2027

Formulary / Formulario

List of Covered Drugs or "Drug List" / Lista de medicamentos cubiertos o "Lista de medicamentos"

Health Choice Pathway (HMO D-SNP)

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

This formulary was updated on 10/01/2026. For more recent information or other questions, please contact Health Choice Pathway Member Services at **1-800-656-8991** (TTY users should call **711**), 8 a.m. – 8 p.m., 7 days a week, or visit **azblue.com**/hcpathway.

FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN.

Este formulario se actualizó en 01/10/2026. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, Health Choice Pathway al Departamento de Servicios para Miembros, al **1-800-656-8991** o para usuarios del servicio TTY al **711,** los 7 días de la semana de 8 a.m. a 8 p.m., hora local. O bien, visite **azblue.com**/hcpathway.

ACCREDITED NCQA HEALTH PLAN

HPMS Approved Formulary File Submission ID 00027417, Version Number 6

Identificación de Presentación del Archivo del Formulario Aprobado de HPMS 00027417, Número de Versión 6

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Health Choice

Health Choice Pathway (HMO D-SNP)

2027 Formulary

(List of Covered Drugs or "Drug List")

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION

ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary File Submission ID 00027417

This formulary was updated on 10/01/2026. For more recent information or other questions, please contact us, Health Choice Pathway (HMO D-SNP) Member Service at **1-800-656-8991** (TTY users should call **711**), 8 a.m. – 8 p.m., 7 days a week, or visit **azblue.com/hcpathway**.

Health Choice Pathway (HMO D-SNP)

Formulario para 2027

(Lista de medicamentos cubiertos o "Lista de medicamentos")

LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN

SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Núm. de identificación del archivo presentado de formulario aprobado por HPMS 00027417

Este formulario se actualizó el 01/10/2026. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, Servicio de Atención para Miembros de Health Choice Pathway (HMO D-SNP) al **1-800-656-8991** (los usuarios de TTY deben llamar al **711**), de 8 a. m. a 8 p. m., los 7 días de la semana o visite **azblue.com/hcpathway**.

H5587_D50110PY27_C

Date of last update: October 1, 2026

Fecha de la última actualización: 1 de octubre de 2026

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 Health Choice Pathway (HMO D-SNP). When it refers to "plan" or "our plan," it means Health Choice Pathway (HMO D-SNP).

This document includes a Drug List (formulary) for our plan which is current as of 10/1/2027. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **azblue.com/hcpathway**.

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

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

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

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

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

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Health Choice Pathway's 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 October 1, 2026. To get updated information about the drugs covered by Health Choice Pathway please contact us. Our contact information appears on the front and back cover pages. Mid-year non-maintenance formulary changes will be posted to our website at **azblue.com/hcpathway**.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 63. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological

product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, Health Choice Pathway limits the amount of the drug that Health Choice Pathway will cover. For example, Health Choice Pathway provides 30 capsules per 30-day prescription for temazepam. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Health Choice Pathway 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, Health Choice Pathway may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Choice Pathway 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 1. 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 Health Choice Pathway 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 Health Choice Pathway's formulary?" on page vi for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

- You can ask Health Choice Pathway 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 Health Choice Pathway's formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Health Choice Pathway 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, Health Choice Pathway will only approve your request for an exception if the alternative drugs included on the plan's formulary or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to

a maximum 31-day supply of medication. If coverage is not approved, after your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than *90* days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first *90* days of membership in our plan, we will cover a *34*-day emergency supply of that drug while you pursue a formulary exception.

For current Health Choice Pathway members moving from one treatment setting to another, a transition fill of a Part D medication will be provided. Examples of these level of care changes include but are not limited to the following: beneficiary enters an LTC facility from a hospital, beneficiary is discharged from a hospital to a home, beneficiary ends a skilled nursing facility Medicare Part A stay and resumes using Part D benefits, beneficiary gives up hospice status and resumes using Part D benefits, or a beneficiary ends a LTC facility stay and returns to the community. Additionally, for beneficiaries admitted to or discharged from an LTC facility, early refill edits are by-passed to allow beneficiaries necessary access to their Part D benefit.

For more information

For more detailed information about your Health Choice Pathway prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Health Choice Pathway, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Health Choice Pathway formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Health Choice Pathway. If you have trouble finding your drug in the list, turn to the Index that begins on page 63.

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

The information in the Requirements/Limits column tells you if Health Choice Pathway has any special requirements for coverage of your drug.

List of Abbreviations

B/D:	This prescription drug has a Part B versus D administrative prior authorization requirement. 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.
EA:	Each.
NDS:	Non-Extended Day Supply. This prescription drug is not available for an extended days' supply.
PA:	Prior Authorization. Health Choice Pathway requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Health Choice Pathway before you fill your prescriptions. If you don't get approval, Health Choice Pathway may not cover the drug.
PA NSO:	Prior authorization for New Starts Only. This prescription drug requires prior authorization only for members starting therapy and does not apply to members already using the drug.
QL:	Quantity Limit. For certain drugs, Health Choice Pathway limits the amount of the drug that Health Choice Pathway will cover. For example, Health Choice Pathway provides 30 tablets per 30-day prescription for zolpidem.
ST:	Step Therapy. In some cases, Health Choice Pathway 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, Health Choice Pathway may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Choice Pathway will then cover Drug B.
ST NSO:	Step Therapy for New Starts Only. This prescription drug requires step therapy only for members starting therapy and does not apply to members already using the drug.

Nota para los miembros existentes: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros" o "nuestro(s)", se refiere a Health Choice Pathway (HMO D-SNP). Cuando menciona el "plan" o "nuestro plan", se refiere a Health Choice Pathway (HMO D-SNP).

Este documento incluye una lista de medicamentos (formulario) para nuestro plan, que entró en vigencia el 01/10/2026. Para obtener una lista de medicamentos (formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la lista de medicamentos (formulario), aparece en la portada y en la contraportada.

Por lo general, usted debe usar las farmacias de la red para utilizar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias y/o los copagos/coaseguro pueden cambiar el 1 de enero de 2027 y de vez en cuando durante el año.

¿Qué es el formulario de Health Choice Pathway?

En este documento, usamos los términos lista de medicamentos y formulario para referirnos a lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por Health Choice Pathway en conjunto con un equipo de proveedores de atención médica que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. Por lo general, Health Choice Pathway cubrirá los medicamentos que aparecen en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, se compre en una farmacia de la red de Health Choice Pathway y se sigan otras normas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su evidencia de cobertura.

¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de medicamentos se producen el 1 de enero, pero podemos agregar o quitar medicamentos del formulario durante el año o agregar nuevas restricciones. Debemos seguir las normas de Medicare para hacer estos cambios. Las actualizaciones al formulario se publican mensualmente en nuestro sitio web aquí:**azblue.com/hcpathway**.

Cambios que pueden afectarle este año*:* En los siguientes casos, usted se verá afectado por los cambios en la cobertura durante el año:

- **Sustituciones inmediatas de ciertas versiones nuevas de medicamentos de marca registrada y de productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro formulario si lo reemplazamos por una determinada versión nueva de ese medicamento que tendrá las mismas o menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir conservar el medicamento de marca registrada o el producto biológico original o agregar nuevas restricciones.

Podemos hacer estos cambios inmediatos solamente si agregamos una nueva versión genérica de un medicamento de marca registrada o si agregamos ciertas versiones biosimilares nuevas de un producto biológico original que ya estaba en el formulario (por ejemplo, agregamos un biosimilar intercambiable que una farmacia puede sustituir por un producto biológico original sin una nueva receta).

Si actualmente está tomando el medicamento de marca registrada o el producto biológico general, es posible que no le informemos con anticipación de dicho cambio, pero después le proporcionaremos información sobre el (los) cambio(s) específico(s) que realizamos.

Si hacemos dicho cambio, usted o la persona que emite sus recetas pueden solicitarnos que hagamos una excepción y continuemos cubriéndole el medicamento que se cambió. Para obtener más información, consulte la sección a continuación, titulada "¿Cómo solicito una excepción al formulario de Health Choice Pathway?".

Algunos de estos tipos de medicamentos podrían ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada "¿Qué son los productos biológicos originales y cómo están relacionados con los biosimilares?".

- **Medicamentos retirados del mercado.** Si un medicamento es retirado para su venta por el fabricante o si la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) determina que se retire por cuestiones de seguridad o efectividad, es posible que eliminemos inmediatamente el medicamento de nuestro formulario y posteriormente les avisemos a los miembros que toman ese medicamento.

- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos eliminar del formulario un medicamento de marca registrada cuando agregamos un genérico equivalente o podemos eliminar un producto biológico original cuando agregamos un biosimilar. También podemos aplicarle nuevas restricciones al medicamento de marca registrada o producto biológico adicional. Podemos hacer cambios según las nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos una autorización previa, límites de cantidad y/o restricciones de terapia escalonada a un medicamento, debemos notificarles el cambio a los miembros afectados con 30 días de anticipación, como mínimo, a que el cambio entre en vigencia. Otra posibilidad es que, cuando un miembro solicite un resurtido del medicamento, pueda recibir un suministro para 31 días del medicamento y el aviso del cambio.

  Si hacemos estos otros cambios, usted o la persona que emite sus recetas pueden solicitarnos que hagamos una excepción para usted y continuemos cubriendo el medicamento que ha

estado tomando. El aviso que le proporcionemos también incluirá información sobre cómo solicitar una excepción y usted también puede encontrar la información en la sección a continuación, titulada "¿Cómo solicito una excepción al formulario de Health Choice Pathway?".

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si usted toma un medicamento que aparece en nuestro formulario para 2027 que estuvo cubierto al principio del año, no cancelaremos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2027, excepto como se describió anteriormente. Esto significa que, durante el resto del año de cobertura, estos medicamentos permanecerán disponibles con el mismo costo compartido y sin restricciones nuevas para aquellos miembros que los están tomando. Este año, usted no recibirá ningún aviso directo sobre los cambios que no le afecten. Sin embargo, el 1 de enero del año siguiente, dichos cambios le afectarán y es importante que revise el formulario para el nuevo año de beneficios para ver los posibles cambios en los medicamentos.

El formulario adjunto entró en vigor el 1 de octubre de 2026. Comuníquese con nosotros para obtener información actualizada de los medicamentos cubiertos por Health Choice Pathway. Nuestra información de contacto aparece en la portada y en la contraportada. Los cambios que se realicen a mitad del año a los medicamentos del formulario que no sean de mantenimiento se publicarán en nuestro sitio web, **azblue.com/hcpathway**..

¿Cómo puedo utilizar el formulario?

Hay dos formas de buscar su medicamento en el formulario:

Afección médica

El formulario comienza en la página 1. Los medicamentos en este formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se utilizan. Por ejemplo, los medicamentos que se usan para tratar una afección cardíaca aparecen en la categoría agentes cardiovasculares. Si sabe para qué toma el medicamento, busque el nombre de la categoría en la lista que comienza en página 1. Luego, en dicha categoría, busque el nombre del medicamento.

Lista por orden alfabético

Si no está seguro de en qué categoría buscar, debe buscar el medicamento en el índice que comienza en la página 63. El índice proporciona una lista por orden alfabético de todos los medicamentos que se incluyen en este documento. El índice incluye los medicamentos genéricos y los medicamentos de marca registrada. Busque su medicamento en el índice. Al lado su medicamento, usted verá el número de página donde puede encontrar la información de cobertura. Vaya a la página que se indica en el índice y busque el nombre del medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Health Choice Pathway cubre los medicamentos de marca registrada y los medicamentos genéricos. Un medicamento genérico está aprobado por la FDA porque tiene el mismo ingrediente activo que el medicamento de marca registrada. Por lo general, los medicamentos genéricos funcionan igual de bien que los medicamentos de marca registrada y cuestan menos. Hay medicamentos genéricos sustitutos disponibles para la mayoría de los medicamentos de marca registrada. Normalmente, los medicamentos genéricos pueden ser sustituidos por los medicamentos de marca registrada en la farmacia sin la necesidad de una receta nueva, dependiendo de las leyes estatales..

¿Qué son los productos biológicos originales y cómo están relacionados con los biosimilares?

En el formulario, cuando nos referimos a los medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. Por lo general, los biosimilares funcionan igual de bien que los productos biológicos originales y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y dependiendo de las leyes estatales, pueden ser sustituidos por el producto biológico original en la farmacia sin necesidad de una receta nueva, así como los medicamentos genéricos pueden ser sustituidos por medicamentos de marca registrada.

Para ver una explicación sobre los tipos de medicamentos, consulte la evidencia de cobertura, capítulo 5, sección 3.1, "La "Lista de medicamentos" le indica cuáles medicamentos de Part D están cubiertos".

¿Mi cobertura tiene alguna restricción?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Health Choice Pathway requiere que usted o la persona que emite sus recetas obtengan una autorización previa para ciertos medicamentos. Esto quiere decir que deberá obtener la aprobación de Health Choice Pathway, con base en criterios específicos, antes de surtir sus medicamentos recetados. Si no obtiene la aprobación, es posible que Health Choice Pathway no cubra el medicamento.

- **Límites de cantidades:** Para ciertos medicamentos, Health Choice Pathway limita la cantidad de medicamento que cubrirá Health Choice Pathway. Por ejemplo, Health Choice Pathway proporciona 30 cápsulas por receta para 30 días de temazepam. Esto puede ser adicional al suministro estándar para un mes o para tres meses.

- **Terapia escalonada:** En algunos casos, Health Choice Pathway requiere que pruebe primero con ciertos medicamentos para tratar su afección antes de cubrir otro medicamento para dicha afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección, es posible que

Health Choice Pathway no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no le es eficaz, entonces Health Choice Pathway cubrirá el medicamento B.

Para consultar si su medicamento tiene algún requisito o límite adicional, consulte el formulario que comienza en la página 1. También puede visitar nuestro sitio web para obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y de terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Puede solicitarle a Health Choice Pathway que haga una excepción para estas restricciones o límites o puede solicitar una lista de otros medicamentos similares para tratar su afección. Consulte la sección "¿Cómo solicito una excepción al formulario de Health Choice Pathway?" en la página xiii para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no está en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con el Servicio de Atención para Miembros y preguntar si su medicamento está cubierto.

Si le informan que Health Choice Pathway no cubre su medicamento, tiene dos opciones:

- Puede solicitarle al Servicio de Atención para Miembros una lista de medicamentos similares que estén cubiertos por Health Choice Pathway. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Health Choice Pathway.

- Puede solicitarle a Health Choice Pathway que haga una excepción y cubra su medicamento. Lea la información a continuación sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de Health Choice Pathway?

Puede solicitarle a Health Choice Pathway que haga una excepción a nuestras normas de cobertura. Hay distintos tipos de excepciones que puede solicitarnos.

- Puede solicitarnos que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba, cubriremos el medicamento a un nivel de costo compartido predeterminado y usted no podrá solicitarnos que proporcionemos el medicamento a un nivel de costo compartido más bajo.

- Puede solicitarnos que no apliquemos una restricción de cobertura, incluida autorización previa, terapia escalonada o límite de cantidad de su medicamento. Por ejemplo, para ciertos medicamentos, Health Choice Pathway limita la cantidad de medicamento que cubriremos. Si el medicamento tiene un límite de cantidad, puede solicitarnos que no apliquemos el límite y que cubramos una cantidad mayor.

Por lo general, Health Choice Pathway solamente aprobará su solicitud para una excepción si los medicamentos alternativos están incluidos en el formulario del plan o si el aplicar la restricción no sería tan eficaz para usted y/o el hacerlo le causaría a usted efectos secundarios adversos.

Usted o la persona que emite sus recetas deben comunicarse con nosotros para solicitar una excepción al formulario, incluida una excepción a la restricción de cobertura. ***Cuando solicita una excepción, la persona que emite sus recetas necesitará explicar las razones médicas sobre por qué que usted necesita la excepción*.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas después de recibir la declaración de respaldo de la persona que emite sus recetas. Puede solicitar una excepción acelerada (rápida) si usted considera, y nosotros estamos de acuerdo, que su salud podría verse gravemente perjudicada si espera hasta 72 horas por una decisión. Si estamos de acuerdo o si la persona que emite sus recetas solicita una decisión rápida, debemos comunicarle nuestra decisión a más tardar 24 horas después de recibir la declaración de respaldo de la persona que emite sus recetas.

¿Qué puedo hacer si mi medicamento no está en el formulario o si tiene una restricción?

