

VILLAGECAREMAX

MEDICARE SELECT ADVANTAGE PLAN (HMO)



FÒMILÈ 2026 (LIS MEDIKAMAN KI GARANTI)

Tanpri Li: DOKIMAN SA A GENYEN ENFÒMASYON SOU MEDIKAMAN NOU KOVRI NAN PLAN

Fòmil sa a te mete ajou sou 03/26/2026. Pou plis enfòmasyon ki resan oswa lòt kesyon, tanpri kontakte Sèvis Manm VillageCareMAX nan 1-855-296-8800 oswa, pou itilizatè TTY, 711, 8:00 am jiska 8:00 pm, 7 jou sou 7, oswa vizite www.villagecaremax.org.

Idantite soumasyon Fichye Fòmilè Apwouve: 00026731

VillageCareMAX Medicare Select Advantage Plan (HMO)

Fòmilè 2026

(Lis Medikaman ki Kouvri oswa “Lis Medikaman”)

TANPRI LI: DOKIMAN SA A GEN ENFÒMASYON SOU MEDIKAMAN NOU KOUVRI NAN PLAN SA A

ID Soumisyon Dosye Fòmilè ki Apwouve: 00026371

Fòmilè sa a te ajou nan 03/26/2026. Pou dènye enfòmasyon oswa lòt kesyon, tanpri kontakte VillageCareMAX nan 1-855-296-8800 oswa, pou itilizatè TTY yo, 711, 8:00 am jiska 8:00 pm, 7 jou pa semèn, oswa vizite www.villagecaremax.org.

Nòt pou manm ki deja egziste yo: Fòmilè sa a chanje depi ane pase. Tanpri revize dokiman sa a pou asire w ke li toujou genyen medikaman w ap pran yo.

Lè Lis Medikaman sa a (Fòmilè) refere a "we nou," "us nou", oswa "our nou", sa vle di Village Senior Services Corporation. Lè li refere a "plan" oswa "plan nou an," sa vle di VillageCareMAX.

Dokiman sa a gen ladann Lis Medikaman (Fòmilè) pou plan nou an ki aktyèl depi 03/26/2026. Pou yon Lis Medikaman aktyalize (Fòmilè), tanpri kontakte nou. Enfòmasyon pou kontakte nou, ansanm ak dat nou te dènye mete Fòmilè Lis Medikaman an ajou, parèt sou paj devan ak dèyè yo.

Ou dwe jeneralman itilize famasi rezo yo pou itilize benefis medikaman sou preskripsyon ou. Benefis, Fòmilè, rezo famasi, ak/oswa kopeman/ko-asirans ka chanje apati 1ye janvye 2026, epi detanzantan pandan ane a. W ap resevwa avi lè sa nesèsè.

Kisa Fòmilè VillageCareMAX ye?

Nan dokiman sa a, nou itilize tèm Lis Medikaman ak Fòmilè pou vle di menm bagay la. Yon Fòmilè se yon lis medikaman ki kouvri VillageCareMAX chwazi nan konsiltasyon ak yon ekip founisè swen sante, ki reprezante terapi preskripsyon yo kwè ki yon pati nesèsè nan yon pwogram tretman kalite. Anjeneral, VillageCareMAX pral kouvri medikaman ki endike nan Fòmilè nou an osi lontan ke medikaman an nesèsè sou plan medikal, preskripsyon an ranpli nan yon famasi rezo VillageCareMAX, epi yo swiv lòt règ plan an. Pou plis enfòmasyon sou fason pou ranpli preskripsyon ou yo, tanpri revize Prèv Kouvèti ou a.

Èske Fòmilè a ka chanje?

Pifò chanjman nan kouvèti medikaman yo rive 1ye janvye, men nou ka ajoute oswa retire medikaman sou Female a pandan ane a, nou ka deplase yo nan diferan nivo pataje frè oswa ajoute nouvo restriksyon. Nou

dwe suiv règ Medicare yo lè nou fè chanjman sa yo. Mizajou nan Fòmilè a afiche chak mwa sou sitwèb nou an isit la: www.villagecaremax.org.

Chanjman ki ka afekte w ane sa a: Nan ka ki anba a, ou pral afekte pa chanjman kouvèti pandan ane a

- **Ranplasman imedyat sèten nouvo vèsyon medikaman mak ak pwodwi byolojik orijinal yo.** Nou ka retire imedyatman yon medikaman nan Fòmilè nou an si nou ranplase li ak yon sèten nouvo vèsyon medikaman sa a ki pral parèt sou menm nivo oswa pi ba frè pataje epi avèk menm restriksyon oswa mwens. Lè nou ajoute yon nouvo vèsyon yon medikaman nan Fòmilè nou an, nou ka deside kenbe medikaman mak oswa pwodwi byolojik orijinal la sou Fòmilè nou an, men imedyatman deplase li nan yon nivo frè pataje diferan oswa ajoute nouvo restriksyon.

Nou ka fè chanjman imedyat sa yo sèlman si n ap ajoute yon nouvo vèsyon jenerik nan yon medikaman mak, oswa si nou ajoute sèten nouvo vèsyon byosimilè nan yon pwodwi byolojik orijinal, ki te deja sou Fòmilè a (pa egzanp, ajoute yon byosimilè ki ka ranplase yon pwodwi byolojik orijinal pa yon famasi san yon nouvo preskripsyon).

Si w ap pran medikaman mak oswa pwodwi byolojik orijinal la kounye a, nou ka pa di w alavans anvan nou fè yon chanjman imedyat, men pita n ap ba w enfòmasyon sou chanjman espesifik nou te fè a. Si nou fè yon chanjman konsa, oumenm oswa moun k ap preskri w la ka mande nou pou nou fè yon eksepsyon epi kontinye kouvri pou ou medikaman y ap chanje a. Pou plis enfòmasyon, gade seksyon ki anba a ki rele "Kijan pou mwen mande yon eksepsyon nan Fòmilè VillageCareMAX la?"

Kèk nan kalitemedikaman sa yo ka nouvo pou ou. Pou plis enfòmasyon, gade seksyon ki anba a ki rele "Ki sa ki pwodwi byolojik orijinal yo ak ki jan yo gen rapò ak byosimilè?"

- **Medikaman yo retire sou mache a.** Si manifakti a retire yon medikaman nan vant oswa Food and Drug Administration (FDA) pou rezon sekirite oswa efikasite, nou ka retire medikaman an imedyatman nan Fòmilè nou an epi pita bay manm ki pran medikaman an avètisman.
- **Lòt chanjman.** Nou ka fè lòt chanjman ki afekte manm k ap pran yon medikaman kounye a. Pa egzanp, nou ka retire yon medikaman ki gen mak nan fòmilè la lè nou ajoute yon ekivalan jenerik oswa retire yon pwodwi byolojik orijinal lè nou ajoute yon biosimilar. Nou ka aplike tou nouvo restriksyon sou medikaman mak oswa pwodwi byolojik orijinal la, oswa deplase li nan yon nivo pataje frè diferan, oswa toude. Nou ka fè chanjman ki baze sou nouvo gid klinik yo. Si nou retire medikaman nan fòmilè nou an, ajoute otorizasyon alavans, limit kantite ak/oswa restriksyon etap terapi sou yon medikaman, oswa deplase yon medikaman nan yon nivo ki pi wo pou pataje frè, nou dwe notifiye manm ki afekte yo sou chanjman an omwen 30 jou anvan an chanjman vin efikas. Altènativman, lè yon manm mande yon renouvèlman medikaman an, yo ka resevwa yon rezèv pou 60 jou medikaman an ak avi sou chanjman an.

Si nou fè lòt chanjman sa yo, oumenm oswa moun k ap preskri w la ka mande nou pou fè yon eksepsyon pou ou epi kontinye kouvri medikaman w ap pran an. Avi nou ba ou a pral genyen tou enfòmasyon sou fason pou mande yon eksepsyon, epi ou ka jwenn enfòmasyon tou nan seksyon ki anba a ki rele "Kijan pou mwen mande yon eksepsyon nan fòmilè VillageCareMAX la?"

