Great Plains
Medicare Advantage

Great Plains Medicare Advantage 2027 Formulary
(List of Covered Drugs or "Drug List")

Plans covered:
Great Plains Medicare Advantage (HMO I-SNP) (SD, IA, ND)
Great Plains Medicare Advantage (HMO I-SNP) (NE)



Optum Rx®

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

Formulary ID# 00027233, V7

This formulary was updated on 09/18/2026.

For more recent information or other questions, please contact Great Plains Medicare Advantage member services at (855) 800-8872 (TTY users should call 711), 24 hours a day/7 days a week or visit **greatplainsmedicareadvantage.com.**

Y0128_HP-7950_07-26_C
123-872-642 Rev. 7/26

Welcome

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

When this drug list (formulary) refers to “we,” “us” or “our,” it means Great Plains Medicare Advantage. When it refers to “plan” or “our plan,” it means Great Plains Medicare Advantage.

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

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

Welcome

What is the Great Plains Medicare Advantage 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 our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Understanding your formulary

Can the formulary change?

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

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

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

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

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made. If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to Great Plains Medicare Advantage 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?"

Understanding your formulary

- **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 add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 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, and you can also find information in the section below entitled "How do I request an exception to the Great Plains Medicare Advantage's Formulary?"

Understanding your formulary

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

The enclosed formulary is current as of 01/01/2027. To get updated information about the drugs covered by Great Plains Medicare Advantage, please contact us. Our contact information appears on the front and back cover pages. The monthly formulary updates will be posted on our website, including the date it was updated.

How do I use the formulary?

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

1) Medical Condition

The formulary begins on page 13. 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, Calcium Channel Blocking Agents. If you know what your drug is used for, look for the category name in the list that begins on page 13. Then look under the category name for your drug.

2) 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 76. The Index provides an alphabetical list of all 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.

Understanding your formulary

What are generic drugs?

Our plan 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 drug of 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:** Our plan requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from Great Plains Medicare Advantage based on specific criteria before you fill your prescriptions. If you don't get approval, Great Plains Medicare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, the plan limits the amount of the drug that the plan will cover. For example, our plan provides 60 capsules per prescription for celecoxib. This may be in addition to a standard one-month or three-month supply.

Understanding your formulary

- **Step Therapy:** In some cases, our 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, the plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan 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 13. 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 our plan 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 Great Plains Medicare Advantage's formulary?" on page 10 for information about how to request an exception.

Understanding your formulary

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

NDS	**Non-Extended Day Supply** — This prescription drug is not available for an extended days' supply.
PA	**Prior Authorization** — You or your provider must get pre-approval for the medicine with OptumRx before you can get the prescription filled. NOTE: While the member is ultimately responsible for obtaining prior approval from OptumRx, we are here to help you or your provider through this process.
QL	**Quantity Limit/Amount Allowed** — Medication may be limited to a certain quantity.
B/D	This 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.
ST	**Step Therapy** — Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.
PA NSO	**Prior Authorization New Starts Only** — A prior authorization is only required when a new medication is to be started.
ST NSO	**Step Therapy New Starts Only** — Step therapy is only required when a new medication is to be started.

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

Understanding your formulary

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. For more information, 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 learn that Great Plains Medicare Advantage does not cover your drug, you have two options:

- You can ask member services for a list of similar drugs that are covered by Great Plains Medicare Advantage. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Great Plains Medicare Advantage.
- You can ask Great Plains Medicare Advantage to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Great Plains Medicare Advantage's Formulary?

You can ask Great Plains Medicare Advantage to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions including prior authorization, step therapy or quantity limits on your drug. For example, for certain drugs, Great Plains Medicare Advantage 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, Great Plains Medicare Advantage will only approve your request for an exception if the alternative drugs included on Great Plains Medicare Advantage formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse effects.

Understanding your formulary

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 90-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 90-day supply, we will not pay for these drugs, even if you have been a member of Great Plains Medicare Advantage 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. There are times outside of your first 90 days of new membership when the prescription drug transition process will also apply. One of the more common examples would be if you experience a change in your level of care (for example, when you are discharged from a hospital to either your home or to a long-term care facility, or if you end your long-term care facility stay and return to your home).

Understanding your formulary

Great Plains Medicare Advantage will ensure you have an effective transition of care, including your medication therapy, anytime you experience a change in your level of care,

For more information

For more detailed information about your Great Plains Medicare Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Great Plains Medicare Advantage, 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 medicare.gov.

Great Plains Medicare Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Great Plains Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 76.

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

The information in the Requirements/Limits column tells you if Great Plains Medicare Advantage has any special requirements for coverage of your drug.

Drug Name	Requirements/Limits
Analgesics	
Analgesics	
JOURNAVX TABLET 50MG	QL(30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs	
celecoxib capsule 100mg, 200mg, 400mg, 50mg	QL(60 EA per 30 days)
diclofenac potassium tablet 50mg	
diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg	
diclofenac sodium er tablet extended release 24 hour 100mg	
diclofenac sodium topical solution 1.5%	QL(300 ML per 30 days); PA
ec-naproxen tablet delayed release 500mg	
etodolac capsule 200mg, 300mg	
etodolac tablet 400mg, 500mg	
flurbiprofen tablet 100mg, 50mg	
ibuprofen suspension 100mg/5ml	
ibuprofen tablet 400mg, 600mg, 800mg	
ibu tablet 400mg, 600mg, 800mg	
indomethacin er capsule extended release 75mg	
indomethacin capsule 25mg, 50mg	
ketorolac tromethamine +rfid injection 30mg/ml	
ketorolac tromethamine injection 15mg/ml, 30mg/ml, 60mg/2ml	
ketorolac tromethamine tablet 10mg	QL(20 EA per 30 days)
meloxicam tablet 15mg, 7.5mg	
nabumetone tablet 500mg, 750mg	
naproxen dr tablet delayed release 375mg	
naproxen dr tablet delayed release 500mg	
naproxen sodium tablet 275mg, 550mg	
naproxen tablet 250mg, 375mg, 500mg	
oxaprozin tablet 600mg	
piroxicam capsule 10mg, 20mg	
sulindac tablet 150mg, 200mg	
Opioid Analgesics, Long-acting	
buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	QL(4 EA per 28 days); NDS
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	NDS
methadone hcl solution 5mg/5ml	NDS
methadone hcl tablet 10mg, 5mg	NDS
methadone hydrochloride intensol concentrate 10mg/ml	NDS
methadone hydrochloride concentrate 10mg/ml	NDS
methadone hydrochloride solution 10mg/5ml	NDS
morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 36MG, 9MG	NDS
Opioid Analgesics, Short-acting	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	NDS
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	NDS
endocet tablet 325mg; 5mg	NDS
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	NDS
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	NDS
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg	NDS
hydrocodone/acetaminophen tablet 325mg; 7.5mg	NDS
hydromorphone hcl injection 10mg/ml, 4mg/ml	NDS
hydromorphone hcl tablet 2mg, 4mg	NDS
hydromorphone hcl tablet 8mg	NDS
hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml	NDS
morphine sulfate injection 10mg/ml, 4mg/ml	NDS
morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml	NDS
morphine sulfate tablet 15mg, 30mg	NDS
oxycodone hydrochloride solution 5mg/5ml	NDS
oxycodone hydrochloride tablet 10mg, 15mg, 5mg	NDS
oxycodone hydrochloride tablet 20mg, 30mg	NDS
oxycodone/acetaminophen tablet 325mg; 5mg	NDS
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	NDS
tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg	NDS
tramadol hydrochloride tablet 50mg	NDS
Anesthetics	
Local Anesthetics	
lidocaine/prilocaine cream 2.5%; 2.5%	QL(30 GM per 30 days); PA
lidocaine ointment 5%	QL(150 GM per 30 days); PA
lidocaine patch 5%	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
acamprosate calcium dr tablet delayed release 333mg	
disulfiram tablet 250mg, 500mg	
naltrexone hydrochloride tablet 50mg	
VIVITROL INJECTION 380MG	
Opioid Dependence	
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg	
buprenorphine hcl tablet sublingual 2mg, 8mg	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	
Opioid Reversal Agents	
KLOXXADO LIQUID 8MG/0.1ML	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
naloxone hcl injection 4mg/10ml	
naloxone hydrochloride injection 0.4mg/ml	
naloxone hydrochloride injection 2mg/2ml	
OPVEE SOLUTION 2.7MG/0.1ML	
REXTOVY LIQUID 4MG/0.25ML	
Smoking Cessation Agents	
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	QL(60 EA per 30 days)
NICOTROL NS SOLUTION 10MG/ML	QL(360 ML per 365 days)
varenicline starting month tablet therapy pack 0	QL(504 EA per 365 days)
varenicline tartrate continuing month tablet 1mg	QL(504 EA per 365 days)
varenicline tartrate tablet 0.5mg, 1mg	QL(504 EA per 365 days)
Antibacterials	
Aminoglycosides	
amikacin sulfate injection 1gm/4ml, 500mg/2ml	
ARIKAYCE SUSPENSION 590MG/8.4ML	QL(235.2 ML per 28 days); PA
gentamicin sulfate pediatric injection 10mg/ml	
gentamicin sulfate cream 0.1%	
gentamicin sulfate injection 40mg/ml	
gentamicin sulfate ointment 0.1%	
HUMATIN CAPSULE 250MG	
neomycin sulfate tablet 500mg	
streptomycin sulfate injection 1gm	QL(60 EA per 30 days)
tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 80mg/2ml	
Antibacterials, Other	
aztreonam injection 1gm, 2gm	
clindacin etz pledgets swab 1%	QL(69 EA per 30 days)
clindamycin hcl capsule 300mg	
clindamycin hydrochloride capsule 150mg, 75mg	
clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml	
clindamycin phosphate cream 2%	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	
clindamycin phosphate swab 1%	QL(69 EA per 30 days)
colistimethate sodium injection 150mg	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	
daptomycin injection 350mg, 500mg	
fosfomycin tromethamine packet 3gm	
IMPAVIDO CAPSULE 50MG	
linezolid injection 600mg/300ml	
linezolid suspension reconstituted 100mg/5ml	QL(1800 ML per 28 days)
linezolid tablet 600mg	QL(56 EA per 28 days)
methenamine hippurate tablet 1gm	
metronidazole vaginal gel 0.75%	

Drug Name	Requirements/Limits
metronidazole injection 500mg/100ml	
metronidazole tablet 250mg, 500mg	
nitrofurantoin macrocrystals capsule 100mg, 50mg	
nitrofurantoin monohydrate/macrocrystals capsule 100mg	
nitrofurantoin monohydrate capsule 100mg	
SIVEXTRO INJECTION 200MG	QL(6 EA per 30 days)
SIVEXTRO TABLET 200MG	QL(6 EA per 30 days)
tigecycline injection 50mg	
tinidazole tablet 250mg, 500mg	
trimethoprim tablet 100mg	
vancomycin hcl injection 10gm	
vancomycin hydrochloride capsule 125mg	QL(120 EA per 30 days)
vancomycin hydrochloride capsule 250mg	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	
vancomycin hydrochloride injection 1gm, 500mg, 750mg	
Beta-lactam, Cephalosporins	
cefaclor capsule 250mg, 500mg	
cefaclor suspension reconstituted 250mg/5ml	
cefadroxil capsule 500mg	
cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml	
cefazolin sodium injection 10gm, 1gm, 500mg	
cefazolin injection 2gm, 3gm	
cefdinir capsule 300mg	
cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml	
cefepime hydrochloride injection 100gm, 2gm	
CEFEPIME/DEXTROSE INJECTION 2GM/50ML; 5%	
cefepime/dextrose injection 1gm/50ml; 5%	
cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm	
cefixime capsule 400mg	
cefotaxime sodium injection 1gm, 2gm	
cefotetan injection 1gm, 2gm	
cefoxitin sodium injection 10gm, 1gm, 2gm	
cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml	
cefpodoxime proxetil tablet 100mg, 200mg	
cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml	
cefprozil tablet 250mg, 500mg	
ceftaroline fosamil injection 400mg, 600mg	
ceftazidime injection 1gm, 2gm, 6gm	
ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	
cefuroxime axetil tablet 250mg, 500mg	
cefuroxime sodium injection 1.5gm, 750mg	
cephalexin capsule 250mg, 500mg	
cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml	
TAZICEF INJECTION 6GM	
tazicef injection 1gm, 2gm	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
Beta-lactam, Penicillins	
amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg	
amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	
amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml	
amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg	
amoxicillin/clavulanate potassium tablet 250mg; 125mg	
amoxicillin/potassium clavulanate tablet chewable 200mg; 28.5mg, 400mg; 57mg	
amoxicillin capsule 250mg, 500mg	
amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml	
amoxicillin tablet chewable 125mg, 250mg	
amoxicillin tablet 500mg, 875mg	
ampicillin sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	
ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm	
ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm	
ampicillin capsule 500mg	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	
dicloxacillin sodium capsule 250mg, 500mg	
nafcillin sodium injection 10gm, 1gm, 2gm	
penicillin g sodium injection 5000000unit	
penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml	
penicillin v potassium tablet 250mg, 500mg	
piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	
Carbapenems	
ertapenem sodium injection 1gm	
imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg	
meropenem injection 1gm, 2gm, 500mg	
Macrolides	
azithromycin injection 500mg	
azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml	
azithromycin tablet 250mg, 500mg, 600mg	
clarithromycin er tablet extended release 24 hour 500mg	
clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml	
clarithromycin tablet 250mg, 500mg	
erythromycin dr tablet delayed release 250mg, 333mg, 500mg	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
erythromycin ethylsuccinate suspension reconstituted 200mg/5ml	
fidaxomicin tablet 200mg	QL(20 EA per 10 days)
Quinolones	
ciprofloxacin hcl tablet 750mg	
ciprofloxacin hydrochloride tablet 250mg, 500mg, 750mg	
ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%	
levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml	
levofloxacin injection 25mg/ml	
levofloxacin oral solution 25mg/ml	
levofloxacin tablet 250mg, 500mg, 750mg	
moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%	
moxifloxacin hydrochloride tablet 400mg	
Sulfonamides	
sulfadiazine tablet 500mg	
sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg	
sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml	
sulfamethoxazole/trimethoprim tablet 400mg; 80mg	
Tetracyclines	
demeclocycline hcl tablet 150mg, 300mg	
doxycycline hyclate capsule 100mg, 50mg	
doxycycline hyclate injection 100mg	
doxycycline hyclate tablet 100mg	
doxycycline monohydrate capsule 100mg, 50mg	
doxycycline monohydrate tablet 100mg, 50mg	
doxycycline monohydrate tablet 150mg, 75mg	
doxycycline suspension reconstituted 25mg/5ml	
minocycline hcl capsule 75mg	
minocycline hydrochloride capsule 100mg, 50mg	
tetracycline hydrochloride capsule 250mg, 500mg	
Anticonvulsants	
Anticonvulsants, Other	
brivaracetam solution 10mg/ml	QL(600 ML per 30 days); PA NSO
brivaracetam tablet 10mg	PA NSO
brivaracetam tablet 100mg, 25mg, 50mg, 75mg	QL(60 EA per 30 days); PA NSO
EPIDIOLEX SOLUTION 100MG/ML	PA NSO
felbamate suspension 600mg/5ml	
felbamate tablet 400mg, 600mg	
FINTEPLA SOLUTION 2.2MG/ML	QL(360 ML per 30 days); PA NSO
lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg	
lamotrigine starter kit/blue kit 25mg	
lamotrigine starter kit/green kit 0	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
lamotrigine starter kit/orange kit 0	
lamotrigine tablet chewable 25mg, 5mg	
lamotrigine tablet 100mg, 150mg, 200mg, 25mg	
levetiracetam er tablet extended release 24 hour 500mg, 750mg	
levetiracetam solution 100mg/ml	
levetiracetam tablet disintegrating soluble 250mg	
levetiracetam tablet disintegrating soluble 500mg	QL(60 EA per 30 days)
levetiracetam tablet 1000mg, 250mg, 500mg, 750mg	
NAYZILAM SOLUTION 5MG/0.1ML	QL(10 EA per 30 days)
perampanel suspension 0.5mg/ml	
perampanel tablet 10mg, 12mg, 2mg, 4mg, 6mg, 8mg	QL(30 EA per 30 days)
roweepra tablet 500mg	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	QL(60 EA per 30 days)
subvenite starter kit/blue kit 25mg	
subvenite starter kit/green kit 0	
subvenite starter kit/orange kit 0	
SUBVENITE SUSPENSION 10MG/ML	
subvenite tablet 100mg, 150mg, 200mg, 25mg	
topiramate capsule sprinkle 15mg, 25mg, 50mg	
topiramate solution 25mg/ml	
topiramate tablet 100mg, 200mg, 25mg, 50mg	
valproic acid capsule 250mg	
valproic acid solution 250mg/5ml	
Calcium Channel Modifying Agents	
ethosuximide capsule 250mg	
ethosuximide solution 250mg/5ml	
methsuximide capsule 300mg	
Gamma-aminobutyric Acid (GABA) Modulating Agents	
clobazam suspension 2.5mg/ml	QL(480 ML per 30 days)
clobazam tablet 10mg, 20mg	QL(60 EA per 30 days)
clonazepam odt tablet disintegrating 2mg	QL(300 EA per 30 days)
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	QL(90 EA per 30 days)
clonazepam tablet 2mg	QL(300 EA per 30 days)
clonazepam tablet 0.5mg, 1mg	QL(90 EA per 30 days)
DIACOMIT CAPSULE 250MG, 500MG	PA NSO
DIACOMIT PACKET 250MG, 500MG	PA NSO
diazepam gel 2.5mg, 20mg	
diazepam gel 10mg	QL(5 EA per 30 days)
divalproex sodium dr capsule delayed release sprinkle 125mg	
divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg	
divalproex sodium er tablet extended release 24 hour 250mg, 500mg	
gabapentin capsule 400mg	QL(270 EA per 30 days)
gabapentin capsule 100mg, 300mg	QL(360 EA per 30 days)
gabapentin capsule 200mg	PA NSO

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
gabapentin solution 250mg/5ml	QL(2160 ML per 30 days)
gabapentin tablet 800mg	QL(150 EA per 30 days)
gabapentin tablet 600mg	QL(180 EA per 30 days)
phenobarbital elixir 20mg/5ml	
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	
pregabalin capsule 300mg	QL(60 EA per 30 days)
pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	QL(90 EA per 30 days)
pregabalin solution 20mg/ml	QL(900 ML per 30 days)
primidone tablet 125mg, 250mg, 50mg	
SYMPAZAN FILM 5MG	QL(60 EA per 30 days)
SYMPAZAN FILM 10MG, 20MG	
tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	QL(10 EA per 30 days)
vigabatrin packet 500mg	PA NSO
vigabatrin tablet 500mg	QL(180 EA per 30 days); PA NSO
vigadrone packet 500mg	PA NSO
vigadrone tablet 500mg	QL(180 EA per 30 days); PA NSO
VIGAFYDE SOLUTION 100MG/ML	PA NSO
ZTALMY SUSPENSION 50MG/ML	PA NSO
Sodium Channel Agents	
carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg	
carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg	
carbamazepine suspension 100mg/5ml	
carbamazepine tablet chewable 100mg, 200mg	
carbamazepine tablet 200mg	
DILANTIN CAPSULE 30MG	
eslicarbazepine acetate tablet 400mg	
eslicarbazepine acetate tablet 200mg	QL(30 EA per 30 days)
eslicarbazepine acetate tablet 600mg, 800mg	QL(60 EA per 30 days)
lacosamide solution 10mg/ml	
lacosamide tablet 100mg, 150mg, 200mg, 50mg	
oxcarbazepine suspension 300mg/5ml	
oxcarbazepine tablet 150mg, 300mg, 600mg	
PHENYTEK CAPSULE 200MG, 300MG	
phenytoin infatabs tablet chewable 50mg	
phenytoin sodium extended capsule 100mg, 200mg, 300mg	
phenytoin suspension 125mg/5ml	
phenytoin tablet chewable 50mg	

Drug Name	Requirements/Limits
rufinamide suspension 40mg/ml	
rufinamide tablet 200mg	
rufinamide tablet 400mg	
XCOPRI TABLET THERAPY PACK 0	QL(56 EA per 365 days); PA NSO; (14 X 12.5 MG & 14 X 25 MG)
XCOPRI TABLET THERAPY PACK 0	PA NSO; 150 MG & 200 MG TABS (350 MG DAILY DOSE)
XCOPRI TABLET THERAPY PACK 0	QL(56 EA per 28 days); PA NSO; (14 X 150 MG & 14 X 200 MG)
XCOPRI TABLET THERAPY PACK 0	QL(56 EA per 28 days); PA NSO; 100 MG & 150 MG TABS (250 MG DAILY DOSE)
XCOPRI TABLET THERAPY PACK 0	QL(56 EA per 365 days); PA NSO; (14 X 50 MG & 14 X 100 MG)
XCOPRI TABLET 100MG, 25MG, 50MG	QL(30 EA per 30 days); PA NSO
XCOPRI TABLET 150MG, 200MG	QL(60 EA per 30 days); PA NSO
ZONISADE SUSPENSION 100MG/5ML	ST NSO
zonisamide capsule 100mg, 25mg, 50mg	
Antidementia Agents	
Antidementia Agents, Other	
LEQEMBI IQLIK INJECTION 250MG/1.25ML	QL(10 ML per 28 days); PA
LEQEMBI IQLIK INJECTION 360MG/1.8ML	QL(7.2 ML per 28 days); PA
Cholinesterase Inhibitors	
donepezil hcl tablet disintegrating 10mg, 5mg	
donepezil hcl tablet 10mg	
donepezil hcl tablet 23mg	
donepezil hydrochloride tablet 10mg, 5mg	
galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg	
galantamine hydrobromide solution 4mg/ml	
galantamine hydrobromide tablet 12mg, 4mg, 8mg	
rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg	
rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
memantine hcl titration pak tablet 0	
memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg	QL(30 EA per 30 days)
memantine hydrochloride tablet 10mg, 5mg	
Antidepressants	
Antidepressants, Other	
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 0; 0	QL(102 EA per 365 days)
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	QL(60 EA per 30 days)

