
IMFINZI INTRAVENOUS SOLUTION	1	B/D PA; LA; NEDS
IMJUDO INTRAVENOUS SOLUTION	1	PA; NEDS
IMKELDI ORAL SOLUTION	1	PA; QL (280 per 28 days); NEDS
INLEXZO INTRAVESICAL IMPLANT	1	PA; LA; NEDS
INLURIYO ORAL TABLET	1	PA; NEDS
INLYTA ORAL TABLET 1 MG	1	PA; QL (180 per 30 days); NEDS
INLYTA ORAL TABLET 5 MG	1	PA; QL (120 per 30 days); NEDS
INQOVI ORAL TABLET	1	PA; QL (5 per 28 days); NEDS
INREBIC ORAL CAPSULE	1	PA; LA; QL (120 per 30 days); NEDS
irinotecan intravenous solution 100 mg/5 ml	1	B/D PA
irinotecan intravenous solution 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	1	B/D PA; NEDS
ISTODAX INTRAVENOUS RECON SOLN	1	B/D PA; NEDS
ITOVEBI ORAL TABLET 3 MG	1	PA; QL (60 per 30 days); NEDS
ITOVEBI ORAL TABLET 9 MG	1	PA; QL (30 per 30 days); NEDS
IWILFIN ORAL TABLET	1	PA; LA; QL (240 per 30 days); NEDS
IXEMPRA INTRAVENOUS RECON SOLN	1	B/D PA; NEDS
JAKAFI ORAL TABLET	1	PA; QL (60 per 30 days); NEDS
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR	1	PA; QL (30 per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG	1	PA; QL (60 per 30 days); NEDS

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
JAYPIRCA ORAL TABLET 50 MG	1	PA; QL (30 per 30 days); NEDS
JEMPERLI INTRAVENOUS SOLUTION	1	PA; NEDS
JEVTANA INTRAVENOUS SOLUTION	1	B/D PA; NEDS
JIDEYTRO ORAL TABLET 100 MG	1	PA; LA; QL (30 per 30 days); NEDS
JIDEYTRO ORAL TABLET 25 MG	1	PA; LA; QL (90 per 30 days); NEDS
JYLAMVO ORAL SOLUTION	1	B/D PA
KADCYLA INTRAVENOUS RECON SOLN	1	PA; NEDS
KEYTRUDA INTRAVENOUS SOLUTION	1	PA; NEDS
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION	1	PA; NEDS
KIMMTRAK INTRAVENOUS SOLUTION	1	B/D PA; NEDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; QL (21 per 28 days); NEDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; QL (42 per 28 days); NEDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; QL (63 per 28 days); NEDS
KOMZIFTI ORAL CAPSULE	1	PA; QL (90 per 30 days); NEDS
KOSELUGO ORAL CAPSULE	1	PA; NEDS
KOSELUGO ORAL CAPSULE, SPRINKLE	1	PA; NEDS
KRAZATI ORAL TABLET	1	PA; QL (180 per 30 days); NEDS
KYPROLIS INTRAVENOUS RECON SOLN	1	B/D PA; NEDS
lanreotide subcutaneous syringe 120 mg/0.5 ml	1	PA; NEDS
lapatinib oral tablet	1	PA; QL (180 per 30 days); NEDS
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; QL (30 per 30 days); NEDS
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; QL (60 per 30 days); NEDS
lenalidomide oral capsule	1	PA; QL (28 per 28 days); NEDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; QL (30 per 30 days); NEDS

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; QL (90 per 30 days); NEDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	1	PA; QL (60 per 30 days); NEDS
letrozole oral tablet	1	
LEUKERAN ORAL TABLET	1	NEDS
leuprolide subcutaneous kit	1	PA
LIBTAYO INTRAVENOUS SOLUTION	1	PA; LA; NEDS
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9)	1	PA; LA; QL (18 per 28 days); NEDS
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	1	PA; LA; QL (27 per 28 days); NEDS
lomustine oral capsule 10 mg	1	
lomustine oral capsule 100 mg, 40 mg	1	NEDS
LONSURF ORAL TABLET	1	PA; NEDS
LOQTORZI INTRAVENOUS SOLUTION	1	PA; NEDS
LORBRENA ORAL TABLET 100 MG	1	PA; QL (30 per 30 days); NEDS
LORBRENA ORAL TABLET 25 MG	1	PA; QL (90 per 30 days); NEDS
LUMAKRAS ORAL TABLET 120 MG	1	PA; QL (240 per 30 days); NEDS
LUMAKRAS ORAL TABLET 240 MG	1	PA; QL (120 per 30 days); NEDS
LUMAKRAS ORAL TABLET 320 MG	1	PA; QL (90 per 30 days); NEDS
LUNSUMIO INTRAVENOUS SOLUTION	1	PA; NEDS
LUNSUMIO VELO SUBCUTANEOUS SOLUTION	1	PA; NEDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	1	PA; NEDS
LYNOZYFIC INTRAVENOUS SOLUTION	1	PA; NEDS
LYNPARZA ORAL TABLET	1	PA; QL (120 per 30 days); NEDS

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
LYSODREN ORAL TABLET	1	NEDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	1	PA; LA; QL (84 per 28 days); NEDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	1	PA; LA; QL (112 per 28 days); NEDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	1	PA; LA; QL (140 per 28 days); NEDS
MATULANE ORAL CAPSULE	1	NEDS
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	1	PA
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	1	PA
megestrol oral tablet	1	PA
MEKINIST ORAL RECON SOLN	1	PA; QL (1260 per 30 days); NEDS
MEKINIST ORAL TABLET 0.5 MG	1	PA; QL (90 per 30 days); NEDS
MEKINIST ORAL TABLET 2 MG	1	PA; QL (30 per 30 days); NEDS
MEKTOVI ORAL TABLET	1	PA; LA; QL (180 per 30 days); NEDS
melphalan hcl intravenous recon soln	1	B/D PA; NEDS
mercaptopurine oral suspension	1	NEDS
mercaptopurine oral tablet	1	
methotrexate sodium (pf) injection recon soln	1	B/D PA
methotrexate sodium (pf) injection solution	1	B/D PA
methotrexate sodium injection solution	1	B/D PA
methotrexate sodium oral tablet	1	B/D PA
mitomycin intravenous recon soln 20 mg, 5 mg	1	B/D PA
mitomycin intravenous recon soln 40 mg	1	B/D PA; NEDS
mitoxantrone intravenous concentrate	1	B/D PA
MODEYSO ORAL CAPSULE	1	PA; QL (20 per 28 days); NEDS
MONJUVI INTRAVENOUS RECON SOLN	1	PA; LA; NEDS
mycophenolate mofetil (hcl) intravenous recon soln	1	B/D PA
mycophenolate mofetil oral capsule	1	B/D PA

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
mycophenolate mofetil oral suspension for reconstitution	1	B/D PA; NEDS
mycophenolate mofetil oral tablet	1	B/D PA
mycophenolate sodium oral tablet,delayed release (dr/ec)	1	B/D PA
MYHIBBIN ORAL SUSPENSION	1	B/D PA; NEDS
MYLOTARG INTRAVENOUS RECON SOLN	1	B/D PA; LA; NEDS
NELARABINE INTRAVENOUS SOLUTION	1	B/D PA; NEDS
NEMLUVIO SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2 per 28 days); NEDS
NERLYNX ORAL TABLET	1	PA; LA; NEDS
nilotinib hcl oral capsule 150 mg, 200 mg	1	PA; QL (112 per 28 days); NEDS
nilotinib hcl oral capsule 50 mg	1	PA; QL (120 per 30 days); NEDS
nilutamide oral tablet	1	PA; NEDS
NINLARO ORAL CAPSULE	1	PA; QL (3 per 28 days); NEDS
NUBEQA ORAL TABLET	1	PA; LA; QL (120 per 30 days); NEDS
NULOJIX INTRAVENOUS RECON SOLN	1	B/D PA; NEDS
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	1	PA; NEDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA
octreotide acetate injection syringe	1	PA
octreotide,microspheres intramuscular suspension,extended rel recon	1	PA; NEDS
ODOMZO ORAL CAPSULE	1	PA; LA; QL (30 per 30 days); NEDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56 per 28 days); NEDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	1	PA; QL (96 per 28 days); NEDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16 per 28 days); NEDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20 per 28 days); NEDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
OJJAARA ORAL TABLET	1	PA; QL (30 per 30 days); NEDS
ONCASPAR INJECTION SOLUTION	1	B/D PA; NEDS
ONIVYDE INTRAVENOUS DISPERSION	1	B/D PA; NEDS
ONUREG ORAL TABLET	1	PA; QL (14 per 28 days); NEDS
OPDIVO INTRAVENOUS SOLUTION	1	PA; NEDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION	1	PA; NEDS
OPDUALAG INTRAVENOUS SOLUTION	1	PA; NEDS
ORGOVYX ORAL TABLET	1	PA; LA; QL (30 per 28 days); NEDS
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days); NEDS
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days); NEDS
oxaliplatin intravenous recon soln	1	B/D PA
oxaliplatin intravenous solution	1	B/D PA
paclitaxel intravenous concentrate	1	B/D PA
paclitaxel protein-bound intravenous suspension for reconstitution	1	B/D PA; NEDS
PADCEV INTRAVENOUS RECON SOLN	1	PA; NEDS
pazopanib oral tablet 200 mg	1	PA; QL (120 per 30 days); NEDS
PAZOPANIB ORAL TABLET 400 MG	1	PA; QL (120 per 30 days); NEDS
PEMAZYRE ORAL TABLET	1	PA; LA; QL (28 per 28 days); NEDS
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg, 750 mg	1	B/D PA; NEDS
pemetrexed disodium intravenous recon soln 100 mg	1	B/D PA
PERJETA INTRAVENOUS SOLUTION	1	B/D PA; NEDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; QL (28 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; QL (56 per 28 days); NEDS
POLIVY INTRAVENOUS RECON SOLN	1	PA; NEDS
pomalidomide oral capsule	1	PA; QL (21 per 28 days); NEDS
POTELIGEO INTRAVENOUS SOLUTION	1	PA; NEDS
pralatrexate intravenous solution 20 mg/ml (1 ml)	1	B/D PA; NEDS
PRALATREXATE INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	1	B/D PA; NEDS
PROGRAF INTRAVENOUS SOLUTION	1	B/D PA
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA
QINLOCK ORAL TABLET	1	PA; LA; QL (90 per 30 days); NEDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; LA; QL (60 per 30 days); NEDS
RETEVMO ORAL TABLET 40 MG	1	PA; LA; QL (90 per 30 days); NEDS
REVUFORJ ORAL TABLET 110 MG	1	PA; QL (120 per 30 days); NEDS
REVUFORJ ORAL TABLET 160 MG	1	PA; QL (60 per 30 days); NEDS
REVUFORJ ORAL TABLET 25 MG	1	PA; QL (240 per 30 days); NEDS
REZLIDHIA ORAL CAPSULE	1	PA; QL (60 per 30 days); NEDS
REZUROCK ORAL TABLET	1	PA; LA; QL (30 per 30 days); NEDS
romidepsin intravenous recon soln	1	B/D PA; NEDS
romidepsin intravenous solution	1	B/D PA; NEDS
ROMVIMZA ORAL CAPSULE	1	PA; LA; QL (8 per 28 days); NEDS
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; QL (150 per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; QL (90 per 30 days); NEDS
ROZLYTREK ORAL PELLETS IN PACKET	1	PA; QL (336 per 28 days); NEDS
RUBRACA ORAL TABLET	1	PA; LA; QL (120 per 30 days); NEDS
RUXIENCE INTRAVENOUS SOLUTION	1	PA; NEDS