Como miembro nuevo o existente de nuestro plan, usted podría estar tomando medicamentos que no están en nuestro formulario. O también podría estar tomando un medicamento que está en nuestro formulario, pero que tiene una restricción de cobertura, como una autorización previa. Usted debe hablar con la persona que emite sus recetas sobre solicitar una decisión de cobertura que demuestre que usted cumple los requisitos para la aprobación, para el cambio a un medicamento alternativo que cubrimos o para solicitar una excepción al formulario con el fin de que cubramos el medicamento que toma. Mientras usted y su médico determinan el curso de acción adecuado para usted, es posible que en ciertos casos cubramos su medicamento durante los primeros *90* días en que sea miembro de nuestro plan.

Cubriremos un suministro temporal para 31 días para cada uno de sus medicamentos que no aparezca en nuestro formulario o que tenga una restricción de cobertura. Si la receta es por menos días, autorizaremos resurtidos para proporcionarle un suministro para 31 días de medicamento, como máximo. Si no se aprueba la cobertura, no pagaremos estos medicamentos después del primer suministro para 31 días, incluso si usted ha sido miembro del plan durante menos de *90* días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no aparece en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ya ha superado los primeros *90* días de membresía en nuestro plan, cubriremos un suministro de emergencia de ese medicamento para *34* días mientras solicita una excepción al formulario.

Para miembros actuales de Health Choice Pathway que cambian de un entorno de tratamiento a otro, se surtirá una receta de transición de un medicamento de Part D. Los ejemplos de estos cambios al nivel de atención incluyen, entre otros, los siguientes: un beneficiario ingresa a un centro de atención a largo plazo (LTC, por sus siglas en inglés) desde un hospital, un beneficiario que recibe el alta de un hospital a una residencia, un beneficiario que finaliza una estancia en un centro de enfermería especializada de Medicare Part A y reanuda el uso de los beneficios de Part D, un beneficiario que renuncia al estado de cuidados paliativos y reanuda el uso de los beneficios de Part D o un beneficiario que finaliza una

estancia en un centro de LTC y regresa a la comunidad. Además, para que los beneficiarios ingresen a un centro de LTC o reciban el alta de un centro de LTC, se omiten las revisiones por resurtido anticipado para permitirles a los beneficiarios el acceso necesario a sus beneficios de Part D.

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos recetados de Health Choice Pathway, consulte la evidencia de cobertura y otros documentos del plan.

Si tiene preguntas sobre Health Choice Pathway, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame al **1-800-MEDICARE** (**1-800-633-4227**) las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al **1-877-486-2048**. O visite **http://www.medicare.gov**.

Formulario de Health Choice Pathway

El formulario que comienza en la página siguiente proporciona información de la cobertura de los medicamentos cubiertos por Health Choice Pathway. Si tiene algún problema para buscar su medicamento en la lista, vaya al índice en la página 63.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca registrada están en mayúsculas (p. ej., TRULICITY) y los medicamentos genéricos se listan en minúsculas y cursiva (p. ej., *sumatriptán*).

La información en la columna requisitos/límites indica si Health Choice Pathway tiene algún requisito especial de cobertura para su medicamento.

Lista de abreviaturas

B/D:	Este medicamento recetado tiene un requisito de autorización previa administrativa de Part B en comparación con Part D. Este medicamento puede ser cubierto por Medicare Part B o Part D, según las circunstancias. Es posible que sea necesario presentar información que describa el uso y el entorno donde se usará el medicamento para tomar la decisión.
EA:	Cada uno.
NDS:	Suministro diario no extendido. Este medicamento recetado no está disponible para un suministro diario extendido.
PA:	Autorización previa. Health Choice Pathway requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto quiere decir que deberá obtener la aprobación de Health Choice Pathway antes de surtir sus medicamentos recetados. Si no obtiene la aprobación, es posible que Health Choice Pathway no cubra el medicamento.
PA NSO:	Autorización previa solo para nuevos comienzos. Este medicamento recetado requiere autorización previa solo para miembros que vayan a comenzar una terapia y no se aplica a los miembros que ya estén tomando el medicamento.
QL:	Límite de cantidad. Para ciertos medicamentos, Health Choice Pathway limita la cantidad de medicamento que cubrirá. Por ejemplo, Health Choice Pathway proporciona 30 comprimidos por receta para suministro de 30 días de zolpidem.
ST:	Terapia escalonada. En algunos casos, Health Choice Pathway requiere que pruebe primero con ciertos medicamentos para tratar su afección antes de cubrir otro medicamento para dicha afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección, es posible que Health Choice Pathway no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no le es eficaz, entonces Health Choice Pathway cubrirá el medicamento B.
ST NSO:	Terapia escalonada solo para nuevos comienzos. Este medicamento recetado requiere terapia escalonada solo para miembros que vayan a comenzar una terapia y no se aplica a los miembros que ya estén tomando el medicamento.

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 sodium dr tablet delayed release 25mg, 50mg, 75mg	
diclofenac sodium topical solution 1.5%	QL(300 ML per 30 days); PA
ec-naproxen tablet delayed release 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	
ketorolac tromethamine tablet 10mg	QL(20 EA per 30 days)
meloxicam tablet 15mg, 7.5mg	
nabumetone tablet 500mg, 750mg	
naproxen dr tablet delayed release 500mg	
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	
acetaminophen/codeine phosphate tablet 300mg; 60mg	
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	NDS

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 tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	NDS
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 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, 1mg/ml, 4mg/ml	NDS
hydromorphone hcl tablet 2mg, 4mg, 8mg	NDS
hydromorphone hydrochloride injection 1mg/ml, 2mg/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, 20mg, 30mg, 5mg	NDS
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	NDS
tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg	NDS
tramadol hydrochloride tablet 50mg	NDS
Anesthetics	
Local Anesthetics	
lidocaine hydrochloride injection 1%	
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	NDS
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	
buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 2mg; 0.5mg	
Opioid Reversal Agents	
KLOXXADO LIQUID 8MG/0.1ML	
naloxone hcl injection 4mg/10ml	
naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml	
OPVEE SOLUTION 2.7MG/0.1ML	

Drug Name	Requirements/Limits
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; NDS
gentamicin sulfate pediatric injection 10mg/ml	
gentamicin sulfate cream 0.1%	
gentamicin sulfate injection 40mg/ml	
gentamicin sulfate ointment 0.1%	
HUMATIN CAPSULE 250MG	NDS
neomycin sulfate tablet 500mg	
streptomycin sulfate injection 1gm	QL(60 EA per 30 days); NDS
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)
clindacin-p 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 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	
daptomycin/sodium chloride injection 1000mg/100ml; 0.9%	
daptomycin injection 350mg, 500mg	
fosfomycin tromethamine packet 3gm	
IMPAVIDO CAPSULE 50MG	NDS
linezolid injection 600mg/300ml	
linezolid suspension reconstituted 100mg/5ml	QL(1800 ML per 28 days); NDS
linezolid tablet 600mg	QL(56 EA per 28 days)
methenamine hippurate tablet 1gm	
metronidazole vaginal gel 0.75%	
metronidazole injection 500mg/100ml	
metronidazole tablet 250mg, 500mg	
nitrofurantoin macrocrystals capsule 100mg, 50mg	

Drug Name	Requirements/Limits
nitrofurantoin monohydrate/macrocrystals capsule 100mg	
nitrofurantoin monohydrate capsule 100mg	
SIVEXTRO INJECTION 200MG	QL(6 EA per 30 days); NDS
SIVEXTRO TABLET 200MG	QL(6 EA per 30 days); NDS
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	
cefadroxil capsule 500mg	
cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml	
cefazolin sodium injection 10gm, 1gm, 500mg	
CEFAZOLIN INJECTION 2GM, 3GM	
cefazolin injection 2gm, 3gm	
cefdinir capsule 300mg	
cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml	
cefepime hydrochloride injection 100gm, 2gm	
cefepime/dextrose injection 1gm/50ml; 5%, 2gm/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	NDS
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	
Beta-lactam, Penicillins	
amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg	

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
amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	
amoxicillin/clavulanate potassium tablet 250mg; 125mg, 500mg; 125mg, 875mg; 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	NDS
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	
erythromycin ethylsuccinate suspension reconstituted 200mg/5ml	
fidaxomicin tablet 200mg	QL(20 EA per 10 days); NDS
Quinolones	
ciprofloxacin hcl tablet 750mg	
ciprofloxacin hydrochloride tablet 250mg, 500mg, 750mg	
ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%	

Drug Name	Requirements/Limits
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	NDS
sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg	
sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml	
sulfamethoxazole/trimethoprim tablet 400mg; 80mg	
Tetracyclines	
demeclocycline hcl tablet 150mg, 300mg	
demeclocycline hydrochloride tablet 300mg	
doxycycline hyclate capsule 100mg, 50mg	
doxycycline hyclate injection 100mg	
doxycycline hyclate tablet 100mg	
doxycycline monohydrate capsule 100mg, 50mg	
doxycycline monohydrate tablet 100mg, 150mg, 50mg, 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; NDS
felbamate suspension 600mg/5ml	
felbamate tablet 400mg, 600mg	
FINTEPLA SOLUTION 2.2MG/ML	QL(360 ML per 30 days); PA NSO; NDS
lamotrigine starter kit/blue kit 25mg	
lamotrigine starter kit/green kit 0	
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	

Drug Name	Requirements/Limits
NAYZILAM SOLUTION 5MG/0.1ML	QL(10 EA per 30 days)
perampanel suspension 0.5mg/ml	NDS
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 0.25mg, 0.5mg, 1mg	QL(90 EA per 30 days)
DIACOMIT CAPSULE 250MG, 500MG	PA NSO; NDS
DIACOMIT PACKET 250MG, 500MG	PA NSO; NDS
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 200mg	PA NSO; NDS
gabapentin capsule 400mg	QL(270 EA per 30 days)
gabapentin capsule 100mg, 300mg	QL(360 EA per 30 days)
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)

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
pregabalin solution 20mg/ml	QL(900 ML per 30 days)
primidone tablet 125mg, 250mg, 50mg	
SYMPAZAN FILM 10MG, 20MG	NDS
SYMPAZAN FILM 5MG	QL(60 EA per 30 days)
tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	QL(10 EA per 30 days); NDS
vigabatrin packet 500mg	PA NSO; NDS
vigabatrin tablet 500mg	QL(180 EA per 30 days); PA NSO; NDS
vigadrone packet 500mg	PA NSO; NDS
vigadrone tablet 500mg	QL(180 EA per 30 days); PA NSO; NDS
VIGAFYDE SOLUTION 100MG/ML	PA NSO; NDS
ZTALMY SUSPENSION 50MG/ML	PA NSO; NDS
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 sodium extended capsule 100mg, 200mg, 300mg	
phenytoin suspension 125mg/5ml	
phenytoin tablet chewable 50mg	
rufinamide suspension 40mg/ml	NDS
rufinamide tablet 200mg	
rufinamide tablet 400mg	NDS
XCOPRI TABLET THERAPY PACK 0	PA NSO; NDS
XCOPRI TABLET THERAPY PACK 0	QL(56 EA per 28 days); PA NSO; NDS
XCOPRI TABLET THERAPY PACK 0	QL(56 EA per 365 days); PA NSO
XCOPRI TABLET THERAPY PACK 0	QL(56 EA per 365 days); PA NSO; NDS

Drug Name	Requirements/Limits
XCOPRI TABLET 100MG, 25MG, 50MG	QL(30 EA per 30 days); PA NSO; NDS
XCOPRI TABLET 150MG, 200MG	QL(60 EA per 30 days); PA NSO; NDS
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; NDS
LEQEMBI IQLIK INJECTION 360MG/1.8ML	QL(7.2 ML per 28 days); PA; NDS
Cholinesterase Inhibitors	
donepezil hcl tablet disintegrating 10mg, 5mg	
donepezil hcl tablet 10mg	
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 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)
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; NDS
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG, 36.3MG, 54.5MG, 72.6MG	QL(30 EA per 30 days); ST NSO; NDS
mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg	
mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg	

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
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	PA NSO; NDS
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	PA NSO; NDS
ZURZUVAE CAPSULE 30MG	QL(14 EA per 14 days); PA NSO; NDS
ZURZUVAE CAPSULE 20MG, 25MG	QL(28 EA per 14 days); PA NSO; NDS
Monoamine Oxidase Inhibitors	
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	QL(30 EA per 30 days); ST NSO; NDS
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	
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	

Drug Name	Requirements/Limits
trazodone hydrochloride tablet 100mg, 150mg, 25mg, 50mg, 75mg	
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	
prochlorperazine suppository 25mg	
promethazine hcl suppository 12.5mg	PA
promethazine hydrochloride plain solution 6.25mg/5ml	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 125mg	QL(2 EA per 30 days); B/D; NDS
aprepitant capsule 80mg	QL(8 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

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
ondansetron hydrochloride tablet 4mg, 8mg	B/D
ondansetron odt tablet disintegrating 4mg, 8mg	B/D
Antifungals	
Antifungals	
amphotericin b liposome injection 50mg	B/D; NDS
amphotericin b injection 50mg	B/D
CASPOFUNGIN ACETATE INJECTION 70MG	
caspofungin acetate injection 50mg	
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; NDS
CRESEMBA CAPSULE 186MG	QL(70 EA per 30 days); PA; NDS
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	NDS
griseofulvin microsize suspension 125mg/5ml	
griseofulvin microsize tablet 500mg	
griseofulvin ultramicrosize tablet 125mg, 250mg	
itraconazole capsule 100mg	PA
JUBLIA SOLUTION 10%	NDS
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)
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; NDS
posaconazole suspension 40mg/ml	QL(600 ML per 30 days); PA; NDS
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); NDS
voriconazole tablet 200mg	QL(120 EA per 30 days)
voriconazole tablet 50mg	QL(480 EA per 30 days)
Antigout Agents	
Antigout Agents	

Drug Name	Requirements/Limits
allopurinol tablet 100mg, 300mg	
colchicine tablet 0.6mg	
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; NDS
NURTEC TABLET DISINTEGRATING 75MG	QL(18 EA per 30 days); PA; NDS
UBRELVY TABLET 100MG, 50MG	QL(16 EA per 30 days); PA; NDS
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	
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; NDS
Antimycobacterials	
Antimycobacterials, Other	
dapsone tablet 100mg, 25mg	
PRETOMANID TABLET 200MG	
rifabutin capsule 150mg	
Antituberculars	
cycloserine capsule 250mg	NDS
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	NDS
Antineoplastics	
Alkylating Agents	