Chanjman ki pa pral afekte w si w ap pran medikaman an kounye a. Anjeneral, si w ap pran yon medikaman nan fòmilè 2026 nou an ki te kouvri nan kòmansman ane a, nou p ap sispann oswa redwi kouvèti asirans medikaman an pandan ane kouvèti 2026 la eksepte jan sa dekri pi wo a. Sa vle di medikaman sa yo ap rete disponib nan menm patisipasyon nan pri epi san okenn nouvo restriksyon pou manm sa yo k ap pran

yo pandan rès ane kouvèti asirans lan. Ou p ap resevwa avi dirèk ane sa a sou chanjman ki pa afekte w. Sepandan, lye janvyè nan ane kap vini an, chanjman sa yo ta afekte w, e li enpòtan pou tcheke fòmilè a pou nouvo ane benefis la pou nenpòt chanjman nan medikaman yo.

Fòmilè ki enkli a efektif apati 03/26/2026. Pou jwenn enfòmasyon ajou sou medikaman VillageCareMAX kouvri, tanpri kontakte nou. Enfòmasyon kontak nou yo parèt sou paj kouvèti devan ak dèyè.

Si plan an fè yon chanjman nan fòmilè ki pa antretyen nan mitan ane a, n ap fè w konnen chanjman an pa lapòs. Lèt la pral gen ladan l enfòmasyon espesifik sou chanjman fòmilè ki pa antretyen an epi y ap voye ba ou omwen 30 jou anvan dat chanjman an efektif. Ou ka wè chanjman ki pi aktyèl yo ak fòmilè a sou sitwèb nou an nan www.villagecaremax.org oswa rele Sèvis Manm yo pou plis enfòmasyon.

Kijan pou m itilize Fòmilè a?

Gen de fason pou w jwenn medikaman w nan fòmilè a:

Kondisyon Medikal

Fòmilè a kòmanse nan paj 3. Medikaman ki nan fòmilè sa a gwoupe an kategori selon kalite kondisyon medikal yo itilize pou trete. Pa egzanp, medikaman yo itilize pou trete yon maladi kè yo liste nan kategori, "Ajan kadyovaskilè". Si w konnen poukisa w ap itilize medikaman w lan, chèche non kategori a nan lis ki kòmanse nan paj 3 ki anba a. Lè sa a, gade anba non kategori a pou medikaman ou a.

Lis Alfabetik

Si w pa sèten ki kategori pou w gade, ou ta dwe chèche medikaman w lan nan Endèks ki kòmanse nan paj I-1. Endèks la bay yon lis alfabetik tout medikaman ki enkli nan dokiman sa a. Tou de medikaman mak ak medikaman jenerik yo ki nan lis Endèks la. Gade nan endèks la epi chache medikaman w lan. Akote medikaman w lan, w ap wè nimewo paj la kote w ka jwenn enfòmasyon sou kouvèti a. Ale nan paj ki nan Endèks la epi chache non medikaman w lan nan premye kolòn nan lis la.

Kisa medikaman jenerik ye?

VillageCareMAX kouvri tou de medikaman mak ak medikaman jenerik. Yon medikaman jenerik apwouve pa FDA tankou li gen menm engredyan aktif ak medikaman non mak la. Anjeneral, medikaman jenerik yo travay menm jan e jeneralman koute mwens pase medikaman mak yo. Gen ranplasan medikaman jenerik ki disponib pou anpil medikaman mak. Anjeneral, medikaman jenerik yo ka ranplase medikaman mak la nan famasi san yo pa bezwen yon nouvo preskripsyon, selon lwa eta a.

Kisa ki pwodwi byolojik orijinal yo ak ki jan yo gen rapò ak byosimilè yo?

Nan fòmilè a, lè nou refere a medikaman, sa ka vle di yon medikaman oswa yon pwodwi byolojik. Pwodwi byolojik yo se medikaman ki pi konplèks pase medikaman tipik. Etandone pwodwi byolojik yo pi konplèks pase medikaman tipik, olye pou yo gen yon fòm jenerik, yo gen altènativ yo rele byosimilè. Anjeneral, byosimilè yo travay menm jan ak pwodwi byolojik orijinal la epi yo ka koute mwens. Gen altènativ byosimilè pou kèk pwodwi byolojik orijinal yo. Gen kèk byosimilè yo se byosimilè ki ka ranplase epi, selon lwa eta a, yo ka ranplase pwodwi byolojik orijinal la nan famasi a san yo pa bezwen yon nouvo preskripsyon, menm jan medikaman jenerik yo ka ranplase medikaman ki gen non mak yo.

- Pou diskisyon sou kalite medikaman, tanpri gade Prèv Kouvèti a, Chapit 5, Seksyon 3.1, “Lis Medikaman an fè konnen ki medikaman Pati D ki kouvri yo.”

Èske gen nenpòt restriksyon nan kouvèti mwen an?

Kèk medikaman ki kouvri yo ka gen lòt kondisyon oswa limit sou kouvèti asirans lan. Kondisyon ak limit sa yo ka gen ladann:

- **Otorizasyon alavans:** VillageCareMAX mande pou ou [oswa moun k ap preskri w la] pou w jwenn otorizasyon alavans pou sèten medikaman. Sa vle di w ap bezwen jwenn apwobasyon nan men VillageCareMAX anvan ou ranpli preskripsyon w yo. Si w pa jwenn apwobasyon, VillageCareMAX ka pa kouvri medikaman an.
- **Limit kantite:** Pou sèten medikaman, VillageCareMAX limite kantite medikaman plan an pral kouvri. Pa egzanp, plan an bay 60 kapsil pou chak preskripsyon pou Celebrex. Sa a ka anplis de yon rezèv estanda yon mwa oswa twa mwa.
- **Terapi pa Etap:** Nan kèk ka, VillageCareMAX mande pou w premyèman eseye sèten medikaman pou trete kondisyon medikal ou anvan pou nou kouvri yon lòt medikaman pou kondisyon sa a. Pa egzanp, si Medikaman A ak Medikaman B toude trete kondisyon medikal ou, plan an ka pa kouvri Medikaman B sof si ou eseye Medikaman A dabò. Si Medikaman A pa travay pou ou, plan an pral kouvri Medikaman B.

Ou ka chèche konnen si medikaman ou a gen nenpòt lòt kondisyon oswa limit lè w gade nan fòmilè ki kòmanse nan paj 3 a. Ou ka jwenn plis enfòmasyon tou sou restriksyon ki aplike pou medikaman espesifik ki kouvri yo lè w vizite sit entènèt nou an nan www.villagecaremax.org. Nou afiche dokiman sou Entènèt ki eksplike otorizasyon davans nou yo ak restriksyon etap terapi nou yo. Ou ka mande nou tou pou voye yon kopi ba ou. Enfòmasyon kontak nou yo, ansanm ak dènye dat nou te mete fòmilè a ajou parèt sou paj devan ak paj dèyè yo.

Ou ka mande VillageCareMAX pou fè yon eksepsyon nan restriksyon oswa limit sa yo oswa pou yon lis lòt medikaman ki sanble ka trete kondisyon sante ou. Gade seksyon, "Kijan pou mwen mande yon eksepsyon nan fòmilè VillageCareMAX la?" nan paj v anba a pou enfòmasyon sou fason pou mande yon eksepsyon.

Kisa ki medikaman san preskripsyon (OTC)?

Medikaman OTC yo se medikaman ki pa sou preskripsyon ki pa nòmalman kouvri nan yon Plan Medicare pou Medikaman sou Preskripsyon. VillageCareMAX peye pou sèten medikaman OTC.

Plan an kouvri kèk medikaman OTC anba benefis OTC pou trete divès kondisyon, ki gen ladan men pa limite nan:

- Aspirin pou granmoun ak soulajman doulè
- Likid oswa tablèt pou tous, frèt ak grip pou adilt
- Medikaman pou alèji ak sinis
- Medikaman anti-dyare
- Medikaman anti-chanpiyon
- Medikaman anti-gaz
- Medikaman anti-p grate
- Sipleman pou dyabèt
- Èd dijestif
- Prebiotik sante dijestif ak probiotik
- Sante kè
- Èd pou dòmi

- Kontwòl Pwa (Tablèt, kapsil, elatriye)

VillageCareMAX ap bay medikaman OTC sa yo gratis pou ou. Pri medikaman OTC sa yo pou VillageCareMAX p ap konte nan depans total medikaman Pati D ou yo.

