



**MEDICARE HEALTH ADVANT MEDICARE SELECT
ADVANTAGE PLAN (HMO)**



ФОРМУЛЯР НА 2026 Г.

(СПИСОК ОПЛАЧИВАЕМЫХ ПЛАНом ЛЕКАРСТВ)

ПОЖАЛУЙСТА ПРОЧИТАЙТЕ ЭТОТ ДОКУМЕНТ: В ЭТОМ ДОКУМЕНТЕ СОДЕРЖИТСЯ
ИНФОРМАЦИЯ

Этот формуляр был обновлен 01/10/ 2025. Для получения самой последней информации и ответов на любые вопросы обращайтесь в Отдел обслуживания плана VillageCareMAX по телефону: 1-855-296-8800 (для пользователей ТТУ - звоните 711). Часы работы: с 08:00 до 20:00, без выходных. Или заходите на наш веб-сайт: www.villagecaremax.org.

Одобренный идентификационный номер файла с формуляром: 00026371

VillageCareMAX Medicare Select Advantage Plan (HMO)

Формуляр на 2026 г.

(Список оплачиваемых планом лекарственных средств ("список лекарственных средств"))

**ПОЖАЛУЙСТА ПРОЧИТАЙТЕ ЭТОТ ДОКУМЕНТ: В ЭТОМ ДОКУМЕНТЕ СОДЕРЖИТСЯ
ИНФОРМАЦИЯ
О ЛЕКАРСТВАХ, КОТОРЫЕ МЫ ОПЛАЧИВАЕМ ПО ЭТОМУ ПЛАНУ**

Одобрённый идентификационный номер файла с формуляром: 00026371

Этот формуляр был обновлен 01.10.2025. Для получения самой последней информации и ответов на любые вопросы обращайтесь в план VillageCareMAX по телефону: 1-855-296-8800 (для пользователей ТТУ - звоните 711). Часы работы: с 08:00 до 20:00, без выходных. Или заходите на наш веб-сайт: www.villagecaremax.org.

Примечание для нынешних участников: В этом формуляре произошли изменения, по сравнению с прошлым годом. Просим вас изучить этот документ, чтобы убедиться в том, что в нем все еще указано то лекарство, которое вы принимаете.

Слова "мы", "нас" или "наш", которые используются в данном "Списке лекарственных средств" (формуляре), обозначают компанию "Village Senior Services Corporation". А когда употребляются термины "план" или "наш план", они обозначают план VillageCareMAX.

В этом документе описывается "Список лекарственных средств" (формуляр) для нашего плана, по состоянию на 01.10.2025. Если вам нужна обновленная версия "Списка лекарственных средств" (формуляра) - обращайтесь к нам. Наша контактная информация, а также дата последнего обновления "Списка лекарственных средств" (формуляра), указаны на передней и задней обложках буклета.

В целом, при получении льгот, касающихся рецептурных лекарств, вы обязаны использовать те аптеки, которые входят в состав нашей сети. Льготы, список оплачиваемых лекарств, перечень аптек, которые входят в состав нашей сети и/или суммы совместной оплаты и совместного страхования могут подвергнуться изменению с 1 января 2025 года (а также периодическим изменениям в течение года). В случае необходимости вам будет предоставлено уведомление.

Что это такое - формуляр плана VillageCareMAX?

В данном документе мы используем названия "Список лекарственных средств" и "формуляр", которые означают одно и то же. Формуляр это список оплачиваемых лекарственных средств, которые выбрал план VillageCareMAX после консультаций с группой поставщиков медицинских услуг, который соответствует методам лечения с помощью рецептурных лекарственных средств,

предположительно необходимым для качественного лечения. В целом, план VillageCareMAX будет оплачивать такие лекарства, которые перечислены в нашем формуляре, при условии, что такое лекарственное средство необходимо с медицинской точки зрения, было получено в аптеке, входящей в состав сети плана VillageCareMAX и соблюдались другие правила, которые установлены планом. Для получения дополнительной информации о том, как получать свои рецептурные лекарства, просим вас обращаться к буклету "Описание страхового покрытия".

Изменяется ли информация, указанная в формуляре?

Большинство изменений, которые касаются оплаты страховкой лекарственных средств, происходят по состоянию на 1 января. Однако наш план может в течение года добавлять или удалять лекарственные средства, входящие в "Список лекарственных средств", переводить их в другие группы совместной оплаты или может устанавливать новые ограничения. При внесении таких изменений мы обязаны соблюдать правила, установленные программой "Медикейп". Обновленный формуляр ежемесячно публикуется на нашем веб-сайте по этому адресу: www.villagecaremax.org.

Изменения, которые могут затронуть вас в этом году: В нижеописанных случаях вас будут затрагивать изменения, вносимые в страховое покрытие в течение года.

- **Немедленная замена определенных новых версий запатентованных лекарственных средств и оригинальных биологических продуктов.** Мы можем немедленно удалить из нашего формуляра какое-либо запатентованное лекарственное средство, если мы заменим его на какую-либо новую версию такого лекарственного средства, которое будет использоваться в той же самой группе совместной оплаты (или в более низкой группе), с одинаковым или меньшим объемом ограничений. Когда мы будем добавлять в формуляр новую версию лекарственного средства, мы можем принять решение о том, что запатентованное лекарственное средство или оригинальный биологический продукт будут продолжать находиться в нашем списке, однако мы немедленно переведем его в другую группу по совместной оплате, или можем добавить новые ограничения для него.

Мы можем вносить такие немедленные изменения только в том случае, если мы добавляем новое воспроизведенное лекарственное средство, заменяющее запатентованное лекарственное средство, или добавляем определенные новые биоаналоги оригинального биологического продукта, который уже внесен в формуляр (например: мы добавляем взаимозаменяемое биоаналогичное средство, которым в аптеке могут заменять оригинальный биологический продукт без необходимости получать новый рецепт).

Если в настоящее время вы принимаете запатентованное лекарственное средство или оригинальный биологический продукт - возможно мы не сможем заранее предупредить вас о внесении такого немедленного изменения. Однако мы позже предоставим вам информацию о конкретном изменении (или изменениях), которые мы внесли.

Если мы внесем указанное выше изменение, в таком случае вы (или лицо, которое выписывает вам лекарственные средства) можете попросить нас, чтобы мы сделали исключение и продолжили оплачивать вам лекарственное средство, которое было заменено. Для получения дополнительной информации см. раздел "Как я могу запросить, чтобы мне предоставили исключение из формуляра плана VillageCareMAX?"

Некоторые из таких типов лекарственных средств могут быть для вас новинкой. Для получения дополнительной информации см. раздел "Что это такое - оригинальные биологические продукты и каким образом они связаны с биоаналогами?"

- **Лекарственные средства, которые выводятся с рынка.** Если производитель лекарственного средства выводит его с рынка, или если Управление по контролю за продуктами и лекарственными средствами (FDA) решит отозвать его с рынка по причинам, касающимся безопасности или эффективности такого средства, в таком случае мы можем немедленно удалить соответствующее лекарственное средство из нашего формуляра и позже мы предоставим уведомление для тех участников, которые принимают такое лекарственное средство.
- **Прочие изменения.** Мы можем вносить другие изменения, которые будут касаться участников принимающих лекарство в настоящее время. Например: мы можем удалить из формуляра запатентованное лекарственное средство, когда мы добавляем его воспроизведенный эквивалент, или можем удалить оригинальный биологический продукт, когда мы добавляем биоаналог. Мы также можем установить новые ограничения на запатентованное лекарственное средство или оригинальный биологический продукт, или можем перевести его в другую группу по совместной оплате (или можем сделать и то, и другое). Мы можем вносить изменения на основании новых клинических указаний. Если мы исключим лекарственное средство из нашего формуляра, добавили требование о получении предварительного разрешения, о предельном количестве, поэтапном лечении и/или введем другие ограничения, мы обязаны будем сообщить участникам, которых коснутся эти изменения, как минимум за 30 дней до вступления изменений в силу. Альтернативным вариантом для такой ситуации, когда участник запросил получение нового запаса лекарственного средства, может быть получение им 60-дневного запаса соответствующего лекарственного средства и предоставление уведомления о внесенном изменении.

Если мы внесем указанные выше изменения, в таком случае вы (или лицо, которое выписывает вам лекарства) можете попросить нас, чтобы мы сделали для вас исключение и продолжили оплачивать вам то лекарственное средство, которое вы принимаете. В предоставленном вам уведомлении мы также приложим информацию о том, как вы можете подать прошение о предоставлении исключения для вас. Вы также можете найти эту информацию ниже в разделе, который называется "Как я могу запросить, чтобы мне предоставили исключение из формуляра лекарств плана VillageCareMAX"?

Изменения, которые не будут затрагивать вас в том случае, если вы в настоящее время примете лекарственное средство. В целом, если вы примете лекарственное средство, которое включено в наш формуляр на 2025 год, и которое оплачивалось в начале года, мы не будем прекращать или сокращать страховое покрытие для такого лекарственного средства в течение всего 2025 страхового года (за исключением тех ситуаций, которые описаны выше). Это означает, что в течение оставшейся части страхового года такие лекарственные средства будут предоставляться с тем же самым уровнем совместной оплаты (и без дополнительных ограничений) для тех участников, которые принимают их. В этом году вы не получите непосредственных уведомлений об изменениях, которые не затрагивают вас. Однако такие изменения будут затрагивать вас с 1 января следующего года. Поэтому вам нужно проверять формуляр в новом страховом году, чтобы узнать о каких-либо изменениях.

Прилагаемый формуляр действителен по состоянию на 24.06.2025. Для получения обновленной информации о лекарствах, которые оплачивает план VillageCareMAX, просим вас обращаться к нам. Наша контактная информация указана на передней и задней обложках буклета.

Если план внесет в середине года изменения в формуляр, которые не являются "текущими" изменениями, в таком случае мы уведомим вас о таких изменениях по почте. В таком письме будет содержаться конкретная информация о вносимых в формуляр изменениях, которые не являются

"текущими", и письмо будет предоставлено вам по крайней мере за 30 дней до даты вступления в силу соответствующего изменения. Вы также можете просмотреть последние изменения и сам формуляр на нашем веб-сайте по адресу: www.villagescaremax.org или можете позвонить в Отдел обслуживания, чтобы получить дополнительную информацию.

Каким образом я могу пользоваться формуляром?

Для поиска своего лекарства в формуляре можно использовать два способа:

Медицинское заболевание

Формуляр начинается на странице 3. Лекарства в формуляре сгруппированы по категориям, в зависимости от того, для какого типа заболевания они используются. Например, лекарства, которые используются для заболеваний сердца, перечислены в категории "Кардиоваскулярные средства". Если вы знаете, для чего применяется ваше лекарство - найдите в списке название категории (список начинается ниже на 3-й странице). Затем найдите свое лекарство под названием соответствующей категории.

Перечень по алфавиту

Если вы не уверены в том, в какой категории нужно искать - в таком случае вам нужно искать свое лекарство по алфавитному указателю, который начинается на странице I-1. В алфавитном указателе содержится алфавитный список всех лекарств, включенных в данный документ. В алфавитном списке указаны запатентованные и воспроизведенные (непатентованные) лекарства. Посмотрите в алфавитный указатель и найдите свое лекарство. Возле названия вашего лекарства будет указан номер страницы, на которой указана информация об оплате за него. Перейдите к странице, которая указана в алфавитном указателе, и найдите название своего лекарства в первой колонке списка.

Что это такое - "воспроизведенные" лекарственные средства?

План VillageCareMAX оплачивает как запатентованные, так и воспроизведенные лекарственные средства. Воспроизведенное лекарственное средство получило от FDA одобрение. В нем используется тот же самый активный ингредиент, что и в запатентованном лекарственном средстве. Обычно воспроизведенные лекарственные средства имеют такую же лечебную эффективность, но они стоят меньше, чем запатентованные лекарственные средства. Для многих запатентованных лекарств существуют их заменители - воспроизведенные лекарственные средства. Обычно в аптеках можно заменять запатентованные лекарственные средства воспроизведенными лекарственными средствами, без необходимости получать новый рецепт (в зависимости от законов штата).

Что это такое - оригинальные биологические продукты и каким образом они связаны с биоаналогами?

Когда в формуляре мы описываем лекарственные средства, под это определение подпадают лекарственные средства или биологические продукты. Биологические продукты это такие лекарственные средства, которые более сложны, чем обычные лекарственные средства. Вследствие того, что биологические продукты более сложны, чем обычные лекарственные средства, вместо использования их универсальной формы используются их альтернативы, которые называются биоаналоги. В целом биоаналоги действуют точно так же, как и оригинальный биологический продукт, и они могут иметь меньшую стоимость. Для некоторых оригинальных биологических продуктов существуют биоаналоги. Некоторые биоаналоги взаимозаменяемы и, в зависимости от законов штата, в аптеках они могут заменять оригинальный

биологический продукт, не требуя нового рецепта, точно так же, как воспроизведенные лекарственные средства могут заменять запатентованные лекарственные средства.

- Для получения информации о типах лекарственных средств см. "Описание страхового покрытия", глава 5, раздел 3.1, "Список лекарственных средств", где описывается то, какие лекарственные средства по части "D" будут оплачиваться".

Существуют ли какие-либо ограничения, касающиеся страхового покрытия?

Для некоторых оплачиваемых лекарств могут быть установлены дополнительные требования или ограничения в отношении страхового покрытия. Эти требования и ограничения могут включать в себя:

- **Предварительное разрешение:** План VillageCareMAX требует, чтобы вы, или лицо, которое выписывает вам рецепт, получили предварительное разрешение для использования определенных лекарственных средств. Это означает, что вам необходимо сначала получить одобрение у плана VillageCareMAX перед тем, как вы сможете получать рецептурное лекарство. План VillageCareMAX возможно не будет оплачивать такое лекарственное средство, если вы не получите предварительное разрешение на использование его.
- **Ограничение по количеству:** Для некоторых лекарственных средств план VillageCareMAX установил ограничение в отношении объема лекарственного средства, который будет оплачивать план. Например, план предоставляет 60 капсул за один выписанный рецепт для лекарственного средства Celebrex. Этот объем может выдаваться в дополнение к обычной одномесечной или трехмесячной поставке.
- **Поэтапная терапия:** В некоторых случаях план VillageCareMAX требует, чтобы вы для лечения своего заболевания сначала попробовали определенные другие лекарства перед тем, как мы начнем оплачивать иное лекарство для лечения вашего заболевания. Например, если лекарства "А" и "В" применяются для лечения одного и того же заболевания - план может не оплачивать лекарство "В" до тех пор, пока вы сначала не попробуете лекарство "А". Если лекарство "А" не окажется эффективным для вас, в таком случае мы оплатим лекарство "В".

Для того, чтобы узнать о наличии установленных для вашего лекарства каких-либо дополнительных требований или ограничений, нужно просмотреть формуляр, который начинается со страницы 3. Для получения дополнительной информации об ограничениях, касающихся конкретных лекарств оплачиваемых планом, вы также можете посетить наш веб-сайт по адресу: www.villagescaremax.org. На нашем веб-сайте размещена документация, объясняющая ограничения, касающиеся необходимости получать предварительное разрешение и ступенчатой терапии. Вы также можете попросить, чтобы мы послали вам отдельную копию. Наша контактная информация, а также дата последнего обновления формуляра, указаны на передней и задней обложках буклета.

Вы можете попросить, чтобы план VillageCareMAX сделал для вас исключение в отношении указанных ограничений или лимитов, или в отношении списка других подобных лекарств, которые могут лечить ваше заболевание. Для получения информации о том, как можно подавать запрос на предоставление исключения, см. раздел "Как я могу запросить, чтобы мне предоставили исключение из формуляра лекарств плана VillageCareMAX?", который находится ниже на странице "v".

Что это такое - лекарства, которые отпускаются без рецептов (ОТС)?

Нерецептурные лекарства это такие средства, которые отпускаются без наличия рецепта, и которые обычно не оплачиваются планом для рецептурных лекарств, оплачиваемых по программе "Медикеар". План VillageCareMAX оплачивает определенные нерецептурные лекарства. План оплачивает некоторые нерецептурные лекарства в рамках своей программы для нерецептурных льгот, чтобы лечить различные заболевания, которые включают в себя, среди всего прочего, следующие средства:

- Аспирин и обезболивающие средства для взрослых лиц
- Жидкости или таблетки от гриппа, кашля и простуды, для взрослых лиц
- Лекарства от аллергий и синусита
- Лекарственные средства от диареи
- Лекарственные средства для борьбы с грибками
- Лекарственные средства для борьбы с газообразованием
- Противозудные лекарственные средства
- Добавки для диабетиков
- Средства для органов пищеварения
- Пищеварительные пре- и пробиотики
- Здоровье сердечной системы
- Снотворные средства
- Витамины и минералы
- Средства для контроля веса (таблетки, капсулы и пр.)

Указанные нерецептурные средства план VillageCareMAX будет предоставлять вам бесплатно. Стоимость таких нерецептурных лекарственных средств для плана VillageCareMAX не будет идти в зачет ваших совокупных затрат на лекарственные средства по части "D".

Что делать в том случае, если мое лекарственное средство не внесено в формуляр?

Если ваше лекарство не внесено в этот формуляр (список оплачиваемых лекарств), в таком случае необходимо сначала связаться с Отделом обслуживания и спросить, оплачивается ли ваше лекарство.

Если вам сообщат, что план VillageCareMAX не оплачивает ваше лекарство, в таком случае у вас есть два варианта действий:

- Вы можете попросить, чтобы Отдел обслуживания предоставил список подобных лекарств, которые оплачивает план VillageCareMAX. Когда вы получите этот список, покажите его своему врачу и попросите врача назначить вам подобное лекарство, которое оплачивается планом VillageCareMAX.
- Вы можете подать в план VillageCareMAX запрос о предоставлении исключения для оплаты вашего лекарственного средства. Для получения информации о том, как подавать запрос на предоставление исключения, см. предоставленное ниже описание.

Как я могу запросить, чтобы мне предоставили исключение из формуляра лекарственных средств плана VillageCareMAX?

Вы можете подать запрос, чтобы план VillageCareMAX сделал для вас исключение из наших правил страхового покрытия. Ниже приведены некоторые примеры исключений, которые вы можете запросить у нас.

- Вы можете попросить нас предоставить страховое покрытие для лекарства, даже если оно не внесено в формуляр. Если вы получите одобрение - это лекарство будет оплачиваться на предварительно установленном уровне совместной оплаты и вы не сможете просить о том, чтобы мы предоставляли это лекарство с более низким уровнем совместной оплаты.
- Вы можете обратиться к нам с просьбой о снятии ограничений на оплату, включая необходимость получения предварительного разрешения, поэтапную терапию или лимиты на объем получаемого вами лекарственного средства. Например, план VillageCareMAX может ограничивать объем лекарственных средств, который мы будем оплачивать. Если для вашего лекарственного средства установлен лимит по его объему - в таком случае вы можете попросить нас снять этот лимит и предоставлять оплату для большего объема.
- Вы можете попросить, чтобы мы оплачивали лекарственное средство, которое внесено в формуляр, на более низком уровне совместной оплаты, за исключением таких случаев, когда лекарственное средство входит в специальную группу лекарственных средств.

