



## Upper Peninsula Health Plan (UPHP) MI Coordinated Health (HMO D-SNP)

### 2026 List of Covered Drugs (*Drug List*)

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

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Version 10

We have made no changes to the *Drug List* since 04/22/2026. For more recent information or other questions, contact us at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time or visit [www.uphp.com/pharmacy/medicareformularies/](http://www.uphp.com/pharmacy/medicareformularies/).



**If you have questions**, please call UPHP MI Coordinated Health at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. **For more information**, visit <https://www.uphp.com/medicare/uphp-mi-coordinated-health/>.

## Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs, over-the-counter (OTC) drugs, and non-drug products and items are covered by UPHP MI Coordinated Health. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by UPHP MI Coordinated Health. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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## A. Disclaimers

This is a list of drugs that members can get in UPHP MI Coordinated Health.

- ❖ You can always check UPHP MI Coordinated Health’s up-to-date *List of Covered Drugs* online at [www.uphp.com/pharmacy/medicareformularies/](http://www.uphp.com/pharmacy/medicareformularies/) or by calling UPHP Customer Service at 1-877-349-9324 (TTY: 711). This call is free.
- ❖ **Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-835-2556 (TTY: 711) or speak to your provider.**
- ❖ Upper Peninsula Health Plan (UPHP) MI Coordinated Health (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. Enrollment in UPHP MI Coordinated Health depends on contract renewal.
- ❖ If you wish to make or change a standing request to receive materials in a language other than English or in an alternate format, you can call UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.

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## B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all of the FAQ to learn more or look for a question and answer.

### **B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)**

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by UPHP MI Coordinated Health. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Michigan Medicaid. Please visit the Michigan Medicaid website [www.michigan.gov/mdhhs/assistance-programs/medicaid](http://www.michigan.gov/mdhhs/assistance-programs/medicaid) for more information. You can also call the Michigan Medicaid Beneficiary Help Line at 1-800-642-3195 8:00 AM – 7:00 PM Monday through Friday (except holidays) or email [beneficiarysupport@michigan.gov](mailto:beneficiarysupport@michigan.gov).

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Please bring your Member ID Card when getting prescriptions through Michigan Medicaid.

- UPHP MI Coordinated Health will cover all medically necessary drugs on the *Drug List* if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - UPHP MI Coordinated Health agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a UPHP MI Coordinated Health network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at [www.uphp.com/pharmacy/medicareformularies/](http://www.uphp.com/pharmacy/medicareformularies/) or call UPHP Customer Service at 1-877-349-9324 (TTY: 711).

## **B2. Does the *Drug List* ever change?**

Yes, and UPHP MI Coordinated Health must follow Medicare and Michigan Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from UPHP MI Coordinated Health before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

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Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check UPHP MI Coordinated Health's up-to-date *Drug List* online at [www.uphp.com/pharmacy/medicareformularies/](http://www.uphp.com/pharmacy/medicareformularies/). Updates to the *Drug List* are posted on the website monthly.
- You can also call UPHP Customer Service at 1-877-349-9324 (TTY: 711) to check the current *Drug List*.

### **B3. What happens when there's a change to the *Drug List*?**

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
  - We can make these changes only if the drug we're adding:
    - is a new generic version of a brand name drug, or
    - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
    - Some of these drug types may be new to you. For more information, refer to **Section B14**.
  - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change.
- **If you are affected by a change in drug coverage, we encourage you to:**

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- Work with your doctor (or other prescriber) to find a different drug that we cover. You can call UPHP Customer Service at 1-877-349-9324 (TTY: 711) or contact your Care Coordinator to ask for a list of covered drugs (*Drug List*) that treat the same condition. The *Drug List* can help your provider find a covered drug that might work for you.
- If the drug requires prior authorization or exception, work with your doctor (or other prescriber) to ask the plan to make an exception to cover the drug.
- If you need help asking for an exception, call UPHP Customer Service at 1-877-349-9324 (TTY: 711) or contact your Care Coordinator.
- See **Section B11** for more information on how to ask for an exception.

**We may make other changes that affect the drugs you take.** We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.




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#### **B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from UPHP MI Coordinated Health before you fill your prescription. Prior authorization is different from a referral. UPHP MI Coordinated Health may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes UPHP MI Coordinated Health limits the amount of a drug you can get.
- **Step therapy:** Sometimes UPHP MI Coordinated Health requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.
- **Indication-based coverage:** If UPHP MI Coordinated Health covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C**. You can also get more information by visiting our website at [www.uphp.com/pharmacy/medicareformularies/](http://www.uphp.com/pharmacy/medicareformularies/). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

**You can ask for an exception from these limits.** This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

#### **B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?**

The table in the section titled List of Drugs by Drug Type has a column labeled "Necessary actions, restrictions, or limits on use."

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## **B6. What happens if UPHP MI Coordinated Health changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?**

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

## **B7. How can I find a drug on the *Drug List*?**

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it starting on page 14. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs, as well as over-the-counter (OTC) drugs are listed in the index.

To search by drug type, find **Section C1** labeled "List of Drugs by Drug Type". The drugs in this section are grouped into categories by type. For example, if you're taking a medicine for migraines, you should look in the AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH category, under the class: MIGRAINE / CLUSTER HEADACHE THERAPY. That's where you'll find drugs that treat migraines.

## **B8. What if the drug I want to take isn't on the *Drug List*?**

If you don't find your drug on the *Drug List*, call UPHP Customer Service at 1-877-349-9324 (TTY: 711) and ask about it. If you learn that UPHP MI Coordinated Health won't cover the drug, you can do one of these things:

- Ask UPHP Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- Ask UPHP Customer Service to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

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### **B9. What if I'm a new UPHP MI Coordinated Health member and can't find my drug on the *Drug List* or have a problem getting my drug?**

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you're a member of UPHP MI Coordinated Health. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 30 days of medication.

We'll cover a 30-day supply of your drug if:

- you're taking a drug that is not on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by UPHP MI Coordinated Health, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new UPHP MI Coordinated Health member.
- This is in addition to the temporary supply during the first 90 days you're a member of UPHP MI Coordinated Health.

We will also cover a temporary supply of your Part D drug if you have a level of care change, such as admission to, or discharge from, a long-term care facility, skilled nursing facility, or hospital. If you have a level of care change, you can ask us to cover a temporary supply by calling UPHP Customer Service at 1-877-349-9324 (TTY: 711).

### **B10. Can I ask for an exception to cover my drug?**

Yes. You can ask UPHP MI Coordinated Health to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

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- For example, UPHP MI Coordinated Health may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

### **B11. How can I ask for an exception?**

To ask for an exception, call Express Scripts at 1-800-935-6103 (TTY: 1-800-716-3231), Monday through Sunday, 24 hours a day. UPHP partners with Express Scripts to help manage your pharmacy benefit for MI Coordinated Health. An Express Scripts representative will work with you and your prescriber to help you ask for an exception. You can also call UPHP Customer Service or your Care Coordinator if you need help asking for an exception. You can also read **Chapter 9 Section G4** of the *Member Handbook* to learn more about exceptions.

### **B12. How long does it take to get an exception?**

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. You, your representative, or your doctor (or other prescriber) can send us the prescriber supporting statement. For fastest service we recommend faxing the statement to 1-877-251-5896. You can also mail the statement:

Express Scripts  
Attn: Medicare Reviews  
PO Box 66571  
St Louis, MO 63166-6571

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

### **B13. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

UPHP MI Coordinated Health covers both brand name drugs and generic drugs.

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#### **B14. What are original biological products and how are they related to biosimilars?**

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 forms 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 more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

#### **B15. What are OTC drugs?**

OTC stands for “over-the-counter”. UPHP MI Coordinated Health covers some OTC drugs when they’re written as prescriptions by your provider.

You can read the UPHP MI Coordinated Health *Drug List* to find out what OTC drugs are covered.

#### **B16. Does UPHP MI Coordinated Health cover non-drug OTC products?**

UPHP MI Coordinated Health covers some non-drug OTC products when they’re written as prescriptions by your provider.

Examples of non-drug OTC products include insulin syringes and condoms. You can read the UPHP MI Coordinated Health *Drug List* to find out what non-drug OTC products are covered.

#### **B17. Does UPHP MI Coordinated Health cover long-term supplies of prescriptions?**

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered drugs. A 90-day supply has the same copay as a one-month supply.
- Specialty drugs (high-cost drugs used to treat complex health issues) are only covered for up to a 30-day supply at Retail, Mail-Order, or Specialty pharmacies; or up to a 31-day supply at Long-Term Care pharmacies. There may be some

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exceptions to this in which the amount of specialty drug you get at one time will last longer than one-month.

- Drugs excluded from Part D coverage but covered under your Medicaid benefit may have different day-supply limits set by the state of Michigan, depending on the type of drug.

### **B18. Can I get prescriptions delivered to my home from my local pharmacy?**

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

### **B19. What's my copay?**

UPHP MI Coordinated Health members have income-based copays for Part D prescriptions as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

- Tier 1 (Generic drugs) have \$0, \$1.60 or \$5.10 copay.
- Tier 1 (Brand drugs) have \$0, \$4.90 or \$12.65 copay.

OTCs have a \$0 copay.

If you have questions, call UPHP Customer Service at 1-877-349-9324 (TTY: 711).

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## **C. Overview of the *List of Covered Drugs***

The *List of Covered Drugs* gives you information about the drugs covered by UPHP MI Coordinated Health. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by UPHP MI Coordinated Health.

**Note:** The \* next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.

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- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call UPHP Customer Service at 1-877-349-9324 (TTY: 711).
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.

## C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you're taking a medicine for migraines, you should look in the AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH category, under the class: MIGRAINE / CLUSTER HEADACHE THERAPY. That's where you'll find drugs that treat migraines.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *sitagliptin*), brand name drugs are capitalized (for example, JANUVIA), and OTC drugs and non-drug products are listed in lower case (for example, ferrous sulfate). The information in the "Necessary actions, restrictions, or limits on use" column tells you if UPHP MI Coordinated Health has any rules for covering your drug.

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

### List of Abbreviations

**\* (Medicaid Benefit Drug):** This drug is not a Medicare Part D drug, however it is covered under the Medicaid portion of your UPHP MI Coordinated Health Plan.

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

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

**NEDS:** Non-Extended Day Supply Medication. This drug is limited to a 30-day supply or less at retail, mail, and specialty pharmacies, and a 31-day supply or less at long-term care pharmacies.

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

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

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

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



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Drug Name	Drug Tier	Requirements/Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
<i>amphotericin b</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>amphotericin b liposome</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
<i>casprofungin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>clotrimazole mucous membrane</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
CRESEMBA ORAL	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>fluconazole</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>flucytosine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>itraconazole oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>itraconazole oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ketoconazole oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>micafungin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nystatin oral suspension</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nystatin oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (96 per 30 days); NEDS
<i>terbinafine hcl oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>voriconazole oral suspension for reconstitution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>voriconazole oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>voriconazole-hpbc</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<b>ANTIVIRALS</b>		
<i>abacavir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>abacavir-lamivudine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>acyclovir oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>acyclovir sodium intravenous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>adefovir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>amantadine hcl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
APTIVUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<i>atazanavir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
BARACLUDE ORAL SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
BIKTARVY	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
CABENUVA	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<i>cidofovir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
CIMDUO	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<i>darunavir oral tablet 600 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>darunavir oral tablet 800 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
DELSTRIGO	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS

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Drug Name	Drug Tier	Requirements/Limits
DESCOVY	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
DOVATO	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
EDURANT	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
EDURANT PED	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<i>efavirenz oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>efavirenz-emtricitabin-tenofovir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
<i>emtricitabine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>emtricitabine-tenofovir (df)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>emtricitabine-tenofovir (df)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA ORAL SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>entecavir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>etravirine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
EVOTAZ	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<i>famciclovir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fosamprenavir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ganciclovir sodium</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
GENVOYA	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
INTELENCE ORAL TABLET 25 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	
ISENTRESS HD	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL POWDER IN PACKET	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
ISENTRESS ORAL TABLET	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	
JULUCA	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
KALETRA ORAL SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	
LAGEVRIO (EUA)	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (40 per 30 days)
<i>lamivudine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>lamivudine-zidovudine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
LEDIPASVIR-SOFOSBUVIR	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (28 per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
LIVTENCITY	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (120 per 30 days); NEDS
<i>lopinavir-ritonavir oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>maraviroc</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
MAVYRET ORAL PELLETS IN PACKET	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (168 per 28 days); NEDS
MAVYRET ORAL TABLET	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (84 per 28 days); NEDS
<i>nevirapine oral suspension</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nevirapine oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
NORVIR ORAL POWDER IN PACKET	\$0/\$4.90/ \$12.65 Tier-1 Brand	
ODEFSEY	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
PIFELTRO	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
PREVYMIS INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
PREVYMIS ORAL TABLET 240 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (56 per 28 days); NEDS
PREVYMIS ORAL TABLET 480 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (28 per 28 days); NEDS
PREZCOBIX	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
PREZISTA ORAL SUSPENSION	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 150 MG, 75 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	
RELENZA DISKHALER	\$0/\$4.90/ \$12.65 Tier-1 Brand	
RETROVIR INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	
REYATAZ ORAL POWDER IN PACKET	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<i>ribavirin oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ribavirin oral tablet 200 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>rilpivirine hcl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
<i>rimantadine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ritonavir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
RUKOBIA	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY ORAL SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	
SOFOSBUVIR-VELPATASVIR	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (28 per 28 days); NEDS
STRIBILD	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
SUNLENCA	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
SYM TUZA	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<i>tenofovir disoproxil fumarate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
TIVICAY ORAL TABLET 50 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
TIVICAY PD	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
TRIUMEQ	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
TRIUMEQ PD	\$0/\$4.90/ \$12.65 Tier-1 Brand	

Drug Name	Drug Tier	Requirements/Limits
TROGARZO	\$0/\$4.90/ \$12.65 Tier-1 Brand	LA; NEDS
<i>valacyclovir oral tablet 1 gram</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
<i>valganciclovir oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
VEMLIDY	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
VIRACEPT ORAL TABLET	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
VIREAD ORAL POWDER	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	
VOSEVI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (28 per 28 days); NEDS

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
XOFLUZA ORAL TABLET 40 MG, 80 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>zidovudine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