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Drug Name	Drug Tier	Requirements /Limits
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION	1	PA; NEDS
RYBREVANT INTRAVENOUS SOLUTION	1	PA; NEDS
RYDAPT ORAL CAPSULE	1	PA; QL (224 per 28 days); NEDS
RYLAZE INTRAMUSCULAR SOLUTION	1	B/D PA; NEDS
RYTELO INTRAVENOUS RECON SOLN	1	PA; NEDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG	1	PA; NEDS
SARCLISA ESCENA SUBCUTANEOUS SOLUTION	1	PA; NEDS
SARCLISA INTRAVENOUS SOLUTION	1	PA; LA; NEDS
SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (60 per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	1	PA; NEDS
SIMULECT INTRAVENOUS RECON SOLN	1	B/D PA
sirolimus oral solution	1	B/D PA
sirolimus oral tablet	1	B/D PA
SOLTAMOX ORAL SOLUTION	1	NEDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA; NEDS
sorafenib oral tablet	1	PA; QL (120 per 30 days); NEDS
STIVARGA ORAL TABLET	1	PA; QL (84 per 28 days); NEDS
sunitinib malate oral capsule	1	PA; QL (28 per 28 days); NEDS
SYLVANT INTRAVENOUS RECON SOLN	1	B/D PA; NEDS
TABLOID ORAL TABLET	1	
TABRECTA ORAL TABLET	1	PA; NEDS
tacrolimus oral capsule	1	B/D PA
TAFINLAR ORAL CAPSULE	1	PA; QL (120 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; QL (840 per 28 days); NEDS
TAGRISSO ORAL TABLET	1	PA; LA; QL (30 per 30 days); NEDS
TALVEY SUBCUTANEOUS SOLUTION	1	PA; NEDS
TALZENNA ORAL CAPSULE	1	PA; QL (30 per 30 days); NEDS
tamoxifen oral tablet	1	
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION	1	B/D PA; LA; NEDS
TECENTRIQ INTRAVENOUS SOLUTION	1	B/D PA; LA; NEDS
TECVAYLI SUBCUTANEOUS SOLUTION	1	PA; NEDS
TEMODAR INTRAVENOUS RECON SOLN	1	B/D PA; NEDS
temsirolimus intravenous recon soln	1	B/D PA; NEDS
TEPMETKO ORAL TABLET	1	PA; LA; NEDS
TEVIMBRA INTRAVENOUS SOLUTION	1	PA; NEDS
THALOMID ORAL CAPSULE 100 MG	1	PA; QL (112 per 28 days); NEDS
THALOMID ORAL CAPSULE 50 MG	1	PA; QL (28 per 28 days); NEDS
thiotepa injection recon soln	1	B/D PA; NEDS
TIBSOVO ORAL TABLET	1	PA; NEDS
TIVDAK INTRAVENOUS RECON SOLN	1	PA; NEDS
topotecan intravenous recon soln	1	B/D PA; NEDS
topotecan intravenous solution	1	B/D PA; NEDS
toremifene oral tablet	1	NEDS
torpenz oral tablet	1	PA; QL (30 per 30 days); NEDS
TRAZIMERA INTRAVENOUS RECON SOLN	1	B/D PA; NEDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA
tretinoin (antineoplastic) oral capsule	1	NEDS
TRODELVY INTRAVENOUS RECON SOLN	1	PA; LA; NEDS
TRUQAP ORAL TABLET	1	PA; QL (64 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days); NEDS
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days); NEDS
TURALIO ORAL CAPSULE	1	PA; LA; QL (120 per 30 days); NEDS
UNITUXIN INTRAVENOUS SOLUTION	1	B/D PA; NEDS
UNLOXCYT INTRAVENOUS SOLUTION	1	PA; NEDS
valrubicin intravesical solution	1	B/D PA; NEDS
VANFLYTA ORAL TABLET	1	PA; QL (56 per 28 days); NEDS
VECTIBIX INTRAVENOUS SOLUTION	1	B/D PA; NEDS
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (180 per 30 days); NEDS
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days); NEDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	1	PA; LA; QL (42 per 180 days); NEDS
VEPPANU ORAL TABLET	1	PA; QL (30 per 30 days); NEDS
VERZENIO ORAL TABLET	1	PA; LA; QL (56 per 28 days); NEDS
vinblastine intravenous solution	1	B/D PA
vincristine intravenous solution	1	B/D PA
vinorelbine intravenous solution	1	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	1	PA; LA; QL (60 per 30 days); NEDS
VITRAKVI ORAL CAPSULE 25 MG	1	PA; LA; QL (180 per 30 days); NEDS
VITRAKVI ORAL SOLUTION	1	PA; LA; QL (300 per 30 days); NEDS
VONJO ORAL CAPSULE	1	PA; QL (120 per 30 days); NEDS
VORANIGO ORAL TABLET 10 MG	1	PA; QL (60 per 30 days); NEDS
VORANIGO ORAL TABLET 40 MG	1	PA; QL (30 per 30 days); NEDS
VYLOY INTRAVENOUS RECON SOLN	1	PA; LA; NEDS
VYXEOS INTRAVENOUS RECON SOLN	1	B/D PA; NEDS
WELIREG ORAL TABLET	1	PA; LA; NEDS

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Drug Name	Drug Tier	Requirements /Limits
XALKORI ORAL CAPSULE	1	PA; QL (60 per 30 days); NEDS
XALKORI ORAL PELLET 150 MG	1	PA; QL (180 per 30 days); NEDS
XALKORI ORAL PELLET 20 MG, 50 MG	1	PA; QL (120 per 30 days); NEDS
XERMELO ORAL TABLET	1	PA; LA; QL (84 per 28 days); NEDS
XOSPATA ORAL TABLET	1	PA; LA; QL (90 per 30 days); NEDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA; NEDS
XTANDI ORAL CAPSULE	1	PA; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 40 MG	1	PA; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 80 MG	1	PA; QL (60 per 30 days); NEDS
YERVOY INTRAVENOUS SOLUTION	1	B/D PA; NEDS
YONDELIS INTRAVENOUS RECON SOLN	1	B/D PA; NEDS
yulithira oral tablet	1	PA; QL (30 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION	1	B/D PA; NEDS
ZEJULA ORAL TABLET	1	PA; LA; QL (30 per 30 days); NEDS
ZELBORAF ORAL TABLET	1	PA; QL (224 per 28 days); NEDS
ZENBEXUS ORAL CAPSULE	1	PA; QL (21 per 28 days); NEDS
ZEPZELCA INTRAVENOUS RECON SOLN	1	PA; NEDS
ZIIHERA INTRAVENOUS RECON SOLN	1	PA; NEDS
ZIRABEV INTRAVENOUS SOLUTION	1	B/D PA; NEDS
ZOLADEX SUBCUTANEOUS IMPLANT	1	PA
ZOLINZA ORAL CAPSULE	1	PA; QL (120 per 30 days); NEDS
ZYDELIG ORAL TABLET	1	PA; QL (60 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
ZYKADIA ORAL TABLET	1	PA; QL (90 per 30 days); NEDS
ZYNLONTA INTRAVENOUS RECON SOLN	1	PA; LA; NEDS
ZYNYZ INTRAVENOUS SOLUTION	1	PA; NEDS
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
brivaracetam intravenous solution	1	QL (600 per 30 days)
brivaracetam oral solution	1	QL (600 per 30 days); NEDS
brivaracetam oral tablet	1	QL (60 per 30 days); NEDS
BRIVIACT INTRAVENOUS SOLUTION	1	QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	1	QL (600 per 30 days); NEDS
BRIVIACT ORAL TABLET	1	QL (60 per 30 days); NEDS
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet,chewable 100 mg	1	
clobazam oral suspension	1	PA; QL (480 per 30 days)
clobazam oral tablet	1	PA; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	QL (300 per 30 days)
DIACOMIT ORAL CAPSULE	1	PA; LA; NEDS
DIACOMIT ORAL POWDER IN PACKET	1	PA; LA; NEDS
diazepam rectal kit	1	
DILANTIN 30 MG ORAL CAPSULE	1	
divalproex oral capsule, delayed rel sprinkle	1	
divalproex oral tablet extended release 24 hr	1	
divalproex oral tablet,delayed release (dr/ec)	1	
EPIDIOLEX ORAL SOLUTION	1	PA; LA; NEDS

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Drug Name	Drug Tier	Requirements /Limits
eslicarbazepine oral tablet 200 mg	1	QL (180 per 30 days); NEDS
eslicarbazepine oral tablet 400 mg	1	QL (90 per 30 days); NEDS
eslicarbazepine oral tablet 600 mg, 800 mg	1	QL (60 per 30 days); NEDS
ethosuximide oral capsule	1	
ethosuximide oral solution	1	
felbamate oral suspension	1	
felbamate oral tablet	1	
FINTEPLA ORAL SOLUTION	1	PA; LA; QL (360 per 30 days); NEDS
fosphenytoin injection solution	1	
FYCOMPA ORAL SUSPENSION	1	QL (720 per 30 days); NEDS
gabapentin oral capsule 100 mg, 400 mg	1	QL (270 per 30 days)
gabapentin oral capsule 200 mg	1	QL (540 per 30 days)
gabapentin oral capsule 300 mg	1	QL (360 per 30 days)
gabapentin oral solution	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	QL (120 per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	1	PA; QL (30 per 30 days)
gabapentin oral tablet extended release 24 hr 450 mg, 750 mg, 900 mg	1	PA; QL (60 per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg	1	PA; QL (90 per 30 days)
lacosamide intravenous solution	1	QL (1200 per 30 days)
lacosamide oral solution	1	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	1	QL (60 per 30 days)
lacosamide oral tablet 50 mg	1	QL (120 per 30 days)
lamotrigine oral tablet	1	
lamotrigine oral tablet, chewable dispersible	1	
lamotrigine oral tablet,disintegrating	1	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	1	
levetiracetam intravenous solution	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
levetiracetam oral tablet extended release 24 hr	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	1	
methsuximide oral capsule	1	
NAYZILAM NASAL SPRAY,NON-AEROSOL	1	PA; QL (10 per 30 days)
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	
perampanel oral suspension	1	QL (720 per 30 days); NEDS
perampanel oral tablet 10 mg, 12 mg, 8 mg	1	QL (30 per 30 days); NEDS
perampanel oral tablet 2 mg	1	QL (60 per 30 days)
perampanel oral tablet 4 mg, 6 mg	1	QL (60 per 30 days); NEDS
phenobarbital oral elixir	1	PA
phenobarbital oral tablet	1	PA
phenobarbital sodium injection solution	1	
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable	1	
phenytoin sodium extended oral capsule	1	
phenytoin sodium intravenous solution	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	QL (60 per 30 days)
pregabalin oral solution	1	QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	1	
primidone oral tablet 250 mg, 50 mg	1	
relgaabi oral capsule 300 mg	1	QL (360 per 30 days)
relgaabi oral capsule 400 mg	1	QL (270 per 30 days)
roweepra oral tablet	1	
rufinamide oral suspension	1	PA; NEDS
rufinamide oral tablet	1	PA
SPRITAM ORAL TABLET FOR SUSPENSION	1	
SUBVENITE ORAL SUSPENSION	1	NEDS
subvenite oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; QL (60 per 30 days); NEDS
SYMPAZAN ORAL FILM 5 MG	1	PA; QL (60 per 30 days)
tiagabine oral tablet	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	PA
topiramate oral solution	1	PA
topiramate oral tablet	1	PA
valproate sodium intravenous solution	1	
valproic acid (as sodium salt) oral solution	1	
valproic acid oral capsule	1	
VALTOCO NASAL SPRAY,NON-AEROSOL	1	PA; QL (10 per 30 days)
vigabatrin oral powder in packet	1	PA; LA; NEDS
vigabatrin oral tablet	1	PA; LA; NEDS
vigadrone oral powder in packet	1	PA; LA; NEDS
vigadrone oral tablet	1	PA; LA; NEDS
XCOPRI MAINTENANCE PACK ORAL TABLET	1	QL (56 per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days); NEDS
XCOPRI ORAL TABLET 150 MG, 200 MG	1	QL (60 per 30 days); NEDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	QL (28 per 180 days); NEDS
ZONISADE ORAL SUSPENSION	1	PA; NEDS
zonisamide oral capsule	1	PA
ZTALMY ORAL SUSPENSION	1	PA; LA; QL (1100 per 30 days); NEDS
ANTIPARKINSONISM AGENTS		
benztropine injection solution	1	
benztropine oral tablet	1	PA
bromocriptine oral capsule	1	
bromocriptine oral tablet	1	
carbidopa oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet extended release	1	
carbidopa-levodopa oral tablet,disintegrating	1	
carbidopa-levodopa-entacapone oral tablet	1	
entacapone oral tablet	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; QL (300 per 30 days); NEDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	1	
pramipexole oral tablet	1	
rasagiline oral tablet	1	
ropinirole oral tablet	1	
ropinirole oral tablet extended release 24 hr	1	
selegiline hcl oral capsule	1	
selegiline hcl oral tablet	1	
trihexyphenidyl oral tablet	1	
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (1 per 30 days)
dihydroergotamine injection solution	1	NEDS
dihydroergotamine nasal spray,non-aerosol	1	QL (8 per 28 days); NEDS
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; QL (2 per 30 days)
ergotamine-caffeine oral tablet	1	
naratriptan oral tablet	1	QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING	1	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET	1	PA; QL (30 per 30 days)
rizatriptan oral tablet	1	QL (24 per 28 days)
rizatriptan oral tablet,disintegrating	1	QL (24 per 28 days)
sumatriptan nasal nasal spray,non-aerosol	1	QL (18 per 28 days)
sumatriptan succinate oral tablet	1	QL (18 per 28 days)