В целом, план VillageCareMAX одобрит ваш запрос о предоставлении исключения только в том случае, если альтернативные лекарственные средства, которые включены в формуляр плана (или лекарственное средство с более низким уровнем совместной оплаты), или применение ограничений, не смогут так же эффективно лечить вас, и/или будут вызывать у вас неблагоприятное побочное воздействие.

Вы, или лицо, которое выписывает вам рецепт, должны обращаться к нам для того, чтобы подать запрос о предоставлении исключения из формуляра, включая исключения касающиеся установленных ограничений на страховое покрытие. **При подаче просьбы о предоставлении исключения ваш врач должен будет объяснить медицинские причины, по которым вам нужно предоставить исключение.** В целом, мы обязаны принять наше решение в течение 72 часов после получения заявления от вашего врача, поддерживающего ваш запрос. Вы можете подать запрос о принятии ускоренного ("быстрого") решения в том случае, если вы полагаете (и мы согласились с вашим мнением), что ожидание решения в течение 72 часов может нанести серьезный вред вашему здоровью. Если мы согласимся с вами, или если лицо, которое выписало вам рецепт, подало просьбу об ускоренном рассмотрении дела, в таком случае мы должны будем принять наше решение в течение 24 часов после получения от лица, которое выписало рецепт, заявления в поддержку такого решения.

Что мне делать в том случае, если мое лекарственное средство не внесено в формуляр или для него установлены ограничения?

Если вы новый участник нашего плана (или продолжаете участие в нем), вы, возможно, принимать те лекарственные средства, которые не внесены в наш формуляр. Или вы можете принимать такое лекарственное средство, которое указано в нашем формуляре, но для него установлены ограничения, касающиеся страхового покрытия (например - наличие предварительного разрешения). Вам необходимо будет поговорить с лицом, которое выписало вам рецепт, о подаче запроса на принятие страхового решения, чтобы показать, что вы соответствуете требованиям установленным для получения одобрения, перехода на другое соответствующее лекарственное средство, которое мы оплачиваем, или подачи запроса о предоставлении исключения из формуляра, чтобы мы смогли оплачивать вам то лекарственное средство, которое вы принимаете. До того, как вы обсудите этот вопрос со своим врачом, чтобы выбрать правильный план действий, мы можем оплачивать ваше лекарственное средство, в определенных случаях, в течение первых 90 дней вашего участия в нашем плане.

Для каждого вашего лекарственного средства, которое не включено в наш формуляр (или в отношении которого установлены ограничения), мы будем оплачивать временный 30-дневный запас такого лекарственного средства. Если ваш рецепт выписан на меньшее количество дней, мы обеспечим повторную выдачу такого лекарственного средства на срок до 30 дней (максимум). Если оплата не будет одобрена, в таком случае, после истечения вашего первого 30-дневного запаса, мы больше не будем оплачивать такие лекарственные средства, даже если вы были участником нашего плана менее 90 дней.

Если вы будете находиться в заведении для долгосрочного ухода и вам понадобится лекарство, которое не включено в наш формуляр, или если у вас ограниченные возможности для получения вашего лекарства, но вы уже преодолели 90-дневный срок участия в нашем плане - в таком случае мы будем оплачивать 31-дневный аварийный запас такого лекарства в то время, чтобы вы подали запрос на предоставление исключения из формуляра.

В плане VillageCareMAX предусмотрен переходной период, который предназначен для того, чтобы обеспечить непрерывное предоставление страховых льгот по оплате лекарств для новых и существующих участников плана. Иногда возникают такие ситуации, когда вы возможно столкнетесь с измененным уровнем ухода за собой - например: поступление в больницу или в заведение для долгосрочного ухода (или выписка из таких заведений). В таких случаях мы, в одноразовом порядке, предоставим вам срочный запас лекарства, которое не входит в наш формуляр. Лекарства, которые не входят в наш формуляр, включают в себя такие лекарственные средства, которые не вошли в состав нашего формуляра, и лекарства, которые находятся в нем, но требуют получения предварительного разрешения или проведения поэтапной терапии согласно установленным планом правил по использованию лекарств.

Получение дополнительной информации

Для получения более подробной информации о страховом покрытии для рецептурных лекарств, которое предоставляет план VillageCareMAX, просим вас обращаться к "Описанию страхового покрытия" и другим материалам, предоставляемым нашим планом.

Если у вас возникли вопросы, касающиеся плана VillageCareMAX - обращайтесь к нам. Наша контактная информация, а также дата последнего обновления формуляра, указаны на передней и задней обложках буклета.

Если у вас есть общие вопросы, касающиеся страхового покрытия для рецептурных лекарств по программе "Медикар" - обращайтесь в программу "Медикар" по телефону: 1-800-MEDICARE (1-800-633-4227), круглосуточно, без выходных. Пользователи ТТУ должны звонить по телефону: 1-877-486-2048. Или посетите веб-сайт: <http://www.medicare.gov>.

Формуляр плана VillageCareMAX

В предоставленном ниже формуляре указывается информация о страховом покрытии для лекарств, которые оплачивает план VillageCareMAX. Если вы не можете найти свое лекарство в этом списке - обращайтесь к алфавитному указателю, который начинается на странице I-1.

В первом столбце таблицы указываются названия лекарств. Названия запатентованных лекарств написаны заглавными буквами (например, BENICAR); названия воспроизведенных лекарств указаны строчными буквами и курсивом (например, *losartan*).

Информация в столбце "Требования/ограничения" сообщает вам о наличии в плане специальных требований в отношении страхового покрытия для вашего лекарственного средства.

The following table lists the definitions for the abbreviations that appear in the “Requirements/Limits” column in the below drug list that starts on page 3.

ABBREVIATION/	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from VillageCareMAX before you fill your prescription for this drug. Without prior approval, VillageCareMAX may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from VillageCareMAX to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, VillageCareMAX may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 yrs. or older are required to get prior authorization from VillageCareMAX before you fill your prescription for this drug. Without prior approval, VillageCareMAX may not cover this drug

ABBREVIATION/ SYMBOL	DESCRIPTION	EXPLANATION
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from VillageCareMAX before you fill your prescription for this drug. Without prior approval, VillageCareMAX may not cover this drug.
QL	Quantity Limit Restriction	VillageCareMAX limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before VillageCareMAX can provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
OTHER SPECIAL REQUIREMENTS FOR COVERAGE		
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call the Pharmacy Member Services at 1-888-807-6806, 24 hours a day, 7 days a week. TTY users should call 711.
NM	Non-Mail Order Drug	You may be able to receive greater than a 1-month supply of most of the drugs on your formulary via mail order at a reduced cost share. Drugs <u>not</u> available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary.

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-296-8800 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles' de forma gratuita' ayuda y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-855-296-8800 (TTY:711) o hable con su proveedor.

Simplified Chinese: 中文

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-855-296-8800（文本电话：711）或咨询您的服务提供商。

Traditional Chinese: 台語

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-855-296-8800（TTY：711）或與您的提供者討論。

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo pero magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-296-8800 (TTY:711) o makipag-usap sa iyong provider.

French: ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-296-8800 (TTY :711) ou adressez-vous à votre prestataire.

Vietnamese: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-296-8800 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của quý vị.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose

Sprachassistentenzdienste zur Verfügung.
Entsprechende Hilfsmittel und Dienste zur
Bereitstellung von Informationen zugänglichen
Formaten stehen ebenfalls kostenlos zur
Verfügung. Rufen Sie 1-855-296-8800 (TTY:711)
an oder sprechen Sie mit Ihrem Provider.

Korean: 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-855-296-8800 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Russian: ВНИМАНИЕ! Если вы говорите на русском языке, вы можете бесплатно воспользоваться услугами языковой поддержки. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги, обеспечивающие доступ к информации в удобном формате. Позвоните по телефону 1-855-296-8800 (TTY: 711) или обратитесь к своему поставщику стоматологических услуг.

(Arabic)تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-855-296-8800 (711) أو تحدث إلى مقدم الخدمة".

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-296-8800 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।”

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-855-296-8800 (tty: 711) o parla con il tuo fornitore.

Portuguese: ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-855-296-8800 (TTY: 711) ou fale com seu provedor.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd ki disponib pou ou gratis nan lang ou pale a. Èd ak sèvis anplis apwopriye pou bay enfòmasyon nan fòm aksèsib yo

disponib gratis tou. Rele nan 1-855-296-8800
(TTY: 711) oswa pale avèk founisè w la.

Polish: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Prosimy zadzwonić pod numer 1-855-296-8800 (TTY:711) lub porozmawiać ze swoim świadczeniodawcą.

Japanese: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-855-296-8800（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

Table of Contents

Analgesics	3
Anesthetics	7
Anti-Addiction/Substance Abuse Treatment Agents	7
Antianxiety Agents	8
Antibacterials	10
Anticancer Agents	18
Anticonvulsants	38
Antidementia Agents	45
Antidepressants	46
Antidiabetic Agents	49
Antifungals	55
Antigout Agents	58
Antihistamines	58
Anti-Infectives (Skin And Mucous Membrane)	58
Antimigraine Agents	59
Antimycobacterials	60
Antinausea Agents	61
Antiparasite Agents	62
Antiparkinsonian Agents	63
Antipsychotic Agents	65
Antivirals (Systemic)	73
Blood Products/Modifiers/Volume Expanders	80
Caloric Agents	84
Cardiovascular Agents	84
Central Nervous System Agents	96
Contraceptives	100
Dental And Oral Agents	110
Dermatological Agents	110
Devices	115
Enzyme Cofactors/Chaperones	167
Enzyme Replacement/Modifiers	167
Eye, Ear, Nose, Throat Agents	168
Gastrointestinal Agents	173
Genitourinary Agents	176
Heavy Metal Antagonists	177
Hormonal Agents, Stimulant/Replacement/Modifying	178
Immunological Agents	183
Inflammatory Bowel Disease Agents	197

Metabolic Bone Disease Agents.....	198
Miscellaneous Therapeutic Agents.....	199
Ophthalmic Agents.....	201
Replacement Preparations.....	202
Respiratory Tract Agents.....	204
Skeletal Muscle Relaxants.....	209
Sleep Disorder Agents.....	209
Vasodilating Agents.....	210
Vitamins And Minerals.....	211

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine 120-12 mg/5 ml cup inner 120 mg-12 mg /5 ml (5 ml)</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180 per 30 days)
<i>buprenorphine transdermal patch</i> (Butrans) <i>weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	3	QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)	2	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)	2	QL (240 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; QL (120 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>	2	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	2	QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	QL (180 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	2	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	QL (90 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral tablet extended release 200 mg</i>	4	QL (60 per 30 days)
<i>morphine oral tablet extended release 60 mg</i> (MS Contin)	2	QL (60 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	4	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	2	QL (120 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	2	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	3	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	2	QL (1000 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	5	PA; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)	2	
<i>ibu oral tablet 400 mg</i> (ibuprofen)	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>dermacinrx lidocan 5% patch outer</i> (lidocaine)	3	PA; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	2	QL (30 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	3	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (240 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch, medicated 5 %</i> (lidocaine)	3	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	3	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	4	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	2	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	2	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	3	QL (336 per 365 days)
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	3	QL (336 per 365 days)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	3	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)

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01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	4	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	3	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	2	QL (150 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	1	
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	4	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	2	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	2	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	2	QL (120 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA; NDS; QL (235.2 per 28 days)
<i>gentamicin injection solution 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	3	
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)</i>	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	5	NDS
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	5	NDS
<i>fosfomycin tromethamine oral packet 3 gram</i>	2	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	3	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	3	
<i>methenamine hippurate oral tablet 1 gram</i>	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	2	QL (60 per 30 days)
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	3	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	3	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	3	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; QL (90 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	3	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	3	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	3	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> (ceftazidime)	3	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	3	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG (fidaxomicin)	5	NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin oral tablet 250 mg, 500 mg</i>	4	
<i>fidaxomicin oral tablet 200 mg</i> (Dificid)	5	NDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i>	3	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	3	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	3	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	
<i>meropenem intravenous recon soln 2 gram</i>	4	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	4	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	3	
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	3	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	3	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)</i>	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin 400 mg/250 ml bag suv, p/f, inner</i>	3	
<i>moxifloxacin oral tablet 400 mg</i>	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin-sod.chloride(iso)</i> <i>intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	3	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	4	
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	3	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	3	
<i>doxycycline hyclate oral capsule 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxylene NL)	2	
<i>doxycycline monohydrate oral capsule 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	3	
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg</i> (Abirtega)	5	PA NSO; NDS; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i> (Zytiga)	5	PA NSO; NDS; QL (120 per 30 days)
<i>abirtega oral tablet 250 mg</i> (abiraterone)	2	PA NSO; QL (120 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	2	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	2	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA NSO; NDS; QL (1.6 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
AUGTYRO ORAL CAPSULE 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG	5	PA NSO; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	5	PA NSO; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	5	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NDS
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	5	PA NSO; NDS; QL (75 per 28 days)
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	4	PA NSO
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	5	PA NSO; NDS
BORUZU INJECTION SOLUTION 2.5 MG/ML	4	PA NSO
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NDS; QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 500 mg/ml</i> (Frindovyx)	5	PA BvD; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	5	PA NSO; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	5	PA NSO; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i>	5	NDS
<i>doxorubicin, peg-liposomal</i> (Caelyx) <i>intravenous suspension 2 mg/ml</i>	5	PA BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	5	PA NSO; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	5	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	5	PA NSO; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i>	2	
EULEXIN ORAL CAPSULE 125 MG (flutamide)	5	NDS
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	5	PA NSO; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg</i> (Torpenz)	5	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet 5 mg, 7.5 mg</i> (Torpenz)	5	PA NSO; NDS; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
FAKZYNJA ORAL TABLET 200 MG	5	PA NSO; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA BvD; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	3	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250</i> (Faslodex) <i>mg/5 ml</i>	5	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 (lomustine) MG	4	
GLEOSTINE ORAL CAPSULE 100 (lomustine) MG, 40 MG	5	NDS
GOMEKLI ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (224 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI ORAL CAPSULE 2 MG	5	PA NSO; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	5	PA NSO; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS; QL (5 per 21 days)
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (216 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	5	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA NSO; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	PA NSO; NDS; QL (28 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	2	
LEUKERAN ORAL TABLET 2 MG	5	NDS
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i> (Lutrate Depot (3 month))	4	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	3	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA NSO; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA NSO; NDS
LUTRATE DEPOT (3 MONTH) (leuprolide (3 month)) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA NSO
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	5	PA NSO; NDS; QL (15 per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (40 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)	5	NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	5	PA BvD; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	5	PA NSO; NDS; QL (120 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	5	NDS
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i> (Alimta)	5	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA NSO; NDS; QL (240 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RYBREVA NT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA NSO; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NDS; QL (120 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	5	NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NDS; QL (900 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)	5	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	2	
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NDS
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	5	PA NSO; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	5	PA NSO; NDS; QL (30 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	3	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	5	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
XALKORI ORAL PELLETT 150 MG	5	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	5	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NDS; QL (20 per 28 days)
Anticonvulsants		
Anticonvulsants		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	5	NDS; QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	NDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	NDS; QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	3	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	3	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>	3	
<i>diazepam rectal kit 2.5 mg</i>	4	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	5	ST; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG	5	ST; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	
EPRONTIA ORAL SOLUTION 25 MG/ML (topiramate)	4	ST
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Aptiom)	5	ST; NDS; QL (30 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)	5	ST; NDS; QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	3	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)	5	ST; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG (perampanel)	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)	5	ST; NDS; QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	2	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	2	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	2	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	3	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	3	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	3	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
<i>levetiracetam oral tablet for suspension 250 mg</i> (Spritam)	3	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i> (Celontin)	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	3	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i> (Fycompa)	5	ST; NDS; QL (30 per 30 days)
<i>perampanel oral tablet 2 mg</i> (Fycompa)	3	ST; QL (30 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)	5	ST; NDS; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	2	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	3	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	ST; NDS
<i>rufinamide oral tablet 200 mg</i> (Banzel)	3	ST
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	ST; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	5	PA NSO-HRM; NDS; AGE (Max 64 Years)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG	4	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG (levetiracetam)	4	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	3	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral capsule, sprinkle 50 mg</i>	3	
<i>topiramate oral solution 25 mg/ml</i> (Eprontia)	3	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1 ML X 2), 20 MG/2 SPRAY (10 MG/0.1 ML X 2), 5 MG/SPRAY (0.1 ML)	5	NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (150 MG X1-100 MG X1), 350 MG/DAY (200 MG X1-150 MG X1)	5	NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	NDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	4	
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	NDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	
<i>zonisamide oral capsule 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	3	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg</i>	2	ST; QL (30 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 7 mg</i> (Namenda XR)	2	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	3	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	3	QL (30 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	4	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	4	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	3	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)	1	
<i>fluoxetine oral capsule 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet, disintegrating</i> (Remeron SolTab) 15 mg, 30 mg, 45 mg	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	4	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	4	PA NSO-HRM; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	
RALDESY ORAL SOLUTION 10 MG/ML	5	PA NSO; NDS; QL (1200 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NDS
<i>tranlycypromine oral tablet 10 mg</i> (Parnate)	4	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NDS; QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> (Farxiga)	3	QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	4	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	6	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	QL (150 per 30 days)
<i>metformin oral tablet 750 mg, 850 mg</i>	6	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	PA; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	6	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	6	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	6	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	3	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	3	max \$35 copay per month supply
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> (Novolog Mix 70-30FlexPen U-100)	3	max \$35 copay per month supply; QL (30 per 28 days)