E si medikaman mwen yo pa nan Fòmilè a?

Si medikaman ou a pa enkli nan fòmilè sa a (lis medikaman ki kouvri), ou ta dwe kontakte Sèvis Manm yo dabò epi mande si medikaman ou an kouvri.

Si w aprann ke VillageCareMAX pa kouvri medikaman w, ou gen de opsyon:

- Ou ka mande Sèvis Manm yo yon lis medikaman menm jan an ki kouvri nan VillageCareMAX. Lè w resevwa lis la, montre doktè w la epi mande l pou l preskri yon medikaman ki menm jan ke VillageCareMAX kouvri.
- Ou ka mande VillageCareMAX pou fè yon eksepsyon epi kouvri medikaman w lan. Gade pi ba a pou enfòmasyon sou fason pou mande yon eksepsyon.

Kouman pou mwen mande yon eksepsyon nan fòmilè VillageCareMAX la?

Ou ka mande VillageCareMAX pou fè yon eksepsyon nan règ kouvèti nou an. Gen plizyè kalite eksepsyon ou ka mande nou fè.

- Ou ka mande pou nou kouvri yon medikaman menm si li pa nan fòmilè nou an. Si yo apwouve l, medikaman sa a pral kouvri nan yon nivo pataje frè yo te detèmine alavans, epi ou pa ta kapab mande nou bay medikaman an nan yon nivo pataje frè ki pi ba.
- Ou ka mande nou anile yon restriksyon sou kouvèti ki gen ladan otorizasyon alavans, terapi pa etap, oswa yon limit kantite sou medikaman ou a. Pa egzanp, pou sèten medikaman, VillageCareMAX limite kantite medikaman n ap garanti a. Si medikaman ou a gen yon limit kantite, ou ka mande nou anile limit la epi kouvri yon pi gwo kantite.
- Ou ka mande pou nou kouvri yon medikaman nan fòmilè a nan yon nivo pataje frè ki pi ba, sof si medikaman an nan nivo espesyalite a.

Anjeneral, VillageCareMAX pral sèlman apwouve demann ou an pou yon eksepsyon sèlman si medikaman altènatif ki enkli nan fòmilè plan an, [medikaman ki pi ba pri pataje a,] oswa si w aplike restriksyon an pa ta ap efikas pou ou e/oswa ta lakòz ou gen yon move efè.

Oumenm oswa moun k ap preskri w la ta dwe kontakte nou pou mande yon eksepsyon nan fòmilè a, ki gen ladan yon eksepsyon nan yon restriksyon sou kouvèti asirans lan. **Lè w mande yon eksepsyon, moun k ap preskri w la ap bezwen eksplike rezon medikal ki fè w bezwen eksepsyon an.** Anjeneral, nou dwe pran desizyon nou an nan lespas 72 èdtan apre nou resevwa deklarasyon sipò moun k ap preskri w la. Ou ka mande yon desizyon rapid (akselere) si ou kwè, nou dakò, ke sante ou ta ka gen anpil domaj lè w tann jiska 72 èdtan pou yon desizyon. Si nou dakò, oswa si moun k ap preskri w la mande pou yon desizyon rapid, nou dwe ba w yon desizyon pa pita pase 24 èdtan apre nou resevwa deklarasyon sipò doktè w la.

Kisa mwen ka fè si medikaman mwen an pa sou fòmilè a oswa si gen yon restriksyon?

Antanke yon nouvo manm oswa k ap kontinye nan plan nou an, ou ka pran medikaman ki pa nan fòmilè nou an. Oswa, ou ka pran yon medikaman ki sou fòmilè nou an men ki gen yon restriksyon sou kouvèti, tankou otorizasyon alavans. Ou ta dwe pale ak moun k ap preskri w la pou w mande yon desizyon sou kouvèti pou montre w satisfè kritè pou apwobasyon, pou w chanje a yon lòt medikaman ke nou kouvri, oswa pou w

mande yon eksepsyon nan fòmil pou nou ka kouvri medikaman w ap pran an. Pandan ke oumenm ak doktè ou detèmine bon jan aksyon pou ou, nou ka kouvri medikaman ou nan sèten ka pandan premye 90 jou ou se yon manm nan plan nou an.

Pou chak medikaman ou yo ki pa nan fòmilè nou an oswa ki gen yon restriksyon sou kouvèti a, nou pral kouvri yon rezèv tanporè pou 30 jou. Si preskripsyon w ekri pou mwens jou, n ap pèmèt renouvelman medikaman yo bay jiska 30 jou maksimòm. Si yo pa apwouve kouvèti w la, apre premye rezèv pou 30 jou, nou p ap peye pou medikaman sa yo, menm si ou te manm plan an depi mwens pase 90 jou.

Si w abite nan yon etablisman swen alontèm epi w bezwen yon medikaman ki pa nan fòmilè nou an oswa si kapasite w pou jwenn medikaman w yo limite, men w sot pase premye 90 jou manm nan plan nou an, n ap kouvri yon pwovizyon ijans pou 31 jou medikaman sa a pandan w ap chèche yon eksepsyon nan fòmilè a.

VillageCareMAX gen yon règleman tranzisyon ki garanti kouvèti kontinyèl pou medikaman yo bay manm ki nouvo ak aktyèl yo. Gen kèk fwa ou ka fè eksperyans yon chanjman nan nivo swen ou, tankou admisyon nan yon etablisman swen alontèm oswa lopital (oswa egzeyat nan anviwònman sa yo). Nan ka sa yo, n ap ba w yon rezèv ijans yon sèl fwa nan yon medikaman ki pa nan fòmilè a. Medikaman ki pa nan fòmilè yo gen ladan tou de medikaman ki pa nan fòmilè plan an ak medikaman ki sou fòmilè nou an men ki bezwen otorizasyon alavans oswa terapi etap dapre règ jesyon itilizasyon plan an.

Pou plis enfòmasyon

Pou jwenn plis enfòmasyon detaye sou kouvèti medikaman sou preskripsyon VillageCareMAX ou a, tanpri revize Prèv Kouvèti ou ak lòt materyèl plan an.

Si w gen kesyon sou VillageCareMAX, tanpri kontakte nou. Enfòmasyon kontak nou yo, ansanm ak dènye dat nou te mete fòmilè a ajou, parèt nan paj devan ak dèyè yo.

Si w gen kesyon jeneral sou kouvèti Medicare pou medikaman sou preskripsyon, tanpri rele Medicare nan 1-800-MEDICARE (1-800-633-4227) 24 èdtan pa jou/7 jou pa semèn. Itilizatè TTY yo ta dwe rele 1-877-486-2048. Oswa, vizite <http://www.medicare.gov>.

Fòmilè VillageCareMAX

Fòmilè ki anba a bay enfòmasyon sou kouvèti sou medikaman VillageCareMAX kouvri yo. Si w gen pwoblèm pou w jwenn medikaman w lan nan lis la, ale nan Endèks ki kòmanse nan paj I-1.

Premye kolòn nan tablo a bay non medikaman an. Medikaman mak yo ekri majiskil (pa egzanp, BENICAR) epi medikaman jenerik yo ekri an italik miniskil (pa egzanp, losartan).

Enfòmasyon ki nan kolòn Kondisyon/Limit yo fè w konnen si plan an gen nenpòt kondisyon espesyal pou kouvri medikaman w lan.

Tablo ki anba la a bay yon lis definisyon pou abrevyasyon yo ki parèt nan kolòn "Kondisyon/Limit" nan lis medikaman ki anba a ki kòmanse nan paj 3.