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	1	QL (8 per 28 days)
UBRELVY ORAL TABLET	1	PA; QL (20 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; QL (120 per 30 days); NEDS
AUSTEDO ORAL TABLET 6 MG	1	PA; QL (60 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR	1	PA; QL (30 per 30 days); NEDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; QL (28 per 180 days); NEDS
BRIUMVI INTRAVENOUS SOLUTION	1	PA; QL (24 per 180 days); NEDS
dalfampridine oral tablet extended release 12 hr	1	PA; QL (60 per 30 days)
dextromethorphan-quinidine oral capsule	1	PA; NEDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; QL (56 per 28 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; QL (60 per 30 days); NEDS
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	
donepezil oral tablet,disintegrating	1	
fingolimod oral capsule	1	PA; QL (30 per 30 days); NEDS
galantamine oral capsule,ext rel. pellets 24 hr	1	
galantamine oral solution	1	
galantamine oral tablet	1	
glatiramer subcutaneous syringe 20 mg/ml	1	PA; QL (30 per 30 days); NEDS
glatiramer subcutaneous syringe 40 mg/ml	1	PA; QL (12 per 28 days); NEDS
glatopa subcutaneous syringe 20 mg/ml	1	PA; QL (30 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
glatopa subcutaneous syringe 40 mg/ml	1	PA; QL (12 per 28 days); NEDS
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK	1	PA; LA; QL (28 per 180 days); NEDS
INGREZZA ORAL CAPSULE	1	PA; LA; QL (30 per 30 days); NEDS
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE	1	PA; LA; QL (30 per 30 days); NEDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	1	PA; QL (1.6 per 28 days); NEDS
memantine oral capsule,sprinkle,er 24hr	1	PA
memantine oral solution	1	PA
memantine oral tablet	1	PA
memantine-donepezil oral capsule,sprinkle,er 24hr	1	PA
NUEDEXTA ORAL CAPSULE	1	PA; NEDS
RADICAVA ORS ORAL SUSPENSION	1	PA; NEDS
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	1	PA; NEDS
rivastigmine tartrate oral capsule	1	
rivastigmine transdermal patch 24 hour	1	
teriflunomide oral tablet	1	PA; QL (30 per 30 days); NEDS
tetrabenazine oral tablet 12.5 mg	1	PA; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA; QL (120 per 30 days); NEDS
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	1	PA; QL (120 per 30 days); NEDS
ZEPOSIA ORAL CAPSULE	1	PA; QL (30 per 30 days); NEDS
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	1	PA; QL (28 per 180 days); NEDS
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	1	PA; QL (7 per 180 days); NEDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	PA
dantrolene intravenous recon soln	1	

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Drug Name	Drug Tier	Requirements /Limits
dantrolene oral capsule	1	
LIORESAL INTRATHECAL SOLUTION	1	B/D PA
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
revonto intravenous recon soln	1	
tizanidine oral tablet	1	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	1	PA; LA; NEDS
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	1	PA; LA; NEDS
VYVGART INTRAVENOUS SOLUTION	1	PA; LA; NEDS
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution	1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (180 per 30 days)
BELBUCA BUCCAL FILM	1	PA; QL (60 per 30 days)
buprenorphine hcl injection syringe	1	
buprenorphine hcl sublingual tablet	1	
buprenorphine transdermal patch transdermal patch weekly	1	PA; QL (4 per 28 days)
endocet oral tablet	1	QL (360 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	1	QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml	1	
hydromorphone injection solution 2 mg/ml	1	
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	1	

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Drug Name	Drug Tier	Requirements /Limits
hydromorphone oral liquid	1	QL (2400 per 30 days)
hydromorphone oral tablet	1	QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	1	PA; QL (60 per 30 days)
methadone injection solution	1	
methadone intensol oral concentrate	1	PA; QL (90 per 30 days)
methadone oral concentrate	1	PA; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; QL (240 per 30 days)
methadose oral concentrate	1	PA; QL (90 per 30 days)
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	
morphine concentrate oral solution	1	QL (900 per 30 days)
morphine injection syringe 4 mg/ml	1	
morphine intravenous solution 10 mg/ml, 4 mg/ml	1	
morphine intravenous syringe 2 mg/ml, 4 mg/ml	1	
morphine oral solution	1	QL (900 per 30 days)
morphine oral tablet	1	QL (180 per 30 days)
morphine oral tablet extended release	1	PA; QL (120 per 30 days)
oxycodone oral capsule	1	QL (360 per 30 days)
oxycodone oral concentrate	1	QL (180 per 30 days)
oxycodone oral solution	1	QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (360 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	1	NEDS
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film	1	
buprenorphine-naloxone sublingual tablet	1	
butorphanol injection solution	1	

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Drug Name	Drug Tier	Requirements /Limits
butorphanol nasal spray,non-aerosol	1	QL (10 per 28 days)
celecoxib oral capsule	1	
clonidine (pf) epidural solution 5,000 mcg/10 ml	1	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr	1	
diclofenac sodium oral tablet,delayed release (dr/ec)	1	
diclofenac sodium topical drops	1	QL (300 per 28 days)
diclofenac sodium topical solution in metered-dose pump	1	QL (224 per 28 days); NEDS
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic	1	
diflunisal oral tablet	1	
etodolac oral capsule	1	
etodolac oral tablet	1	
etodolac oral tablet extended release 24 hr	1	
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
JOURNAVX ORAL TABLET	1	QL (30 per 90 days)
KLOXXADO NASAL SPRAY,NON-AEROSOL	1	
lurbiro oral tablet	1	
meloxicam oral tablet	1	QL (30 per 30 days)
nabumetone oral tablet	1	
nalbuphine injection solution	1	
naloxone injection solution	1	
naloxone injection syringe	1	
naltrexone oral tablet	1	
naproxen oral tablet	1	
naproxen oral tablet,delayed release (dr/ec)	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral capsule	1	
salsalate oral tablet	1	
sulindac oral tablet	1	
tramadol oral tablet 50 mg	1	QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
tramadol-acetaminophen oral tablet	1	QL (240 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	1	NEDS
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	QL (2.4 per 56 days); NEDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	QL (3.2 per 56 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	1	QL (1 per 28 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	1	QL (1 per 28 days); NEDS

Drug Name	Drug Tier	Requirements /Limits
amitriptyline oral tablet	1	
amoxapine oral tablet	1	
amphetamine oral tablet,disinteg er biphase 24h	1	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	1	QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	1	QL (4.8 per 365 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	QL (3.9 per 56 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	QL (1.6 per 28 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	QL (2.4 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	QL (3.2 per 28 days); NEDS
armodafinil oral tablet	1	PA; QL (30 per 30 days)
asenapine maleate sublingual tablet	1	QL (60 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	1	ST; QL (60 per 30 days)
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK	1	ST; QL (51 per 180 days)
BELSOMRA ORAL TABLET	1	PA; QL (30 per 30 days)
bupropion hcl oral tablet	1	
bupropion hcl oral tablet extended release 24 hr 150 mg	1	QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	1	QL (60 per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
BYSANTI ORAL TABLET	1	ST; QL (60 per 30 days); NEDS
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK	1	ST; QL (8 per 180 days); NEDS
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK	1	ST; QL (12 per 180 days); NEDS
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK	1	ST; QL (8 per 180 days); NEDS
CAPLYTA ORAL CAPSULE	1	QL (30 per 30 days)
chlorpromazine injection solution	1	
chlorpromazine oral concentrate	1	
chlorpromazine oral tablet	1	
citalopram oral solution	1	
citalopram oral tablet	1	QL (30 per 30 days)
clomipramine oral capsule	1	
clonidine hcl oral tablet extended release 12 hr	1	