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insuln)	3	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	3	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	3	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	3	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Semglee(insulin glarg-yfgn)Pen)	3	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	(Semglee(insulin glargine-yfgn))	3	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro)	3	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	3	max \$35 copay per month supply; QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		3	max \$35 copay per month supply; QL (30 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 (insulin aspart u-100) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 (insulin asp prt-insulin aspart) INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN (insulin asp prt-insulin aspart) U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG PENFILL U-100 (insulin aspart u-100) INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG U-100 INSULIN (insulin aspart u-100) ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300 conc) SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (18 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine u-300 conc)	3	max \$35 copay per month supply; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	6	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	6	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 250 mg</i>	6	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 500 mg, 5-500 mg</i>	6	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25- 250 mg, 2.5-500 mg, 5-500 mg</i>	6	PA-HRM; AGE (Max 64 Years)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	5	PA BvD; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	4	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole))	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (90 per 30 days)
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	5	NDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5	PA; NDS
<i>econazole nitrate topical cream 1 %</i>	2	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	2	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	3	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	3	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (360 per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i> (Mycamine)	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	5	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA BvD; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	3	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	4	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
Antihistamines		
Antihistamines		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	4	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)
<i>dihydroergotamine nasal spray, non- aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	ST; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	2	QL (18 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer, (Imitrex STATdose Pen) sub</i>	3	QL (4 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	3	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg (Imitrex)</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg (Imitrex)</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml (Imitrex STATdose Refill)</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Pen)</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	3	
<i>rifabutin oral capsule 150 mg</i>	4	
<i>rifampin intravenous recon soln 600 mg (Rifadin)</i>	3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECATOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	3	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	3	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	3	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	3	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	3	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	4	PA; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	3	
<i>promethazine injection solution 25 mg/ml</i> (Phenergan)	2	PA-HRM; AGE (Max 64 Years)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 25 mg</i> (Promethegan)	2	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine)	2	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	4	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	3	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	3	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 100 mg</i>	2	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	2	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
<i>ivermectin oral tablet 6 mg</i>	2	
<i>mefloquine oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	5	NDS; QL (60 per 30 days)
<i>paromomycin oral capsule 250 mg</i> (Humatin)	3	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	3	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	3	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	3	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 25-100 mg, 25-250 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	3	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NDS
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	5	PA; NDS; QL (600 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	4	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	4	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	5	PA; NDS; QL (560 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NDS; QL (2 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	3	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	4	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 14 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet</i> (Saphris) <i>10 mg, 2.5 mg, 5 mg</i>	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	3	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg, 200</i> (Clozaril) <i>mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	4	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100- 20 MG, 125-30 MG, 50-20 MG	5	ST; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	ST; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	5	NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	4	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	3	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	3	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 21 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone oral tablet 120 mg</i> (Latuda)	4	QL (30 per 30 days)
<i>lurasidone oral tablet 20 mg, 40 mg, 60 mg</i> (Latuda)	3	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	3	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	5	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine intramuscular recon soln</i> 10 mg	3	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg,</i> <i>7.5 mg</i>	2	
<i>olanzapine oral tablet 2.5 mg, 20 mg, (Zyprexa)</i> <i>5 mg</i>	2	
<i>olanzapine oral tablet,disintegrating</i> <i>10 mg, 15 mg, 20 mg, 5 mg</i>	3	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	5	ST; NDS
<i>paliperidone oral tablet extended</i> <i>release 24hr 1.5 mg</i>	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended (Invega)</i> <i>release 24hr 3 mg, 9 mg</i>	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended (Invega)</i> <i>release 24hr 6 mg</i>	4	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2</i> <i>mg, 4 mg, 8 mg</i>	2	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	5	NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>prochlorperazine 10 mg/2 ml vl outer</i> <i>10 mg/2 ml (5 mg/ml)</i>	2	
<i>quetiapine oral tablet 100 mg, 200 (Seroquel)</i> <i>mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
<i>quetiapine oral tablet 150 mg</i>	2	QL (30 per 30 days)
<i>quetiapine oral tablet extended (Seroquel XR)</i> <i>release 24 hr 150 mg, 200 mg, 300</i> <i>mg, 400 mg, 50 mg</i>	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	NDS; QL (30 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres</i> (Risperdal Consta) <i>intramuscular suspension,extended</i> <i>rel recon 12.5 mg/2 ml</i>	2	QL (2 per 28 days)
<i>risperidone microspheres</i> (Rykindo) <i>intramuscular suspension,extended</i> <i>rel recon 25 mg/2 ml</i>	2	QL (2 per 28 days)
<i>risperidone microspheres</i> (Rykindo) <i>intramuscular suspension,extended</i> <i>rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	
<i>risperidone oral tablet 0.25 mg</i>	2	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	
<i>risperidone oral tablet,disintegrating</i> <i>0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	5	NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	NDS; QL (0.28 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	3	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	
APTIVUS ORAL CAPSULE 250 MG	5	NDS
<i>atazanavir oral capsule 150 mg</i>	2	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	5	NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	5	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NDS
<i>darunavir oral tablet 600 mg</i> (Prezista)	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>darunavir oral tablet 800 mg</i> (Prezista)	5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	3	
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	5	NDS
<i>efavirenz oral capsule 200 mg</i>	3	
<i>efavirenz oral capsule 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	3	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	2	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	5	NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	3	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg</i> (Truvada)	3	
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i> (Truvada)	5	NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	2	
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i> (Complera)	5	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelligence)	5	NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
<i>fosamprenavir oral tablet 700 mg</i>	5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NDS
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)	4	QL (480 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	3	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	3	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	3	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	3	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	3	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PIFELTRO ORAL TABLET 100 MG	5	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS
PREZISTA ORAL TABLET 150 MG	5	NDS
PREZISTA ORAL TABLET 75 MG	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	5	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NDS
SYMITUZA ORAL TABLET 800-150-200-10 MG	5	NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NDS
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NDS; QL (28 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	5	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	3	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	3	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	3	QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>100 mg/ml, 150 mg/ml</i>	3	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>120 mg/0.8 ml, 80 mg/0.8 ml</i>	3	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30</i> (Lovenox) <i>mg/0.3 ml</i>	3	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40</i> (Lovenox) <i>mg/0.4 ml</i>	3	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60</i> (Lovenox) <i>mg/0.6 ml</i>	3	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) <i>10 mg/0.8 ml</i>	5	NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) <i>2.5 mg/0.5 ml</i>	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5</i> (Arixtra) <i>mg/0.4 ml</i>	5	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) <i>7.5 mg/0.6 ml</i>	5	NDS; QL (18 per 30 days)
<i>heparin (porcine) injection solution</i> <i>1,000 unit/ml, 10,000 unit/ml, 20,000</i> <i>unit/ml, 5,000 unit/ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2</i> (warfarin) <i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,</i> <i>7.5 mg</i>	1	
<i>rivaroxaban oral suspension for</i> (Xarelto) <i>reconstitution 1 mg/ml</i>	2	QL (600 per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL SUSPENSION (rivaroxaban) FOR RECONSTITUTION 1 MG/ML	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG (rivaroxaban)	3	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	3	ST; QL (60 per 30 days)
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; NDS; QL (60 per 30 days)
<i>eltrombopag olamine oral powder in packet 12.5 mg</i> (Promacta)	5	PA; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral powder in packet 25 mg</i> (Promacta)	5	PA; NDS; QL (180 per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg</i> (Promacta)	5	PA; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral tablet 25 mg</i> (Promacta)	5	PA; NDS; QL (30 per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i> (Promacta)	5	PA; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NDS; QL (20 per 30 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
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	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	3	
<i>anagrelide oral capsule 1 mg</i>	3	
<i>tranexamic acid oral tablet 650 mg</i>	2	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	3	
BRILINTA ORAL TABLET 90 MG (ticagrelor)	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
<i>ticagrelor oral tablet 60 mg</i> (Brilinta)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>ticagrelor oral tablet 90 mg</i> (Brilinta)	3	
Caloric Agents		
Caloric Agents		
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
<i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i>	2	
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa oral capsule 100 mg</i> (Northera)	2	PA; QL (180 per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i> (Northera)	5	PA; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	6	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	6	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	6	
<i>irbesartan oral tablet 75 mg</i>	6	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	6	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	6	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	6	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	6	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	6	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	6	
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i> (Entresto)	2	
<i>telmisartan oral tablet 20 mg</i>	6	
<i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis)	6	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	6	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	6	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	6	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	6	
<i>benazepril oral tablet 5 mg</i>	6	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	6	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	6	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	6	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	6	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	6	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	6	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	6	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	6	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	6	
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i> (Altace)	6	
<i>ramipril oral capsule 10 mg</i>	6	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg</i> (Pacerone)	2	
<i>amiodarone oral tablet 400 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	3	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	3	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i>	4	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	2	
<i>sotalol oral tablet 240 mg</i> (Betapace)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	2	
<i>diltiazem 24hr er 360 mg cap once-a-day dosage</i> (Tiadylt ER)	2	
<i>diltiazem 24hr er 420 mg cap</i> (Tiadylt ER)	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	4	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	
<i>diltiazem hcl oral tablet 90 mg</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	2	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
Cardiovascular Agents, Miscellaneous		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	QL (600 per 30 days)
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection auto-injector</i> (Auvi-Q) 0.15 mg/0.15 ml	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector</i> (EpiPen Jr) 0.15 mg/0.3 ml	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector</i> 0.3 mg/0.3 ml	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector</i> (Auvi-Q) 0.3 mg/0.3 ml	2	QL (4 per 30 days)
<i>hydralazine oral tablet</i> 10 mg, 100 mg, 25 mg, 50 mg	1	
<i>icatibant subcutaneous syringe</i> 30 mg/3 ml (Firazyr)	5	PA; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet</i> 5 mg, 7.5 mg (Corlanor)	3	QL (60 per 30 days)
<i>metyrosine oral capsule</i> 250 mg (Demser)	5	PA; NDS
<i>ranolazine oral tablet extended release</i> 12 hr 1,000 mg	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended release</i> 12 hr 500 mg	2	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
Dihydropyridines		
<i>amlodipine oral tablet</i> 10 mg, 2.5 mg, 5 mg (Norvasc)	1	
<i>amlodipine-benazepril oral capsule</i> 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel)	6	
<i>amlodipine-benazepril oral capsule</i> 2.5-10 mg, 5-40 mg	6	
<i>amlodipine-olmesartan oral tablet</i> 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	6	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	6	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i> (Exforge HCT)	3	
<i>amlodipine-valsartan-hcthiiazid oral tablet 5-160-12.5 mg</i> (Exforge HCT)	4	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan (polycys kidney dis))	5	PA; NDS; QL (120 per 30 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i> (Jynarque)	5	PA; NDS; QL (56 per 28 days)
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet)	6	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	6	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	6	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	6	QL (30 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	4	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	3	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	6	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	6	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	6	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	2	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	3	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	3	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
NEXLETOL ORAL TABLET 180 MG	3	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	ST; QL (30 per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr 750 mg</i>	4	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	3	QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	6	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	6	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	6	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	6	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	6	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	2	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg</i>	3	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 per 30 days)
<i>atomoxetine oral capsule 18 mg, 25 mg, 40 mg</i>	2	QL (60 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NDS; QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24- 30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	PA; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine-amphetamine</i> (Adderall) <i>oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>dimethyl fumarate oral</i> (Tecfidera) <i>capsule, delayed release(dr/ec) 120 mg</i>	3	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral</i> (Tecfidera) <i>capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	3	PA
<i>dimethyl fumarate oral</i> (Tecfidera) <i>capsule, delayed release(dr/ec) 240 mg</i>	5	PA; NDS; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	PA; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	3	PA

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	3	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	QL (90 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	3	
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	3	PA; QL (112 per 28 days)
<i>tetrabenazine oral tablet 25 mg</i> (Xenazine)	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	2	
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	2	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>emzahh oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	4	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>estarylla oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	4	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		4	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	4	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	2	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		3	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>meleya oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>mili oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		4	
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG		3	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	2	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Jencycla)	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	2	

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(Tri-Lo-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(Tri-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i>	(Mono-Linyah)	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>		2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>orquidea oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		4	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	2	

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>valtya oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>vylibra oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	

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

Drug Name		Drug Tier	Requirements/Limits
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	4	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Periogard)	1	
<i>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	(DentaGel)	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	(PreviDent)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg</i>	(Salagen (pilocarpine))	2	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	(Salagen (pilocarpine))	4	
<i>sf 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	(Denta 5000 Plus Sensitive)	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	2	
Dermatological Agents			
Dermatological Agents, Other			
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		2	
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	4	QL (30 per 30 days)
<i>ammonium lactate topical cream 12 %</i>		2	
<i>ammonium lactate topical lotion 12 %</i>	(AmLactin)	2	
<i>calcipotriene scalp solution 0.005 %</i>		2	QL (120 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene topical cream 0.005 %</i>	3	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	3	QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %</i>	2	
<i>fluorouracil topical solution 5 %</i>	4	
<i>imiquimod topical cream in packet 5 %</i>	2	QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	5	ST; NDS; QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (60 per 28 days)
<i>podofilox topical solution 0.5 %</i>	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	3	
Dermatological Antibacterials		
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	4	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>gentamicin topical cream 0.1 %</i>	2	QL (90 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	QL (120 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 1 %</i> (Metrogel)	4	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	QL (220 per 30 days)
<i>rosadan topical cream 0.75 %</i> (metronidazole)	2	
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	4	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	
<i>clobetasol scalp solution 0.05 %</i>	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical gel 0.05 %</i>	4	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	4	
<i>clobetasol topical ointment 0.05 %</i>	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	4	
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone 2.5% cream</i>	2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	4	QL (100 per 30 days)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	3	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	4	
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
Scabicides And Pediculicides			
<i>malathion topical lotion 0.5 %</i>	(Ovide)	4	
<i>permethrin topical cream 5 %</i>	(Elimite)	2	QL (60 per 30 days)
Devices			
Devices			
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ALCOHOL 70% SWABS	(Alcohol Pads)	1	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	2	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	2	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	PA; ST
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	2	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	2	PA; ST
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	PA; ST
AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
BD INS SYR UF 0.3 ML (insulin syringe-needle 12.7MMX30G 0.3 ML 30 GAUGE u-100) X 1/2"	2	PA; ST
BD INS SYR UF 0.5 ML (insulin syringe-needle 12.7MMX30G NOT FOR RETAIL u-100) SALE 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	2	PA; ST
BD INSULIN SYR 1 ML 25GX5/8" (insulin syringe-needle 1 ML 25 GAUGE X 5/8" u-100)	2	PA; ST
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	2	PA; ST
BD INSULIN SYR 1 ML (insulin syringe-needle 27GX12.7MM 1 ML 27 GAUGE X u-100) 1/2"	2	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" (insulin syringe-needle MICRO-FINE 1 ML 27 GAUGE X u-100) 5/8"	2	PA; ST
BD INSULIN SYRINGE SLIP TIP (insulin syringe SYRINGE 1 ML needleless)	2	PA; ST
BD NANO 2 GEN PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
BD SAFETGLD INS 0.5 ML (insulin syringe-needle 13MMX29G 0.5 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	2	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	PA; ST
BD SAFETYGLIDE SYRINGE (insulin syringe-needle 27GX5/8 1 ML 27 GAUGE X 5/8" u-100)	2	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
BD UF MICRO PEN NEEDLE (pen needle, diabetic) 6MMX32G 32 GAUGE X 1/4"	2	PA; ST
BD UF MINI PEN NEEDLE (pen needle, diabetic) 5MMX31G 31 GAUGE X 3/16"	2	PA; ST
BD UF NANO PEN NEEDLE (pen needle, diabetic) 4MMX32G 32 GAUGE X 5/32"	2	PA; ST
BD UF ORIG PEN NDL (pen needle, diabetic) 12.7MMX29G 29 GAUGE X 1/2"	2	PA; ST
BD UF SHORT PEN NEEDLE (pen needle, diabetic) 8MMX31G 31 GAUGE X 5/16"	2	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
BD VEO INS SYRING 1 ML (insulin syringe-needle 6MMX31G 1 ML 31 GAUGE X u-100) 15/64"	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	1	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		2	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"		2	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 8MM 32G 32 GAUGE X 5/16"	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	2	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
COMFORT EZ PRO PEN NDL 31G (pen needle, diabetic, 4MM 31 GAUGE X 5/32" safety)	2	PA; ST
COMFORT EZ PRO PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety)	2	PA; ST
COMFORT EZ SYR 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE X u-100) 1/2"	2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X u-100) 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML (insulin syringe-needle 29GX1/2" 1 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML (insulin syringe-needle 30GX1/2" 1 ML 30 GAUGE X u-100) 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	2	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 4MM 31 GAUGE X 5/32"	2	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	2	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	2	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	2	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	2	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	2	PA; ST
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16"	2	PA; ST
CURAD GAUZE PADS 2" X 2" 2 X 2 " (gauze bandage)	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	PA; ST
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 " (gauze bandage)	1	PA; ST
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 " (gauze bandage)	1	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) 0.3 ML 30 GAUGE X 1/2"	2	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4" (insulin syr/ndl u100 half mark)	2	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
DROPLET INS 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	2	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	2	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
DROPLET INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		2	PA; ST
DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		2	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"		2	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	2	PA; ST
DROPLET PEN NEEDLE 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	PA; ST
DROPLET PEN NEEDLE 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	2	PA; ST
DROPSAFE ALCOHOL 70% PREP (alcohol swabs) PADS	1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	2	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	2	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	2	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
DROPSAFE PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety)	2	PA; ST
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 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	(insulin syringe-needle u-100)	2	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"		2	PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		2	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	2	PA; ST
EASY COMFORT ALCOHOL 70% (alcohol swabs) PAD	1	PA; ST
EASY COMFORT INSULIN 1 ML (insulin syringe-needle SYR 1 ML 30 GAUGE X 5/16 u-100)	2	PA; ST
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"	2	PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"	2	PA; ST
EASY COMFORT PEN NDL (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
EASY COMFORT PEN NDL (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
EASY COMFORT PEN NDL (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
EASY COMFORT PEN NDL (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
EASY COMFORT PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	2	PA; ST
EASY COMFORT PEN NDL 33G (pen needle, diabetic) 5MM 33 GAUGE X 3/16"	2	PA; ST
EASY COMFORT PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	2	PA; ST
EASY COMFORT SYR 0.5 ML 29G (insulin syringe-needle 8MM 1/2 ML 29 X5/16 " u-100)	2	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16	2	PA; ST
EASY COMFORT SYR 1 ML (insulin syringe-needle 30GX1/2" 1 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
EASY GLIDE INS 0.3 ML (insulin syringe-needle 31GX6MM 0.3 ML 31 GAUGE X u-100) 15/64"	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		2	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		2	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		2	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULIN SYR 0.3 (insulin syringe-needle ML 0.3 ML 30 GAUGE X 5/16", 0.3 u-100) ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULIN SYR 0.5 (insulin syringe-needle ML 0.5 ML 30 GAUGE X 5/16", 0.5 u-100) ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULIN SYR 1 (insulin syringe-needle ML 1 ML 30 GAUGE X 5/16, 1 ML u-100) 31 GAUGE X 5/16	2	PA; ST
EASY TOUCH INSULIN SYR 1 (insulin syringe-needle ML RETRACTABLE 1 ML 30 u-100) GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH LUER LOK INSUL (insulin syringe 1 ML needleless)	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 30GX5/16 30 GAUGE X 5/16"	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		2	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		2	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		2	PA; ST
EMBRACE PEN NEEDLE 29G	(pen needle, diabetic)	2	PA; ST
12MM 29 GAUGE X 1/2"			
EMBRACE PEN NEEDLE 30G	(pen needle, diabetic)	2	PA; ST
5MM 30 GAUGE X 3/16"			
EMBRACE PEN NEEDLE 30G	(pen needle, diabetic)	2	PA; ST
8MM 30 GAUGE X 5/16"			
EMBRACE PEN NEEDLE 31G	(pen needle, diabetic)	2	PA; ST
5MM 31 GAUGE X 3/16"			
EMBRACE PEN NEEDLE 31G	(pen needle, diabetic)	2	PA; ST
6MM 31 GAUGE X 1/4"			
EMBRACE PEN NEEDLE 31G	(pen needle, diabetic)	2	PA; ST
8MM 31 GAUGE X 5/16"			
EMBRACE PEN NEEDLE 32G	(pen needle, diabetic)	2	PA; ST
4MM 32 GAUGE X 5/32"			
EQL INSULIN 0.5 ML SYRINGE	(Utileit Insulin Syringe)	2	PA; ST
1/2 ML 29			
EQL INSULIN 0.5 ML SYRINGE	(Ultra Comfort Insulin Syringe)	2	PA; ST
SHORT NEEDLE 1/2 ML 30			
GAUGE			
FP INSULIN 1 ML SYRINGE 1 ML		2	PA; ST
28 GAUGE			
FREESTYLE PREC 0.5 ML	(insulin syringe-needle	2	PA; ST
30GX5/16 0.5 ML 30 GAUGE X	u-100)		
5/16"			
FREESTYLE PREC 0.5 ML	(insulin syringe-needle	2	PA; ST
31GX5/16 0.5 ML 31 GAUGE X	u-100)		
5/16"			
FREESTYLE PREC 1 ML	(insulin syringe-needle	2	PA; ST
30GX5/16" 1 ML 30 GAUGE X 5/16	u-100)		
FREESTYLE PREC 1 ML	(insulin syringe-needle	2	PA; ST
31GX5/16" 1 ML 31 GAUGE X 5/16	u-100)		