ABREVIYASYON/	DESKRIPSYON	EKSPLIKASYON
Restriksyon Jesyon Itilizasyon		
PA	Restriksyon Otorizasyon Alavans	Omenm (oswa doktè ou) oblije jwenn otorizasyon alavans nan VillageCareMAX anvan ou ranpli preskripsyon ou pou medikaman sa a. San apwobasyon alavans, VillageCareMAX ka pa kouvri medikaman sa a.
PA BvD	Restriksyon sou Otorizasyon Alavans pou Detèminasyon Pati B vs Pati D	Medikaman sa a ka elijib pou peman anba Medicare Pati B oswa Pati D. Ou (oswa doktè ou) oblije jwenn otorizasyon alavans nan VillageCareMAX pou detèmine medikaman sa a kouvri anba Medicare Pati D anvan ou ranpli preskripsyon ou pou medikaman sa a. San apwobasyon alavans, VillageCareMAX ka pa kouvri medikaman sa a.
PA-HRM	Restriksyon sou Otorizasyon Alavans pou Medikaman ki gen Gwo Risk	CMS te konsidere medikaman sa a potansyèlman danjere kidonk, yon Medikaman ki gen gwo Risk pou benefisyè Medicare 65 ane oswa plis. Manm ki gen 65 an. oswa plis yo oblije jwenn otorizasyon alavans nan VillageCareMAX anvan ou ranpli preskripsyon ou pou medikaman sa a. San apwobasyon alavans, VillageCareMAX ka pa kouvri medikaman sa a.

ABREVIYASYON/SENBÒL	DESKRIPSYON	EKSPLIKASYON
PA NSO	Restriksyon Otorizasyon Alavans pou Nouvo Demaraj Sèlman	Si ou se yon nouvo manm oswa si ou pa te pran medikaman sa a anvan, ou (oswa doktè ou) oblije jwenn otorizasyon alavans nan VillageCareMAX anvan ou ranpli preskripsyon ou pou medikaman sa a. San apwobasyon alavans, VillageCareMAX ka pa kouvri medikaman sa a.
QL	Restriksyon Limit Kantite	VillageCareMAX limite kantite medikaman sa a ki kouvri pou chak preskripsyon, oswa nan yon peryòd tan espesifik.
ST	Restriksyon Terapi pa Etap	Anvan VillageCareMAX ka bay kouvèti pou medikaman sa a, ou dwe eseye yon lòt medikaman pou trete kondisyon medikal ou. Medikaman sa a ka kouvri sèlman si lòt medikaman an pa travay pou
LÒT KONDISYON ESPESYAL POU KOUVÈTI		
LA	Medikaman ki gen Aksè Limite	Preskripsyon sa a ka disponib sèlman nan sèten famasi. Pou plis enfòmasyon konsilte Anyè Founisè ak Famasi w oswa rele Sèvis Manm Famasi yo nan 1-888-807-6806, 24 èdtan pa jou, 7 jou sou 7. Itilizatè TTY yo ta dwe rele 711.
NM	Medikaman ki pa Lapòs	Ou ka anmezi pou resevwa pi plis pase yon mwa apwovizyonman nan pifò medikaman ki nan fòmilè ou a atravè kòmman pa lapòs ak yon pati nan pri redwi. Medikaman ki pa disponib atravè benefis kòmman pa lapòs ou a, yo note "NM" nan kolòn Egzijans/Limit nan fòmilè ou a.

Availability of Language Assistance Services and Auxiliary Aids and Services

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	6
Anti-Addiction/Substance Abuse Treatment Agents	7
Antianxiety Agents	8
Antibacterials	9
Anticancer Agents	16
Anticonvulsants	34
Antidementia Agents	40
Antidepressants	41
Antidiabetic Agents	44
Antifungals	49
Antigout Agents	52
Antihistamines	52
Anti-Infectives (Skin And Mucous Membrane)	52
Antimigraine Agents	52
Antimycobacterials	53
Antinausea Agents	54
Antiparasite Agents	55
Antiparkinsonian Agents	56
Antipsychotic Agents	57
Antivirals (Systemic)	64
Blood Products/Modifiers/Volume Expanders	71
Caloric Agents	74
Cardiovascular Agents	74
Central Nervous System Agents	85
Contraceptives	88
Dental And Oral Agents	96

Dermatological Agents	97
Devices	101
Enzyme Cofactors/Chaperones	146
Enzyme Replacement/Modifiers	146
Eye, Ear, Nose, Throat Agents	147
Gastrointestinal Agents	151
Genitourinary Agents	154
Heavy Metal Antagonists	155
Hormonal Agents, Stimulant/Replacement/Modifying	155
Immunological Agents	160
Inflammatory Bowel Disease Agents	172
Metabolic Bone Disease Agents	173
Miscellaneous Therapeutic Agents	174
Ophthalmic Agents	175
Replacement Preparations	176
Respiratory Tract Agents	178
Skeletal Muscle Relaxants	182
Sleep Disorder Agents	182
Vasodilating Agents	183
Vitamins And Minerals	184

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 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 (Butrans) 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 (Fioricet)</i>	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 (oxycodone-acetaminophen)</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg (oxycodone-acetaminophen)</i>	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg (oxycodone-acetaminophen)</i>	2	QL (240 per 30 days)
<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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 2.5-325 mg, 5-325 mg	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 7.5-325 mg	2	QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i> 37.5-325 mg	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)
<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 solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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	
<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)
<i>tridacaine ii topical adhesive patch, medicated 5 %</i> (lidocaine)	3	PA; 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
<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	QL (2 per 30 days)
<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

04/01/2026

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	
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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>	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)
Cephalosporins		
<i>cefactor 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, 500 mg</i>	2	
<i>cefazolin intravenous recon soln 10 gram</i>	2	
<i>cefdinir oral capsule 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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>cefixime oral tablet 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>ceftaroline fosamil intravenous recon soln 400 mg, 600 mg</i> (Teflaro)	5	NDS
<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	
<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 (ceftaroline fosamil)	5	NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	2	
<i>azithromycin oral suspension for reconstitution 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	
<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	
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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	
<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, (Cipro) 500 mg</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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>moxifloxacin-sod.chloride(iso) 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> (Mondoxyne 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	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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>abiraterone, submicronized oral tablet 125 mg</i> (Yonsa)	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)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA NSO; NDS; QL (1.6 per 28 days)
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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	
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
BRUKINSA ORAL TABLET 160 MG	5	PA NSO; NDS; QL (60 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)
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	4	PA NSO
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NDS; QL (60 per 30 days)
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
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 intravenous suspension 2 mg/ml</i> (Caelyx)	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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
ENSACOVE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (270 per 30 days)
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
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 (flutamide) MG	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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (antineoplastic) oral tablet 5 mg</i> (Torpenz)	5	PA NSO; NDS; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i> (Torpenz)	5	PA NSO; NDS; QL (60 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
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 mg/5 ml</i> (Faslodex)	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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (224 per 28 days)
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)
HERNEXEOS ORAL TABLET 60 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
HYRNUO ORAL TABLET 10 MG	5	PA NSO; NDS; QL (120 per 30 days)
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (216 per 30 days)
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)
INLEXZO INTRAVESICAL IMPLANT 225 MG	5	PA BvD; NDS
INLURIYO ORAL TABLET 200 MG	5	PA NSO; NDS; QL (60 per 30 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 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)
KOMZIFTI ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (30 per 30 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)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	5	PA NSO; NDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	5	PA NSO; NDS; QL (390 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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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 acetate (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
<i>lomustine oral capsule 10 mg</i> (Gleostine)	3	
<i>lomustine oral capsule 100 mg, 40 mg</i> (Gleostine)	5	NDS
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NDS
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	5	PA NSO; NDS
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) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (leuprolide acetate (3 month))	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