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Drug Name	Drug Tier	Requirements /Limits
clorazepate dipotassium oral tablet 15 mg	1	PA; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	PA; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	PA; QL (360 per 30 days)
clozapine oral tablet	1	
clozapine oral tablet,disintegrating	1	
COBENFY ORAL CAPSULE	1	QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK	1	QL (56 per 180 days)
desipramine oral tablet	1	
desvenlafaxine succinate oral tablet extended release 24 hr	1	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	
dextroamphetamine-amphetamine oral tablet	1	
diazepam injection solution	1	PA
diazepam injection syringe	1	PA
diazepam intensol oral concentrate	1	PA; QL (240 per 30 days)
diazepam oral concentrate	1	PA; QL (240 per 30 days)
diazepam oral solution	1	PA; QL (1200 per 30 days)
diazepam oral tablet	1	PA; QL (120 per 30 days)
doxepin oral capsule	1	
doxepin oral concentrate	1	
doxepin oral tablet	1	QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	1	NEDS
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	QL (30 per 30 days)
eszopiclone oral tablet	1	QL (30 per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR	1	ST; QL (30 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	1	ST; QL (32 per 180 days); NEDS
FANAPT ORAL TABLET	1	ST; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK	1	ST; QL (8 per 180 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK	1	ST; QL (12 per 180 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK	1	ST; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	1	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	QL (30 per 30 days)
flumazenil intravenous solution	1	
fluoxetine oral capsule 10 mg	1	QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	QL (120 per 30 days)
fluoxetine oral capsule 40 mg	1	QL (60 per 30 days)
fluoxetine oral solution	1	
fluphenazine decanoate injection solution	1	
fluphenazine hcl injection solution	1	
fluphenazine hcl oral concentrate	1	
fluphenazine hcl oral elixir	1	
fluphenazine hcl oral tablet	1	
fluvoxamine oral tablet 100 mg	1	QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	QL (60 per 30 days)
haloperidol decanoate intramuscular solution	1	
haloperidol lactate injection solution	1	
haloperidol lactate oral concentrate	1	
haloperidol oral tablet	1	
imipramine hcl oral tablet	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	QL (3.5 per 180 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	QL (5 per 180 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	QL (0.75 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	QL (1 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	QL (1.5 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	QL (0.5 per 28 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	QL (0.88 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	QL (1.32 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	QL (1.75 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	QL (2.63 per 90 days); NEDS
lithium carbonate oral capsule	1	
lithium carbonate oral tablet	1	
lithium carbonate oral tablet extended release	1	
lithium citrate oral solution	1	
lorazepam injection solution	1	PA
lorazepam injection syringe	1	PA
lorazepam intensol oral concentrate	1	PA; QL (150 per 30 days)
lorazepam oral concentrate	1	PA; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	PA; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	PA; QL (150 per 30 days)
loxapine succinate oral capsule	1	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	QL (30 per 30 days)
lurasidone oral tablet 80 mg	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
LYBALVI ORAL TABLET	1	QL (30 per 30 days); NEDS
MARPLAN ORAL TABLET	1	
methylphenidate hcl oral capsule,er biphasic 50-50	1	
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet extended release	1	
methylphenidate hcl oral tablet,chewable	1	
mirtazapine oral tablet	1	
mirtazapine oral tablet,disintegrating	1	
modafinil oral tablet 100 mg	1	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; QL (60 per 30 days)
molindone oral tablet	1	
nefazodone oral tablet	1	
nortriptyline oral capsule	1	
nortriptyline oral solution	1	
NUPLAZID ORAL CAPSULE	1	PA; QL (30 per 30 days)
NUPLAZID ORAL TABLET	1	PA; QL (30 per 30 days)
olanzapine intramuscular recon soln	1	
olanzapine oral tablet	1	QL (30 per 30 days)
olanzapine oral tablet,disintegrating	1	QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	1	QL (90 per 30 days); NEDS
OPIPZA ORAL FILM 2 MG	1	QL (30 per 30 days); NEDS
OPIPZA ORAL FILM 5 MG	1	QL (180 per 30 days); NEDS
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	QL (60 per 30 days)
paroxetine hcl oral suspension	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	QL (60 per 30 days)
pentobarbital sodium injection solution	1	
perphenazine oral tablet	1	
phenelzine oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
pimozide oral tablet	1	
protriptyline oral tablet	1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	QL (60 per 30 days)
RALDESY ORAL SOLUTION	1	ST; NEDS
ramelteon oral tablet	1	QL (30 per 30 days)
REXULTI ORAL TABLET	1	QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	1	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	1	QL (2 per 28 days); NEDS
risperidone oral solution	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	QL (60 per 30 days)
risperidone oral tablet 4 mg	1	QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	1	QL (30 per 30 days); NEDS
sertraline oral concentrate	1	
sertraline oral tablet 100 mg, 50 mg	1	QL (60 per 30 days)
sertraline oral tablet 25 mg	1	QL (30 per 30 days)
sodium oxybate oral solution	1	PA; LA; QL (540 per 30 days); NEDS
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA; NEDS
thioridazine oral tablet	1	
thiothixene oral capsule	1	
tranylcypromine oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
trifluoperazine oral tablet	1	
trimipramine oral capsule	1	
TRINTELLIX ORAL TABLET	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (90 per 30 days)
venlafaxine oral tablet	1	QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION	1	NEDS
vilazodone oral tablet	1	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	1	QL (30 per 30 days)
zaleplon oral capsule 10 mg	1	QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	QL (30 per 30 days)
ziprasidone hcl oral capsule	1	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln	1	
zolpidem oral tablet	1	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA; QL (28 per 365 days); NEDS
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; QL (14 per 365 days); NEDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	QL (2 per 28 days); NEDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	QL (1 per 28 days); NEDS
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
adenosine intravenous solution	1	
adenosine intravenous syringe	1	
amiodarone intravenous solution	1	
amiodarone oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
dofetilide oral capsule	1	
flecainide oral tablet	1	
ibutilide fumarate intravenous solution	1	
lidocaine (pf) intravenous solution	1	
lidocaine (pf) intravenous syringe	1	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	1	
mexiletine oral capsule	1	
MULTAQ ORAL TABLET	1	
pacerone oral tablet 100 mg, 200 mg	1	
procainamide injection solution	1	
propafenone oral capsule,extended release 12 hr	1	
propafenone oral tablet	1	
quinidine sulfate oral tablet	1	
sotalol af oral tablet	1	
sotalol oral tablet	1	
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule	1	
aliskiren oral tablet	1	
amiloride oral tablet	1	
amiloride-hydrochlorothiazide oral tablet	1	
amlodipine oral tablet	1	
amlodipine-benazepril oral capsule	1	
amlodipine-olmesartan oral tablet	1	
amlodipine-valsartan oral tablet	1	
amlodipine-valsartan-hcthiazid oral tablet	1	
atenolol oral tablet	1	
atenolol-chlorthalidone oral tablet	1	
azilsartan medoxomil oral tablet	1	
benazepril oral tablet	1	
benazepril-hydrochlorothiazide oral tablet	1	
betaxolol oral tablet	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
bumetanide injection solution	1	
bumetanide oral tablet	1	
candesartan oral tablet	1	
candesartan-hydrochlorothiazid oral tablet	1	
captopril oral tablet	1	
captopril-hydrochlorothiazide oral tablet	1	
cartia xt oral capsule,extended release 24hr	1	
carvedilol oral tablet	1	
chlorothiazide sodium intravenous recon soln	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly	1	QL (4 per 28 days)
diltiazem hcl intravenous solution	1	
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	
diltiazem hcl oral capsule,extended release 24 hr	1	
diltiazem hcl oral capsule,extended release 24hr	1	
diltiazem hcl oral tablet	1	
diltiazem hcl oral tablet extended release 24 hr	1	
dilt-xr oral capsule,ext.rel 24h degradable	1	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	QL (60 per 30 days)
EDARBI ORAL TABLET	1	
EDARBYCLOR ORAL TABLET	1	
enalapril maleate oral tablet	1	
enalaprilat intravenous solution	1	
enalapril-hydrochlorothiazide oral tablet	1	
eplerenone oral tablet	1	
esmolol intravenous solution	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
ethacrynate sodium intravenous recon soln	1	NEDS
felodipine oral tablet extended release 24 hr	1	
fosinopril oral tablet	1	
fosinopril-hydrochlorothiazide oral tablet	1	
furosemide injection solution	1	
furosemide oral solution	1	
furosemide oral tablet	1	
hydralazine injection solution	1	
hydralazine oral tablet	1	
hydrochlorothiazide oral capsule	1	
hydrochlorothiazide oral tablet	1	
indapamide oral tablet	1	
irbesartan oral tablet	1	
irbesartan-hydrochlorothiazide oral tablet	1	
isosorbide-hydralazine oral tablet	1	QL (180 per 30 days)
isradipine oral capsule	1	
KERENDIA ORAL TABLET	1	PA; QL (30 per 30 days)
labetalol intravenous solution	1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
lisinopril oral tablet	1	
lisinopril-hydrochlorothiazide oral tablet	1	
losartan oral tablet	1	
losartan-hydrochlorothiazide oral tablet	1	
mannitol 20 % intravenous parenteral solution	1	
mannitol 25 % intravenous solution	1	
matzim la oral tablet extended release 24 hr	1	
metolazone oral tablet	1	
metoprolol succinate oral tablet extended release 24 hr	1	
metoprolol ta-hydrochlorothiaz oral tablet	1	
metoprolol tartrate intravenous solution	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metyrosine oral capsule	1	PA; NEDS
minoxidil oral tablet	1	
moexipril oral tablet	1	
nadolol oral tablet	1	
nebivolol oral tablet	1	
nicardipine intravenous solution	1	
nicardipine oral capsule	1	
nifedipine oral tablet extended release	1	
nifedipine oral tablet extended release 24hr	1	
nimodipine oral capsule	1	
olmesartan oral tablet	1	
olmesartan-amlodipin-hcthiazid oral tablet	1	
olmesartan-hydrochlorothiazide oral tablet	1	
osmitrol 20 % intravenous parenteral solution	1	
perindopril erbumine oral tablet	1	
phentolamine injection recon soln	1	
pindolol oral tablet	1	
prazosin oral capsule	1	
propranolol intravenous solution	1	
propranolol oral capsule,extended release 24 hr	1	
propranolol oral solution	1	
propranolol oral tablet	1	
quinapril oral tablet	1	
quinapril-hydrochlorothiazide oral tablet	1	
ramipril oral capsule	1	
spironolactone oral tablet	1	
spironolacton-hydrochlorothiaz oral tablet	1	
telmisartan oral tablet	1	
telmisartan-amlodipine oral tablet	1	
telmisartan-hydrochlorothiazid oral tablet	1	
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	QL (30 per 30 days)
terazosin oral capsule 10 mg	1	QL (60 per 30 days)

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
tiadylt er oral capsule,extended release 24 hr	1	
timolol maleate oral tablet	1	
torsemide oral tablet	1	
trandolapril oral tablet	1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr	1	
treprostinil sodium injection solution	1	PA; LA; NEDS
triamterene-hydrochlorothiazid oral capsule	1	
triamterene-hydrochlorothiazid oral tablet	1	
UPTRAVI ORAL TABLET	1	PA; LA; QL (60 per 30 days); NEDS
UPTRAVI ORAL TABLETS,DOSE PACK	1	PA; LA; QL (200 per 180 days); NEDS
valsartan oral tablet	1	
valsartan-hydrochlorothiazide oral tablet	1	
veletri intravenous recon soln	1	B/D PA
verapamil intravenous solution	1	
verapamil oral capsule, 24 hr er pellet ct	1	
verapamil oral capsule,ext rel. pellets 24 hr	1	
verapamil oral tablet	1	
verapamil oral tablet extended release	1	
COAGULATION THERAPY		
aminocaproic acid intravenous solution	1	
aminocaproic acid oral solution	1	NEDS
aminocaproic acid oral tablet	1	NEDS
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1	
CABLIVI INJECTION KIT	1	PA; LA; NEDS
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	1	PA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	1	PA
cilostazol oral tablet	1	
clopidogrel oral tablet 300 mg	1	
clopidogrel oral tablet 75 mg	1	QL (30 per 30 days)
dabigatran etexilate oral capsule	1	QL (60 per 30 days)
dipyridamole intravenous solution	1	
dipyridamole oral tablet	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
DOPTELET (10 TAB PACK) ORAL TABLET	1	PA; LA; NEDS
DOPTELET (15 TAB PACK) ORAL TABLET	1	PA; LA; NEDS
DOPTELET (30 TAB PACK) ORAL TABLET	1	PA; LA; NEDS
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE	1	PA; LA; NEDS
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	1	QL (74 per 180 days)
ELIQUIS ORAL TABLET	1	QL (60 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG	1	QL (140 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 1.5 MG (0.5 MG X 3)	1	QL (420 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	1	QL (560 per 28 days)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE	1	QL (70 per 28 days)
eltrombopag olamine oral powder in packet	1	PA; NEDS
eltrombopag olamine oral tablet	1	PA; NEDS
enoxaparin subcutaneous solution	1	QL (60 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	QL (56 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	QL (44.8 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	1	QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	1	QL (33.6 per 28 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	1	NEDS
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	
heparin (porcine) in 5 % dex intravenous parenteral solution	1	
heparin (porcine) in nacl (pf) intravenous parenteral solution	1	
heparin (porcine) injection solution	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
heparin (porcine) injection syringe 5,000 unit/ml	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	
heparin, porcine (pf) injection solution	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE	1	
jantoven oral tablet	1	
pentoxifylline oral tablet extended release	1	
prasugrel hcl oral tablet	1	
protamine intravenous solution	1	
rivaroxaban oral suspension for reconstitution	1	QL (775 per 28 days)
rivaroxaban oral tablet	1	QL (60 per 30 days)
ticagrelor oral tablet	1	
warfarin oral tablet	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	1	QL (51 per 180 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	1	QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet	1	QL (30 per 30 days)
atorvastatin oral tablet	1	QL (30 per 30 days)
cholestyramine (with sugar) oral powder	1	
cholestyramine (with sugar) oral powder in packet	1	
cholestyramine light oral powder	1	
cholestyramine light oral powder in packet	1	
colesevelam oral powder in packet	1	
colesevelam oral tablet	1	
colestipol oral granules	1	
colestipol oral packet	1	
colestipol oral tablet	1	
ezetimibe oral tablet	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
ezetimibe-simvastatin oral tablet	1	QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec)	1	
fenofibric acid oral tablet	1	
fluvastatin oral capsule 20 mg	1	QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	QL (60 per 30 days)
gemfibrozil oral tablet	1	
icosapent ethyl oral capsule	1	
lovastatin oral tablet 10 mg	1	QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	QL (60 per 30 days)
NEXLETOL ORAL TABLET	1	PA
NEXLIZET ORAL TABLET	1	PA
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr	1	
omega-3 acid ethyl esters oral capsule	1	
pitavastatin calcium oral tablet	1	QL (30 per 30 days)
pravastatin oral tablet	1	QL (30 per 30 days)
prevalite oral powder in packet	1	
REPATHA SUBCUTANEOUS SYRINGE	1	PA; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	1	PA; QL (6 per 28 days)
rosuvastatin oral tablet	1	QL (30 per 30 days)
simvastatin oral tablet	1	QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE	1	PA; QL (30 per 30 days); NEDS
digoxin oral solution	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	1	B/D PA
dobutamine intravenous solution	1	B/D PA
dopamine in 5 % dextrose intravenous solution	1	B/D PA
dopamine intravenous solution	1	B/D PA
ENTRESTO SPRINKLE ORAL PELLET	1	QL (240 per 30 days)
ivabradine oral tablet	1	QL (60 per 30 days)
milrinone in 5 % dextrose intravenous piggyback	1	B/D PA
milrinone intravenous solution	1	B/D PA
norepinephrine bitartrate intravenous solution	1	
ranolazine oral tablet extended release 12 hr	1	
sacubitril-valsartan oral tablet	1	QL (60 per 30 days)
VERQUVO ORAL TABLET	1	QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE	1	PA; NEDS
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate oral tablet	1	
isosorbide mononitrate oral tablet extended release 24 hr	1	
nitro-bid transdermal ointment	1	
nitroglycerin sublingual tablet	1	
nitroglycerin transdermal ointment	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual spray,non-aerosol	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule	1	
calcipotriene scalp solution	1	QL (120 per 30 days)
calcipotriene topical cream	1	QL (120 per 30 days)
calcipotriene topical ointment	1	QL (120 per 30 days)

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	1	PA; QL (10 per 28 days); NEDS
COSENTYX INTRAVENOUS SOLUTION	1	PA; QL (20 per 28 days); NEDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	1	PA; QL (10 per 28 days); NEDS
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	1	PA; QL (5 per 28 days); NEDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; QL (5 per 28 days); NEDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; QL (2.5 per 28 days); NEDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR	1	PA; QL (10 per 28 days); NEDS
OTULFI INTRAVENOUS SOLUTION	1	PA; QL (104 per 180 days); NEDS
OTULFI SUBCUTANEOUS SOLUTION	1	PA; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1 per 28 days); NEDS
pellix scalp solution	1	QL (120 per 30 days)
PYZCHIVA (ONLY NDCS STARTING WITH 61314) INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; QL (104 per 180 days); NEDS
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; QL (0.5 per 28 days)
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; QL (0.5 per 28 days)
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1 per 28 days); NEDS
SELARSDI INTRAVENOUS SOLUTION	1	PA; QL (104 per 180 days); NEDS
SELARSDI SUBCUTANEOUS SOLUTION	1	PA; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; QL (0.5 per 28 days)