### CEPHALOSPORINS

<i>cefactor oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cefactor oral suspension for reconstitution 250 mg/5 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cefadroxil oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cefazolin injection recon soln 1 gram, 100 gram, 300 gram, 500 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cefazolin intravenous recon soln 1 gram, 10 gram</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cefepime in dextrose, iso-osm</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cefepime injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cefixime oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cefixime oral suspension for reconstitution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cefoxitin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>cefoxitin in dextrose, iso-osm</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>cefpodoxime</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cefprozil</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ceftazidime</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone in dextrose, iso-os</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ceftriaxone intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cefuroxime axetil oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>cefuroxime sodium intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cephalexin oral suspension for reconstitution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tazicef</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
TEFLARO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>azithromycin oral suspension for reconstitution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>azithromycin oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>clarithromycin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
DIFICID ORAL TABLET	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (20 per 10 days); NEDS
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>erythromycin ethylsuccinate oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>erythromycin oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fidaxomicin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (20 per 10 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
ARIKAYCE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
<i>atovaquone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>atovaquone-proguanil</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>aztreonam</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
CAYSTON	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (84 per 56 days); NEDS
<i>chloramphenicol sodium succinate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>chloroquine phosphate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>clindamycin in 5 % dextrose</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>clindamycin phosphate injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
COARTEM	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>colistin (colistimethate sodium)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (30 per 10 days); NEDS
<i>dapsone oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<i>daptomycin intravenous reconstruction solution 500 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
EMVERM	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<i>ertapenem</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (14 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>gentamicin injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>gentamicin sulfate (ped) (pf)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>imipenem-cilastatin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
IMPAVIDO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>isoniazid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ivermectin oral tablet 3 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (20 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin oral tablet 6 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (8 per 30 days)
<i>lincomycin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>linezolid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>linezolid in dextrose 5%</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>linezolid-0.9% sodium chloride</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>mefloquine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>meropenem intravenous recon soln 1 gram, 2 gram</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (10 per 10 days)
<i>metro i.v.</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>metronidazole in nacl (iso-os)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>neomycin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nitazoxanide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (12 per 30 days); NEDS
<i>pentamidine inhalation</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; QL (1 per 28 days)
<i>pentamidine injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>praziquantel</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
PRIFTIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
PRIMAQUINE	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>pyrazinamide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>pyrimethamine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>rifabutin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>rifampin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
SIRTURO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
STREPTOMYCIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
<i>tigecycline</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>tinidazole</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
TOBI PODHALER	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (224 per 56 days); NEDS
<i>tobramycin in 0.225 % nacl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (280 per 28 days); NEDS
<i>tobramycin inhalation</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (224 per 28 days); NEDS

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection recon soln</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (4050 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (4 per 10 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin intravenous recon soln 500 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; NEDS
XIFAXAN ORAL TABLET 200 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (90 per 30 days); NEDS
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>amoxicillin oral suspension for reconstitution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>amoxicillin oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>amoxicillin-pot clavulanate oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ampicillin oral capsule 500 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>ampicillin sodium intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>ampicillin-sulbactam</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
<i>dicloxacillin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>nafcillin injection recon soln 10 gram</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>oxacillin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
<i>penicillin g potassium</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g sodium</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>penicillin v potassium</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>pfizerpen-g</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>piperacillin-tazobactam intravenous recon soln</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ciprofloxacin in 5 % dextrose</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>levofloxacin in d5w</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>levofloxacin intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>levofloxacin oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>moxifloxacin-sod.chloride(iso)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sulfamethoxazole-trimethoprim intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>sulfamethoxazole-trimethoprim oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<b>TETRACYCLINES</b>		
<i>demeclocycline</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>doxy-100</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>doxycycline hyclate intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>minocycline oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>minocycline oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>mondoxylene oral capsule 100 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tetracycline oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>methenamine hippurate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>methenamine mandelate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nitrofurantoin monohyd/m-cryst</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>trimethoprim</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<b>BOMYNTRA</b>	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>dexrazoxane hcl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
ELITEK	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
<i>leucovorin calcium oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>levoleucovorin calcium intravenous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
<i>mesna intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>mesna oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
WYOST	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
<b>ANTINEOPLAS TIC / IMMUNOSUPPR ESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (120 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone oral tablet 500 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (60 per 30 days); NEDS
<i>abirtega</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (120 per 30 days)
ADCETRIS	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
ADSTILADRIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
AKEEGA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (60 per 30 days); NEDS
ALECENSA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (240 per 30 days); NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
ALUNBRIG ORAL TABLETS,DOSE PACK	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 180 days); NEDS
<i>anastrozole</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
ANKTIVA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>arsenic trioxide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
ASPARLAS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
AUGTYRO ORAL CAPSULE 160 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
AUGTYRO ORAL CAPSULE 40 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (240 per 30 days); NEDS
AVMAPKI- FAKZYNJA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (66 per 28 days); NEDS
AYVAKIT	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (30 per 30 days); NEDS
<i>azacitidine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
<i>azathioprine oral tablet 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>azathioprine sodium</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA

Drug Name	Drug Tier	Requirements/Limits
BALVERSA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
BAVENCIO	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; LA; NEDS
BEIZRAY- ALBUMIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
BELEODAQ	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
<i>bendamustine intravenous recon soln</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
BENDEKA	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
BESPONSA	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; LA; NEDS
<i>bexarotene</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>bicalutamide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
BIZENGRI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
BLENREP	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>bleomycin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
BLINCYTO INTRAVENOUS KIT	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
<i>bortezomib injection recon soln 3.5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
BOSULIF ORAL CAPSULE 100 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (180 per 30 days); NEDS
BOSULIF ORAL CAPSULE 50 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (330 per 30 days); NEDS
BOSULIF ORAL TABLET 100 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (90 per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
BRAFTOVI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (180 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA ORAL TABLET	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (60 per 30 days); NEDS
<i>busulfan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
CABOMETYX	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (30 per 30 days); NEDS
CALQUENCE (ACALABRUTINIB MAL)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 100 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (30 per 30 days); NEDS
<i>carboplatin intravenous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>carmustine intravenous recon soln 100 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
<i>cisplatin intravenous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>cladribine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>clofarabine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
COLUMVI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (56 per 28 days); NEDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (112 per 28 days); NEDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (84 per 28 days); NEDS
COPIKTRA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (56 per 28 days); NEDS
COTELLIC	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (63 per 28 days); NEDS
<i>cyclophosphamide intravenous recon soln</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>cyclophosphamide oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
CYCLOPHOSPHA MIDE ORAL TABLET 50 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>cyclosporine oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
CYRAMZA	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
<i>cytarabine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>cytarabine (pf)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>dacarbazine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>dactinomycin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
DANYELZA	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
DANZITEN	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (112 per 28 days); NEDS
DARZALEX	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; LA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (30 per 30 days); NEDS
<i>dasatinib oral tablet 20 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (90 per 30 days); NEDS
<i>dasatinib oral tablet 70 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (60 per 30 days); NEDS
DATROWAY	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>daunorubicin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
DAURISMO ORAL TABLET 100 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
DAURISMO ORAL TABLET 25 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
<i>decitabine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
<i>docetaxel</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
<i>doxorubicin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin, peg-liposomal</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
DROXIA	\$0/\$4.90/ \$12.65 Tier-1 Brand	
ELAHERE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
ELIGARD	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
ELIGARD (3 MONTH)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
ELIGARD (4 MONTH)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
ELIGARD (6 MONTH)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
ELREXFIO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
ELZONRIS	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; LA; NEDS
EMPLICITI	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
EMRELIS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
ENSACOVE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (60 per 30 days); NEDS
ENVARBUS XR	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
EPKINLY	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
ERBITUX	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
<i>eribulin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
ERIVEDGE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 240 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 60 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (30 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib oral tablet 25 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (60 per 30 days); NEDS
ETOPOPHOS	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
<i>etoposide intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
EULEXIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<i>everolimus (antineoplastic) oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (30 per 30 days); NEDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (150 per 30 days); NEDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (90 per 30 days); NEDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (60 per 30 days); NEDS
<i>everolimus (immunosuppressive ) oral tablet 0.25 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>everolimus (immunosuppressive ) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>exemestane</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
<i>floxuridine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>fludarabine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>fluorouracil intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
FOTIVDA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (21 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 1 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (84 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 5 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (21 per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>fulvestrant</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
FYARRO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
GAVRETO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (120 per 30 days); NEDS
GAZYVA	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
<i>gefitinib</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (30 per 30 days); NEDS
<i>gemcitabine intravenous recon soln</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
<i>gengraf oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
GILOTRIF	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	
GLEOSTINE ORAL CAPSULE 100 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
GOMEKLI ORAL CAPSULE 1 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (126 per 28 days); NEDS
GOMEKLI ORAL CAPSULE 2 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (84 per 28 days); NEDS
GOMEKLI ORAL TABLET FOR SUSPENSION	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (168 per 28 days); NEDS
GRAFAPEX	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
HERNEXEOS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (90 per 30 days); NEDS
<i>hydroxyurea</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
HYRNUO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
IBRANCE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (21 per 28 days); NEDS
IBTROZI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (90 per 30 days); NEDS
ICLUSIG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
<i>idarubicin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
IDHIFA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (30 per 30 days); NEDS
<i>ifosfamide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>imatinib oral tablet 100 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (60 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 140 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (90 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL SUSPENSION	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (324 per 30 days); NEDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
IMDELLTRA	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; NEDS
IMFINZI	\$0/\$4.90/\$12.65 Tier-1 Brand	B/D PA; LA; NEDS
IMJUDO	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; NEDS
IMKELDI	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (280 per 28 days); NEDS
INLEXZO	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; LA; NEDS
INLURIYO	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; NEDS
INLYTA ORAL TABLET 1 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (180 per 30 days); NEDS
INLYTA ORAL TABLET 5 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
INQOVI	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (5 per 28 days); NEDS
INREBIC	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; LA; QL (120 per 30 days); NEDS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	B/D PA
<i>irinotecan intravenous solution 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	B/D PA; NEDS
ISTODAX	\$0/\$4.90/\$12.65 Tier-1 Brand	B/D PA; NEDS
ITOVEBI ORAL TABLET 3 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
ITOVEBI ORAL TABLET 9 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
IWILFIN	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; LA; QL (240 per 30 days); NEDS
IXEMPRA	\$0/\$4.90/\$12.65 Tier-1 Brand	B/D PA; NEDS
JAKAFI	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA ORAL TABLET 100 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 50 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
JEMPERLI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
JEVTANA	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
JYLAMVO	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
KADCYLA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
KEYTRUDA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
KEYTRUDA QLEX	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
KIMMTRAK	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (21 per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (42 per 28 days); NEDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (63 per 28 days); NEDS
KOMZIFTI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (90 per 30 days); NEDS
KOSELUGO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
KRAZATI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (180 per 30 days); NEDS
KYPROLIS	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>lapatinib</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (180 per 30 days); NEDS
LAZCLUZE ORAL TABLET 240 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (30 per 30 days); NEDS
LAZCLUZE ORAL TABLET 80 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (60 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (28 per 28 days); NEDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (90 per 30 days); NEDS
LENVIMA ORAL CAPSULE 14 MG/DAY (10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
<i>letrozole</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
LEUKERAN	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<i>leuprolide subcutaneous kit</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
LIBTAYO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>lomustine oral capsule 10 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>lomustine oral capsule 100 mg, 40 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
LONSURF	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
LOQTORZI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
LORBRENA ORAL TABLET 100 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
LORBRENA ORAL TABLET 25 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (90 per 30 days); NEDS
LUMAKRAS ORAL TABLET 120 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (240 per 30 days); NEDS
LUMAKRAS ORAL TABLET 240 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS
LUMAKRAS ORAL TABLET 320 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (90 per 30 days); NEDS
LUNSUMIO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
LUNSUMIO VELO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
LUPRON DEPOT	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
LYNOZYFIC	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
LYNPARZA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS
LYSODREN	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (84 per 28 days); NEDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (112 per 28 days); NEDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (140 per 28 days); NEDS
MATULANE	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>megestrol oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
MEKINIST ORAL RECON SOLN	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1260 per 30 days); NEDS
MEKINIST ORAL TABLET 0.5 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (90 per 30 days); NEDS
MEKINIST ORAL TABLET 2 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
MEKTOVI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (180 per 30 days); NEDS
<i>melphalan hcl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
<i>mercaptopurine oral suspension</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
<i>mercaptopurine oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>methotrexate sodium (pf)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>mitomycin intravenous recon soln 40 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
<i>mitoxantrone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
MODEYSO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (20 per 28 days); NEDS
MONJUVI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
<i>mycophenolate mofetil (hcl)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>mycophenolate mofetil oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>mycophenolate sodium</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
MYHIBBIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
MYLOTARG	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; LA; NEDS
NELARABINE	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
NEMLUVIO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2 per 28 days); NEDS
NERLYNX	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (112 per 28 days); NEDS
<i>nilotinib hcl oral capsule 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (120 per 30 days); NEDS
<i>nilutamide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
NINLARO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (3 per 28 days); NEDS
NUBEQA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (120 per 30 days); NEDS
NULOJIX	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>octreotide acetate injection syringe</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>octreotide, microspheres</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
ODOMZO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (30 per 30 days); NEDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (56 per 28 days); NEDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (96 per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (16 per 28 days); NEDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (20 per 28 days); NEDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (24 per 28 days); NEDS
OJJAARA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
ONCASPAR	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
ONIVYDE	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
ONUREG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (14 per 28 days); NEDS
OPDIVO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
OPDIVO QVANTIG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
OPDUALAG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
ORGOVYX	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (30 per 28 days); NEDS
ORSERDU ORAL TABLET 345 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
ORSERDU ORAL TABLET 86 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (90 per 30 days); NEDS
<i>oxaliplatin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>paclitaxel</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>paclitaxel protein-bound</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
PADCEV	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>pazopanib oral tablet 200 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (120 per 30 days); NEDS
PEMAZYRE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (28 per 28 days); NEDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
PERJETA	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (28 per 28 days); NEDS
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (56 per 28 days); NEDS
POLIVY	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>pomalidomide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (21 per 28 days); NEDS
POTELIGEO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>pralatrexate intravenous solution 20 mg/ml (1 ml)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
PRALATREXATE INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
PROGRAF INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
PROGRAF ORAL GRANULES IN PACKET	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
QINLOCK	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (90 per 30 days); NEDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (60 per 30 days); NEDS
RETEVMO ORAL TABLET 40 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (90 per 30 days); NEDS
REVUFORJ ORAL TABLET 110 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS
REVUFORJ ORAL TABLET 160 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
REVUFORJ ORAL TABLET 25 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (240 per 30 days); NEDS
REZLIDHIA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
REZUROCK	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (30 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>romidepsin intravenous recon soln</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
ROMVIMZA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (8 per 28 days); NEDS
ROZLYTREK ORAL CAPSULE 100 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (150 per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 200 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (90 per 30 days); NEDS
ROZLYTREK ORAL PELLETS IN PACKET	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (336 per 28 days); NEDS
RUBRACA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (120 per 30 days); NEDS
RUXIENCE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
RYBREVANT	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
RYBREVANT FASPRO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
RYDAPT	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (224 per 28 days); NEDS