04/01/2026

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	
MODEYSO ORAL CAPSULE 125 MG	5	PA NSO; NDS; QL (20 per 28 days)
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	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
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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 300 MG-5,000 UNIT/2.5 ML, 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)
<i>pazopanib oral tablet 400 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i> (Pomalyst)	5	PA NSO; NDS; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	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)
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	5	PA NSO; NDS
RYBREVANT 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)
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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), 80 MG/WEEK (80 MG X 1)	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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
YONSA ORAL TABLET 125 MG (abiraterone, submicronized)	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 (brivaracetam)	5	NDS; QL (80 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT ORAL SOLUTION 10 MG/ML (brivaracetam)	5	NDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)	5	NDS; QL (60 per 30 days)
<i>carbamazepine 100 mg/5 ml cup outer 100 mg/5 ml (5 ml)</i>	2	
<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> (Tegretol)	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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
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	
<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>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	
<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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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
<i>levetiracetam oral tablet for suspension 500 mg</i> (Spritam)	4	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	
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 suspension 0.5 mg/ml</i> (Fycompa)	5	ST; NDS; QL (720 per 30 days)
<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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>phenytek oral capsule 200 mg, 300 mg</i> (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)
<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 BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG	4	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG (levetiracetam)	4	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML	4	PA NSO
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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 (Topamax) mg, 25 mg</i>	2	
<i>topiramate oral capsule, sprinkle 50 mg</i>	3	
<i>topiramate oral solution 25 mg/ml (Eprontia)</i>	3	ST
<i>topiramate oral tablet 100 mg, 200 (Topamax) mg, 25 mg, 50 mg</i>	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	
VALTOCO NASAL SPRAY, NON- AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 (Vigadrone) mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg (Vigadrone)</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 (vigabatrin) mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg (vigabatrin)</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 (vigabatrin) mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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	
<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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
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

04/01/2026

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	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	5	PA NSO; NDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	5	PA NSO; NDS
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 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	

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

04/01/2026

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)
<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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
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 (linagliptin-metformin)	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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
<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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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 (linagliptin)	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)
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits	
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</i> <i>subcutaneous insulin pen 100 unit/ml</i> (70-30)	(Novolog Mix 70- 30FlexPen U-100)	3	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart</i> <i>subcutaneous solution 100 unit/ml</i> (70-30)	(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</i> <i>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</i> <i>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</i> <i>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-yfng subcutaneous</i> <i>insulin pen 100 unit/ml (3 ml)</i>	(Semglee(insulin glarg- yfng)Pen)	3	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin glargine-yfng subcutaneous</i> <i>solution 100 unit/ml</i>	(Semglee(insulin glargine-yfng))	3	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin lispro subcutaneous solution</i> <i>100 unit/ml</i>	(Admelog U-100 Insulin lispro)	3	max \$35 copay per month supply; QL (40 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR U-100 (insulin glargine) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
LANTUS U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	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)
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart u-100)	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 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine u-300 conc)	3	max \$35 copay per month supply; QL (18 per 28 days)
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 (90 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		

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<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
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	3	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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>	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)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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	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	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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 (18 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</i> (Maxalt-MLT) <i>10 mg</i>	2	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating</i> <i>5 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer,</i> (Imitrex STATdose Pen) <i>suv</i>	3	QL (4 per 28 days)
<i>sumatriptan nasal spray,non-aerosol</i> <i>20 mg/actuation, 5 mg/actuation</i>	3	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100</i> (Imitrex) <i>mg</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25</i> (Imitrex) <i>mg, 50 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose Pen) <i>pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous</i> <i>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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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</i> (Rifadin)	3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECTOR 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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate oral tablet</i> (Compazine) 10 mg, 5 mg	2	
<i>prochlorperazine rectal suppository</i> (Compro) 25 mg	3	
<i>promethazine injection solution</i> 25 (Phenergan) mg/ml	2	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet</i> 12.5 mg, 25 mg, 50 mg	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository</i> 25 (Promethegan) mg	2	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository</i> 12.5 (promethazine) mg, 25 mg	2	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch</i> (Transderm-Scop) 3 day 1 mg over 3 days	4	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)

Antiparasite Agents

Antiparasite Agents

<i>albendazole oral tablet</i> 200 mg	3	
<i>atovaquone oral suspension</i> 750 (Mepron) mg/5 ml	3	
<i>atovaquone-proguanil oral tablet</i> (Malarone) 250-100 mg	2	
<i>atovaquone-proguanil oral tablet</i> (Malarone Pediatric) 62.5-25 mg	2	
<i>chloroquine phosphate oral tablet</i> 250 mg, 500 mg	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet</i> 100 mg	2	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet</i> 200 (Plaquenil) mg	2	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet</i> 300 (Sovuna) mg	2	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet</i> 400 mg	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

04/01/2026

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>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	
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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 10 mg, 2.5 mg, 5 mg</i> (Saphris)	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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	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
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 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

04/01/2026

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)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	3	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>	2	
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)	2	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet, disintegrating</i> 10 mg, 15 mg, 20 mg, 5 mg	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</i> (Invega) <i>release 24hr 3 mg, 9 mg</i>	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended</i> (Invega) <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 vial inner</i> <i>10 mg/2 ml (5 mg/ml)</i>	2	
<i>quetiapine oral tablet 100 mg, 200</i> (Seroquel) <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</i> (Seroquel XR) <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)
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	
<i>risperidone oral tablet, disintegrating 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)
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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 0.5 MG, 0.75 MG, 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)
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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	
<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 (rilpivirine hcl)	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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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-tenofovir-tenofovir disoproxil fumarate (Complera) oral tablet 200-25-300 mg</i> (Complera)	5	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	3	
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 675-150 MG, 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	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>rilpivirine hcl oral tablet 25 mg</i> (Edurant)	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
SYM TUZA 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	
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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>	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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>	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)
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)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	3	QL (960 per 30 days)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	3	QL (120 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	3	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	3	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	3	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	3	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	3	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	5	NDS; QL (24 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	5	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	5	NDS; QL (18 per 30 days)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (warfarin)	1	
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i> (Xarelto)	2	QL (600 per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)	2	QL (60 per 30 days)
<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 FOR RECONSTITUTION 1 MG/ML (rivaroxaban)	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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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
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	
<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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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, 90 mg</i> (Brilinta)	2	
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) 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	
<i>droxidopa oral capsule 100 mg</i> (Northera)	2	PA; QL (180 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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 PELLETT 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	
<i>olmesartan-amlodipin-hctiazid 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	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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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>	6	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	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	
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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	
<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, 37.5 mg, 75 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>sorinol 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		

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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 180 mg, 360 mg, 420 mg</i> (Tiadylt ER)	2	
<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		
ATTRUBY ORAL TABLET 356 MG	5	PA; NDS; QL (112 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	2	QL (4 per 30 days)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	5	PA; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	3	QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i>	5	PA; NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	2	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NDS; QL (30 per 30 days)
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	6	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 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

04/01/2026

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

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

04/01/2026

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 (polycystic 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 (polycystic 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	
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine)	2	
<i>cholestyramine oral powder in packet 4 gram</i> (Cholestyramine Light)	2	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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</i> (Tricor)	2	
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	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)	1	
<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	
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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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, 20 mg, 40 mg, 80 mg</i>	6	
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine)	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	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	6	
<i>simvastatin oral tablet 5 mg, 80 mg</i>	6	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	3	
<i>eplerenone oral tablet 25 mg</i> (Inspra)	2	
<i>eplerenone oral tablet 50 mg</i>	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 Titradose)	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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	3	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	3	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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 (cladribine(multiple sclerosis))	5	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (cladribine(multiple sclerosis))	5	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (cladribine(multiple sclerosis))	5	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (cladribine(multiple sclerosis))	5	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (cladribine(multiple sclerosis))	5	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (cladribine(multiple sclerosis))	5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (cladribine(multiple sclerosis))	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
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>	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

04/01/2026

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	
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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	
<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> (Valtya)	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	

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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
<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	
<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	

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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
<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	
<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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	2	
<i>lultera (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	
<i>lyleq oral tablet 0.35 mg</i> (norethindrone (contraceptive))	2	
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
<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	
<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

04/01/2026

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 1-35 mg-mcg, 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	
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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	
<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>	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		

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

04/01/2026

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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
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 PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
ALCOHOL PREP SWABS 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
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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 (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" 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 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 (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	2	PA; ST
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" (insulin syringe-needle u-100)	2	PA; ST
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
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 27GX5/8 1 ML 27 GAUGE X 5/8" (insulin syringe-needle 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 SINGLE USE SWAB (alcohol swabs)	1	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16" (pen needle, diabetic)	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 6MMX31G 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
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

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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
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
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
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(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