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1 per 28 days); NEDS
selenium sulfide topical lotion	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2 per 84 days); NEDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; QL (2 per 84 days); NEDS
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML	1	PA; QL (0.74 per 84 days); NEDS
STELARA INTRAVENOUS SOLUTION	1	PA; QL (104 per 180 days); NEDS
STELARA SUBCUTANEOUS SOLUTION	1	PA; QL (0.5 per 28 days); NEDS
TREMFYA INTRAVENOUS SOLUTION	1	PA; QL (20 per 28 days); NEDS
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (2 per 28 days); NEDS
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR	1	PA; QL (12 per 180 days); NEDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2 per 28 days); NEDS
TREMFYA SUBCUTANEOUS SYRINGE	1	PA; QL (2 per 28 days); NEDS
USTEKINUMAB INTRAVENOUS SOLUTION	1	PA; QL (104 per 180 days); NEDS
USTEKINUMAB SUBCUTANEOUS SOLUTION	1	PA; QL (0.5 per 28 days); NEDS
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; QL (0.5 per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1 per 28 days); NEDS
YESINTEK INTRAVENOUS SOLUTION	1	PA; QL (104 per 180 days); NEDS
YESINTEK SUBCUTANEOUS SOLUTION	1	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1 per 28 days); NEDS
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (6 per 28 days); NEDS

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
ADBRY SUBCUTANEOUS SYRINGE	1	PA; QL (6 per 28 days); NEDS
ammonium lactate topical cream	1	
ammonium lactate topical lotion	1	
chloroprocaine (pf) injection solution	1	
dermacinrx lidocan topical adhesive patch,medicated	1	PA; QL (90 per 30 days)
diclofenac sodium topical gel 3 %	1	PA; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; QL (4.56 per 28 days); NEDS
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; QL (8 per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; QL (4.56 per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; QL (8 per 28 days); NEDS
EUCRISA TOPICAL OINTMENT	1	PA; QL (120 per 30 days)
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	
glydo mucous membrane jelly in applicator	1	QL (60 per 30 days)
imiquimod topical cream in packet 5 %	1	
lidocaine (pf) injection solution	1	
lidocaine hcl injection solution	1	
lidocaine hcl laryngotracheal solution	1	
lidocaine hcl mucous membrane jelly	1	QL (60 per 30 days)
lidocaine hcl mucous membrane jelly in applicator	1	QL (60 per 30 days)
lidocaine hcl mucous membrane solution 2 %	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
lidocaine topical ointment	1	QL (50 per 30 days)
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	1	
lidocaine-epinephrine injection solution	1	
lidocaine-prilocaine topical cream	1	QL (30 per 30 days)

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
lidocan iii topical adhesive patch,medicated	1	PA; QL (90 per 30 days)
lidocan iv topical adhesive patch,medicated	1	PA; QL (90 per 30 days)
lidocan v topical adhesive patch,medicated	1	PA; QL (90 per 30 days)
methoxsalen oral capsule,liqd-filled,rapid rel	1	NEDS
PANRETIN TOPICAL GEL	1	PA; NEDS
pimecrolimus topical cream	1	PA; QL (100 per 30 days)
podofilox topical solution	1	
polocaine injection solution 1 % (10 mg/ml)	1	
polocaine-mpf injection solution	1	
SANTYL TOPICAL OINTMENT	1	QL (180 per 30 days)
silver sulfadiazine topical cream	1	
ssd topical cream	1	
tacrolimus topical ointment	1	PA; QL (100 per 30 days)
VALCHLOR TOPICAL GEL	1	PA; NEDS
THERAPY FOR ACNE		
accutane oral capsule	1	
amnesteem oral capsule	1	
azelaic acid topical gel	1	
claravis oral capsule	1	
clindamycin phosphate topical gel	1	QL (120 per 30 days)
clindamycin phosphate topical gel, once daily	1	QL (150 per 30 days)
clindamycin phosphate topical lotion	1	QL (120 per 30 days)
clindamycin phosphate topical solution	1	QL (120 per 30 days)
ery pads topical swab	1	
erythromycin with ethanol topical solution	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
metronidazole topical cream	1	
metronidazole topical gel	1	
metronidazole topical gel with pump	1	
metronidazole topical lotion	1	
tazarotene topical cream	1	PA
tazarotene topical gel	1	PA

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	PA
trilitas topical gel	1	PA
zenatane oral capsule	1	
TOPICAL ANTIBACTERIALS		
gentamicin topical cream	1	QL (60 per 30 days)
gentamicin topical ointment	1	QL (60 per 30 days)
mupirocin topical ointment	1	QL (44 per 30 days)
sulfacetamide sodium (acne) topical suspension	1	
TOPICAL ANTIFUNGALS		
ciclodan topical solution	1	QL (6.6 per 28 days)
ciclopirox topical cream	1	QL (90 per 28 days)
ciclopirox topical gel	1	QL (100 per 28 days)
ciclopirox topical shampoo	1	QL (120 per 28 days)
ciclopirox topical solution	1	QL (6.6 per 28 days)
ciclopirox topical suspension	1	QL (60 per 28 days)
clotrimazole topical cream	1	QL (45 per 28 days)
clotrimazole topical solution	1	QL (30 per 28 days)
clotrimazole-betamethasone topical cream	1	QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	1	QL (60 per 28 days)
econazole nitrate topical cream	1	QL (85 per 28 days)
ketoconazole topical cream	1	QL (60 per 28 days)
ketoconazole topical shampoo	1	QL (120 per 28 days)
klayesta topical powder	1	QL (180 per 30 days)
naftifine topical gel	1	QL (60 per 28 days)
nyamyc topical powder	1	QL (180 per 30 days)
nystatin topical cream	1	QL (30 per 28 days)
nystatin topical ointment	1	QL (30 per 28 days)
nystatin topical powder	1	QL (180 per 30 days)
nystatin-triamcinolone topical cream	1	QL (60 per 28 days)
nystatin-triamcinolone topical ointment	1	QL (60 per 28 days)
nystop topical powder	1	QL (180 per 30 days)
TOPICAL ANTIVIRALS		
acyclovir topical ointment	1	PA; QL (30 per 30 days)
penciclovir topical cream	1	QL (5 per 30 days)

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream	1	
alclometasone topical cream	1	
alclometasone topical ointment	1	
betamethasone dipropionate topical cream	1	
betamethasone dipropionate topical lotion	1	
betamethasone dipropionate topical ointment	1	
betamethasone valerate topical cream	1	
betamethasone valerate topical lotion	1	
betamethasone valerate topical ointment	1	
betamethasone, augmented topical cream	1	
betamethasone, augmented topical gel	1	
betamethasone, augmented topical lotion	1	
betamethasone, augmented topical ointment	1	
clobetasol scalp solution	1	QL (100 per 28 days)
clobetasol topical cream 0.05 %	1	QL (120 per 28 days)
clobetasol topical foam	1	QL (100 per 28 days)
clobetasol topical gel	1	QL (120 per 28 days)
clobetasol topical lotion	1	QL (118 per 28 days)
clobetasol topical ointment	1	QL (120 per 28 days)
clobetasol topical shampoo	1	QL (236 per 28 days)
clobetasol-emollient topical cream	1	QL (120 per 28 days)
desonide topical cream	1	
desonide topical ointment	1	
fluocinolone and shower cap scalp oil	1	
fluocinolone topical cream	1	
fluocinolone topical oil	1	
fluocinolone topical ointment	1	
fluocinolone topical solution	1	
fluocinonide topical cream 0.05 %	1	QL (120 per 30 days)
fluocinonide topical gel	1	QL (120 per 30 days)
fluocinonide topical ointment	1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
fluocinonide topical solution	1	QL (120 per 30 days)
fluocinonide-emollient topical cream	1	QL (120 per 30 days)
fluticasone propionate topical cream	1	
fluticasone propionate topical ointment	1	
halobetasol propionate topical cream	1	
halobetasol propionate topical ointment	1	
hydrocortisone topical cream 1 %, 2.5 %	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	
mometasone topical cream	1	
mometasone topical ointment	1	
mometasone topical solution	1	
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm topical cream 0.5 %	1	
TOPICAL SCABICIDES / PEDICULICIDES		
malathion topical lotion	1	
permethrin topical cream	1	QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
acetylcysteine intravenous solution	1	
IRRIGATING SOLUTIONS		
lactated ringers irrigation solution	1	
neomycin-polymyxin b gu irrigation solution	1	
ringer's irrigation solution	1	
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec)	1	
acetic acid irrigation solution	1	
anagrelide oral capsule	1	
caffeine citrate intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
caffeine citrate oral solution	1	
carglumic acid oral tablet, dispersible	1	PA; NEDS
cevimeline oral capsule	1	
CHEMET ORAL CAPSULE	1	PA
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
d10 %-0.45 % sodium chloride intravenous parenteral solution	1	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1	
d5 %-0.45 % sodium chloride intravenous parenteral solution	1	
deferasirox oral granules in packet	1	PA; NEDS
deferasirox oral tablet	1	PA
deferasirox oral tablet, dispersible 125 mg	1	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	1	PA; NEDS
deferiprone oral tablet	1	PA; NEDS
deferoxamine injection recon soln	1	B/D PA
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	1	
dextrose 10 % in water (d10w) intravenous parenteral solution	1	
dextrose 25 % in water (d25w) intravenous syringe	1	
dextrose 5 % in water (d5w) intravenous parenteral solution	1	
dextrose 5 % in water (d5w) intravenous piggyback	1	
dextrose 5 %-lactated ringers intravenous parenteral solution	1	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	1	

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Drug Name	Drug Tier	Requirements /Limits
dextrose 50 % in water (d50w) intravenous parenteral solution	1	
dextrose 50 % in water (d50w) intravenous syringe	1	
dextrose 70 % in water (d70w) intravenous parenteral solution	1	
disulfiram oral tablet	1	
droxidopa oral capsule 100 mg	1	PA
droxidopa oral capsule 200 mg, 300 mg	1	PA; NEDS
glutamine (sickle cell) oral powder in packet	1	PA; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	1	LA; NEDS
kionex oral suspension	1	
levocarnitine (with sugar) oral solution	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet	1	
LOKELMA ORAL POWDER IN PACKET	1	
midodrine oral tablet	1	
nitisinone oral capsule	1	PA; NEDS
pilocarpine hcl oral tablet	1	
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; LA; NEDS
REVCOVI INTRAMUSCULAR SOLUTION	1	PA; LA; NEDS
REZDIFFRA ORAL TABLET	1	PA; QL (30 per 30 days); NEDS
riluzole oral tablet	1	PA
risedronate oral tablet 30 mg	1	QL (30 per 30 days)
sevelamer carbonate oral tablet	1	PA
sodium benzoate-sod phenylacet intravenous solution	1	NEDS
sodium chloride 0.9 % intravenous parenteral solution	1	
sodium chloride 0.9 % intravenous piggyback	1	
sodium chloride irrigation solution	1	
sodium phenylbutyrate oral powder	1	PA; NEDS
sodium phenylbutyrate oral tablet	1	PA; NEDS
sodium polystyrene sulfonate oral powder	1	

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Drug Name	Drug Tier	Requirements /Limits
sodium polystyrene sulfonate oral suspension	1	
sps (with sorbitol) oral suspension	1	
sps (with sorbitol) rectal enema	1	
trientine oral capsule 250 mg	1	PA; NEDS
VELTASSA ORAL POWDER IN PACKET	1	
water for irrigation, sterile irrigation solution	1	
XIAFLEX INJECTION RECON SOLN	1	PA; NEDS
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PA
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	1	
NICOTROL NS NASAL SPRAY,NON-AEROSOL	1	
varenicline tartrate oral tablet	1	
varenicline tartrate oral tablets,dose pack	1	

Drug Name	Drug Tier	Requirements /Limits
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	QL (60 per 30 days)
chlorhexidine gluconate mucous membrane mouthwash	1	
denta 5000 plus dental cream	1	
dentagel dental gel	1	
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	1	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	1	QL (30 per 20 days)
kourzeq dental paste	1	
periogard mucous membrane mouthwash	1	
sf 5000 plus dental cream	1	
sf dental gel	1	