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
RYLAZE	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
RYTELO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
SARCLISA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
SCEMBLIX ORAL TABLET 100 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (300 per 30 days); NEDS
SIGNIFOR	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
SIMULECT	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
SOLTAMOX	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>sorafenib</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (120 per 30 days); NEDS
STIVARGA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (84 per 28 days); NEDS
<i>sunitinib malate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (28 per 28 days); NEDS
SYLVANT	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
TABLOID	\$0/\$4.90/ \$12.65 Tier-1 Brand	
TABRECTA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
TAFINLAR ORAL CAPSULE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS
TAFINLAR ORAL TABLET FOR SUSPENSION	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (840 per 28 days); NEDS
TAGRISSO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (30 per 30 days); NEDS
TALVEY	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
TALZENNA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
<i>tamoxifen</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
TAZVERIK	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
TECENTRIQ	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; LA; NEDS
TECENTRIQ HYBREZA	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; LA; NEDS

Drug Name	Drug Tier	Requirements/Limits
TECVAYLI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
TEMODAR	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
<i>temsirolimus</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
TEPMETKO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
TEVIMBRA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
THALOMID ORAL CAPSULE 100 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (112 per 28 days); NEDS
THALOMID ORAL CAPSULE 50 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (28 per 28 days); NEDS
<i>thiotepa</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
TIBSOVO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
TIVDAK	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>topotecan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
<i>toremifene</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
<i>torpenz</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (30 per 30 days); NEDS
TRAZIMERA	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
<i>tretinoin</i> (antineoplastic)	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
TRODELVY	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
TRUQAP	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (64 per 28 days); NEDS
TUKYSA ORAL TABLET 150 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (120 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
TUKYSA ORAL TABLET 50 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (300 per 30 days); NEDS
TURALIO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (120 per 30 days); NEDS
UNITUXIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
<i>valrubicin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
VANFLYTA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (56 per 28 days); NEDS
VECTIBIX	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
VENCLEXTA ORAL TABLET 10 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (180 per 30 days); NEDS
VENCLEXTA ORAL TABLET 50 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (30 per 30 days); NEDS
VENCLEXTA STARTING PACK	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (42 per 180 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
VERZENIO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (60 per 30 days); NEDS
<i>vinblastine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>vincristine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>vinorelbine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (60 per 30 days); NEDS
VITRAKVI ORAL CAPSULE 25 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (180 per 30 days); NEDS
VITRAKVI ORAL SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (300 per 30 days); NEDS
VIZIMPRO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
VONJO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS
VORANIGO ORAL TABLET 10 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
VORANIGO ORAL TABLET 40 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
VYLOY	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
VYXEOS	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
WELIREG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
XALKORI ORAL CAPSULE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
XALKORI ORAL PELLET 150 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (180 per 30 days); NEDS
XALKORI ORAL PELLET 20 MG, 50 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS
XERMELO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (84 per 28 days); NEDS
XOSPATA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (90 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
XTANDI ORAL CAPSULE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 40 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 80 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
YERVOY	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
YONDELIS	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
ZALTRAP	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
ZEJULA ORAL TABLET	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (30 per 30 days); NEDS
ZELBORAF	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (224 per 28 days); NEDS
ZEPZELCA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
ZIIHERA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
ZIRABEV	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
ZOLADEX	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
ZOLINZA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS
ZYDELIG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
ZYKADIA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (90 per 30 days); NEDS
ZYNLONTA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
ZYNYZ	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS

**AUTONOMIC  
/ CNS DRUGS,  
NEUROLOGY  
/ PSYCH**

**ANTICONVULSANTS**

<i>brivaracetam intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (600 per 30 days)
<i>brivaracetam oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (600 per 30 days); NEDS
<i>brivaracetam oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days); NEDS
BRIVIACT INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (600 per 30 days); NEDS
BRIVIACT ORAL TABLET	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (60 per 30 days); NEDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral suspension</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>carbamazepine oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>carbamazepine oral tablet extended release 12 hr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>clobazam oral suspension</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (480 per 30 days)
<i>clobazam oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
<i>diazepam rectal</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
DILANTIN 30 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>divalproex</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
EPIDIOLEX	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
<i>eslicarbazepine oral tablet 200 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (180 per 30 days); NEDS
<i>eslicarbazepine oral tablet 400 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (90 per 30 days); NEDS
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days); NEDS
<i>ethosuximide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>felbamate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
FINTEPLA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (360 per 30 days); NEDS
<i>fosphenytoin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
FYCOMPA ORAL SUSPENSION	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (720 per 30 days); NEDS
<i>gabapentin oral capsule 100 mg, 400 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (360 per 30 days)
<i>gabapentin oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 450 mg, 750 mg, 900 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; QL (90 per 30 days)
<i>lacosamide intravenous</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (1200 per 30 days)
<i>lacosamide oral solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>lamotrigine oral tablet, chewable dispersible</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>lamotrigine oral tablet, disintegrating</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam intravenous</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>levetiracetam oral solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>levetiracetam oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>levetiracetam oral tablet extended release 24 hr</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	\$0/\$4.90/\$12.65 Tier-1 Brand	
<i>methsuximide</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
NAYZILAM	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>oxcarbazepine oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>perampanel oral suspension</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (720 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days); NEDS
<i>perampanel oral tablet 2 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days); NEDS
<i>phenobarbital</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>phenobarbital sodium injection solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>phenytoin oral suspension 125 mg/5 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>phenytoin oral tablet, chewable</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>phenytoin sodium extended</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>phenytoin sodium intravenous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>pregabalin oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>roweepra</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>rufinamide oral suspension</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>rufinamide oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
SPRITAM	\$0/\$4.90/ \$12.65 Tier-1 Brand	
SUBVENITE ORAL SUSPENSION	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<i>subvenite oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
SYMPAZAN ORAL FILM 5 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (60 per 30 days)
<i>tiagabine</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA
<i>topiramate oral solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA
<i>topiramate oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA
<i>valproate sodium</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>valproic acid</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>valproic acid (as sodium salt)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
VALTOCO	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (10 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; LA; NEDS
<i>vigadrone</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; LA; NEDS
XCOPRI MAINTENANCE PACK	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (56 per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (30 per 30 days); NEDS
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (60 per 30 days); NEDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (28 per 180 days); NEDS
ZONISADE	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; NEDS

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
ZTALMY	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (1100 per 30 days); NEDS

### ANTIPARKINSONISM AGENTS

<i>benztropine injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>benztropine oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>bromocriptine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>carbidopa</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>carbidopa-levodopa oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>carbidopa-levodopa oral tablet extended release</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>entacapone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (300 per 30 days); NEDS
NEUPRO	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>pramipexole oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>rasagiline</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ropinirole</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>selegiline hcl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>trihexyphenidyl oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
<i>dihydroergotamine nasal</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (8 per 28 days); NEDS
EMGALITY PEN	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>naratriptan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (18 per 28 days)
NURTEC ODT	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (16 per 30 days)
QULIPTA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (24 per 28 days)
<i>sumatriptan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (18 per 28 days)
<i>sumatriptan succinate oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (8 per 28 days)
UBRELVY	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (20 per 30 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS
AUSTEDO ORAL TABLET 6 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
AUSTEDO XR	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (28 per 180 days); NEDS
BRIUMVI	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (24 per 180 days); NEDS
<i>dalfampridine</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; QL (56 per 28 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; QL (60 per 30 days); NEDS
<i>donepezil</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>fingolimod</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; QL (30 per 30 days); NEDS
<i>galantamine</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; QL (30 per 30 days); NEDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; QL (12 per 28 days); NEDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; QL (30 per 30 days); NEDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; QL (12 per 28 days); NEDS
INGREZZA	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; LA; QL (30 per 30 days); NEDS
INGREZZA INITIATION PK(TARDIV)	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; LA; QL (28 per 180 days); NEDS
INGREZZA SPRINKLE	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; LA; QL (30 per 30 days); NEDS
KESIMPTA PEN	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (1.6 per 28 days); NEDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA
<i>memantine oral solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>memantine-donepezil</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
NUEDEXTA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
RADICAVA ORS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
RADICAVA ORS STARTER KIT SUSP	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>rivastigmine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>rivastigmine tartrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>teriflunomide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (30 per 30 days); NEDS
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (120 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
VUMERITY	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (120 per 30 days); NEDS
ZEPOSIA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
ZEPOSIA STARTER KIT (28-DAY)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (28 per 180 days); NEDS
ZEPOSIA STARTER PACK (7-DAY)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (7 per 180 days); NEDS
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>dantrolene</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
LIORESAL	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>revonto</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tizanidine oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
VYVGART	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
VYVGART HYTRULO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS

<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (180 per 30 days)
BELBUCA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl injection syringe</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>buprenorphine hcl sublingual</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>buprenorphine transdermal patch</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (4 per 28 days)
<i>endocet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (360 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone injection solution 2 mg/ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>hydromorphone oral liquid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (60 per 30 days)
<i>methadone injection solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>methadone intensol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (90 per 30 days)
<i>methadone oral concentrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (1200 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone oral tablet 10 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (240 per 30 days)
<i>methadose oral concentrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>morphine concentrate oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>morphine oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (900 per 30 days)
<i>morphine oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral tablet extended release</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (180 per 30 days)
<i>oxycodone oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (360 per 30 days)
SUBLOCADE	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<b>NON-NARCOTIC ANALGESICS</b>		
8 hour pain reliever	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
acetaminophen oral liquid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
acetaminophen oral solution	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
acetaminophen oral suspension 160 mg/5 ml (5 ml)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
acetaminophen oral suspension 325 mg/10.15 ml, 650 mg/20.3 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
acetaminophen oral syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
acetaminophen oral tablet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
acetaminophen oral tablet extended release	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
acetaminophen rectal	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
adult aspirin regimen	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
all day pain relief	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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Drug Name	Drug Tier	Requirements/Limits
all day relief	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
arthritis pain relief (acetam)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
aspirin oral tablet 325 mg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
aspirin oral tablet, chewable	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
aspirin rectal	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
aspirin, buffd-calcium carb-mag	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>buprenorphine-naloxone</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>butorphanol injection</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>butorphanol nasal</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (10 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
child pain rel-fever reducer	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
children's acetaminophen oral liquid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
children's acetaminophen oral suspension	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
children's ibuprofen	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
children's mapap oral tablet, chewable 80 mg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
children's pain relief oral suspension	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
children's pain reliever	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
children's pain-fever relief oral liquid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
children's pain-fever relief oral suspension	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>diclofenac potassium oral tablet 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>diclofenac sodium oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>diclofenac sodium topical drops</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (300 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (224 per 28 days); NEDS
<i>diclofenac-misoprostol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>diflunisal</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
dual action pain reliever	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ed-apap	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>etodolac</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
feverall rectal suppository 120 mg, 325 mg, 650 mg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
feverall rectal suppository 80 mg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>flurbiprofen oral tablet 100 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
histaflex	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>ibu</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
ibu-200	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ibuprofen ib oral tablet, chewable	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ibuprofen jr strength	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ibuprofen oral capsule	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>ibuprofen oral suspension</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
ibuprofen oral tablet 200 mg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
ibuprofen oral tablet, chewable	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ibuprofen-acetaminophen	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
infant's acetaminophen	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
infant's ibuprofen	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
infants' pain and fever	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
JOURNAVX	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (30 per 90 days)
KLOXXADO	\$0/\$4.90/\$12.65 Tier-1 Brand	
<i>lurbiro</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
mapap (acetaminophen) oral capsule	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>meloxicam oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (30 per 30 days)
m-pap	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>nabumetone</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>nalbuphine</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>naloxone injection solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>naloxone injection syringe</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
naloxone nasal	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>naltrexone</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>naproxen oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet, delayed release (dr/ec)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
naproxen sodium oral capsule	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
naproxen sodium oral tablet 220 mg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>oxaprozin oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
pain relief (acetaminophen) oral tablet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
pain relief (ibuprofen)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
pain relief es (acetaminophen)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
pain reliever (acetaminophen)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
pain reliever es (acetaminophen)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>salsalate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sulindac</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
tension headache	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>tramadol oral tablet 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (240 per 30 days)
tri-buffered aspirin	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
VIVITROL	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (2.4 per 56 days); NEDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (3.2 per 56 days); NEDS
ABILIFY MAINTENA	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (1 per 28 days); NEDS
<i>amitriptyline</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>amoxapine</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>amphetamine</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>aripiprazole oral solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (60 per 30 days)
ARISTADA INITIO	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (4.8 per 365 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (3.9 per 56 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (1.6 per 28 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (2.4 per 28 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (3.2 per 28 days); NEDS