Drug Name	Requirements/Limits
cisplatin injection 100mg/100ml	
cyclophosphamide capsule 25mg, 50mg	B/D
LEUKERAN TABLET 2MG	NDS
lomustine capsule 10mg, 40mg	
lomustine capsule 100mg	NDS
MATULANE CAPSULE 50MG	NDS
VALCHLOR GEL 0.016%	QL(60 GM per 30 days); PA NSO; NDS
Antiandrogens	
abiraterone acetate tablet 250mg	PA NSO
abiraterone acetate tablet 500mg	PA NSO; NDS
abirtega tablet 250mg	PA NSO
bicalutamide tablet 50mg	
ERLEADA TABLET 240MG, 60MG	PA NSO; NDS
EULEXIN CAPSULE 125MG	
nilutamide tablet 150mg	NDS
NUBEQA TABLET 300MG	PA NSO; NDS
XTANDI CAPSULE 40MG	PA NSO; NDS
XTANDI TABLET 40MG, 80MG	PA NSO; NDS
YONSA TABLET 125MG	PA NSO; NDS
Antiangiogenic Agents	
lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	QL(30 EA per 30 days); PA NSO; NDS
pomalidomide capsule 1mg, 2mg, 3mg, 4mg	QL(30 EA per 30 days); PA NSO; NDS
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	QL(30 EA per 30 days); PA NSO; NDS
THALOMID CAPSULE 50MG	PA NSO; NDS
THALOMID CAPSULE 100MG	QL(112 EA per 28 days); PA NSO; NDS
Antiestrogens/Modifiers	
ETCAMAH TABLET 75MG	PA NSO; NDS
INLURIYO TABLET 200MG	PA NSO; NDS
ORSERDU TABLET 345MG	QL(30 EA per 30 days); PA NSO; NDS
ORSERDU TABLET 86MG	QL(90 EA per 30 days); PA NSO; NDS
SOLTAMOX SOLUTION 10MG/5ML	NDS
tamoxifen citrate tablet 10mg, 20mg	
toremifene citrate tablet 60mg	NDS
VEPPANU TABLET 200MG	PA NSO; NDS
VEPPANU TABLET 100MG	QL(30 EA per 30 days); PA NSO; NDS
Antimetabolites	
DROXIA CAPSULE 200MG, 300MG, 400MG	
hydroxyurea capsule 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
mercaptopurine suspension 2000mg/100ml	NDS
mercaptopurine tablet 50mg	
TABLOID TABLET 40MG	NDS
Antineoplastics, Other	
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	PA NSO; NDS
IBRANCE TABLET 100MG, 125MG, 75MG	PA NSO; NDS
INREBIC CAPSULE 100MG	PA NSO; NDS
ITOVEBI TABLET 9MG	PA NSO; NDS
ITOVEBI TABLET 3MG	QL(60 EA per 30 days); PA NSO; NDS
IWILFIN TABLET 192MG	PA NSO; NDS
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	PA NSO; NDS
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	PA NSO; NDS
KOMZIFTI CAPSULE 200MG	PA NSO; NDS
LAZCLUZE TABLET 240MG	PA NSO; NDS
LAZCLUZE TABLET 80MG	QL(60 EA per 30 days); PA NSO; NDS
leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	PA NSO; NDS
LYSODREN TABLET 500MG	NDS
MODEYSO CAPSULE 125MG	PA NSO; NDS
OGSIVEO TABLET 100MG, 50MG	PA NSO; NDS
OGSIVEO TABLET 150MG	QL(60 EA per 30 days); PA NSO; NDS
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	PA NSO; NDS
OJEMDA TABLET 100MG	PA NSO; NDS
ONUREG TABLET 200MG, 300MG	PA NSO; NDS
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	PA NSO; NDS
REVUFORJ TABLET 110MG, 160MG, 25MG	PA NSO; NDS
VONJO CAPSULE 100MG	PA NSO; NDS
ZENBEXUS CAPSULE 0.75MG, 1MG	PA NSO; NDS
ZOLINZA CAPSULE 100MG	PA NSO; NDS
Aromatase Inhibitors, 3rd Generation	
anastrozole tablet 1mg	
exemestane tablet 25mg	
letrozole tablet 2.5mg	
Enzyme Inhibitors	
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	PA NSO; NDS
topotecan hcl injection 4mg	NDS
topotecan hydrochloride injection 4mg/4ml	NDS
Molecular Target Inhibitors	
ALECENSA CAPSULE 150MG	PA NSO; NDS

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
ALUNBRIG TABLET THERAPY PACK 0	QL(60 EA per 365 days); PA NSO; NDS
ALUNBRIG TABLET 30MG	QL(120 EA per 30 days); PA NSO; NDS
ALUNBRIG TABLET 180MG, 90MG	QL(30 EA per 30 days); PA NSO; NDS
AUGTYRO CAPSULE 160MG, 40MG	PA NSO; NDS
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	QL(30 EA per 30 days); PA NSO; NDS
BALVERSA TABLET 3MG, 4MG, 5MG	PA NSO; NDS
BEQALZI STARTER PACK TABLET THERAPY PACK 0	QL(88 EA per 365 days); PA NSO; NDS
BEQALZI TABLET 80MG	QL(120 EA per 30 days); PA NSO; NDS
BEQALZI TABLET 20MG	QL(28 EA per 28 days); PA NSO; NDS
BEQALZI TABLET 1MG, 5MG	QL(44 EA per 365 days); PA NSO; NDS
BOSULIF CAPSULE 100MG, 50MG	PA NSO; NDS
BOSULIF TABLET 100MG, 500MG	PA NSO; NDS
bosutinib tablet 100mg, 400mg, 500mg	PA NSO; NDS
BRAFTOVI CAPSULE 75MG	PA NSO; NDS
BRUKINSA CAPSULE 80MG	PA NSO; NDS
BRUKINSA TABLET 160MG	PA NSO; NDS
CABOMETYX TABLET 20MG, 60MG	QL(30 EA per 30 days); PA NSO; NDS
CABOMETYX TABLET 40MG	QL(60 EA per 30 days); PA NSO; NDS
CALQUENCE TABLET 100MG	PA NSO; NDS
CAPRELSA TABLET 300MG	QL(30 EA per 30 days); PA NSO; NDS
CAPRELSA TABLET 100MG	QL(60 EA per 30 days); PA NSO; NDS
CAVHANZA TABLET DISINTEGRATING 60MG, 80MG	PA NSO; NDS
COMETRIQ KIT 0, 20MG	PA NSO; NDS
COPIKTRA CAPSULE 15MG, 25MG	PA NSO; NDS
COTELLIC TABLET 20MG	PA NSO; NDS
DANZITEN TABLET 71MG, 95MG	PA NSO; NDS
dasatinib tablet 100mg, 140mg, 70mg	QL(30 EA per 30 days); PA NSO; NDS
dasatinib tablet 80mg	QL(60 EA per 30 days); PA NSO; NDS
dasatinib tablet 20mg, 50mg	QL(90 EA per 30 days); PA NSO; NDS
DAURISMO TABLET 100MG, 25MG	PA NSO; NDS
ENSACOVE CAPSULE 100MG, 25MG	PA NSO; NDS

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
ERIVEDGE CAPSULE 150MG	PA NSO; NDS
erlotinib hydrochloride tablet 100mg, 150mg, 25mg	PA NSO
everolimus tablet soluble 2mg, 3mg, 5mg	PA NSO; NDS
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	QL(30 EA per 30 days); PA NSO; NDS
FOTIVDA CAPSULE 0.89MG, 1.34MG	PA NSO; NDS
FRUZAQLA CAPSULE 5MG	QL(21 EA per 28 days); PA NSO; NDS
FRUZAQLA CAPSULE 1MG	QL(84 EA per 28 days); PA NSO; NDS
GAVRETO CAPSULE 100MG	PA NSO; NDS
gefitinib tablet 250mg	PA NSO; NDS
GILOTRIF TABLET 20MG, 30MG, 40MG	QL(30 EA per 30 days); PA NSO; NDS
GOMEKLI CAPSULE 1MG, 2MG	PA NSO; NDS
GOMEKLI TABLET SOLUBLE 1MG	PA NSO; NDS
HERNEXEOS TABLET 60MG	PA NSO; NDS
HYRNUO TABLET 10MG	PA NSO; NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	PA NSO; NDS
IBTROZI CAPSULE 200MG	PA NSO; NDS
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	QL(30 EA per 30 days); PA NSO; NDS
IDHIFA TABLET 100MG, 50MG	QL(30 EA per 30 days); PA NSO; NDS
imatinib mesylate tablet 100mg, 400mg	PA NSO
IMBRUVICA CAPSULE 140MG	QL(120 EA per 30 days); PA NSO; NDS
IMBRUVICA CAPSULE 70MG	QL(28 EA per 28 days); PA NSO; NDS
IMBRUVICA SUSPENSION 70MG/ML	QL(240 ML per 30 days); PA NSO; NDS
IMBRUVICA TABLET 140MG, 280MG, 420MG	QL(28 EA per 28 days); PA NSO; NDS
IMKELDI SOLUTION 80MG/ML	PA NSO; NDS
INLYTA TABLET 5MG	QL(120 EA per 30 days); PA NSO; NDS
INLYTA TABLET 1MG	QL(180 EA per 30 days); PA NSO; NDS
INQOVI TABLET 100MG; 35MG	PA NSO; NDS
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	QL(30 EA per 30 days); PA NSO; NDS
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	QL(60 EA per 30 days); PA NSO; NDS
JAYPIRCA TABLET 50MG	QL(30 EA per 30 days); PA NSO; NDS

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
JAYPIRCA TABLET 100MG	QL(90 EA per 30 days); PA NSO; NDS
JIDEYTRO TABLET 100MG	QL(30 EA per 30 days); PA NSO; NDS
JIDEYTRO TABLET 25MG	QL(90 EA per 30 days); PA NSO; NDS
KISQALI TABLET THERAPY PACK 200MG	QL(21 EA per 21 days); PA NSO; NDS
KISQALI TABLET THERAPY PACK 200MG	QL(42 EA per 21 days); PA NSO; NDS
KISQALI TABLET THERAPY PACK 200MG	QL(63 EA per 21 days); PA NSO; NDS
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	PA NSO; NDS
KOSELUGO CAPSULE 10MG, 25MG	PA NSO; NDS
KRAZATI TABLET 200MG	PA NSO; NDS
lapatinib ditosylate tablet 250mg	PA NSO; NDS
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	PA NSO; NDS
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	PA NSO; NDS
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	PA NSO; NDS
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	PA NSO; NDS
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	PA NSO; NDS
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	PA NSO; NDS
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	PA NSO; NDS
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	PA NSO; NDS
LIFYORLI CAPSULE THERAPY PACK 0	PA NSO; NDS
LORBRENA TABLET 100MG	QL(30 EA per 30 days); PA NSO; NDS
LORBRENA TABLET 25MG	QL(90 EA per 30 days); PA NSO; NDS
LUMAKRAS TABLET 120MG, 240MG, 320MG	PA NSO; NDS
LYNPARZA TABLET 100MG, 150MG	QL(120 EA per 30 days); PA NSO; NDS
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; NDS; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; NDS; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; NDS; 20 MG DAILY DOSE
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	PA NSO; NDS
MEKINIST TABLET 2MG	QL(30 EA per 30 days); PA NSO; NDS
MEKINIST TABLET 0.5MG	QL(90 EA per 30 days); PA NSO; NDS

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
MEKTOVI TABLET 15MG	PA NSO; NDS
NERLYNX TABLET 40MG	QL(180 EA per 30 days); PA NSO; NDS
nilotinib hydrochloride capsule 200mg	QL(112 EA per 28 days); PA NSO; NDS
nilotinib hydrochloride capsule 150mg	QL(140 EA per 28 days); PA NSO; NDS
nilotinib hydrochloride capsule 50mg	QL(420 EA per 30 days); PA NSO; NDS
NINLARO CAPSULE 2.3MG, 3MG, 4MG	PA NSO; NDS
ODOMZO CAPSULE 200MG	PA NSO; NDS
OJJAARA TABLET 100MG, 150MG, 200MG	QL(30 EA per 30 days); PA NSO; NDS
PAZOPANIB HYDROCHLORIDE TABLET 400MG	PA NSO; NDS
pazopanib hydrochloride tablet 200mg	PA NSO; NDS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	QL(30 EA per 30 days); PA NSO; NDS
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	PA NSO; NDS
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	PA NSO; NDS
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	PA NSO; NDS
QINLOCK TABLET 50MG	PA NSO; NDS
RASONQUE TABLET 100MG	QL(120 EA per 30 days); PA NSO; NDS
RASONQUE TABLET 150MG	QL(60 EA per 30 days); PA NSO; NDS
RETEVMO TABLET 120MG, 160MG, 80MG	QL(60 EA per 30 days); PA NSO; NDS
RETEVMO TABLET 40MG	QL(90 EA per 30 days); PA NSO; NDS
REZLIDHIA CAPSULE 150MG	PA NSO; NDS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	PA NSO; NDS
ROZLYTREK CAPSULE 100MG	QL(150 EA per 30 days); PA NSO; NDS
ROZLYTREK CAPSULE 200MG	QL(90 EA per 30 days); PA NSO; NDS
ROZLYTREK PACKET 50MG	PA NSO; NDS
RUBRACA TABLET 250MG, 300MG	PA NSO; NDS
RUBRACA TABLET 200MG	QL(120 EA per 30 days); PA NSO; NDS
RYDAPT CAPSULE 25MG	PA NSO; NDS
SCEMBLIX TABLET 100MG	QL(120 EA per 30 days); PA NSO; NDS
SCEMBLIX TABLET 40MG	QL(240 EA per 30 days); PA NSO; NDS

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
SCEMBLIX TABLET 20MG	QL(60 EA per 30 days); PA NSO; NDS
sorafenib tosylate tablet 200mg	PA NSO; NDS
sorafenib tablet 200mg	PA NSO; NDS
STIVARGA TABLET 40MG	PA NSO; NDS
sunitinib malate capsule 12.5mg, 25mg, 50mg	QL(28 EA per 28 days); PA NSO; NDS
sunitinib malate capsule 37.5mg	QL(56 EA per 28 days); PA NSO; NDS
TABRECTA TABLET 150MG, 200MG	QL(120 EA per 30 days); PA NSO; NDS
TAFINLAR CAPSULE 50MG, 75MG	PA NSO; NDS
TAFINLAR TABLET SOLUBLE 10MG	PA NSO; NDS
TAGRISSO TABLET 80MG	PA NSO; NDS
TAGRISSO TABLET 40MG	QL(30 EA per 30 days); PA NSO; NDS
TALZENNA CAPSULE 0.1MG, 1MG	PA NSO; NDS
TALZENNA CAPSULE 0.35MG, 0.5MG, 0.75MG	QL(30 EA per 30 days); PA NSO; NDS
TALZENNA CAPSULE 0.25MG	QL(90 EA per 30 days); PA NSO; NDS
TAZVERIK TABLET 200MG	PA NSO; NDS
TEPMETKO TABLET 225MG	PA NSO; NDS
TIBSOVO TABLET 250MG	PA NSO; NDS
TRUQAP TABLET THERAPY PACK 160MG, 200MG	PA NSO; NDS
TRUQAP TABLET 160MG, 200MG	PA NSO; NDS
TUKYSA TABLET 150MG, 50MG	PA NSO; NDS
TURALIO CAPSULE 125MG	PA NSO; NDS
VANFLYTA TABLET 17.7MG, 26.5MG	PA NSO; NDS
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	QL(84 EA per 365 days); PA NSO; NDS
VENCLEXTA TABLET 10MG	PA NSO
VENCLEXTA TABLET 100MG, 50MG	PA NSO; NDS
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	QL(56 EA per 28 days); PA NSO; NDS
VITRAKVI CAPSULE 100MG	QL(120 EA per 30 days); PA NSO; NDS
VITRAKVI CAPSULE 25MG	QL(180 EA per 30 days); PA NSO; NDS
VITRAKVI SOLUTION 20MG/ML	QL(600 ML per 30 days); PA NSO; NDS
VIZIMPRO TABLET 15MG, 30MG, 45MG	PA NSO; NDS
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	PA NSO; NDS
XALKORI CAPSULE 200MG, 250MG	PA NSO; NDS
XOSPATA TABLET 40MG	PA NSO; NDS

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
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	PA NSO; NDS
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	PA NSO; NDS
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	PA NSO; NDS
yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg	QL(30 EA per 30 days); PA NSO; NDS
ZEJULA TABLET 100MG, 200MG, 300MG	QL(30 EA per 30 days); PA NSO; NDS
ZELBORAF TABLET 240MG	PA NSO; NDS
ZYDELIG TABLET 100MG, 150MG	PA NSO; NDS
ZYKADIA TABLET 150MG	PA NSO; NDS
Monoclonal Antibodies/Antibody-Drug Conjugates	
TEVIMBRA INJECTION 100MG/10ML, 150MG/15ML	PA NSO; NDS
Retinoids	
bexarotene capsule 75mg	PA NSO; NDS
bexarotene gel 1%	QL(60 GM per 30 days); PA NSO; NDS
PANRETIN GEL 0.1%	QL(120 GM per 30 days); NDS
tretinoin capsule 10mg	NDS
Treatment Adjuncts	
mesna tablet 400mg	
VORANIGO TABLET 40MG	QL(30 EA per 30 days); PA NSO; NDS
VORANIGO TABLET 10MG	QL(60 EA per 30 days); PA NSO; NDS
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, 300mg, 400mg	
mefloquine hydrochloride tablet 250mg	
nitazoxanide tablet 500mg	QL(60 EA per 30 days); NDS
pentamidine isethionate injection 300mg	
pentamidine isethionate inhalation solution reconstituted 300mg	B/D
primaquine phosphate tablet 26.3mg	
pyrimethamine tablet 25mg	PA; NDS

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
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 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; NDS
Monoamine Oxidase B (MAO-B) Inhibitors	
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, 20mg, 2mg, 5mg	
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	