04/01/2026

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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ PRO PEN NDL 31G (pen needle, diabetic, safety) 5MM 31 GAUGE X 3/16"	2	PA; ST
COMFORT EZ SYR 0.3 ML (insulin syringe-needle u-100) 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle u-100) 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle u-100) 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle u-100) 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML 27G (insulin syringe-needle u-100) 12.7MM 1 ML 27 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML (insulin syringe-needle u-100) 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML (insulin syringe-needle u-100) 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML (insulin syringe-needle u-100) 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML (insulin syringe-needle u-100) 30GX5/16" 1 ML 30 GAUGE X 5/16"	2	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	2	PA; ST
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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 (gauze bandage) 2 "	1	PA; ST
CURITY ALCOHOL PREPS 2 (alcohol swabs) PLY,MEDIUM	1	PA; ST
CURITY GAUZE PADS 2 X 2 " (gauze bandage)	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	PA; ST
DERMACEA 2"X2" GAUZE 12 (gauze bandage) PLY, USP TYPE VII 2 X 2 "	1	PA; ST
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) OUTER 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 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

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

04/01/2026

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

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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
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 OUTER 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 15/64"	(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 OUTER 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64"		2	PA; ST
DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31G 8MM 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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS (alcohol swabs)	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 31G 4MM 31 GAUGE X 5/32" (pen needle, diabetic, safety)	2	PA; ST
DROPSAFE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	PA; ST
DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 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

04/01/2026

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
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	2	PA; ST
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs) 1	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 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

04/01/2026

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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 ALCOHOL 70% PADS GAMMA-STERILIZED (alcohol swabs)	1	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
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 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
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX3/16 31 GAUGE X 3/16"	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX5/16 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4"	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX3/16 32 GAUGE X 3/16"	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX5/32 32 GAUGE X 5/32"	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

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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
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
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		2	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EQL INSULIN 0.5 ML SYRINGE 1/2 ML 29	(Ultilet Insulin Syringe)	2	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	2	PA; ST
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	2	PA; ST
EXEL U100 0.3 ML 29GX1/2" 0.3 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	2	PA; ST
FREESTYLE PREC 0.5 ML (insulin syringe-needle 30GX5/16 0.5 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
FREESTYLE PREC 0.5 ML (insulin syringe-needle 31GX5/16 0.5 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
FREESTYLE PREC 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X 5/16 u-100)	2	PA; ST
FREESTYLE PREC 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
GAUZE PAD TOPICAL (gauze bandage) BANDAGE 2 X 2 "	1	PA; ST
GAUZE PADS 2"X2" STRL 2 X 2 " (Bordered Gauze)	1	PA; ST
GNP ALCOHOL SWAB STERILE, (Alcohol Pads) TWO PLY	1	PA; ST
GNP CLICKFINE 31G X 1/4" NDL (pen needle, diabetic) 6MM, UNIVERSAL 31 GAUGE X 1/4"	2	PA; ST
GNP CLICKFINE 31G X 5/16" NDL (pen needle, diabetic) 8MM, UNIVERSAL 31 GAUGE X 5/16"	2	PA; ST
GNP PEN NEEDLE 31G 5MM 31 (1st Tier Unifine GAUGE X 3/16" Pentips)	2	PA; ST
GNP PEN NEEDLE 32G 4MM 32 (1st Tier Unifine GAUGE X 5/32" Pentips)	2	PA; ST
GNP PEN NEEDLE 32G 6MM 32 (CareFine Pen Needle) GAUGE X 1/4"	2	PA; ST
GNP SIMPLI PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	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 (insulin syringe-needle 29GX1/2" 1/2 ML 29 u-100)	2	PA; ST
GNP ULTRA COMFORT 0.5 ML (insulin syringe-needle SYR 1/2 ML 30 GAUGE 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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
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 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
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"	2	PA; ST
HEB INCONTROL ALCOHOL 70% (alcohol swabs) PADS	1	PA; ST
INCONTROL PEN NEEDLE 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	2	PA; ST
INCONTROL PEN NEEDLE 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	2	PA; ST
INCONTROL PEN NEEDLE 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	2	PA; ST
INCONTROL PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	2	PA; ST
INCONTROL PEN NEEDLE 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	2	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INSULIN SYR 0.3 ML (UltiCare Insuln Syr(half 31GX1/4(1/2) 0.3 ML 31 GAUGE X unit)) 1/4"	2	PA; ST
INSULIN SYR 0.5 ML 28G (Comfort EZ Insulin 12.7MM (OTC) 1/2 ML 28 GAUGE Syringe) X 1/2"	2	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (Comfort EZ Insulin (RX) 0.5 ML 30 GAUGE X 1/2" Syringe)	2	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" (Easy Touch Insulin INNER 1/2 ML 27 GAUGE X 1/2" Syringe)	2	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML (insulin syringe-needle 29 GAUGE u-100)	2	PA; ST
INSULIN SYRINGE 0.3 ML (Sure Comfort Insulin 31GX1/4 0.3 ML 31 GAUGE X 1/4" Syringe)	2	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML (insulin syringe-needle 29 u-100)	2	PA; ST
INSULIN SYRINGE 0.5 ML (Sure Comfort Insulin 31GX1/4 1/2 ML 31 GAUGE X 1/4" 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

04/01/2026

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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 (alcohol swabs) PAD	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
LITETOUCH INS 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
LITETOUCH INS 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
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
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 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle 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 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" (CareFine Pen Needle)	2	PA; ST
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
NANO PEN NEEDLE 32G 4MM 32 (pen needle, diabetic) GAUGE X 5/32"	2	PA; ST
NOVOFINE 30 NEEDLE	2	PA; ST
NOVOFINE 32G NEEDLES 32 (pen needle, diabetic) GAUGE X 1/4"	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
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4" (1st Tier Unifine Pentips)	2	PA; ST
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
PREFPLS INS SYR 1 ML 30GX5/16" (OTC) 1 ML 30 GAUGE X 5/16 (Advocate Syringes)	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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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 32G (pen needle, diabetic) 8MM 32 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
PRODIGY SYRNG 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
PRODIGY SYRNGE 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
PURE CMFT SFTY PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety)	2	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
PURE COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	2	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	2	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	2	PA; ST
RAYA SURE PEN NEEDLE 31G (Comfort Touch Pen 4MM 31 GAUGE X 5/32" 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 (Comfort EZ Insulin 31GX6MM 0.3 ML 31 GAUGE X Syringe) 15/64"	2	PA; ST
RELION INS SYR 0.5 ML (Comfort EZ Insulin 31GX6MM 1/2 ML 31 GAUGE X Syringe) 15/64"	2	PA; ST
RELION INS SYR 1 ML (Comfort EZ Insulin 31GX15/64" 1 ML 31 GAUGE X Syringe) 15/64"	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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
SECURES SAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	2	PA; ST
SECURES SAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
SECURES SAFE 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., SAFETY (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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
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 ALCOHOL PREP PADS	(alcohol swabs)	1	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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
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

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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
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
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
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
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
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

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

04/01/2026

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

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

04/01/2026

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

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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
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
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

04/01/2026

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
ULTILET INSULIN SYRINGE 0.5 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", 0.5 u-100) ML 30 GAUGE X 5/16", 0.5 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
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

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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
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
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

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

04/01/2026

Drug Name		Drug Tier	Requirements/Limits
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 6MM 1 ML 31 GAUGE X 15/64"	(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
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(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 6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	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