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg	QL(60 EA per 30 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg	QL(90 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	QL(30 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	QL(90 EA per 30 days)
bupropion hydrochloride tablet 100mg	QL(120 EA per 30 days)
bupropion hydrochloride tablet 75mg	QL(180 EA per 30 days)
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	QL(30 EA per 30 days); ST NSO
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG, 36.3MG, 54.5MG, 72.6MG	QL(30 EA per 30 days); ST NSO
mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg	
mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg	
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	PA NSO
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	PA NSO
ZURZUVAE CAPSULE 30MG	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	QL(28 EA per 14 days); PA NSO
Monoamine Oxidase Inhibitors	
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	QL(30 EA per 30 days); ST NSO
MARPLAN TABLET 10MG	
phenelzine sulfate tablet 15mg	
tranylcypromine sulfate tablet 10mg	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor	
citalopram hydrobromide solution 10mg/5ml	QL(600 ML per 30 days)
citalopram hydrobromide tablet 10mg, 20mg, 40mg	QL(30 EA per 30 days)
desvenlafaxine er tablet extended release 24 hour 100mg	QL(120 EA per 30 days)
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	QL(90 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 120mg, 80mg, 90mg	QL(30 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg	QL(60 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 30mg	QL(90 EA per 30 days)
escitalopram oxalate solution 5mg/5ml	
escitalopram oxalate tablet 10mg, 20mg, 5mg	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	QL(56 EA per 365 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	QL(30 EA per 30 days); ST NSO
fluoxetine hydrochloride capsule 10mg, 20mg, 40mg	
fluoxetine hydrochloride solution 20mg/5ml	
fluvoxamine maleate tablet 100mg, 25mg, 50mg	
nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg	
paroxetine hcl tablet 30mg, 40mg	
paroxetine hydrochloride suspension 10mg/5ml	
paroxetine hydrochloride tablet 10mg, 20mg	
RALDESY SOLUTION 10MG/ML	
sertraline hcl concentrate 20mg/ml	
sertraline hcl tablet 50mg	
sertraline hydrochloride tablet 100mg, 25mg	
trazodone hydrochloride tablet 100mg, 150mg, 50mg	
TRINTELLIX TABLET 10MG, 20MG, 5MG	QL(30 EA per 30 days)
venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg	
venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	
vilazodone hydrochloride tablet 10mg, 20mg, 40mg	QL(30 EA per 30 days)
Tricyclics	
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	
amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	
amoxapine tablet 100mg, 150mg, 25mg, 50mg	
clomipramine hydrochloride capsule 25mg, 50mg, 75mg	
desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	
doxepin hcl capsule 75mg	
doxepin hcl concentrate 10mg/ml	
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	
imipramine hcl tablet 25mg, 50mg	
imipramine hydrochloride tablet 10mg	
nortriptyline hcl capsule 25mg, 75mg	
nortriptyline hcl solution 10mg/5ml	
nortriptyline hydrochloride capsule 10mg, 50mg	
protriptyline hcl tablet 10mg, 5mg	
trimipramine maleate capsule 100mg, 25mg, 50mg	
Antiemetics	
Antiemetics, Other	
compro suppository 25mg	
meclizine hcl tablet 12.5mg, 25mg	
meclizine hydrochloride tablet 25mg	
prochlorperazine maleate tablet 10mg, 5mg	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
prochlorperazine suppository 25mg	
promethazine hcl suppository 12.5mg	PA
promethazine hydrochloride solution 6.25mg/5ml	PA
promethazine hydrochloride suppository 25mg	PA
promethazine hydrochloride tablet 12.5mg, 25mg, 50mg	PA
promethegan suppository 12.5mg, 25mg	PA
scopolamine patch 72 hour 1mg/3days	
Emetogenic Therapy Adjuncts	
aprepitant capsule therapy pack 0	QL(6 EA per 30 days); B/D; (THERAPY PACK 80 & 125 MG)
aprepitant capsule 40mg	QL(1 EA per 30 days); B/D
aprepitant capsule 80mg	QL(8 EA per 30 days); B/D
aprepitant capsule 125mg	QL(2 EA per 30 days); B/D
dronabinol capsule 10mg, 2.5mg, 5mg	QL(60 EA per 30 days); PA
ondansetron hcl solution 4mg/5ml	QL(450 ML per 30 days); B/D
ondansetron hydrochloride tablet 4mg, 8mg	B/D
ondansetron odt tablet disintegrating 4mg, 8mg	B/D
Antifungals	
Antifungals	
amphotericin b liposome injection 50mg	B/D
amphotericin b injection 50mg	B/D
caspofungin acetate injection 50mg, 70mg	
clotrimazole cream 1%	QL(90 GM per 30 days)
clotrimazole solution 1%	QL(60 ML per 30 days)
clotrimazole troche 10mg	
CRESEMBA CAPSULE 74.5MG	QL(175 EA per 30 days); PA
CRESEMBA CAPSULE 186MG	QL(70 EA per 30 days); PA
econazole nitrate cream 1%	QL(85 GM per 30 days)
fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	
fluconazole suspension reconstituted 10mg/ml, 40mg/ml	
fluconazole tablet 100mg, 150mg, 200mg, 50mg	
flucytosine capsule 250mg, 500mg	
griseofulvin microsize suspension 125mg/5ml	
griseofulvin microsize tablet 500mg	
griseofulvin ultramicrosize tablet 125mg, 250mg	
itraconazole capsule 100mg	PA
JUBLIA SOLUTION 10%	
ketoconazole cream 2%	QL(90 GM per 30 days)
ketoconazole shampoo 2%	QL(120 ML per 30 days)
ketoconazole tablet 200mg	
klayesta powder 100000unit/gm	QL(120 GM per 30 days)
micafungin injection 100mg, 50mg	
nyamyc powder 100000unit/gm	QL(120 GM per 30 days)
nystatin cream 100000unit/gm	QL(60 GM per 30 days)

Drug Name	Requirements/Limits
nystatin ointment 100000unit/gm	QL(60 GM per 30 days)
nystatin powder 100000unit/gm	QL(120 GM per 30 days)
nystatin suspension 100000unit/ml	
nystatin tablet 500000unit	
nystop powder 100000unit/gm	QL(120 GM per 30 days)
posaconazole dr tablet delayed release 100mg	QL(93 EA per 30 days); PA
posaconazole suspension 40mg/ml	QL(600 ML per 30 days); PA
terbinafine hcl tablet 250mg	QL(84 EA per 180 days)
terconazole cream 0.4%, 0.8%	
voriconazole injection 200mg	PA
voriconazole suspension reconstituted 40mg/ml	QL(600 ML per 30 days)
voriconazole tablet 200mg	QL(120 EA per 30 days)
voriconazole tablet 50mg	QL(480 EA per 30 days)
Antigout Agents	
Antigout Agents	
allopurinol tablet 100mg, 300mg	
colchicine tablet 0.6mg	
febuxostat tablet 40mg, 80mg	
probenecid/colchicine tablet 0.5mg; 500mg	
probenecid tablet 500mg	
Antimigraine Agents	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	
AIMOVIG INJECTION 140MG/ML	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	QL(3 ML per 28 days); PA
NURTEC TABLET DISINTEGRATING 75MG	QL(18 EA per 30 days); PA
UBRELVY TABLET 100MG, 50MG	QL(16 EA per 30 days); PA
Ergot Alkaloids	
dihydroergotamine mesylate solution 4mg/ml	QL(8 ML per 30 days); PA
ergotamine tartrate/caffeine tablet 100mg; 1mg	QL(40 EA per 28 days)
Prophylactic	
timolol maleate tablet 10mg, 20mg, 5mg	
Serotonin (5-HT) Receptor Agonist	
naratriptan hcl tablet 1mg, 2.5mg	QL(9 EA per 30 days)
rizatriptan benzoate odt tablet disintegrating 10mg, 5mg	QL(18 EA per 30 days)
rizatriptan benzoate tablet 10mg, 5mg	QL(18 EA per 30 days)
sumatriptan succinate injection 6mg/0.5ml	QL(5 ML per 30 days)
sumatriptan succinate tablet 100mg, 25mg, 50mg	QL(9 EA per 30 days)
sumatriptan solution 20mg/act, 5mg/act	QL(12 EA per 30 days)
zolmitriptan tablet 2.5mg, 5mg	QL(12 EA per 30 days)
Antimyasthenic Agents	
Parasympathomimetics	
pyridostigmine bromide tablet 60mg	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	PA

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
Antimycobacterials	
Antimycobacterials, Other	
dapsone tablet 100mg, 25mg	
PRETOMANID TABLET 200MG	
rifabutin capsule 150mg	
Antituberculars	
cycloserine capsule 250mg	
ethambutol hydrochloride tablet 100mg, 400mg	
ISONIAZID INJECTION 100MG/ML	
isoniazid syrup 50mg/5ml	
isoniazid tablet 100mg, 300mg	
pyrazinamide tablet 500mg	
rifampin capsule 150mg, 300mg	
rifampin injection 600mg	
rifapentine tablet 150mg	
SIRTURO TABLET 100MG, 20MG	
Antineoplastics	
Alkylating Agents	
cisplatin injection 100mg/100ml	
cyclophosphamide capsule 25mg, 50mg	B/D
LEUKERAN TABLET 2MG	
lomustine capsule 100mg, 10mg, 40mg	
MATULANE CAPSULE 50MG	
VALCHLOR GEL 0.016%	QL(60 GM per 30 days); PA NSO
Antiandrogens	
abiraterone acetate tablet 250mg	PA NSO
abiraterone acetate tablet 500mg	PA NSO
abirtega tablet 250mg	PA NSO
bicalutamide tablet 50mg	
ERLEADA TABLET 240MG, 60MG	PA NSO
EULEXIN CAPSULE 125MG	
nilutamide tablet 150mg	
NUBEQA TABLET 300MG	PA NSO
XTANDI CAPSULE 40MG	PA NSO
XTANDI TABLET 40MG, 80MG	PA NSO
YONSA TABLET 125MG	PA NSO
Antiangiogenic Agents	
lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	QL(30 EA per 30 days); PA NSO
pomalidomide capsule 1mg, 2mg, 3mg, 4mg	QL(30 EA per 30 days); PA NSO
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	QL(30 EA per 30 days); PA NSO
THALOMID CAPSULE 50MG	PA NSO
THALOMID CAPSULE 100MG	QL(112 EA per 28 days); PA NSO
Antiestrogens/Modifiers	
INLURIYO TABLET 200MG	PA NSO
ORSERDU TABLET 345MG	QL(30 EA per 30 days); PA NSO

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
ORSERDU TABLET 86MG	QL(90 EA per 30 days); PA NSO
SOLTAMOX SOLUTION 10MG/5ML	
tamoxifen citrate tablet 10mg, 20mg	
toremifene citrate tablet 60mg	
VEPPANU TABLET 200MG	PA NSO
VEPPANU TABLET 100MG	QL(30 EA per 30 days); PA NSO
Antimetabolites	
DROXIA CAPSULE 200MG, 300MG, 400MG	
hydroxyurea capsule 500mg	
mercaptopurine suspension 2000mg/100ml	
mercaptopurine tablet 50mg	
TABLOID TABLET 40MG	
Antineoplastics, Other	
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	PA NSO
INREBIC CAPSULE 100MG	PA NSO
ITOVEBI TABLET 9MG	PA NSO
ITOVEBI TABLET 3MG	QL(60 EA per 30 days); PA NSO
IWILFIN TABLET 192MG	PA NSO
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	PA NSO
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	PA NSO
KOMZIFTI CAPSULE 200MG	PA NSO
LAZCLUZE TABLET 240MG	PA NSO
LAZCLUZE TABLET 80MG	QL(60 EA per 30 days); PA NSO
leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	PA NSO
LYSODREN TABLET 500MG	
MODEYSO CAPSULE 125MG	PA NSO
OGSIVEO TABLET 100MG, 50MG	PA NSO
OGSIVEO TABLET 150MG	QL(60 EA per 30 days); PA NSO
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	PA NSO
OJEMDA TABLET 100MG	PA NSO
ONUREG TABLET 200MG, 300MG	PA NSO
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	PA NSO
REVUFORJ TABLET 110MG, 160MG, 25MG	PA NSO
VONJO CAPSULE 100MG	PA NSO
ZENBEXUS CAPSULE 0.75MG, 1MG	PA NSO
ZOLINZA CAPSULE 100MG	PA NSO
Aromatase Inhibitors, 3rd Generation	
anastrozole tablet 1mg	
exemestane tablet 25mg	
letrozole tablet 2.5mg	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
Enzyme Inhibitors	
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	PA NSO
topotecan hcl injection 4mg	
topotecan hydrochloride injection 4mg/4ml	
Molecular Target Inhibitors	
ALECENSA CAPSULE 150MG	PA NSO
ALUNBRIG TABLET THERAPY PACK 0	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	QL(30 EA per 30 days); PA NSO
AUGTYRO CAPSULE 160MG, 40MG	PA NSO
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	QL(30 EA per 30 days); PA NSO
BALVERSA TABLET 3MG, 4MG, 5MG	PA NSO
BOSULIF CAPSULE 100MG, 50MG	PA NSO
BOSULIF TABLET 100MG, 500MG	PA NSO
bosutinib tablet 100mg, 400mg, 500mg	PA NSO
BRAFTOVI CAPSULE 75MG	PA NSO
BRUKINSA CAPSULE 80MG	PA NSO
BRUKINSA TABLET 160MG	PA NSO
CABOMETYX TABLET 20MG, 60MG	QL(30 EA per 30 days); PA NSO
CABOMETYX TABLET 40MG	QL(60 EA per 30 days); PA NSO
CALQUENCE TABLET 100MG	PA NSO
CAPRELSA TABLET 300MG	QL(30 EA per 30 days); PA NSO
CAPRELSA TABLET 100MG	QL(60 EA per 30 days); PA NSO
CAVHANZA TABLET DISINTEGRATING 60MG, 80MG	PA NSO
COMETRIQ KIT 0, 20MG	PA NSO
COPIKTRA CAPSULE 15MG, 25MG	PA NSO
COTELLIC TABLET 20MG	PA NSO
DANZITEN TABLET 71MG, 95MG	PA NSO
dasatinib tablet 100mg, 140mg, 70mg	QL(30 EA per 30 days); PA NSO
dasatinib tablet 80mg	QL(60 EA per 30 days); PA NSO
dasatinib tablet 20mg, 50mg	QL(90 EA per 30 days); PA NSO
DAURISMO TABLET 100MG, 25MG	PA NSO
ENSACOVE CAPSULE 100MG, 25MG	PA NSO
ERIVEDGE CAPSULE 150MG	PA NSO
erlotinib hydrochloride tablet 100mg, 150mg, 25mg	PA NSO
everolimus tablet soluble 2mg, 3mg, 5mg	PA NSO
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	QL(30 EA per 30 days); PA NSO
FOTIVDA CAPSULE 0.89MG, 1.34MG	PA NSO
FRUZAQLA CAPSULE 5MG	QL(21 EA per 28 days); PA NSO
FRUZAQLA CAPSULE 1MG	QL(84 EA per 28 days); PA NSO
GAVRETO CAPSULE 100MG	PA NSO
gefitinib tablet 250mg	PA NSO
GILOTRIF TABLET 20MG, 30MG, 40MG	QL(30 EA per 30 days); PA NSO
GOMEKLI CAPSULE 1MG, 2MG	PA NSO

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
GOMEKLI TABLET SOLUBLE 1MG	PA NSO
HERNEXEOS TABLET 60MG	PA NSO
HYRNUO TABLET 10MG	PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	PA NSO
IBTROZI CAPSULE 200MG	PA NSO
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	QL(30 EA per 30 days); PA NSO
IDHIFA TABLET 100MG, 50MG	QL(30 EA per 30 days); PA NSO
imatinib mesylate tablet 100mg	PA NSO
imatinib mesylate tablet 400mg	PA NSO
IMBRUVICA CAPSULE 140MG	QL(120 EA per 30 days); PA NSO
IMBRUVICA CAPSULE 70MG	QL(28 EA per 28 days); PA NSO
IMBRUVICA SUSPENSION 70MG/ML	QL(240 ML per 30 days); PA NSO
IMBRUVICA TABLET 140MG, 280MG, 420MG	QL(28 EA per 28 days); PA NSO
IMKELDI SOLUTION 80MG/ML	PA NSO
INLYTA TABLET 5MG	QL(120 EA per 30 days); PA NSO
INLYTA TABLET 1MG	QL(180 EA per 30 days); PA NSO
INQOVI TABLET 100MG; 35MG	PA NSO
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	QL(30 EA per 30 days); PA NSO
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 50MG	QL(30 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	QL(90 EA per 30 days); PA NSO
JIDEYTRO TABLET 100MG	QL(30 EA per 30 days); PA NSO
JIDEYTRO TABLET 25MG	QL(90 EA per 30 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	QL(21 EA per 21 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	QL(42 EA per 21 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	QL(63 EA per 21 days); PA NSO
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	PA NSO
KOSELUGO CAPSULE 10MG, 25MG	PA NSO
KRAZATI TABLET 200MG	PA NSO
lapatinib ditosylate tablet 250mg	PA NSO
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	PA NSO
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	PA NSO
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	PA NSO
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	PA NSO
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	PA NSO
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	PA NSO
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	PA NSO
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	PA NSO
LIFYORLI CAPSULE THERAPY PACK 0	PA NSO
LORBRENA TABLET 100MG	QL(30 EA per 30 days); PA NSO
LORBRENA TABLET 25MG	QL(90 EA per 30 days); PA NSO

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
LUMAKRAS TABLET 120MG, 240MG, 320MG	PA NSO
LYNPARZA TABLET 100MG, 150MG	QL(120 EA per 30 days); PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; 20 MG DAILY DOSE
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	PA NSO
MEKINIST TABLET 2MG	QL(30 EA per 30 days); PA NSO
MEKINIST TABLET 0.5MG	QL(90 EA per 30 days); PA NSO
MEKTOVI TABLET 15MG	PA NSO
NERLYNX TABLET 40MG	QL(180 EA per 30 days); PA NSO
nilotinib hydrochloride capsule 200mg	QL(112 EA per 28 days); PA NSO
nilotinib hydrochloride capsule 150mg	QL(140 EA per 28 days); PA NSO
nilotinib hydrochloride capsule 50mg	QL(420 EA per 30 days); PA NSO
NINLARO CAPSULE 2.3MG, 3MG, 4MG	PA NSO
ODOMZO CAPSULE 200MG	PA NSO
OJJAARA TABLET 100MG, 150MG, 200MG	QL(30 EA per 30 days); PA NSO
pazopanib hydrochloride tablet 200mg, 400mg	PA NSO
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	QL(30 EA per 30 days); PA NSO
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	PA NSO
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	PA NSO
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	PA NSO
QINLOCK TABLET 50MG	PA NSO
RETEVMO TABLET 120MG, 160MG, 80MG	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	QL(90 EA per 30 days); PA NSO
REZLIDHIA CAPSULE 150MG	PA NSO
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	PA NSO
ROZLYTREK CAPSULE 100MG	QL(150 EA per 30 days); PA NSO
ROZLYTREK CAPSULE 200MG	QL(90 EA per 30 days); PA NSO
ROZLYTREK PACKET 50MG	PA NSO
RUBRACA TABLET 250MG, 300MG	PA NSO
RUBRACA TABLET 200MG	QL(120 EA per 30 days); PA NSO
RYDAPT CAPSULE 25MG	PA NSO
SCEMBLIX TABLET 100MG	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 40MG	QL(240 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	QL(60 EA per 30 days); PA NSO
sorafenib tosylate tablet 200mg	PA NSO
sorafenib tablet 200mg	PA NSO
STIVARGA TABLET 40MG	PA NSO
sunitinib malate capsule 12.5mg, 25mg, 50mg	QL(28 EA per 28 days); PA NSO
sunitinib malate capsule 37.5mg	QL(56 EA per 28 days); PA NSO
TABRECTA TABLET 150MG, 200MG	QL(120 EA per 30 days); PA NSO
TAFINLAR CAPSULE 50MG, 75MG	PA NSO
TAFINLAR TABLET SOLUBLE 10MG	PA NSO

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
TAGRISSO TABLET 80MG	PA NSO
TAGRISSO TABLET 40MG	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.1MG, 1MG	PA NSO
TALZENNA CAPSULE 0.35MG, 0.5MG, 0.75MG	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.25MG	QL(90 EA per 30 days); PA NSO
TAZVERIK TABLET 200MG	PA NSO
TEPMETKO TABLET 225MG	PA NSO
TIBSOVO TABLET 250MG	PA NSO
TRUQAP TABLET THERAPY PACK 160MG, 200MG	PA NSO
TRUQAP TABLET 160MG, 200MG	PA NSO
TUKYSA TABLET 150MG, 50MG	PA NSO
TURALIO CAPSULE 125MG	PA NSO
VANFLYTA TABLET 17.7MG, 26.5MG	PA NSO
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	QL(84 EA per 365 days); PA NSO
VENCLEXTA TABLET 10MG	PA NSO
VENCLEXTA TABLET 100MG, 50MG	PA NSO
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	QL(56 EA per 28 days); PA NSO
VITRAKVI CAPSULE 100MG	QL(120 EA per 30 days); PA NSO
VITRAKVI CAPSULE 25MG	QL(180 EA per 30 days); PA NSO
VITRAKVI SOLUTION 20MG/ML	QL(600 ML per 30 days); PA NSO
VIZIMPRO TABLET 15MG, 30MG, 45MG	PA NSO
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	PA NSO
XALKORI CAPSULE 200MG, 250MG	PA NSO
XOSPATA TABLET 40MG	PA NSO
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	PA NSO
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	PA NSO
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	PA NSO
yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg	QL(30 EA per 30 days); PA NSO
ZEJULA TABLET 100MG, 200MG, 300MG	QL(30 EA per 30 days); PA NSO
ZELBORAF TABLET 240MG	PA NSO
ZYDELIG TABLET 100MG, 150MG	PA NSO
ZYKADIA TABLET 150MG	PA NSO
Monoclonal Antibodies/Antibody-Drug Conjugates	
TEVIMBRA INJECTION 100MG/10ML, 150MG/15ML	PA NSO
Retinoids	
bexarotene capsule 75mg	PA NSO
bexarotene gel 1%	QL(60 GM per 30 days); PA NSO
PANRETIN GEL 0.1%	QL(120 GM per 30 days)
tretinoin capsule 10mg	
Treatment Adjuncts	
MESNA TABLET 400MG	
VORANIGO TABLET 40MG	QL(30 EA per 30 days); PA NSO