Drug Name	Requirements/Limits
trifluoperazine hcl tablet 10mg, 2mg, 5mg	
trifluoperazine hydrochloride tablet 1mg	
2nd Generation/Atypical	
ABILIFY MAINTENA INJECTION 300MG, 400MG	QL(1 EA per 30 days); NDS
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	NDS
ARISTADA INJECTION 441MG/1.6ML	QL(1.6 ML per 30 days); NDS
ARISTADA INJECTION 662MG/2.4ML	QL(2.4 ML per 30 days); NDS
ARISTADA INJECTION 882MG/3.2ML	QL(3.2 ML per 30 days); NDS
ARISTADA INJECTION 1064MG/3.9ML	QL(3.9 ML per 60 days); NDS
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; NDS
BYSANTI TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	QL(60 EA per 30 days); ST NSO; NDS
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	QL(30 EA per 30 days); PA NSO; NDS
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
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; NDS
INVEGA HAFYERA INJECTION 1560MG/5ML	QL(5 ML per 180 days); ST NSO; NDS
INVEGA HAFYERA INJECTION 1092MG/3.5ML	ST NSO; NDS
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); NDS
INVEGA SUSTENNA INJECTION 117MG/0.75ML	QL(0.75 ML per 30 days); NDS
INVEGA SUSTENNA INJECTION 156MG/ML	QL(1 ML per 30 days); NDS
INVEGA SUSTENNA INJECTION 234MG/1.5ML	QL(1.5 ML per 30 days); NDS
INVEGA TRINZA INJECTION 273MG/0.88ML	QL(0.88 ML per 84 days); NDS
INVEGA TRINZA INJECTION 410MG/1.32ML	QL(1.32 ML per 84 days); NDS
INVEGA TRINZA INJECTION 546MG/1.75ML	QL(1.75 ML per 84 days); NDS
INVEGA TRINZA INJECTION 819MG/2.63ML	QL(2.63 ML per 84 days); NDS
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; NDS
NUPLAZID CAPSULE 34MG	QL(30 EA per 30 days); PA NSO; NDS

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
NUPLAZID TABLET 10MG	QL(30 EA per 30 days); PA NSO; NDS
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; NDS
OPIPZA FILM 10MG, 5MG	QL(90 EA per 30 days); PA NSO; NDS
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	NDS
PERSERIS INJECTION 120MG	QL(1 EA per 30 days); NDS
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); NDS
risperidone er injection 37.5mg	
risperidone er injection 12.5mg	QL(2 EA per 28 days)
risperidone er injection 25mg, 50mg	QL(2 EA per 28 days); NDS
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; NDS
UZEDY INJECTION 200MG/0.56ML, 250MG/0.7ML, 75MG/0.21ML	NDS
UZEDY INJECTION 100MG/0.28ML	QL(0.28 ML per 30 days); NDS
UZEDY INJECTION 125MG/0.35ML	QL(0.35 ML per 30 days); NDS
UZEDY INJECTION 150MG/0.42ML	QL(0.42 ML per 60 days); NDS
uzedy injection 50mg/0.14ml	QL(0.14 ML per 30 days); NDS
VRAYLAR CAPSULE 1.5MG, 3MG, 4.5MG, 6MG	QL(30 EA per 30 days)
VRAYLAR CAPSULE 0.5MG, 0.75MG	QL(30 EA per 30 days); NDS
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	NDS
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 200mg	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
clozapine tablet 50mg	QL(180 EA per 30 days)
clozapine tablet 100mg, 25mg	QL(270 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	QL(540 ML per 30 days); NDS
Antispasticity Agents	
Antispasticity Agents	
baclofen tablet 10mg, 20mg, 5mg	
dantrolene sodium capsule 100mg, 25mg	
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); NDS
PREVYMIS PACKET 120MG, 20MG	QL(120 EA per 30 days); NDS
PREVYMIS TABLET 240MG, 480MG	QL(28 EA per 28 days); NDS
valganciclovir hydrochloride solution reconstituted 50mg/ml	QL(1080 ML per 30 days); NDS
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); NDS
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; NDS
MAVYRET TABLET 100MG; 40MG	QL(336 EA per 365 days); PA; NDS
ribavirin tablet 200mg	
sofosbuvir/velpatasvir tablet 400mg; 100mg	QL(84 EA per 365 days); PA; NDS
VOSEVI TABLET 400MG; 100MG; 100MG	QL(84 EA per 365 days); PA; NDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	QL(30 EA per 30 days); NDS
BIXLENVO TABLET 75MG; 50MG	QL(30 EA per 30 days); NDS
CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	NDS
DOVATO TABLET 50MG; 300MG	QL(30 EA per 30 days); NDS
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	QL(30 EA per 30 days); NDS
ISENTRESS HD TABLET 600MG	QL(60 EA per 30 days); NDS
ISENTRESS PACKET 100MG	QL(60 EA per 30 days); NDS
ISENTRESS TABLET CHEWABLE 25MG	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	QL(180 EA per 30 days); NDS
ISENTRESS TABLET 400MG	QL(60 EA per 30 days); NDS
JULUCA TABLET 50MG; 25MG	QL(30 EA per 30 days); NDS
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	QL(30 EA per 30 days); NDS
TIVICAY PD TABLET SOLUBLE 5MG	QL(180 EA per 30 days)
TIVICAY TABLET 50MG	QL(60 EA per 30 days); NDS
VOCABRIA TABLET 30MG	NDS

Drug Name	Requirements/Limits
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	
DELSTRIGO TABLET 100MG; 300MG; 300MG	QL(30 EA per 30 days); NDS
EDURANT PED TABLET SOLUBLE 2.5MG	QL(180 EA per 30 days); NDS
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); NDS
efavirenz tablet 600mg	QL(30 EA per 30 days)
emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg	QL(30 EA per 30 days); NDS
etravirine tablet 100mg	QL(60 EA per 30 days)
etravirine tablet 200mg	QL(60 EA per 30 days); NDS
IDVYNSO TABLET 100MG; 0.25MG	QL(30 EA per 30 days); NDS
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); NDS
rilpivirine hydrochloride tablet 25mg	QL(30 EA per 30 days); NDS
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); NDS
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	QL(30 EA per 30 days); NDS
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 200mg; 300mg	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	QL(30 EA per 30 days); NDS
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 300mg	QL(30 EA per 30 days)
lamivudine tablet 150mg	QL(60 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	QL(30 EA per 30 days); NDS
tenofovir disoproxil fumarate tablet 300mg	QL(30 EA per 30 days)
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	QL(180 EA per 30 days); NDS
TRIUMEQ TABLET 600MG; 50MG; 300MG	QL(30 EA per 30 days); NDS
VIREAD POWDER 40MG/GM	QL(240 GM per 30 days); NDS
VIREAD TABLET 150MG, 200MG, 250MG	QL(30 EA per 30 days); NDS
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)

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
Anti-HIV Agents, Other	
maraviroc tablet 300mg	QL(120 EA per 30 days); NDS
maraviroc tablet 150mg	QL(60 EA per 30 days); NDS
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	QL(60 EA per 30 days); NDS
SELZENTRY SOLUTION 20MG/ML	NDS
SUNLENCA INJECTION 463.5MG/1.5ML	NDS
SUNLENCA TABLET THERAPY PACK 300MG	QL(10 EA per 365 days); NDS; (5 X 300 MG Pack)
SUNLENCA TABLET THERAPY PACK 300MG	QL(8 EA per 365 days); NDS; (4 X 300 MG Pack)
SUNLENCA TABLET 300MG	QL(24 EA per 168 days); NDS
TYBOST TABLET 150MG	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)	
APTIVUS CAPSULE 250MG	QL(120 EA per 30 days); NDS
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); NDS
fosamprenavir calcium tablet 700mg	QL(120 EA per 30 days); NDS
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)
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	QL(30 EA per 30 days); NDS
PREZISTA SUSPENSION 100MG/ML	QL(400 ML per 30 days); NDS
PREZISTA TABLET 150MG	QL(180 EA per 30 days); NDS
PREZISTA TABLET 75MG	QL(300 EA per 30 days)
REYATAZ PACKET 50MG	QL(180 EA per 30 days); NDS
ritonavir tablet 100mg	QL(360 EA per 30 days)
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	QL(30 EA per 30 days); NDS
VIRACEPT TABLET 625MG	QL(120 EA per 30 days); NDS
VIRACEPT TABLET 250MG	QL(300 EA per 30 days); NDS
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	

Drug Name	Requirements/Limits
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; NDS
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)
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)

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
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 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)

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
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	NDS
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	
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	

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
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	
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)

Drug Name	Requirements/Limits
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); NDS
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	NDS
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; NDS
eltrombopag olamine tablet 12.5mg, 25mg	QL(30 EA per 30 days); PA; NDS
eltrombopag olamine tablet 50mg, 75mg	QL(60 EA per 30 days); PA; NDS
LEUKINE INJECTION 250MCG	PA; NDS
MIMRYLO INJECTION 19MG, 28MG, 9.5MG	QL(4 EA per 28 days); PA NSO; NDS
MIMRYLO INJECTION 41MG, 54MG	QL(8 EA per 28 days); PA NSO; NDS
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	PA; NDS
NEULASTA INJECTION 4MG/0.4ML	PA; NDS
NEULASTA INJECTION 6MG/0.6ML	QL(1.2 ML per 28 days); PA; NDS
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	PA; NDS
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
RETACRIT INJECTION 40000UNIT/ML	PA; NDS
UDENYCA ONBODY INJECTION 6MG/0.6ML	PA; NDS
UDENYCA INJECTION 6MG/0.6ML	QL(1.2 ML per 28 days); PA; NDS
XOLREMDI CAPSULE 100MG	QL(120 EA per 30 days); PA; NDS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	NDS
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; NDS
cilostazol tablet 100mg, 50mg	
clopidogrel tablet 300mg, 75mg	

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
DOPTELET TABLET 20MG	QL(90 EA per 30 days); PA; NDS
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 200mg, 300mg	QL(180 EA per 30 days); PA; NDS
droxidopa capsule 100mg	QL(90 EA per 30 days); PA
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	
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	
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 100mg, 200mg	
digoxin solution 0.05mg/ml	
digoxin tablet 125mcg, 250mcg	
dofetilide capsule 125mcg, 250mcg, 500mcg	
flecainide acetate tablet 100mg, 150mg, 50mg	
mexiletine hydrochloride capsule 150mg, 200mg, 250mg	
PACERONE TABLET 100MG, 200MG	
propafenone hcl tablet 150mg, 225mg, 300mg	
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, 80mg	
Beta-adrenergic Blocking Agents	

Drug Name	Requirements/Limits
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	
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 24 hour 120mg, 180mg, 240mg, 420mg	
diltiazem hcl er tablet extended release 24 hour 240mg, 300mg, 360mg	
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 240mg, 300mg, 360mg	
diltiazem hydrochloride tablet 120mg, 90mg	
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	

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
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	
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; NDS
FILSPARI TABLET 400MG	QL(60 EA per 30 days); PA; NDS
fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg	
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg	
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; NDS
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; NDS
Diuretics, Loop	

Drug Name	Requirements/Limits
bumetanide injection 0.25mg/ml	
bumetanide tablet 0.5mg, 1mg, 2mg	
furosemide injection 10mg/ml	
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 capsule 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	
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	

Drug Name	Requirements/Limits
prevalite powder 4gm/dose	
REPATHA SURECLICK INJECTION 140MG/ML	QL(3 ML per 28 days); PA
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; NDS
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	
nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	
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
amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg	QL(90 EA per 30 days); tablet 30mg

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 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 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; NDS; (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; NDS
AUSTEDO TABLET 12MG, 6MG, 9MG	QL(120 EA per 30 days); PA; NDS
butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg	
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	QL(112 EA per 365 days); PA NSO; NDS
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	QL(60 EA per 30 days); PA NSO; NDS
dextromethorphan hydrobromide/quinidine sulfate capsule 20mg; 10mg	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 40MG	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPSULE THERAPY PACK 0	QL(56 EA per 365 days); PA; NDS
INGREZZA CAPSULE 60MG, 80MG	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE 40MG	QL(60 EA per 30 days); PA; NDS
riluzole tablet 50mg	
tetrabenazine tablet 25mg	QL(120 EA per 30 days); PA; NDS
tetrabenazine tablet 12.5mg	QL(90 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	

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
AVONEX PEN INJECTION 30MCG/0.5ML	QL(4 EA per 28 days); PA; NDS
AVONEX INJECTION 30MCG/0.5ML	QL(4 EA per 28 days); PA; NDS
BETASERON INJECTION 0.3MG	QL(15 EA per 30 days); PA; NDS
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; NDS
glatiramer acetate injection 40mg/ml	QL(12 ML per 28 days); PA; NDS
glatiramer acetate injection 20mg/ml	QL(30 ML per 30 days); PA; NDS
KESIMPTA INJECTION 20MG/0.4ML	QL(0.4 ML per 28 days); PA; NDS
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; NDS
MAYZENT TABLET 1MG, 2MG	QL(30 EA per 30 days); PA; NDS
REBIF REBIDOSE TITRATION PACK INJECTION 0	QL(8.4 ML per 365 days); PA; NDS
REBIF REBIDOSE INJECTION 22MCG/0.5ML, 44MCG/0.5ML	QL(6 ML per 28 days); PA; NDS
REBIF TITRATION PACK INJECTION 0	QL(8.4 ML per 365 days); PA; NDS
REBIF INJECTION 22MCG/0.5ML, 44MCG/0.5ML	QL(6 ML per 28 days); PA; NDS
VUMERITY CAPSULE DELAYED RELEASE 231MG	QL(120 EA per 30 days); PA; NDS
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0	QL(14 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	QL(56 EA per 365 days); PA; NDS; (28 Capsules Pack)
ZEPOSIA CAPSULE 0.92MG	QL(30 EA per 30 days); PA; NDS
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	
sf 5000 plus cream 1.1%	
sodium fluoride 5000 plus cream 1.1%	
sodium fluoride 5000 ppm paste 1.1%	
sodium fluoride cream 1.1%	
triamcinolone acetonide dental paste paste 0.1%	
Dermatological Agents	
Acne and Rosacea Agents	
acitretin capsule 10mg, 17.5mg, 25mg	
AMNESTEEM CAPSULE 30MG	
amnesteem capsule 10mg, 20mg, 40mg	
azelaic acid gel 15%	QL(100 GM per 30 days)
claravis capsule 10mg, 20mg, 30mg, 40mg	
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	

Drug Name	Requirements/Limits
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%, 1%	
tazarotene cream 0.1%	QL(60 GM per 30 days)
tretinoin cream 0.025%, 0.05%	PA
zenatane capsule 10mg, 20mg, 30mg, 40mg	
Dermatitis and Pruritus Agents	
ADBRY INJECTION 150MG/ML	QL(6 ML per 28 days); PA; NDS
ADBRY INJECTION 300MG/2ML	QL(8 ML per 28 days); PA; NDS
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 emollient base 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 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; NDS
EUCRISA OINTMENT 2%	PA
fluocinolone acetonide cream 0.01%, 0.025%	QL(120 GM per 30 days)
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)

Drug Name	Requirements/Limits
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; NDS
tacrolimus ointment 0.03%, 0.1%	QL(100 GM per 30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	
triamcinolone acetonide lotion 0.025%, 0.1%	
triamcinolone acetonide ointment 0.025%, 0.1%, 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; NDS
OTEZLA TABLET 20MG, 30MG	QL(60 EA per 30 days); PA; NDS
podofilox solution 0.5%	
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

Drug Name	Requirements/Limits
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 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 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	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	NDS
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	
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	
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	

Drug Name	Requirements/Limits
potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq	
potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml	
potassium chloride oral solution 10%	
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	NDS
deferasirox packet 180mg, 360mg, 90mg	PA; NDS
deferasirox tablet soluble 125mg, 250mg	PA
deferasirox tablet soluble 500mg	PA; NDS
deferasirox tablet 180mg, 360mg, 90mg	PA
penicillamine tablet 250mg	NDS
tolvaptan tablet 15mg, 30mg	QL(120 EA per 30 days); PA; NDS; (Generic for Jynarque)
trientine hydrochloride capsule 250mg, 500mg	PA; NDS
Phosphate Binders	
calcium acetate capsule 667mg	
calcium acetate tablet 667mg	
sevelamer hydrochloride tablet 400mg, 800mg	
VELPHORO TABLET CHEWABLE 500MG	NDS
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)
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; NDS

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
diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg	
loperamide hydrochloride capsule 2mg	
XERMELO TABLET 250MG	QL(90 EA per 30 days); PA; NDS
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; NDS
BYLVAY CAPSULE 1200MCG, 400MCG	PA; NDS
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	
CTEXLI TABLET 250MG	PA; NDS
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 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	
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 tablet 250mg, 500mg	
VOWST CAPSULE 0	QL(12 EA per 3 days); PA; NDS
XIFAXAN TABLET 200MG, 550MG	QL(90 EA per 30 days); PA
Histamine2 (H2) Receptor Antagonists	
cimetidine tablet 200mg, 300mg, 400mg, 800mg	
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)