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

04/01/2026

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	2	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	2	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
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
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
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	(Orfadin)	5
ORFADIN ORAL SUSPENSION 4 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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>	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	
<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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	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	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	(bacitracin-polymyxin b) 2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>trifluridine ophthalmic (eye) drops 1 %</i>	4	
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	5	PA; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) (tobramycin-lotepred) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	3	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	3	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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</i> (Lotemax) (eye) drops,gel 0.5 %	4	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic</i> (Alrex) (eye) drops,suspension 0.2 %	3	ST
<i>loteprednol etabonate ophthalmic</i> (eye) drops,suspension 0.5 %	4	QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol</i> (Allergy Nasal 50 mcg/actuation (mometasone))	4	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic</i> (Pred Forte) (eye) drops,suspension 1 %	4	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral</i> <i>combo pack 500-500-30 mg</i>	4	
<i>cimetidine hcl oral solution 300 mg/5</i> <i>ml</i>	2	
<i>esomeprazole magnesium oral</i> (Acid Reducer <i>capsule,delayed release(dr/ec) 20 mg</i> (esomeprazole))	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral</i> (Nexium) <i>capsule,delayed release(dr/ec) 40 mg</i>	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral</i> (Nexium Packet) <i>granules dr for susp in packet 10 mg,</i> <i>20 mg</i>	4	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral</i> (Nexium Packet) <i>granules dr for susp in packet 40 mg</i>	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</i> (Acid Reducer <i>release(dr/ec) 15 mg</i> (lansoprazole))	2	QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed</i> (Prevacid) <i>release(dr/ec) 30 mg</i>	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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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	
<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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	
<i>lubiprostone oral capsule 24 mcg</i> (Amitiza)	2	QL (60 per 30 days)
<i>lubiprostone oral capsule 8 mcg</i> (Amitiza)	2	QL (120 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>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
TRULANCE ORAL TABLET 3 MG	3	QL (30 per 30 days)
<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	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	2	

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

04/01/2026

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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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>	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)
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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)</i>	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)	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>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i> (Premarin)	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch 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> (Dotti)	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 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> (Climara)	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> (YuvaFem)	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 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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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>yuvafem 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	
<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), 5 mg base/5 ml (6.7 mg/5 ml)</i>	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 acetate 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

04/01/2026

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
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	4	
<i>octreotide acetate injection solution 200 mcg/ml</i>	4	
ORGOVYX ORAL TABLET 120 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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 SUBCUTANEOUS SYRINGE 60 MG/0.2 ML (lanreotide)	5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML (lanreotide)	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	
<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		

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i> (liothyronine)	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Liomny)	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
<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 200 MG/ML SYRINGE KIT	5	PA; NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	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</i> (Sandimmune) <i>250 mg/5 ml</i>	2	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) <i>100 mg, 25 mg</i>	2	PA BvD
<i>cyclosporine modified oral capsule</i> <i>50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) <i>100 mg/ml</i>	3	PA BvD
<i>cyclosporine oral capsule 100 mg, 25</i> (Sandimmune) <i>mg</i>	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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
<i>everolimus (immunosuppressive) oral (Zortress)</i> <i>tablet 0.25 mg</i>	3	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress)</i> <i>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>gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)</i>	2	PA BvD
<i>gengraf 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-UEVITS- 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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
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
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	5	PA; NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	5	PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (tacrolimus)	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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA
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
<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
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 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-aaaz subcutaneous</i> (Otulfi) <i>syringe 45 mg/0.5 ml, 90 mg/ml</i>	3	PA
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
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; \$0 copay
ENGERIX-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
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
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	3	\$0 copay
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
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits	
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)	
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 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	
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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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

<i>alosectron oral tablet 0.5 mg</i> (Lotronex)	3	
<i>alosectron 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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
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
<i>bupirone 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</i>	2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	
<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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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)
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide-timolol ophthalmic (eye) (Cosopt) drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)</i>	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
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 % (Betimol)</i>	1	
<i>travoprost ophthalmic (eye) drops 0.004 % (Travatan Z)</i>	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

04/01/2026

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	
<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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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>breyina 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)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	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</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	4	
Bronchodilators		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	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>	2	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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>	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)

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	2	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

04/01/2026

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	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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 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	

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

04/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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>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	
<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

04/01/2026

INDEX

1		
1ST TIER UNIFINE PENTIPS		
.....	101	
1ST TIER UNIFINE PENTIPS		
PLUS	101	
A		
<i>abacavir</i>	64	
<i>abacavir-lamivudine</i>	64	
ABELCET	50	
<i>abigale</i>	156	
<i>abigale lo</i>	156	
ABILIFY ASIMTUFII.....	57	
ABILIFY MAINTENA.....	58	
<i>abiraterone</i>	16	
<i>abiraterone, submicronized</i> ...	16	
<i>abirtega</i>	16	
ABOUTTIME PEN NEEDLE		
.....	101	
ABRYSVO (PF).....	167	
<i>acamprosate</i>	7	
<i>acarbose</i>	44	
<i>acebutolol</i>	77	
<i>acetaminophen-codeine</i>	3	
<i>acetazolamide</i>	175	
<i>acetazolamide sodium</i>	175	
<i>acetic acid</i>	148	
<i>acetylcysteine</i>	180	
<i>acitretin</i>	97	
ACTHIB (PF).....	167	
ACTIMMUNE	174	
<i>acyclovir</i>	70, 97	
<i>acyclovir sodium</i>	70	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)	167	
<i>adapalene</i>	101	
<i>adefovir</i>	70	
ADEMPAS.....	183	
<i>adrucil</i>	16	
ADVAIR HFA.....	178	
ADVOCATE PEN NEEDLE		
.....	102	
ADVOCATE SYRINGES..	101,	
102		
<i>afirmelle</i>	88	
AIMOVIG AUTOINJECTOR		
.....	52	
AIRSUPRA	178, 179	
AKEEGA.....	16	
<i>ala-cort</i>	98	
<i>albendazole</i>	55	
<i>albuterol sulfate</i>	179	
ALCOHOL PADS.....	102	
ALCOHOL PREP PADS	122	
ALCOHOL PREP SWABS.	102	
ALCOHOL SWABS	118	
ALCOHOL WIPES	102	
ALECENSA	16	
<i>alendronate</i>	173	
<i>alfuzosin</i>	155	
<i>aliskiren</i>	84	
<i>allopurinol</i>	52	
<i>alose tron</i>	172	
<i>alprazolam</i>	8	
<i>altavera (28)</i>	88	
ALTRENO.....	101	
ALUNBRIG.....	16	
ALVAIZ	72	
<i>alyacen 1/35 (28)</i>	88	
<i>alyacen 7/7/7 (28)</i>	89	
ALYFTREK	180, 181	
<i>alyq</i>	183	
<i>amantadine hcl</i>	56	
<i>amethyst (28)</i>	89	
<i>amikacin</i>	9	
<i>amiloride</i>	81	
<i>amiloride-hydrochlorothiazide</i>		
.....	81	
<i>amiodarone</i>	77	
<i>amitriptyline</i>	41	
<i>amlodipine</i>	80	
<i>amlodipine-atorvastatin</i>	82	
<i>amlodipine-benazepril</i>	80	
<i>amlodipine-olmesartan</i>	81	
<i>amlodipine-valsartan</i>	81	
<i>amlodipine-valsartan-hcthiiazid</i>		
.....	81	
<i>ammonium lactate</i>	97	
<i>amoxapine</i>	41	
<i>amoxicil-clarithromy-lansopraz</i>		
.....	151	
<i>amoxicillin</i>	13	
<i>amoxicillin-pot clavulanate</i> ...	13	
<i>amphotericin b</i>	50	
<i>amphotericin b liposome</i>	50	
<i>ampicillin</i>	13	
<i>ampicillin sodium</i>	13	
<i>ampicillin-sulbactam</i>	13	
<i>anagrelide</i>	73	
<i>anastrozole</i>	16	
ANKTIVA	16	
ANORO ELLIPTA	179	
<i>aprepitant</i>	54	
<i>apri</i>	89	
APTIVUS.....	64	
AQINJECT PEN NEEDLE .	102	
ARCALYST	160	
AREXVY (PF).....	167	
ARIKAYCE.....	9	
<i>aripiprazole</i>	58	
ARISTADA	58	
ARISTADA INITIO	58	