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
VORANIGO TABLET 10MG	QL(60 EA per 30 days); PA NSO
Antiparasitics	
Anthelmintics	
albendazole tablet 200mg	
ivermectin tablet 3mg, 6mg	PA
praziquantel tablet 600mg	
Antiprotozoals	
atovaquone/proguanil hcl tablet 62.5mg; 25mg	
atovaquone/proguanil hydrochloride tablet 250mg; 100mg	
atovaquone suspension 750mg/5ml	QL(300 ML per 30 days)
benznidazole tablet 100mg, 12.5mg	
chloroquine phosphate tablet 250mg, 500mg	
COARTEM TABLET 20MG; 120MG	
hydroxychloroquine sulfate tablet 100mg, 200mg	
mefloquine hydrochloride tablet 250mg	
nitazoxanide tablet 500mg	QL(60 EA per 30 days)
pentamidine isethionate injection 300mg	
pentamidine isethionate inhalation solution reconstituted 300mg	B/D
primaquine phosphate tablet 26.3mg	
pyrimethamine tablet 25mg	PA
quinine sulfate capsule 324mg	PA
Antiparkinson Agents	
Anticholinergics	
benztropine mesylate tablet 0.5mg, 1mg, 2mg	
trihexyphenidyl hydrochloride tablet 2mg, 5mg	
Antiparkinson Agents, Other	
entacapone tablet 200mg	
Dopamine Agonists	
bromocriptine mesylate capsule 5mg	
bromocriptine mesylate tablet 2.5mg	
pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg	
ropinirole er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg	
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	
ropinirole hydrochloride tablet 0.25mg, 3mg	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg	
carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	
carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	
carbidopa tablet 25mg	
INBRIJA CAPSULE 42MG	PA
Monoamine Oxidase B (MAO-B) Inhibitors	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
rasagiline mesylate tablet 0.5mg, 1mg	
selegiline hcl capsule 5mg	
selegiline hcl tablet 5mg	
Antipsychotics	
1st Generation/Typical	
chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml	
chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg	
fluphenazine decanoate injection 25mg/ml	
fluphenazine hcl concentrate 5mg/ml	
fluphenazine hydrochloride elixir 2.5mg/5ml	
fluphenazine hydrochloride injection 2.5mg/ml	
fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg	
haloperidol decanoate injection 100mg/ml, 50mg/ml	
haloperidol lactate injection 5mg/ml	
haloperidol concentrate 2mg/ml	
haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg	
haloperidol tablet 20mg	
loxapine capsule 10mg, 25mg, 50mg, 5mg	
molindone hydrochloride tablet 10mg, 25mg, 5mg	
perphenazine tablet 16mg, 2mg, 4mg, 8mg	
pimozide tablet 1mg, 2mg	
thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	
trifluoperazine hcl tablet 10mg, 2mg, 5mg	
trifluoperazine hydrochloride tablet 1mg	
2nd Generation/Atypical	
ABILIFY MAINTENA INJECTION 300MG, 400MG	QL(1 EA per 30 days)
aripiprazole odt tablet disintegrating 10mg, 15mg	QL(60 EA per 30 days)
aripiprazole solution 1mg/ml	QL(750 ML per 30 days)
aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg	QL(30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	
ARISTADA INJECTION 441MG/1.6ML	QL(1.6 ML per 30 days)
ARISTADA INJECTION 662MG/2.4ML	QL(2.4 ML per 30 days)
ARISTADA INJECTION 882MG/3.2ML	QL(3.2 ML per 30 days)
ARISTADA INJECTION 1064MG/3.9ML	QL(3.9 ML per 60 days)
asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg	QL(60 EA per 30 days)
BYSANTI TITRATION PACK A TABLET THERAPY PACK 0	QL(16 EA per 365 days); ST NSO
BYSANTI TITRATION PACK B TABLET THERAPY PACK 0	QL(24 EA per 365 days); ST NSO
BYSANTI TITRATION PACK C TABLET THERAPY PACK 0	QL(16 EA per 365 days); ST NSO
BYSANTI TABLET 1MG	QL(180 EA per 30 days); ST NSO
BYSANTI TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	QL(60 EA per 30 days); ST NSO
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	QL(30 EA per 30 days); PA NSO
FANAPT TITRATION PACK A TABLET 0	QL(16 EA per 365 days); ST NSO
FANAPT TITRATION PACK B TABLET 0	QL(24 EA per 365 days); ST NSO

Drug Name	Requirements/Limits
FANAPT TITRATION PACK C TABLET 0	QL(16 EA per 365 days); ST NSO
FANAPT TABLET 2MG	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 10MG, 12MG, 1MG, 4MG, 6MG, 8MG	QL(60 EA per 30 days); ST NSO
INVEGA HAFYERA INJECTION 1560MG/5ML	QL(5 ML per 180 days); ST NSO
INVEGA HAFYERA INJECTION 1092MG/3.5ML	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	QL(0.25 ML per 30 days)
INVEGA SUSTENNA INJECTION 78MG/0.5ML	QL(0.5 ML per 30 days)
INVEGA SUSTENNA INJECTION 117MG/0.75ML	QL(0.75 ML per 30 days)
INVEGA SUSTENNA INJECTION 156MG/ML	QL(1 ML per 30 days)
INVEGA SUSTENNA INJECTION 234MG/1.5ML	QL(1.5 ML per 30 days)
INVEGA TRINZA INJECTION 273MG/0.88ML	QL(0.88 ML per 84 days)
INVEGA TRINZA INJECTION 410MG/1.32ML	QL(1.32 ML per 84 days)
INVEGA TRINZA INJECTION 546MG/1.75ML	QL(1.75 ML per 84 days)
INVEGA TRINZA INJECTION 819MG/2.63ML	QL(2.63 ML per 84 days)
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	QL(30 EA per 30 days)
lurasidone hydrochloride tablet 80mg	QL(60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE 34MG	QL(30 EA per 30 days); PA NSO
NUPLAZID TABLET 10MG	QL(30 EA per 30 days); PA NSO
olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg	QL(30 EA per 30 days)
olanzapine injection 10mg	
olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg	QL(30 EA per 30 days)
OPIPZA FILM 2MG	QL(30 EA per 30 days); PA NSO
OPIPZA FILM 10MG, 5MG	QL(90 EA per 30 days); PA NSO
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	QL(30 EA per 30 days)
paliperidone er tablet extended release 24 hour 6mg	QL(60 EA per 30 days)
PERSERIS INJECTION 90MG	
PERSERIS INJECTION 120MG	QL(1 EA per 30 days)
quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg	QL(60 EA per 30 days)
quetiapine fumarate er tablet extended release 24 hour 200mg	QL(90 EA per 30 days)
quetiapine fumarate tablet 300mg, 400mg	QL(60 EA per 30 days)
quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg	QL(90 EA per 30 days)
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	QL(30 EA per 30 days)
risperidone er injection 37.5mg	
risperidone er injection 12.5mg, 25mg	QL(2 EA per 28 days)
risperidone er injection 50mg	QL(2 EA per 28 days)
risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	QL(60 EA per 30 days)
risperidone solution 1mg/ml	QL(240 ML per 30 days)
risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	QL(60 EA per 30 days)
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	QL(30 EA per 30 days); ST NSO

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
UZEDY INJECTION 200MG/0.56ML, 250MG/0.7ML, 75MG/0.21ML	
UZEDY INJECTION 50MG/0.14ML	QL(0.14 ML per 30 days)
UZEDY INJECTION 100MG/0.28ML	QL(0.28 ML per 30 days)
UZEDY INJECTION 125MG/0.35ML	QL(0.35 ML per 30 days)
UZEDY INJECTION 150MG/0.42ML	QL(0.42 ML per 60 days)
VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	QL(30 EA per 30 days)
ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg	QL(60 EA per 30 days)
ziprasidone mesylate injection 20mg	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	
Treatment-Resistant	
clozapine odt tablet disintegrating 200mg	QL(120 EA per 30 days)
clozapine odt tablet disintegrating 150mg	QL(180 EA per 30 days)
clozapine odt tablet disintegrating 100mg, 25mg	QL(270 EA per 30 days)
clozapine odt tablet disintegrating 12.5mg	QL(90 EA per 30 days)
clozapine tablet 50mg	QL(180 EA per 30 days)
clozapine tablet 25mg	QL(270 EA per 30 days)
clozapine tablet 200mg	QL(120 EA per 30 days)
clozapine tablet 100mg	QL(270 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	QL(540 ML per 30 days)
Antispasticity Agents	
Antispasticity Agents	
baclofen tablet 10mg, 20mg	
baclofen tablet 5mg	
dantrolene sodium capsule 100mg, 25mg, 50mg	
tizanidine hcl tablet 2mg	
tizanidine hydrochloride tablet 4mg	
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
ganciclovir injection 500mg/10ml, 500mg	B/D
LIVTENCITY TABLET 200MG	QL(360 EA per 30 days)
PREVYMIS PACKET 120MG, 20MG	QL(120 EA per 30 days)
PREVYMIS TABLET 240MG, 480MG	QL(28 EA per 28 days)
valganciclovir hydrochloride solution reconstituted 50mg/ml	QL(1080 ML per 30 days)
valganciclovir tablet 450mg	QL(120 EA per 30 days)
Anti-hepatitis B (HBV) Agents	
adefovir dipivoxil tablet 10mg	QL(30 EA per 30 days)
BARACLUDE SOLUTION 0.05MG/ML	QL(600 ML per 30 days)
entecavir tablet 0.5mg, 1mg	QL(30 EA per 30 days)
lamivudine tablet 100mg	QL(30 EA per 30 days)
Anti-hepatitis C (HCV) Agents	
MAVYRET PACKET 50MG; 20MG	QL(560 EA per 365 days); PA
MAVYRET TABLET 100MG; 40MG	QL(336 EA per 365 days); PA
ribavirin tablet 200mg	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
sofosbuvir/velpatasvir tablet 400mg; 100mg	QL(84 EA per 365 days); PA
VOSEVI TABLET 400MG; 100MG; 100MG	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	QL(30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	
DOVATO TABLET 50MG; 300MG	QL(30 EA per 30 days)
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	QL(30 EA per 30 days)
ISENTRESS HD TABLET 600MG	QL(60 EA per 30 days)
ISENTRESS PACKET 100MG	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	QL(180 EA per 30 days)
ISENTRESS TABLET 400MG	QL(60 EA per 30 days)
JULUCA TABLET 50MG; 25MG	QL(30 EA per 30 days)
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	QL(30 EA per 30 days)
TIVICAY PD TABLET SOLUBLE 5MG	QL(180 EA per 30 days)
TIVICAY TABLET 50MG	QL(60 EA per 30 days)
VOCABRIA TABLET 30MG	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	
DELSTRIGO TABLET 100MG; 300MG; 300MG	QL(30 EA per 30 days)
EDURANT PED TABLET SOLUBLE 2.5MG	QL(180 EA per 30 days)
efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg	QL(30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg	QL(30 EA per 30 days)
efavirenz tablet 600mg	QL(30 EA per 30 days)
emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg	QL(30 EA per 30 days)
etravirine tablet 100mg	QL(60 EA per 30 days)
etravirine tablet 200mg	QL(60 EA per 30 days)
IDVYNSO TABLET 100MG; 0.25MG	QL(30 EA per 30 days)
INTELENCE TABLET 25MG	QL(120 EA per 30 days)
nevirapine er tablet extended release 24 hour 400mg	QL(30 EA per 30 days)
nevirapine suspension 50mg/5ml	QL(1200 ML per 30 days)
nevirapine tablet 200mg	QL(60 EA per 30 days)
PIFELTRO TABLET 100MG	QL(30 EA per 30 days)
rilpivirine hydrochloride tablet 25mg	QL(30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
abacavir sulfate/lamivudine tablet 600mg; 300mg	QL(30 EA per 30 days)
abacavir solution 20mg/ml	QL(960 ML per 30 days)
abacavir tablet 300mg	QL(60 EA per 30 days)
CIMDUO TABLET 300MG; 300MG	QL(30 EA per 30 days)

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil tablet 167mg; 250mg	QL(30 EA per 30 days)
emtricitabine capsule 200mg	QL(30 EA per 30 days)
EMTRIVA SOLUTION 10MG/ML	QL(850 ML per 30 days)
lamivudine/zidovudine tablet 150mg; 300mg	QL(60 EA per 30 days)
lamivudine solution 10mg/ml	QL(960 ML per 30 days)
lamivudine tablet 150mg	QL(60 EA per 30 days)
lamivudine tablet 300mg	QL(30 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	QL(30 EA per 30 days)
tenofovir disoproxil fumarate tablet 300mg	QL(30 EA per 30 days)
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	QL(180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	QL(30 EA per 30 days)
VIREAD POWDER 40MG/GM	QL(240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	QL(30 EA per 30 days)
zidovudine capsule 100mg	QL(180 EA per 30 days)
zidovudine syrup 50mg/5ml	QL(1920 ML per 30 days)
zidovudine tablet 300mg	QL(60 EA per 30 days)
Anti-HIV Agents, Other	
maraviroc tablet 300mg	QL(120 EA per 30 days)
maraviroc tablet 150mg	QL(60 EA per 30 days)
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	QL(60 EA per 30 days)
SELZENTRY SOLUTION 20MG/ML	
SUNLENCA INJECTION 463.5MG/1.5ML	
SUNLENCA TABLET THERAPY PACK 300MG	QL(10 EA per 365 days); (5 X 300 MG Pack)
SUNLENCA TABLET THERAPY PACK 300MG	QL(8 EA per 365 days); (4 X 300 MG Pack)
SUNLENCA TABLET 300MG	QL(24 EA per 168 days)
TYBOST TABLET 150MG	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)	
APTIVUS CAPSULE 250MG	QL(120 EA per 30 days)
atazanavir sulfate capsule 300mg	QL(30 EA per 30 days)
atazanavir capsule 150mg	
atazanavir capsule 200mg	QL(60 EA per 30 days)
darunavir tablet 800mg	QL(30 EA per 30 days)
darunavir tablet 600mg	QL(60 EA per 30 days)
EVOTAZ TABLET 300MG; 150MG	QL(30 EA per 30 days)
fosamprenavir calcium tablet 700mg	QL(120 EA per 30 days)
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	QL(480 ML per 30 days)
lopinavir/ritonavir tablet 200mg; 50mg	QL(120 EA per 30 days)
lopinavir/ritonavir tablet 100mg; 25mg	QL(240 EA per 30 days)
NORVIR PACKET 100MG	QL(360 EA per 30 days)

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	QL(30 EA per 30 days)
PREZISTA SUSPENSION 100MG/ML	QL(400 ML per 30 days)
PREZISTA TABLET 75MG	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	QL(180 EA per 30 days)
REYATAZ PACKET 50MG	QL(180 EA per 30 days)
ritonavir tablet 100mg	QL(360 EA per 30 days)
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	QL(300 EA per 30 days)
Anti-influenza Agents	
amantadine hcl capsule 100mg	
amantadine hcl solution 50mg/5ml	
oseltamivir phosphate capsule 75mg	QL(110 EA per 365 days)
oseltamivir phosphate capsule 30mg	QL(168 EA per 365 days)
oseltamivir phosphate capsule 45mg	QL(84 EA per 365 days)
oseltamivir phosphate suspension reconstituted 6mg/ml	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	QL(1 EA per 30 days)
Antiherpetic Agents	
acyclovir sodium injection 50mg/ml	B/D
acyclovir capsule 200mg	
acyclovir suspension 200mg/5ml	
acyclovir tablet 400mg, 800mg	
famciclovir tablet 125mg, 250mg	QL(60 EA per 30 days)
famciclovir tablet 500mg	QL(90 EA per 30 days)
valacyclovir hydrochloride tablet 1gm, 500mg	QL(120 EA per 30 days)
VYJUVEK GEL 0	PA
Antiviral, Coronavirus Agents	
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL(11 EA per 5 days); (300mg-100mg Day 1; 150mg-100mg Days 2-5 Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL(20 EA per 5 days); (150mg-100mg Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL(30 EA per 5 days); (300mg-100mg Pak)
XOCOVA TABLET 125MG	QL(7 EA per 5 days)
Anxiolytics	
Anxiolytics, Other	
buspirone hcl tablet 15mg	
buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg	
Benzodiazepines	
alprazolam tablet 0.25mg, 0.5mg, 1mg	QL(120 EA per 30 days)
alprazolam tablet 2mg	QL(150 EA per 30 days)
clorazepate dipotassium tablet 15mg	QL(180 EA per 30 days)
clorazepate dipotassium tablet 7.5mg	QL(360 EA per 30 days)
clorazepate dipotassium tablet 3.75mg	QL(720 EA per 30 days)

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
diazepam intensol concentrate 5mg/ml	
diazepam concentrate 5mg/ml	
diazepam solution 5mg/5ml	QL(1200 ML per 30 days)
diazepam tablet 10mg	QL(120 EA per 30 days)
diazepam tablet 5mg	QL(240 EA per 30 days)
diazepam tablet 2mg	QL(300 EA per 30 days)
lorazepam intensol concentrate 2mg/ml	QL(150 ML per 30 days)
lorazepam tablet 2mg	QL(150 EA per 30 days)
lorazepam tablet 0.5mg, 1mg	QL(90 EA per 30 days)
Bipolar Agents	
Bipolar Agents, Other	
IGALMI FILM 120MCG, 180MCG	PA NSO
Mood Stabilizers	
lithium carbonate er tablet extended release 300mg, 450mg	
lithium carbonate capsule 150mg, 300mg, 600mg	
lithium carbonate tablet 300mg	
lithium solution 8meq/5ml	
Blood Glucose Regulators	
Antidiabetic Agents	
acarbose tablet 100mg, 25mg, 50mg	
dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 1000mg, 10mg; 500mg, 5mg; 500mg	QL(30 EA per 30 days)
dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 5mg; 1000mg	QL(60 EA per 30 days)
glimepiride tablet 1mg, 2mg, 4mg	
glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg	
glipizide xl tablet extended release 24 hour 10mg, 2.5mg, 5mg	
glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	
glipizide tablet 10mg, 2.5mg, 5mg	
glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	
glyburide tablet 1.25mg, 2.5mg, 5mg	
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	
JANUVIA TABLET 100MG, 25MG, 50MG	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	
metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg	
metformin hydrochloride tablet 1000mg, 500mg, 850mg	
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	QL(2 ML per 28 days); PA
nateglinide tablet 120mg, 60mg	
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	QL(3 ML per 28 days); PA
OZEMPIC TABLET 4MG, 9MG	QL(30 EA per 30 days); PA
OZEMPIC TABLET 1.5MG	QL(60 EA per 365 days); PA
pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg	
pioglitazone hcl tablet 45mg	
pioglitazone hydrochloride tablet 15mg, 30mg	
repaglinide tablet 0.5mg, 1mg, 2mg	
RYBELSUS TABLET 14MG, 7MG	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	QL(60 EA per 365 days); PA
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	QL(15 ML per 24 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	QL(30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	QL(60 EA per 30 days)
SYNJARDY TABLET 12.5MG; 1000MG, 5MG; 500MG	
SYNJARDY TABLET 12.5MG; 500MG, 5MG; 1000MG	QL(60 EA per 30 days)
TRADJENTA TABLET 5MG	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	QL(60 EA per 30 days)
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 5MG; 500MG	QL(30 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	QL(60 EA per 30 days)
Glycemic Agents	
BAQSIMI ONE PACK POWDER 3MG/DOSE	
BAQSIMI TWO PACK POWDER 3MG/DOSE	
diazoxide suspension 50mg/ml	
glucagon emergency kit for low blood sugar injection 1mg	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	
GVOKE KIT INJECTION 1MG/0.2ML	
GVOKE PFS INJECTION 1MG/0.2ML	
Insulins	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	
HUMALOG INJECTION 100UNIT/ML	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	
HUMULIN N INJECTION 100UNIT/ML	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	
HUMULIN R INJECTION 100UNIT/ML	
insulin lispro injection 100unit/ml	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	
LANTUS INJECTION 100UNIT/ML	
LYUMJEV KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	
LYUMJEV INJECTION 100UNIT/ML	
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	
NOVOLIN N RELION INJECTION 100UNIT/ML	
NOVOLIN N INJECTION 100UNIT/ML	
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	
NOVOLIN R RELION INJECTION 100UNIT/ML	
NOVOLIN R INJECTION 100UNIT/ML	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLOG PENFILL INJECTION 100UNIT/ML	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
NOVOLOG RELION INJECTION 100UNIT/ML	
NOVOLOG INJECTION 100UNIT/ML	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	
TRESIBA INJECTION 100UNIT/ML	
Blood Products and Modifiers	
Anticoagulants	
dabigatran etexilate capsule 110mg, 150mg, 75mg	QL(60 EA per 30 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	QL(148 EA per 365 days)
ELIQUIS CAPSULE SPRINKLE 0.15MG	QL(84 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	QL(140 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	QL(420 EA per 28 days); PACK 3 X 0.5 MG (1.5 MG)
ELIQUIS TABLET SOLUBLE 0.5MG	QL(560 EA per 28 days); PACK 4 X 0.5 MG (2 MG)
ELIQUIS TABLET 5MG	
ELIQUIS TABLET 2.5MG	QL(60 EA per 30 days)
enoxaparin sodium injection 300mg/3ml	
enoxaparin sodium injection 30mg/0.3ml	QL(18 ML per 30 days)
enoxaparin sodium injection 40mg/0.4ml	QL(24 ML per 30 days)
enoxaparin sodium injection 60mg/0.6ml	QL(36 ML per 30 days)
enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml	QL(48 ML per 30 days)
enoxaparin sodium injection 100mg/ml, 150mg/ml	QL(60 ML per 30 days)
fondaparinux sodium injection 5mg/0.4ml	
fondaparinux sodium injection 2.5mg/0.5ml	QL(15 ML per 30 days)
fondaparinux sodium injection 7.5mg/0.6ml	QL(18 ML per 30 days)
fondaparinux sodium injection 10mg/0.8ml	QL(24 ML per 30 days)
FRAGMIN INJECTION 2500UNIT/0.2ML	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	
heparin sodium injection 5000unit/ml	
jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	
rivaroxaban suspension reconstituted 1mg/ml	QL(600 ML per 30 days)
rivaroxaban tablet 2.5mg	QL(360 EA per 30 days)
warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	
XARELTO TABLET 10MG, 20MG	QL(30 EA per 30 days)
XARELTO TABLET 15MG	QL(60 EA per 30 days)
Blood Products and Modifiers, Other	
anagrelide hydrochloride capsule 0.5mg, 1mg	
eltrombopag olamine packet 12.5mg, 25mg	QL(180 EA per 30 days); PA
eltrombopag olamine tablet 12.5mg, 25mg	QL(30 EA per 30 days); PA
eltrombopag olamine tablet 50mg, 75mg	QL(60 EA per 30 days); PA