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
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	NDS
CHOLBAM CAPSULE 250MG, 50MG	PA; NDS
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; NDS
FABRAZYME INJECTION 35MG, 5MG	PA; NDS
l-glutamine packet 5gm	PA; NDS
miglustat capsule 100mg	QL(90 EA per 30 days); PA; NDS
nitisinone capsule 10mg, 20mg, 2mg, 5mg	NDS
ONPATTRO INJECTION 10MG/5ML	PA; NDS
PROLASTIN-C INJECTION 1000MG/20ML	PA; NDS
PYRUKYND TAPER PACK TABLET THERAPY PACK 0, 5MG	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABLET 50MG	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABLET 20MG, 5MG	QL(60 EA per 30 days); PA; NDS
REVCOVI INJECTION 2.4MG/1.5ML	PA; NDS
sapropterin dihydrochloride packet 100mg, 500mg	PA; NDS
sapropterin dihydrochloride tablet 100mg	PA; NDS
sodium phenylbutyrate powder 3gm/tsp	NDS
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	PA; NDS
SUCRAID SOLUTION 8500UNIT/ML	PA; NDS
WELIREG TABLET 40MG	PA NSO; NDS
yargesa capsule 100mg	QL(90 EA per 30 days); PA; NDS
ZELVYSIA PACKET 100MG, 500MG	PA; NDS
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 252600UNIT; 60000UNIT; 189600UNIT	NDS
Genitourinary Agents	
Antispasmodics, Urinary	

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
fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg	
GEMTESA TABLET 75MG	QL(30 EA per 30 days); ST
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	
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	
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%	
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	NDS
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 acetate injection 40mg/ml, 80mg/ml	
methylprednisolone dose pack tablet therapy pack 4mg	
methylprednisolone tablet 16mg, 32mg, 4mg, 8mg	
prednisolone sodium phosphate solution 15mg/5ml, 25mg/5ml, 5mg/5ml	
prednisolone solution 15mg/5ml	
prednisone tablet therapy pack 10mg, 5mg	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	
triamcinolone acetonide injection 40mg/ml	
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

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
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	PA; NDS
GENOTROPIN INJECTION 12MG, 5MG	PA; NDS
INCRELEX INJECTION 40MG/4ML	PA; NDS
ISTURISA TABLET 1MG	QL(240 EA per 30 days); PA; NDS
ISTURISA TABLET 5MG	QL(360 EA per 30 days); PA; NDS
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 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	
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)

Drug Name	Requirements/Limits
delyla tablet 20mcg; 0.1mg	
desogestrel/ethinyl estradiol tablet 0; 0	
dolishale tablet 20mcg; 90mcg	
DOTTI PATCH TWICE WEEKLY 0.075MG/24HR, 0.1MG/24HR	QL(8 EA per 28 days)
dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/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, 10mcg	
ESTRING RING 7.5MCG/24HR	QL(1 EA per 90 days)
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	

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
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	
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 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 20mcg; 1mg, 30mcg; 1.5mg, 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)
rosyrah tablet 0; 0	QL(91 EA per 91 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)

Drug Name	Requirements/Limits
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	
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	
medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg	
megestrol acetate suspension 40mg/ml	
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	

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
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	
REZDIFFRA TABLET 100MG, 60MG, 80MG	QL(30 EA per 30 days); PA; NDS
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; NDS
leuprolide acetate injection 1mg/0.2ml	PA NSO; NDS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	QL(1 EA per 28 days); PA NSO; NDS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	QL(1 EA per 84 days); PA NSO; NDS
LUPRON DEPOT (4-MONTH) INJECTION 30MG	QL(1 EA per 112 days); PA NSO; NDS
LUPRON DEPOT (6-MONTH) INJECTION 45MG	QL(1 EA per 168 days); PA NSO; NDS
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	QL(1 EA per 84 days); PA; NDS
mifepristone tablet 200mg	
mifepristone tablet 300mg	QL(120 EA per 30 days); PA; NDS
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	PA
octreotide acetate injection 1000mcg/ml, 500mcg/ml	PA; NDS
ORGOVYX TABLET 120MG	PA NSO; NDS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	QL(60 ML per 30 days); PA; NDS
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	QL(30 EA per 30 days); PA; NDS
TRELSTAR MIXJECT INJECTION 22.5MG	QL(1 EA per 168 days); PA NSO; NDS
TRELSTAR MIXJECT INJECTION 11.25MG	QL(1 EA per 84 days); PA NSO
Hormonal Agents, Suppressant (Thyroid)	

Drug Name	Requirements/Limits
Antithyroid Agents	
methimazole tablet 10mg, 5mg	
propylthiouracil tablet 50mg	
Immunological Agents	
Angioedema Agents	
CINRYZE INJECTION 500UNIT	PA; NDS
icatibant acetate injection 30mg/3ml	QL(36 ML per 30 days); PA; NDS
Immunoglobulins	
BIVIGAM INJECTION 10%, 5GM/50ML	PA; NDS
GAMASTAN INJECTION 0	PA
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	PA; NDS
HYPERHEP B INJECTION 110UNIT/0.5ML	B/D
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	PA; NDS
Immunological Agents, Other	
AVTOZMA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	PA; NDS
AVTOZMA INJECTION 162MG/0.9ML	QL(3.6 ML per 28 days); PA; NDS
BENLYSTA INJECTION 200MG/ML	PA; NDS
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY INJECTION 300MG/2ML	QL(10 ML per 28 days); PA; NDS
COSENTYX INJECTION 125MG/5ML	PA; NDS
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJECTION 200MG/1.14ML	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJECTION 300MG/2ML	QL(8 ML per 28 days); PA; NDS
EBGLYSS INJECTION 250MG/2ML	PA; NDS
EMPAVELI INJECTION 1080MG/20ML	PA; NDS
ENTYVIO PEN INJECTION 108MG/0.68ML	QL(1.36 ML per 28 days); PA; NDS
KINERET INJECTION 100MG/0.67ML	PA; NDS
ORENCIA CLICKJECT INJECTION 125MG/ML	QL(4 ML per 28 days); PA; NDS
ORENCIA INJECTION 50MG/0.4ML	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJECTION 87.5MG/0.7ML	QL(2.8 ML per 28 days); PA; NDS
ORENCIA INJECTION 125MG/ML	QL(4 ML per 28 days); PA; NDS
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 0	QL(82 EA per 365 days); PA; NDS
OTEZLA TABLET THERAPY PACK 0	QL(110 EA per 365 days); PA; NDS
RINVOQ LQ SOLUTION 1MG/ML	QL(360 ML per 30 days); PA; NDS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	QL(30 EA per 30 days); PA; NDS
SKYRIZI PEN INJECTION 150MG/ML	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 55MG/0.37ML	QL(0.37 ML per 28 days); PA; NDS
SKYRIZI INJECTION 150MG/ML	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 180MG/1.2ML	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJECTION 360MG/2.4ML	QL(2.4 ML per 56 days); PA; NDS
SKYRIZI INJECTION 600MG/10ML	QL(60 ML per 365 days); PA; NDS
STARJEMZA INJECTION 130MG/26ML	QL(104 ML per 365 days); PA; NDS

Drug Name	Requirements/Limits
STARJEMZA INJECTION 45MG/0.5ML, 90MG/ML	QL(3 ML per 84 days); PA
STEQEYMA INJECTION 130MG/26ML	QL(104 ML per 365 days); PA
STEQEYMA INJECTION 45MG/0.5ML	QL(3 ML per 84 days); PA
STEQEYMA INJECTION 90MG/ML	QL(3 ML per 84 days); PA; NDS
TAVNEOS CAPSULE 10MG	QL(180 EA per 30 days); PA; NDS
tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg	QL(30 EA per 30 days); PA; NDS
tofacitinib citrate solution 1mg/ml	QL(300 ML per 30 days); PA; NDS
tofacitinib citrate tablet 10mg, 5mg	QL(60 EA per 30 days); PA; NDS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	QL(4 ML per 28 days); PA; NDS
TREMFYA PEN INJECTION 100MG/ML	QL(2 ML per 56 days); PA; NDS
TREMFYA INJECTION 200MG/20ML	PA; NDS
TREMFYA INJECTION 100MG/ML	QL(2 ML per 56 days); PA; NDS
TREMFYA INJECTION 200MG/2ML	QL(4 ML per 28 days); PA; NDS
TYENNE INJECTION 162MG/0.9ML	QL(3.6 ML per 28 days); PA; NDS
VEOPOZ INJECTION 400MG/2ML	PA; NDS
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	QL(20 ML per 28 days); PA; NDS
XOLAIR INJECTION 75MG/0.5ML	QL(1 ML per 28 days); PA; NDS
XOLAIR INJECTION 150MG	QL(8 EA per 28 days); PA; NDS
XOLAIR INJECTION 150MG/ML, 300MG/2ML	QL(8 ML per 28 days); PA; NDS
YESINTEK INJECTION 130MG/26ML	QL(104 ML per 365 days); PA; NDS
YESINTEK INJECTION 45MG/0.5ML	QL(3 ML per 84 days); PA
YESINTEK INJECTION 90MG/ML	QL(3 ML per 84 days); PA; NDS
Immunostimulants	
ACTIMMUNE INJECTION 100MCG/0.5ML	PA NSO; NDS
BESREMI PEN INJECTION 500MCG/0.5ML	PA NSO; NDS
BESREMI INJECTION 500MCG/ML	PA NSO; NDS
PEGASYS INJECTION 180MCG/ML	QL(4 ML per 28 days); PA; NDS
Immunosuppressants	
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	QL(3 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	QL(2 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA; NDS
adalimumab-aaty cd/uc/hs starter injection 80mg/0.8ml	QL(3 EA per 28 days); PA; NDS
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	QL(2 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
adalimumab-adbm injection 40mg/0.4ml	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-FKJP INJECTION 20MG/0.4ML	QL(2 EA per 28 days); PA; NDS

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
ADALIMUMAB-FKJP INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA; NDS
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; NDS
ENBREL SURECLICK INJECTION 50MG/ML	QL(8 ML per 28 days); PA; NDS
ENBREL INJECTION 25MG/0.5ML	QL(4 ML per 28 days); PA; NDS
ENBREL INJECTION 50MG/ML	QL(8 ML per 28 days); PA; NDS
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	B/D; NDS
everolimus tablet 0.25mg, 0.5mg	B/D
everolimus tablet 0.75mg, 1mg	B/D; NDS
gengraf capsule 100mg, 25mg	B/D
infliximab injection 100mg	PA; NDS
JYLAMVO SOLUTION 2MG/ML	PA NSO
leflunomide tablet 10mg, 20mg	
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; NDS
mycophenolate mofetil tablet 500mg	B/D
mycophenolic acid dr tablet delayed release 180mg, 360mg	B/D
ORENCIA INJECTION 250MG	PA; NDS
PEGASYS INJECTION 180MCG/0.5ML	QL(2 ML per 28 days); PA; NDS
PROGRAF PACKET 0.2MG, 1MG	B/D
REZUROCK TABLET 200MG	QL(60 EA per 30 days); PA; NDS
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; NDS
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	QL(2 EA per 28 days); PA; NDS
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	

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
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, 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	
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 1.2MCG/0.25ML, 2.4MCG/0.5ML	
TRUMENBA INJECTION 0.5ML	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	
TYPHIM VI INJECTION 25MCG/0.5ML	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	
VARIVAX INJECTION 1350PFU/0.5ML	

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
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 er capsule extended release 500mg	QL(240 EA per 30 days)
mesalamine enema 4gm	QL(1800 ML per 30 days)
mesalamine kit 4gm	NDS
mesalamine suppository 1000mg	QL(30 EA per 30 days)
SFROWASA ENEMA 4GM/60ML	NDS
sulfasalazine tablet delayed release 500mg	
sulfasalazine tablet 500mg	
Glucocorticoids	
budesonide er tablet extended release 24 hour 9mg	NDS
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; NDS
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; NDS
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; NDS
paricalcitol capsule 1mcg, 2mcg, 4mcg	
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	QL(60 EA per 30 days); NDS
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; NDS
TYMLOS INJECTION 3120MCG/1.56ML	QL(1.56 ML per 30 days); PA; NDS
WYOST INJECTION 120MG/1.7ML	PA; NDS
Miscellaneous Therapeutic Agents	
Miscellaneous Therapeutic Agents	
ALCOHOL PREP PADS PAD 70%	
CURITY GAUZE PADS 2"X2" 12 PLY PAD	
ELLA TABLET 30MG	
INSULIN SYRINGES, NEEDLES MISCELLANEOUS	QL(200 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
KYGEVVI PACKET 2GM; 2GM	PA; NDS
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)
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; NDS
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	QL(1 ML per 28 days); PA; NDS
SKYCLARYS CAPSULE 50MG	QL(90 EA per 30 days); PA; NDS
sodium chloride 0.9% solution 0.9%	
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; NDS
WEGOVY TABLET 1.5MG	QL(60 EA per 365 days); PA; NDS
ZOKINVY CAPSULE 50MG, 75MG	QL(120 EA per 30 days); PA; NDS
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); NDS
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); NDS
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%	

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%	
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%	
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%, 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); NDS
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%	
flurbiprofen sodium solution 0.03%	
ketorolac tromethamine ophthalmic solution 0.5%	
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%	
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%	
dorzolamide hydrochloride solution 2%	

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
pilocarpine hcl solution 1%, 2%, 4%	
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); ST
Otic Agents	
Otic Agents	
acetic acid solution 2%	
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)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	QL(120 ML per 30 days); B/D
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	
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)

Drug Name	Requirements/Limits
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; NDS
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 0.63mg/3ml, 1.25mg/3ml	QL(375 ML per 30 days); B/D
albuterol sulfate nebulization solution 0.083%	QL(525 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	QL(4 EA per 30 days)
epinephrine injection 0.3mg/0.3ml	QL(4 EA per 30 days); Applies to product manufactured by Mylan Specialty L.P. Only
epinephrine injection 0.3mg/0.3ml	QL(4 EA per 30 days); Applies to products manufactured by Impax or Lineage Therapeutics
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	
CAYSTON SOLUTION RECONSTITUTED 75MG	QL(84 ML per 28 days); PA; NDS
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	QL(56 EA per 28 days); PA; NDS
KALYDECO TABLET 150MG	QL(60 EA per 30 days); PA; NDS
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	QL(112 EA per 28 days); PA; NDS
PULMOZYME SOLUTION 2.5MG/2.5ML	PA; NDS
TOBI PODHALER CAPSULE 28MG	QL(224 EA per 56 days); NDS
tobramycin nebulization solution 300mg/5ml	QL(280 ML per 28 days); B/D; NDS
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG, 50MG; 0; 25MG	QL(84 EA per 28 days); PA; NDS
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	

Drug Name	Requirements/Limits
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	QL(90 EA per 30 days); PA; NDS
alyq tablet 20mg	QL(60 EA per 30 days); PA
ambrisentan tablet 10mg, 5mg	QL(30 EA per 30 days); PA; NDS
macitentan tablet 10mg	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	QL(504 EA per 365 days); PA; NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	PA; NDS
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; NDS
Pulmonary Fibrosis Agents	
nintedanib esylate capsule 100mg, 150mg	QL(60 EA per 30 days); PA; NDS
OFEV CAPSULE 100MG, 150MG	QL(60 EA per 30 days); PA; NDS
pirfenidone capsule 267mg	QL(270 EA per 30 days); PA; NDS
PIRFENIDONE TABLET 534MG	PA; NDS
pirfenidone tablet 267mg	QL(270 EA per 30 days); PA; NDS
pirfenidone tablet 801mg	QL(90 EA per 30 days); PA; NDS
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)
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; NDS
FASENRA INJECTION 10MG/0.5ML	QL(0.5 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
FASENRA INJECTION 30MG/ML	QL(1 ML per 28 days); PA; NDS
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; NDS
NUCALA INJECTION 100MG	QL(3 EA per 28 days); PA; NDS
NUCALA INJECTION 100MG/ML	QL(3 ML per 28 days); PA; NDS
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	
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; NDS

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.