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (30 per 30 days)
<i>asenapine maleate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
AUVELITY	\$0/\$4.90/ \$12.65 Tier-1 Brand	ST; QL (60 per 30 days)
BELSOMRA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
CAPLYTA	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
<i>chlorpromazine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>citalopram oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>citalopram oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>clomipramine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>clonidine hcl oral tablet extended release 12 hr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>clorazepate dipotassium oral tablet 15 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (360 per 30 days)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
COBENFY	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (60 per 30 days)
COBENFY STARTER PACK	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (56 per 180 days)
<i>desipramine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>desvenlafaxine succinate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dextroamphetamine-amphetamine oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>diazepam injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>diazepam intensol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (120 per 30 days)
<i>doxepin oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>doxepin oral concentrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>doxepin oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
EMSAM	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<i>escitalopram oxalate oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>eszopiclone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR	\$0/\$4.90/ \$12.65 Tier-1 Brand	ST; QL (30 per 30 days); NEDS
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	\$0/\$4.90/ \$12.65 Tier-1 Brand	ST; QL (32 per 180 days); NEDS
FANAPT	\$0/\$4.90/ \$12.65 Tier-1 Brand	ST; QL (60 per 30 days)
FANAPT TITRATION PACK A	\$0/\$4.90/ \$12.65 Tier-1 Brand	ST; QL (8 per 180 days)
FANAPT TITRATION PACK B	\$0/\$4.90/ \$12.65 Tier-1 Brand	ST; QL (12 per 180 days)
FANAPT TITRATION PACK C	\$0/\$4.90/ \$12.65 Tier-1 Brand	ST; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>flumazenil</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fluoxetine oral capsule 10 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>fluoxetine oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fluphenazine decanoate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fluphenazine hcl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fluvoxamine oral tablet 100 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>haloperidol decanoate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>haloperidol lactate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>imipramine hcl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (3.5 per 180 days); NEDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (5 per 180 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (0.75 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (1 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (1.5 per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (0.5 per 28 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (0.88 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (1.32 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (1.75 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (2.63 per 90 days); NEDS
<i>lithium carbonate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>lithium citrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>lorazepam injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam intensol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (150 per 30 days)
<i>loxapine succinate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
MARPLAN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>methylphenidate hcl oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>methylphenidate hcl oral tablet extended release</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>methylphenidate hcl oral tablet, chewable</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>mirtazapine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>modafinil oral tablet 100 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (60 per 30 days)
<i>molindone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nefazodone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nortriptyline</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
NUPLAZID	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine intramuscular</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>olanzapine oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (90 per 30 days); NEDS
OPIPZA ORAL FILM 2 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days); NEDS
OPIPZA ORAL FILM 5 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (180 per 30 days); NEDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet extended release 24 hr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>perphenazine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>phenelzine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>pimozide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>protriptyline</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
RALDESY	\$0/\$4.90/ \$12.65 Tier-1 Brand	ST; NEDS
<i>ramelteon</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
REXULTI ORAL TABLET	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (2 per 28 days); NEDS
<i>risperidone oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet,disintegrating 4 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
SECUADO	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days); NEDS
<i>sertraline oral concentrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sertraline oral tablet 100 mg, 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>sodium oxybate (preferred ndcs starting with 00054)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; LA; QL (540 per 30 days); NEDS
SPRAVATO NASAL SPRAY, NON- AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>thioridazine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>thiothixene</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>trazodone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>trifluoperazine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>trimipramine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
TRINTELLIX	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (90 per 30 days)
VERSACLOZ	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
<i>vilazodone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>ziprasidone hcl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>ziprasidone mesylate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>zolpidem oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (28 per 365 days); NEDS
ZURZUVAE ORAL CAPSULE 30 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (14 per 365 days); NEDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (2 per 28 days); NEDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (1 per 28 days); NEDS

**CARDIOVASCULAR,  
HYPERTENSION / LIPIDS**

**ANTIARRHYTHMIC AGENTS**

<i>adenosine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>amiodarone intravenous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>amiodarone oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dofetilide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>flecainide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>ibutilide fumarate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>lidocaine (pf) intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>mexiletine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
MULTAQ	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>procainamide injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>propafenone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>quinidine sulfate oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol af</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sotalol oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

**ANTIHYPERTENSIVE THERAPY**

<i>acebutolol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>aliskiren</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>amiloride</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>amiloride-hydrochlorothiazide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>amlodipine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>amlodipine-benazepril</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>amlodipine-olmesartan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>amlodipine-valsartan-hcthiiazid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>atenolol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>atenolol-chlorthalidone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>benazepril</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>benazepril-hydrochlorothiazide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>betaxolol oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>bisoprolol-hydrochlorothiazide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>bumetanide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>candesartan-hydrochlorothiazid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>captopril</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>captopril-hydrochlorothiazide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cartia xt</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>carvedilol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>chlorothiazide sodium</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>clonidine transdermal patch</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>diltiazem hcl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dilt-xr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
EDARBI	\$0/\$4.90/ \$12.65 Tier-1 Brand	
EDARBYCLOR	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>enalapril maleate oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>enalaprilat intravenous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>enalapril-hydrochlorothiazide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>eplerenone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>esmolol intravenous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ethacrynate sodium</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
<i>felodipine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fosinopril</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fosinopril-hydrochlorothiazide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>furosemide injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>furosemide oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>hydralazine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>indapamide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>irbesartan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>irbesartan-hydrochlorothiazide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>isosorbide-hydralazine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (180 per 30 days)
<i>isradipine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
KERENDIA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>lisinopril-hydrochlorothiazide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>losartan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>losartan-hydrochlorothiazide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>mannitol 20 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>mannitol 25 % intravenous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>matzim la</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>metolazone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>metoprolol succinate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>metoprolol ta-hydrochlorothiaz</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>metyrosine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>minoxidil oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>moexipril</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nadolol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nebivolol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nicardipine intravenous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nicardipine oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nifedipine oral tablet extended release</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release 24hr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nimodipine oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>olmesartan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>olmesartan-amlodipin-hcthiazid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>olmesartan-hydrochlorothiazide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>osmitrol 20 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>perindopril erbumine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>phentolamine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>pindolol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>prazosin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>quinapril</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>quinapril-hydrochlorothiazide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ramipril</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>spironolactone oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>spironolacton-hydrochlorothiaz</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>telmisartan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>telmisartan-amlodipine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>telmisartan-hydrochlorothiazid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin oral capsule 10 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>tiadylt er</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>timolol maleate oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>torse mide oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>trandolapril</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>trandolapril-verapamil</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>treprostinil sodium</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; LA; NEDS
<i>triamterene-hydrochlorothiazid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
UPTRAVI ORAL TABLET	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (60 per 30 days); NEDS
UPTRAVI ORAL TABLETS,DOSE PACK	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (200 per 180 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>valsartan-hydrochlorothiazide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>veletri</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>verapamil</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

### COAGULATION THERAPY

<i>aminocaproic acid intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>aminocaproic acid oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
<i>aspirin-dipyridamole</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
CABLIVI INJECTION KIT	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
CEPROTIN (BLUE BAR)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
CEPROTIN (GREEN BAR)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
<i>cilostazol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>clopidogrel oral tablet 300 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>clopidogrel oral tablet 75 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>dabigatran etexilate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>dipyridamole</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
DOPTELET (10 TAB PACK)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
DOPTELET (15 TAB PACK)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
DOPTELET (30 TAB PACK)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
ELIQUIS DVT-PE TREAT 30D START	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (74 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS ORAL TABLET	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (60 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (140 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 1.5 MG (0.5 MG X 3)	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (420 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (560 per 28 days)
ELIQUIS SPRINKLE	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (70 per 28 days)
<i>eltrombopag olamine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>enoxaparin subcutaneous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (16.8 per 28 days)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>heparin (porcine) in 5 % dex</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>heparin (porcine) injection cartridge</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>heparin (porcine) injection solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
HEPARIN (PORCINE) INJECTION SYRINGE 5,000 UNIT/ML	\$0/\$1.60/ \$5.10 Tier-1 Generic	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	

Drug Name	Drug Tier	Requirements/Limits
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	\$0/\$1.60/ \$5.10 Tier-1 Generic	
HEPARIN, PORCINE (PF) INJECTION SYRINGE	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>jantoven</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>pentoxifylline</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>phytonadione (vitamin K1) injection solution 10 mg/mL</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>phytonadione (vitamin K1) oral tablet 5 mg</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>prasugrel hcl</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>protamine</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>rivaroxaban oral suspension for reconstitution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (775 per 28 days)
<i>rivaroxaban oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>ticagrelor</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>vitamin K</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Vitamin K1 injection</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>warfarin</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
XARELTO DVT-PE TREAT 30D START	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (51 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (60 per 30 days)

### LIPID/CHOLESTEROL LOWERING AGENTS

<i>amlodipine-atorvastatin</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>atorvastatin</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>cholestyramine light</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>colesevelam</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>colestipol</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>ezetimibe</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fenofibrate nanocrystallized</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fenofibric acid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fenofibric acid (choline)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fluvastatin oral capsule 20 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>gemfibrozil</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>icosapent ethyl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin oral tablet 10 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
NEXLETOL	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
NEXLIZET	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
niacin oral capsule, extended release 500 mg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>niacin oral tablet 500 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>niacin oral tablet extended release 24 hr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>omega-3 acid ethyl esters</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>pitavastatin calcium</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>pravastatin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>prevalite</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
REPATHA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (6 per 28 days)
REPATHA SURECLICK	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>simvastatin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)

**MISCELLANEOUS  
CARDIOVASCULAR AGENTS**

CAMZYOS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
<i>digoxin oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dobutamine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>dopamine in 5 % dextrose</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
ENTRESTO SPRINKLE	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (240 per 30 days)
<i>ivabradine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>milrinone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>milrinone in 5 % dextrose</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>norepinephrine bitartrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ranolazine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>sacubitril-valsartan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
VERQUVO	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
VYNDAMAX	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
VYNDAQEL	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS

### NITRATES

<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>isosorbide mononitrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nitro-bid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nitroglycerin sublingual</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nitroglycerin transdermal patch 24 hour</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nitroglycerin translingual</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<b>DERMATOLOGICALS/TOPIICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHOIC</b>		
<i>acitretin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>calcipotriene scalp</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>calcipotriene topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
COSENTYX (2 SYRINGES)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (10 per 28 days); NEDS
COSENTYX INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (20 per 28 days); NEDS
COSENTYX PEN	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (5 per 28 days); NEDS
COSENTYX PEN (2 PENS)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (10 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (5 per 28 days); NEDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2.5 per 28 days); NEDS
COSENTYX UNOREADY PEN	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (10 per 28 days); NEDS
OTULFI INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (104 per 180 days); NEDS
OTULFI SUBCUTANEOUS SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 28 days); NEDS
PYZCHIVA INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (104 per 180 days); NEDS
PYZCHIVA SUBCUTANEOUS SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (0.5 per 28 days)
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (0.5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA SUBCUTANEOUS SYRINGE 90 MG/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 28 days); NEDS
SELARSDI INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (104 per 180 days); NEDS
SELARSDI SUBCUTANEOUS SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 28 days); NEDS
<i>selenium sulfide topical lotion</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2 per 84 days); NEDS
SKYRIZI SUBCUTANEOUS SYRINGE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2 per 84 days); NEDS
STELARA INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (104 per 180 days); NEDS
STELARA SUBCUTANEOUS SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (0.5 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
TREMFYA INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (20 per 28 days); NEDS
TREMFYA ONE-PRESS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2 per 28 days); NEDS
TREMFYA PEN	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2 per 28 days); NEDS
TREMFYA PEN INDUCTION PK(2PEN)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (12 per 180 days); NEDS
TREMFYA SUBCUTANEOUS SYRINGE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2 per 28 days); NEDS
USTEKINUMAB INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (104 per 180 days); NEDS
USTEKINUMAB SUBCUTANEOUS SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (0.5 per 28 days); NEDS
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (0.5 per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
YESINTEK INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (104 per 180 days); NEDS
YESINTEK SUBCUTANEOUS SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 28 days); NEDS
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ADBRY	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (6 per 28 days); NEDS
<i>ammonium lactate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>chloroprocaine (pf)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dermacinrx lidocan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (100 per 28 days)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (4.56 per 28 days); NEDS
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (8 per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (4.56 per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (8 per 28 days); NEDS
EUCRISA	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>fluorouracil topical solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>glydo</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>lidocaine (pf) injection solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl injection solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>lidocaine hcl laryngotracheal</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>lidocaine hcl mucous membrane jelly</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; QL (90 per 30 days)
lidocaine topical cream 4 %	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>lidocaine topical ointment</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (50 per 30 days)
<i>lidocaine viscous</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>lidocaine-epinephrine</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>lidocaine-prilocaine topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>lidocan iii</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (90 per 30 days)
<i>lidocan iv</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (90 per 30 days)
<i>lidocan v</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (90 per 30 days)
<i>methoxsalen</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
PANRETIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>pimecrolimus</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (100 per 30 days)
<i>podofilox topical solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>polocaine injection solution 1 % (10 mg/ml)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>polocaine-mpf</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
SANTYL	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (180 per 30 days)
<i>silver sulfadiazine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ssd</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tacrolimus topical</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (100 per 30 days)
<i>tridacaine ii</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (90 per 30 days)
VALCHLOR	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS

### THERAPY FOR ACNE

<i>acutane</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
acne medication topical gel 10 %	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
acne medication topical gel 5 %	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>adapalene topical cream</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
adapalene topical gel 0.1 %	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>adapalene topical gel 0.3 %</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>adapalene topical gel with pump</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>amnesteem</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>azelaic acid</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
benzoyl peroxide topical cleanser 5 %	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
benzoyl peroxide topical gel 10 %, 2.5 %, 5 %	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>claravis</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate topical gel</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (120 per 30 days)
DIFFERIN TOPICAL CREAM	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
DIFFERIN TOPICAL GEL WITH PUMP	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
DIFFERIN TOPICAL LOTION	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>ery pads</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>erythromycin with ethanol topical solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
FABIOR	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>metronidazole topical</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tazarotene topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>tazarotene topical gel</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>tretinoin topical</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>zenatane</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

<b>TOPICAL ANTIBACTERIALS</b>		
betadine topical solution	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
first aid antibiotic topical ointment 3.5mg-400 unit-5,000 unit/gram	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
first aid antiseptic(povidone) topical ointment	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>gentamicin topical</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>mupirocin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (44 per 30 days)
povidone-iodine topical solution 10 %	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>sulfacetamide sodium (acne)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
triple antibiotic topical ointment	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

<b>TOPICAL ANTIFUNGALS</b>		
antifungal (clotrimazole)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
antifungal (tolnaftate) topical cream	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
athlete's foot (clotrimazole) topical cream	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclodan topical solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (90 per 28 days)
<i>ciclopirox topical gel</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 28 days)
<i>ciclopirox topical solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 28 days)
<i>clotrimazole topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (45 per 28 days)
<i>clotrimazole topical solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (85 per 28 days)
<i>ketconazole topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 28 days)
<i>ketconazole topical shampoo</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 28 days)
<i>klayesta</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (180 per 30 days)
lotrimin af (clotrimazole) topical cream	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
miconazole nitrate topical cream	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
miconazole nitrate topical solution with applicator	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
micotrin ac	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
mycozyl ac	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>naftifine topical gel</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nyamyc</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (180 per 30 days)
<i>nystatin topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 28 days)
<i>nystatin topical ointment</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 28 days)
<i>nystatin topical powder</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (180 per 30 days)
<i>nystatin- triamcinolone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 28 days)
<i>nystop</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (180 per 30 days)
tolnaftate topical cream	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
tolnaftate topical powder	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>penciclovir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (5 per 30 days)
<b>TOPICAL CORTICOSTER OIDS</b>		
<i>ala-cort topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>alclometasone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
anti-itch (hc) topical cream	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>betamethasone dipropionate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>betamethasone valerate topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>betamethasone valerate topical lotion</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>betamethasone valerate topical ointment</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>betamethasone, augmented</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol scalp</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (100 per 28 days)
<i>clobetasol topical cream 0.05 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 28 days)
<i>clobetasol topical foam</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (100 per 28 days)
<i>clobetasol topical gel</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 28 days)
<i>clobetasol topical lotion</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (118 per 28 days)
<i>clobetasol topical ointment</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 28 days)
<i>desonide topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>desonide topical ointment</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocinolone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fluocinolone and shower cap</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fluocinonide topical cream 0.05 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>fluocinonide topical gel</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>fluocinonide topical solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>fluocinonide-emollient</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fluticasone propionate topical ointment</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>halobetasol propionate topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate topical ointment</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
hydrocortisone acetate topical cream	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
hydrocortisone plus	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
hydrocortisone topical cream 0.5 %	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>hydrocortisone topical lotion 2.5 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
hydrocortisone-aloe vera topical cream 1 %	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
itch relief (hc) with aloe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>mometasone topical</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>triamcinolone acetonide topical lotion</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>triderm topical cream 0.5 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
lice killing	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
lice killing (permethrin)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
lice treatment topical liquid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>malathion</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>permethrin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<b>DIAGNOSTIC S / MISCELLANEOUS AGENTS</b>		
<b>ANTIDOTES</b>		