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
LEUKINE INJECTION 250MCG	PA
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	PA
NEULASTA INJECTION 4MG/0.4ML	PA
NEULASTA INJECTION 6MG/0.6ML	QL(1.2 ML per 28 days); PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
RETACRIT INJECTION 40000UNIT/ML	PA
UDENYCA ONBODY INJECTION 6MG/0.6ML	PA
UDENYCA INJECTION 6MG/0.6ML	QL(1.2 ML per 28 days); PA
XOLREMDI CAPSULE 100MG	QL(120 EA per 30 days); PA
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	
Hemostasis Agents	
tranexamic acid tablet 650mg	
Platelet Modifying Agents	
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	
aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg	
CABLIVI INJECTION 11MG	QL(30 EA per 30 days); PA
cilostazol tablet 100mg, 50mg	
clopidogrel tablet 75mg	
clopidogrel tablet 300mg	
DOPTELET TABLET 20MG	QL(90 EA per 30 days); PA
prasugrel hydrochloride tablet 10mg, 5mg	
ticagrelor tablet 60mg, 90mg	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
clonidine hydrochloride tablet 0.05mg, 0.1mg, 0.2mg, 0.3mg	
clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	
droxidopa capsule 100mg	QL(90 EA per 30 days); PA
droxidopa capsule 200mg, 300mg	QL(180 EA per 30 days); PA
guanfacine hydrochloride tablet 1mg, 2mg	
METHYLDOPA TABLET 250MG, 500MG	
midodrine hydrochloride tablet 10mg, 2.5mg, 5mg	
Alpha-adrenergic Blocking Agents	
prazosin hydrochloride capsule 1mg, 2mg, 5mg	
Angiotensin II Receptor Antagonists	
azilsartan medoxomil tablet 40mg, 80mg	
candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg	
irbesartan tablet 150mg, 300mg, 75mg	
losartan potassium tablet 100mg, 25mg, 50mg	
olmesartan medoxomil tablet 20mg, 40mg, 5mg	
telmisartan tablet 20mg, 40mg, 80mg	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
valsartan tablet 160mg, 320mg, 40mg, 80mg	
Angiotensin-converting Enzyme (ACE) Inhibitors	
benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	
captopril tablet 100mg, 12.5mg, 25mg, 50mg	
enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg	
fosinopril sodium tablet 10mg, 20mg, 40mg	
lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	
moexipril hydrochloride tablet 15mg, 7.5mg	
perindopril erbumine tablet 2mg, 4mg, 8mg	
quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	
ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg	
trandolapril tablet 1mg, 2mg, 4mg	
Antiarrhythmics	
amiodarone hydrochloride tablet 200mg	
amiodarone hydrochloride tablet 100mg, 400mg	
digoxin solution 0.05mg/ml	
digoxin tablet 125mcg, 250mcg	
digox tablet 125mcg, 250mcg	
disopyramide phosphate capsule 100mg, 150mg	
dofetilide capsule 125mcg, 250mcg, 500mcg	
flecainide acetate tablet 100mg, 150mg, 50mg	
mexiletine hydrochloride capsule 150mg	
mexiletine hydrochloride capsule 200mg, 250mg	
MULTAQ TABLET 400MG	
PACERONE TABLET 200MG	
PACERONE TABLET 100MG	
propafenone hcl tablet 150mg, 225mg, 300mg	
propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg	
propafenone hydrochloride tablet 150mg, 225mg, 300mg	
quinidine sulfate tablet 200mg, 300mg	
sotalol hcl tablet 120mg, 160mg, 240mg	
sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg	
sotalol hydrochloride tablet 120mg, 160mg, 80mg	
Beta-adrenergic Blocking Agents	
acebutolol hydrochloride capsule 200mg, 400mg	
atenolol tablet 100mg, 25mg, 50mg	
betaxolol hcl tablet 10mg, 20mg	
bisoprolol fumarate tablet 10mg, 2.5mg, 5mg	
carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg	
labetalol hydrochloride tablet 100mg, 200mg, 300mg	
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg	
metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	
nadolol tablet 20mg, 40mg, 80mg	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg	
pindolol tablet 10mg, 5mg	
propranolol hcl tablet 40mg	
propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	
Calcium Channel Blocking Agents, Dihydropyridines	
amlodipine besylate tablet 10mg, 2.5mg, 5mg	
felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg	
nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg	
nimodipine capsule 30mg	
Calcium Channel Blocking Agents, Nondihydropyridines	
cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg	
dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg	
diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	
diltiazem hcl er tablet extended release 24 hour 420mg	
diltiazem hcl tablet 30mg, 60mg	
diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	
diltiazem hydrochloride tablet 120mg, 90mg	
matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg	
tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	
verapamil hcl er capsule extended release 24 hour 120mg, 180mg, 240mg	
verapamil hcl er tablet extended release 120mg	
verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg	
verapamil hydrochloride er tablet extended release 180mg, 240mg	
verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg	
verapamil hydrochloride tablet 120mg, 40mg, 80mg	
Cardiovascular Agents, Other	
aliskiren tablet 150mg, 300mg	
amiloride/hydrochlorothiazide tablet 5mg; 50mg	
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	
amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg	
atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg	
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	
bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	
candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg	
captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg	
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg	
FILSPARI TABLET 200MG	QL(30 EA per 30 days); PA
FILSPARI TABLET 400MG	QL(60 EA per 30 days); PA
fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg	
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg	
isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg	
ivabradine hydrochloride tablet 5mg, 7.5mg	QL(60 EA per 30 days)
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	
metyrosine capsule 250mg	PA
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	
pentoxifylline er tablet extended release 400mg	
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	
ranolazine er tablet extended release 12 hour 1000mg, 500mg	
sacubitril/valsartan tablet 24mg; 26mg	QL(180 EA per 30 days)
sacubitril/valsartan tablet 49mg; 51mg, 97mg; 103mg	QL(60 EA per 30 days)
spironolactone/hydrochlorothiazide tablet 25mg; 25mg	
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	
triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg	
valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg	
VYNDAMAX CAPSULE 61MG	QL(30 EA per 30 days); PA
Diuretics, Loop	
bumetanide injection 0.25mg/ml	
bumetanide tablet 0.5mg, 1mg, 2mg	
furosemide injection 10mg/ml	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
furosemide oral solution 10mg/ml, 40mg/5ml	
furosemide tablet 20mg, 40mg, 80mg	
torsemide tablet 100mg, 10mg, 20mg, 5mg	
Diuretics, Potassium-sparing	
amiloride hcl tablet 5mg	
triamterene capsule 100mg, 50mg	
Diuretics, Thiazide	
chlorthalidone tablet 25mg, 50mg	
hydrochlorothiazide capsule 12.5mg	
hydrochlorothiazide tablet 12.5mg, 25mg, 50mg	
indapamide tablet 1.25mg, 2.5mg	
metolazone tablet 10mg, 2.5mg, 5mg	
Dyslipidemics, Fibric Acid Derivatives	
fenofibrate micronized capsule 134mg, 200mg, 67mg	
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	
fenofibric acid dr capsule delayed release 135mg, 45mg	
gemfibrozil tablet 600mg	
Dyslipidemics, HMG CoA Reductase Inhibitors	
atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg	
fluvastatin sodium er tablet extended release 24 hour 80mg	
fluvastatin capsule 20mg, 40mg	
lovastatin tablet 10mg, 20mg, 40mg	
pitavastatin calcium tablet 1mg, 2mg, 4mg	
pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg	
rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg	
simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg	
Dyslipidemics, Other	
cholestyramine light packet 4gm	
cholestyramine light powder 4gm/dose	
cholestyramine packet 4gm	
cholestyramine powder 4gm/dose	
colesevelam hydrochloride tablet 625mg	
colestipol hydrochloride tablet 1gm	
ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg	
ezetimibe tablet 10mg	
icosapent ethyl capsule 0.5gm, 1gm	
NEXLETOL TABLET 180MG	QL(30 EA per 30 days); PA
NEXLIZET TABLET 180MG; 10MG	QL(30 EA per 30 days); PA
niacin er tablet extended release 1000mg, 500mg, 750mg	
omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm	
PRALUENT INJECTION 150MG/ML, 75MG/ML	QL(2 ML per 28 days); PA
prevalite packet 4gm	
prevalite powder 4gm/dose	
REPATHA SURECLICK INJECTION 140MG/ML	QL(3 ML per 28 days); PA

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
REPATHA INJECTION 140MG/ML	QL(3 ML per 28 days); PA
TRYNGOLZA INJECTION 50MG/0.8ML, 80MG/0.8ML	QL(0.8 ML per 28 days); PA
Mineralocorticoid Receptor Antagonists	
eplerenone tablet 25mg, 50mg	
KERENDIA TABLET 10MG, 20MG, 40MG	QL(30 EA per 30 days); PA
spironolactone tablet 100mg, 25mg, 50mg	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)	
dapagliflozin tablet 10mg, 5mg	QL(30 EA per 30 days)
FARXIGA TABLET 10MG, 5MG	QL(30 EA per 30 days); ST
JARDIANCE TABLET 10MG, 25MG	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous	
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	
isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg	
isosorbide mononitrate tablet 10mg, 20mg	
NITRO-BID OINTMENT 2%	
nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	
nitroglycerin transdermal ointment 2%	
nitroglycerin solution 0.4mg/spray	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	
VERQUVO TABLET 10MG, 2.5MG, 5MG	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial	
hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	
minoxidil tablet 10mg, 2.5mg	
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg	QL(60 EA per 30 days); Extended-release capsule 10mg
amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg	QL(60 EA per 30 days); Extended-release capsule 15mg
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg	QL(60 EA per 30 days); Extended-release capsule 20mg
amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg	QL(60 EA per 30 days); Extended-release capsule 25mg
amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg	QL(60 EA per 30 days); Extended-release capsule 30mg
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg	QL(60 EA per 30 days); Extended-release capsule 5mg
amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg	QL(90 EA per 30 days); tablet 10mg
amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg	QL(90 EA per 30 days); tablet 12.5mg
amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg	QL(90 EA per 30 days); tablet 15mg
amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg	QL(90 EA per 30 days); tablet 20mg

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg	QL(90 EA per 30 days); tablet 30mg
amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg	QL(90 EA per 30 days); tablet 5mg
amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg	QL(90 EA per 30 days); tablet 7.5mg
dextroamphetamine sulfate tablet 10mg	QL(180 EA per 30 days)
dextroamphetamine sulfate tablet 5mg	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
atomoxetine hydrochloride capsule 25mg	QL(30 EA per 30 days)
atomoxetine hydrochloride capsule 10mg	QL(60 EA per 30 days)
atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg	QL(30 EA per 30 days)
atomoxetine capsule 10mg	QL(60 EA per 30 days)
dexmethylphenidate hcl tablet 10mg, 5mg	QL(60 EA per 30 days)
dexmethylphenidate hydrochloride tablet 2.5mg	QL(60 EA per 30 days)
guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg	
methylphenidate hydrochloride er (dif) tablet extended release 27mg, 54mg	QL(30 EA per 30 days)
methylphenidate hydrochloride er (dif) tablet extended release 36mg	QL(60 EA per 30 days)
methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 54mg	QL(30 EA per 30 days)
methylphenidate hydrochloride er (osm) tablet extended release 36mg	QL(60 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg	QL(30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 24 hour 36mg	QL(60 EA per 30 days)
methylphenidate hydrochloride solution 5mg/5ml	
methylphenidate hydrochloride tablet 10mg, 20mg, 5mg	QL(90 EA per 30 days)
Central Nervous System, Other	
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	QL(56 EA per 365 days); PA; (12mg & 18mg & 24mg & 30mg Pack)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	QL(30 EA per 30 days); PA
AUSTEDO TABLET 12MG, 6MG, 9MG	QL(120 EA per 30 days); PA
butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg	
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	QL(112 EA per 365 days); PA NSO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	QL(60 EA per 30 days); PA NSO
dextromethorphan hydrobromide/quinidine sulfate capsule 20mg; 10mg	QL(60 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 40MG	QL(60 EA per 30 days); PA
INGREZZA CAPSULE THERAPY PACK 0	QL(56 EA per 365 days); PA
INGREZZA CAPSULE 60MG, 80MG	QL(30 EA per 30 days); PA

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
INGREZZA CAPSULE 40MG	QL(60 EA per 30 days); PA
riluzole tablet 50mg	
tetrabenazine tablet 12.5mg	QL(90 EA per 30 days); PA
tetrabenazine tablet 25mg	QL(120 EA per 30 days); PA
VEOZAH TABLET 45MG	QL(30 EA per 30 days); PA
Fibromyalgia Agents	
milnacipran hydrochloride titration pack miscellaneous 0	QL(110 EA per 365 days)
milnacipran hydrochloride tablet 100mg, 12.5mg, 25mg, 50mg	QL(60 EA per 30 days)
SAVELLA TITRATION PACK MISCELLANEOUS 0	QL(110 EA per 365 days)
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	QL(60 EA per 30 days)
Multiple Sclerosis Agents	
AVONEX PEN INJECTION 30MCG/0.5ML	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	QL(4 EA per 28 days); PA
BETASERON INJECTION 0.3MG	QL(15 EA per 30 days); PA
dalfampridine er tablet extended release 12 hour 10mg	QL(60 EA per 30 days); PA
dimethyl fumarate starterpack capsule delayed release therapy pack 0	QL(120 EA per 365 days); PA
dimethyl fumarate capsule delayed release 120mg, 240mg	QL(60 EA per 30 days); PA
fingolimod hydrochloride capsule 0.5mg	QL(30 EA per 30 days); PA
glatiramer acetate injection 40mg/ml	QL(12 ML per 28 days); PA
glatiramer acetate injection 20mg/ml	QL(30 ML per 30 days); PA
KESIMPTA INJECTION 20MG/0.4ML	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	QL(14 EA per 365 days); PA; (7 tablet Starter Pack)
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	QL(24 EA per 365 days); PA; (12 tablet Starter Pack)
MAYZENT TABLET 0.25MG	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	QL(30 EA per 30 days); PA
VUMERITY CAPSULE DELAYED RELEASE 231MG	QL(120 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA CAPSULE 0.92MG	QL(30 EA per 30 days); PA
Dental and Oral Agents	
Dental and Oral Agents	
chlorhexidine gluconate solution 0.12%	
doxycycline hyclate tablet 20mg	
lidocaine hydrochloride viscous solution 2%	
lidocaine viscous solution 2%	
periogard solution 0.12%	
pilocarpine hydrochloride tablet 5mg, 7.5mg	
triamcinolone acetonide dental paste paste 0.1%	
Dermatological Agents	
Acne and Rosacea Agents	
acitretin capsule 10mg, 17.5mg, 25mg	
amnesteem capsule 10mg, 20mg, 30mg, 40mg	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
azelaic acid gel 15%	QL(100 GM per 30 days)
claravis capsule 10mg, 20mg, 30mg, 40mg	
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	
erythromycin/benzoyl peroxide gel 5%; 3%	
FINACEA FOAM 15%	QL(50 GM per 30 days)
isotretinoin capsule 10mg, 20mg, 30mg, 40mg	
metronidazole cream 0.75%	
metronidazole gel 0.75%	
metronidazole gel 1%	
tazarotene cream 0.1%	QL(60 GM per 30 days)
tretinoin cream 0.025%	PA
tretinoin cream 0.05%	PA
zenatane capsule 10mg, 20mg, 30mg, 40mg	
Dermatitis and Pruritus Agents	
ADBRY INJECTION 150MG/ML	QL(6 ML per 28 days); PA
ADBRY INJECTION 300MG/2ML	QL(8 ML per 28 days); PA
ala-cort cream 1%	
alclometasone dipropionate cream 0.05%	
alclometasone dipropionate ointment 0.05%	
ammonium lactate cream 12%	
ammonium lactate lotion 12%	
betamethasone dipropionate augmented cream 0.05%	
betamethasone dipropionate augmented gel 0.05%	
betamethasone dipropionate augmented lotion 0.05%	
betamethasone dipropionate augmented ointment 0.05%	
betamethasone dipropionate cream 0.05%	
betamethasone dipropionate lotion 0.05%	
betamethasone dipropionate ointment 0.05%	
betamethasone valerate cream 0.1%	
betamethasone valerate lotion 0.1%	
betamethasone valerate ointment 0.1%	
clobetasol propionate e cream 0.05%	QL(120 GM per 30 days)
clobetasol propionate cream 0.05%	
clobetasol propionate foam 0.05%	
clobetasol propionate gel 0.05%	
clobetasol propionate ointment 0.05%	QL(120 GM per 30 days)
clobetasol propionate shampoo 0.05%	
clobetasol propionate solution 0.05%	
desonide cream 0.05%	
desonide ointment 0.05%	QL(120 GM per 30 days)
desoximetasone cream 0.25%	QL(100 GM per 30 days)
desoximetasone ointment 0.25%	
EBGLYSS INJECTION 250MG/2ML	PA
EUCRISA OINTMENT 2%	PA
fluocinolone acetonide cream 0.01%, 0.025%	QL(120 GM per 30 days)

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
fluocinolone acetonide ointment 0.025%	QL(120 GM per 30 days)
fluocinolone acetonide solution 0.01%	QL(60 ML per 30 days)
fluocinonide cream 0.1%	QL(120 GM per 30 days)
fluocinonide cream 0.05%	QL(60 GM per 30 days)
fluocinonide gel 0.05%	QL(60 GM per 30 days)
fluocinonide ointment 0.05%	QL(60 GM per 30 days)
fluocinonide solution 0.05%	QL(60 ML per 30 days)
fluticasone propionate cream 0.05%	
fluticasone propionate ointment 0.005%	
halobetasol propionate cream 0.05%	
halobetasol propionate ointment 0.05%	
hydrocortisone valerate cream 0.2%	QL(60 GM per 30 days)
hydrocortisone cream 1%, 2.5%	
hydrocortisone lotion 2.5%	
hydrocortisone ointment 2.5%	
hydrocortisone ointment 1%	QL(100 GM per 30 days)
mometasone furoate cream 0.1%	
mometasone furoate ointment 0.1%	
mometasone furoate solution 0.1%	
pimecrolimus cream 1%	QL(100 GM per 30 days)
selenium sulfide lotion 2.5%	
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	QL(4 ML per 28 days); PA
tacrolimus ointment 0.03%, 0.1%	QL(100 GM per 30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	
triamcinolone acetonide lotion 0.1%	
triamcinolone acetonide lotion 0.025%	
triamcinolone acetonide ointment 0.025%, 0.1%	
triamcinolone acetonide ointment 0.5%	
triderm cream 0.5%	
Dermatological Agents, Other	
calcipotriene cream 0.005%	QL(120 GM per 30 days)
calcipotriene ointment 0.005%	QL(120 GM per 30 days)
calcipotriene solution 0.005%	QL(60 ML per 30 days)
clotrimazole/betamethasone dipropionate cream 0.05%; 1%	QL(90 GM per 30 days)
diclofenac sodium gel 3%	QL(300 GM per 30 days); ST
fluorouracil cream 5%	QL(40 GM per 30 days)
fluorouracil solution 2%, 5%	
imiquimod cream 5%	QL(48 EA per 30 days)
nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm	
nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%	
nystatin/triamcinolone cream 100000unit/gm; 1mg/gm	
nystatin/triamcinolone ointment 100000unit/gm; 0.1%	
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	QL(30 EA per 30 days); PA
OTEZLA TABLET 20MG, 30MG	QL(60 EA per 30 days); PA
podofilox solution 0.5%	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
SANTYL OINTMENT 250UNIT/GM	QL(180 GM per 30 days)
silver sulfadiazine cream 1%	
ssd cream 1%	
urea lotion 40%	
Pediculicides/Scabicides	
malathion lotion 0.5%	QL(59 ML per 30 days)
permethrin cream 5%	QL(60 GM per 30 days)
Topical Anti-infectives	
acyclovir ointment 5%	QL(60 GM per 30 days)
ciclodan solution 8%	QL(13.2 ML per 30 days); PA
ciclopirox nail lacquer solution 8%	QL(13.2 ML per 30 days); PA
ciclopirox olamine cream 0.77%	QL(90 GM per 30 days)
ciclopirox gel 0.77%	QL(100 GM per 30 days)
ciclopirox shampoo 1%	QL(120 ML per 30 days)
ciclopirox suspension 0.77%	QL(120 ML per 30 days)
clindamycin phosphate lotion 1%	QL(75 ML per 30 days)
clindamycin phosphate topical solution 1%	QL(60 ML per 30 days)
ery pad 2%	QL(60 EA per 30 days)
erythromycin gel 2%	QL(60 GM per 30 days)
erythromycin solution 2%	QL(60 ML per 30 days)
mupirocin cream 2%	
mupirocin ointment 2%	QL(110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
AMINOSYN II INJECTION 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	B/D
aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 405mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 750mg/100ml	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	B/D
carglumic acid tablet soluble 200mg	
dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%	
dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%	
dextrose 5% injection 5%	
effer-k tablet effervescent 25meq	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
klor-con 10 tablet extended release 10meq	
klor-con 8 tablet extended release 8meq	
klor-con m10 tablet extended release 10meq	
klor-con m15 tablet extended release 15meq	
klor-con m20 tablet extended release 20meq	
klor-con packet 20meq	
magnesium sulfate injection 50%	
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	B/D
potassium chloride er capsule extended release 10meq, 8meq	
potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq	
potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml	
potassium chloride packet 20meq	
potassium chloride oral solution 10%, 20%	
potassium citrate er tablet extended release 1080mg, 15meq, 540mg	
sodium chloride 0.45% injection 0.45%	
sodium chloride injection 0.45%, 0.9%	
Electrolyte/Mineral/Metal Modifiers	
CHEMET CAPSULE 100MG	
deferasirox packet 180mg, 360mg, 90mg	PA
deferasirox tablet soluble 125mg, 250mg	PA
deferasirox tablet soluble 500mg	PA
deferasirox tablet 90mg	PA
deferasirox tablet 180mg, 360mg	PA
penicillamine tablet 250mg	
tolvaptan tablet 15mg, 30mg	QL(120 EA per 30 days); PA; (Generic for Jynarque)
trientine hydrochloride capsule 250mg, 500mg	PA
Phosphate Binders	
calcium acetate capsule 667mg	
calcium acetate tablet 667mg	
sevelamer hydrochloride tablet 400mg, 800mg	
VELPHORO TABLET CHEWABLE 500MG	
Potassium Binders	
kionex suspension 15gm/60ml	
LOKELMA PACKET 10GM, 5GM	QL(90 EA per 30 days)
sodium polystyrene sulfonate powder 0	
sodium polystyrene sulfonate suspension 15gm/60ml	
SPS SUSPENSION 15GM/60ML	
VELTASSA PACKET 1GM	QL(120 EA per 30 days)