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1	PA; ST
GNP CLICKFINE 31G X 1/4" NDL 6MM, UNIVERSAL 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
GNP CLICKFINE 31G X 5/16" NDL 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		2	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	(insulin syringe-needle u-100)	2	PA; ST
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		2	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	2	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	2	PA; ST
GS PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(Unifine OTC Pen Needle)	2	PA; ST
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(1st Tier Unifine Pentips)	2	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"		2	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INSULIN 1 ML SYRINGE 1 ML 30 GAUGE X 7/16" (Ultra Comfort Insulin Syringe)	2	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" (Droplet Insulin Syr(half unit))	2	PA; ST
INSULIN SYR 0.5 ML 28G 12.7MM (OTC) 1/2 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2" (Easy Touch Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE (insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29 (insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Droplet Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE 1 ML 27G 1/2" (Easy Touch Insulin Syringe) INNER 1 ML 27 GAUGE X 1/2"	2	PA; ST
INSULIN SYRINGE 1 ML 27G (BD SafetyGlide Syringe) 16MM 1 ML 27 GAUGE X 5/8"	2	PA; ST
INSULIN SYRINGE 1 ML 28G (Comfort EZ Insulin Syringe) 12.7MM (OTC) 1 ML 28 GAUGE X 1/2"	2	PA; ST
INSULIN SYRINGE 1 ML (BD Eclipse Luer-Lok) 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	2	PA; ST
INSULIN SYRINGE 1 ML (Droplet Insulin Syringe) 31GX1/4" 1 ML 31 GAUGE X 1/4"	2	PA; ST
INSULIN SYRINGE NEEDLELESS (Easy Touch Luer Lock Insulin) SYRINGE 1 ML	2	PA; ST
INSULIN SYRINGE-NEEDLE U- (Ultilet Insulin Syringe) 100 SYRINGE 0.3 ML 29 GAUGE	2	PA; ST
INSULIN SYRINGE-NEEDLE U- (Comfort EZ Insulin Syringe) 100 SYRINGE 1 ML 29 GAUGE X 1/2"	2	PA; ST
INSULIN SYRINGE-NEEDLE U- (Monoject Syringe) 100 SYRINGE 1/2 ML 28 GAUGE	2	PA; ST
INSULIN U-500 SYRINGE- NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"	2	PA; ST
INSUPEN 30G ULTRAFIN (pen needle, diabetic) NEEDLE 30 GAUGE X 5/16"	2	PA; ST
INSUPEN 31G ULTRAFIN (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4"	2	PA; ST
INSUPEN 32G 8MM PEN NEEDLE (pen needle, diabetic) 32 GAUGE X 5/16"	2	PA; ST
INSUPEN PEN NEEDLE (pen needle, diabetic) 29GX12MM 29 GAUGE X 1/2"	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
INSUPEN PEN NEEDLE 31G 8MM (pen needle, diabetic) 31 GAUGE X 5/16"	2	PA; ST
INSUPEN PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (pen needle, diabetic) (RX) 32 GAUGE X 1/4"	2	PA; ST
INSUPEN PEN NEEDLE (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	2	PA; ST
INSUPEN PEN NEEDLE (pen needle, diabetic) 33GX4MM 33 GAUGE X 5/32"	2	PA; ST
IV ANTISEPTIC WIPES (alcohol swabs)	1	PA; ST
KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)	1	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "	1	PA; ST
LITE TOUCH 31GX1/4" PEN (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4"	2	PA; ST
LITE TOUCH INSULIN 0.5 ML (insulin syringe-needle SYR 1/2 ML 28 GAUGE, 1/2 ML 29 u-100) , 1/2 ML 30 GAUGE	2	PA; ST
LITE TOUCH INSULIN 1 ML SYR (insulin syringe-needle 1 ML 28 GAUGE, 1 ML 30 GAUGE u-100) X 7/16"	2	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE	2	PA; ST
LITE TOUCH INSULIN SYR 1 ML (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
LITE TOUCH PEN NEEDLE 29G (pen needle, diabetic) 29 GAUGE X 1/2"	2	PA; ST
LITE TOUCH PEN NEEDLE 31G (pen needle, diabetic) 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	2	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	PA; ST
MAXICOMFORT II PEN NDL (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	2	PA; ST
MAXICOMFORT INS 0.5 ML (insulin syringe-needle 27GX1/2" 1/2 ML 27 GAUGE X u-100) 1/2"	2	PA; ST
MAXI-COMFORT INS 0.5 ML 28G (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
MAXICOMFORT INS 1 ML (insulin syringe-needle 27GX1/2" 1 ML 27 GAUGE X 1/2" u-100)	2	PA; ST
MAXI-COMFORT INS 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	2	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	2	PA; ST
MICRODOT PEN NEEDLE (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	2	PA; ST
MICRODOT PEN NEEDLE (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	2	PA; ST
MICRODOT PEN NEEDLE (pen needle, diabetic) 33GX4MM 33 GAUGE X 5/32"	2	PA; ST
MICRODOT READYGARD NDL (pen needle, diabetic, 31G 5MM OUTER 31 GAUGE X safety) 3/16"	2	PA; ST
MINI PEN NEEDLE 32G 4MM 32 (1st Tier Unifine GAUGE X 5/32" Pentips)	2	PA; ST
MINI PEN NEEDLE 32G 5MM 32 (CareFine Pen Needle) GAUGE X 3/16"	2	PA; ST
MINI PEN NEEDLE 32G 6MM 32 (CareFine Pen Needle) GAUGE X 1/4"	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	2	PA; ST
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	2	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	2	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	2	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	2	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2"	2	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
MS INSULIN SYR 1 ML 31GX5/16" (OTC) 1 ML 31 GAUGE X 5/16 (Advocate Syringes)	2	PA; ST
MS INSULIN SYRINGE 0.3 ML 0.3 ML 30 (Ultra Comfort Insulin Syringe)	2	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
NOVOFINE 30 NEEDLE	2	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	2	PA; ST
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	2	PA; ST

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01/01/2026

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16"	2	PA; ST
PEN NEEDLE 30G 5MM OUTER (Embrace Pen Needle) 30 GAUGE X 3/16"	2	PA; ST
PEN NEEDLE 30G 8MM INNER 30 (CareFine Pen Needle) GAUGE X 5/16"	2	PA; ST
PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16"	2	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 (1st Tier Unifine GAUGE X 1/4" Pentips)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLE 6MM 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips Plus)	2	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST

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01/01/2026

Drug Name	Drug Tier	Requirements/Limits
PREFPLS INS SYR 1 ML (Advocate Syringes) 30GX5/16" (OTC) 1 ML 30 GAUGE X 5/16	2	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 (insulin syringe-needle ML 30 GAUGE X 1/2" u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 (insulin syringe-needle ML 30 GAUGE X 5/16" u-100)	2	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 (insulin syringe-needle ML 31 GAUGE X 5/16" u-100)	2	PA; ST
PRO COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	PA; ST
PRO COMFORT PEN NDL (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
PRO COMFORT PEN NDL 32G X (pen needle, diabetic) 1/4" 32 GAUGE X 1/4"	2	PA; ST
PRO COMFORT PEN NDL 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	2	PA; ST
PRO COMFORT PEN NDL 5MM (pen needle, diabetic) 32G 32 GAUGE X 3/16"	2	PA; ST
PRODIGY INS SYR 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X 1/2" u-100)	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		2	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	2	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		2	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"		2	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (Comfort EZ Insulin Syringe)	2	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" (Comfort EZ Insulin Syringe)	2	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	2	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort EZ PRO Safety Pen Ndl)	2	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	2	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	1	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
NEEDLES, INSULIN DISP., (insulin syringe-needle SAFETY u-100)	2	PA; ST
SURE COMFORT 0.5 ML (insulin syringe-needle SYRINGE 0.5 ML 30 GAUGE X u-100) 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
SURE COMFORT 1 ML SYRINGE (insulin syringe-needle 1 ML 28 GAUGE X 1/2", 1 ML 29 u-100) 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	2	PA; ST
SURE COMFORT 3/10 ML (insulin syringe-needle SYRINGE 0.3 ML 29 GAUGE X u-100) 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	2	PA; ST

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01/01/2026

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
SURE-PREP ALCOHOL PREP PADS (alcohol swabs)	1	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST

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01/01/2026

Drug Name		Drug Tier	Requirements/Limits
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		2	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	2	PA; ST
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8" (insulin syringe-needle u-100)	2	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8" (insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"	2	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"	2	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8" (insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	2	PA; ST
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST

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01/01/2026

Drug Name		Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 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	(insulin syringe-needle u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		2	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"		2	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST

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01/01/2026

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		2	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	1	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"		2	PA; ST
TRUE COMFORT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	2	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	2	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	2	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	2	PA; ST
TRUEPLUS PEN NEEDLE 31G X (pen needle, diabetic) 1/4" 31 GAUGE X 1/4"	2	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	2	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 0.5 ML 30G 8MM (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS SYR 0.5 ML 31G 8MM (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		2	PA; ST
ULTICARE SAFETY 0.5 ML 29GX1/2 (RX) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ULTICARE SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	2	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	2	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	2	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	2	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	2	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	2	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	2	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	2	PA; ST
ULTILET ALCOHOL STERL (alcohol swabs) SWAB	1	PA; ST
ULTILET INSULIN SYRINGE 0.3 (insulin syringe-needle ML 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
ULTILET PEN NEEDLE 29 GAUGE	2	PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	2	PA; ST
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		2	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE OTC PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PEN NEEDLE 32G 4MM (pen needle, diabetic) 32 GAUGE X 5/32"	2	PA; ST
UNIFINE PENTIPS 12MM 29G (pen needle, diabetic) 29GX12MM, STRL 29 GAUGE X 1/2"	2	PA; ST
UNIFINE PENTIPS 31GX3/16" (pen needle, diabetic) 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	2	PA; ST
UNIFINE PENTIPS 32G 4MM 32 (pen needle, diabetic) GAUGE X 5/32"	2	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 (pen needle, diabetic) GAUGE X 1/4"	2	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 (pen needle, diabetic) GAUGE X 5/32"	2	PA; ST
UNIFINE PENTIPS 6MM 31G 31 (pen needle, diabetic) GAUGE X 1/4"	2	PA; ST
UNIFINE PENTIPS MAX (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16"	2	PA; ST
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	2	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 29GX1/2" 12MM 29 GAUGE X 1/2"	2	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16"	2	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	2	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX3/16" MINI 31 GAUGE X 3/16"	2	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX5/16" SHORT 31 GAUGE X 5/16"	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32"	2	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
UNIFINE SAFECONTROL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety)	2	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	2	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST
UNIFINE ULTRA PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" (insulin syringe-needle SY OUTER 0.5 ML 30 GAUGE X u-100) 1/2"	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	2	PA; ST
VANISHPOINT U-100 29X1/2 SYR (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
VERIFINE PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	2	PA; ST
VERIFINE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	2	PA; ST
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST
VERIFINE PEN NEEDLE 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	PA; ST
VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	2	PA; ST
VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST
VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST
VERIFINE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	2	PA; ST
VERIFINE SYRING 0.5 ML 29G (insulin syringe-needle 1/2" 0.5 ML 29 GAUGE X 1/2" u-100)	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		1	PA; ST
V-GO 20 DEVICE		3	QL (30 per 30 days)
V-GO 30 DEVICE		3	QL (30 per 30 days)
V-GO 40 DEVICE		3	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	PA; ST
Enzyme Cofactors/Chaperones			
Enzyme Cofactors/Chaperones			
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		5	PA; NDS; QL (90 per 30 days)
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		3	
<i>javygtor oral tablet,soluble 100 mg</i>	(sapropterin)	5	PA; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	(Orfadin)	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	2	QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	

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01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	4	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	3	QL (12 per 28 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Advanced Eye Relief (olopatad))	2	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	3	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	QL (3.5 per 4 days)
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	

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01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc)	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-polymyxin)	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>polycin ophthalmic (eye) ointment</i> (bacitracin-polymyxin b) 500-10,000 unit/gram	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i> 10,000 unit- 1 mg/ml	1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i> 10 %	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i> 10 %	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i> 10 %-0.23 % (0.25 %)	2	
<i>tobramycin ophthalmic (eye) drops</i> 0.3 %	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i> 0.3-0.1 %	2	
<i>trifluridine ophthalmic (eye) drops</i> 1 %	4	
XDEMVI OPHTHALMIC (EYE) DROPS 0.25 %	5	PA; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac ophthalmic (eye) drops</i> (Prolensa) 0.07 %	3	
<i>cyclosporine ophthalmic (eye) dropperette</i> 0.05 % (Restasis)	3	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i> 0.1 %	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	4	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	4	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	4	QL (15 per 19 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	4	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	4	
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	4	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	4	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	4	ST; QL (60 per 30 days)
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	2	QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid)	2	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	PA
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	5	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	3	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>loperamide oral capsule 2 mg</i>	(Anti-Diarrheal (loperamide))	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	(Amitiza)	2	QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>		2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	QL (30 per 30 days)
<i>sodium polystyrene sulfonate oral powder 15 gram</i>		2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>		2	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	(Reltone)	5	NDS
<i>ursodiol oral capsule 300 mg</i>		2	
<i>ursodiol oral tablet 250 mg</i>		2	
<i>ursodiol oral tablet 500 mg</i>	(URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		3	
XERMELO ORAL TABLET 250 MG		5	PA; NDS; QL (84 per 28 days)
Laxatives			
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	(peg 3350-electrolytes)	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	(peg 3350-electrolytes)	2	
<i>gavilyte-n oral recon soln 420 gram</i>	(peg-electrolyte soln)	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	(GaviLyte-G)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>peg-electrolyte soln oral recon soln</i> (GaviLyte-N) 420 gram	2	
<i>sodium,potassium,mag sulfates oral recon soln</i> (Suprep Bowel Prep Kit) 17.5-3.13-1.6 gram	2	
<i>sodium,potassium,mag sulfates oral recon soln</i> 17.5-3.13-1.6 gram 2 pack (480ml)	2	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule</i> 667 mg	2	
<i>calcium acetate(phosphat bind) oral tablet</i> 667 mg	2	
<i>sevelamer carbonate oral powder in packet</i> (Renvela) 0.8 gram, 2.4 gram	3	
<i>sevelamer carbonate oral tablet</i> 800 mg (Renvela)	2	
<i>sevelamer hcl oral tablet</i> 400 mg, 800 mg	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet</i> 10 mg, 25 mg, 5 mg, 50 mg	2	
<i>fesoterodine oral tablet extended release</i> (Toviaz) 24 hr 4 mg	4	
<i>fesoterodine oral tablet extended release</i> (Toviaz) 24 hr 8 mg	2	
<i>flavoxate oral tablet</i> 100 mg	2	
MYRBETRIQ ORAL TABLET (mirabegron) EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
<i>oxybutynin chloride oral syrup</i> 5 mg/5 ml	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	2	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	
<i>tropium oral tablet 20 mg</i>	2	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	2	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	2	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NDS; QL (240 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	3	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	3	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	4	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	4	PA; QL (300 per 30 days)
Estrogens And Antiestrogens		
<i>abigale lo oral tablet 0.5-0.1 mg</i> (estradiol-norethindrone acet)	1	
<i>abigale oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch</i> (Dotti) <i>semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i> (Climara) <i>0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	4	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Abigale Lo)	2	PA-HRM; AGE (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Abigale)	2	PA-HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvaferm vaginal tablet 10 mcg</i> (estradiol)	4	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	2	
<i>methylprednisolone oral tablet 32 mg</i>	2	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	1	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Pituitary		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	5	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NDS
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	5	NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution</i> (Sandostatin) 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	
<i>octreotide acetate injection solution</i> 200 mcg/ml	4	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	3	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine 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> (Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; NDS
Immunological Agents		
Immunological Agents		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG (tacrolimus)	4	PA BvD
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG (tacrolimus)	5	PA BvD; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	2	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	3	PA BvD

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	3	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC- (adalimumab-adbm) HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) PEN PSORIASIS- (adalimumab-adbm) UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) PEN (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) SUBCUTANEOUS (adalimumab-adbm) SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
<i>everolimus (immunosuppressive) oral (Zortress) tablet 0.25 mg</i>	3	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress) tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA BvD; NDS
<i>engraf oral capsule 100 mg, 25 mg (cyclosporine modified)</i>	2	PA BvD
<i>engraf oral solution 100 mg/ml (cyclosporine modified)</i>	3	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	4	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)- 30 MG (47), 10 MG (4)-20 MG (4)- 30 MG(19)	5	PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	ST
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aekn)	3	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aekn)	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i>	3	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (ustekinumab)	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	5	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	3	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NDS; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	5	PA; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
<i>ustekinumab subcutaneous solution</i> (Stelara) 45 mg/0.5 ml	5	PA; NDS
<i>ustekinumab subcutaneous syringe</i> (Stelara) 45 mg/0.5 ml, 90 mg/ml	5	PA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; NDS
YUFLYMA(CF) AI CROHN'S-UC- (adalimumab-aaty) HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; NDS
YUFLYMA(CF) AUTOINJECTOR (adalimumab-aaty) SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS
YUFLYMA(CF) SUBCUTANEOUS (adalimumab-aaty) SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	\$0 copay

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	3	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	3	
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; \$0 copay
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; \$0 copay
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	\$0 copay

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	\$0 copay

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	3	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	3	\$0 copay

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	3	\$0 copay
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 20MCG-5LF- 62 DU/0.5 ML	3	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; \$0 copay

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	\$0 copay
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	\$0 copay