Index of Drugs

Drug Name	Page #
abacavir	26
abacavir sulfate/lamivudine	26
abigale	47
abigale lo	47
ABILIFY MAINTENA	23
abiraterone acetate	14
abirtega	14
ABRYSVO	54
acamprosate calcium dr	2
acarbose	28
acebutolol hydrochloride	34
acetaminophen/codeine	1
acetaminophen/codeine phosphate	1
acetazolamide	58
acetazolamide er	58
acetic acid	59
acetic acid 0.25%	46
acitretin	39
ACTHIB	54
ACTIMMUNE	53
acyclovir	27
acyclovir	41
acyclovir sodium	27
ADACEL	54
ADALIMUMAB-AATY 1-PEN KIT	53
ADALIMUMAB-AATY 2-PEN KIT	53
ADALIMUMAB-AATY 2-SYRINGE	53
adalimumab-aaty cd/uc/hs starter	53
ADALIMUMAB-ADBM	53
ADALIMUMAB-FKJP	53
ADBRY	40
adefovir dipivoxil	25
ADEMPAS	61
ADVAIR HFA	61
afirmelle	47
AIMOVIG	13
AIRSUPRA	61
AKEEGA	15
ala-cort	40
albendazole	21
albuterol sulfate	60
albuterol sulfate hfa	60
alclometasone dipropionate	40
ALCOHOL PREP PADS	56
ALECENSA	15
alendronate sodium	56
alfuzosin hcl er	46
aliskiren	35
allopurinol	13
alosetron hydrochloride	43
alprazolam	28
altavera	47
ALUNBRIG	16
alyacen 1/35	47
alyacen 7/7/7	47
alyq	61
amantadine hcl	27
ambrisentan	61
amethyst	47
amikacin sulfate	3
amiloride hcl	36
amiloride/hydrochlorothiazide	35
AMINOSYN II	42
AMINOSYN-PF	42
amiodarone hydrochloride	33
amitriptyline hcl	11
amitriptyline hydrochloride	11
amlodipine besylate	34
amlodipine besylate/benazepril hydrochloride	35
amlodipine besylate/valsartan	35
ammonium lactate	40
AMNESTEEM	39
amoxapine	11
amoxicillin	5
amoxicillin/clavulanate potassium	5
amoxicillin/clavulanate potassium er	4
amoxicillin/potassium clavulanate	5
amphetamine/dextroamphetamine	37
amphotericin b	12
amphotericin b liposome	12
ampicillin	5
ampicillin sodium	5
ampicillin/sulbactam	5
ampicillin-sulbactam	5
anagrelide hydrochloride	32
anastrozole	15
ANORO ELLIPTA	61
aprepitant	11
APTIVUS	27
AREXVY	54
arformoterol tartrate	60

Last Updated: 09/18/2026

Drug Name	Page #
arikayce	3
aripiprazole	23
aripiprazole odt	23
ARISTADA	23
ARISTADA INITIO	23
ARMODAFINIL	62
ARNUITY ELLIPTA	59
asenapine maleate sl	23
ashlyna	47
aspirin/dipyridamole	32
aspirin/dipyridamole er	32
atazanavir	27
atazanavir sulfate	27
atenolol	34
atenolol/chlorthalidone	35
atomoxetine	38
atomoxetine hydrochloride	38
atorvastatin calcium	36
atovaquone	21
atovaquone/proguanil hcl	21
atovaquone/proguanil hydrochloride	21
atropine sulfate	57
aubra eq	47
AUGMENTIN	5
AUGTYRO	16
aurovela 1.5/30	47
aurovela 1/20	47
aurovela fe 1.5/30	47
aurovela fe 1/20	47
AUSTEDO	38
AUSTEDO XR	38
AUSTEDO XR PATIENT TITRATION KIT	38
AUVELITY	9
AUVELITY TITRATION PACK	9
aviane	47
AVMAPKI FAKZYNJA CO-PACK	15
AVONEX	39
AVONEX PEN	39
AVTOZMA	52
ayuna	47
AYVAKIT	16
azathioprine	54
azelaic acid	39
azelastine hcl	58
azelastine hydrochloride	59
azithromycin	5
aztreonam	3
azurette	47
bacitracin	58
bacitracin/polymyxin b	57
baclofen	25
balsalazide disodium	56
BALVERSA	16
balziva	47
BAQSIMI ONE PACK	30
BAQSIMI TWO PACK	30
BARACLUDE	25
bcg vaccine	54
BELSOMRA	62
benazepril hydrochloride	33
benazepril hydrochloride/hydrochlorothiazide	35
BENLYSTA	52
benznidazole	21
benztropine mesylate	22
BEQALZI	16
BEQALZI STARTER PACK	16
BESIVANCE	58
BESREMI	53
BESREMI PEN	53
betaine anhydrous	45
betamethasone dipropionate	40
betamethasone dipropionate augmented	40
betamethasone valerate	40
BETASERON	39
betaxolol hcl	34
betaxolol hcl	58
bethanechol chloride	46
bexarotene	21
BEXSERO	54
bicalutamide	14
BICILLIN L-A	5
BIKTARVY	25
bismuth subcitrate pot/metronidazole/tetracycline hydrochlo	44
bisoprolol fumarate	34
bisoprolol fumarate/hydrochlorothiazide	35
BIVIGAM	52
BIXLENVO	25
blisovi fe 1.5/30	47
blisovi fe 1/20	47
BONSITY	56
BOOSTRIX	54
BOSULIF	16
bosutinib	16

Last Updated: 09/18/2026

Drug Name	Page #
BRAFTOVI	16
BREO ELLIPTA	61
breyna	61
BREZTRI AEROSPHERE	61
briellyn	47
BRIMONIDINE TARTRATE	58
brimonidine tartrate/timolol maleate	57
brivaracetam	6
bromfenac sodium	58
bromocriptine mesylate	22
BRUKINSA	16
budesonide	56
budesonide	59
budesonide er	56
budesonide/formoterol fumarate dihydrate	61
bumetanide	36
buprenorphine	1
buprenorphine hcl	2
buprenorphine hcl/naloxone hcl	2
buprenorphine hydrochloride/naloxone hydrochloride	2
bupropion hydrochloride	9
bupropion hydrochloride er (sr)	3
bupropion hydrochloride er (sr)	9
bupropion hydrochloride er (xl)	9
buspirone hcl	28
buspirone hydrochloride	28
butalbital/acetaminophen/caffeine	38
BYLVAY	44
BYLVAY (PELLETS)	44
BYSANTI	23
BYSANTI TITRATION PACK A	23
BYSANTI TITRATION PACK B	23
BYSANTI TITRATION PACK C	23
CABENUVA	25
cabergoline	51
CABLIVI	32
CABOMETYX	16
calcipotriene	41
calcitonin-salmon	56
calcitriol	56
calcium acetate	43
CALQUENCE	16
camila	50
camrese	47
camrese lo	47
candesartan cilexetil	33
candesartan cilexetil/hydrochlorothiazide	35
CAPLYTA	23
CAPRELSA	16
captopril	33
captopril/hydrochlorothiazide	35
carbamazepine	8
carbamazepine er	8
carbidopa	22
carbidopa/levodopa	22
carbidopa/levodopa er	22
carbidopa/levodopa odt	22
carglumic acid	42
carteolol hcl	58
cartia xt	34
carvedilol	34
CASPOFUNGIN ACETATE	12
CAVHANZA	16
CAYSTON	60
cefaclor	4
cefadroxil	4
CEFAZOLIN	4
cefazolin sodium	4
cefdinir	4
cefepime	4
cefepime hydrochloride	4
cefepime/dextrose	4
cefixime	4
cefotaxime sodium	4
cefotetan	4
cefoxitin sodium	4
cefpodoxime proxetil	4
cefprozil	4
ceftaroline fosamil	4
ceftazidime	4
ceftriaxone sodium	4
cefuroxime axetil	4
cefuroxime sodium	4
celecoxib	1
cephalexin	4
cetirizine hydrochloride	59
chateal eq	47
CHEMET	43
chlorhexidine gluconate	39
chloroquine phosphate	21
chlorpromazine hydrochloride	22
chlorthalidone	36
CHOLBAM	45

Last Updated: 09/18/2026

Drug Name	Page #
cholestyramine	36
cholestyramine light	36
ciclodan	41
ciclopirox	42
ciclopirox nail lacquer	42
ciclopirox olamine	42
cilostazol	32
CIMDUO	26
cimetidine	44
cinacalcet hydrochloride	56
CINRYZE	52
ciprofloxacin hcl	5
ciprofloxacin hydrochloride	5
ciprofloxacin hydrochloride	58
ciprofloxacin i.v.-in d5w	5
cisplatin	14
citalopram hydrobromide	10
claravis	39
clarithromycin	5
clarithromycin er	5
CLENPIQ	44
CLIMARA PRO	47
clindacin etz pledgets	3
clindacin-p	3
clindamycin hcl	3
clindamycin hydrochloride	3
clindamycin palmitate hydrochloride	3
clindamycin phosphate	3
clindamycin phosphate	42
clindamycin phosphate/benzoyl peroxide	39
clobazam	7
clobetasol propionate	40
clobetasol propionate emollient base	40
clomipramine hydrochloride	11
clonazepam	7
clonazepam odt	7
clonidine	33
clonidine hydrochloride	33
clopidogrel	32
clorazepate dipotassium	28
clotrimazole	12
clotrimazole/betamethasone dipropionate	41
clozapine	24
clozapine odt	24
COARTEM	21
COBENFY	38
COBENFY STARTER PACK	38
colchicine	13
colestipol hydrochloride	36
colistimethate sodium	3
COMBIGAN	57
COMBIVENT RESPIMAT	61
COMETRIQ	16
compro	11
conjugated estrogens	47
constulose	43
COPIKTRA	16
cortisone acetate	46
COSENTYX	52
COSENTYX SENSOREADY PEN	52
COSENTYX UNOREADY	52
COTELLIC	16
CREON	45
CRESEMBA	12
cromolyn sodium	45
cromolyn sodium	58
cromolyn sodium	60
cryselle	47
cryselle-28	47
CTEXLI	44
CURITY GAUZE PADS 2"X2" 12 PLY	56
cyclobenzaprine hydrochloride	62
cyclophosphamide	14
cycloserine	13
cyclosporine	54
cyclosporine	57
cyclosporine modified	54
cyproheptadine hydrochloride	59
CYSTAGON	45
CYSTARAN	57
dabigatran etexilate	31
dalfampridine er	39
danazol	47
dantrolene sodium	25
DANZITEN	16
dapagliflozin	37
dapagliflozin/metformin hydrochloride er	28
dapsone	13
DAPTACEL	55
daptomycin	3
DAPTOMYCIN/SODIUM CHLORIDE	3
darunavir	27
dasatinib	16
dasetta 1/35	47

Last Updated: 09/18/2026

Drug Name	Page #
dasetta 7/7/7	47
DAURISMO	16
daysee	47
deblitane	50
deferasirox	43
DELSTRIGO	26
delyla	48
demeclocycline hcl	6
demeclocycline hydrochloride	6
DENGVAXIA	55
DEPO-SUBQ PROVERA 104	50
DESCOVY	26
desipramine hydrochloride	11
desmopressin acetate	46
desogestrel/ethinyl estradiol	48
desonide	40
desoximetasone	40
desvenlafaxine er	10
dexamethasone	46
dexamethasone sodium phosphate	58
dexmethylphenidate hcl	38
dexmethylphenidate hydrochloride	38
dextroamphetamine sulfate	38
dextromethorphan hydrobromide/quinidine sulfate	38
dextrose 5%	42
dextrose 5%/sodium chloride 0.45%	42
dextrose 5%/sodium chloride 0.9%	42
DIACOMIT	7
diazepam	7
diazepam	28
diazepam intensol	28
diazoxide	30
diclofenac sodium	1
diclofenac sodium	41
diclofenac sodium	58
diclofenac sodium dr	1
dicloxacillin sodium	5
dicyclomine hydrochloride	44
digoxin	33
dihydroergotamine mesylate	13
DILANTIN	8
diltiazem hcl	34
diltiazem hcl er	34
diltiazem hydrochloride	34
diltiazem hydrochloride er	34
dilt-xr	34
dimethyl fumarate	39
dimethyl fumarate starterpack	39
diphenhydramine hydrochloride	59
diphenoxylate hydrochloride/atropine sulfate	44
disulfiram	2
divalproex sodium dr	7
divalproex sodium er	7
dofetilide	33
dolishale	48
donepezil hcl	9
donepezil hydrochloride	9
DOPTELET	33
dorzolamide hcl/timolol maleate	57
dorzolamide hydrochloride	58
dorzolamide hydrochloride/timolol maleate pf	57
DOTTI	48
DOVATO	25
doxazosin mesylate	46
doxepin hcl	11
doxepin hydrochloride	11
doxycycline	6
doxycycline hyclate	6
doxycycline hyclate	39
doxycycline monohydrate	6
DRIZALMA SPRINKLE	10
dronabinol	11
DROXIA	14
droxidopa	33
DULERA	61
duloxetine hydrochloride dr	10
DUPIXENT	52
dutasteride	46
EBGLYSS	40
EBGLYSS	52
ec-naproxen	1
econazole nitrate	12
EDURANT PED	26
efavirenz	26
efavirenz/emtricitabine/tenofovir disoproxil fumarate	26
efavirenz/lamivudine/tenofovir disoproxil fumarate	26
effer-k	42
elinest	48
ELIQUIS	31
ELIQUIS STARTER PACK	31
ELLA	56

Last Updated: 09/18/2026

Drug Name	Page #
ELMIRON	46
eltrombopag olamine	32
eluryng	48
EMGALITY	13
EMPAVELI	52
EMSAM	10
emtricitabine	26
emtricitabine/rilpivirine/tenofovir disoproxil fumarate	26
emtricitabine/tenofovir disoproxil	26
emtricitabine/tenofovir disoproxil fumarate	26
EMTRIVA	26
emzahh	50
enalapril maleate	33
enalapril maleate/hydrochlorothiazide	35
ENBREL	54
ENBREL MINI	54
ENBREL SURECLICK	54
endocet	2
ENGERIX-B	55
enilloring	48
enoxaparin sodium	31
enpresse-28	48
ENSACOVE	16
entacapone	22
entecavir	25
ENTYVIO PEN	52
enulose	43
ENVARSUS XR	54
EPIDIOLEX	6
epinephrine	60
eplerenone	37
ergotamine tartrate/caffeine	13
ERIVEDGE	17
ERLEADA	14
erlotinib hydrochloride	17
errin	50
ertapenem sodium	5
ery	42
erythromycin	42
erythromycin	58
erythromycin dr	5
erythromycin ethylsuccinate	5
erythromycin/benzoyl peroxide	40
escitalopram oxalate	10
eslicarbazepine acetate	8
esomeprazole magnesium	44
estarylla	48
estradiol	48
estradiol/norethindrone acetate	48
ESTRING	48
ESZOPICLONE	62
ETCAMAH	14
ethambutol hydrochloride	13
ethosuximide	7
ethynodiol diacetate/ethinyl estradiol	48
etonogestrel/ethinyl estradiol	48
etravirine	26
EUCRISA	40
EULEXIN	14
everolimus	17
everolimus	54
EVOTAZ	27
EVRYSDI	45
exemestane	15
EXXUA	9
EXXUA TITRATION PACK	9
ezetimibe	36
ezetimibe/simvastatin	36
FABRAZYME	45
falmina	48
famciclovir	28
famotidine	44
FANAPT	23
FANAPT TITRATION PACK A	23
FANAPT TITRATION PACK B	23
FANAPT TITRATION PACK C	23
FARXIGA	37
FASENRA	61
FASENRA PEN	61
feirza 1.5/30	48
feirza 1/20	48
felbamate	6
felodipine er	34
fenofibrate	36
fenofibrate micronized	36
fenofibric acid dr	36
fentanyl	1
fesoterodine fumarate er	46
FETZIMA	10
FETZIMA TITRATION PACK	10
fidaxomicin	5
FILSPARI	35
FINACEA	40