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
VELTASSA PACKET 16.8GM, 25.2GM, 8.4GM	QL(30 EA per 30 days)
Vitamins	
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	
Gastrointestinal Agents	
Anti-Constipation Agents	
constulose solution 10gm/15ml	
enulose solution 10gm/15ml	
generlac solution 10gm/15ml	
lactulose solution 10gm/15ml	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	QL(30 EA per 30 days)
lubiprostone capsule 24mcg, 8mcg	QL(60 EA per 30 days)
MOVANTIK TABLET 12.5MG, 25MG	QL(30 EA per 30 days)
Anti-Diarrheal Agents	
alosetron hydrochloride tablet 0.5mg	QL(120 EA per 30 days); PA
alosetron hydrochloride tablet 1mg	QL(60 EA per 30 days); PA
diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg	
loperamide hydrochloride capsule 2mg	
XERMELO TABLET 250MG	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal	
dicyclomine hydrochloride capsule 10mg	
dicyclomine hydrochloride tablet 20mg	
glycopyrrolate tablet 1mg, 2mg	PA
Gastrointestinal Agents, Other	
bismuth subcitrate pot/metronidazole/tetracycline hydrochlo capsule 140mg; 125mg; 125mg	
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG, 600MCG	PA
BYLVAY CAPSULE 1200MCG, 400MCG	PA
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	
CTEXLI TABLET 250MG	PA
gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	
gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	
gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	
metoclopramide hcl solution 5mg/5ml	
metoclopramide hydrochloride tablet 10mg, 5mg	
nitroglycerin rectal ointment 0.4%	QL(30 GM per 30 days)
peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	
peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	
SUTAB TABLET 225MG; 188MG; 1479MG	
TALICIA CAPSULE DELAYED RELEASE 250MG; 10MG; 12.5MG	
ursodiol capsule 300mg	
ursodiol tablet 250mg, 500mg	
VOWST CAPSULE 0	QL(12 EA per 3 days); PA
XIFAXAN TABLET 200MG, 550MG	QL(90 EA per 30 days); PA
Histamine2 (H2) Receptor Antagonists	
famotidine suspension reconstituted 40mg/5ml	
famotidine tablet 20mg, 40mg	
nizatidine capsule 150mg, 300mg	
Protectants	
misoprostol tablet 100mcg, 200mcg	
sucralfate tablet 1gm	
Proton Pump Inhibitors	
esomeprazole magnesium capsule delayed release 20mg, 40mg	QL(60 EA per 30 days)
lansoprazole capsule delayed release 15mg, 30mg	QL(60 EA per 30 days)
omeprazole dr capsule delayed release 10mg	QL(60 EA per 30 days)
omeprazole capsule delayed release 20mg, 40mg	QL(60 EA per 30 days)
pantoprazole sodium tablet delayed release 20mg, 40mg	QL(60 EA per 30 days)
rabeprazole sodium tablet delayed release 20mg	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
betaine anhydrous powder 0	
CHOLBAM CAPSULE 250MG, 50MG	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	
cromolyn sodium concentrate 100mg/5ml	
CYSTAGON CAPSULE 150MG, 50MG	
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	QL(240 ML per 30 days); PA
FABRAZYME INJECTION 35MG, 5MG	PA
l-glutamine packet 5gm	PA
miglustat capsule 100mg	QL(90 EA per 30 days); PA
nitisinone capsule 10mg, 20mg, 2mg, 5mg	
ONPATTRO INJECTION 10MG/5ML	PA
PROLASTIN-C INJECTION 1000MG/20ML	PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0, 5MG	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	QL(60 EA per 30 days); PA

Drug Name	Requirements/Limits
REVCOVI INJECTION 2.4MG/1.5ML	PA
sapropterin dihydrochloride packet 100mg, 500mg	PA
sapropterin dihydrochloride tablet 100mg	PA
sodium phenylbutyrate powder 3gm/tsp	
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	PA
SUCRAID SOLUTION 8500UNIT/ML	PA
WELIREG TABLET 40MG	PA NSO
yargesa capsule 100mg	QL(90 EA per 30 days); PA
ZELVYSIA PACKET 100MG	PA
zelvysia packet 500mg	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	
Genitourinary Agents	
Antispasmodics, Urinary	
fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg	
GEMTESA TABLET 75MG	QL(30 EA per 30 days)
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	QL(300 ML per 30 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	QL(30 EA per 30 days)
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg	
oxybutynin chloride solution 5mg/5ml	
oxybutynin chloride tablet 5mg	
solifenacin succinate tablet 10mg, 5mg	
tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg	
tolterodine tartrate tablet 1mg, 2mg	
trospium chloride er capsule extended release 24 hour 60mg	
trospium chloride tablet 20mg	
Benign Prostatic Hypertrophy Agents	
alfuzosin hcl er tablet extended release 24 hour 10mg	QL(30 EA per 30 days)
doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg	
dutasteride capsule 0.5mg	
finasteride tablet 5mg	
silodosin capsule 4mg, 8mg	QL(30 EA per 30 days)
tadalafil tablet 2.5mg, 5mg	QL(30 EA per 30 days); PA
tamsulosin hydrochloride capsule 0.4mg	QL(60 EA per 30 days)
terazosin hcl capsule 10mg, 1mg, 5mg	
terazosin hydrochloride capsule 2mg	
Genitourinary Agents, Other	
acetic acid 0.25% solution 0.25%	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg	
ELMIRON CAPSULE 100MG	QL(90 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
cortisone acetate tablet 25mg	
dexamethasone elixir 0.5mg/5ml	
dexamethasone solution 0.5mg/5ml	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	
fludrocortisone acetate tablet 0.1mg	
hydrocortisone tablet 10mg, 20mg, 5mg	
methylprednisolone dose pack tablet therapy pack 4mg	
methylprednisolone tablet 16mg, 32mg, 4mg, 8mg	
prednisolone sodium phosphate solution 15mg/5ml	
prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml	
prednisolone solution 15mg/5ml	
prednisone tablet therapy pack 10mg, 5mg	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
desmopressin acetate solution 0.01%	
desmopressin acetate tablet 0.1mg, 0.2mg	
GENOTROPIN MINIQUICK INJECTION 0.2MG	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	PA
GENOTROPIN INJECTION 12MG, 5MG	PA
INCRELEX INJECTION 40MG/4ML	PA
ISTURISA TABLET 1MG	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	QL(360 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
danazol capsule 100mg, 200mg, 50mg	
testosterone cypionate injection 100mg/ml, 200mg/ml	QL(10 ML per 28 days); PA
testosterone enanthate injection 200mg/ml	QL(5 ML per 28 days); PA
testosterone pump gel 20.25mg/act	QL(150 GM per 30 days); PA
testosterone pump gel 12.5mg/act	QL(300 GM per 30 days); PA
testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm	QL(150 GM per 30 days); PA
testosterone gel 25mg/2.5gm, 50mg/5gm	QL(300 GM per 30 days); PA
Estrogens	
abigale lo tablet 0.5mg; 0.1mg	
abigale tablet 1mg; 0.5mg	
afirmelle tablet 20mcg; 0.1mg	
altavera tablet 30mcg; 0.15mg	
alyacen 1/35 tablet 35mcg; 1mg	
alyacen 7/7/7 tablet 35mcg; 0	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
amethyst tablet 20mcg; 90mcg	
ashlyna tablet 0; 0	QL(91 EA per 91 days)
aubra eq tablet 20mcg; 0.1mg	
aurovela 1.5/30 tablet 30mcg; 1.5mg	
aurovela 1/20 tablet 20mcg; 1mg	
aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
aurovela fe 1/20 tablet 20mcg; 75mg; 1mg	
aviane tablet 20mcg; 0.1mg	
ayuna tablet 0.03mg; 0.15mg	
azurette tablet 0; 0	
balziva tablet 35mcg; 0.4mg	
blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
blisovi fe 1/20 tablet 20mcg; 75mg; 1mg	
briellyn tablet 35mcg; 0.4mg	
camrese lo tablet 0; 0	QL(91 EA per 91 days)
camrese tablet 0; 0	QL(91 EA per 91 days)
chateal eq tablet 30mcg; 0.15mg	
climara pro patch weekly 0.045mg/day; 0.015mg/day	QL(4 EA per 28 days)
conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg	QL(30 EA per 30 days)
cryselle-28 tablet 30mcg; 0.3mg	
cryselle tablet 30mcg; 0.3mg	
dasetta 1/35 tablet 35mcg; 1mg	
dasetta 7/7/7 tablet 35mcg; 0	
daysee tablet 0; 0	QL(91 EA per 91 days)
delyla tablet 20mcg; 0.1mg	
desogestrel/ethinyl estradiol tablet 0; 0	
dolishale tablet 20mcg; 90mcg	
DOTTI PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	QL(8 EA per 28 days)
elinest tablet 30mcg; 0.3mg	
eluryng ring 0.015mg/24hr; 0.12mg/24hr	QL(1 EA per 28 days)
enilloring ring 0.015mg/24hr; 0.12mg/24hr	QL(1 EA per 28 days)
enpresse-28 tablet 0; 0	
estarylla tablet 35mcg; 0.25mg	
estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg	
estradiol cream 0.1mg/gm	
estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm	
estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	QL(8 EA per 28 days)
estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr	QL(4 EA per 28 days)
estradiol oral tablet 0.5mg, 1mg, 2mg	
estradiol vaginal tablet 10mcg	
ESTRING RING 7.5MCG/24HR	QL(1 EA per 90 days)

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg	
etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr	QL(1 EA per 28 days)
falmina tablet 20mcg; 0.1mg	
feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg	
feirza 1/20 tablet 20mcg; 75mg; 1mg	
FYAVOLV TABLET 2.5MCG; 0.5MG, 5MCG; 1MG	
hailey 1.5/30 tablet 30mcg; 1.5mg	
hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
hailey fe 1/20 tablet 20mcg; 75mg; 1mg	
iclevia tablet 0.03mg; 0.15mg	QL(91 EA per 91 days)
introvale tablet 0.03mg; 0.15mg	QL(91 EA per 91 days)
jaimiess tablet 0; 0	QL(91 EA per 91 days)
jinteli tablet 5mcg; 1mg	
jolessa tablet 0.03mg; 0.15mg	QL(91 EA per 91 days)
junel 1.5/30 tablet 30mcg; 1.5mg	
junel 1/20 tablet 20mcg; 1mg	
junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
junel fe 1/20 tablet 20mcg; 75mg; 1mg	
kariva tablet 0; 0	
kelnor 1/35 tablet 35mcg; 1mg	
kurvelo tablet 0.03mg; 0.15mg	
larin 1.5/30 tablet 30mcg; 1.5mg	
larin 1/20 tablet 20mcg; 1mg	
larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
larin fe 1/20 tablet 20mcg; 75mg; 1mg	
lessina tablet 20mcg; 0.1mg	
levonest tablet 0; 0	
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	
levonorgestrel and ethinyl estradiol tablet 0; 0	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0	QL(91 EA per 91 days)
levora 0.15/30-28 tablet 0.03mg; 0.15mg	
lojaimiess tablet 0; 0	QL(91 EA per 91 days)
low-ogestrel tablet 30mcg; 0.3mg	
luizza 1.5/30 tablet 30mcg; 1.5mg	
luizza 1/20 tablet 20mcg; 1mg	
lutera tablet 20mcg; 0.1mg	
lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	QL(8 EA per 28 days)
marlissa tablet 0.03mg; 0.15mg	
microgestin 1.5/30 tablet 30mcg; 1.5mg	
microgestin 1/20 tablet 20mcg; 1mg	
microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
microgestin fe 1/20 tablet 20mcg; 75mg; 1mg	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
mili tablet 35mcg; 0.25mg	
mimvey tablet 1mg; 0.5mg	
mono-linyah tablet 35mcg; 0.25mg	
necon 0.5/35-28 tablet 35mcg; 0.5mg	
norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 30mcg; 75mg; 1.5mg	
norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg	
norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg	
nortrel 0.5/35 (28) tablet 35mcg; 0.5mg	
nortrel 1/35 tablet 35mcg; 1mg	
nortrel 7/7/7 tablet 35mcg; 0	
nylia 1/35 tablet 35mcg; 1mg	
nylia 7/7/7 tablet 35mcg; 0	
philith tablet 35mcg; 0.4mg	
pimtrea tablet 0; 0	
portia-28 tablet 0.03mg; 0.15mg	
PREMARIN CREAM 0.625MG/GM	
PREMPHASE TABLET 0.625MG; 5MG	QL(28 EA per 28 days)
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	QL(28 EA per 28 days)
setlakin tablet 0.03mg; 0.15mg	QL(91 EA per 91 days)
simliya tablet 0; 0	
simpesse tablet 0; 0	QL(91 EA per 91 days)
sprintec 28 tablet 35mcg; 0.25mg	
sronyx tablet 20mcg; 0.1mg	
tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg	
tri-estarylla tablet 0; 0	
tri-linyah tablet 0; 0	
tri-mili tablet 0; 0	
tri-sprintec tablet 0; 0	
tri-vylibra tablet 0; 0	
turqoz tablet 30mcg; 0.3mg	
VALTYA 1/35 TABLET 35MCG; 1MG	
valtya 1/50 tablet 50mcg; 1mg	
vienva tablet 20mcg; 0.1mg	
viorele tablet 0; 0	
volnea tablet 0; 0	
vyfemla tablet 35mcg; 0.4mg	
vylibra tablet 35mcg; 0.25mg	
wera tablet 35mcg; 0.5mg	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
xulane patch weekly 35mcg/24hr; 150mcg/24hr	
yuvafem tablet 10mcg	
zafemy patch weekly 35mcg/24hr; 150mcg/24hr	
zovia 1/35 tablet 35mcg; 1mg	
Progestins	
camila tablet 0.35mg	
deblitane tablet 0.35mg	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	QL(0.65 ML per 90 days)
emzahh tablet 0.35mg	
errin tablet 0.35mg	
gallifrey tablet 5mg	
heather tablet 0.35mg	
incassia tablet 0.35mg	
jencycla tablet 0.35mg	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	
lyleq tablet 0.35mg	
lyza tablet 0.35mg	
medroxyprogesterone acetate injection 150mg/ml	QL(1 ML per 90 days)
medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg	
megestrol acetate suspension 40mg/ml	
megestrol acetate suspension 625mg/5ml	
megestrol acetate tablet 20mg, 40mg	
meleya tablet 0.35mg	
NEXPLANON INJECTION 68MG	
nora-be tablet 0.35mg	
norethindrone acetate tablet 5mg	
norethindrone tablet 0.35mg	
norlyroc tablet 0.35mg	
orquidea tablet 0.35mg	
progesterone capsule 100mg, 200mg	
sharobel tablet 0.35mg	
Selective Estrogen Receptor Modifying Agents	
OSPHENA TABLET 60MG	QL(30 EA per 30 days); PA
raloxifene hydrochloride tablet 60mg	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
LEVO-T TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	
levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	
liomny tablet 25mcg, 50mcg, 5mcg	
liothyronine sodium tablet 25mcg, 50mcg, 5mcg	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
REZDIFFRA TABLET 100MG, 60MG, 80MG	QL(30 EA per 30 days); PA
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	
UNITHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	
Hormonal Agents, Suppressant (Adrenal or Pituitary)	
Hormonal Agents, Suppressant (Adrenal or Pituitary)	
cabergoline tablet 0.5mg	
FIRMAGON INJECTION 80MG	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	QL(4 EA per 365 days); PA NSO
leuprolide acetate injection 1mg/0.2ml	PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH) INJECTION 30MG	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH) INJECTION 45MG	QL(1 EA per 168 days); PA NSO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	QL(1 EA per 84 days); PA
mifepristone tablet 200mg	
mifepristone tablet 300mg	QL(120 EA per 30 days); PA
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	PA
octreotide acetate injection 1000mcg/ml, 500mcg/ml	PA
ORGOVYX TABLET 120MG	PA NSO
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	QL(60 ML per 30 days); PA
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	QL(30 EA per 30 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	QL(1 EA per 84 days); PA NSO
TRELSTAR MIXJECT INJECTION 22.5MG	QL(1 EA per 168 days); PA NSO
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
methimazole tablet 10mg, 5mg	
propylthiouracil tablet 50mg	
Immunological Agents	
Angioedema Agents	
CINRYZE INJECTION 500UNIT	PA
icatibant acetate injection 30mg/3ml	QL(36 ML per 30 days); PA
Immunoglobulins	
BIVIGAM INJECTION 10%, 5GM/50ML	PA
GAMASTAN INJECTION 0	PA
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	B/D
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	PA

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
Immunological Agents, Other	
AVTOZMA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	PA
AVTOZMA INJECTION 162MG/0.9ML	QL(3.6 ML per 28 days); PA
BENLYSTA INJECTION 200MG/ML	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	QL(10 ML per 28 days); PA
COSENTYX UNOREADY INJECTION 300MG/2ML	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	QL(8 ML per 28 days); PA
EBGLYSS INJECTION 250MG/2ML	PA
EMPAVELI INJECTION 1080MG/20ML	PA
ENTYVIO PEN INJECTION 108MG/0.68ML	QL(1.36 ML per 28 days); PA
KINERET INJECTION 100MG/0.67ML	PA
ORENCIA CLICKJECT INJECTION 125MG/ML	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	QL(4 ML per 28 days); PA
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 0	QL(82 EA per 365 days); PA
OTEZLA TABLET THERAPY PACK 0	QL(110 EA per 365 days); PA
RINVOQ LQ SOLUTION 1MG/ML	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	QL(30 EA per 30 days); PA
SKYRIZI PEN INJECTION 150MG/ML	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 55MG/0.37ML	QL(0.37 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	QL(60 ML per 365 days); PA
STARJEMZA INJECTION 45MG/0.5ML, 90MG/ML	QL(3 ML per 84 days); PA
STARJEMZA INJECTION 130MG/26ML	QL(104 ML per 365 days); PA
STEQEYMA INJECTION 45MG/0.5ML, 90MG/ML	QL(3 ML per 84 days); PA
STEQEYMA INJECTION 130MG/26ML	QL(104 ML per 365 days); PA
TAVNEOS CAPSULE 10MG	QL(180 EA per 30 days); PA
tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg	QL(30 EA per 30 days); PA
tofacitinib citrate solution 1mg/ml	QL(300 ML per 30 days); PA
tofacitinib citrate tablet 10mg, 5mg	QL(60 EA per 30 days); PA
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	QL(4 ML per 28 days); PA
TREMFYA PEN INJECTION 100MG/ML	QL(2 ML per 56 days); PA
TREMFYA INJECTION 200MG/20ML	PA
TREMFYA INJECTION 100MG/ML	QL(2 ML per 56 days); PA
TREMFYA INJECTION 200MG/2ML	QL(4 ML per 28 days); PA
TYENNE INJECTION 162MG/0.9ML	QL(3.6 ML per 28 days); PA