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	3	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	\$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	\$0 copay
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	3	\$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	\$0 copay
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
alosetron oral tablet 0.5 mg (Lotronex)	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>alosetron oral tablet 1 mg</i> (Lotronex)	5	NDS
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	4	
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	3	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	3	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	4	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	4	QL (120 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	4	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	3	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	2	QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	2	QL (1 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	4	
<i>paricalcitol oral capsule 4 mcg</i>	4	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	5	NDS; QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity)	5	PA; NDS; QL (2.24 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	5	NDS
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	3	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	5	PA; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>mesna oral tablet 400 mg</i> (Mesnex)	5	NDS
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	3	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	2	
THALOMID ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (224 per 28 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
VOWST ORAL CAPSULE	5	PA; NDS; QL (12 per 30 days)
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i> (Alphagan P)	4	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	4	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	1	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
Replacement Preparations		
Replacement Preparations		
<i>d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution</i>	(d5 % and 0.9 % sodium chloride)	2
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	(D5 % (d-glucose)-0.9 % sodchlr)	2
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>		2
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	(potassium chloride)	2
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	(potassium chloride)	2

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride)	2	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	4	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	4	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	2	
<i>potassium chloride oral tablet extended release 15 meq</i>	3	
<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	2	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	3	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone furoate)	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	QL (60 per 30 days)
<i>breynd inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (budesonide-formoterol)	4	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	3	PA BvD; QL (120 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol inhalation hfa (Breyna) aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	4	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	4	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	4	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	4	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol (Wixela Inhub) inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion- salmeterol)	2	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg (Singulair)</i>	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)</i>	2	
<i>zafirlukast oral tablet 10 mg, 20 mg (Accolate)</i>	4	
Bronchodilators		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa (Ventolin HFA) aerosol inhaler 90 mcg/actuation</i>	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	4	QL (36 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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>	2	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol)	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>theophylline oral solution 80 mg/15 ml</i>	3	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	4	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
<i>tiotropium bromide inhalation</i> (Spiriva with <i>capsule, w/inhalation device 18 mcg</i> HandiHaler)	3	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
ALYFTREK ORAL TABLET 10- 50-125 MG	5	PA; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20- 50 MG	5	PA; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NDS; QL (1 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA BvD; NDS
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	3	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	3	QL (30 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; NDS; QL (56 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NDS; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	5	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 50 mg</i>	4	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	PA; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; QL (360 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	1	EX; CB (6 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	2	PA; QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i> (Cialis)	2	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	1	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	1	
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>	1	
<i>completenate tablet chew 29 mg iron- 1 mg</i>	1	
<i>folivane-ob capsule 85-1 mg</i>	1	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	1	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	1	
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron- folic acid)	1	
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	1	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
<i>newgen tablet 32-1,000 mg-mcg</i>	1	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	1	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>o-cal prenatal oral tablet 15 mg iron-1,000 mcg</i>	1	
<i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>	1	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	
<i>pnv-omega softgel 28-1-300 mg</i>	1	
<i>pr natal 400 combo pack 29-1-400 mg</i>	1	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	1	
<i>prenal true combo pack 30 mg iron-1.4 mg-300 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
<i>prenatabs fa tablet 29-1 mg</i>	1	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal low iron oral tablet 27 mg iron- 1 mg</i>	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>prenatal-u capsule 106.5-1 mg</i>	1	
<i>preplus oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>pretab oral tablet 29-1 mg</i>	1	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>taron-c dha capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	
<i>triveen-duo dha oral combo pack 29-1-400 mg</i>	1	
<i>virt-c dha oral capsule 35-1-200 mg</i>	1	
<i>virt-nate dha softgel 28 mg iron-1 mg-200 mg</i>	1	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	1	
<i>virt-pn plus oral capsule 28-1-300 mg</i>	1	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	1	
<i>vitafol nano oral tablet 18 mg iron- 1 mg</i>	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	1	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	
<i>vp-pnv-dha oral capsule 28 mg iron-1 mg-200 mg</i>	1	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus softgel 28-1-300 mg</i>	1	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

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

01/01/2026

INDEX

1ST TIER UNIFINE PENTIPS 115	AKEEGA.....18	<i>amoxicil-clarithromy-lansopraz</i>
1ST TIER UNIFINE PENTIPS	<i>ala-cort</i>.....112	173
PLUS.....115	<i>albendazole</i>.....62	<i>amoxicillin</i>.....14
<i>abacavir</i>.....73	<i>albuterol sulfate</i>.....205, 206	<i>amoxicillin-pot clavulanate</i> ..14, 15
<i>abacavir-lamivudine</i>.....73	ALCOHOL PADS.....116	<i>amphotericin b</i>.....56
ABELCET.....55	ALCOHOL PREP PADS.....139	<i>amphotericin b liposome</i>.....56
<i>abigale</i>.....178	ALCOHOL SWABS.....116	<i>ampicillin</i>.....15
<i>abigale lo</i>.....178	ALCOHOL WIPES.....116	<i>ampicillin sodium</i>.....15
ABILIFY ASIMTUFII.....65	ALECENSA.....18	<i>ampicillin-sulbactam</i>.....15
ABILIFY MAINTENA.....65	<i>alendronate</i>.....198	<i>anagrelide</i>.....83
<i>abiraterone</i>.....18	<i>alfuzosin</i>.....177	<i>anastrozole</i>.....18
<i>abirtega</i>.....18	<i>aliskiren</i>.....95	ANKTIVA.....18
ABOUTTIME PEN NEEDLE..115	<i>allopurinol</i>.....58	ANORO ELLIPTA.....206
ABRYSVO (PF).....191	<i>alosetron</i>.....197, 198	<i>aprepitant</i>.....61
<i>acamprosate</i>.....7	<i>alprazolam</i>.....8	<i>apri</i>.....101
<i>acarbose</i>.....49	<i>altavera (28)</i>.....100	APTIVUS.....73
<i>acebutolol</i>.....88	ALTRENO.....114	AQINJECT PEN NEEDLE.....116
<i>acetaminophen-codeine</i>.....3	ALUNBRIG.....18	ARCALYST.....183
<i>acetazolamide</i>.....201	ALVAIZ.....82	AREXVY (PF).....191
<i>acetazolamide sodium</i>.....201	<i>alyacen 1/35 (28)</i>.....100	ARIKAYCE.....10
<i>acetic acid</i>.....169	<i>alyacen 7/7/7 (28)</i>.....101	<i>aripiprazole</i>.....65
<i>acetylcysteine</i>.....207	ALYFTREK.....207	ARISTADA.....65, 66
<i>acitretin</i>.....110	<i>alyq</i>.....210	ARISTADA INITIO.....65
ACTHIB (PF).....191	<i>amantadine hcl</i>.....63	<i>armodafinil</i>.....209
ACTIMMUNE.....199	<i>amethyst (28)</i>.....101	ARNUITY ELLIPTA.....204
<i>acyclovir</i>.....80, 110	<i>amikacin</i>.....10	<i>asenapine maleate</i>.....66
<i>acyclovir sodium</i>.....80	<i>amiloride</i>.....92	<i>aspirin-dipyridamole</i>.....83
ADACEL(TDAP	<i>amiloride-hydrochlorothiazide</i> ..92	ASSURE ID DUO PRO SFTY
ADOLESN/ADULT)(PF).....191	<i>amiodarone</i>.....87	PEN NDL.....117
<i>adapalene</i>.....114	<i>amitriptyline</i>.....46	ASSURE ID DUO-SHIELD....117
<i>adefovir</i>.....80	<i>amlodipine</i>.....91	ASSURE ID INSULIN
ADEMPAS.....210	<i>amlodipine-atorvastatin</i>.....93	SAFETY.....117
<i>adrucil</i>.....18	<i>amlodipine-benazepril</i>.....91	ASSURE ID PEN NEEDLE....117
ADVAIR HFA.....204	<i>amlodipine-olmesartan</i>.....91	ASSURE ID PRO PEN
ADVOCATE PEN NEEDLE...116	<i>amlodipine-valsartan</i>.....92	NEEDLE.....117
ADVOCATE SYRINGES 115, 116	<i>amlodipine-valsartan-hcthiazid</i> ..92	ASTAGRAF XL.....183
<i>afirmelle</i>.....100	<i>ammonium lactate</i>.....110	<i>atazanavir</i>.....73
AIMOVIG AUTOINJECTOR...59	<i>amoxapine</i>.....46	<i>atenolol</i>.....88
AIRSUPRA.....204, 205		<i>atenolol-chlorthalidone</i>.....88

<i>atomoxetine</i>	96	BCG VACCINE, LIVE (PF)....	192	<i>betamethasone valerate</i>	112
<i>atorvastatin</i>	93	BD AUTOSHIELD DUO PEN		<i>betamethasone, augmented</i>	112
<i>atovaquone</i>	62	NEEDLE.....	117	BETASERON.....	97
<i>atovaquone-proguanil</i>	62	BD ECLIPSE LUER-LOK.....	117	<i>betaxolol</i>	201
<i>atropine</i>	168	BD INSULIN SYRINGE.....	118	<i>bethanechol chloride</i>	176
ATROVENT HFA.....	206	BD INSULIN SYRINGE		<i>bexarotene</i>	19
<i>aubra eq</i>	101	(HALF UNIT).....	118	BEXSERO.....	192
AUGTYRO.....	19	BD INSULIN SYRINGE SLIP		<i>bicalutamide</i>	19
<i>aurovela 1.5/30 (21)</i>	101	TIP.....	118	BICILLIN L-A.....	15
<i>aurovela 1/20 (21)</i>	101	BD INSULIN SYRINGE		BIKTARVY.....	73
<i>aurovela 24 fe</i>	101	ULTRA-FINE.....	118	<i>bisoprolol fumarate</i>	88
<i>aurovela fe 1.5/30 (28)</i>	101	BD NANO 2ND GEN PEN		<i>bisoprolol-hydrochlorothiazide</i> ..	88
<i>aurovela fe 1-20 (28)</i>	101	NEEDLE.....	118	BIZENGRI.....	20
AUSTEDO.....	96	BD SAFETYGLIDE INSULIN		<i>bleomycin</i>	20
AUSTEDO XR.....	97	SYRINGE.....	118, 119	<i>blisovi 24 fe</i>	101
AUSTEDO XR TITRATION		BD SAFETYGLIDE SYRINGE		<i>blisovi fe 1.5/30 (28)</i>	101
KT(WK1-4).....	97	.....	119	<i>blisovi fe 1/20 (28)</i>	101
AUTOSHIELD DUO PEN		BD ULTRA-FINE MICRO		BOOSTRIX TDAP.....	192
NEEDLE.....	117	PEN NEEDLE.....	119	BORDERED GAUZE.....	120
AUVELITY.....	46	BD ULTRA-FINE MINI PEN		<i>bortezomib</i>	20
<i>aviane</i>	101	NEEDLE.....	119	BORUZU.....	20
AVMAPKI.....	19	BD ULTRA-FINE NANO PEN		<i>bosentan</i>	210
AVMAPKI-FAKZYNJA.....	19	NEEDLE.....	119	BOSULIF.....	20
AVONEX.....	97	BD ULTRA-FINE ORIG PEN		BRAFTOVI.....	20
AXTLE.....	19	NEEDLE.....	119	BREO ELLIPTA.....	204
<i>ayuna</i>	101	BD ULTRA-FINE SHORT		<i>breyana</i>	204
AYVAKIT.....	19	PEN NEEDLE.....	119	BREZTRI AEROSPHERE.....	206
<i>azacitidine</i>	19	BD VEO INSULIN SYR		BRILINTA.....	83
<i>azathioprine</i>	183	(HALF UNIT).....	119	<i>brimonidine</i>	201
<i>azathioprine sodium</i>	184	BD VEO INSULIN SYRINGE		<i>brimonidine-timolol</i>	201
<i>azelastine</i>	168	UF.....	119, 120	<i>brinzolamide</i>	201
<i>azithromycin</i>	13	BELSOMRA.....	210	BRIVIACT.....	38
<i>aztreonam</i>	14	<i>benazepril</i>	86	<i>bromfenac</i>	171
<i>azurette (28)</i>	101	<i>benazepril-hydrochlorothiazide</i> ..	86	<i>bromocriptine</i>	63
<i>bacitracin</i>	169	<i>bendamustine</i>	19	BRONCHITOL.....	207
<i>bacitracin-polymyxin b</i>	169	BENDAMUSTINE.....	19	BRUKINSA.....	20
<i>baclofen</i>	209	BENDEKA.....	19	<i>budesonide</i>	198, 204
<i>bal-care dha</i>	211	BENLYSTA.....	184	<i>budesonide-formoterol</i>	205
<i>bal-care dha essential</i>	211	<i>benztropine</i>	63	<i>bumetanide</i>	92
<i>balsalazide</i>	198	BESREMI.....	184	<i>buprenorphine</i>	3
BALVERSA.....	19	<i>betaine</i>	199	<i>buprenorphine hcl</i>	7
BAQSIMI.....	199	<i>betamethasone dipropionate</i>	112	<i>buprenorphine-naloxone</i>	8

<i>bupropion hcl</i>	46	<i>cefixime</i>	12	CLINIMIX 8%-	
<i>bupropion hcl (smoking deter)</i>	8	<i>cefoxitin</i>	12	D14W(SULFITE-FREE).....	84
<i>buspirone</i>	200	<i>cefpodoxime</i>	12	CLINIMIX E 8%-D10W	
<i>butalbital-acetaminop-caf-cod</i>	3	<i>cefprozil</i>	12	SULFITEFREE.....	84
<i>butalbital-acetaminophen-caff</i>	3	<i>ceftazidime</i>	12	CLINIMIX E 8%-D14W	
CABENUVA.....	73	<i>ceftriaxone</i>	12	SULFITEFREE.....	84
<i>cabergoline</i>	63	<i>cefuroxime axetil</i>	12	<i>clobazam</i>	39
CABOMETYX.....	20	<i>cefuroxime sodium</i>	12	<i>clobetasol</i>	112, 113
<i>cabotegravir</i>	73	<i>celecoxib</i>	5	<i>clobetasol-emollient</i>	113
<i>calcipotriene</i>	110, 111	<i>cephalexin</i>	13	<i>clomipramine</i>	46
<i>calcitonin (salmon)</i>	198	<i>cevimeline</i>	110	<i>clonazepam</i>	9
<i>calcitriol</i>	198	<i>chateal eq (28)</i>	102	<i>clonidine</i>	84
<i>calcium acetate(phosphat bind)</i>	176	<i>chlordiazepoxide hcl</i>	9	<i>clonidine hcl</i>	84
CALQUENCE.....	20	<i>chlorhexidine gluconate</i>	110	<i>clopidogrel</i>	83
CALQUENCE		<i>chloroquine phosphate</i>	62	<i>clorazepate dipotassium</i>	9
(ACALABRUTINIB MAL).....	20	<i>chlorpromazine</i>	66	<i>clotrimazole</i>	56
<i>camila</i>	101	<i>chlorthalidone</i>	92	<i>clotrimazole-betamethasone</i>	56
CAMZYOS.....	90	<i>cholestyramine (with sugar)</i>	94	<i>clozapine</i>	66
<i>candesartan</i>	85	<i>cholestyramine light</i>	94	<i>c-nate dha</i>	211
<i>candesartan-hydrochlorothiazid</i>	85	<i>ciclopirox</i>	56	COARTEM.....	62
CAPLYTA.....	66	<i>cilostazol</i>	83	COBENFY.....	66
CAPRELSA.....	20, 21	CIMDUO.....	73	COBENFY STARTER PACK...	66
<i>captopril</i>	86	<i>cimetidine hcl</i>	173	<i>colchicine</i>	58
<i>carbamazepine</i>	39	CIMZIA.....	184	<i>colesevelam</i>	94
<i>carbidopa-levodopa</i>	63, 64	CIMZIA POWDER FOR		<i>colestipol</i>	94
CAREFINE PEN NEEDLE.....	120	RECONST.....	184	<i>colistin (colistimethate na)</i>	11
CARETOUCH ALCOHOL		<i>cinacalcet</i>	198	COMBIVENT RESPIMAT.....	206
PREP PAD.....	120	<i>ciprofloxacin hcl</i>	16, 169	COMETRIQ.....	21
CARETOUCH INSULIN		<i>ciprofloxacin in 5 % dextrose</i>	16	COMFORT EZ INSULIN	
SYRINGE.....	121	<i>ciprofloxacin-dexamethasone</i> ...	169	SYRINGE.....	121, 122, 123
CARETOUCH PEN NEEDLE		<i>citalopram</i>	46	COMFORT EZ PEN	
.....	120, 121	<i>clarithromycin</i>	13	NEEDLES.....	122, 123
<i>carglumic acid</i>	174	CLICKFINE PEN NEEDLE		COMFORT EZ PRO SAFETY	
<i>carteolol</i>	201	.....	121, 135	PEN NDL.....	123
<i>cartia xt</i>	89	<i>clindamycin hcl</i>	10	COMFORT TOUCH PEN	
<i>carvedilol</i>	88	<i>clindamycin phosphate</i> . 10, 58, 111		NEEDLE.....	124
CAYSTON.....	14	<i>clindamycin-benzoyl peroxide</i> ..	111	<i>completenate</i>	211
<i>cefaclor</i>	12	CLINIMIX 6%-D5W		<i>compro</i>	61
<i>cefadroxil</i>	12	(SULFITE-FREE).....	84	<i>constulose</i>	174
<i>cefazolin</i>	12	CLINIMIX 8%-		COPIKTRA.....	21
<i>cefdinir</i>	12	D10W(SULFITE-FREE).....	84	CORLANOR.....	90
<i>cefepime</i>	12			CORTROPHIN GEL.....	181