<i>acetylcysteine intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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<b>IRRIGATING SOLUTIONS</b>		
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<i>lactated ringers irrigation</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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<i>neomycin-polymyxin b gu</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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<i>ringer's irrigation</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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<b>MISCELLANEOUS AGENTS</b>		
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<i>acamprosate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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<i>acetic acid irrigation</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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<i>anagrelide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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Drug Name	Drug Tier	Requirements/Limits
<i>benzphetamine</i>	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug)
<i>caffeine citrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>carglumic acid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>cevimeline</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
CHEMET	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
CLINIMIX 4.25%/D5W SULFIT FREE	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>d2.5 %-0.45 % sodium chloride</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>d5 % and 0.9 % sodium chloride</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>d5 %-0.45 % sodium chloride</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox oral granules in packet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>deferasirox oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>deferasirox oral tablet, dispersible 125 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>deferiprone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>deferoxamine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>dextrose 10 % and 0.2 % nacl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dextrose 10 % in water (d10w)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dextrose 25 % in water (d25w)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dextrose 5 % in water (d5w)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5 %-lactated ringers</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dextrose 5%-0.2 % sod chloride</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dextrose 5%-0.3 % sod.chloride</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dextrose 50 % in water (d50w)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dextrose 70 % in water (d70w)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>diethylpropion</i>	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug)
<i>disulfiram</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>droxidopa oral capsule 100 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>droxidopa oral capsule 200 mg, 300 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>glutamine (sickle cell)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
IMCIVREE	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug)
INCRELEX	\$0/\$4.90/\$12.65 Tier-1 Brand	LA; NEDS
<i>kionex oral suspension</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>levocarnitine (with sugar)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>levocarnitine oral solution 100 mg/ml</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>levocarnitine oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>liraglutide (weight loss)</i>	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug); QL (15 per 30 days)
LOKELMA	\$0/\$4.90/\$12.65 Tier-1 Brand	
LOMAIRA	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
<i>midodrine</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>nitisinone</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; NEDS
ORLISTAT	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug); QL (90 per 30 days)
<i>phendimetrazine tartrate</i>	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug)
<i>phentermine</i>	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug)
<i>phentermine-topiramate</i>	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug)
<i>pilocarpine hcl oral</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
PROLASTIN-C INTRAVENOUS SOLUTION	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; LA; NEDS
REVCovi	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; LA; NEDS

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
REZDIFFRA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
<i>riluzole</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>risedronate oral tablet 30 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
SAXENDA	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (15 per 30 days)
<i>sevelamer carbonate oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>sodium benzoate-sodium phenylacet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
<i>sodium chloride 0.9 % intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sodium chloride irrigation</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sodium phenylbutyrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>sodium polystyrene sulfonate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>sps (with sorbitol)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>trientine oral capsule 250 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
VELTASSA	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>water for irrigation, sterile</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug); QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug); QL (3 per 28 days)
XENICAL	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug); QL (90 per 30 days)
XIAFLEX	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
ZEPBOUND KWIKPEN	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug); QL (2.4 per 28 days)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug); QL (2 per 28 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug); QL (2 per 28 days)
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
nicotine	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (28 per 28 days)
nicotine (polacrilex) buccal gum	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (306 per 34 days)

Drug Name	Drug Tier	Requirements/Limits
nicotine (polacrilex) buccal lozenge 2 mg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (306 per 34 days)
nicotine (polacrilex) buccal lozenge 4 mg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (306 per 34 days)
nicotine (polacrilex) buccal mini lozenge	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (306 per 34 days)
NICOTROL NS	\$0/\$4.90/\$12.65 Tier-1 Brand	
<i>varenicline tartrate</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

## EAR, NOSE / THROAT MEDICATIONS

### MISCELLANEOUS AGENTS

<i>azelastine nasal</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>denta 5000 plus</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dentagel</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fluoride (sodium) dental cream</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fluoride (sodium) dental gel</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fluoride (sodium) dental paste</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ipratropium bromide nasal spray,non- aerosol 21 mcg (0.03 %)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>ipratropium bromide nasal spray,non- aerosol 42 mcg (0.06 %)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 20 days)
<i>kourzeq</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>periogard</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sf</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>sf 5000 plus</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sodium fluoride 5000 dry mouth</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sodium fluoride 5000 plus</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sodium fluoride-pot nitrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>triamcinolone acetonide dental</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<b>MISCELLANEOUS US OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ciprofloxacin hcl otic (ear)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>flac otic oil</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fluocinolone acetonide oil</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone-acetic acid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ofloxacin otic (ear)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

### OTIC STEROID / ANTIBIOTIC

<i>ciprofloxacin-dexamethasone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

### ENDOCRINE/ DIABETES

#### ADRENAL HORMONES

<i>cortisone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dexamethasone intensol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dexamethasone oral elixir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dexamethasone oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dexamethasone sodium phosphate injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fludrocortisone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>hydrocortisone oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>methylprednisolone acetate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>methylprednisolone oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>methylprednisolone oral tablets, dose pack</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>methylprednisolone sodium succ intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>prednisone intensol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>prednisone oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>prednisone oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>prednisone oral tablets, dose pack</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>triamcinolone acetonide injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (180 per 30 days)
ACCU-CHEK GUIDE TEST STRIPS	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>alcohol pads</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
BAQSIMI	\$0/\$4.90/ \$12.65 Tier-1 Brand	
DAPAGLIFLOZIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
<i>diazoxide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
DROPSAFE ALCOHOL PREP PADS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (2.4 per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (1.2 per 30 days)
FARXIGA	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
FIASP PENFILL U-100 INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
FIASP U-100 INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
FREESTYLE INSULINX STRIP	\$0/\$4.90/ \$12.65 Tier-1 Brand	
FREESTYLE INSULINX TEST STRIPS	\$0/\$4.90/ \$12.65 Tier-1 Brand	
FREESTYLE LITE STRIPS	\$0/\$4.90/ \$12.65 Tier-1 Brand	

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PRECISION NEO STRIPS	\$0/\$4.90/ \$12.65 Tier-1 Brand	
FREESTYLE TEST	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>glimepiride oral tablet 1 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (120 per 30 days)
GLYXAMBI	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (30 per 30 days)
GVOKE	\$0/\$4.90/\$12.65 Tier-1 Brand	
GVOKE HYPOPEN 1-PACK	\$0/\$4.90/\$12.65 Tier-1 Brand	
GVOKE HYPOPEN 2-PACK	\$0/\$4.90/\$12.65 Tier-1 Brand	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	\$0/\$4.90/\$12.65 Tier-1 Brand	
HUMALOG JUNIOR KWIKPEN U-100	\$0/\$4.90/\$12.65 Tier-1 Brand	

Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN INSULIN	\$0/\$4.90/\$12.65 Tier-1 Brand	
HUMALOG MIX 50-50 KWIKPEN	\$0/\$4.90/\$12.65 Tier-1 Brand	
HUMALOG MIX 75-25 KWIKPEN	\$0/\$4.90/\$12.65 Tier-1 Brand	
HUMALOG MIX 75-25(U-100)INSULN	\$0/\$4.90/\$12.65 Tier-1 Brand	
HUMALOG U-100 INSULIN	\$0/\$4.90/\$12.65 Tier-1 Brand	
HUMULIN 70/30 U-100 INSULIN	\$0/\$4.90/\$12.65 Tier-1 Brand	
HUMULIN 70/30 U-100 KWIKPEN	\$0/\$4.90/\$12.65 Tier-1 Brand	
HUMULIN N NPH INSULIN KWIKPEN	\$0/\$4.90/\$12.65 Tier-1 Brand	
HUMULIN N NPH U-100 INSULIN	\$0/\$4.90/\$12.65 Tier-1 Brand	
HUMULIN R REGULAR U-100 INSULN	\$0/\$4.90/\$12.65 Tier-1 Brand	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
HUMULIN R U-500 (CONC) KWIKPEN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
INPEFA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days)
INSULIN LISPRO	\$0/\$4.90/ \$12.65 Tier-1 Brand	
INSULIN LISPRO PROTAMIN-LISPRO	\$0/\$4.90/ \$12.65 Tier-1 Brand	
JANUMET	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (60 per 30 days)
JANUVIA	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
JENTADUETO	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
LANTUS U-100 INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>liraglutide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (9 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
LYUMJEV KWIKPEN U-200 INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
LYUMJEV U-100 INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet 1,000 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
MOUNJARO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
NOVOLIN 70-30 FLEXPEN U-100	\$0/\$4.90/ \$12.65 Tier-1 Brand	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
NOVOLIN N NPH U-100 INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
NOVOLIN R FLEXPEN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
NOVOLIN R REGULAR U100 INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
NOVOLOG FLEXPEN U-100 INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
NOVOLOG MIX 70-30 U-100 INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
NOVOLOG MIX 70-30 FLEXPEN U-100	\$0/\$4.90/ \$12.65 Tier-1 Brand	
NOVOLOG PENFILL U-100 INSULIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
NOVOLOG U-100 INSULIN ASPART	\$0/\$4.90/ \$12.65 Tier-1 Brand	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (3 per 28 days)
<i>pioglitazone</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (30 per 30 days)
PRECISION XTRA TEST	\$0/\$4.90/\$12.65 Tier-1 Brand	
<i>repaglinide oral tablet 0.5 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (240 per 30 days)
RYBELSUS	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (30 per 30 days)
<i>saxagliptin</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (30 per 30 days)
SOLQUA 100/33	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (15 per 25 days)
SYNJARDY	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	\$0/\$4.90/\$12.65 Tier-1 Brand	
TOUJEO SOLOSTAR U-300 INSULIN	\$0/\$4.90/\$12.65 Tier-1 Brand	
TRADJENTA	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5- 1,000 MG, 5-2.5- 1,000 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (60 per 30 days)
TRULICITY	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (60 per 30 days)

### MISCELLANEOUS HORMONES

ALDURAZYME	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>cabergoline</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>calcitonin (salmon) injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
<i>calcitonin (salmon) nasal</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>calcitriol oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cinacalcet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>clomid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>clomiphene citrate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
CRYSVITA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
<i>danazol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>desmopressin injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>desmopressin nasal spray with pump</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>doxercalciferol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
ELAPRASE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
FABRAZYME	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
KANUMA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
LUMIZYME	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
MEPSEVII	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>mifepristone oral tablet 300 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>milophene</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
NAGLAZYME	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate intravenous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>paricalcitol intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>paricalcitol oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
RAYALDEE	\$0 - Medicaid Benefit Drug	PA; * (Medicaid Benefit Drug)
<i>sapropterin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
SOMAVERT	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
STRENSIQ	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
<i>testosterone cypionate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>testosterone enanthate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>testosterone transdermal gel</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (300 per 30 days)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (180 per 30 days)
<i>tolvaptan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>tolvaptan (polycystic kidney dis)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
VIMIZIM	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid intravenous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<b>THYROID HORMONES</b>		
<i>levo-t</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>levothyroxine intravenous recon soln</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>levothyroxine oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>liomny</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>liothyronine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>unithroid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
anti-diarrheal (loperamide) oral capsule	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
anti-diarrheal (loperamide) oral liquid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
anti-diarrheal (loperamide) oral tablet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
bismuth subsalicylate oral tablet, chewable	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>dicyclomine intramuscular</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>dicyclomine oral capsule</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>dicyclomine oral solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>dicyclomine oral tablet 20 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate-atropine</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>glycopyrrolate injection</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>loperamide oral capsule</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
loperamide oral liquid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>opium tincture</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
pink bismuth oral suspension 525 mg/15 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
pink bismuth oral tablet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
stomach relief	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

**MISCELLANEOUS GASTROINTESTINAL AGENTS**

acid gone antacid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
almacone-2	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>alosetron oral tablet 0.5 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA
<i>alosetron oral tablet 1 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA; NEDS
aluminum hydroxide gel	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
alum-mag hydroxide-simeth	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
antacid anti-gas oral suspension 400-400-40 mg/5 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
antacid regular strength	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
antacid-antigas oral suspension 200-200-20 mg/5 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
antacid-antigas oral suspension 400-400-40 mg/5 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>aprepitant</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	B/D PA
<i>balsalazide</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>betaine</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	NEDS
bisacodyl	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>budesonide oral capsule, delayed, extended release</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>budesonide oral tablet, delayed and extended release</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	NEDS
CIMZIA	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (2 per 28 days); NEDS
CIMZIA POWDER FOR RECONST	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (2 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA STARTER KIT	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (3 per 180 days); NEDS
CINVANTI	\$0/\$4.90/\$12.65 Tier-1 Brand	
clearlax oral powder in packet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
colace	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>compro</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>constulose</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
CORTIFOAM	\$0/\$4.90/\$12.65 Tier-1 Brand	
CREON	\$0/\$4.90/\$12.65 Tier-1 Brand	
<i>cromolyn oral</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>dimenhydrinate injection solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
docusate sodium oral capsule	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
docusate sodium oral liquid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>dronabinol</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA
<i>droperidol injection solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>enulose</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
fleet bisacodyl oral	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
fleet docusate	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
fleet enema	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
fleet pediatric	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>fosaprepitant</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
GATTEX 30-VIAL	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
GATTEX ONE-VIAL	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>gavilyte-c</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>gavilyte-g</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>gavilyte-n</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>generlac</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
gentle laxative (bisacodyl)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>granisetron hcl intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>granisetron hcl oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA