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
VEOPOZ INJECTION 400MG/2ML	PA
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	QL(20 ML per 28 days); PA
XOLAIR INJECTION 75MG/0.5ML	QL(1 ML per 28 days); PA
XOLAIR INJECTION 150MG	QL(8 EA per 28 days); PA
XOLAIR INJECTION 150MG/ML, 300MG/2ML	QL(8 ML per 28 days); PA
YESINTEK INJECTION 45MG/0.5ML, 90MG/ML	QL(3 ML per 84 days); PA
YESINTEK INJECTION 130MG/26ML	QL(104 ML per 365 days); PA
Immunostimulants	
ACTIMMUNE INJECTION 100MCG/0.5ML	PA NSO
BESREMI PEN INJECTION 500MCG/0.5ML	PA NSO
BESREMI INJECTION 500MCG/ML	PA NSO
PEGASYS INJECTION 180MCG/ML	QL(4 ML per 28 days); PA
Immunosuppressants	
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	QL(3 EA per 28 days); PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	QL(2 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA
adalimumab-aaty cd/uc/hs starter injection 80mg/0.8ml	QL(3 EA per 28 days); PA
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-FKJP INJECTION 20MG/0.4ML	QL(2 EA per 28 days); PA
ADALIMUMAB-FKJP INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
azathioprine tablet 50mg	B/D
cyclosporine modified capsule 100mg, 25mg, 50mg	B/D
cyclosporine modified solution 100mg/ml	B/D
cyclosporine capsule 100mg, 25mg	B/D
ENBREL MINI INJECTION 50MG/ML	QL(8 ML per 28 days); PA
ENBREL SURECLICK INJECTION 50MG/ML	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	QL(8 ML per 28 days); PA
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	B/D
everolimus tablet 0.25mg, 0.5mg, 0.75mg	B/D
everolimus tablet 1mg	B/D
gengraf capsule 100mg, 25mg	B/D
INFLIXIMAB INJECTION 100MG	PA
JYLAMVO SOLUTION 2MG/ML	PA NSO
leflunomide tablet 10mg, 20mg	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml	
methotrexate sodium tablet 2.5mg	
methotrexate injection 50mg/2ml	
mycophenolate mofetil capsule 250mg	B/D
mycophenolate mofetil suspension reconstituted 200mg/ml	B/D
mycophenolate mofetil tablet 500mg	B/D
mycophenolic acid dr tablet delayed release 180mg, 360mg	B/D
ORENCIA INJECTION 250MG	PA
PEGASYS INJECTION 180MCG/0.5ML	QL(2 ML per 28 days); PA
PROGRAF PACKET 0.2MG, 1MG	B/D
REZUROCK TABLET 200MG	QL(60 EA per 30 days); PA
sirolimus solution 1mg/ml	B/D
sirolimus tablet 0.5mg, 1mg, 2mg	B/D
tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	B/D
XATMEP SOLUTION 2.5MG/ML	PA NSO
ZYMFENTRA 2-PEN INJECTION 120MG/ML	QL(2 EA per 28 days); PA
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	QL(2 EA per 28 days); PA
Vaccines	
ABRYSVO INJECTION 120MCG/0.5ML	QL(1 EA per 252 days)
ACTHIB INJECTION 0	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	
AREXVY INJECTION 120MCG/0.5ML	QL(1 EA per 999 days)
bcg vaccine injection 50mg	
BEXSERO INJECTION 0.5ML	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	
DENGVAXIA INJECTION 0	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	B/D
GARDASIL 9 INJECTION 0.5ML	
HAVRIX INJECTION 1440UNIT/ML	
HAVRIX INJECTION 720ELU/0.5ML	
HEPLISAV-B INJECTION 20MCG/0.5ML	B/D
HIBERIX INJECTION 10MCG	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	
IPOL INACTIVATED IPV INJECTION 0	
IXIARO INJECTION 0	
JYNNEOS INJECTION 0.5ML	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
M-M-R II INJECTION 0; 0; 0	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
MENQUADFI INJECTION 0.5ML	
MENVEO INJECTION 0	
MRESVIA INJECTION 50MCG/0.5ML	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
PEDVAXHIB INJECTION 7.5MCG/0.5ML	
PENBRAYA INJECTION 0; 0	
PENMENVY INJECTION 0; 0	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	
PRIORIX INJECTION 0; 0; 0	
PROQUAD INJECTION 0; 0; 0; 0	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Single-dose vial
RABAVERT INJECTION 0	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	B/D
ROTARIX SUSPENSION 0	
ROTATEQ SOLUTION 0	
SHINGRIX INJECTION 50MCG/0.5ML	(syringe)
SHINGRIX INJECTION 50MCG/0.5ML	QL(2 EA per 999 days); (vial)
TENIVAC INJECTION 2LFU; 5LFU	
TICOVAC INJECTION 2.4MCG/0.5ML	
TICOVAC INJECTION 1.2MCG/0.25ML	
TRUMENBA INJECTION 0.5ML	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	
TYPHIM VI INJECTION 25MCG/0.5ML	
VAQTA INJECTION 50UNIT/ML	
VAQTA INJECTION 25UNIT/0.5ML	
VARIVAX INJECTION 1350PFU/0.5ML	
VAXCHORA SUSPENSION RECONSTITUTED 0	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	
VIMKUNYA INJECTION 40MCG/0.8ML	
VIVOTIF CAPSULE DELAYED RELEASE 0	QL(4 EA per 999 days)
YF-VAX INJECTION 0	
Inflammatory Bowel Disease Agents	
Aminosalicylates	
balsalazide disodium capsule 750mg	
mesalamine dr tablet delayed release 1.2gm	QL(120 EA per 30 days)
mesalamine er capsule extended release 24 hour 0.375gm	QL(120 EA per 30 days)
mesalamine er capsule extended release 500mg	QL(240 EA per 30 days)
mesalamine enema 4gm	QL(1800 ML per 30 days)
mesalamine kit 4gm	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
mesalamine suppository 1000mg	QL(30 EA per 30 days)
SFROWASA ENEMA 4GM/60ML	
sulfasalazine tablet delayed release 500mg	
sulfasalazine tablet 500mg	
Glucocorticoids	
budesonide er tablet extended release 24 hour 9mg	
budesonide capsule delayed release particles 3mg	
hydrocortisone cream 2.5%	QL(300 GM per 30 days)
hydrocortisone enema 100mg/60ml	
procto-med hc cream 2.5%	QL(300 GM per 30 days)
TARPEYO CAPSULE DELAYED RELEASE 4MG	QL(120 EA per 30 days); PA
Metabolic Bone Disease Agents	
Metabolic Bone Disease Agents	
alendronate sodium tablet 10mg, 35mg	
alendronate sodium tablet 70mg	QL(4 EA per 28 days)
BONSITY INJECTION 560MCG/2.24ML	QL(2.24 ML per 28 days); PA
calcitonin-salmon solution 200unit/act	QL(3.7 ML per 30 days)
calcitriol capsule 0.25mcg, 0.5mcg	
cinacalcet hydrochloride tablet 30mg, 60mg, 90mg	
ibandronate sodium tablet 150mg	QL(1 EA per 28 days)
JUBBONTI INJECTION 60MG/ML	QL(2 ML per 365 days)
OSENVELT INJECTION 120MG/1.7ML	PA
paricalcitol capsule 1mcg, 2mcg, 4mcg	
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	QL(60 EA per 30 days)
risedronate sodium tablet 5mg	
risedronate sodium tablet 150mg	QL(1 EA per 28 days)
risedronate sodium tablet 35mg	QL(4 EA per 28 days)
stoboclo injection 60mg/ml	QL(2 ML per 365 days)
teriparatide injection 560mcg/2.24ml	QL(2.24 ML per 28 days); PA
TYMLOS INJECTION 3120MCG/1.56ML	QL(1.56 ML per 30 days); PA
WYOST INJECTION 120MG/1.7ML	PA
Miscellaneous Therapeutic Agents	
Miscellaneous Therapeutic Agents	
ALCOHOL PREP PADS PAD 70%	
CURITY GAUZE PADS 2"X2" 12 PLY PAD	
EASY COMFORT PEN NEEDLES 29GX4MM MISCELLANEOUS	QL(200 EA per 30 days)
ELLA TABLET 30MG	
INSULIN SYRINGES, NEEDLES MISCELLANEOUS	QL(200 EA per 30 days)
KYGEVVI PACKET 2GM; 2GM	PA
levocarnitine solution 1gm/10ml	
levocarnitine tablet 330mg	
NUTRILIPID INJECTION 20GM/100ML	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE INTRO KIT KIT	QL(1 EA per 365 days)

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
OMNIPOD 5 LIBRE PODS MISCELLANEOUS	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	QL(30 EA per 30 days)
RIVFLOZA INJECTION 128MG/0.8ML	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	QL(1 ML per 28 days); PA
SKYCLARYS CAPSULE 50MG	QL(90 EA per 30 days); PA
sodium chloride 0.9% solution 0.9%	
ulticare micro pen needles/32g x 5/32" miscellaneous	QL(200 EA per 30 days)
unifine pentips 32gx6mm miscellaneous	QL(200 EA per 30 days)
V-GO 20 KIT	
V-GO 30 KIT	
V-GO 40 KIT	
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	QL(2 ML per 28 days); PA
WEGOVY INJECTION 1.7MG/0.75ML, 2.4MG/0.75ML	QL(3 ML per 28 days); PA
WEGOVY TABLET 25MG, 4MG, 9MG	QL(30 EA per 30 days); PA
WEGOVY TABLET 1.5MG	QL(60 EA per 365 days); PA
ZOKINVY CAPSULE 50MG, 75MG	QL(120 EA per 30 days); PA
Ophthalmic Agents	
Ophthalmic Agents, Other	
atropine sulfate solution 1%	
bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm	
brimonidine tartrate/timolol maleate solution 0.2%; 0.5%	
COMBIGAN SOLUTION 0.2%; 0.5%	
cyclosporine emulsion 0.05%	QL(60 EA per 30 days)
CYSTARAN SOLUTION 0.44%	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml	
dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%	
loteprednol etabonate/tobramycin suspension 0.5%; 0.3%	
MIEBO SOLUTION 1.338GM/ML	QL(12 ML per 30 days)
neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	
neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm	
neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm	
neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml	
neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml	
polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%	
RESTASIS MULTIDOSE EMULSION 0.05%	QL(5.5 ML per 25 days)
RESTASIS EMULSION 0.05%	QL(60 EA per 30 days)

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
ROCKLATAN SOLUTION 0.005%; 0.02%	QL(2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	
sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%	
TOBRADEX OINTMENT 0.1%; 0.3%	
tobramycin/dexamethasone suspension 0.1%; 0.3%	
TYRVAYA SOLUTION 0.03MG/ACT	QL(8.4 ML per 30 days)
XIIDRA SOLUTION 5%	QL(60 EA per 30 days)
Ophthalmic Anti-allergy Agents	
azelastine hcl solution 0.05%	
cromolyn sodium solution 4%	
olopatadine hydrochloride solution 0.2%	
Ophthalmic Anti-Infectives	
bacitracin ointment 500unit/gm	QL(7 GM per 28 days)
BESIVANCE SUSPENSION 0.6%	
ciprofloxacin hydrochloride solution 0.3%	
erythromycin ointment 5mg/gm	
gatifloxacin solution 0.5%	
gentamicin sulfate ophthalmic solution 0.3%	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%	
levofloxacin ophthalmic solution 1.5%	
moxifloxacin hydrochloride solution 0.5%	
NATACYN SUSPENSION 5%	
ofloxacin ophthalmic solution 0.3%	
sulfacetamide sodium solution 10%	
tobramycin solution 0.3%	
trifluridine solution 1%	
XDEMVY SOLUTION 0.25%	QL(10 ML per 42 days)
ZIRGAN GEL 0.15%	
Ophthalmic Anti-inflammatories	
bromfenac sodium solution 0.07%	QL(12 ML per 365 days)
dexamethasone sodium phosphate solution 0.1%	
diclofenac sodium ophthalmic solution 0.1%	
FLAREX SUSPENSION 0.1%	
fluorometholone suspension 0.1%	
flurbiprofen sodium solution 0.03%	
ILEVRO SUSPENSION 0.3%	QL(4 ML per 30 days)
ketorolac tromethamine ophthalmic solution 0.5%	
ketorolac tromethamine ophthalmic solution 0.4%	
loteprednol etabonate gel 0.5%	QL(20 GM per 365 days)
prednisolone acetate suspension 1%	
Ophthalmic Beta-Adrenergic Blocking Agents	
betaxolol hcl solution 0.5%	
carteolol hcl solution 1%	
levobunolol hcl solution 0.5%	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
timolol maleate solution 0.25%, 0.5%	
Ophthalmic Intraocular Pressure Lowering Agents, Other	
acetazolamide er capsule extended release 12 hour 500mg	
acetazolamide tablet 125mg, 250mg	
BRIMONIDINE TARTRATE SOLUTION 0.1%	
brimonidine tartrate solution 0.2%	
brinzolamide suspension 1%	
dorzolamide hydrochloride solution 2%	
pilocarpine hydrochloride solution 1%, 2%, 4%	
RHOPRESSA SOLUTION 0.02%	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs	
latanoprost solution 0.005%	
LUMIGAN SOLUTION 0.01%	QL(2.5 ML per 25 days)
travoprost solution 0.004%	QL(2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	QL(5 ML per 25 days)
Otic Agents	
Otic Agents	
acetic acid solution 2%	
ciprofloxacin/dexamethasone suspension 0.3%; 0.1%	
hydrocortisone/acetic acid solution 2%; 1%	
neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml	
neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml	
ofloxacin otic solution 0.3%	
Respiratory Tract/Pulmonary Agents	
Anti-inflammatories, Inhaled Corticosteroids	
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	QL(30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	QL(1 EA per 30 days)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	QL(120 ML per 30 days); B/D
flunisolide solution 0.025%	QL(50 ML per 30 days)
fluticasone propionate suspension 50mcg/act	QL(16 GM per 30 days)
mometasone furoate suspension 50mcg/act	QL(34 GM per 30 days)
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	QL(21.2 GM per 30 days)
Antihistamines	

Drug Name	Requirements/Limits
azelastine hydrochloride solution 0.1%	QL(60 ML per 30 days)
cetirizine hydrochloride solution 5mg/5ml	
cyproheptadine hydrochloride tablet 4mg	
diphenhydramine hydrochloride injection 50mg/ml	
hydroxyzine hcl tablet 50mg	PA
hydroxyzine hydrochloride syrup 10mg/5ml	PA
hydroxyzine hydrochloride tablet 10mg, 25mg	PA
hydroxyzine pamoate capsule 100mg, 25mg, 50mg	PA
levocetirizine dihydrochloride tablet 5mg	QL(30 EA per 30 days)
Antileukotrienes	
montelukast sodium packet 4mg	
montelukast sodium tablet chewable 4mg, 5mg	QL(30 EA per 30 days)
montelukast sodium tablet 10mg	QL(30 EA per 30 days)
zafirlukast tablet 10mg, 20mg	QL(60 EA per 30 days)
Bronchodilators, Anticholinergic	
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	QL(30 EA per 30 days)
ipratropium bromide hfa aerosol solution 17mcg/act	QL(25.8 GM per 30 days)
ipratropium bromide nasal solution 0.03%	QL(30 ML per 28 days)
ipratropium bromide inhalation solution 0.02%	QL(312.5 ML per 30 days); B/D
ipratropium bromide nasal solution 0.06%	QL(45 ML per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	QL(4 GM per 30 days)
tiotropium bromide capsule 18mcg	QL(30 EA per 30 days)
YUPELRI NEBULIZATION SOLUTION 175MCG/3ML	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic	
albuterol sulfate hfa aerosol solution 108mcg/act	QL(13.4 GM per 30 days); (6.7 GM Pack Size)
albuterol sulfate hfa aerosol solution 108mcg/act	QL(17 GM per 30 days); (8.5 GM Pack Size)
albuterol sulfate hfa aerosol solution 108mcg/act	QL(48 GM per 30 days); (18 GM Pack Size)
albuterol sulfate nebulization solution 2.5mg/0.5ml	QL(100 EA per 30 days); B/D
albuterol sulfate nebulization solution 0.083%	QL(525 ML per 30 days); B/D
albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml	QL(375 ML per 30 days); B/D
arformoterol tartrate nebulization solution 15mcg/2ml	QL(120 ML per 30 days); PA
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	QL(4 EA per 30 days)
levalbuterol hcl nebulization solution 0.63mg/3ml	QL(540 ML per 30 days); B/D
levalbuterol hydrochloride nebulization solution 0.63mg/3ml	QL(540 ML per 30 days); B/D
levalbuterol tartrate hfa aerosol 45mcg/act	QL(30 GM per 30 days)
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	QL(2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	QL(60 EA per 30 days)
Cystic Fibrosis Agents	

Drug Name	Requirements/Limits
CAYSTON SOLUTION RECONSTITUTED 75MG	QL(84 ML per 28 days); PA
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	QL(56 EA per 28 days); PA
KALYDECO TABLET 150MG	QL(60 EA per 30 days); PA
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	QL(112 EA per 28 days); PA
PULMOZYME SOLUTION 2.5MG/2.5ML	PA
TOBI PODHALER CAPSULE 28MG	QL(224 EA per 56 days)
tobramycin nebulization solution 300mg/5ml	QL(280 ML per 28 days); B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG, 50MG; 0; 25MG	QL(84 EA per 28 days); PA
Mast Cell Stabilizers	
cromolyn sodium nebulization solution 20mg/2ml	B/D
Phosphodiesterase Inhibitors, Airways Disease	
roflumilast tablet 500mcg	QL(30 EA per 30 days); PA
roflumilast tablet 250mcg	QL(56 EA per 365 days); PA
theophylline er tablet extended release 12 hour 300mg, 450mg	
theophylline er tablet extended release 24 hour 400mg, 600mg	
Pulmonary Antihypertensives	
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	QL(90 EA per 30 days); PA
alyq tablet 20mg	QL(60 EA per 30 days); PA
ambrisentan tablet 10mg, 5mg	QL(30 EA per 30 days); PA
macitentan tablet 10mg	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	PA
sildenafil citrate tablet 20mg	QL(90 EA per 30 days); PA; (20mg)
tadalafil tablet 20mg	QL(60 EA per 30 days); PA
WINREVAIR INJECTION 0, 45MG, 60MG	QL(1 EA per 21 days); PA
Pulmonary Fibrosis Agents	
nintedanib esylate capsule 100mg, 150mg	QL(60 EA per 30 days); PA
OFEV CAPSULE 100MG, 150MG	QL(60 EA per 30 days); PA
pirfenidone capsule 267mg	QL(270 EA per 30 days); PA
pirfenidone tablet 534mg	PA
pirfenidone tablet 267mg	QL(270 EA per 30 days); PA
pirfenidone tablet 801mg	QL(90 EA per 30 days); PA
Respiratory Tract Agents, Other	
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	QL(24 GM per 30 days)
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	QL(32.1 GM per 30 days)

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	QL(60 EA per 30 days)
breyna aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	QL(10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	QL(23.6 GM per 28 days)
budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	QL(10.3 GM per 30 days)
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	QL(17.6 GM per 30 days); PA
FASENRA PEN INJECTION 30MG/ML	QL(1 ML per 28 days); PA
FASENRA INJECTION 10MG/0.5ML	QL(0.5 ML per 28 days); PA
FASENRA INJECTION 30MG/ML	QL(1 ML per 28 days); PA
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	QL(60 EA per 30 days)
fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	QL(60 EA per 30 days)
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	QL(60 EA per 30 days)
ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	QL(24 GM per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	QL(60 EA per 30 days)
wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	QL(60 EA per 30 days)
Skeletal Muscle Relaxants	
Skeletal Muscle Relaxants	
cyclobenzaprine hydrochloride tablet 10mg, 5mg	QL(90 EA per 30 days); PA
methocarbamol tablet 500mg, 750mg	
orphenadrine citrate er tablet extended release 12 hour 100mg	
Sleep Disorder Agents	

Last Updated: 09/18/2026

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

Drug Name	Requirements/Limits
Sleep Promoting Agents	
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	QL(30 EA per 30 days)
eszopiclone tablet 1mg, 2mg, 3mg	QL(30 EA per 30 days)
ramelteon tablet 8mg	QL(30 EA per 30 days)
temazepam capsule 15mg, 30mg	QL(30 EA per 30 days)
zaleplon capsule 5mg	QL(30 EA per 30 days)
zaleplon capsule 10mg	QL(60 EA per 30 days)
zolpidem tartrate er tablet extended release 12.5mg, 6.25mg	QL(30 EA per 30 days)
zolpidem tartrate tablet 10mg, 5mg	QL(30 EA per 30 days)
Wakefulness Promoting Agents	
armodafinil tablet 150mg, 200mg, 250mg	QL(30 EA per 30 days); PA
armodafinil tablet 50mg	QL(60 EA per 30 days); PA
modafinil tablet 100mg, 200mg	QL(30 EA per 30 days); PA
sodium oxybate solution 500mg/ml	QL(540 ML per 30 days); PA

Index of Drugs

Drug Name	Page #
abacavir	36
abacavir sulfate/lamivudine	36
abigale	58
abigale lo	58
ABILIFY MAINTENA	33
abiraterone acetate	26
abirtega	26
ABRYSVO	66
acamprosate calcium dr	14
acarbose	39
acebutolol hydrochloride	44
acetaminophen/codeine	14
acetazolamide	71
acetazolamide er	71
acetic acid	71
acetic acid 0.25%	57
acitretin	50
ACTHIB	66
ACTIMMUNE	65
acyclovir	38
acyclovir	53
acyclovir sodium	38
ADACEL	66
ADALIMUMAB-AATY 1-PEN KIT	65
ADALIMUMAB-AATY 2-PEN KIT	65
ADALIMUMAB-AATY 2-SYRINGE	65
adalimumab-aaty cd/uc/hs starter	65
ADALIMUMAB-ADBM	65
ADALIMUMAB-FKJP	65
ADBRY	51
adefovir dipivoxil	35
ADEMPAS	73
ADVAIR HFA	73
afirmelle	58
AIMOVIG	25
AIRSUPRA	73
AKEEGA	27
ala-cort	51
albendazole	32
albuterol sulfate	72
albuterol sulfate hfa	72
alclometasone dipropionate	51
ALCOHOL PREP PADS	68
ALECENSA	28
alendronate sodium	68
alfuzosin hcl er	57
aliskiren	45
allopurinol	25
alosetron hydrochloride	55
alprazolam	38
altavera	58
ALUNBRIG	28
alyacen 1/35	58
alyacen 7/7/7	58
alyq	73
amantadine hcl	38
ambrisentan	73
amethyst	59
amikacin sulfate	15
amiloride hcl	47
amiloride/hydrochlorothiazide	45
AMINOSYN II	53
AMINOSYN-PF	53
amiodarone hydrochloride	44
amitriptyline hcl	23
amitriptyline hydrochloride	23
amlodipine besylate	45
amlodipine besylate/benazepril hydrochloride	45
amlodipine besylate/valsartan	45
amlodipine/olmesartan medoxomil	46
ammonium lactate	51
amnesteem	50
amoxapine	23
amoxicillin	17
amoxicillin/clavulanate potassium	17
amoxicillin/clavulanate potassium er	17
amoxicillin/potassium clavulanate	17
amphetamine/dextroamphetamine	48
amphotericin b	24
amphotericin b liposome	24
ampicillin	17
ampicillin sodium	17
ampicillin/sulbactam	17
ampicillin-sulbactam	17
anagrelide hydrochloride	42
anastrozole	27
ANORO ELLIPTA	74
aprepitant	24
APTIVUS	37
AREXVY	66

Last Updated: 09/18/2026

Drug Name	Page #
arformoterol tartrate	72
ARIKAYCE	15
aripiprazole	33
aripiprazole odt	33
ARISTADA	33
ARISTADA INITIO	33
armodafinil	75
ARNUITY ELLIPTA	71
asenapine maleate sl	33
ashlyna	59
ASMANEX HFA	71
ASMANEX TWISTHALER 120 METERED DOSES	71
ASMANEX TWISTHALER 14 METERED DOSES	71
ASMANEX TWISTHALER 30 METERED DOSES	71
ASMANEX TWISTHALER 60 METERED DOSES	71
aspirin/dipyridamole	43
aspirin/dipyridamole er	43
atazanavir	37
atazanavir sulfate	37
atenolol	44
atenolol/chlorthalidone	46
atomoxetine	49
atomoxetine hydrochloride	49
atorvastatin calcium	47
atovaquone	32
atovaquone/proguanil hcl	32
atovaquone/proguanil hydrochloride	32
atropine sulfate	69
aubra eq	59
AUGMENTIN	17
AUGTYRO	28
aurovela 1.5/30	59
aurovela 1/20	59
aurovela fe 1.5/30	59
aurovela fe 1/20	59
AUSTEDO	49
AUSTEDO XR	49
AUSTEDO XR PATIENT TITRATION KIT	49
AUVELITY	21
AUVELITY TITRATION PACK	21
aviane	59
AVMAPKI FAKZYNJA CO-PACK	28
AVONEX	50
AVONEX PEN	50
AVTOZMA	64
ayuna	59
AYVAKIT	28
azathioprine	65
azelaic acid	51
azelastine hcl	70
azelastine hydrochloride	72
azilsartan medoxomil	43
azithromycin	17
aztreonam	15
azurette	59
bacitracin	70
bacitracin/polymyxin b	69
baclofen	35
balsalazide disodium	67
BALVERSA	28
balziva	59
BAQSIMI ONE PACK	40
BAQSIMI TWO PACK	40
BARACLUDE	35
bcg vaccine	66
BELSOMRA	75
benazepril hydrochloride	44
benazepril hydrochloride/hydrochlorothiazide	46
BENLYSTA	64
benznidazole	32
benztropine mesylate	32
BESIVANCE	70
BESREMI	65
BESREMI PEN	65
betaine anhydrous	56
betamethasone dipropionate	51
betamethasone dipropionate augmented	51
betamethasone valerate	51
BETASERON	50
betaxolol hcl	44
betaxolol hcl	70
bethanechol chloride	58
bexarotene	31
BEXSERO	66
bicalutamide	26
BICILLIN L-A	17
BIKTARVY	36
bismuth subcitrate	55
pot/metronidazole/tetracycline hydrochlo	
bisoprolol fumarate	44