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Drug Name	Drug Tier	Requirements /Limits
sodium fluoride 5000 dry mouth dental paste	1	
sodium fluoride 5000 plus dental cream	1	
sodium fluoride-pot nitrate dental paste	1	
triamcinolone acetonide dental paste	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution	1	
ciprofloxacin hcl otic (ear) dropperette	1	
flac otic oil otic (ear) drops	1	
fluocinolone acetonide oil otic (ear) drops	1	
hydrocortisone-acetic acid otic (ear) drops	1	
ofloxacin otic (ear) drops	1	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone otic (ear) drops,suspension	1	QL (7.5 per 7 days)
neomycin-polymyxin-hc otic (ear) drops,suspension	1	
neomycin-polymyxin-hc otic (ear) solution	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone oral tablet	1	
dexamethasone intensol oral drops	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	
dexamethasone sodium phosphate injection solution	1	
dexamethasone sodium phosphate injection syringe	1	
fludrocortisone oral tablet	1	
hydrocortisone oral tablet	1	
methylprednisolone acetate injection suspension	1	
methylprednisolone oral tablet	1	B/D PA
methylprednisolone oral tablets,dose pack	1	

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Drug Name	Drug Tier	Requirements /Limits
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	
methylprednisolone sodium succ intravenous recon soln	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisone intensol oral concentrate	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet,delayed release (dr/ec)	1	NEDS
prednisone oral tablets,dose pack	1	
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	1	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet	1	
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	QL (90 per 30 days)
acarbose oral tablet 25 mg	1	QL (360 per 30 days)
acarbose oral tablet 50 mg	1	QL (180 per 30 days)
alcohol pads topical pads, medicated	1	PA
BAQSIMI NASAL SPRAY,NON-AEROSOL	1	
dapagliflozin oral tablet	1	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg	1	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg	1	QL (60 per 30 days)
diazoxide oral suspension	1	NEDS
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	1	PA
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	1	

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Drug Name	Drug Tier	Requirements /Limits
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	1	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	1	
glimepiride oral tablet 1 mg	1	QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	QL (60 per 30 days)
glipizide oral tablet 10 mg	1	QL (120 per 30 days)
glipizide oral tablet 5 mg	1	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days)
GLYXAMBI ORAL TABLET	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	1	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	
GVOKE SUBCUTANEOUS SOLUTION	1	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	1	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	1	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	1	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	1	

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Drug Name	Drug Tier	Requirements /Limits
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	1	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	1	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	1	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	1	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	1	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	1	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	1	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	1	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	1	
INPEFA ORAL TABLET	1	PA; QL (30 per 30 days)
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	1	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	1	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	1	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	1	
JANUMET ORAL TABLET	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET	1	QL (30 per 30 days)
JENTADUETO ORAL TABLET	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	QL (30 per 30 days)
KIRSTY PEN SUBCUTANEOUS INSULIN PEN	1	
KIRSTY SUBCUTANEOUS SOLUTION	1	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	1	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	1	
liraglutide subcutaneous pen injector	1	PA; QL (9 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	1	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	1	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	1	
metformin oral tablet 1,000 mg	1	QL (75 per 30 days)
metformin oral tablet 500 mg	1	QL (150 per 30 days)
metformin oral tablet 850 mg	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg	1	QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	1	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	1	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	1	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	1	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	1	

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Drug Name	Drug Tier	Requirements /Limits
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION	1	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION	1	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	1	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	1	
OZEMPIC ORAL TABLET	1	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR	1	PA; QL (3 per 28 days)
pioglitazone oral tablet	1	QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	QL (240 per 30 days)
RYBELSUS ORAL TABLET	1	PA; QL (30 per 30 days)
saxagliptin oral tablet	1	QL (30 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	1	QL (60 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	1	QL (30 per 30 days)
sitagliptin phos-metformin oral tablet	1	QL (60 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	1	QL (30 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	1	QL (60 per 30 days)
sitagliptin phosphate oral tablet	1	QL (30 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	1	QL (15 per 25 days)
SYNJARDY ORAL TABLET	1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	1	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	1	
TRADJENTA ORAL TABLET	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	1	QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	1	PA; NEDS
cabergoline oral tablet	1	
calcitonin (salmon) injection solution	1	NEDS
calcitonin (salmon) nasal spray,non-aerosol	1	
calcitriol oral capsule	1	
calcitriol oral solution	1	
cinacalcet oral tablet	1	PA
clomid oral tablet	1	PA
clomiphene citrate oral tablet	1	PA
CRYSVITA SUBCUTANEOUS SOLUTION	1	PA; LA; NEDS
danazol oral capsule	1	
desmopressin injection solution	1	
desmopressin nasal spray with pump	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral tablet	1	
doxercalciferol intravenous solution	1	
doxercalciferol oral capsule	1	
ELAPRASE INTRAVENOUS SOLUTION	1	PA; NEDS

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Drug Name	Drug Tier	Requirements /Limits
FABRAZYME INTRAVENOUS RECON SOLN	1	PA; NEDS
KANUMA INTRAVENOUS SOLUTION	1	PA; NEDS
LUMIZYME INTRAVENOUS RECON SOLN	1	PA; NEDS
MEPSEVII INTRAVENOUS SOLUTION	1	PA; NEDS
mifepristone oral tablet 300 mg	1	PA; NEDS
milophene oral tablet	1	PA
NAGLAZYME INTRAVENOUS SOLUTION	1	PA; LA; NEDS
pamidronate intravenous solution	1	
paricalcitol intravenous solution	1	
paricalcitol oral capsule	1	
sapropterin oral powder in packet	1	PA; NEDS
sapropterin oral tablet,soluble	1	PA; NEDS
SOMAVERT SUBCUTANEOUS RECON SOLN	1	PA; NEDS
STRENSIQ SUBCUTANEOUS SOLUTION	1	PA; LA; NEDS
testosterone cypionate intramuscular oil	1	PA
testosterone enanthate intramuscular oil	1	PA
testosterone transdermal gel	1	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	1	PA; QL (180 per 30 days)
tolvaptan (polycys kidney dis) oral tablet	1	PA; NEDS
tolvaptan (polycys kidney dis) oral tablets, sequential	1	PA; NEDS

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
tolvaptan oral tablet	1	PA; NEDS
VIMIZIM INTRAVENOUS SOLUTION	1	PA; LA; NEDS
zoledronic acid intravenous solution	1	B/D PA
THYROID HORMONES		
levothyroxine intravenous recon soln	1	
levothyroxine oral tablet	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liomny oral tablet	1	
liothyronine intravenous solution	1	
liothyronine oral tablet	1	
unithroid oral tablet	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
dicyclomine intramuscular solution	1	
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet	1	
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	1	
glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)	1	
glycopyrrolate injection solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
loperamide oral capsule	1	
opium tincture oral tincture	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg	1	PA
alosetron oral tablet 1 mg	1	PA; NEDS
aprepitant oral capsule	1	B/D PA
aprepitant oral capsule,dose pack	1	B/D PA
balsalazide oral capsule	1	
betaine oral powder	1	NEDS
budesonide oral capsule,delayed,extend.release	1	

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Drug Name	Drug Tier	Requirements /Limits
budesonide oral tablet,delayed and ext.release	1	NEDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	1	PA; QL (2 per 28 days); NEDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT	1	PA; QL (3 per 180 days); NEDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	1	PA; QL (4 per 28 days); NEDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; QL (2 per 28 days); NEDS
CINVANTI INTRAVENOUS EMULSION	1	
compro rectal suppository	1	
constulose oral solution	1	
CORTIFOAM RECTAL FOAM	1	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	1	
cromolyn oral concentrate	1	
dimenhydrinate injection solution	1	
dronabinol oral capsule	1	PA
droperidol injection solution	1	
enulose oral solution	1	
fosaprepitant intravenous recon soln	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT	1	PA; NEDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT	1	PA; NEDS
gavilyte-c oral recon soln	1	
gavilyte-g oral recon soln	1	
gavilyte-n oral recon soln	1	
generlac oral solution	1	
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	1	
granisetron hcl intravenous solution	1	
granisetron hcl oral tablet	1	B/D PA
hydrocortisone rectal enema	1	
hydrocortisone topical cream with perineal applicator	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
INFLIXIMAB INTRAVENOUS RECON SOLN	1	PA; QL (20 per 28 days); NEDS
lactulose oral solution	1	
LINZESS ORAL CAPSULE	1	QL (30 per 30 days)
LIVDELZI ORAL CAPSULE	1	PA; QL (30 per 30 days); NEDS
lubiprostone oral capsule	1	QL (60 per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	1	
mesalamine oral capsule (with del rel tablets)	1	
mesalamine oral capsule, extended release	1	
mesalamine oral capsule,extended release 24hr	1	
mesalamine oral tablet,delayed release (dr/ec)	1	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	
mesalamine with cleansing wipe rectal enema kit	1	
metoclopramide hcl injection solution	1	
metoclopramide hcl injection syringe	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
nitroglycerin rectal ointment	1	
ondansetron hcl (pf) injection solution	1	
ondansetron hcl (pf) injection syringe	1	
ondansetron hcl intravenous solution	1	
ondansetron hcl oral solution	1	B/D PA
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	B/D PA
palonosetron intravenous solution 0.25 mg/5 ml	1	
palonosetron intravenous syringe	1	
peg 3350-electrolytes oral recon soln	1	
peg-electrolyte oral recon soln	1	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	
prochlorperazine maleate oral tablet	1	
prochlorperazine rectal suppository	1	

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Drug Name	Drug Tier	Requirements /Limits
procto-med hc topical cream with perineal applicator	1	
proctosol hc topical cream with perineal applicator	1	
proctozone-hc topical cream with perineal applicator	1	
RELISTOR SUBCUTANEOUS SOLUTION	1	ST; QL (18 per 30 days); NEDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	ST; QL (18 per 30 days); NEDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	ST; QL (12 per 30 days); NEDS
REMICADE INTRAVENOUS RECON SOLN	1	PA; QL (20 per 28 days); NEDS
scopolamine base transdermal patch 3 day	1	
SKYRIZI INTRAVENOUS SOLUTION	1	PA; QL (30 per 180 days); NEDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; QL (1.2 per 56 days); NEDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; QL (2.4 per 56 days); NEDS
sodium,potassium,mag sulfates oral recon soln	1	
SUCRAID ORAL SOLUTION	1	PA; NEDS
sulfasalazine oral tablet	1	
sulfasalazine oral tablet,delayed release (dr/ec)	1	
SYMPROIC ORAL TABLET	1	QL (30 per 30 days)
TRULANCE ORAL TABLET	1	QL (30 per 30 days)
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VARUBI ORAL TABLET	1	B/D PA
VIBERZI ORAL TABLET	1	QL (60 per 30 days); NEDS
VOWST ORAL CAPSULE	1	PA; LA; NEDS

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Drug Name	Drug Tier	Requirements /Limits
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	1	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (2 per 28 days); NEDS
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT	1	PA; QL (2 per 28 days); NEDS
ULCER THERAPY		
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	QL (60 per 30 days)
esomeprazole sodium intravenous recon soln	1	
famotidine (pf) intravenous solution 20 mg/2 ml	1	
famotidine (pf)-nacl (iso-os) intravenous piggyback	1	
famotidine intravenous solution 10 mg/ml	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	QL (60 per 30 days)
misoprostol oral tablet	1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	QL (60 per 30 days)
pantoprazole intravenous recon soln	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
sucralfate oral suspension	1	
sucralfate oral tablet	1	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	1	PA; NEDS
ARCALYST SUBCUTANEOUS RECON SOLN	1	PA; NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; QL (1 per 28 days); NEDS
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; QL (1 per 28 days); NEDS
BESREMI PEN SUBCUTANEOUS PEN INJECTOR	1	PA; LA; NEDS
BESREMI SUBCUTANEOUS SYRINGE	1	PA; LA; NEDS
BETASERON SUBCUTANEOUS KIT	1	PA; QL (14 per 28 days); NEDS
FULPHILA SUBCUTANEOUS SYRINGE	1	PA; NEDS
ILARIS (PF) SUBCUTANEOUS SOLUTION	1	PA; LA; QL (2 per 28 days); NEDS
NIVESTYM INJECTION SOLUTION	1	PA; NEDS
NIVESTYM SUBCUTANEOUS SYRINGE	1	PA; NEDS
NYVEPRIA SUBCUTANEOUS SYRINGE	1	PA; NEDS
OMNITROPE SUBCUTANEOUS CARTRIDGE	1	PA; NEDS
OMNITROPE SUBCUTANEOUS RECON SOLN	1	PA; NEDS
PEGASYS SUBCUTANEOUS SOLUTION	1	QL (4 per 28 days); NEDS
PEGASYS SUBCUTANEOUS SYRINGE	1	QL (2 per 28 days); NEDS
PLEGRIDY INTRAMUSCULAR SYRINGE	1	PA; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; QL (1 per 180 days); NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; QL (1 per 180 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
plerixafor subcutaneous solution	1	B/D PA; NEDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; NEDS
RELEUKO SUBCUTANEOUS SYRINGE	1	PA
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	1	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; NEDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN	1	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	1	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	1	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
BEXSERO INTRAMUSCULAR SYRINGE	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	1	V
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	1	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; V