Drug Name	Drug Tier	Requirements/Limits
healthylax	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
heartburn relief oral suspension	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>hydrocortisone rectal</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>hydrocortisone topical cream with perineal applicator</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
INFLIXIMAB	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (20 per 28 days); NEDS
<i>lactulose oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
laxative (bisacodyl) oral tablet, delayed release (dr/ec)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
LINZESS	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
LIVDELZI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
<i>lubiprostone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
mag-al	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
mag-al plus	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
mag-al plus extra strength	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
magnesium oxide 400 mg tablet (otc)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>mesalamine</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>mesalamine with cleansing wipe</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>metoclopramide hcl injection</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>metoclopramide hcl oral solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>metoclopramide hcl oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
mintox maximum strength	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>nitroglycerin rectal</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>ondansetron hcl (pf)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>ondansetron hcl intravenous</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>ondansetron hcl oral solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	B/D PA
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	B/D PA
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>palonosetron intravenous syringe</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>peg 3350-electrolytes</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>peg-electrolyte</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
polyethylene glycol 3350 oral powder in packet 17 gram	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>prochlorperazine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>prochlorperazine maleate oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>procto-med hc</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>proctosol hc topical</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
proctozone-b	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>proctozone-hc</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
ready-to-use enema	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	ST; QL (18 per 30 days); NEDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	ST; QL (18 per 30 days); NEDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	ST; QL (12 per 30 days); NEDS
REMICADE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (20 per 28 days); NEDS
<i>scopolamine base</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
SKYRIZI INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 180 days); NEDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1.2 per 56 days); NEDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2.4 per 56 days); NEDS
sodium bicarbonate oral	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium,potassium,mag sulfates</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
stool softener (docusate cal)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
stool softener oral capsule 100 mg, 250 mg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
SUCRAID	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>sulfasalazine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
SYMPROIC	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
TRULANCE	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ursodiol oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
VARUBI	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA

Drug Name	Drug Tier	Requirements/Limits
VIBERZI	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (60 per 30 days); NEDS
VOWST	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
women's gentle laxative(bisac)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	\$0/\$4.90/ \$12.65 Tier-1 Brand	
ZYMFENTRA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2 per 28 days); NEDS
<b>ULCER THERAPY</b>		
acid reducer (famotidine)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
acid reducer complete (famot)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
acid reducer-antacid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>cimetidine oral tablet 200 mg</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
dual action complete	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>esomeprazole sodium</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>famotidine (pf)-nacl (iso-os)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>famotidine intravenous solution 10 mg/ml</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
famotidine oral tablet 10 mg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
heartburn relief (famotidine)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>misoprostol</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
omeprazole magnesium oral capsule, delayed release(dr/ec)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (60 per 30 days)
omeprazole oral tablet, delayed release (dr/ec)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>sucralfate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

**IMMUNOLOGY, VACCINES / BIOTECHNOLOGY**  
**BIOTECHNOLOGY DRUGS**

ACTIMMUNE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
ARCALYST	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 28 days); NEDS
AVONEX INTRAMUSCULAR SYRINGE KIT	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
BESREMI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; NEDS
BETASERON SUBCUTANEOUS KIT	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (14 per 28 days); NEDS
FULPHILA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
ILARIS (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (2 per 28 days); NEDS
NIVESTYM	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
NYVEPRIA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
OMNITROPE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
PEGASYS SUBCUTANEOUS SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (4 per 28 days); NEDS
PEGASYS SUBCUTANEOUS SYRINGE	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (2 per 28 days); NEDS
PLEGRIDY INTRAMUSCULAR	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 28 days); NEDS

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 180 days); NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 180 days); NEDS
<i>plerixafor</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; NEDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
RELEUKO SUBCUTANEOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<b>VACCINES / MISCELLANEO US IMMUNOLOGIC ALS</b>		
ABRYSVO (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
ACTHIB (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	
ADACEL(TDAP ADOLESN/ADULT ) (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
AREXVY (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
BCG VACCINE, LIVE (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
BEXSERO	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
BOOSTRIX TDAP	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
DAPTACEL (DTAP PEDIATRIC) (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	
DENGVAXIA (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	
ENGERIX-B (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; V
<i>fomepizole</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
GAMASTAN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
GAMUNEX-C	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
GARDASIL 9 (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	
HEPLISAV-B (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; V
HIBERIX (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	
HYPERHEP B	\$0/\$4.90/ \$12.65 Tier-1 Brand	
HYPERHEP B NEONATAL	\$0/\$4.90/ \$12.65 Tier-1 Brand	
IMOVAX RABIES VACCINE (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; V
INFANRIX (DTAP) (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	
IPOL	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
IXIARO (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
JYNNEOS (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; V
KINRIX (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	
MENQUADFI (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
MENVEO A-C-Y-W-135-DIP (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
M-M-R II (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
MRESVIA (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
PEDIARIX (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	
PEDVAX HIB (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	
PENBRAYA (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
PENMENVY MEN A-B-C-W-Y (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V

Drug Name	Drug Tier	Requirements/Limits
PENTACEL (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	
PRIORIX (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
PROQUAD (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	
QUADRACEL (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	
RABAVERT (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; V
RECOMBIVAX HB (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; V
ROTARIX ORAL SUSPENSION	\$0/\$4.90/ \$12.65 Tier-1 Brand	
ROTATEQ VACCINE	\$0/\$4.90/ \$12.65 Tier-1 Brand	
SHINGRIX (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V; QL (2 per 720 days)
TENIVAC (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
TICE BCG	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
TRUMENBA	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
TWINRIX (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
TYPHIM VI	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	V

Drug Name	Drug Tier	Requirements/Limits
VARIVAX (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
VARIZIG	\$0/\$4.90/ \$12.65 Tier-1 Brand	
VAXCHORA VACCINE	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
VIMKUNYA	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
VIVOTIF	\$0/\$4.90/ \$12.65 Tier-1 Brand	V
XEMBIFY	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; LA; NEDS
YF-VAX (PF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	V

## MISCELLANEOUS SUPPLIES

### MISCELLANEOUS SUPPLIES

ACCU-CHEK GUIDE GLUCOSE METER	\$0/\$4.90/ \$12.65 Tier-1 Brand	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK GUIDE ME GLUCOSE MTR	\$0/\$4.90/ \$12.65 Tier-1 Brand	
advocate syringes syringe 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
aimsco latex condom	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
allergist tray 1/2 ml 27gx3/8"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
allergist tray intra dermal bev	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
allergist tray regular bevel	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
allergy syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
NOVO PEN NEEDLE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
bd allergist tray reg bevel syringe 1 ml 27 x 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
bd blunt plastic cannula syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
bd eclipse luer-lok syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
bd integra syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
bd luer-lok syringe syringe 1 ml 20 gauge x 1", 10 ml 20 x 1 1/2", 10 ml 20 x 1", 10 ml 21 gauge x 1", 10 ml 21 x 1 1/2", 3 ml, 3 ml 18 x 1 1/2", 3 ml 20 gauge x 1 1/2", 3 ml 20 gauge x 1", 3 ml 21 gauge x 1 1/2", 3 ml 21 gauge x 1", 3 ml 23 gauge x 1 1/2", 3 ml 23 x 1", 3 ml 25 gauge x 1", 3 ml 25 x 1 1/2 ", 3 ml 25 x 5/8", 5 ml 20 x 1 1/2", 5 ml 20 x 1", 5 ml 21 gauge x 1 1/2", 5 ml 21 gauge x 1"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
bd safetyglide allergist tray	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
bd safetyglide insulin syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
bd safetyglide shielding reg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
bd safetyglide syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
bd safetyglide tb reg bevel	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
bd safetyglide tuberculin syringe 1 ml 27 gauge x 3/8"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
bd slip tip syringe syringe 1 ml 26 gauge x 5/8", 3 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
bd tuberculin slip-tip syringe 1 ml 27 gauge x 3/8"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
bd tuberculin syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
carepoint luer lock syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
carepoint luer lock syr-needle syringe 3 ml 20 gauge x 1 1/2", 3 ml 21 gauge x 1 1/2", 3 ml 21 gauge x 1", 3 ml 22 gauge x 1", 3 ml 23 gauge x 1 1/2", 3 ml 25 gauge x 1", 3 ml 25 x 5/8"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
carepoint luer slip syring-ndl	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
carepoint precision luer lock	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
carepoint precision safety	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
carepoint safety ll syr-needle	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
caretouch insulin syringe syringe 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 x 5/16", 1 ml 29 gauge x 5/16, 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
caretouch luer lock syr-needle syringe 3 ml 22 gauge x 1", 3 ml 22 x 1 1/2", 3 ml 23 x 1", 3 ml 25 gauge x 1", 3 ml 25 x 1 1/2 "	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
CEQUR SIMPLICITY	\$0/\$4.90/ \$12.65 Tier-1 Brand	
CEQUR SIMPLICITY INSERTER	\$0/\$4.90/ \$12.65 Tier-1 Brand	
comfort ez insulin syringe syringe 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge x 1/2", 1/2 ml 31 gauge x 15/64"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
DEXCOM G6 RECEIVER	\$0/\$4.90/ \$12.65 Tier-1 Brand	
DEXCOM G6 SENSOR	\$0/\$4.90/ \$12.65 Tier-1 Brand	
DEXCOM G6 TRANSMITTER	\$0/\$4.90/ \$12.65 Tier-1 Brand	
DEXCOM G7 RECEIVER	\$0/\$4.90/ \$12.65 Tier-1 Brand	

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G7 SENSOR	\$0/\$4.90/ \$12.65 Tier-1 Brand	
droplet insulin syringe syringe 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 31 gauge x 15/64"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
dropsafe insulin syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
durex avanti bare real feel	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
durex extra sensitive condom	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
durex tropical condom	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
easy comfort insulin syringe syringe 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 5/16, 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16, 1 ml 32 gauge x 5/16", 1/2 ml 29 x5/16 ", 1/2 ml 32 gauge x 5/16"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
easy glide insulin syringe syringe 1 ml 31 gauge x 15/64", 1/2 ml 31 gauge x 15/64"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
easy glide luer lock syringe syringe 3 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
easy touch fliplock insulin	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
easy touch fliplock syringe syringe 1 ml 25 gauge x 1", 1 ml 26 gauge x 3/8", 1 ml 27 gauge x 1/2", 3 ml 18 gauge x 1 1/2", 3 ml 18 gauge x 1", 3 ml 19 gauge x 1 1/2", 3 ml 19 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 20 gauge x 1", 3 ml 21 gauge x 1 1/2", 3 ml 21 gauge x 1", 3 ml 22 gauge x 1 1/2", 3 ml 22 gauge x 1", 3 ml 23 gauge x 1 1/2", 3 ml 23 gauge x 1", 3 ml 25 gauge x 1", 3 ml 25 gauge x 5/8"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
easy touch fluringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
easy touch fluringe fliplock	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
easy touch fluringe sheathlock	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
easy touch insulin safety syr	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
easy touch insulin syringe syringe 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 27 gauge x 5/8", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge x 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
easy touch luer lock insulin	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
easy touch luer lock syringe syringe 3 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
easy touch sheathlock insulin	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
easy touch syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
easy touch tuberculin fliplock	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
easy touch uni-slip syringe 1 ml, 3 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
eclipse syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
excel syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
exel insulin syringe 0.5 ml 30 gauge x 5/16", 1 ml 30 gauge x 5/16, 1/2 ml 28 gauge x 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
exel syringe syringe 3 ml 27 gauge x 1 1/4"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
extended reservoir	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
fantasy condom	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
fc2 female condom	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
FREESTYLE FREEDOM LITE	\$0/\$4.90/\$12.65 Tier-1 Brand	
FREESTYLE INSULINX	\$0/\$4.90/\$12.65 Tier-1 Brand	

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 14 DAY READER	\$0/\$4.90/ \$12.65 Tier-1 Brand	
FREESTYLE LIBRE 14 DAY SENSOR	\$0/\$4.90/ \$12.65 Tier-1 Brand	
FREESTYLE LIBRE 2 PLUS SENSOR	\$0/\$4.90/ \$12.65 Tier-1 Brand	
FREESTYLE LIBRE 2 READER	\$0/\$4.90/ \$12.65 Tier-1 Brand	
FREESTYLE LIBRE 2 SENSOR	\$0/\$4.90/ \$12.65 Tier-1 Brand	
FREESTYLE LIBRE 3 PLUS SENSOR	\$0/\$4.90/ \$12.65 Tier-1 Brand	
FREESTYLE LIBRE 3 READER	\$0/\$4.90/ \$12.65 Tier-1 Brand	
FREESTYLE LIBRE 3 SENSOR	\$0/\$4.90/ \$12.65 Tier-1 Brand	
FREESTYLE LITE METER	\$0/\$4.90/ \$12.65 Tier-1 Brand	
freestyle precision	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
GAUZE PADS 2 X 2	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA
healthwise insulin syringe syringe 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
insulin syringe syringe 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
EMBECTA INSULIN SYRINGE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
insulin syringe-needle u-100 syringe 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 27 gauge x 5/8", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
integra syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
kimono lubricated condoms	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
kimono microthin condoms	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
kimono microthin large condoms	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
kimono textured condoms	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
kimono thin lubricated condoms	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
lifeshield blunt cannula syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
magellan insulin safety syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
magellan safety syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
magellan syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
maxicomfort insulin syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
maxi-comfort insulin syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject 3cc syr 25gx1"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject allergy tray detach	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject allergy tray tray 1 ml 28 x 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject insulin safety syringe syringe 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 1 ml 29 gauge x 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject insulin syringe syringe 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml , 1 ml 25 gauge x 5/8", 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge x 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject luer-lock tip syringe 3 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
monoject magellan safety syringe syringe 1 ml 25 gauge x 1", 1 ml 25 gauge x 5/8", 3 ml 20 gauge x 1"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject pharmacy tray luer syringe 3 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject reg tip non-sterile syringe 3 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject regular luer syringe 3 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject safety luer lock tip	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject safety syringes syringe 3 ml 20 gauge x 1 1/2", 3 ml 21 gauge x 1 1/2", 3 ml 21 gauge x 1", 3 ml 22 gauge x 1 1/2", 3 ml 22 gauge x 1", 3 ml 23 gauge x 1", 3 ml 25 gauge x 5/8"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject smartip cannula syringe 3 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
monoject syringe syringe 1/2 ml 28 gauge, 3 ml, 3 ml 20 gauge x 1 1/2", 3 ml 20 gauge x 1", 3 ml 20 x 3/4", 3 ml 21 gauge x 1 1/2", 3 ml 21 gauge x 1", 3 ml 22 gauge x 1", 3 ml 22 x 1 1/2", 3 ml 23 x 1", 3 ml 25 gauge x 1", 3 ml 25 x 1 1/4", 3 ml 25 x 5/8", 3 ml 27 gauge x 1 1/4"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject tb	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject tb safety syringe syringe 1 ml 25 gauge x 5/8"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject tuberculin syringe syringe 1 ml 25 gauge x 5/8", 1 ml 26 gauge x 3/8", 1 ml 27 x 1/2", 1 ml 28 gauge x 1/2", 1/2 ml 28 x 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
monoject ultra comfort insulin	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
BD PEN NEEDLE	\$0/\$4.90/\$12.65 Tier-1 Brand	PA
OMNIPOD 5 (G6/LIBRE 2 PLUS)	\$0/\$4.90/\$12.65 Tier-1 Brand	