Last Updated: 09/18/2026

Drug Name	Page #
bisoprolol fumarate/hydrochlorothiazide	46
BIVIGAM	63
blisovi fe 1.5/30	59
blisovi fe 1/20	59
BONSITY	68
BOOSTRIX	66
BOSULIF	28
bosutinib	28
BRAFTOVI	28
BREO ELLIPTA	74
breyna	74
BREZTRI AEROSPHERE	74
briellyn	59
BRIMONIDINE TARTRATE	71
brimonidine tartrate/timolol maleate	69
brinzolamide	71
brivaracetam	18
bromfenac sodium	70
bromocriptine mesylate	32
BRUKINSA	28
budesonide	68
budesonide	71
budesonide er	68
budesonide/formoterol fumarate dihydrate	74
bumetanide	46
buprenorphine	13
buprenorphine hcl	14
buprenorphine hcl/naloxone hcl	14
buprenorphine hydrochloride/naloxone hydrochloride	14
bupropion hydrochloride	22
bupropion hydrochloride er (sr)	15
bupropion hydrochloride er (sr)	22
bupropion hydrochloride er (xl)	22
buspirone hcl	38
buspirone hydrochloride	38
butalbital/acetaminophen/caffeine	49
BYLVAY	55
BYLVAY (PELLETS)	55
BYSANTI	33
BYSANTI TITRATION PACK A	33
BYSANTI TITRATION PACK B	33
BYSANTI TITRATION PACK C	33
CABENUVA	36
cabergoline	63
CABLIVI	43
CABOMETYX	28
calcipotriene	52
calcitonin-salmon	68
calcitriol	68
calcium acetate	54
CALQUENCE	28
camila	62
camrese	59
camrese lo	59
candesartan cilexetil	43
candesartan cilexetil/hydrochlorothiazide	46
CAPLYTA	33
CAPRELSA	28
captopril	44
captopril/hydrochlorothiazide	46
carbamazepine	20
carbamazepine er	20
carbidopa	32
carbidopa/levodopa	32
carbidopa/levodopa er	32
carbidopa/levodopa odt	32
carglumic acid	53
carteolol hcl	70
cartia xt	45
carvedilol	44
caspofungin acetate	24
CAVHANZA	28
CAYSTON	73
cefaclor	16
cefadroxil	16
cefazolin	16
cefazolin sodium	16
cefdinir	16
cefepime	16
cefepime hydrochloride	16
CEFEPIME/DEXTROSE	16
cefixime	16
cefotaxime sodium	16
cefotetan	16
cefoxitin sodium	16
cefpodoxime proxetil	16
cefprozil	16
ceftaroline fosamil	16
ceftazidime	16
ceftriaxone sodium	16
cefuroxime axetil	16
cefuroxime sodium	16
celecoxib	13

Last Updated: 09/18/2026

Drug Name	Page #
cephalexin	16
cetirizine hydrochloride	72
chateal eq	59
CHEMET	54
chlorhexidine gluconate	50
chloroquine phosphate	32
chlorpromazine hydrochloride	33
chlorthalidone	47
CHOLBAM	56
cholestyramine	47
cholestyramine light	47
ciclodan	53
ciclopirox	53
ciclopirox nail lacquer	53
ciclopirox olamine	53
cilostazol	43
CIMDUO	36
cinacalcet hydrochloride	68
CINRYZE	63
ciprofloxacin hcl	18
ciprofloxacin hydrochloride	18
ciprofloxacin hydrochloride	70
ciprofloxacin i.v.-in d5w	18
ciprofloxacin/dexamethasone	71
cisplatin	26
citalopram hydrobromide	22
claravis	51
clarithromycin	17
clarithromycin er	17
CLENPIQ	55
climara pro	59
clindacin etz pledgets	15
clindamycin hcl	15
clindamycin hydrochloride	15
clindamycin palmitate hydrochloride	15
clindamycin phosphate	15
clindamycin phosphate	53
clindamycin phosphate/benzoyl peroxide	51
clobazam	19
clobetasol propionate	51
clobetasol propionate e	51
clomipramine hydrochloride	23
clonazepam	19
clonazepam odt	19
clonidine	43
clonidine hydrochloride	43
clopidogrel	43
clorazepate dipotassium	38
clotrimazole	24
clotrimazole/betamethasone dipropionate	52
clozapine	35
clozapine odt	35
COARTEM	32
COBENFY	49
COBENFY STARTER PACK	49
colchicine	25
colesevelam hydrochloride	47
colestipol hydrochloride	47
colistimethate sodium	15
COMBIGAN	69
COMBIVENT RESPIMAT	74
COMETRIQ	28
compro	23
conjugated estrogens	59
constulose	55
COPIKTRA	28
cortisone acetate	58
COSENTYX	64
COSENTYX SENSOREADY PEN	64
COSENTYX UNOREADY	64
COTELLIC	28
CREON	56
CRESEMBA	24
cromolyn sodium	56
cromolyn sodium	70
cromolyn sodium	73
cryselle	59
cryselle-28	59
CTEXLI	55
CURITY GAUZE PADS 2"X2" 12 PLY	68
cyclobenzaprine hydrochloride	74
cyclophosphamide	26
cycloserine	26
cyclosporine	65
cyclosporine	69
cyclosporine modified	65
cyproheptadine hydrochloride	72
CYSTAGON	56
CYSTARAN	69
dabigatran etexilate	42
dalfampridine er	50
danazol	58
dantrolene sodium	35
DANZITEN	28

Last Updated: 09/18/2026

Drug Name	Page #
dapagliflozin	48
dapagliflozin/metformin hydrochloride er	39
dapsone	26
DAPTACEL	66
daptomycin	15
DAPTOMYCIN/SODIUM CHLORIDE	15
darunavir	37
dasatinib	28
dasetta 1/35	59
dasetta 7/7/7	59
DAURISMO	28
daysee	59
deblitane	62
deferasirox	54
DELSTRIGO	36
delyla	59
demeclocycline hcl	18
DENGVAXIA	66
DEPO-SUBQ PROVERA 104	62
DESCOVY	37
desipramine hydrochloride	23
desmopressin acetate	58
desogestrel/ethinyl estradiol	59
desonide	51
desoximetasone	51
desvenlafaxine er	22
dexamethasone	58
dexamethasone sodium phosphate	70
dexmethylphenidate hcl	49
dexmethylphenidate hydrochloride	49
dextroamphetamine sulfate	49
dextromethorphan hydrobromide/quinidine sulfate	49
dextrose 5%	53
dextrose 5%/sodium chloride 0.45%	53
dextrose 5%/sodium chloride 0.9%	53
DIACOMIT	19
diazepam	19
diazepam	39
diazepam intensol	39
diazoxide	40
diclofenac potassium	13
diclofenac sodium	13
diclofenac sodium	52
diclofenac sodium	70
diclofenac sodium dr	13
diclofenac sodium er	13
dicloxacillin sodium	17
dicyclomine hydrochloride	55
digox	44
digoxin	44
dihydroergotamine mesylate	25
DILANTIN	20
diltiazem hcl	45
diltiazem hcl er	45
diltiazem hydrochloride	45
diltiazem hydrochloride er	45
dilt-xr	45
dimethyl fumarate	50
dimethyl fumarate starterpack	50
diphenhydramine hydrochloride	72
diphenoxylate hydrochloride/atropine sulfate	55
disopyramide phosphate	44
disulfiram	14
divalproex sodium dr	19
divalproex sodium er	19
dofetilide	44
dolishale	59
donepezil hcl	21
donepezil hydrochloride	21
DOPTELET	43
dorzolamide hcl/timolol maleate	69
dorzolamide hydrochloride	71
dorzolamide hydrochloride/timolol maleate pf	69
DOTTI	59
DOVATO	36
doxazosin mesylate	57
doxepin hcl	23
doxepin hydrochloride	23
doxycycline	18
doxycycline hyclate	18
doxycycline hyclate	50
doxycycline monohydrate	18
DRIZALMA SPRINKLE	22
dronabinol	24
DROXIA	27
droxidopa	43
DULERA	74
duloxetine hydrochloride dr	22
DUPIXENT	64
dutasteride	57
EASY COMFORT PEN NEEDLES 29GX4MM	68
EBGLYSS	51

Last Updated: 09/18/2026

Drug Name	Page #
EBGLYSS	64
ec-naproxen	13
econazole nitrate	24
EDURANT PED	36
efavirenz	36
efavirenz/emtricitabine/tenofovir disoproxil fumarate	36
efavirenz/lamivudine/tenofovir disoproxil fumarate	36
effer-k	53
elinest	59
ELIQUIS	42
ELIQUIS STARTER PACK	42
ELLA	68
ELMIRON	58
eltrombopag olamine	42
eluryng	59
EMGALITY	25
EMPAVELI	64
EMSAM	22
emtricitabine	37
emtricitabine/rilpivirine/tenofovir disoproxil fumarate	36
emtricitabine/tenofovir disoproxil	37
emtricitabine/tenofovir disoproxil fumarate	37
EMTRIVA	37
emzahh	62
enalapril maleate	44
enalapril maleate/hydrochlorothiazide	46
ENBREL	65
ENBREL MINI	65
ENBREL SURECLICK	65
endocet	14
ENGERIX-B	66
enilloring	59
enoxaparin sodium	42
enpresse-28	59
ENSACOVE	28
entacapone	32
entecavir	35
ENTYVIO PEN	64
enulose	55
ENVARSUS XR	65
EPIDIOLEX	18
epinephrine	72
eplerenone	48
ergotamine tartrate/caffeine	25
ERIVEDGE	28
ERLEADA	26
erlotinib hydrochloride	28
errin	62
ertapenem sodium	17
ery	53
erythromycin	53
erythromycin	70
erythromycin dr	17
erythromycin ethylsuccinate	18
erythromycin/benzoyl peroxide	51
escitalopram oxalate	22
eslicarbazepine acetate	20
esomeprazole magnesium	56
estarylla	59
estradiol	59
estradiol/norethindrone acetate	59
ESTRING	59
eszopiclone	75
ethambutol hydrochloride	26
ethosuximide	19
ethynodiol diacetate/ethinyl estradiol	60
etodolac	13
etonogestrel/ethinyl estradiol	60
etravirine	36
EUCRISA	51
EULEXIN	26
everolimus	28
everolimus	65
EVOTAZ	37
EVRYSDI	56
exemestane	27
EXXUA	22
EXXUA TITRATION PACK	22
ezetimibe	47
ezetimibe/simvastatin	47
FABRAZYME	56
falmina	60
famciclovir	38
famotidine	56
FANAPT	34
FANAPT TITRATION PACK A	33
FANAPT TITRATION PACK B	33
FANAPT TITRATION PACK C	34
FARXIGA	48
FASENRA	74
FASENRA PEN	74

Last Updated: 09/18/2026

Drug Name	Page #
febuxostat	25
feirza 1.5/30	60
feirza 1/20	60
felbamate	18
felodipine er	45
fenofibrate	47
fenofibrate micronized	47
fenofibric acid dr	47
fentanyl	13
fesoterodine fumarate er	57
FETZIMA	23
FETZIMA TITRATION PACK	23
fidaxomicin	18
FILSPARI	46
FINACEA	51
finasteride	57
fingolimod hydrochloride	50
FINTEPLA	18
FIRMAGON	63
FLAREX	70
flecainide acetate	44
fluconazole	24
fluconazole in sodium chloride	24
flucytosine	24
fludrocortisone acetate	58
flunisolide	71
fluocinolone acetonide	51
fluocinonide	52
fluorometholone	70
fluorouracil	52
fluoxetine hydrochloride	23
fluphenazine decanoate	33
fluphenazine hcl	33
fluphenazine hydrochloride	33
flurbiprofen	13
flurbiprofen sodium	70
FLUTICASONE FUROATE/VILANTEROL ELLIPTA	74
fluticasone propionate	52
fluticasone propionate	71
fluticasone propionate/salmeterol	74
fluticasone propionate/salmeterol diskus	74
fluvastatin	47
fluvastatin sodium er	47
fluvoxamine maleate	23
fondaparinux sodium	42
fosamprenavir calcium	37
fosfomycin tromethamine	15
fosinopril sodium	44
fosinopril sodium/hydrochlorothiazide	46
FOTIVDA	28
FRAGMIN	42
FRUZAQLA	28
furosemide	46
FYAVOLV	60
gabapentin	19
galantamine hydrobromide	21
galantamine hydrobromide er	21
gallifrey	62
GAMASTAN	63
ganciclovir	35
GARDASIL 9	66
gatifloxacin	70
gavilyte-c	55
gavilyte-g	55
gavilyte-n/flavor pack	55
GAVRETO	28
gefitinib	28
gemfibrozil	47
GEMTESA	57
generlac	55
gengraf	65
GENOTROPIN	58
GENOTROPIN MINIQUICK	58
gentamicin sulfate	15
gentamicin sulfate	70
gentamicin sulfate pediatric	15
GENVOYA	36
GILOTRIF	28
glatiramer acetate	50
glimepiride	39
glipizide	39
glipizide er	39
glipizide xl	39
glipizide/metformin hydrochloride	39
glucagon emergency kit for low blood sugar	40
glyburide	39
glyburide/metformin hydrochloride	39
glycopyrrolate	55
GLYXAMBI	39
GOMEKLI	28
griseofulvin microsize	24
griseofulvin ultramicrosize	24
guanfacine hydrochloride	43

Drug Name	Page #
guanfacine hydrochloride er	49
GVOKE HYPOPEN 1-PACK	40
GVOKE HYPOPEN 2-PACK	40
GVOKE KIT	40
GVOKE PFS	40
hailey 1.5/30	60
hailey fe 1.5/30	60
hailey fe 1/20	60
halobetasol propionate	52
haloperidol	33
haloperidol decanoate	33
haloperidol lactate	33
HAVRIX	66
heather	62
heparin sodium	42
HEPLISAV-B	66
HERNEXEOS	29
HIBERIX	66
HIZENTRA	63
HUMALOG	41
HUMALOG JUNIOR KWIKPEN	41
HUMALOG KWIKPEN	41
HUMALOG MIX 50/50 KWIKPEN	41
HUMALOG MIX 75/25	41
HUMALOG MIX 75/25 KWIKPEN	41
HUMATIN	15
HUMULIN 70/30	41
HUMULIN 70/30 KWIKPEN	41
HUMULIN N	41
HUMULIN N KWIKPEN	41
HUMULIN R	41
HUMULIN R U-500 (CONCENTRATED)	41
HUMULIN R U-500 KWIKPEN	41
hydralazine hydrochloride	48
hydrochlorothiazide	47
hydrocodone bitartrate/acetaminophen	14
hydrocodone/acetaminophen	14
hydrocortisone	52
hydrocortisone	58
hydrocortisone	68
hydrocortisone valerate	52
hydrocortisone/acetic acid	71
hydromorphone hcl	14
hydromorphone hydrochloride	14
hydroxychloroquine sulfate	32
hydroxyurea	27
hydroxyzine hcl	72
hydroxyzine hydrochloride	72
hydroxyzine pamoate	72
HYPERHEP B	63
HYRNUO	29
ibandronate sodium	68
IBRANCE	27
IBRANCE	29
IBTROZI	29
ibu	13
ibuprofen	13
icatibant acetate	63
iclevia	60
ICLUSIG	29
icosapent ethyl	47
IDHIFA	29
IDVYNSO	36
IGALMI	39
ILEVRO	70
imatinib mesylate	29
IMBRUVICA	29
imipenem/cilastatin	17
imipramine hcl	23
imipramine hydrochloride	23
imiquimod	52
IMKELDI	29
IMOVAX RABIES (H.D.C.V.)	66
IMPAVIDO	15
INBRIJA	32
incassia	62
INCRELEX	58
INCRUSE ELLIPTA	72
indapamide	47
indomethacin	13
indomethacin er	13
INFANRIX	66
INFLIXIMAB	65
INGREZZA	49
INLURIYO	26
INLYTA	29
INQOVI	29
INREBIC	27
insulin lispro	41
INSULIN SYRINGES, NEEDLES	68
INTELENCE	36
introvale	60
INVEGA HAFYERA	34
INVEGA SUSTENNA	34

Last Updated: 09/18/2026

Drug Name	Page #
INVEGA TRINZA	34
IPOL INACTIVATED IPV	66
ipratropium bromide	72
ipratropium bromide hfa	72
ipratropium bromide/albuterol sulfate	74
irbesartan	43
irbesartan/hydrochlorothiazide	46
ISENTRESS	36
ISENTRESS HD	36
ISONIAZID	26
isosorbide dinitrate	48
isosorbide dinitrate/hydralazine hydrochloride	46
isosorbide mononitrate	48
isosorbide mononitrate er	48
isotretinoin	51
ISTURISA	58
ITOVEBI	27
itraconazole	24
ivabradine hydrochloride	46
ivermectin	32
IWILFIN	27
IXIARO	66
jaimiess	60
JAKAFI	29
JAKAFI XR	29
jantoven	42
JANUMET	39
JANUMET XR	39
JANUVIA	39
JARDIANCE	48
JAYPIRCA	29
jencycla	62
JENTADUETO	39
JENTADUETO XR	39
JIDEYTRO	29
jinteli	60
jolessa	60
JOURNAVX	13
JUBBONTI	68
JUBLIA	24
JULUCA	36
junel 1.5/30	60
junel 1/20	60
junel fe 1.5/30	60
junel fe 1/20	60
JYLAMVO	65
JYNNEOS	66
KALETRA	37
KALYDECO	73
kariva	60
kelnor 1/35	60
KERENDIA	48
KESIMPTA	50
ketoconazole	24
ketorolac tromethamine	13
ketorolac tromethamine	70
ketorolac tromethamine +rfid	13
KINERET	64
KINRIX	66
kionex	54
KISQALI	29
KISQALI FEMARA 400 DOSE	27
KISQALI FEMARA 600 DOSE	27
klayesta	24
klor-con	54
klor-con 10	54
klor-con 8	54
klor-con m10	54
klor-con m15	54
klor-con m20	54
KLOXXADO	14
KOMZIFTI	27
KOSELUGO	29
KRAZATI	29
kurvelo	60
KYGEVVI	68
labetalol hydrochloride	44
lacosamide	20
lactulose	55
lamivudine	35
lamivudine	37
lamivudine/zidovudine	37
lamotrigine	19
lamotrigine er	18
lamotrigine starter kit/blue	18
lamotrigine starter kit/green	18
lamotrigine starter kit/orange	19
lansoprazole	56
LANTUS	41
LANTUS SOLOSTAR	41
lapatinib ditosylate	29
larin 1.5/30	60
larin 1/20	60

Last Updated: 09/18/2026

Drug Name	Page #
larin fe 1.5/30	60
larin fe 1/20	60
latanoprost	71
LAZCLUZE	27
leflunomide	65
lenalidomide	26
LENVIMA 10 MG DAILY DOSE	29
LENVIMA 12MG DAILY DOSE	29
LENVIMA 14 MG DAILY DOSE	29
LENVIMA 18 MG DAILY DOSE	29
LENVIMA 20 MG DAILY DOSE	29
LENVIMA 24 MG DAILY DOSE	29
LENVIMA 4 MG DAILY DOSE	29
LENVIMA 8 MG DAILY DOSE	29
LEQEMBI IQLIK	21
lessina	60
letrozole	27
leucovorin calcium	27
LEUKERAN	26
LEUKINE	43
leuprolide acetate	63
levalbuterol hcl	72
levalbuterol hydrochloride	72
levalbuterol tartrate hfa	72
levetiracetam	19
levetiracetam er	19
levobunolol hcl	70
levocarnitine	68
levocetirizine dihydrochloride	72
levofloxacin	18
LEVOFLOXACIN	70
levofloxacin in d5w	18
levonest	60
levonorgestrel and ethinyl estradiol	60
levonorgestrel/ethinyl estradiol	60
levora 0.15/30-28	60
LEVO-T	62
levothyroxine sodium	62
LEVOXYL	62
l-glutamine	56
lidocaine	14
lidocaine hydrochloride viscous	50
lidocaine viscous	50
lidocaine/prilocaine	14
LIFYORLI	29
LILETTA	62
linezolid	15
LINZESS	55
liomny	62
liothyronine sodium	62
lisinopril	44
lisinopril/hydrochlorothiazide	46
lithium	39
lithium carbonate	39
lithium carbonate er	39
LIVTENCITY	35
lojaimiess	60
LOKELMA	54
lomustine	26
LONSURF	27
loperamide hydrochloride	55
lopinavir/ritonavir	37
lorazepam	39
lorazepam intensol	39
LORBRENA	29
losartan potassium	43
losartan potassium/hydrochlorothiazide	46
loteprednol etabonate	70
loteprednol etabonate/tobramycin	69
lovastatin	47
low-ogestrel	60
loxapine	33
lubiprostone	55
luizza 1.5/30	60
luizza 1/20	60
LUMAKRAS	30
LUMIGAN	71
LUPRON DEPOT (1-MONTH)	63
LUPRON DEPOT (3-MONTH)	63
LUPRON DEPOT (4-MONTH)	63
LUPRON DEPOT (6-MONTH)	63
LUPRON DEPOT-PED (1-MONTH)	63
LUPRON DEPOT-PED (3-MONTH)	63
lurasidone hydrochloride	34
lutera	60
LYBALVI	34
lyleq	62
lyllana	60
LYNPARZA	30
LYSODREN	27
LYTGOBI	30
LYUMJEV	41
LYUMJEV KWIKPEN	41
lyza	62