COSENTYX.....	184	<i>dasetta 7/7/7 (28)</i>	102	DILANTIN.....	39
COSENTYX (2 SYRINGES)...	184	DATROWAY.....	21	<i>diltiazem hcl</i>	89, 90
COSENTYX PEN (2 PENS)....	184	DAURISMO.....	21, 22	<i>dilt-xr</i>	90
COSENTYX UNOREADY		<i>deblitane</i>	102	<i>dimethyl fumarate</i>	98
PEN.....	184	<i>decitabine</i>	22	<i>diphenoxylate-atropine</i>	174
COTELLIC.....	21	<i>deferasirox</i>	177	<i>dipyridamole</i>	83
CREON.....	167	DELSTRIGO.....	74	<i>disulfiram</i>	8
CRESEMBA.....	56	<i>demeclocycline</i>	17	<i>divalproex</i>	39
<i>cromolyn</i>	169, 174, 207	DENG VAXIA (PF).....	192	<i>dofetilide</i>	87
<i>cryselle (28)</i>	102	<i>denta 5000 plus</i>	110	<i>dolishale</i>	102
CURAD GAUZE PAD.....	124	<i>dentagel</i>	110	<i>donepezil</i>	45
CURITY GAUZE.....	124	DEPO-SUBQ PROVERA 104.	182	<i>dorzolamide</i>	201
<i>cyclobenzaprine</i>	209	DERMACEA.....	124, 125	<i>dorzolamide-timolol</i>	201
<i>cyclophosphamide</i>	21	DERMACEA NON-WOVEN..	125	DOVATO.....	74
<i>cyclosporine</i>	171, 184, 185	<i>dermacinrx lidocan</i>	7	<i>doxazosin</i>	84
<i>cyclosporine modified</i>	184	DESCOVY.....	74	<i>doxepin</i>	46
CYLTEZO(CF).....	185	<i>desipramine</i>	46	<i>doxorubicin, peg-liposomal</i>	22
CYLTEZO(CF) PEN.....	185	<i>desmopressin</i>	181	<i>doxy-100</i>	17
CYLTEZO(CF) PEN		<i>desog-e.estradiol/e.estradiol</i>	102	<i>doxycycline hyclate</i>	17
CROHN'S-UC-HS.....	185	<i>desogestrel-ethinyl estradiol</i>	102	<i>doxycycline monohydrate</i>	17, 18
CYLTEZO(CF) PEN		<i>desvenlafaxine succinate</i>	46	DRIZALMA SPRINKLE.....	46, 47
PSORIASIS-UV.....	185	<i>dexamethasone</i>	179, 180	<i>dronabinol</i>	61
<i>cyred eq</i>	102	<i>dexamethasone sodium</i>		DROPLET INSULIN	
<i>d5 % (d-glucose)-0.9 % sodchlr</i>		<i>phosphate</i>	171, 180	SYR(HALF UNIT).....	125, 126
.....	202	<i>dextroamphetamine-</i>		DROPLET INSULIN	
<i>d5 % and 0.9 % sodium</i>		<i>amphetamine</i>	97, 98	SYRINGE.....	125, 126, 127
<i>chloride</i>	202	<i>dextrose 5 % in water (d5w)</i>	84	DROPLET MICRON PEN	
<i>d5 %-0.45 % sodium chloride</i> ..	202	DIACOMIT.....	39	NEEDLE.....	127
<i>dabigatran etexilate</i>	80	<i>diazepam</i>	9, 39	DROPLET PEN NEEDLE	
<i>dalfampridine</i>	97	<i>diazepam intensol</i>	9	.....	127, 128
<i>danazol</i>	178	<i>diazoxide</i>	200	DROPSAFE ALCOHOL PREP	
<i>dantrolene</i>	209	<i>diclofenac epolamine</i>	5	PADS.....	128
DANYELZA.....	21	<i>diclofenac potassium</i>	5	DROPSAFE INSULIN	
DANZITEN.....	21	<i>diclofenac sodium</i>	5, 6, 172	SYRINGE.....	128
<i>dapagliflozin propanediol</i>	49	<i>diclofenac-misoprostol</i>	6	DROPSAFE PEN NEEDLE.....	128
<i>dapsone</i>	60	<i>dicloxacillin</i>	15	<i>droxidopa</i>	85
DAPTACEL (DTAP		<i>dicyclomine</i>	174	<i>duloxetine</i>	47
PEDIATRIC) (PF).....	192	<i>didanosine</i>	74	DUPIXENT PEN.....	185
<i>daptomycin</i>	11	DIFICID.....	13	DUPIXENT SYRINGE.....	185
<i>darunavir</i>	73, 74	<i>difluprednate</i>	172	<i>dutasteride</i>	177
<i>dasatinib</i>	21	<i>digoxin</i>	90	EASY COMFORT ALCOHOL	
<i>dasetta 1/35 (28)</i>	102	<i>dihydroergotamine</i>	59	PAD.....	130

EASY COMFORT INSULIN SYRINGE..... 129, 130	ELIQUIS DVT-PE TREAT 30D START.....81	EPRONTIA..... 40
EASY COMFORT PEN NEEDLES..... 130	ELREXFIO.....22	ERBITUX.....22
EASY COMFORT SAFETY PEN NEEDLE..... 129	<i>eltrombopag olamine</i>.....82	<i>ergoloid</i>.....45
EASY GLIDE INSULIN SYRINGE..... 130, 131	<i>eluryng</i> 102	ERIVEDGE..... 23
EASY GLIDE PEN NEEDLE..131	EMBRACE PEN NEEDLE.....134	ERLEADA.....23
EASY TOUCH..... 132, 133	EMCYT..... 22	<i>erlotinib</i> 23
EASY TOUCH FLIPLOCK INSULIN..... 132	EMGALITY PEN.....59	<i>errin</i> 102
EASY TOUCH FLIPLOCK SYRINGE..... 131	EMGALITY SYRINGE.....59	<i>ertapenem</i> 14
EASY TOUCH INSULIN SAFETY SYR..... 131	EMRELIS.....22	<i>erythromycin</i> 14, 169
EASY TOUCH INSULIN SYRINGE..... 131, 132, 133	EMSAM..... 47	<i>erythromycin ethylsuccinate</i> 13
EASY TOUCH LUER LOCK INSULIN..... 132	<i>emtricitabine</i> 74	<i>erythromycin with ethanol</i> 111
EASY TOUCH PEN NEEDLE 132	<i>emtricitabine-tenofovir (tdf)</i> 74	ERZOFRI..... 67
EASY TOUCH SAFETY PEN NEEDLE..... 133, 134	<i>emtricitabine-tenofovir (tdf)</i> 74	<i>escitalopram oxalate</i>.....47
EASY TOUCH SHEATHLOCK INSULIN 131, 132	EMTRIVA..... 74	<i>eslicarbazepine</i> 40
EASY TOUCH UNI-SLIP..... 133	<i>emzahh</i> 102	<i>esomeprazole magnesium</i> 173
<i>econazole nitrate</i>.....56	<i>enalapril maleate</i>.....86	<i>estarylla</i> 103
EDURANT..... 74	<i>enalapril-hydrochlorothiazide</i>....87	<i>estradiol</i> 178, 179
EDURANT PED.....74	ENBREL.....185	<i>estradiol-norethindrone acet</i> 179
<i>efavirenz</i>.....74	ENBREL MINI.....185	<i>eszopiclone</i>.....210
<i>efavirenz-emtricitabin-tenofov</i>....74	ENBREL SURECLICK..... 186	<i>ethambutol</i> 60
<i>efavirenz-lamivu-tenofov disop</i> ...74	<i>endocet</i>.....3	<i>ethosuximide</i> 40
ELAHERE.....22	ENERGIX-B (PF).....192	<i>ethynodiol diac-eth estradiol</i> ... 103
ELEPSIA XR.....40	ENERGIX-B PEDIATRIC (PF) 192	<i>etodolac</i> 6
ELIGARD.....22	<i>enilloring</i> 102	<i>etonogestrel-ethinyl estradiol</i> ... 103
ELIGARD (3 MONTH)..... 22	<i>enoxaparin</i>.....81	ETOPOPHOS..... 23
ELIGARD (4 MONTH)..... 22	<i>enpresse</i> 102	<i>etoposide</i>.....23
ELIGARD (6 MONTH)..... 22	<i>enskyce</i> 102	<i>etravirine</i> 75
<i>elinst</i> 102	<i>entacapone</i>.....64	EUCRISA..... 113
ELIQUIS.....81	<i>entecavir</i> 80	EULEXIN.....23
	ENTRESTO.....85	<i>everolimus (antineoplastic)</i> 23
	ENTRESTO SPRINKLE.....85	<i>everolimus</i> (<i>immunosuppressive</i>)..... 186
	<i>enulose</i> 174	EVOTAZ..... 75
	EPCLUSA..... 79	<i>exemestane</i>.....23
	EPIDIOLEX..... 40	EXTENCILLINE.....15
	<i>epinastine</i>.....169	EYSUVIS..... 172
	<i>epinephrine</i>.....91	<i>ezetimibe</i> 94
	<i>epitol</i> 40	<i>ezetimibe-simvastatin</i>.....94
	EPIVIR HBV.....75	FAKZYNJA.....23
	EPKINLY..... 22	<i>falmina (28)</i> 103
	<i>eplerenone</i> 96	<i>famciclovir</i>.....80
		<i>famotidine</i> 173

FANAPT.....	67	<i>fluocinolone</i>	113	<i>gefitinib</i>	24
FANAPT TITRATION PACK		<i>fluocinolone acetonide oil</i>	172	<i>gemfibrozil</i>	94
A.....	67	<i>fluocinonide</i>	113	<i>generlac</i>	174
FANAPT TITRATION PACK		<i>fluoride (sodium)</i>	110	<i>gengraf</i>	186
B.....	67	<i>fluorometholone</i>	172	<i>gentak</i>	169
FANAPT TITRATION PACK		<i>fluorouracil</i>	24, 111	<i>gentamicin</i>	10, 111, 169
C.....	67	<i>fluoxetine</i>	47	<i>gentamicin sulfate (ped) (pf)</i>	10
FARXIGA.....	49	<i>fluphenazine decanoate</i>	67	<i>gentamicin sulfate (pf)</i>	10
FASENRA.....	207	<i>fluphenazine hcl</i>	67, 68	GENVOYA.....	75
FASENRA PEN.....	207	<i>flurbiprofen</i>	6	GILOTRIF.....	24
<i>febuxostat</i>	58	<i>flurbiprofen sodium</i>	172	<i>glatiramer</i>	98
<i>feirza</i>	103	<i>flutamide</i>	24	<i>glatopa</i>	98
<i>felbamate</i>	40	<i>fluticasone propionate</i>		GLEOSTINE.....	24
<i>felodipine</i>	92	.....	113, 172, 205	<i>glimepiride</i>	55
<i>femynor</i>	103	<i>fluticasone propion-salmeterol</i>	205	<i>glipizide</i>	55
<i>fenofibrate</i>	94	<i>fluvastatin</i>	94	<i>glipizide-metformin</i>	55
<i>fenofibrate micronized</i>	94	<i>fluvoxamine</i>	47	<i>glucagon emergency kit</i>	
<i>fenofibrate nanocrystallized</i>	94	<i>folivane-ob</i>	211	(human).....	200
<i>fentanyl</i>	4	<i>fondaparinux</i>	81	<i>glutamine (sickle cell)</i>	200
<i>fentanyl citrate</i>	4	<i>fosamprenavir</i>	75	<i>glyburide</i>	55
<i>fesoterodine</i>	176	<i>fosfomycin tromethamine</i>	11	<i>glyburide micronized</i>	55
FETZIMA.....	47	<i>fosinopril</i>	87	<i>glyburide-metformin</i>	55
FIASP FLEXTOUCH U-100		<i>fosinopril-hydrochlorothiazide</i>	87	<i>glycopyrrolate</i>	174
INSULIN.....	52	<i>fosphenytoin</i>	40	<i>glydo</i>	7
FIASP PENFILL U-100		FOTIVDA.....	24	GLYXAMBI.....	49
INSULIN.....	52	FREESTYLE PRECISION.....	134	GOMEKLI.....	24, 25
FIASP PUMPCART.....	52	FRUZAQLA.....	24	<i>griseofulvin microsize</i>	57
FIASP U-100 INSULIN.....	52	<i>fulvestrant</i>	24	<i>griseofulvin ultramicrosize</i>	57
<i>fidaxomicin</i>	14	<i>furosemide</i>	92	<i>guanfacine</i>	85, 98
<i>finasteride</i>	177	FUZEON.....	75	GVOKE.....	200
<i>fingolimod</i>	98	FYARRO.....	24	GVOKE HYPOPEN 2-PACK.....	200
FINTEPLA.....	40	FYCOMPA.....	40	GVOKE PFS 1-PACK	
FIRMAGON KIT W		<i>gabapentin</i>	41	SYRINGE.....	200
DILUENT SYRINGE.....	23, 24	<i>galantamine</i>	45	HAEGARDA.....	82
<i>flavoxate</i>	176	<i>gallifrey</i>	182	<i>hailey 24 fe</i>	103
<i>flecainide</i>	88	GAMUNEX-C.....	186	<i>hailey fe 1.5/30 (28)</i>	103
<i>floxuridine</i>	24	GARDASIL 9 (PF).....	192, 193	<i>hailey fe 1/20 (28)</i>	103
<i>fluconazole</i>	56	GAUZE PAD.....	135	<i>halobetasol propionate</i>	113
<i>fluconazole in nacl (iso-osm)</i>	56	<i>gavilyte-c</i>	175	<i>haloette</i>	103
<i>flucytosine</i>	56	<i>gavilyte-g</i>	175	<i>haloperidol</i>	68
<i>fludrocortisone</i>	180	<i>gavilyte-n</i>	175	<i>haloperidol decanoate</i>	68
<i>flunisolide</i>	172	GAVRETO.....	24	<i>haloperidol lactate</i>	68

HARVONI.....	79, 80	<i>hydroxyzine pamoate</i>	200	INPEN (NOVOLOG OR	
HAVRIX (PF).....	193	<i>ibandronate</i>	198	FIASP) BLUE.....	137
HEALTHWISE INSULIN		IBRANCE.....	25	INQOVI.....	26
SYRINGE.....	135, 136	IBTROZI.....	25	INREBIC.....	26
HEALTHWISE PEN NEEDLE	136	<i>ibu</i>	6	<i>insulin asp prt-insulin aspart</i>	52, 53
HEALTHY ACCENTS		<i>ibuprofen</i>	6	<i>insulin aspart u-100</i>	53
UNIFINE PENTIP.....	136	<i>icatibant</i>	91	<i>insulin glargine-yfgn</i>	53
<i>heather</i>	103	<i>iclevia</i>	103	<i>insulin lispro</i>	53
<i>heparin (porcine)</i>	81	ICLUSIG.....	25	INSULIN SYR/NDL U100	
HEPLISAV-B (PF).....	193	<i>icosapent ethyl</i>	94	HALF MARK.....	137
HERCEPTIN HYLECTA.....	25	IDHIFA.....	25	INSULIN SYRINGE.....	118
HIBERIX (PF).....	193	<i>ifosfamide</i>	25	INSULIN SYRINGE	
HUMIRA.....	186	ILEVRO.....	172	MICROFINE.....	118
HUMIRA PEN.....	186	<i>imatinib</i>	25	INSULIN SYRINGE	
HUMIRA PEN CROHNS-UC-		IMBRUVICA.....	25, 26	NEEDLELESS.....	138
HS START.....	186	IMDELLTRA.....	26	INSULIN SYRINGE-NEEDLE	
HUMIRA PEN PSOR-		<i>imipenem-cilastatin</i>	14	U-100	
UVEITS-ADOL HS.....	186	<i>imipramine hcl</i>	47	134, 137, 138, 143, 146, 147, 148,	
HUMIRA(CF).....	187	<i>imiquimod</i>	111	152, 157, 158	
HUMIRA(CF) PEDI CROHNS		IMJUDO.....	26	INSULIN U-500 SYRINGE-	
STARTER.....	186	IMKELDI.....	26	NEEDLE.....	138
HUMIRA(CF) PEN.....	187	IMOVAX RABIES VACCINE		INSUPEN PEN NEEDLE	138, 139
HUMIRA(CF) PEN CROHNS-		(PF).....	193	INTELENCE.....	75
UC-HS.....	186	IMPAVIDO.....	62	<i>introvale</i>	103
HUMIRA(CF) PEN		<i>incassia</i>	103	INVEGA HAFYERA.....	68
PEDIATRIC UC.....	186	INCONTROL ALCOHOL		INVEGA SUSTENNA.....	68, 69
HUMIRA(CF) PEN PSOR-UV-		PADS.....	136	INVEGA TRINZA.....	69
ADOL HS.....	187	INCONTROL PEN NEEDLE		INVELTYS.....	172
HUMULIN R U-500 (CONC)		.....	136, 137	IPOI.....	193
INSULIN.....	52	INCRELEX.....	181	<i>ipratropium bromide</i>	169, 206
HUMULIN R U-500 (CONC)		<i>indapamide</i>	93	<i>ipratropium-albuterol</i>	206
KWIKPEN.....	52	<i>indomethacin</i>	6	<i>irbesartan</i>	85
<i>hydralazine</i>	91	INFANRIX (DTAP) (PF).....	193	<i>irbesartan-hydrochlorothiazide</i> ..	85
<i>hydrochlorothiazide</i>	92, 93	<i>infliximab</i>	187	ISENTRESS.....	75
<i>hydrocodone-acetaminophen</i>	4	INGREZZA.....	98	ISENTRESS HD.....	75
<i>hydrocortisone</i> ..	113, 114, 180, 198	INGREZZA INITIATION		<i>isibloom</i>	103
<i>hydrocortisone valerate</i>	114	PK(TARDIV).....	98	<i>isoniazid</i>	60
<i>hydrocortisone-acetic acid</i>	169	INGREZZA SPRINKLE.....	98	<i>isosorbide dinitrate</i>	96
<i>hydromorphone</i>	4	INLYTA.....	26	<i>isosorbide mononitrate</i>	96
<i>hydroxychloroquine</i>	62	INPEN (FOR HUMALOG)		ITOVEBI.....	26
<i>hydroxyurea</i>	25	BLUE.....	137	<i>itraconazole</i>	57
<i>hydroxyzine hcl</i>	58			IV PREP WIPES.....	139

<i>ivabradine</i>	91	KISQALI.....	27	<i>leuprolide (3 month)</i>	28
<i>ivermectin</i>	63	KISQALI FEMARA CO- PACK.....	27	<i>levetiracetam</i>	41
IWILFIN.....	26	KLISYRI (250 MG).....	111	<i>levobunolol</i>	201
IXCHIQ (PF).....	193	<i>klor-con m10</i>	202	<i>levocetirizine</i>	58
IXIARO (PF).....	193	<i>klor-con m15</i>	202	<i>levofloxacin</i>	16
JAKAFI.....	26	<i>klor-con m20</i>	203	<i>levofloxacin in d5w</i>	16
<i>jantoven</i>	81	KLOXXADO.....	8	<i>levonest (28)</i>	105
JANUMET.....	49	KOSELUGO.....	27	<i>levonorgest-eth.estradiol-iron</i> ..	105
JANUMET XR.....	49	<i>kosher prenatal plus iron</i>	211	<i>levonorgestrel-ethinyl estrad</i>	105
JANUVIA.....	49	KRAZATI.....	27	<i>levonorg-eth estrad triphasic</i>	105
JARDIANCE.....	50	<i>kurvelo (28)</i>	104	<i>levora-28</i>	105
<i>javygtor</i>	167	KYLEENA.....	104	<i>levothyroxine</i>	183
JAYPIRCA.....	26	KYNMOBI.....	64	LEXIVA.....	76
JEMPERLI.....	26	<i>labetalol</i>	88	LIBERVANT.....	41
<i>jencycla</i>	104	<i>lacosamide</i>	41	<i>lidocaine</i>	7
JENTADUETO.....	50	<i>lactulose</i>	174	<i>lidocaine hcl</i>	7
JENTADUETO XR.....	50	<i>lamivudine</i>	75	<i>lidocaine viscous</i>	7
<i>jolessa</i>	104	<i>lamivudine-zidovudine</i>	75	<i>lidocaine-prilocaine</i>	7
<i>juleber</i>	104	<i>lamotrigine</i>	41	<i>lidocan iii</i>	7
JULUCA.....	75	<i>lanreotide</i>	181	LILETTA.....	105
<i>junel 1.5/30 (21)</i>	104	<i>lansoprazole</i>	173	<i>linezolid</i>	11
<i>junel 1/20 (21)</i>	104	LANTUS SOLOSTAR U-100 INSULIN.....	53	<i>linezolid in dextrose 5%</i>	11
<i>junel fe 1.5/30 (28)</i>	104	LANTUS U-100 INSULIN.....	53	LINZESS.....	174
<i>junel fe 1/20 (28)</i>	104	<i>lapatinib</i>	27	<i>liothyronine</i>	183
<i>junel fe 24</i>	104	<i>larin 1.5/30 (21)</i>	104	LISCO.....	139
JYLAMVO.....	26	<i>larin 1/20 (21)</i>	104	<i>lisinopril</i>	87
JYNARQUE.....	93	<i>larin 24 fe</i>	104	<i>lisinopril-hydrochlorothiazide</i>	87
JYNNEOS (PF).....	193	<i>larin fe 1.5/30 (28)</i>	105	LITE TOUCH INSULIN PEN NEEDLES.....	139
KALETRA.....	75	<i>larin fe 1/20 (28)</i>	105	LITE TOUCH INSULIN SYRINGE.....	139, 140
KALYDECO.....	208	<i>latanoprost</i>	201	<i>lithium carbonate</i>	99
<i>kariva (28)</i>	104	LAZCLUZE.....	27	<i>lithium citrate</i>	99
<i>kelnor 1/35 (28)</i>	104	<i>leflunomide</i>	187	LIVTENCITY.....	78
<i>kelnor 1/50 (28)</i>	104	<i>lenalidomide</i>	27	LOKELMA.....	174
KERENDIA.....	96	LENTOCILIN S.....	15	LONSURF.....	28
KESIMPTA PEN.....	99	LENVIMA.....	28	<i>loperamide</i>	175
<i>ketoconazole</i>	57	<i>lessina</i>	105	<i>lopinavir-ritonavir</i>	76
<i>ketorolac</i>	6, 172	<i>letrozole</i>	28	LOQTORZI.....	28
KEYTRUDA.....	27	<i>leucovorin calcium</i>	200	<i>lorazepam</i>	9
KIMMTRAK.....	27	LEUKERAN.....	28	<i>lorazepam intensol</i>	9
KINERET.....	187	<i>leuprolide</i>	28	LORBRENA.....	28
KINRIX (PF).....	193				
<i>kionex (with sorbitol)</i>	174				