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	\$0/\$4.90/\$12.65 Tier-1 Brand	
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	\$0/\$4.90/\$12.65 Tier-1 Brand	
paradigm reservoir	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
EMBECTA PEN NEEDLE	\$0/\$4.90/\$12.65 Tier-1 Brand	PA
PRECISION XTRA MONITOR	\$0/\$4.90/\$12.65 Tier-1 Brand	
pro comfort insulin syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
prodigy insulin syringe syringe 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge x 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
securesafe insulin syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
sure comfort ins. syr. u-100	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
sure comfort insulin syringe syringe 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge x 1/2", 1/2 ml 31 gauge x 1/4"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
sure-ject insulin syringe syringe 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge x 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
surguard2 safety syringe 1 ml 25 gauge x 5/8", 1 ml 26 gauge x 3/8", 1 ml 27 gauge x 1/2", 3 ml 20 gauge x 1 1/2", 3 ml 20 gauge x 1", 3 ml 21 gauge x 1 1/2", 3 ml 21 gauge x 1", 3 ml 22 gauge x 1 1/2", 3 ml 22 gauge x 1", 3 ml 23 gauge x 1", 3 ml 25 gauge x 1", 3 ml 25 gauge x 5/8"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
syringe (disposable) syringe 3 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
syringe 3cc/20gx1"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
syringe 3cc/21gx1"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
syringe 3cc/21gx1-1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
syringe 3cc/22gx1"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
syringe 3cc/22gx3/4"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
syringe 3cc/25gx1"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
syringe with needle syringe 1 ml 25 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
techlite insulin syringe syringe 1 ml 30 gauge x 1/2", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
terumo allergy syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
terumo hypodermic needle/syrin	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
terumo insulin syringe syringe 0.5 ml 29 gauge x 1/2", 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge x 1/2", 1/2 ml 30 x 3/8"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
terumo syringe syringe 3 ml 23 gauge x 1 1/2", 3 ml 23 x 1", 3 ml 25 gauge x 1", 3 ml 25 x 5/8"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
thinpro insulin syringe syringe 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
thinpro insulin syringe syringe 0.5 ml 31 x 3/8", 1 ml 28 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 31 x 3/8", 1/2 ml 28 gauge x 1/2", 1/2 ml 30 x 3/8"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
topcare ultra comfort syringe 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
trojan magnum condoms	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
trojan ultra ribbed condom	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
trojan very thin lub condoms	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
trojan-enz (non-lub) condoms	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
trojan-enz lubricated condoms	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
trojan-enz/spermicidal condoms	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
true comfort insulin syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
true comfort pro insulin syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
true comfort safe insulin syrg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
true cover condom	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
trueplus insulin syringe 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge x 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
trustex latex condom	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
trustex lubricated condoms	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
trustex non-lub condoms	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
trustex-ria lub/spermicide	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
trustex-ria lubricated condoms	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
trustex-ria non-lub condoms	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug); QL (36 per 30 days)
tuberculin syringe syringe 1 ml 25 gauge x 1", 1 ml 25 gauge x 5/8", 1 ml 27 x 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
tuberculin-allergy syringes	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
ulticare insulin syringe syringe 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ulticare low dead space syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ulticare safety syringe syringe 3 ml 21 gauge x 1 1/2", 3 ml 22 gauge x 1 1/2", 3 ml 22 gauge x 1", 3 ml 23 gauge x 1", 3 ml 25 gauge x 1", 3 ml 25 gauge x 5/8"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ulticare syringe 0.5 ml 30 gauge x 1/2", 0.5 ml 31 gauge x 5/16", 1 ml 25 gauge x 5/8", 1 ml 30 gauge x 1/2", 1 ml 31 gauge x 5/16	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ulticare tb safety syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ultilet insulin syringe syringe 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge, 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16, 1/2 ml 29	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
ultra comfort insulin syringe syringe 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge x 1/2", 1 ml 29 gauge, 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ultra flo insulin syringe syringe 0.5 ml 29 gauge x 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ultracare insulin syringe syringe 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ultra-fine insulin syringe syringe 0.5 ml 30 gauge x 1/2", 0.5 ml 31 gauge x 5/16", 1 ml 30 gauge x 1/2", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
BD INSULIN SYRINGE	\$0/\$4.90/\$12.65 Tier-1 Brand	PA

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
ultra-thin ii (short) ins syr syringe 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ultra-thin ii insulin syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
vanishpoint insulin syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
vanishpoint syringe syringe 0.5 ml 30 gauge x 1/2", 1 ml 25 gauge x 1", 1 ml 29 gauge x 1/2", 3 ml 20 gauge x 1", 3 ml 21 gauge x 1 1/2", 3 ml 21 gauge x 1", 3 ml 22 gauge x 1", 3 ml 22 x 1 1/2", 3 ml 23 gauge x 1 1/2", 3 ml 23 x 1", 3 ml 25 gauge x 1", 3 ml 25 x 5/8", 5 ml 21 gauge x 1", 5 ml 22 gauge x 1 1/2"	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
vanishpoint tuberculin syringe	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
verifine insulin syringe syringe 0.5 ml 29 gauge x 1/2", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 31 gauge x 5/16	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>allopurinol sodium</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>aloprim</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>colchicine oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>febuxostat</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>probenecid</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>probenecid-colchicine</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (4 per 28 days)
BONSITY	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2.48 per 28 days); NEDS
CONEXXENCE	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (1 per 180 days)
<i>ibandronate intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
<i>ibandronate oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (1 per 30 days)
JUBBONTI	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (1 per 180 days)
<i>raloxifene</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet 150 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (2.48 per 28 days); NEDS
TYMLOS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1.56 per 30 days); NEDS
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (3.6 per 28 days); NEDS
ACTEMRA INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (160 per 28 days); NEDS
ACTEMRA SUBCUTANEOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (3.6 per 28 days); NEDS

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
ENBREL MINI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SYRINGE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (8 per 28 days); NEDS
ENBREL SURECLICK	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (8 per 28 days); NEDS
HADLIMA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (4.8 per 28 days); NEDS
HADLIMA PUSH TOUCH	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (4.8 per 28 days); NEDS
HADLIMA(CF)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2.4 per 28 days); NEDS
HADLIMA(CF) PUSH TOUCH	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2.4 per 28 days); NEDS
KINERET	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (20.1 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (30 per 30 days)
OTEZLA	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (55 per 180 days); NEDS
OTEZLA XR	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
OTEZLA XR INITIATION	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (41 per 180 days); NEDS
<i>penicillamine oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
RINVOQ LQ	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (360 per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (84 per 180 days); NEDS

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
SAVELLA ORAL TABLET	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (55 per 180 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (4 per 28 days); NEDS
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (3 per 28 days); NEDS
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (2 per 28 days); NEDS
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (4 per 28 days); NEDS
TYENNE AUTOINJECTOR	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (3.6 per 28 days); NEDS
TYENNE INTRAVENOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (160 per 28 days); NEDS
TYENNE SUBCUTANEOUS	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (3.6 per 28 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
XELJANZ ORAL SOLUTION	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (480 per 24 days); NEDS
XELJANZ ORAL TABLET	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS
XELJANZ XR	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS

**OBSTETRICS  
/  
GYNECOLOGY**

**ESTROGENS /  
PROGESTINS**

<i>abigale</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic
<i>abigale lo</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic
<i>camila</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic
<i>conjugated estrogens</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic
<i>deblitane</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic

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Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>dotti</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (8 per 28 days)
DUAVEE	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>emzahh</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>errin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>estradiol oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>estradiol transdermal patch semiweekly</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (4 per 28 days)
<i>estradiol vaginal</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>estradiol valerate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol-norethindrone acet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>fyavolv</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>gallifrey</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>heather</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
IMVEXXY MAINTENANCE PACK	\$0/\$4.90/ \$12.65 Tier-1 Brand	
IMVEXXY STARTER PACK	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>incassia</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>jencycla</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>jinteli</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>lyleq</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>lyllana</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (8 per 28 days)
<i>lyza</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>medroxyprogesterone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>meleya</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>mimvey</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>nora-be</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>norethindrone (contraceptive)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>norethindrone acetate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>orquidea</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
PREMARIN ORAL	\$0/\$4.90/ \$12.65 Tier-1 Brand	
PREMARIN VAGINAL	\$0/\$4.90/ \$12.65 Tier-1 Brand	
PREMPHASE	\$0/\$4.90/ \$12.65 Tier-1 Brand	
PREMPRO	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>progesterone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>progesterone micronized oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sharobel</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>yuvafem</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<b>MISCELLANEO US OB/GYN</b>		
3-day vaginal	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
clotrimazole vaginal	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
clotrimazole-3	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>eluryng</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>etonogestrel-ethinyl estradiol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
LILETTA	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
miconazole nitrate vaginal cream	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
miconazole nitrate vaginal kit 1,200-2 mg-%	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
miconazole nitrate vaginal kit 200 mg-2 % (9 gram)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
miconazole-3 vaginal kit	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
miconazole-7 vaginal cream	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>mifepristone oral tablet 200 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	LA
MYFEMBREE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
NEXPLANON	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>norelgestromin-ethin.estradiol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>terconazole</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
tioconazole-1	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>tranexamic acid oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>xulane</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>zafemy</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>altavera (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>alyacen 1/35 (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>alyacen 7/7/7 (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>amethyst (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>apri</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>aranelle (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>aubra eq</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>aviane</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>azurette (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>camrese</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cryselle (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cyred eq</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dasetta 1/35 (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dasetta 7/7/7 (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>daysee</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>desog-e.estradiol/e.estradiol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>drospirenone-e.estradiol-lm,fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>drospirenone-ethinyl estradiol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
econtra ez	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
econtra one-step	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
elinest	\$0/\$1.60/\$5.10 Tier-1 Generic	
enskyce	\$0/\$1.60/\$5.10 Tier-1 Generic	
estarylla	\$0/\$1.60/\$5.10 Tier-1 Generic	
ethynodiol diac-eth estradiol	\$0/\$1.60/\$5.10 Tier-1 Generic	
falmina (28)	\$0/\$1.60/\$5.10 Tier-1 Generic	
introvale	\$0/\$1.60/\$5.10 Tier-1 Generic	
isibloom	\$0/\$1.60/\$5.10 Tier-1 Generic	
jasmiel (28)	\$0/\$1.60/\$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
jolessa	\$0/\$1.60/\$5.10 Tier-1 Generic	
juleber	\$0/\$1.60/\$5.10 Tier-1 Generic	
kalliga	\$0/\$1.60/\$5.10 Tier-1 Generic	
kariva (28)	\$0/\$1.60/\$5.10 Tier-1 Generic	
kelnor 1/35 (28)	\$0/\$1.60/\$5.10 Tier-1 Generic	
kurvelo (28)	\$0/\$1.60/\$5.10 Tier-1 Generic	
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	\$0/\$1.60/\$5.10 Tier-1 Generic	
larin 1.5/30 (21)	\$0/\$1.60/\$5.10 Tier-1 Generic	
larin 1/20 (21)	\$0/\$1.60/\$5.10 Tier-1 Generic	
larin 24 fe	\$0/\$1.60/\$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1.5/30 (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>larin fe 1/20 (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>lessina</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>levonest (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
levonorgestrel	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>levonorgestrel- ethinyl estrad oral tablet 0.1-20 mg- mcg, 0.15-0.03 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>levonorgestrel- ethinyl estrad oral tablets,dose pack,3 month</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>levonorg-eth estrad triphasic</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>loryna (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>low-ogestrel (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>lo-zumandimine (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>lutra (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>marlissa (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>microgestin 1.5/30 (21)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>microgestin 1/20 (21)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>microgestin fe 1.5/30 (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>microgestin fe 1/20 (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>mili</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>mono-linyah</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
my choice	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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Drug Name	Drug Tier	Requirements/Limits
my way	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
new day	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>nikki (28)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>norgestimate-ethinyl estradiol</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>nortrel 0.5/35 (28)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>nortrel 1/35 (21)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>nortrel 1/35 (28)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>nortrel 7/7/7 (28)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
opcicon one-step	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
option-2	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>philith</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>pimtreea (28)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>portia 28</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>reclipsen (28)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>setlakin</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>sprintec (28)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>syeda</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>tarina fe 1-20 eq (28)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>tilia fe</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-estarylla</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tri-legest fe</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tri-linyah</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tri-lo-estarylla</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tri-lo-marzia</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tri-lo-sprintec</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tri-sprintec (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>turqoz (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>valtya</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>velivet triphasic regimen (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>vestura (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>vienva</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>viorele (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>wera (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>zovia 1-35 (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>zumandimine (28)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

### OXYTOCICS

<i>methylergonovine oral</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
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### OPHTHALMOLOGY

#### ANTIBIOTICS

<i>bacitracin ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>erythromycin ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (3.5 per 14 days)
<i>gatifloxacin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>gentamicin ophthalmic (eye) drops</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>moxifloxacin ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
NATACYN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>neomycin-bacitracin-polymyxin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>neomycin-polymyxin-gramicidin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>polymyxin b sulf-trimethoprim</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tobramycin ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (10 per 14 days)
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
ZIRGAN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>carteolol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>timolol maleate ophthalmic (eye) drops (not single use)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