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Drug Name	Drug Tier	Requirements /Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
fomepizole intravenous solution	1	
GAMASTAN INTRAMUSCULAR SOLUTION	1	
GAMUNEX-C INJECTION SOLUTION	1	PA; NEDS
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	1	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	1	
HYPERHEP B INTRAMUSCULAR SOLUTION	1	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	1	B/D PA; V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	1	
IPOL INJECTION SUSPENSION	1	V
IXIARO (PF) INTRAMUSCULAR SYRINGE	1	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	1	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	1	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	1	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	1	V

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Drug Name	Drug Tier	Requirements /Limits
MRESVIA (PF) INTRAMUSCULAR SYRINGE	1	V
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	1	
PENBRAYA (PF) INTRAMUSCULAR KIT	1	V
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT	1	V
PENTACEL (PF) INTRAMUSCULAR KIT	1	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	1	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
ROTARIX ORAL SUSPENSION	1	
ROTATEQ VACCINE ORAL SOLUTION	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V; QL (2 per 720 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	1	V; QL (2 per 720 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	1	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	V
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA INTRAMUSCULAR SYRINGE	1	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
VARIZIG INTRAMUSCULAR SOLUTION	1	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	1	V
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE	1	V
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC)	1	V
XEMBIFY SUBCUTANEOUS SOLUTION	1	B/D PA; LA; NEDS
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	1	PA
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT), 2 UNIT (240 UNIT)	1	
CEQUR SIMPLICITY INSERTER	1	
GAUZE PADS 2 X 2	1	PA

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Drug Name	Drug Tier	Requirements /Limits
EMBECTA INSULIN SYRINGE	1	PA
BD PEN NEEDLE	1	PA
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	1	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	1	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	1	QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	1	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1	
EMBECTA PEN NEEDLE	1	PA
PIVOT INSULIN PUMP STARTER KIT KIT	1	QL (1 per 720 days)
PIVOT SUPPLY KIT COMBO PACK	1	
TWIIST REFILL KT(CSST-NDL-SYR) KIT	1	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT	1	
TWIIST STARTER KIT KIT	1	QL (1 per 720 days)
BD INSULIN SYRINGE	1	PA
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol sodium intravenous recon soln	1	
aloprim intravenous recon soln	1	
colchicine oral tablet	1	
febuxostat oral tablet	1	
probenecid oral tablet	1	
probenecid-colchicine oral tablet	1	
OSTEOPOROSIS THERAPY		
alendronate oral solution	1	QL (300 per 28 days)
alendronate oral tablet 10 mg	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
alendronate oral tablet 35 mg, 70 mg	1	QL (4 per 28 days)
BONSITY SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2.48 per 28 days); NEDS
CONEXXENCE SUBCUTANEOUS SYRINGE	1	QL (1 per 180 days)
ibandronate intravenous solution	1	PA
ibandronate intravenous syringe	1	PA
ibandronate oral tablet	1	QL (1 per 30 days)
JUBBONTI SUBCUTANEOUS SYRINGE	1	QL (1 per 180 days)
PROLIA SUBCUTANEOUS SYRINGE	1	QL (1 per 180 days)
raloxifene oral tablet	1	
risedronate oral tablet 150 mg	1	QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	QL (4 per 28 days)
risedronate oral tablet 5 mg	1	QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	1	QL (4 per 28 days)
teriparatide (only ndcs starting with 47781)	1	PA; QL (2.48 per 28 days); NEDS
TYMLOS SUBCUTANEOUS PEN INJECTOR	1	PA; QL (1.56 per 30 days); NEDS

Drug Name	Drug Tier	Requirements /Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	1	PA; QL (3.6 per 28 days); NEDS
ACTEMRA INTRAVENOUS SOLUTION	1	PA; QL (160 per 28 days); NEDS
ACTEMRA SUBCUTANEOUS SYRINGE	1	PA; QL (3.6 per 28 days); NEDS
BENLYSTA INTRAVENOUS RECON SOLN	1	PA; NEDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	1	PA; NEDS
BENLYSTA SUBCUTANEOUS SYRINGE	1	PA; NEDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE	1	PA; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION	1	PA; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SYRINGE	1	PA; QL (8 per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	1	PA; QL (8 per 28 days); NEDS
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (4.8 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
HADLIMA SUBCUTANEOUS SYRINGE	1	PA; QL (4.8 per 28 days); NEDS
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (2.4 per 28 days); NEDS
HADLIMA(CF) SUBCUTANEOUS SYRINGE	1	PA; QL (2.4 per 28 days); NEDS
KINERET SUBCUTANEOUS SYRINGE	1	PA; QL (18.76 per 28 days); NEDS
leflunomide oral tablet	1	QL (30 per 30 days)
milnacipran oral tablet	1	QL (60 per 30 days)
milnacipran oral tablets,dose pack	1	QL (55 per 180 days)
OTEZLA ORAL TABLET	1	PA; QL (60 per 30 days); NEDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; QL (55 per 180 days); NEDS
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK	1	PA; QL (41 per 180 days); NEDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR	1	PA; QL (30 per 30 days); NEDS
penicillamine oral tablet	1	PA; NEDS
RINVOQ LQ ORAL SOLUTION	1	PA; QL (360 per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; QL (30 per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; QL (84 per 180 days); NEDS
SAVELLA ORAL TABLET	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	1	QL (55 per 180 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days); NEDS
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; QL (3 per 28 days); NEDS
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; QL (2 per 28 days); NEDS
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days); NEDS

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
tofacitinib oral solution	1	PA; QL (480 per 24 days); NEDS
tofacitinib oral tablet	1	PA; QL (60 per 30 days); NEDS
tofacitinib oral tablet extended release 24 hr	1	PA; QL (30 per 30 days); NEDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR	1	PA; QL (3.6 per 28 days); NEDS
TYENNE INTRAVENOUS SOLUTION	1	PA; QL (160 per 28 days); NEDS
TYENNE SUBCUTANEOUS SYRINGE	1	PA; QL (3.6 per 28 days); NEDS
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
abigale lo oral tablet	1	
abigale oral tablet	1	
camila oral tablet	1	
conjugated estrogens oral tablet	1	
deblitane oral tablet	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	1	
dotti transdermal patch semiweekly	1	QL (8 per 28 days)
DUAVEE ORAL TABLET	1	
emzahh oral tablet	1	
errin oral tablet	1	
estradiol oral tablet	1	
estradiol transdermal patch semiweekly	1	QL (8 per 28 days)
estradiol transdermal patch weekly	1	QL (4 per 28 days)
estradiol vaginal cream	1	
estradiol vaginal tablet	1	
estradiol valerate intramuscular oil	1	
estradiol-norethindrone acet oral tablet	1	
fyavolv oral tablet	1	
gallifrey oral tablet	1	
heather oral tablet	1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	1	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	1	
incassia oral tablet	1	
jencycla oral tablet	1	
jinteli oral tablet	1	
lyleq oral tablet	1	
lyllana transdermal patch semiweekly	1	QL (8 per 28 days)
lyza oral tablet	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
medroxyprogesterone intramuscular suspension	1	
medroxyprogesterone intramuscular syringe	1	
medroxyprogesterone oral tablet	1	
meleya oral tablet	1	
mimvey oral tablet	1	
nora-be oral tablet	1	
norethindrone (contraceptive) oral tablet	1	
norethindrone acetate oral tablet	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
orquidea oral tablet	1	
PREMARIN ORAL TABLET	1	
PREMARIN VAGINAL CREAM	1	
PREMPHASE ORAL TABLET	1	
PREMPRO ORAL TABLET	1	
progesterone intramuscular oil	1	
progesterone micronized oral capsule	1	
sharobel oral tablet	1	
yuvafem vaginal tablet	1	
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal cream	1	
eluryng vaginal ring	1	
etonogestrel-ethinyl estradiol vaginal ring	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	1	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
mifepristone oral tablet 200 mg	1	LA
MYFEMBREE ORAL TABLET	1	PA; NEDS
NEXPLANON SUBDERMAL IMPLANT	1	
norelgestromin-ethin.estradiol transdermal patch weekly	1	
terconazole vaginal cream	1	
terconazole vaginal suppository	1	
tranexamic acid oral tablet	1	
xulane transdermal patch weekly	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
zafemy transdermal patch weekly	1	
ORAL CONTRACEPTIVES / RELATED AGENTS		
afirmelle oral tablet	1	
altavera (28) oral tablet	1	
alyacen 1/35 (28) oral tablet	1	
alyacen 7/7/7 (28) oral tablet	1	
amethyst (28) oral tablet	1	
apri oral tablet	1	
aranelle (28) oral tablet	1	
aubra eq oral tablet	1	
aviane oral tablet	1	
azurette (28) oral tablet	1	
camrese oral tablets,dose pack,3 month	1	
cryselle (28) oral tablet	1	
cyred eq oral tablet	1	
dasetta 1/35 (28) oral tablet	1	
dasetta 7/7/7 (28) oral tablet	1	
daysee oral tablets,dose pack,3 month	1	
desog-e.estradiol/e.estradiol oral tablet	1	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	1	
drospirenone-ethinyl estradiol oral tablet	1	
elinest oral tablet	1	
enskyce oral tablet	1	
estarylla oral tablet	1	
falmina (28) oral tablet	1	
introvale oral tablets,dose pack,3 month	1	
isibloom oral tablet	1	
jasmiel (28) oral tablet	1	
jolessa oral tablets,dose pack,3 month	1	
juleber oral tablet	1	
kalliga oral tablet	1	
kariva (28) oral tablet	1	
kelnor 1/35 (28) oral tablet	1	
kurvelo (28) oral tablet	1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	
larin 1.5/30 (21) oral tablet	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
larin 1/20 (21) oral tablet	1	
larin 24 fe oral tablet	1	
larin fe 1.5/30 (28) oral tablet	1	
larin fe 1/20 (28) oral tablet	1	
lessina oral tablet	1	
levonest (28) oral tablet	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	
levonorg-eth estrad triphasic oral tablet	1	
loryna (28) oral tablet	1	
low-ogestrel (28) oral tablet	1	
lo-zumandimine (28) oral tablet	1	
lutera (28) oral tablet	1	
marlissa (28) oral tablet	1	
microgestin 1.5/30 (21) oral tablet	1	
microgestin 1/20 (21) oral tablet	1	
microgestin fe 1.5/30 (28) oral tablet	1	
microgestin fe 1/20 (28) oral tablet	1	
mili oral tablet	1	
mono-linyah oral tablet	1	
nikki (28) oral tablet	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	
norgestimate-ethinyl estradiol oral tablet	1	
nortrel 0.5/35 (28) oral tablet	1	
nortrel 1/35 (21) oral tablet	1	
nortrel 1/35 (28) oral tablet	1	
nortrel 7/7/7 (28) oral tablet	1	
philith oral tablet	1	
pimtrea (28) oral tablet	1	
portia 28 oral tablet	1	
reclipsen (28) oral tablet	1	
setlakin oral tablets,dose pack,3 month	1	
sprintec (28) oral tablet	1	
syeda oral tablet	1	
tarina fe 1-20 eq (28) oral tablet	1	
tilia fe oral tablet	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
tri-estarylla oral tablet	1	
tri-legest fe oral tablet	1	
tri-linyah oral tablet	1	
tri-lo-estarylla oral tablet	1	
tri-lo-marzia oral tablet	1	
tri-lo-sprintec oral tablet	1	
tri-sprintec (28) oral tablet	1	
turqoz (28) oral tablet	1	
valtya oral tablet	1	
velivet triphasic regimen (28) oral tablet	1	
vestura (28) oral tablet	1	
vienva oral tablet	1	
viorele (28) oral tablet	1	
wera (28) oral tablet	1	
zovia 1-35 (28) oral tablet	1	
zumandimine (28) oral tablet	1	
OXYTOCICS		
methylergonovine oral tablet	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
bacitracin ophthalmic (eye) ointment	1	
bacitracin-polymyxin b ophthalmic (eye) ointment	1	
ciprofloxacin hcl ophthalmic (eye) drops	1	
erythromycin ophthalmic (eye) ointment	1	QL (3.5 per 14 days)
gatifloxacin ophthalmic (eye) drops	1	
gentamicin ophthalmic (eye) drops	1	QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops	1	
moxifloxacin ophthalmic (eye) drops	1	
moxifloxacin ophthalmic (eye) drops, viscous	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
neomycin-polymyxin-gramicidin ophthalmic (eye) drops	1	
ofloxacin ophthalmic (eye) drops	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops	1	
tobramycin ophthalmic (eye) drops	1	QL (10 per 14 days)
ANTIVIRALS		
trifluridine ophthalmic (eye) drops	1	
ZIRGAN OPHTHALMIC (EYE) GEL	1	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops	1	
carteolol ophthalmic (eye) drops	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate ophthalmic (eye) drops (not single use)	1	
timolol maleate ophthalmic (eye) gel forming solution	1	