<i>losartan</i>	85	MAVENCLAD (10 TABLET PACK).....	99	<i>mesalamine</i>	198
<i>losartan-hydrochlorothiazide</i>	85	MAVENCLAD (4 TABLET PACK).....	99	<i>mesna</i>	200
LOTEMAX.....	172	MAVENCLAD (5 TABLET PACK).....	99	<i>metformin</i>	50
LOTEMAX SM.....	172	MAVENCLAD (6 TABLET PACK).....	99	<i>methadone</i>	4
<i>loteprednol etabonate</i>	172	MAVENCLAD (7 TABLET PACK).....	99	<i>methazolamide</i>	202
<i>lovastatin</i>	94	MAVENCLAD (8 TABLET PACK).....	99	<i>methenamine hippurate</i>	11
<i>low-ogestrel (28)</i>	105	MAVENCLAD (9 TABLET PACK).....	99	<i>methimazole</i>	183
<i>loxapine succinate</i>	69	MAXICOMFORT II PEN NEEDLE.....	141	<i>methocarbamol</i>	209
<i>lubiprostone</i>	175	MAXICOMFORT INSULIN SYRINGE.....	141	<i>methotrexate sodium</i>	30
LUMAKRAS.....	28	MAXI-COMFORT INSULIN SYRINGE.....	141	<i>methotrexate sodium (pf)</i>	30
LUMIGAN.....	202	MAXICOMFORT SAFETY PEN NEEDLE.....	141	<i>methoxsalen</i>	111
LUNSUMIO.....	28	MAYZENT.....	99	<i>methsuximide</i>	41
LUPRON DEPOT.....	29, 181	MAYZENT STARTER(FOR 1MG MAINT).....	99	<i>methylphenidate hcl</i>	100
LUPRON DEPOT (3 MONTH)	29, 181	MAYZENT STARTER(FOR 2MG MAINT).....	100	<i>methylprednisolone</i>	180
LUPRON DEPOT (4 MONTH).29		<i>meclizine</i>	61	<i>methylprednisolone acetate</i>	180
LUPRON DEPOT (6 MONTH).29		<i>medroxyprogesterone</i>	182, 183	<i>metoclopramide hcl</i>	175
LUPRON DEPOT-PED.....	181	<i>mefloquine</i>	63	<i>metolazone</i>	93
LUPRON DEPOT-PED (3 MONTH).....	181	<i>megestrol</i>	29, 183	<i>metoprolol succinate</i>	88
<i>lurasidone</i>	69	MEKINIST.....	30	<i>metoprolol ta-hydrochlorothiaz</i> ..	89
<i>lutea (28)</i>	105	MEKTOVI.....	30	<i>metoprolol tartrate</i>	89
LUTRATE DEPOT (3 MONTH).....	29	<i>meleya</i>	106	<i>metronidazole</i>	11, 59, 112
LYBALVI.....	69	<i>meloxicam</i>	6	<i>metronidazole in nacl (iso-os)</i>	11
<i>lyleq</i>	105	<i>memantine</i>	45	<i>metryrosine</i>	91
LYNOZYFIC.....	29	MENACTRA (PF).....	193	<i>micafungin</i>	57
LYNPARZA.....	29	MENQUADFI (PF).....	194	<i>miconazole-3</i>	57
LYSODREN.....	29	MENVEO A-C-Y-W-135-DIP (PF).....	194	MICRODOT INSULIN PEN NEEDLE.....	141
LYTGOBI.....	29	<i>mercaptopurine</i>	30	MICRODOT READYGARD PEN NEEDLE.....	141
<i>lyza</i>	106	<i>meropenem</i>	14	<i>microgestin 1.5/30 (21)</i>	106
MAGELLAN INSULIN SAFETY SYRNG.....	140, 141			<i>microgestin 1/20 (21)</i>	106
MAGELLAN SYRINGE.....	140			<i>microgestin 24 fe</i>	106
<i>magnesium sulfate</i>	203			<i>microgestin fe 1.5/30 (28)</i>	106
<i>malathion</i>	115			<i>microgestin fe 1/20 (28)</i>	106
<i>maraviroc</i>	76			<i>midodrine</i>	85
MARGENZA.....	29			MIEBO (PF).....	169
<i>marlissa (28)</i>	106			<i>mifepristone</i>	50
<i>marnatal-f</i>	211			<i>mili</i>	106
MARPLAN.....	47			<i>mimvey</i>	179
MATULANE.....	29			MINI ULTRA-THIN II.....	142
				<i>minocycline</i>	18
				<i>minoxidil</i>	96

MIPLYFFA.....	167	<i>naloxone</i>	8	<i>norelgestromin-ethin.estradiol</i> ..	106
MIRENA.....	106	<i>naltrexone</i>	8	<i>norethindrone (contraceptive)</i> ..	106
<i>mirtazapine</i>	47	NANO 2ND GEN PEN		<i>norethindrone acetate</i>	183
<i>misoprostol</i>	173	NEEDLE.....	143	<i>norethindrone-e.estradiol-iron</i>	
<i>mitoxantrone</i>	30	<i>naproxen</i>	7	.....	106, 107
M-M-R II (PF).....	194	<i>naratriptan</i>	59	<i>norgestimate-ethinyl estradiol</i> ..	107
<i>m-natal plus</i>	211	NATACYN.....	170	<i>nortrel 1/35 (21)</i>	107
<i>modafinil</i>	210	<i>nateglinide</i>	50	<i>nortrel 1/35 (28)</i>	107
<i>moexipril</i>	87	NATPARA.....	199	<i>nortrel 7/7/7 (28)</i>	107
<i>molindone</i>	69	NAYZILAM.....	42	<i>nortriptyline</i>	48
<i>mometasone</i>	114, 173	<i>nebivolol</i>	89	NORVIR.....	76
MONOJECT INSULIN		<i>nefazodone</i>	48	NOVOFINE 30.....	143
SAFETY SYRING.....	143	<i>neomycin</i>	10	NOVOFINE 32.....	143
MONOJECT INSULIN		<i>neomycin-bacitracin-poly-hc</i>	170	NOVOFINE PLUS.....	143
SYRINGE.....	142, 143	<i>neomycin-bacitracin-polymyxin</i>	170	NOVOLIN 70/30 U-100	
MONOJECT SYRINGE.....	142	<i>neomycin-polymyxin b-</i>		INSULIN.....	53
MONOJECT ULTRA		<i>dexameth</i>	170	NOVOLIN 70-30 FLEXPEN	
COMFORT INSULIN.....	160	<i>neomycin-polymyxin-gramicidin</i>		U-100.....	53
<i>mono-lynyah</i>	106	.....	170	NOVOLIN N FLEXPEN.....	54
<i>montelukast</i>	205	<i>neomycin-polymyxin-hc</i>	170	NOVOLIN N NPH U-100	
<i>morphine</i>	4, 5	<i>neo-polycin</i>	170	INSULIN.....	54
MORPHINE.....	4	<i>neo-polycin hc</i>	170	NOVOLIN R FLEXPEN.....	54
<i>morphine concentrate</i>	4	NERLYNX.....	30	NOVOLIN R REGULAR U100	
MOUNJARO.....	50	<i>nevirapine</i>	76	INSULIN.....	54
MOVANTIK.....	175	<i>newgen</i>	211	NOVOLOG FLEXPEN U-100	
<i>moxifloxacin</i>	16, 170	NEXLETOL.....	95	INSULIN.....	54
<i>moxifloxacin-sod.ace,sul-water</i> ..	16	NEXLIZET.....	95	NOVOLOG MIX 70-30 U-100	
<i>moxifloxacin-sod.chloride(iso)</i> ...	17	NEXPLANON.....	106	INSULN.....	54
MRESVIA (PF).....	194	<i>niacin</i>	95	NOVOLOG MIX 70-	
MULTAQ.....	88	NICOTROL NS.....	8	30FLEXPEN U-100.....	54
<i>mupirocin</i>	112	<i>nifedipine</i>	92	NOVOLOG PENFILL U-100	
<i>mycophenolate mofetil</i>	187	NIKTIMVO.....	187	INSULIN.....	54
<i>mycophenolate mofetil (hcl)</i>	187	<i>nilutamide</i>	30	NOVOLOG U-100 INSULIN	
<i>mycophenolate sodium</i>	187	NINLARO.....	30	ASPART.....	54
<i>mynatal</i>	211	<i>nitazoxanide</i>	63	NOVOTWIST.....	143
<i>mynatal advance</i>	211	<i>nitisinone</i>	167	NUBEQA.....	30
<i>mynatal plus</i>	211	<i>nitrofurantoin macrocrystal</i>	11	NUCALA.....	208
<i>mynatal-z</i>	211	<i>nitrofurantoin monohyd/m-cryst</i> ..	11	NULOJIX.....	187
<i>mynate 90 plus</i>	211	<i>nitroglycerin</i>	96, 200	NUPLAZID.....	69
MYRBETRIQ.....	176	<i>niva-plus</i>	211	NURTEC ODT.....	59
<i>nabumetone</i>	6	NIVESTYM.....	82, 83	<i>nyamyc</i>	57
<i>nafcillin</i>	16	NORDITROPIN FLEXPEN.....	181	<i>nylia 1/35 (28)</i>	107

<i>nylia 7/7/7 (28)</i>	107	OMNIPOD DASH PODS		PEDVAX HIB (PF).....	194
<i>nymyo</i>	107	(GEN 4).....	144	<i>peg 3350-electrolytes</i>	175
<i>nystatin</i>	57	ONAPGO.....	64	PEGASYS.....	80
<i>nystatin-triamcinolone</i>	57	<i>ondansetron</i>	61	<i>peg-electrolyte soln</i>	176
<i>nystop</i>	57	<i>ondansetron hcl</i>	61	PEMAZYRE.....	32
NYVEPRIA.....	83	ONUREG.....	31	<i>pemetrexed disodium</i>	32
<i>obstetrix dha</i>	212	OPDIVO.....	31	PEMRYDI RTU.....	32
<i>obstetrix dha prenatal duo</i>	211	OPDIVO QVANTIG.....	31	PEN NEEDLE.....	144, 145
<i>o-cal prenatal</i>	212	OPDUALAG.....	31	PEN NEEDLE, DIABETIC	
<i>octreotide acetate</i>	181, 182	OPIPZA.....	70	123, 124, 135, 141, 142, 144, 145,	
ODEFSEY.....	76	OPSUMIT.....	210	147	
ODOMZO.....	30	ORENCIA.....	188	PEN NEEDLE, DIABETIC,	
OFEV.....	208	ORENCIA (WITH MALTOSE)		SAFETY.....	148
<i>ofloxacin</i>	170	.....	188	PENBRAYA (PF).....	194
OGIVRI.....	30	ORENCIA CLICKJECT.....	188	PENBRAYA MENACWY	
OGSIVEO.....	31	ORFADIN.....	168	COMPONENT(PF).....	194
OJEMDA.....	31	ORGOVYX.....	182	PENBRAYA MENB	
OJJAARA.....	31	ORILISSA.....	182	COMPONENT (PF).....	194
<i>olanzapine</i>	70	ORKAMBI.....	208	<i>penicillamine</i>	177
<i>olmesartan</i>	85	<i>orquidea</i>	107	<i>penicillin g potassium</i>	16
<i>olmesartan-amlodipin-hcthiazid</i>	86	ORSERDU.....	31	<i>penicillin g procaine</i>	16
<i>olmesartan-hydrochlorothiazide</i>	86	<i>oseltamivir</i>	78, 79	<i>penicillin v potassium</i>	16
<i>olopatadine</i>	169	OSEVELT.....	199	PENMENVY MEN A-B-C-W-	
<i>omega-3 acid ethyl esters</i>	95	OTEZLA.....	188	Y (PF).....	194
<i>omeprazole</i>	173	OTEZLA STARTER.....	188	PENMENVY MENACWY	
OMNIPOD 5 (G6/LIBRE 2		<i>oxandrolone</i>	178	COMPONENT(PF).....	195
PLUS).....	144	<i>oxcarbazepine</i>	42	PENMENVY MENB	
OMNIPOD 5 G6-G7 INTRO		<i>oxybutynin chloride</i>	176, 177	COMPONENT (PF).....	195
KT(GEN5).....	144	<i>oxycodone</i>	5	PENTACEL (PF).....	195
OMNIPOD 5 G6-G7 PODS		<i>oxycodone-acetaminophen</i>	5	<i>pentamidine</i>	63
(GEN 5).....	144	OZEMPIC.....	50	PENTIPS PEN NEEDLE.....	145
OMNIPOD 5		<i>pacerone</i>	88	<i>pentoxifylline</i>	83
INTRO(G6/LIBRE2PLUS).....	144	<i>paclitaxel protein-bound</i>	31	<i>perampanel</i>	42
OMNIPOD CLASSIC PDM		<i>paliperidone</i>	70	<i>perindopril erbumine</i>	87
KIT(GEN 3).....	144	PANRETIN.....	111	<i>periogard</i>	110
OMNIPOD CLASSIC PODS		<i>pantoprazole</i>	174	<i>permethrin</i>	115
(GEN 3).....	144	<i>paricalcitol</i>	199	<i>perphenazine</i>	70
OMNIPOD DASH INTRO KIT		<i>paromomycin</i>	63	<i>perphenazine-amitriptyline</i>	48
(GEN 4).....	144	<i>paroxetine hcl</i>	48	PERSERIS.....	70
OMNIPOD DASH PDM KIT		PAXLOVID.....	79	<i>phenelzine</i>	48
(GEN 4).....	144	<i>pazopanib</i>	31	<i>phenobarbital</i>	42
		PEDIARIX (PF).....	194	PHENYTEK.....	42

<i>phenytoin</i>	42	PREMPHASE.....	179	PROGRAF.....	188
<i>phenytoin sodium</i>	42	PREMPRO.....	179	PROLASTIN-C.....	208
<i>phenytoin sodium extended</i>	42	<i>prenal true</i>	212	<i>promethazine</i>	61, 62
PIFELTRO.....	76	<i>prenaissance</i>	212	<i>promethegan</i>	62
<i>pilocarpine hcl</i>	110, 202	<i>prenaissance plus</i>	212	<i>propafenone</i>	88
<i>pimecrolimus</i>	114	<i>prenatabs fa</i>	212	<i>propranolol</i>	89
<i>pimozide</i>	70	<i>prenatal 19</i>	212	<i>propylthiouracil</i>	183
<i>pimtree (28)</i>	107	<i>prenatal 19 (with docusate)</i>	212	PROQUAD (PF).....	195
<i>pioglitazone</i>	51	<i>prenatal low iron</i>	212	<i>protriptyline</i>	48
<i>pioglitazone-metformin</i>	51	<i>prenatal plus</i>	213	PULMOZYME.....	168
PIP PEN NEEDLE.....	145	<i>prenatal plus (calcium carb)</i>	212	PURE COMFORT ALCOHOL	
<i>piperacillin-tazobactam</i>	16	<i>prenatal vitamin plus low iron</i> ..	213	PADS.....	147
PIQRAY.....	32	<i>prenatal-u</i>	213	PURE COMFORT PEN	
<i>pirfenidone</i>	208	<i>preplus</i>	213	NEEDLE.....	147
<i>pitavastatin calcium</i>	95	<i>pretab</i>	213	PURE COMFORT SAFETY	
PLEGRIDY.....	100	<i>prevalite</i>	95	PEN NEEDLE.....	147
<i>pnv 29-1</i>	212	PREVENT DROPSAFE PEN		<i>pyrazinamide</i>	60
<i>pnv-dha + docusate</i>	212	NEEDLE.....	146	<i>pyridostigmine bromide</i>	200
<i>pnv-omega</i>	212	PREVYMIS.....	79	<i>pyrimethamine</i>	63
<i>podofilox</i>	111	PREZCOBIX.....	76	QINLOCK.....	32
<i>polycin</i>	171	PREZISTA.....	76	QUADRACEL (PF).....	195
<i>polymyxin b sulf-trimethoprim</i> ..	171	PRIFTIN.....	60	<i>quetiapine</i>	70
POMALYST.....	32	PRIMAQUINE.....	63	<i>quinapril</i>	87
<i>portia 28</i>	107	<i>primidone</i>	43	<i>quinapril-hydrochlorothiazide</i> ...	87
<i>posaconazole</i>	58	PRIORIX (PF).....	195	<i>quinidine sulfate</i>	88
<i>potassium chloride</i>	203	PRO COMFORT ALCOHOL		<i>quinine sulfate</i>	63
<i>potassium citrate</i>	203	PADS.....	146	QULIPTA.....	59
<i>pr natal 400</i>	212	PRO COMFORT INSULIN		RABAVERT (PF).....	195
<i>pr natal 400 ec</i>	212	SYRINGE.....	146	<i>rabeprazole</i>	174
<i>pr natal 430</i>	212	PRO COMFORT PEN		RALDESY.....	48
<i>pr natal 430 ec</i>	212	NEEDLE.....	146	<i>raloxifene</i>	179
<i>pramipexole</i>	64	<i>probenecid</i>	58	<i>ramipril</i>	87
<i>prasugrel hcl</i>	83	<i>probenecid-colchicine</i>	58	<i>ranolazine</i>	91
<i>pravastatin</i>	95	<i>prochlorperazine</i>	61	<i>rasagiline</i>	64
<i>praziquantel</i>	63	<i>prochlorperazine edisylate</i> ... 61, 70		RASUVO (PF).....	188
<i>prazosin</i>	85	<i>prochlorperazine maleate</i>	61	RAYALDEE.....	199
<i>prednisolone</i>	180	<i>procto-med hc</i>	114	<i>reclipsen (28)</i>	107
<i>prednisolone acetate</i>	173	<i>proctosol hc</i>	114	RECOMBIVAX HB (PF).195, 196	
<i>prednisolone sodium phosphate</i> 180		<i>proctozone-hc</i>	114	RELENZA DISKHALER.....	79
<i>prednisone</i>	180	PRODIGY INSULIN		<i>repaglinide</i>	51
<i>pregabalin</i>	42, 43	SYRINGE.....	146, 147	REPATHA PUSHTRONEX.....	95
PREMARIN.....	179	<i>progesterone micronized</i>	183	REPATHA SURECLICK.....	95