Last Updated: 09/18/2026

Drug Name	Page #
macitentan	73
magnesium sulfate	54
malathion	53
maraviroc	37
marlissa	60
MARPLAN	22
MATULANE	26
matzim la	45
MAVYRET	35
MAYZENT	50
MAYZENT STARTER PACK	50
meclizine hcl	23
meclizine hydrochloride	23
medroxyprogesterone acetate	62
mefloquine hydrochloride	32
megestrol acetate	62
MEKINIST	30
MEKTOVI	30
meleya	62
meloxicam	13
memantine hcl titration pak	21
memantine hydrochloride	21
memantine hydrochloride er	21
MENQUADFI	67
MENVEO	67
mercaptopurine	27
meropenem	17
mesalamine	67
mesalamine dr	67
mesalamine er	67
MESNA	31
metformin hydrochloride	40
metformin hydrochloride er	39
methadone hcl	13
methadone hydrochloride	13
methadone hydrochloride intensol	13
methenamine hippurate	15
methimazole	63
methocarbamol	74
methotrexate	66
methotrexate sodium	66
methsuximide	19
METHYLDOPA	43
methylphenidate hydrochloride	49
methylphenidate hydrochloride er	49
methylphenidate hydrochloride er (dif)	49
methylphenidate hydrochloride er (osm)	49
methylprednisolone	58
methylprednisolone dose pack	58
metoclopramide hcl	55
metoclopramide hydrochloride	55
metolazone	47
metoprolol succinate er	44
metoprolol tartrate	44
metronidazole	16
metronidazole	51
metronidazole vaginal	15
metyrosine	46
mexiletine hydrochloride	44
micafungin	24
microgestin 1.5/30	60
microgestin 1/20	60
microgestin fe 1.5/30	60
microgestin fe 1/20	60
midodrine hydrochloride	43
MIEBO	69
mifepristone	63
miglustat	56
mili	61
milnacipran hydrochloride	50
milnacipran hydrochloride titration pack	50
mimvey	61
minocycline hcl	18
minocycline hydrochloride	18
minoxidil	48
mirtazapine	22
mirtazapine odt	22
misoprostol	56
M-M-R II	66
modafinil	75
MODEYSO	27
moexipril hydrochloride	44
molindone hydrochloride	33
mometasone furoate	52
mometasone furoate	71
mono-linyah	61
montelukast sodium	72
morphine sulfate	14
morphine sulfate er	13
MOUNJARO	40
MOVANTIK	55
moxifloxacin hydrochloride/sodium hydrochloride	18
moxifloxacin hydrochloride	18

Drug Name	Page #
moxifloxacin hydrochloride	70
MRESVIA	67
MULTAQ	44
mupirocin	53
mycophenolate mofetil	66
mycophenolic acid dr	66
MYRBETRIQ	57
nabumetone	13
nadolol	44
nafcillin sodium	17
naloxone hcl	15
naloxone hydrochloride	15
naltrexone hydrochloride	14
naproxen	13
naproxen dr	13
naproxen sodium	13
naratriptan hcl	25
NATACYN	70
nateglinide	40
NAYZILAM	19
nebivolol hydrochloride	45
necon 0.5/35-28	61
nefazodone hydrochloride	23
neomycin sulfate	15
neomycin/polymyxin/bacitracin	69
neomycin/polymyxin/bacitracin zinc	69
neomycin/polymyxin/bacitracin/hydrocortison e	69
neomycin/polymyxin/dexamethasone	69
neomycin/polymyxin/gramicidin	69
neomycin/polymyxin/hc	71
neomycin/polymyxin/hydrocortisone	71
NERLYNX	30
NEULASTA	43
NEULASTA ONPRO KIT	43
nevirapine	36
nevirapine er	36
NEXLETOL	47
NEXLIZET	47
NEXPLANON	62
niacin er	47
NICOTROL NS	15
nifedipine er	45
nilotinib hydrochloride	30
nilutamide	26
nimodipine	45
NINLARO	30
nintedanib esylate	73
nitazoxanide	32
nitisinone	56
NITRO-BID	48
nitrofurantoin macrocrystals	16
nitrofurantoin monohydrate	16
nitrofurantoin monohydrate/macrocrystals	16
nitroglycerin	48
nitroglycerin	55
nitroglycerin transdermal	48
nizatidine	56
nora-be	62
norelgestromin/ethinyl estradiol	61
norethindrone	62
norethindrone acetate	62
norethindrone acetate/ethinyl estradiol	61
norethindrone acetate/ethinyl estradiol/ferrous fumarate	61
norgestimate/ethinyl estradiol	61
norlyroc	62
nortrel 0.5/35 (28)	61
nortrel 1/35	61
nortrel 7/7/7	61
nortriptyline hcl	23
nortriptyline hydrochloride	23
NORVIR	37
NOVOLIN 70/30	41
NOVOLIN 70/30 FLEXPEN	41
NOVOLIN 70/30 FLEXPEN RELION	41
NOVOLIN 70/30 RELION	41
NOVOLIN N	41
NOVOLIN N FLEXPEN	41
NOVOLIN N FLEXPEN RELION	41
NOVOLIN N RELION	41
NOVOLIN R	41
NOVOLIN R FLEXPEN	41
NOVOLIN R FLEXPEN RELION	41
NOVOLIN R RELION	41
NOVOLOG	42
NOVOLOG FLEXPEN	41
NOVOLOG FLEXPEN RELION	41
NOVOLOG MIX 70/30	41
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	41
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	41
NOVOLOG MIX 70/30 RELION	41

Last Updated: 09/18/2026

Drug Name	Page #
NOVOLOG PENFILL	41
NOVOLOG RELION	42
NUBEQA	26
NUCALA	74
NUPLAZID	34
NURTEC	25
NUTRILIPID	68
nyamyc	24
nylia 1/35	61
nylia 7/7/7	61
nystatin	24
nystatin/triamcinolone	52
nystatin/triamcinolone acetonide	52
nystop	25
octreotide acetate	63
ODEFSEY	37
ODOMZO	30
OFEV	73
ofloxacin	70
ofloxacin	71
OGSIVEO	27
OJEMDA	27
OJJAARA	30
olanzapine	34
olanzapine odt	34
olmesartan medoxomil	43
olmesartan medoxomil/hydrochlorothiazide	46
olopatadine hydrochloride	70
omega-3-acid ethyl esters	47
omeprazole	56
omeprazole dr	56
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	68
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	68
OMNIPOD 5 LIBRE INTRO KIT	68
OMNIPOD 5 LIBRE PODS	69
OMNIPOD DASH INTRO KIT (GEN 4)	69
OMNIPOD DASH PDM KIT (GEN 4)	69
OMNIPOD DASH PODS (GEN 4)	69
ondansetron hcl	24
ondansetron hydrochloride	24
ondansetron odt	24
ONPATTRO	56
ONUREG	27
OPIPZA	34
OPVEE	15
ORENCIA	64
ORENCIA	66
ORENCIA CLICKJECT	64
ORENITRAM	73
ORENITRAM TITRATION KIT MONTH 1	73
ORENITRAM TITRATION KIT MONTH 2	73
ORENITRAM TITRATION KIT MONTH 3	73
ORGOVYX	63
ORKAMBI	73
orphenadrine citrate er	74
orquidea	62
ORSERDU	26
oseltamivir phosphate	38
OSENVELT	68
OSPHENA	62
OTEZLA	52
OTEZLA	64
OTEZLA XR	52
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK	64
oxaprozin	13
oxcarbazepine	20
oxybutynin chloride	57
oxybutynin chloride er	57
oxycodone hydrochloride	14
oxycodone/acetaminophen	14
OZEMPIC	40
PACERONE	44
paliperidone er	34
PANRETIN	31
pantoprazole sodium	56
paricalcitol	68
paroxetine hcl	23
paroxetine hydrochloride	23
PAXLOVID	38
pazopanib hydrochloride	30
PEDIARIX	67
PEDVAXHIB	67
peg-3350/electrolytes	55
peg-3350/nacl/na bicarbonate/kcl	55
PEGASYS	65
PEGASYS	66
PEMAZYRE	30
PENBRAYA	67
penicillamine	54
penicillin g sodium	17
penicillin v potassium	17

Last Updated: 09/18/2026

Drug Name	Page #
PENMENVY	67
PENTACEL	67
pentamidine isethionate	32
pentoxifylline er	46
perampanel	19
perindopril erbumine	44
periogard	50
permethrin	53
perphenazine	33
PERSERIS	34
phenelzine sulfate	22
phenobarbital	20
PHENYTEK	20
phenytoin	20
phenytoin infatabs	20
phenytoin sodium extended	20
PHESGO	27
philith	61
PIFELTRO	36
pilocarpine hydrochloride	50
pilocarpine hydrochloride	71
pimecrolimus	52
pimozide	33
pimtrea	61
pindolol	45
pioglitazone hcl	40
pioglitazone hcl/metformin hcl	40
pioglitazone hydrochloride	40
piperacillin sodium/tazobactam sodium	17
PIQRAY 200MG DAILY DOSE	30
PIQRAY 250MG DAILY DOSE	30
PIQRAY 300MG DAILY DOSE	30
pirfenidone	73
piroxicam	13
pitavastatin calcium	47
PLENAMINE	54
podofilox	52
polymyxin b sulfate/trimethoprim sulfate	69
pomalidomide	26
POMALYST	26
portia-28	61
posaconazole	25
posaconazole dr	25
potassium chloride	54
potassium chloride er	54
potassium citrate er	54
PRALUENT	47
pramipexole dihydrochloride	32
prasugrel hydrochloride	43
pravastatin sodium	47
praziquantel	32
prazosin hydrochloride	43
prednisolone	58
prednisolone acetate	70
prednisolone sodium phosphate	58
prednisone	58
pregabalin	20
PREMARIN	61
PREMPHASE	61
PREMPRO	61
prenatal	55
PRETOMANID	26
prevalite	47
PREVYMIS	35
PREZCOBIX	38
PREZISTA	38
primaquine phosphate	32
primidone	20
PRIORIX	67
PRIVIGEN	63
PROAIR RESPICLICK	72
probenecid	25
probenecid/colchicine	25
prochlorperazine	24
prochlorperazine maleate	23
PROCRIT	43
procto-med hc	68
progesterone	62
PROGRAF	66
PROLASTIN-C	56
promethazine hcl	24
promethazine hydrochloride	24
promethegan	24
propafenone hcl	44
propafenone hydrochloride	44
propafenone hydrochloride er	44
propranolol hcl	45
propranolol hydrochloride	45
propranolol hydrochloride er	45
propylthiouracil	63
PROQUAD	67
protriptyline hcl	23
PULMOZYME	73
pyrazinamide	26

Last Updated: 09/18/2026

Drug Name	Page #
pyridostigmine bromide	25
pyrimethamine	32
PYRUKYND	56
PYRUKYND TAPER PACK	56
QINLOCK	30
QUADRACEL	67
quetiapine fumarate	34
quetiapine fumarate er	34
quinapril hydrochloride	44
quinapril/hydrochlorothiazide	46
quinidine sulfate	44
quinine sulfate	32
QVAR REDIHALER	71
RABAVERT	67
rabeprazole sodium	56
RALDESY	23
raloxifene hydrochloride	62
ramelteon	75
ramipril	44
ranolazine er	46
rasagiline mesylate	33
RAYALDEE	68
RECOMBIVAX HB	67
repaglinide	40
REPATHA	48
REPATHA SURECLICK	47
RESTASIS	69
RESTASIS MULTIDOSE	69
RETACRIT	43
RETEVMO	30
REVCOVI	57
REVUFORJ	27
REXTOVY	15
REXULTI	34
REYATAZ	38
REZDIFFRA	63
REZLIDHIA	30
REZUROCK	66
RHOPRESSA	71
ribavirin	35
rifabutin	26
rifampin	26
rifapentine	26
rilpivirine hydrochloride	36
riluzole	50
RINVOQ	64
RINVOQ LQ	64
risedronate sodium	68
risperidone	34
risperidone er	34
risperidone odt	34
ritonavir	38
rivaroxaban	42
rivastigmine tartrate	21
rivastigmine transdermal system	21
RIVFLOZA	69
rizatriptan benzoate	25
rizatriptan benzoate odt	25
ROCKLATAN	70
roflumilast	73
ROMVIMZA	30
ropinirole er	32
ropinirole hcl	32
ropinirole hydrochloride	32
rosuvastatin calcium	47
ROTARIX	67
ROTATEQ	67
roweepra	19
ROZLYTREK	30
RUBRACA	30
rufinamide	21
RUKOBIA	37
RYBELSUS	40
RYDAPT	30
sacubitril/valsartan	46
SANTYL	53
sapropterin dihydrochloride	57
SAVELLA	50
SAVELLA TITRATION PACK	50
SCEMBLIX	30
scopolamine	24
SECUADO	34
selegiline hcl	33
selenium sulfide	52
SELZENTRY	37
SEREVENT DISKUS	72
sertraline hcl	23
sertraline hydrochloride	23
setlakin	61
sevelamer hydrochloride	54
SFROWASA	68
sharobel	62
SHINGRIX	67
SIGNIFOR	63

Last Updated: 09/18/2026

Drug Name	Page #
sildenafil citrate	73
silodosin	57
silver sulfadiazine	53
SIMBRINZA	70
simliya	61
simpesse	61
simvastatin	47
sirolimus	66
SIRTURO	26
SIVEXTRO	16
SKYCLARYS	69
SKYRIZI	64
SKYRIZI PEN	64
sodium chloride	54
sodium chloride 0.45%	54
sodium chloride 0.9%	69
sodium oxybate	75
sodium phenylbutyrate	57
sodium polystyrene sulfonate	54
sodium sulfate/potassium sulfate/magnesium sulfate	56
sofosbuvir/velpatasvir	36
solifenacin succinate	57
SOLIQUA 100/33	40
SOLTAMOX	27
SOMAVERT	63
sorafenib	30
sorafenib tosylate	30
sotalol hcl	44
sotalol hydrochloride	44
sotalol hydrochloride (af)	44
SPEVIGO	52
SPIRIVA RESPIMAT	72
spironolactone	48
spironolactone/hydrochlorothiazide	46
SPRAVATO 56MG DOSE	22
SPRAVATO 84MG DOSE	22
sprintec 28	61
SPRITAM	19
SPS	54
sronyx	61
ssd	53
STARJEMZA	64
STEQEYMA	64
STIOLTO RESPIMAT	74
STIVARGA	30
stoboclo	68
STRENSIQ	57
streptomycin sulfate	15
STRIBILD	36
SUBVENITE	19
subvenite starter kit/blue	19
subvenite starter kit/green	19
subvenite starter kit/orange	19
SUCRAID	57
sucralfate	56
sulfacetamide sodium	70
sulfacetamide sodium/prednisolone sodium phosphate	70
sulfadiazine	18
sulfamethoxazole/trimethoprim	18
sulfamethoxazole/trimethoprim ds	18
sulfasalazine	68
sulindac	13
sumatriptan	25
sumatriptan succinate	25
sunitinib malate	30
SUNLENCA	37
SUTAB	56
SYMPAZAN	20
SYMTUZA	38
SYNJARDY	40
SYNJARDY XR	40
SYNTHROID	63
TABLOID	27
TABRECTA	30
tacrolimus	52
tacrolimus	66
tacrolimus er	66
tadalafil	57
tadalafil	73
TAFINLAR	30
TAGRISSO	31
TALICIA	56
TALZENNA	31
tamoxifen citrate	27
tamsulosin hydrochloride	57
tarina fe 1/20 eq	61
TARPEYO	68
TAVNEOS	64
tazarotene	51
TAZICEF	16
TAZVERIK	31
telmisartan	43

Last Updated: 09/18/2026

Drug Name	Page #
telmisartan/hydrochlorothiazide	46
temazepam	75
TENIVAC	67
tenofovir disoproxil fumarate	37
TEPMETKO	31
terazosin hcl	57
terazosin hydrochloride	57
terbinafine hcl	25
terconazole	25
teriparatide	68
testosterone	58
testosterone cypionate	58
testosterone enanthate	58
testosterone pump	58
tetrabenazine	50
tetracycline hydrochloride	18
TEVIMBRA	31
THALOMID	26
theophylline er	73
thioridazine hydrochloride	33
thiothixene	33
tiadylt er	45
tiagabine hydrochloride	20
TIBSOVO	31
ticagrelor	43
TICOVAC	67
tigecycline	16
timolol maleate	25
timolol maleate	71
tinidazole	16
tiotropium bromide	72
TIVICAY	36
TIVICAY PD	36
tizanidine hcl	35
tizanidine hydrochloride	35
TOBI PODHALER	73
TOBRADEX	70
tobramycin	70
tobramycin	73
tobramycin sulfate	15
tobramycin/dexamethasone	70
tofacitinib citrate	64
tofacitinib citrate er	64
tolterodine tartrate	57
tolterodine tartrate er	57
tolvaptan	54
topiramate	19
topotecan hcl	28
topotecan hydrochloride	28
toremifene citrate	27
torsemide	47
TOUJEO MAX SOLOSTAR	42
TOUJEO SOLOSTAR	42
TRADJENTA	40
tramadol hydrochloride	14
tramadol hydrochloride/acetaminophen	14
trandolapril	44
tranexamic acid	43
tranylcypromine sulfate	22
travoprost	71
trazodone hydrochloride	23
TRELEGY ELLIPTA	74
TRELSTAR MIXJECT	63
TREMFYA	64
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS	64
TREMFYA PEN	64
TRESIBA	42
TRESIBA FLEXTOUCH	42
tretinoin	31
tretinoin	51
triamcinolone acetonide	52
triamcinolone acetonide dental paste	50
triamterene	47
triamterene/hydrochlorothiazide	46
triderm	52
trientine hydrochloride	54
tri-estarylla	61
trifluoperazine hcl	33
trifluoperazine hydrochloride	33
trifluridine	70
trihexyphenidyl hydrochloride	32
TRIJARDY XR	40
TRIKAFTA	73
tri-linyah	61
trimethoprim	16
tri-mili	61
trimipramine maleate	23
TRINTELLIX	23
tri-sprintec	61
TRIUMEQ	37
TRIUMEQ PD	37
tri-vylibra	61

Last Updated: 09/18/2026

Drug Name	Page #
trospium chloride	57
trospium chloride er	57
TRULICITY	40
TRUMENBA	67
TRUQAP	31
TRYNGOLZA	48
TUKYSA	31
TURALIO	31
turqoz	61
TWINRIX	67
TYBOST	37
TYENNE	64
TYMLOS	68
TYPHIM VI	67
TYRVAYA	70
UBRELVY	25
UDENYCA	43
UDENYCA ONBODY	43
ulticare micro pen needles/32g x 5/32"	69
unifine pentips 32gx6mm	69
UNITHROID	63
urea	53
ursodiol	56
UZEDY	35
valacyclovir hydrochloride	38
VALCHLOR	26
valganciclovir	35
valganciclovir hydrochloride	35
valproic acid	19
valsartan	44
valsartan/hydrochlorothiazide	46
VALTOCO 10 MG DOSE	20
VALTOCO 15 MG DOSE	20
VALTOCO 20 MG DOSE	20
VALTOCO 5 MG DOSE	20
VALTYA 1/35	61
valtya 1/50	61
vancomycin hcl	16
vancomycin hydrochloride	16
VANFLYTA	31
VAQTA	67
varenicline starting month	15
varenicline tartrate	15
varenicline tartrate continuing month	15
VARIVAX	67
VAXCHORA	67
VAXELIS	67
VELPHORO	54
VELTASSA	54
VENCLEXTA	31
VENCLEXTA STARTING PACK	31
venlafaxine hydrochloride	23
venlafaxine hydrochloride er	23
VEOPOZ	65
VEOZAH	50
VEPPANU	27
verapamil hcl er	45
verapamil hcl sr	45
verapamil hydrochloride	45
verapamil hydrochloride er	45
verapamil hydrochloride sr	45
VERQUVO	48
VERSACLOZ	35
VERZENIO	31
V-GO 20	69
V-GO 30	69
V-GO 40	69
vienva	61
vigabatrin	20
vigadrone	20
VIGAFYDE	20
vilazodone hydrochloride	23
VIMKUNYA	67
viorele	61
VIRACEPT	38
VIREAD	37
VITRAKVI	31
VIVITROL	14
VIVOTIF	67
VIZIMPRO	31
VOCABRIA	36
volnea	61
VONJO	27
VORANIGO	31
voriconazole	25
VOSEVI	36
VOWST	56
VRAYLAR	35
VUMERITY	50
vyfemla	61
VYJUVEK	38
vylibra	61
VYNDAMAX	46
VYVGART HYTRULO	25

Last Updated: 09/18/2026

Drug Name	Page #
VYVGART HYTRULO	65
VYZULTA	71
warfarin sodium	42
WEGOVY	69
WELIREG	57
wera	61
WINREVAIR	73
wixela inhub	74
WYOST	68
XALKORI	31
XARELTO	42
XATMEP	66
XCOPRI	21
XDEMVY	70
XERMELO	55
XIFAXAN	56
XIGDUO XR	40
XIIDRA	70
XOCOVA	38
XOFLUZA	38
XOLAIR	65
XOLREMDI	43
XOSPATA	31
XPOVIO	31
XPOVIO 60 MG TWICE WEEKLY	31
XPOVIO 80 MG TWICE WEEKLY	31
XTAMPZA ER	13
XTANDI	26
xulane	62
yargesa	57
YESINTEK	65
YF-VAX	67
YONSA	26
yulithira	31
YUPELRI	72
yuvafem	62
zafemy	62
zafirlukast	72
zaleplon	75
ZARXIO	43
ZEJULA	31
ZELBORAF	31
ZELVYSIA	57
zenatane	51
ZENBEXUS	27
ZENPEP	57
ZEPOSIA	50
ZEPOSIA 7-DAY STARTER PACK	50
ZEPOSIA STARTER KIT	50
zidovudine	37
ziprasidone hcl	35
ziprasidone mesylate	35
ZIRGAN	70
ZOKINVY	69
ZOLINZA	27
zolmitriptan	25
zolpidem tartrate	75
zolpidem tartrate er	75
ZONISADE	21
zonisamide	21
zovia 1/35	62
ZTALMY	20
ZURZUVAE	22
ZYDELIG	31
ZYKADIA	31
ZYMFENTRA 2-PEN	66
ZYMFENTRA 2-SYRINGE	66
ZYPREXA RELPREVV	35

Last Updated: 09/18/2026

Great Plains Medicare Advantage is an HMO I-SNP plan with a Medicare contract. Enrollment in Great Plains Medicare Advantage depends on contract renewal. Enrollment in these plans depends on contract renewal. Sanford Health complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations.

Free interpretation services are available to you. Additional services and resources necessary to provide information on accessible formats are also available at no cost. Call (877) 492-5189 (TTY: 711) or speak with your healthcare provider. Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al (877) 492-5189 (TTY: 711) o hable con su proveedor. German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie (877) 492-5189 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

If you require large-print materials, please call (877) 492-5189 (TTY: 711).

Optum Rx®

Great Plains
Medicare Advantage

Formulary ID# 00027233, V7

This formulary was last updated on 09/18/2026.

For more recent information or other questions, please contact Great Plains Medicare Advantage member services at (855) 800-8872 (TTY users should call 711), 24 hours a day/7 days a week or visit greatplainsmedicareadvantage.com.