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops 1 %	1	
azelastine ophthalmic (eye) drops	1	
BYOOVIZ INTRAVITREAL SOLUTION	1	PA; NEDS
cromolyn ophthalmic (eye) drops	1	
cyclosporine ophthalmic (eye) dropperette	1	QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS	1	PA; NEDS
epinastine ophthalmic (eye) drops	1	
MIEBO (PF) OPHTHALMIC (EYE) DROPS	1	QL (3 per 30 days)
OXERVATE OPHTHALMIC (EYE) DROPS	1	PA; NEDS
PAVBLU INTRAVITREAL SOLUTION	1	PA; NEDS
PAVBLU INTRAVITREAL SYRINGE	1	PA; NEDS
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
sulfacetamide sodium ophthalmic (eye) drops	1	
sulfacetamide-prednisolone ophthalmic (eye) drops	1	
XDEMVY OPHTHALMIC (EYE) DROPS	1	PA; QL (10 per 42 days); NEDS
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	1	QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops	1	
diclofenac sodium ophthalmic (eye) drops	1	
flurbiprofen sodium ophthalmic (eye) drops	1	
ketorolac ophthalmic (eye) drops	1	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release	1	
acetazolamide oral tablet	1	
acetazolamide sodium injection recon soln	1	
methazolamide oral tablet	1	
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye) drops	1	
dorzolamide ophthalmic (eye) drops	1	
dorzolamide-timolol ophthalmic (eye) drops	1	
latanoprost ophthalmic (eye) drops	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	
miostat intraocular solution	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS	1	
ROCKLATAN OPHTHALMIC (EYE) DROPS	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	1	
travoprost ophthalmic (eye) drops	1	
STEROID-ANTIBIOTIC COMBINATIONS		

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	1	QL (3.5 per 14 days)
tobramycin-dexamethasone ophthalmic (eye) drops,suspension	1	QL (10 per 14 days)
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops	1	
fluorometholone ophthalmic (eye) drops,suspension	1	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	1	
loteprednol etabonate ophthalmic (eye) drops,gel	1	
loteprednol etabonate ophthalmic (eye) drops,suspension	1	
OZURDEX INTRAVITREAL IMPLANT	1	NEDS
prednisolone acetate ophthalmic (eye) drops,suspension	1	
prednisolone sodium phosphate ophthalmic (eye) drops	1	
SYMPATHOMIMETICS		
apraclonidine ophthalmic (eye) drops	1	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	1	
brimonidine ophthalmic (eye) drops 0.2 %	1	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection solution	1	
cetirizine oral solution 1 mg/ml	1	

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl injection syringe	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	1	QL (4 per 30 days)
epinephrine injection solution	1	
hydroxyzine hcl oral tablet	1	PA
levocetirizine oral solution	1	
levocetirizine oral tablet	1	QL (30 per 30 days)
promethazine injection solution	1	
promethazine oral syrup	1	PA
promethazine oral tablet	1	PA
PULMONARY AGENTS		
acetylcysteine solution	1	B/D PA
ADEMPAS ORAL TABLET	1	PA; LA; QL (90 per 30 days); NEDS
ADVAIR HFA AEROSOL INHALER	1	QL (12 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm	1	QL (13.4 per 30 days)
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	1	B/D PA
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	1	QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	1	QL (6.1 per 30 days)
alyq oral tablet	1	PA; QL (60 per 30 days); NEDS
ambrisentan oral tablet	1	PA; LA; QL (30 per 30 days); NEDS
arformoterol inhalation solution for nebulization	1	B/D PA; QL (120 per 30 days)

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
ASMANEX HFA AEROSOL INHALER	1	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	1	QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	1	QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	1	QL (2 per 28 days)
ATROVENT HFA AEROSOL INHALER	1	QL (25.8 per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	1	QL (10.7 per 30 days)
bosentan oral tablet	1	PA; LA; QL (60 per 30 days); NEDS
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	1	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler	1	QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	1	QL (10.7 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	B/D PA; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	B/D PA; QL (60 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler	1	QL (10.2 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN	1	PA; NEDS
COMBIVENT RESPIMAT INHALATION MIST	1	QL (8 per 30 days)
cromolyn inhalation solution for nebulization	1	B/D PA

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
DULERA INHALATION HFA AEROSOL INHALER	1	QL (13 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (1 per 28 days); NEDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; QL (0.5 per 28 days); NEDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; QL (1 per 28 days); NEDS
flunisolide nasal spray,non-aerosol	1	QL (50 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	ST; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	1	QL (10.6 per 30 days)
fluticasone propionate nasal spray,suspension	1	QL (16 per 30 days)
fluticasone propion-salmeterol inhalation blister with device	1	QL (60 per 30 days)
formoterol fumarate inhalation solution for nebulization	1	B/D PA; QL (120 per 30 days)
icatibant subcutaneous syringe	1	PA; NEDS
ipratropium bromide inhalation hfa aerosol inhaler	1	QL (25.8 per 30 days)
ipratropium bromide inhalation solution	1	B/D PA
ipratropium-albuterol inhalation solution for nebulization	1	B/D PA
KALYDECO ORAL GRANULES IN PACKET	1	PA; QL (56 per 28 days); NEDS
KALYDECO ORAL TABLET	1	PA; QL (56 per 28 days); NEDS
macitentan oral tablet	1	PA; QL (30 per 30 days); NEDS
mometasone nasal spray,non-aerosol	1	QL (34 per 30 days)
montelukast oral granules in packet	1	
montelukast oral tablet	1	
montelukast oral tablet,chewable	1	

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Drug Name	Drug Tier	Requirements /Limits
nintedanib oral capsule	1	PA; QL (60 per 30 days); NEDS
NUCALA SUBCUTANEOUS AUTO-INJECTOR	1	PA; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS RECON SOLN	1	PA; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; LA; QL (0.4 per 28 days); NEDS
OPSYNVI ORAL TABLET	1	PA; QL (30 per 30 days); NEDS
ORKAMBI ORAL GRANULES IN PACKET	1	PA; QL (56 per 28 days); NEDS
ORKAMBI ORAL TABLET	1	PA; QL (112 per 28 days); NEDS
pirfenidone oral capsule	1	PA; QL (270 per 30 days); NEDS
pirfenidone oral tablet 267 mg	1	PA; QL (270 per 30 days); NEDS
pirfenidone oral tablet 801 mg	1	PA; QL (90 per 30 days); NEDS
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	QL (1 per 30 days)
PULMOZYME INHALATION SOLUTION	1	B/D PA; NEDS
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	QL (21.2 per 30 days)
roflumilast oral tablet	1	PA; QL (30 per 30 days)
sajazir subcutaneous syringe	1	PA; NEDS
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	1	NEDS

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	1	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST	1	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	1	QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	1	PA; QL (56 per 28 days); NEDS
tadalafil (pulm. hypertension) oral tablet	1	PA; QL (60 per 30 days)
terbutaline oral tablet	1	
terbutaline subcutaneous solution	1	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	1	PA; QL (1.91 per 30 days); NEDS
TEZSPIRE SUBCUTANEOUS SYRINGE	1	PA; QL (1.91 per 30 days); NEDS
theophylline oral elixir	1	
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr	1	
theophylline oral tablet extended release 24 hr	1	
tiotropium bromide inhalation capsule, w/inhalation device	1	QL (90 per 90 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	1	QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; QL (56 per 28 days); NEDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; QL (84 per 28 days); NEDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION	1	B/D PA; QL (81.2 per 28 days); NEDS
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	1	B/D PA; QL (11.6 per 180 days); NEDS
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	1	B/D PA; QL (81.2 per 28 days); NEDS
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	1	B/D PA; QL (81.2 per 180 days); NEDS

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This drug list was last updated on 10/16/2026.

Drug Name	Drug Tier	Requirements /Limits
WINREVAIR SUBCUTANEOUS KIT	1	PA; QL (1 per 21 days); NEDS
wixela inhub inhalation blister with device	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; LA; QL (1 per 28 days); NEDS
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; LA; QL (1 per 28 days); NEDS
zafirlukast oral tablet	1	
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
GEMTESA ORAL TABLET	1	
mirabegron oral tablet extended release 24 hr	1	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr	1	
solifenacin oral tablet	1	
tolterodine oral capsule,extended release 24hr	1	
tolterodine oral tablet	1	
trospium oral tablet	1	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr	1	
dutasteride oral capsule	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	1	
finasteride oral tablet 5 mg	1	
tamsulosin oral capsule	1	
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alprostadil injection solution	1	
bethanechol chloride oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
CYSTAGON ORAL CAPSULE	1	PA; LA
ELMIRON ORAL CAPSULE	1	
glycine urologic irrigation solution	1	
K-PHOS NO 2 ORAL TABLET	1	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	1	
potassium citrate oral tablet extended release	1	
RENACIDIN IRRIGATION SOLUTION	1	
tadalafil oral tablet 2.5 mg	1	PA; QL (60 per 30 days)
tadalafil oral tablet 5 mg	1	PA; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
albumin, human 25 % intravenous parenteral solution	1	
alburx (human) 25 % intravenous parenteral solution	1	
alburx (human) 5 % intravenous parenteral solution	1	
albutein 25 % intravenous parenteral solution	1	
albutein 5 % intravenous parenteral solution	1	
ELECTROLYTES		
calcium acetate(phosphat bind) oral capsule	1	PA
calcium acetate(phosphat bind) oral tablet	1	PA
calcium chloride intravenous solution	1	
calcium chloride intravenous syringe	1	
calcium gluconate intravenous solution	1	
effer-k oral tablet, effervescent 25 meq	1	
klor-con 10 oral tablet extended release	1	
klor-con 8 oral tablet extended release	1	
klor-con m10 oral tablet,er particles/crystals	1	
klor-con m15 oral tablet,er particles/crystals	1	
klor-con m20 oral tablet,er particles/crystals	1	
klor-con oral packet 20 oral packet	1	

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Drug Name	Drug Tier	Requirements /Limits
lactated ringers intravenous parenteral solution	1	
magnesium chloride injection solution	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
magnesium sulfate in water intravenous parenteral solution	1	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	1	
magnesium sulfate injection solution	1	
magnesium sulfate injection syringe	1	
potassium acetate intravenous solution	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution	1	
potassium chloride in lr-d5 intravenous parenteral solution	1	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	1	
potassium chloride intravenous solution	1	
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals	1	
potassium chloride-0.45 % nacl intravenous parenteral solution	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution	1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution	1	

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Drug Name	Drug Tier	Requirements /Limits
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	1	
ringer's intravenous parenteral solution	1	
sodium acetate intravenous solution	1	
sodium bicarbonate intravenous solution	1	
sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)	1	
sodium chloride 0.45 % intravenous parenteral solution	1	
sodium chloride 3 % hypertonic intravenous parenteral solution	1	
sodium chloride 5 % hypertonic intravenous parenteral solution	1	
sodium chloride intravenous solution	1	
sodium phosphate intravenous solution	1	
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
electrolyte-148 intravenous parenteral solution	1	
electrolyte-a intravenous parenteral solution	1	
intralipid intravenous emulsion 20 %	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
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ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
premasol 10 % intravenous parenteral solution	1	B/D PA
travasol 10 % intravenous parenteral solution	1	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet	1	
prenatal vitamin oral tablet	1	
wescap-pn dha oral capsule	1	

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Longevity Health Plan
2026 Formulary
List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 26066, Version 17.

We have made no changes to this formulary since 11/1/2026.
For more recent information or other questions, please contact Longevity Health Plan Customer Services at: 1-888-332-5938 (TTY users should call 711.) The hours are 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
Or visit: https://longevityhealthplan.com/

When this drug list (formulary) refers to "we," "us," or "our," it means Longevity Health Plan. When it refers to "plan" or "our plan," it means Longevity Health Plan of Florida, Longevity Health Plan of Illinois, Longevity Health Plan of New York, Longevity Health Plan of New Jersey Insurance Company, Longevity Health Plan of Michigan, Longevity Health Plan of North Carolina, and Longevity Health Plan of Colorado. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.
You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

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