**MISCELLANEOUS OPTHALMOLOGICS**

alaway	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
artificial tears(pvalch-povid)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>atropine ophthalmic (eye) drops 1 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>azelastine ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
BYOOVIZ	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
carboxymethylcellulose sodium ophthalmic (eye) dropperette	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
carboxymethylcellulose sodium ophthalmic (eye) drops	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
children's alaway	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>cyclosporine ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
CYSTARAN	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
<i>epinastine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
eye itch relief	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
gental tears severe gel	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
gental tears severe(petrolat)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ketotifen fumarate	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
lubricant eye drops ophthalmic (eye) dropperette	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
lubricant eye drops ophthalmic (eye) drops 0.5 %	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
lubricant eye ophthalmic (eye) ointment 57.3-42.5 %	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
lubrifresh pm	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
MIEBO (PF)	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (3 per 30 days)
OXERVATE	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; NEDS
PAVBLU	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; NEDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
polyvinyl alcohol	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
refresh celluvisc	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
refresh lacri-lube	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
refresh liquigel	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
refresh optive mega-3 (pf) ophthalmic (eye) drops	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
refresh plus	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
refresh tears	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>sulfacetamide-prednisolone</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
systane gel ophthalmic (eye) gel	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
systane nighttime	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
XDEMZY	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; QL (10 per 42 days); NEDS
XIIDRA	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (60 per 30 days)
zaditor	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>diclofenac sodium ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>flurbiprofen sodium</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ketorolac ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>acetazolamide sodium</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>methazolamide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<b>OTHER GLAUCOMA DRUGS</b>		
<i>bimatoprost ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dorzolamide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dorzolamide-timolol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>latanoprost</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>miostat</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
RHOPRESSA	\$0/\$4.90/ \$12.65 Tier-1 Brand	
ROCKLATAN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
SIMBRINZA	\$0/\$4.90/ \$12.65 Tier-1 Brand	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

**STEROID-ANTIBIOTIC COMBINATIONS**

<i>neomycin-bacitracin-poly-hc</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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<i>neomycin-polymyxin b-dexameth</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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TOBRADEX OPHTHALMIC (EYE) OINTMENT	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (3.5 per 14 days)
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<i>tobramycin-dexamethasone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (10 per 14 days)
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**STEROIDS**

<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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<i>fluorometholone</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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Drug Name	Drug Tier	Requirements/Limits
INVELTYS	\$0/\$4.90/ \$12.65 Tier-1 Brand	

<i>loteprednol etabonate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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OZURDEX	\$0/\$4.90/ \$12.65 Tier-1 Brand	NEDS
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<i>prednisolone acetate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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<i>prednisolone sodium phosphate ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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**SYMPATHOMIMETICS**

<i>apraclonidine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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<i>brimonidine ophthalmic (eye)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTIHISTAMINE / ANTIALLERGIC AGENTS</b>		
<i>adrenalin injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
ala-hist ir	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
all day allergy (cetirizine) oral tablet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
aller-chlor	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
aller-ease	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
aller-g-time	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
allergy (chlorpheniramine)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
allergy (diphenhydramine) oral capsule	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
allergy (diphenhydramine) oral tablet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
allergy oral liquid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
allergy relief (cetirizine) oral tablet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
allergy relief (fexofenadine)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
allergy relief (loratadine) oral solution	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
allergy relief (loratadine) oral tablet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
allergy relief(chlorpheniramine)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
allergy relief(diphenhydramine) oral capsule	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
allergy relief(diphenhydramine) oral liquid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
allergy relief(diphenhydramine) oral tablet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
allergy-time	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
banophen oral tablet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>cetirizine oral solution 1 mg/ml</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
cetirizine oral solution 5 mg/5 ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
cetirizine oral tablet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
cetirizine oral tablet, chewable	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
child allergy relief(cetirizine)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
children's allergy (diphenhyd) oral liquid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
children's allergy relief(fex)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
children's allergy relief(lor) oral solution	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
children's cetirizine oral solution	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
children's cetirizine oral tablet, chewable 10 mg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
child's all day allergy(cetir)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
diphenhydrol	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>diphenhydramine hcl injection syringe</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
diphenhydramine hcl oral capsule	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
diphenhydramine hcl oral liquid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
diphenhydramine hcl oral tablet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ed chlorped jr	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (4 per 30 days)
<i>epinephrine injection solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
fexofenadine	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
histex (triprolidine) oral liquid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>hydroxyzine hcl oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA
<i>levocetirizine oral solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>levocetirizine oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	QL (30 per 30 days)
loratadine	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
m-dryl	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
pediaclear pd	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>promethazine injection solution</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>promethazine oral</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	PA
triprolidine hcl oral drops 0.625 mg/ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
triprolidine hcl oral drops 0.938 mg/ml	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

### PULMONARY AGENTS

24 hour allergy relief	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>acetylcysteine</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	B/D PA
ADEMPAS	\$0/\$4.90/\$12.65 Tier-1 Brand	PA; LA; QL (90 per 30 days); NEDS
ADVAIR HFA	\$0/\$4.90/\$12.65 Tier-1 Brand	QL (12 per 30 days)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>albuterol sulfate oral syrup</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>albuterol sulfate oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
allergy relief (fluticasone)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (6.1 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>alyq</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (60 per 30 days); NEDS
<i>ambrisentan</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; LA; QL (30 per 30 days); NEDS
<i>arformoterol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; QL (120 per 30 days)
ASMANEX HFA	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (120)	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (2 per 30 days)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (2 per 28 days)
ATROVENT HFA	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (25.8 per 30 days)
BEVESPI AEROSPHERE	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; LA; QL (60 per 30 days); NEDS
BREO ELLIPTA	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (60 per 30 days)
<i>breynd</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (10.3 per 30 days)
BREZTRI AEROSPHERE	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; QL (60 per 30 days)
budesonide nasal	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>budesonide-formoterol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (10.2 per 30 days)
CINRYZE	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; NEDS
COMBIVENT RESPIMAT	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (8 per 30 days)
<i>cromolyn inhalation</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
DULERA	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (13 per 30 days)
FASENRA PEN	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 28 days); NEDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (0.5 per 28 days); NEDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 28 days); NEDS

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>flunisolide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (50 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	\$0/\$4.90/ \$12.65 Tier-1 Brand	ST; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	\$0/\$4.90/ \$12.65 Tier-1 Brand	ST; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	\$0/\$4.90/ \$12.65 Tier-1 Brand	ST; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (16 per 30 days)
<i>fluticasone propion- salmeterol inhalation blister with device</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)
<i>formoterol fumarate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA; QL (120 per 30 days)
<i>icatibant</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide inhalation solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>ipratropium- albuterol</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
KALYDECO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (56 per 28 days); NEDS
<i>mometasone nasal</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (34 per 30 days)
<i>montelukast</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS RECON SOLN	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (0.4 per 28 days); NEDS
OFEV	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (60 per 30 days); NEDS

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
OPSUMIT	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (30 per 30 days); NEDS
OPSYNVI	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (30 per 30 days); NEDS
ORKAMBI ORAL GRANULES IN PACKET	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (56 per 28 days); NEDS
ORKAMBI ORAL TABLET	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (112 per 28 days); NEDS
<i>pirfenidone oral capsule</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (270 per 30 days); NEDS
<i>pirfenidone oral tablet 267 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (270 per 30 days); NEDS
<i>pirfenidone oral tablet 801 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (90 per 30 days); NEDS
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (1 per 30 days)
PULMOZYME	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; NEDS
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (21.2 per 30 days)
<i>roflumilast</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (30 per 30 days)
<i>sajazir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; NEDS
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	NEDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (90 per 30 days)

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (4 per 30 days)
STIOLTO RESPIMAT	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (4 per 30 days)
STRIVERDI RESPIMAT	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (4 per 30 days)
SYMDEKO	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (56 per 28 days); NEDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (60 per 30 days)
<i>terbutaline</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>theophylline oral elixir</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>theophylline oral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>theophylline oral tablet extended release 12 hr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>theophylline oral tablet extended release 24 hr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>tiotropium bromide</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (90 per 90 days)
TRELEGY ELLIPTA	\$0/\$4.90/ \$12.65 Tier-1 Brand	QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (56 per 28 days); NEDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (84 per 28 days); NEDS
TYVASO	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; QL (81.2 per 28 days); NEDS
TYVASO INSTITUTIONAL START KIT	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; QL (11.6 per 180 days); NEDS
TYVASO REFILL KIT	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; QL (81.2 per 28 days); NEDS
TYVASO STARTER KIT	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA; QL (81.2 per 180 days); NEDS
WINREVAIR	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; QL (1 per 21 days); NEDS
<i>wixela inhub</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	QL (60 per 30 days)

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (1 per 28 days); NEDS
XOLAIR SUBCUTANEOUS RECON SOLN	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA; QL (1 per 28 days); NEDS
<i>zafirlukast</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

## UROLOGICALS

### ANTICHOLINERGICS / ANTISPASMODICS

GEMTESA	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>mirabegron</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral syrup</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>solifenacin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tolterodine</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tropium oral tablet</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

### BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dutasteride</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>dutasteride-tamsulosin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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

This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>finasteride oral tablet 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>tamsulosin</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>alprostadil</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>bethanechol chloride</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
CYSTAGON	\$0/\$4.90/ \$12.65 Tier-1 Brand	PA; LA
ELMIRON	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>glycine urologic solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
K-PHOS NO 2	\$0/\$4.90/ \$12.65 Tier-1 Brand	
K-PHOS ORIGINAL	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
PHOSPHO-TRIN K500	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>potassium citrate oral tablet extended release</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
RENACIDIN	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>tadalafil oral tablet 2.5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA; QL (30 per 30 days)

## VITAMINS, HEMATINICS / ELECTROLYTES

### BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>alburx (human) 25 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>alburx (human) 5 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol 25 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>albuterol 5 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

## ELECTROLYTES

antacid (calcium carbonate) oral tablet, chewable 200 mg calcium (500 mg)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
antacid ext str (calcium carb)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
antacid extra-strength oral tablet, chewable 300 mg (750 mg)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
antacid ultra strength oral tablet, chewable 400 mg calcium (1,000 mg)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>calcium acetate (phosphate bind)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	PA
calcium antacid oral tablet, chewable 200 mg calcium (500 mg), 300 mg (750 mg)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
calcium carbonate oral suspension	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate-vitamin d3 oral tablet 500 mg-5 mcg (200 unit)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>calcium chloride</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>calcium gluconate intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
cal-gest antacid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>chromium chloride</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Copper Chloride</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>cupric chloride</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>effer-k oral tablet, effervescent 25 meq</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>klor-con 10</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>klor-con 8</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>klor-con m15</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>klor-con m20</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>klor-con oral packet 20</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>K-Phos-Neutral</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>lactated ringers intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>magnesium chloride injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
magnesium oxide oral tablet 420 mg	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	\$0/\$4.90/ \$12.65 Tier-1 Brand	
<i>magnesium sulfate in water intravenous parenteral solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>magnesium sulfate injection</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>manganese chloride</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
oyster shell calcium 500	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
oyster shell calcium-vit d3 oral tablet 500 mg-5 mcg (200 unit)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Phospha 250 Neutral</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Phospho-Trin 250 Neutral</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>potassium acetate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>potassium chlorid-d5-0.45%nacl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>potassium chloride in 5 % dex</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>potassium chloride in lr-d5</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>potassium chloride intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>potassium chloride oral capsule, extended release</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>potassium chloride oral liquid</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>potassium chloride oral packet 20 meq</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral tablet,er particles/crystals</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>potassium chloride-0.45 % nacl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>potassium chloride-d5-0.2%nacl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>potassium chloride-d5-0.9%nacl</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>ringer's intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
slow-mag	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
smooth antacid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>sodium acetate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sodium bicarbonate intravenous solution</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sodium chloride 0.45 % intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sodium chloride 3 % hypertonic</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sodium chloride 5 % hypertonic</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sodium chloride intravenous</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>sodium phosphate</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
true magnesium oxide 400 mg tb (rx)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
wes-phos 250 neutral	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
CLINIMIX 5%/D15W SULFITE FREE	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/D10W SULFITE FREE	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
<i>electrolyte-148</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>electrolyte-48 in d5w</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>electrolyte-a</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	
<i>intralipid intravenous emulsion 20 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
ISOLYTE S PH 7.4	\$0/\$4.90/ \$12.65 Tier-1 Brand	

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This drug list was last updated on 04/22/2026.

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P IN 5 % DEXTROSE	\$0/\$4.90/ \$12.65 Tier-1 Brand	
ISOLYTE-S	\$0/\$4.90/ \$12.65 Tier-1 Brand	
PLENAMINE	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA
<i>premasol 10 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
<i>travasol 10 %</i>	\$0/\$1.60/ \$5.10 Tier-1 Generic	B/D PA
TROPHAMINE 10 %	\$0/\$4.90/ \$12.65 Tier-1 Brand	B/D PA

<b>VITAMINS / HEMATINICS</b>		
BACMIN	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
cholecalciferol (vitamin d3) oral capsule 250 mcg (10,000 unit)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Corvita</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
CORVITE	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>cyanocobalamin (vitamin B-12) injection</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>cyanocobalamin (vitamin B-12) nasal</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Dialyvite</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
DIALYVITE 3000	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
DIALYVITE 5000	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
DIALYVITE SUPREME D	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ENLYTE (IRON)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>ergocalciferol (vitamin D2) oral capsule 1,250 mcg (50,000 unit)</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ferosul	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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Drug Name	Drug Tier	Requirements/Limits
ferro-time	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ferrous sulfate oral drops	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ferrous sulfate oral elixir	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ferrous sulfate oral liquid	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ferrous sulfate oral solution	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ferrous sulfate oral tablet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
ferrous sulfate oral tablet, delayed release (dr/ec)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
fe-vite oral drops	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Flotrex</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>fluoride (sodium) oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>folic acid injection</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>folic acid oral tablet 1 mg</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
FOLTRATE	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>hydroxocobalamin</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
iron oral tablet	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Multi-Vit with Fluoride-Iron</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Multi-Vitamin With Fluoride</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
NASCOBAL	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Nephplex Rx</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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Drug Name	Drug Tier	Requirements/Limits
NIVA-FOL	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
pedia iron oral drops	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
POLY-VI-FLOR (ARCOFOLIN)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
POLY-VI-FLOR DROPS	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
POLY-VI-FLOR IRON DROP(ARCOFO)	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
POLY-VI-FLOR W-IRON(ARCOFOLIN )	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>prenatal vitamin oral tablet</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	
<i>pyridoxine (vitamin B6) injection</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Renal Caps</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Reno Caps</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

Drug Name	Drug Tier	Requirements/Limits
<i>soluvita multivitamin fluoride</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
STROVITE FORTE	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
STROVITE ONE	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>thiamine HCl (vitamin B1) injection</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Triphrocaps</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Tri-Vite With Fluoride</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Vit 3</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
VITAL-D RX	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>Vitamin D2</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
<i>wescap-pn dha</i>	\$0/\$1.60/\$5.10 Tier-1 Generic	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Wescaps</i>	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)
westab max	\$0 - Medicaid Benefit Drug	* (Medicaid Benefit Drug)

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