Last Updated: 09/18/2026

Drug Name	Page #
finasteride	46
fingolimod hydrochloride	39
FINTEPLA	6
FIRMAGON	51
FLAREX	58
flecainide acetate	33
fluconazole	12
fluconazole in sodium chloride	12
flucytosine	12
fludrocortisone acetate	46
fluocinolone acetonide	40
fluocinonide	40
fluorouracil	41
fluoxetine hydrochloride	10
fluphenazine decanoate	22
fluphenazine hcl	22
fluphenazine hydrochloride	22
flurbiprofen	1
flurbiprofen sodium	58
FLUTICASONE FUROATE/VILANTEROL ELLIPTA	62
fluticasone propionate	41
fluticasone propionate	59
fluticasone propionate/salmeterol	62
fluticasone propionate/salmeterol diskus	62
fluvastatin	36
fluvastatin sodium er	36
fluvoxamine maleate	10
fondaparinux sodium	31
fosamprenavir calcium	27
fosfomycin tromethamine	3
fosinopril sodium	33
fosinopril sodium/hydrochlorothiazide	35
FOTIVDA	17
FRAGMIN	32
FRUZAQLA	17
furosemide	36
fyavolv	48
gabapentin	7
galantamine hydrobromide	9
galantamine hydrobromide er	9
gallifrey	50
GAMASTAN	52
ganciclovir	25
GARDASIL 9	55
gatifloxacin	58
gavilyte-c	44
gavilyte-g	44
gavilyte-n/flavor pack	44
GAVRETO	17
gefitinib	17
gemfibrozil	36
GEMTESA	46
generlac	43
gengraf	54
GENOTROPIN	47
GENOTROPIN MINIQUICK	46
gentamicin sulfate	3
gentamicin sulfate	58
gentamicin sulfate pediatric	3
GENVOYA	25
GILOTRIF	17
glatiramer acetate	39
glimepiride	29
glipizide	29
glipizide er	29
glipizide xl	29
glipizide/metformin hydrochloride	29
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	30
glyburide	29
glyburide/metformin hydrochloride	29
glycopyrrolate	44
GLYXAMBI	29
GOMEKLI	17
griseofulvin microsize	12
griseofulvin ultramicrosize	12
guanfacine hydrochloride er	38
GVOKE HYPOPEN 1-PACK	30
GVOKE HYPOPEN 2-PACK	30
GVOKE KIT	30
GVOKE PFS	30
hailey 1.5/30	48
hailey fe 1.5/30	48
hailey fe 1/20	48
halobetasol propionate	41
haloperidol	22
haloperidol decanoate	22
haloperidol lactate	22
HAVRIX	55
heather	50
heparin sodium	32
HEPLISAV-B	55
HERNEXEOS	17

Last Updated: 09/18/2026

Drug Name	Page #
HIBERIX	55
HIZENTRA	52
HUMALOG	30
HUMALOG JUNIOR KWIKPEN	30
HUMALOG KWIKPEN	30
HUMALOG MIX 50/50 KWIKPEN	30
HUMALOG MIX 75/25	30
HUMALOG MIX 75/25 KWIKPEN	30
HUMATIN	3
HUMULIN 70/30	30
HUMULIN 70/30 KWIKPEN	30
HUMULIN N	30
HUMULIN N KWIKPEN	30
HUMULIN R	30
HUMULIN R U-500 (CONCENTRATED)	30
HUMULIN R U-500 KWIKPEN	30
hydralazine hydrochloride	37
hydrochlorothiazide	36
hydrocodone bitartrate/acetaminophen	2
hydrocodone/acetaminophen	2
hydrocortisone	41
hydrocortisone	46
hydrocortisone	56
hydrocortisone valerate	41
hydromorphone hcl	2
hydromorphone hydrochloride	2
hydroxychloroquine sulfate	21
hydroxyurea	14
hydroxyzine hcl	59
hydroxyzine hydrochloride	59
hydroxyzine pamoate	59
HYPERHEP B	52
HYRNUO	17
ibandronate sodium	56
IBRANCE	15
IBRANCE	17
IBTROZI	17
ibu	1
ibuprofen	1
icatibant acetate	52
iclevia	48
ICLUSIG	17
icosapent ethyl	36
IDHIFA	17
IDVYNSO	26
IGALMI	28
imatinib mesylate	17

Drug Name	Page #
IMBRUVICA	17
imipenem/cilastatin	5
imipramine hcl	11
imipramine hydrochloride	11
imiquimod	41
IMKELDI	17
IMOVAX RABIES (H.D.C.V.)	55
IMPAVIDO	3
INBRIJA	22
incassia	50
INCRELEX	47
INCRUSE ELLIPTA	59
indapamide	36
indomethacin	1
indomethacin er	1
INFANRIX	55
infliximab	54
INGREZZA	38
INLURIYO	14
INLYTA	17
INQOVI	17
INREBIC	15
insulin lispro	30
INSULIN SYRINGES, NEEDLES	56
INTELENCE	26
introvale	48
INVEGA HAFYERA	23
INVEGA SUSTENNA	23
INVEGA TRINZA	23
IPOL INACTIVATED IPV	55
ipratropium bromide	59
ipratropium bromide hfa	59
ipratropium bromide/albuterol sulfate	62
irbesartan	33
irbesartan/hydrochlorothiazide	35
ISENTRESS	25
ISENTRESS HD	25
ISONIAZID	13
isosorbide dinitrate	37
isosorbide mononitrate	37
isosorbide mononitrate er	37
isotretinoin	40
ISTURISA	47
ITOVEBI	15
itraconazole	12
ivabradine hydrochloride	35
ivermectin	21

Last Updated: 09/18/2026

Drug Name	Page #
IWILFIN	15
IXIARO	55
jaimiess	48
JAKAFI	17
JAKAFI XR	17
jantoven	32
JANUMET	29
JANUMET XR	29
JANUVIA	29
JARDIANCE	37
JAYPIRCA	17
jencycla	50
JENTADUETO	29
JENTADUETO XR	29
JIDEYTRO	18
jinteli	48
jolessa	48
JOURNAVX	1
JUBBONTI	56
JUBLIA	12
JULUCA	25
junel 1.5/30	48
junel 1/20	48
junel fe 1.5/30	48
junel fe 1/20	48
JYLAMVO	54
JYNNEOS	55
KALETRA	27
KALYDECO	60
kariva	48
kelnor 1/35	48
KERENDIA	37
KESIMPTA	39
ketoconazole	12
ketorolac tromethamine	1
ketorolac tromethamine	58
ketorolac tromethamine +rfid	1
KINERET	52
KINRIX	55
KIONEX	43
KISQALI	18
KISQALI FEMARA 400 DOSE	15
KISQALI FEMARA 600 DOSE	15
klayesta	12
klor-con 10	42
klor-con 8	42
klor-con m10	42
klor-con m15	42
klor-con m20	42
KLOXXADO	2
KOMZIFTI	15
KOSELUGO	18
KRAZATI	18
kurvelo	48
KYGEVVI	57
labetalol hydrochloride	34
lacosamide	8
lactulose	43
lamivudine	25
lamivudine	26
lamivudine/zidovudine	26
lamotrigine	6
lamotrigine starter kit/blue	6
lamotrigine starter kit/green	6
lamotrigine starter kit/orange	6
lansoprazole	44
LANTUS	30
LANTUS SOLOSTAR	30
lapatinib ditosylate	18
larin 1.5/30	48
larin 1/20	48
larin fe 1.5/30	48
larin fe 1/20	48
latanoprost	59
LAZCLUZE	15
leflunomide	54
lenalidomide	14
LENVIMA 10 MG DAILY DOSE	18
LENVIMA 12MG DAILY DOSE	18
LENVIMA 14 MG DAILY DOSE	18
LENVIMA 18 MG DAILY DOSE	18
LENVIMA 20 MG DAILY DOSE	18
LENVIMA 24 MG DAILY DOSE	18
LENVIMA 4 MG DAILY DOSE	18
LENVIMA 8 MG DAILY DOSE	18
LEQEMBI IQLIK	9
lessina	48
letrozole	15
leucovorin calcium	15
LEUKERAN	14
LEUKINE	32
leuprolide acetate	51
levalbuterol hydrochloride	60
levalbuterol tartrate hfa	60

Last Updated: 09/18/2026

Drug Name	Page #
levetiracetam	6
levetiracetam er	6
levobunolol hcl	58
levocarnitine	57
levocetirizine dihydrochloride	59
levofloxacin	6
levofloxacin	58
levofloxacin in d5w	6
levonest	49
levonorgestrel and ethinyl estradiol	49
levonorgestrel/ethinyl estradiol	49
levora 0.15/30-28	49
levo-t	51
levothyroxine sodium	51
levoxyl	51
l-glutamine	45
lidocaine	2
lidocaine hydrochloride	2
lidocaine hydrochloride viscous	39
lidocaine viscous	39
lidocaine/prilocaine	2
LIFYORLI	18
LILETTA	50
linezolid	3
LINZESS	43
liomny	51
liothyronine sodium	51
lisinopril	33
lisinopril/hydrochlorothiazide	35
lithium	28
lithium carbonate	28
lithium carbonate er	28
LIVTENCITY	25
lojaimiess	49
LOKELMA	43
lomustine	14
LONSURF	15
loperamide hydrochloride	44
lopinavir/ritonavir	27
lorazepam	28
lorazepam intensol	28
LORBRENA	18
losartan potassium	33
losartan potassium/hydrochlorothiazide	35
loteprednol etabonate	58
loteprednol etabonate/tobramycin	57
lovastatin	36
low-ogestrel	49
loxapine	22
lubiprostone	43
luizza 1.5/30	49
luizza 1/20	49
LUMAKRAS	18
LUMIGAN	59
LUPRON DEPOT (1-MONTH)	51
LUPRON DEPOT (3-MONTH)	51
LUPRON DEPOT (4-MONTH)	51
LUPRON DEPOT (6-MONTH)	51
LUPRON DEPOT-PED (1-MONTH)	51
LUPRON DEPOT-PED (3-MONTH)	51
lurasidone hydrochloride	23
lutera	49
LYBALVI	23
lyleq	50
lyllana	49
LYNPARZA	18
LYSODREN	15
LYTGOBI	18
LYUMJEV	30
LYUMJEV KWIKPEN	30
lyza	50
macitentan	61
magnesium sulfate	42
malathion	41
maraviroc	27
marlissa	49
MARPLAN	10
MATULANE	14
MAVYRET	25
MAYZENT	39
MAYZENT STARTER PACK	39
meclizine hcl	11
meclizine hydrochloride	11
medroxyprogesterone acetate	50
mefloquine hydrochloride	21
megestrol acetate	50
MEKINIST	18
MEKTOVI	19
meleya	50
meloxicam	1
memantine hcl titration pak	9
memantine hydrochloride	9
menquadfi	55
MENVEO	55

Last Updated: 09/18/2026

Drug Name	Page #
mercaptopurine	15
meropenem	5
mesalamine	56
mesalamine er	56
mesna	21
metformin hydrochloride	29
metformin hydrochloride er	29
methadone hcl	1
methadone hydrochloride	1
methadone hydrochloride intensol	1
methenamine hippurate	3
methimazole	52
methocarbamol	62
methotrexate	54
methotrexate sodium	54
methsuximide	7
methyldopa	33
methylphenidate hydrochloride	38
methylprednisolone	46
methylprednisolone acetate	46
methylprednisolone dose pack	46
metoclopramide hcl	44
metoclopramide hydrochloride	44
metolazone	36
metoprolol succinate er	34
metoprolol tartrate	34
metronidazole	3
metronidazole	40
metronidazole vaginal	3
metyrosine	35
mexiletine hydrochloride	33
micafungin	12
microgestin 1.5/30	49
microgestin 1/20	49
microgestin fe 1.5/30	49
microgestin fe 1/20	49
midodrine hydrochloride	33
MIEBO	57
mifepristone	51
miglustat	45
mili	49
milnacipran hydrochloride	38
milnacipran hydrochloride titration pack	38
MIMRYLO	32
mimvey	49
minocycline hcl	6
minocycline hydrochloride	6
minoxidil	37
mirtazapine	9
mirtazapine odt	9
misoprostol	44
M-M-R II	55
modafinil	62
MODEYSO	15
moexipril hydrochloride	33
molindone hydrochloride	22
mometasone furoate	41
mometasone furoate	59
mono-linyah	49
montelukast sodium	59
morphine sulfate	2
morphine sulfate er	1
MOUNJARO	29
MOVANTIK	43
moxifloxacin hydrochloride/sodium hydrochloride	6
moxifloxacin hydrochloride	6
moxifloxacin hydrochloride	58
MRESVIA	55
mupirocin	42
mycophenolate mofetil	54
mycophenolic acid dr	54
MYRBETRIQ	46
nabumetone	1
nadolol	34
nafcillin sodium	5
naloxone hcl	2
naloxone hydrochloride	2
naltrexone hydrochloride	2
naproxen	1
naproxen dr	1
NATACYN	58
nateglinide	29
NAYZILAM	7
nebivolol hydrochloride	34
necon 0.5/35-28	49
nefazodone hydrochloride	10
neomycin sulfate	3
neomycin/polymyxin/bacitracin	57
neomycin/polymyxin/bacitracin/hydrocortisone	57
neomycin/polymyxin/dexamethasone	57
neomycin/polymyxin/gramicidin	57
neomycin/polymyxin/hc	59

Last Updated: 09/18/2026

Drug Name	Page #
neomycin/polymyxin/hydrocortisone	59
NERLYNX	19
NEULASTA	32
NEULASTA ONPRO KIT	32
nevirapine	26
nevirapine er	26
NEXLETOL	36
NEXLIZET	36
NEXPLANON	50
niacin er	36
NICOTROL NS	3
nifedipine er	34
nilotinib hydrochloride	19
nilutamide	14
nimodipine	34
NINLARO	19
nintedanib esylate	61
nitazoxanide	21
nitisinone	45
nitrofurantoin macrocrystals	3
nitrofurantoin monohydrate	4
nitrofurantoin monohydrate/macrocrystals	4
nitroglycerin	37
nitroglycerin	44
nitroglycerin transdermal	37
nizatidine	44
nora-be	50
norelgestromin/ethinyl estradiol	49
norethindrone	50
norethindrone acetate	50
norethindrone acetate/ethinyl estradiol	49
norethindrone acetate/ethinyl estradiol/ferrous fumarate	49
norgestimate/ethinyl estradiol	49
norlyroc	50
nortrel 0.5/35 (28)	49
nortrel 1/35	49
nortrel 7/7/7	49
nortriptyline hcl	11
nortriptyline hydrochloride	11
NORVIR	27
NOVOLIN 70/30	31
NOVOLIN 70/30 FLEXPEN	30
NOVOLIN 70/30 FLEXPEN RELION	30
NOVOLIN 70/30 RELION	31
NOVOLIN N	31
NOVOLIN N FLEXPEN	31
NOVOLIN N FLEXPEN RELION	31
NOVOLIN N RELION	31
NOVOLIN R	31
NOVOLIN R FLEXPEN	31
NOVOLIN R FLEXPEN RELION	31
NOVOLIN R RELION	31
NOVOLOG	31
NOVOLOG FLEXPEN	31
NOVOLOG FLEXPEN RELION	31
NOVOLOG MIX 70/30	31
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	31
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	31
NOVOLOG MIX 70/30 RELION	31
NOVOLOG PENFILL	31
NOVOLOG RELION	31
NUBEQA	14
NUCALA	62
NUPLAZID	23
NURTEC	13
NUTRILIPID	57
nyamyc	12
nylia 1/35	49
nylia 7/7/7	49
nystatin	12
nystatin/triamcinolone	41
nystatin/triamcinolone acetonide	41
nystop	12
octreotide acetate	51
ODEFSEY	26
ODOMZO	19
OFEV	61
ofloxacin	58
ofloxacin	59
OGSIVEO	15
OJEMDA	15
OJJAARA	19
olanzapine	24
olanzapine odt	24
olmesartan medoxomil	33
olmesartan medoxomil/hydrochlorothiazide	35
omega-3-acid ethyl esters	36
omeprazole	45
omeprazole dr	45
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	57