REPATHA SYRINGE.....	95	RYDAPT.....	33	SKYLA.....	108
RETACRIT.....	83	RYKINDO.....	71	SKYRIZI.....	189
RETEVMO.....	32	RYTELO.....	33	<i>sodium chloride 0.45 %</i>	204
RETROVIR.....	77	<i>sacubitril-valsartan</i>	86	<i>sodium chloride 0.9 %</i>	204
REVCOVI.....	168	SAFESNAP INSULIN		<i>sodium fluoride-pot nitrate</i>	110
REVUFORJ.....	32	SYRINGE.....	148	<i>sodium oxybate</i>	210
REXULTI.....	70	SAFETY PEN NEEDLE.....	148	<i>sodium polystyrene sulfonate</i>	175
REYATAZ.....	77	SANTYL.....	111	<i>sodium,potassium,mag sulfates</i>	176
REZDIFFRA.....	183	<i>sapropterin</i>	168	<i>solifenacin</i>	177
REZLIDHIA.....	33	SCEMBLIX.....	33	SOLQUA 100/33.....	54
REZUROCK.....	188	<i>scopolamine base</i>	62	SOLTAMOX.....	33
RHOPRESSA.....	202	SECUADO.....	71	SOMATULINE DEPOT.....	182
<i>ribavirin</i>	80	SECURESAFE INSULIN		SOMAVERT.....	182
<i>rifabutin</i>	60	SYRINGE.....	149	<i>sorafenib</i>	33
<i>rifampin</i>	60	SECURESAFE PEN NEEDLE	148	<i>sorine</i>	89
<i>rilpivirine</i>	77	SELARSDI.....	189	<i>sotalol</i>	89
<i>riluzole</i>	100	<i>select-ob</i>	213	<i>sotalol af</i>	89
RINVOQ.....	188	<i>select-ob (folic acid)</i>	213	SPIRIVA RESPIMAT.....	206
RINVOQ LQ.....	188	<i>selegiline hcl</i>	64	<i>spironolactone</i>	93
<i>risperidone</i>	71	<i>selenium sulfide</i>	112	<i>spironolacton-hydrochlorothiaz</i>	93
<i>risperidone microspheres</i>	71	SELZENTRY.....	77	SPRAVATO.....	48
<i>ritonavir</i>	77	<i>se-natal 19 chewable</i>	213	<i>sprintec (28)</i>	108
RITUXAN HYCELA.....	33	SEREVENT DISKUS.....	206	SPRITAM.....	43
<i>rivaroxaban</i>	81	SEROSTIM.....	182	<i>sps (with sorbitol)</i>	175
<i>rivastigmine</i>	45	<i>sertraline</i>	48	<i>sronyx</i>	108
<i>rivastigmine tartrate</i>	45	<i>setlakin</i>	108	<i>ssd</i>	112
<i>rizatriptan</i>	59, 60	<i>sevelamer carbonate</i>	176	<i>stavudine</i>	77
<i>r-natal ob</i>	213	<i>sevelamer hcl</i>	176	STELARA.....	189
ROCKLATAN.....	202	SEZABY.....	43	STERILE PADS.....	149
<i>roflumilast</i>	208	<i>sf 5000 plus</i>	110	STIOLTO RESPIMAT.....	206
ROMVIMZA.....	33	<i>sharobel</i>	108	STIVARGA.....	34
<i>ropinirole</i>	64	SHINGRIX (PF).....	196	STOBOCLO.....	199
<i>rosadan</i>	112	SIGNIFOR.....	182	STRENSIQ.....	168
<i>rosuvastatin</i>	95	<i>sildenafil</i>	210	<i>streptomycin</i>	10
ROTARIX.....	196	<i>sildenafil (pulm.hypertension)</i> ..	210	STRIBILD.....	77
ROTATEQ VACCINE.....	196	<i>silver sulfadiazine</i>	112	STRIVERDI RESPIMAT.....	207
ROZLYTREK.....	33	SIMBRINZA.....	202	<i>subvenite</i>	43
RUBRACA.....	33	<i>simliya (28)</i>	108	<i>sucrafate</i>	174
<i>rufinamide</i>	43	<i>simvastatin</i>	95	<i>sulfacetamide sodium</i>	171
RUKOBIA.....	77	<i>sirolimus</i>	189	<i>sulfacetamide-prednisolone</i>	171
RYBELSUS.....	51	SIRTURO.....	61	<i>sulfadiazine</i>	17
RYBREVANT.....	33	SKY SAFETY PEN NEEDLE.	149	<i>sulfamethoxazole-trimethoprim</i> ..	17

<i>sulfasalazine</i>	198	<i>tazarotene</i>	114	<i>ticagrelor</i>	83, 84
<i>sulindac</i>	7	<i>tazicef</i>	13	TICE BCG.....	35
<i>sumatriptan</i>	60	<i>taztia xt</i>	90	TICOVAC.....	196
<i>sumatriptan succinate</i>	60	TAZVERIK.....	34	<i>tigecycline</i>	18
<i>sunitinib malate</i>	34	TDVAX.....	196	<i>tilia fe</i>	108
SUNLENCA.....	77	TECHLITE INSULIN		<i>timolol</i>	202
SURE COMFORT INS. SYR.		SYRINGE.....	151, 152	<i>timolol maleate</i>	89, 202
U-100.....	149	TECHLITE INSULN		<i>tinidazole</i>	63
SURE COMFORT INSULIN		SYR(HALF UNIT).....	151	<i>tiotropium bromide</i>	207
SYRINGE.....	149, 150	TECHLITE PEN NEEDLE.....	152	TIVDAK.....	35
SURE COMFORT PEN		TECHLITE PLUS PEN		TIVICAY.....	78
NEEDLE.....	150	NEEDLE.....	152	TIVICAY PD.....	78
SURE COMFORT SAFETY		TECVAYLI.....	34	<i>tizanidine</i>	209
PEN NEEDLE.....	149	TEFLARO.....	13	TOBI PODHALER.....	10
SURE-FINE PEN NEEDLES..	150	<i>telmisartan</i>	86	<i>tobramycin</i>	171
SURE-JECT INSULIN		<i>telmisartan-hydrochlorothiazid</i> ..	86	<i>tobramycin in 0.225 % nacl</i>	10
SYRINGE.....	150, 151	<i>temazepam</i>	9	<i>tobramycin sulfate</i>	10
SURE-PREP ALCOHOL PREP		TEMIXYS.....	77	<i>tobramycin-dexamethasone</i>	171
PADS.....	151	TENIVAC (PF).....	196	<i>tolterodine</i>	177
SYMPAZAN.....	43	<i>tenofovir disoproxil fumarate</i>	77	<i>tolvaptan (polycys kidney dis)</i>	93
SYMTUZA.....	77	TEPMETKO.....	34	TOPCARE CLICKFINE.....	153
SYNJARDY.....	51	<i>terazosin</i>	177	TOPCARE ULTRA	
SYNJARDY XR.....	51	<i>terbinafine hcl</i>	58	COMFORT.....	154
SYNRIBO.....	34	<i>terconazole</i>	59	<i>topiramate</i>	43
SYRINGE WITH NEEDLE,		<i>teriparatide</i>	199	<i>toposar</i>	35
SAFETY.....	148	TERUMO INSULIN		<i>toremifene</i>	35
TABLOID.....	34	SYRINGE.....	152, 153	<i>torpenz</i>	35
TABRECTA.....	34	<i>testosterone</i>	178	<i>torse mide</i>	93
<i>tacrolimus</i>	114, 189	<i>testosterone cypionate</i>	178	TOUJEO MAX U-300	
<i>tadalafil</i>	210	<i>testosterone enanthate</i>	178	SOLOSTAR.....	54
TAFINLAR.....	34	<i>tetrabenazine</i>	100	TOUJEO SOLOSTAR U-300	
TAGRISSO.....	34	<i>tetracycline</i>	18	INSULIN.....	55
TALVEY.....	34	TEVIMBRA.....	34	TRADJENTA.....	51
TALZENNA.....	34	THALOMID.....	200	<i>tramadol</i>	5
<i>tamoxifen</i>	34	<i>theophylline</i>	207	<i>tramadol-acetaminophen</i>	5
<i>tamsulosin</i>	177	THINPRO INSULIN		<i>trandolapril</i>	87
<i>tarina 24 fe</i>	108	SYRINGE.....	153	<i>tranexamic acid</i>	83
<i>tarina fe 1-20 eq (28)</i>	108	<i>thioridazine</i>	71	<i>tranylcypromine</i>	48
<i>taron-c dha</i>	213	<i>thiothixene</i>	71	<i>travoprost</i>	202
<i>taron-prex prenatal-dha</i>	213	<i>tiadylt er</i>	90	<i>trazodone</i>	48
TASIGNA.....	34	<i>tiagabine</i>	43	TRECATOR.....	61
TAVNEOS.....	189	TIBSOVO.....	35	TRELEGY ELLIPTA.....	207

TRELSTAR.....	35	TRUE COMFORT PEN		ULTILET INSULIN SYRINGE	
TREMFYA.....	189, 190	NEEDLE.....	155	.....	137, 159, 160
TREMFYA PEN.....	190	TRUE COMFORT PRO		ULTILET PEN NEEDLE.....	160
TREMFYA PEN INDUCTION		ALCOHOL PADS.....	155	ULTRA CMFT INS SYR	
PK-CROHN.....	190	TRUE COMFORT PRO INS		(HALF UNIT).....	135, 149
<i>tretinoin</i>	114	SYRINGE.....	154, 155	ULTRA COMFORT INSULIN	
<i>tretinoin (antineoplastic)</i>	35	TRUE COMFORT SAFE		SYRINGE.....	129, 135, 160
<i>triamcinolone acetonide</i>		INSULIN SYRG.....	154, 155, 156	ULTRA FLO INSUL	
.....	110, 114, 180	TRUE COMFORT SAFETY		SYR(HALF UNIT).....	160
<i>triamterene-hydrochlorothiazid</i> ..	93	PEN NEEDLE.....	154	ULTRA FLO INSULIN	
<i>trientine</i>	177	TRUEPLUS INSULIN.....	156, 157	SYRINGE.....	161
<i>tri-estarylla</i>	108	TRUEPLUS PEN NEEDLE.....	156	ULTRA FLO PEN NEEDLE...	161
<i>trifluoperazine</i>	71	TRULICITY.....	51	ULTRA THIN PEN NEEDLE.	161
<i>trifluridine</i>	171	TRUMENBA.....	196	ULTRACARE INSULIN	
<i>trihexyphenidyl</i>	64	TRUQAP.....	35	SYRINGE.....	161, 162
TRIJARDY XR.....	51	TRUXIMA.....	35	ULTRACARE PEN NEEDLE.	162
TRIKAFTA.....	208, 209	TUKYSA.....	35	ULTRA-FINE INS SYR	
<i>tri-legest fe</i>	108	TURALIO.....	35	(HALF UNIT).....	162
<i>tri-lynyah</i>	108	<i>turqoz (28)</i>	109	ULTRA-FINE INSULIN	
<i>tri-lo-estarylla</i>	108	TWINRIX (PF).....	196	SYRINGE.....	162, 163
<i>tri-lo-marzia</i>	108	TYBOST.....	200	ULTRA-FINE PEN NEEDLE..	163
<i>tri-lo-mili</i>	108	TYENNE.....	190	ULTRA-THIN II (SHORT)	
<i>tri-lo-sprintec</i>	108	TYENNE AUTOINJECTOR...	190	INS SYR.....	163
<i>trimethoprim</i>	11	TYMLOS.....	199	ULTRA-THIN II (SHORT)	
<i>tri-mili</i>	109	TYPHIM VI.....	196, 197	PEN NDL.....	163
<i>trimipramine</i>	48	UBRELVY.....	60	ULTRA-THIN II INS PEN	
TRINTELLIX.....	48	UDENYCA ONBODY.....	83	NEEDLES.....	163
<i>tri-nymyo</i>	109	ULTICARE.....	157, 158, 159	ULTRA-THIN II INSULIN	
<i>tri-sprintec (28)</i>	109	ULTICARE INSULIN		SYRINGE.....	163
TRIUMEQ.....	78	SYRINGE.....	157	UNIFINE OTC PEN NEEDLE	163
TRIUMEQ PD.....	78	ULTICARE INSULN		UNIFINE PEN NEEDLE.....	164
<i>triveen-duo dha</i>	213	SYR(HALF UNIT).....	157	UNIFINE PENTIPS.....	144, 164
<i>trivora (28)</i>	109	ULTICARE PEN NEEDLE.....	158	UNIFINE PENTIPS	
<i>tri-vylibra</i>	109	ULTICARE SAFETY PEN		MAXFLOW.....	164
<i>tri-vylibra lo</i>	109	NEEDLE.....	158	UNIFINE PENTIPS PLUS	
TRIZIVIR.....	78	ULTIGUARD SAFEPACK-		.....	164, 165
TROGARZO.....	78	INSULIN SYR.....	159	UNIFINE PENTIPS PLUS	
<i>trosipium</i>	177	ULTIGUARD SAFEPACK-		MAXFLOW.....	164
TRUE COMFORT ALCOHOL		PEN NEEDLE.....	159	UNIFINE PROTECT.....	165
PADS.....	154	ULTILET ALCOHOL SWAB.	159	UNIFINE SAFECONTROL	
TRUE COMFORT INSULIN				PEN NEEDLE.....	165
SYRINGE.....	154				

UNIFINE ULTRA PEN	VERSACLOZ.....72	VYZULTA.....202
NEEDLE.....165	VERSALON.....167	<i>warfarin</i>.....82
UPTRAVI.....210, 211	VERZENIO.....36	WEBCOL.....167
<i>ursodiol</i>.....175	V-GO 20.....167	WELIREG.....36
<i>ustekinumab</i>.....190	V-GO 30.....167	WINREVAIR.....209
UZEDY.....71, 72	V-GO 40.....167	<i>wixela inhub</i>.....205
<i>valacyclovir</i>.....80	<i>vienva</i>.....109	XALKORI.....36, 37
VALCHLOR.....111	<i>vigabatrin</i>.....44	<i>xarah fe</i>.....109
<i>valganciclovir</i>.....80	<i>vigadrone</i>.....44	XARELTO.....82
<i>valproate sodium</i>.....43	<i>vigpoder</i>.....44	XARELTO DVT-PE TREAT
<i>valproic acid</i>.....43	<i>vilazodone</i>.....49	30D START.....82
<i>valproic acid (as sodium salt)</i>....43	VIMKUNYA.....197	XATMEP.....37
<i>valsartan</i>.....86	<i>vinorelbine</i>.....36	XCOPRI.....44
<i>valsartan-hydrochlorothiazide</i> ...86	<i>viorele (28)</i>.....109	XCOPRI MAINTENANCE
VALTOCO.....44	VIRACEPT.....78	PACK.....44
<i>valtya</i>.....109	VIREAD.....78	XCOPRI TITRATION PACK....44
<i>vancomycin</i>.....11	<i>virt-c dha</i>.....213	XDEMVI.....171
VANFLYTA.....35	<i>virt-nate dha</i>.....213	XELJANZ.....190
VANISHPOINT INSULIN	<i>virt-pn dha</i>.....213	XELJANZ XR.....190
SYRINGE.....166	<i>virt-pn plus</i>.....213	XERMELO.....175
VANISHPOINT SYRINGE	<i>vitafol gummies</i>.....213	XGEVA.....199
.....165, 166	<i>vitafol nano</i>.....213	XIFAXAN.....11
VAQTA (PF).....197	<i>vitafol-ob+dha</i>.....214	XIGDUO XR.....52
<i>varenicline tartrate</i>.....8	VITRAKVI.....36	XIIDRA.....173
VARIVAX (PF).....197	VIVIMUSTA.....36	XOLAIR.....209
VAXCHORA VACCINE.....197	VIVOTIF.....197	XOSPATA.....37
VELTASSA.....175	VIZIMPRO.....36	XPOVIO.....37
VEMLIDY.....78	VOCABRIA.....78	XTANDI.....37
VENCLEXTA.....36	<i>volnea (28)</i>.....109	<i>xulane</i>.....109
VENCLEXTA STARTING	VONJO.....36	XULTOPHY 100/3.6.....55
PACK.....36	VOQUEZNA.....174	YERVOY.....37
<i>venlafaxine</i>.....49	VORANIGO.....36	YESINTEK.....190, 191
VEOZAH.....200	<i>voriconazole</i>.....58	YF-VAX (PF).....197
<i>verapamil</i>.....90	VOSEVI.....80	YONSA.....38
VERIFINE INSULIN	VOWST.....201	YUFLYMA(CF).....191
SYRINGE.....166, 167	<i>vp-ch-pnv</i>.....214	YUFLYMA(CF) AI CROHN'S-
VERIFINE PEN NEEDLE.....166	<i>vp-pnv-dha</i>.....214	UC-HS.....191
VERIFINE PLUS PEN	VRAYLAR.....72	YUFLYMA(CF)
NEEDLE.....166	VUMERITY.....100	AUTOINJECTOR.....191
VERIFINE PLUS PEN	VYALEV.....64	<i>yuvafem</i>.....179
NEEDLE-SHARP.....166	<i>vylibra</i>.....109	<i>zafemy</i>.....109
VERQUVO.....91	VYLOY.....36	<i>zafirlukast</i>.....205

<i>zaleplon</i>	210
<i>zatean-pn dha</i>	214
<i>zatean-pn plus</i>	214
ZEJULA	38
ZELBORAF	38
<i>zenatane</i>	111
ZENPEP	168
<i>zidovudine</i>	78
ZIIHERA	38
<i>zingiber</i>	214
<i>ziprasidone hcl</i>	72
<i>ziprasidone mesylate</i>	72
ZIRABEV	38
ZIRGAN	171
ZOLADEX	38
ZOLINZA	38
<i>zolpidem</i>	210
ZONISADE	44
<i>zonisamide</i>	45
<i>zovia 1/35e (28)</i>	109
<i>zovia 1-35 (28)</i>	110
ZTALMY	45
ZTLIDO	7
ZURZUVAE	49
ZYDELIG	38
ZYKADIA	38
ZYLET	171
ZYNLONTA	38
ZYNYZ	38
ZYPREXA RELPREVV	72, 73



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