Last Updated: 09/18/2026

Drug Name	Page #
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	57
OMNIPOD 5 LIBRE INTRO KIT	57
OMNIPOD 5 LIBRE PODS	57
OMNIPOD DASH INTRO KIT (GEN 4)	57
OMNIPOD DASH PDM KIT (GEN 4)	57
OMNIPOD DASH PODS (GEN 4)	57
ondansetron hcl	11
ondansetron hydrochloride	12
ondansetron odt	12
ONPATTRO	45
ONUREG	15
OPIPZA	24
OPVEE	2
ORENCIA	52
ORENCIA	54
ORENCIA CLICKJECT	52
ORENITRAM	61
ORENITRAM TITRATION KIT MONTH 1	61
ORENITRAM TITRATION KIT MONTH 2	61
ORENITRAM TITRATION KIT MONTH 3	61
ORGOVYX	51
ORKAMBI	60
orphenadrine citrate er	62
orquidea	50
ORSERDU	14
oseltamivir phosphate	27
OSENVELT	56
OSPHENA	51
OTEZLA	41
OTEZLA	52
OTEZLA XR	41
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK	52
oxaprozin	1
oxcarbazepine	8
oxybutynin chloride	46
oxybutynin chloride er	46
oxycodone hydrochloride	2
oxycodone/acetaminophen	2
OZEMPIC	29
PACERONE	33
paliperidone er	24
PANRETIN	21
pantoprazole sodium	45
paricalcitol	56
paroxetine hcl	10
paroxetine hydrochloride	10
PAXLOVID	28
PAZOPANIB HYDROCHLORIDE	19
PEDIARIX	55
PEDVAXHIB	55
peg-3350/electrolytes	44
peg-3350/nacl/na bicarbonate/kcl	44
PEGASYS	53
PEGASYS	54
PEMAZYRE	19
PENBRAYA	55
penicillamine	43
penicillin g sodium	5
penicillin v potassium	5
PENMENVY	55
PENTACEL	55
pentamidine isethionate	21
pentoxifylline er	35
perampanel	7
perindopril erbumine	33
periogard	39
permethrin	41
perphenazine	22
PERSERIS	24
phenelzine sulfate	10
phenobarbital	7
PHENYTEK	8
phenytoin	8
phenytoin sodium extended	8
PHESGO	15
philith	49
PIFELTRO	26
pilocarpine hcl	59
pilocarpine hydrochloride	39
pilocarpine hydrochloride	59
pimecrolimus	41
pimozide	22
pimtrea	49
pindolol	34
pioglitazone hcl	29
pioglitazone hcl/metformin hcl	29
pioglitazone hydrochloride	29
piperacillin sodium/tazobactam sodium	5
PIQRAY 200MG DAILY DOSE	19
PIQRAY 250MG DAILY DOSE	19
PIQRAY 300MG DAILY DOSE	19
pirfenidone	61

Last Updated: 09/18/2026

Drug Name	Page #
piroxicam	1
pitavastatin calcium	36
PLENAMINE	42
podofilox	41
polymyxin b sulfate/trimethoprim sulfate	57
pomalidomide	14
POMALYST	14
portia-28	49
posaconazole	12
posaconazole dr	12
potassium chloride	43
potassium chloride er	42
potassium citrate er	43
PRALUENT	36
pramipexole dihydrochloride	22
prasugrel hydrochloride	33
pravastatin sodium	36
praziquantel	21
prazosin hydrochloride	33
prednisolone	46
prednisolone acetate	58
prednisolone sodium phosphate	46
prednisone	46
pregabalin	7
PREMARIN	49
PREMPHASE	49
PREMPRO	49
prenatal	43
PRETOMANID	13
prevalite	36
PREVYMIS	25
PREZCOBIX	27
PREZISTA	27
primaquine phosphate	21
primidone	8
PRIORIX	55
PRIVIGEN	52
PROAIR RESPICLICK	60
probenecid	13
probenecid/colchicine	13
prochlorperazine	11
prochlorperazine maleate	11
PROCRIT	32
procto-med hc	56
progesterone	50
PROGRAF	54
PROLASTIN-C	45

Drug Name	Page #
promethazine hcl	11
promethazine hydrochloride	11
promethazine hydrochloride plain	11
promethegan	11
propafenone hcl	33
propafenone hydrochloride	33
propranolol hcl	34
propranolol hydrochloride	34
propranolol hydrochloride er	34
propylthiouracil	52
PROQUAD	55
protriptyline hcl	11
PULMOZYME	60
pyrazinamide	13
pyridostigmine bromide	13
pyrimethamine	21
PYRUKYND	45
PYRUKYND TAPER PACK	45
QINLOCK	19
QUADRACEL	55
quetiapine fumarate	24
quetiapine fumarate er	24
quinapril hydrochloride	33
quinapril/hydrochlorothiazide	35
quinidine sulfate	33
quinine sulfate	22
QVAR REDIHALER	59
RABAVERT	55
rabeprazole sodium	45
RALDESY	10
raloxifene hydrochloride	51
ramelteon	62
ramipril	33
ranolazine er	35
rasagiline mesylate	22
RASONQUE	19
RAYALDEE	56
REBIF	39
REBIF REBIDOSE	39
REBIF REBIDOSE TITRATION PACK	39
REBIF TITRATION PACK	39
RECOMBIVAX HB	55
repaglinide	29
REPATHA	37
REPATHA SURECLICK	37
RETACRIT	32
RETEVMO	19

Last Updated: 09/18/2026

Drug Name	Page #
REVCOVI	45
REVUFORJ	15
REXTOVY	3
REXULTI	24
REYATAZ	27
REZDIFFRA	51
REZLIDHIA	19
REZUROCK	54
RHOPRESSA	59
ribavirin	25
rifabutin	13
rifampin	13
rifapentine	13
rilpivirine hydrochloride	26
riluzole	38
RINVOQ	52
RINVOQ LQ	52
risedronate sodium	56
risperidone	24
risperidone er	24
risperidone odt	24
ritonavir	27
rivaroxaban	32
rivastigmine tartrate	9
rivastigmine transdermal system	9
RIVFLOZA	57
rizatriptan benzoate	13
rizatriptan benzoate odt	13
ROCKLATAN	58
roflumilast	60
ROMVIMZA	19
ropinirole hcl	22
ropinirole hydrochloride	22
rosuvastatin calcium	36
rosyrah	49
ROTARIX	55
ROTATEQ	55
roweepra	7
ROZLYTREK	19
RUBRACA	19
rufinamide	8
RUKOBIA	27
RYBELSUS	29
RYDAPT	19
sacubitril/valsartan	35
SANTYL	41
sapropterin dihydrochloride	45
SAVELLA	38
SAVELLA TITRATION PACK	38
SCEMBLIX	19
scopolamine	11
SECUADO	24
selegiline hcl	22
selenium sulfide	41
SELZENTRY	27
SEREVENT DISKUS	60
sertraline hcl	10
sertraline hydrochloride	10
setlakin	49
sevelamer hydrochloride	43
sf 5000 plus	39
SFROWASA	56
sharobel	51
SHINGRIX	55
SIGNIFOR	51
sildenafil citrate	61
silver sulfadiazine	41
SIMBRINZA	58
simliya	49
simpesse	49
simvastatin	36
sirolimus	54
SIRTURO	13
SIVEXTRO	4
SKYCLARYS	57
SKYRIZI	52
SKYRIZI PEN	52
sodium chloride	43
sodium chloride 0.45%	43
sodium chloride 0.9%	57
sodium fluoride	39
sodium fluoride 5000 plus	39
sodium fluoride 5000 ppm	39
sodium oxybate	62
sodium phenylbutyrate	45
sodium polystyrene sulfonate	43
sodium sulfate/potassium sulfate/magnesium sulfate	44
sofosbuvir/velpatasvir	25
solifenacin succinate	46
SOLIQUA 100/33	29
SOLTAMOX	14
SOMAVERT	51
sorafenib	20

Last Updated: 09/18/2026

Drug Name	Page #
sorafenib tosylate	20
sotalol hcl	33
sotalol hydrochloride	33
sotalol hydrochloride (af)	33
SPEVIGO	41
SPIRIVA RESPIMAT	60
spironolactone	37
spironolactone/hydrochlorothiazide	35
SPRAVATO 56MG DOSE	10
SPRAVATO 84MG DOSE	10
sprintec 28	50
SPRITAM	7
sps	43
sronyx	50
ssd	41
STARJEMZA	52
STEQEYMA	53
STIOLTO RESPIMAT	62
STIVARGA	20
STOBOCLO	56
STRENSIQ	45
streptomycin sulfate	3
STRIBILD	25
SUBVENITE	7
subvenite starter kit/blue	7
subvenite starter kit/green	7
subvenite starter kit/orange	7
SUCRAID	45
sucralfate	44
sulfacetamide sodium	58
sulfacetamide sodium/prednisolone sodium phosphate	58
sulfadiazine	6
sulfamethoxazole/trimethoprim	6
sulfamethoxazole/trimethoprim ds	6
sulfasalazine	56
sulindac	1
sumatriptan	13
sumatriptan succinate	13
sunitinib malate	20
SUNLENCA	27
SUTAB	44
SYMPAZAN	8
SYMTUZA	27
SYNJARDY	29
SYNJARDY XR	29
TABLOID	15
TABRECTA	20
tacrolimus	41
tacrolimus	54
tacrolimus er	54
tadalafil	46
tadalafil	61
TAFINLAR	20
TAGRISSO	20
TALICIA	44
TALZENNA	20
tamoxifen citrate	14
tamsulosin hydrochloride	46
tarina fe 1/20 eq	50
TARPEYO	56
TAVNEOS	53
tazarotene	40
TAZICEF	4
TAZVERIK	20
telmisartan	33
telmisartan/hydrochlorothiazide	35
temazepam	62
TENIVAC	55
tenofovir disoproxil fumarate	26
TEPMETKO	20
terazosin hcl	46
terazosin hydrochloride	46
terbinafine hcl	12
terconazole	12
teriparatide	56
testosterone	47
testosterone cypionate	47
testosterone enanthate	47
testosterone pump	47
tetrabenazine	38
tetracycline hydrochloride	6
TEVIMBRA	21
THALOMID	14
theophylline er	60
thioridazine hydrochloride	22
thiothixene	22
tiadylt er	34
tiagabine hydrochloride	8
TIBSOVO	20
ticagrelor	33
TICOVAC	55
tigecycline	4
timolol maleate	13

Last Updated: 09/18/2026

Drug Name	Page #
timolol maleate	58
tinidazole	4
tiotropium bromide	60
TIVICAY	25
TIVICAY PD	25
tizanidine hcl	25
tizanidine hydrochloride	25
TOBI PODHALER	60
tobramycin	58
tobramycin	60
tobramycin sulfate	3
tobramycin/dexamethasone	58
tofacitinib citrate	53
tofacitinib citrate er	53
tolvaptan	43
topiramate	7
topotecan hcl	15
topotecan hydrochloride	15
toremifene citrate	14
torsemide	36
TOUJEO MAX SOLOSTAR	31
TOUJEO SOLOSTAR	31
TRADJENTA	29
tramadol hydrochloride	2
tramadol hydrochloride/acetaminophen	2
trandolapril	33
tranexamic acid	32
tranylcypromine sulfate	10
travoprost	59
trazodone hydrochloride	11
TRELEGY ELLIPTA	62
TRELSTAR MIXJECT	51
TREMFYA	53
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS	53
TREMFYA PEN	53
TRESIBA	31
TRESIBA FLEXTOUCH	31
tretinoin	21
tretinoin	40
triamcinolone acetonide	41
triamcinolone acetonide	46
triamcinolone acetonide dental paste	39
triamterene	36
triamterene/hydrochlorothiazide	35
triderm	41
trientine hydrochloride	43
tri-estarylla	50
trifluoperazine hcl	23
trifluoperazine hydrochloride	23
trifluridine	58
trihexyphenidyl hydrochloride	22
TRIJARDY XR	29
TRIKAFTA	60
tri-linyah	50
trimethoprim	4
tri-mili	50
trimipramine maleate	11
TRINTELLIX	11
tri-sprintec	50
TRIUMEQ	26
TRIUMEQ PD	26
tri-vylibra	50
TRULICITY	30
TRUMENBA	55
TRUQAP	20
TRYNGOLZA	37
TUKYSA	20
TURALIO	20
turqoz	50
TWINRIX	55
TYBOST	27
TYENNE	53
TYMLOS	56
TYPHIM VI	55
TYRVAYA	58
UBRELVY	13
UDENYCA	32
UDENYCA ONBODY	32
unithroid	51
urea	41
ursodiol	44
UZEDY	24
valacyclovir hydrochloride	28
VALCHLOR	14
valganciclovir	25
valganciclovir hydrochloride	25
valproic acid	7
valsartan	33
valsartan/hydrochlorothiazide	35
VALTOCO 10 MG DOSE	8
VALTOCO 15 MG DOSE	8
VALTOCO 20 MG DOSE	8

Last Updated: 09/18/2026

Drug Name	Page #
VALTOCO 5 MG DOSE	8
valtya 1/35	50
valtya 1/50	50
vancomycin hcl	4
vancomycin hydrochloride	4
VANFLYTA	20
VAQTA	55
varenicline starting month	3
varenicline tartrate	3
varenicline tartrate continuing month	3
VARIVAX	55
VAXCHORA	56
VAXELIS	56
VELPHORO	43
VELTASSA	43
VENCLEXTA	20
VENCLEXTA STARTING PACK	20
venlafaxine hydrochloride	11
venlafaxine hydrochloride er	11
VEOPOZ	53
VEOZAH	38
VEPPANU	14
verapamil hcl er	34
verapamil hcl sr	34
verapamil hydrochloride	34
verapamil hydrochloride er	34
verapamil hydrochloride sr	34
VERQUVO	37
VERSACLOZ	25
VERZENIO	20
V-GO 20	57
V-GO 30	57
V-GO 40	57
vienva	50
vigabatrin	8
vigadrone	8
VIGAFYDE	8
vilazodone hydrochloride	11
VIMKUNYA	56
viorele	50
VIRACEPT	27
VIREAD	26
VITRAKVI	20
VIVITROL	2
VIVOTIF	56
VIZIMPRO	20
VOCABRIA	25

Drug Name	Page #
volnea	50
VONJO	15
VORANIGO	21
voriconazole	12
VOSEVI	25
VOWST	44
VRAYLAR	24
VUMERITY	39
vyfemla	50
VYJUVEK	28
vylibra	50
VYNDAMAX	35
VYVGART HYTRULO	13
VYVGART HYTRULO	53
VYZULTA	59
warfarin sodium	32
WEGOVY	57
WELIREG	45
wera	50
WINREVAIR	61
wixela inhub	62
WYOST	56
XALKORI	20
XARELTO	32
XATMEP	54
XCOPRI	8
XDEMVY	58
XERMELO	44
XIFAXAN	44
XIGDUO XR	30
XIIDRA	58
XOCOVA	28
XOFLUZA	27
XOLAIR	53
XOLREMDI	32
XOSPATA	20
XPOVIO	21
XPOVIO 60 MG TWICE WEEKLY	21
XPOVIO 80 MG TWICE WEEKLY	21
XTAMPZA ER	1
XTANDI	14
xulane	50
yargesa	45
YESINTEK	53
YF-VAX	56
YONSA	14
yulithira	21

Last Updated: 09/18/2026

Drug Name	Page #
YUPELRI	60
yuvafem	50
zafemy	50
zafirlukast	59
zaleplon	62
ZARXIO	32
ZEJULA	21
ZELBORAF	21
ZELVYSIA	45
zenatane	40
ZENBEXUS	15
ZENPEP	45
ZEPOSIA	39
ZEPOSIA 7-DAY STARTER PACK	39
ZEPOSIA STARTER KIT	39
zidovudine	26
ziprasidone hcl	24
ziprasidone mesylate	24
ZIRGAN	58
ZOKINVY	57
ZOLINZA	15
zolmitriptan	13
zolpidem tartrate	62
zolpidem tartrate er	62
ZONISADE	9
zonisamide	9
zovia 1/35	50
ZTALMY	8
ZURZUVAE	10
ZYDELIG	21
ZYKADIA	21
ZYMFENTRA 2-PEN	54
ZYMFENTRA 2-SYRINGE	54
ZYPREXA RELPREVV	24

Last Updated: 09/18/2026

HPMS Approved Formulary File Submission ID
00027417, Version Number 6

Identificación de Presentación del Archivo del
Formulario Aprobado de HPMS 00027417,
Número de Versión 6

Member Services / Departamento de Servicios para Miembros:

1-800-656-8991, TTY: 711
8 a.m. – 8 p.m., 7 days a week
Los 7 días de la semana, de 8 a.m. a 8 p.m.
HCHComments@azblue.com

Visit our website at / Visite nuestro sitio web en:

azblue.com/hcpathway

This formulary was updated on 10/1/2026 . For more recent information or other questions, please contact Health Choice Pathway Member Services at **1-800-656-8991** (TTY users should call **711**), 8 a.m. – 8 p.m., 7 days a week, or visit **azblue.com**/hcpathway.

Este formulario se actualizó en 1/10/2026 . Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, Health Choice Pathway al Departamento de Servicios para Miembros, al **1-800-656-8991** o para usuarios del servicio TTY al **711,** los 7 días de la semana de 8 a.m. a 8 p.m., hora local. O bien, visite **azblue.com**/hcpathway.

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

2367360-26