<i>armodafinil</i>	183	<i>ayuna</i>	89	BD ULTRA-FINE ORIG PEN	
ARNUITY ELLIPTA.....	178	AYVAKIT	17	NEEDLE	105
<i>asenapine maleate</i>	58	<i>azacitidine</i>	17	BD ULTRA-FINE SHORT	
<i>aspirin-dipyridamole</i>	73	<i>azathioprine</i>	160	PEN NEEDLE	105
ASSURE ID DUO PRO SFTY		<i>azathioprine sodium</i>	160	BD VEO INSULIN SYR	
PEN NDL	102	<i>azelastine</i>	147	(HALF UNIT).....	105
ASSURE ID DUO-SHIELD	103	<i>azithromycin</i>	11, 12	BD VEO INSULIN SYRINGE	
ASSURE ID INSULIN		<i>aztreonam</i>	12	UF	105
SAFETY.....	103	<i>azurette (28)</i>	89	BELSOMRA.....	183
ASSURE ID PEN NEEDLE	103	B		<i>benazepril</i>	76
ASSURE ID PRO PEN		<i>bacitracin</i>	148	<i>benazepril-hydrochlorothiazide</i>	
NEEDLE	103	<i>bacitracin-polymyxin b</i>	148	.....	76
ASTAGRAF XL	160	<i>baclofen</i>	182	<i>bendamustine</i>	17
<i>atazanavir</i>	64	<i>bal-care dha</i>	184	BENDAMUSTINE	17
<i>atenolol</i>	77	<i>bal-care dha essential</i>	184	BENDEKA	17
<i>atenolol-chlorthalidone</i>	77, 78	<i>balsalazide</i>	172	BENLYSTA.....	160
<i>atomoxetine</i>	85	BALVERSA	17	<i>benztropine</i>	56
<i>atorvastatin</i>	82	BAQSIMI	174	BESREMI	160
<i>atovaquone</i>	55	BCG VACCINE, LIVE (PF)	167	<i>betaine</i>	174
<i>atovaquone-proguanil</i>	55	BD ALCOHOL SWABS.....	104	<i>betamethasone dipropionate</i> .	98,
<i>atropine</i>	147	BD AUTOSHIELD DUO PEN		99	
ATROVENT HFA	179	NEEDLE.....	103	<i>betamethasone valerate</i>	99
ATTRUBY	79	BD ECLIPSE LUER-LOK..	103	<i>betamethasone, augmented</i>	99
<i>aubra eq</i>	89	BD INSULIN SYRINGE	104	BETASERON	86
AUGTYRO	16	BD INSULIN SYRINGE		<i>betaxolol</i>	175
<i>aurovela 1.5/30 (21)</i>	89	(HALF UNIT).....	103	<i>bethanechol chloride</i>	154
<i>aurovela 1/20 (21)</i>	89	BD INSULIN SYRINGE		<i>bexarotene</i>	17
<i>aurovela 24 fe</i>	89	ULTRA-FINE.....	103	BEXSERO	167
<i>aurovela fe 1.5/30 (28)</i>	89	BD LO-DOSE ULTRA-FINE		<i>bicalutamide</i>	17
<i>aurovela fe 1-20 (28)</i>	89	.....	104	BICILLIN L-A.....	13
AUSTEDO	85	BD NANO 2ND GEN PEN		BIKTARVY	64
AUSTEDO XR.....	85	NEEDLE.....	104	<i>bisoprolol fumarate</i>	78
AUSTEDO XR TITRATION		BD SAFETYGLIDE INSULIN		<i>bisoprolol-hydrochlorothiazide</i>	
KT(WK1-4).....	85	SYRINGE	104	.....	78
AUTOSHIELD DUO PEN		BD SAFETYGLIDE SYRINGE		BIZENGRI.....	17
NEEDLE	103	.....	104	<i>bleomycin</i>	17
AUVELITY.....	41	BD ULTRA-FINE MICRO		<i>blisovi 24 fe</i>	89
<i>aviane</i>	89	PEN NEEDLE	104	<i>blisovi fe 1.5/30 (28)</i>	89
AVMAPKI	16	BD ULTRA-FINE MINI PEN		<i>blisovi fe 1/20 (28)</i>	89
AVMAPKI-FAKZYNJA	16	NEEDLE.....	104	BOOSTRIX TDAP	167
AVONEX.....	85, 86	BD ULTRA-FINE NANO PEN		BORDERED GAUZE	105
AXTLE.....	17	NEEDLE.....	104	<i>bortezomib</i>	17

BORUZU	17	CAMZYOS.....	80	<i>chlorpromazine</i>	58, 59
<i>bosentan</i>	183	<i>candesartan</i>	75	<i>chlorthalidone</i>	81
BOSULIF	17, 18	<i>candesartan-hydrochlorothiazid</i>	75	<i>cholestyramine</i>	82
BRAFTOVI.....	18	CAPLYTA.....	58	<i>cholestyramine light</i>	82
BREO ELLIPTA	178	CAPRELSA.....	18	<i>ciclopirox</i>	50
<i>breyana</i>	178	<i>captopril</i>	76	<i>cilostazol</i>	73
BREZTRI AEROSPHERE ..	179	<i>carbamazepine</i>	35	CIMDUO	65
<i>brimonidine</i>	175	<i>carbidopa-levodopa</i>	56, 57	<i>cimetidine hcl</i>	151
<i>brimonidine-timolol</i>	175	CAREFINE PEN NEEDLE.	105	CIMZIA	160, 161
<i>brinzolamide</i>	175	CARETOUCH ALCOHOL		CIMZIA POWDER FOR	
BRIVIACT	34, 35	PREP PAD.....	105	RECONST	160
<i>bromfenac</i>	150	CARETOUCH INSULIN		CIMZIA STARTER KIT	161
<i>bromocriptine</i>	56	SYRINGE	106	<i>cinacalcet</i>	173
BRONCHITOL	181	CARETOUCH PEN NEEDLE		<i>ciprofloxacin hcl</i>	14, 148
BRUKINSA	18	.....	105, 106	<i>ciprofloxacin in 5 % dextrose</i> 14	
<i>budesonide</i>	172, 178	<i>carglumic acid</i>	152	<i>ciprofloxacin-dexamethasone</i>	148
<i>budesonide-formoterol</i>	178	<i>carteolol</i>	175	<i>citalopram</i>	41
<i>bumetanide</i>	81	<i>cartia xt</i>	79	<i>clarithromycin</i>	12
<i>buprenorphine</i>	3	<i>carvedilol</i>	78	CLICKFINE PEN NEEDLE	
<i>buprenorphine hcl</i>	7	CAYSTON	12	.....	106, 118
<i>buprenorphine-naloxone</i>	7	<i>cefaclor</i>	10	<i>clindamycin hcl</i>	9
<i>bupropion hcl</i>	41	<i>cefadroxil</i>	10	<i>clindamycin phosphate</i> . 9, 52, 98	
<i>bupropion hcl (smoking deter)</i> .7		<i>cefazolin</i>	10	<i>clindamycin-benzoyl peroxide</i> 98	
<i>bupirone</i>	174	<i>cefdinir</i>	10, 11	CLINIMIX 6%-D5W	
<i>butalbital-acetaminop-caf-cod</i> .3		<i>cefepime</i>	11	(SULFITE-FREE).....	74
<i>butalbital-acetaminophen-caff</i> .3		<i>cefixime</i>	11	CLINIMIX 8%-	
C		<i>cefoxitin</i>	11	D10W(SULFITE-FREE) ...	74
CABENUVA.....	65	<i>cefpodoxime</i>	11	CLINIMIX 8%-	
<i>cabergoline</i>	56	<i>cefprozil</i>	11	D14W(SULFITE-FREE) ...	74
CABOMETYX.....	18	<i>ceftaroline fosamil</i>	11	CLINIMIX E 8%-D10W	
<i>cabotegravir</i>	65	<i>ceftazidime</i>	11	SULFITEFREE.....	74
<i>calcipotriene</i>	97	<i>ceftriaxone</i>	11	CLINIMIX E 8%-D14W	
<i>calcitonin (salmon)</i>	173	<i>cefuroxime axetil</i>	11	SULFITEFREE.....	74
<i>calcitriol</i>	173	<i>cefuroxime sodium</i>	11	<i>clobazam</i>	35
<i>calcium acetate(phosphat bind)</i>	154	<i>celecoxib</i>	5	<i>clobetasol</i>	99
CALQUENCE.....	18	<i>cephalexin</i>	11	<i>clobetasol-emollient</i>	99
CALQUENCE		<i>cevimeline</i>	96	<i>clomipramine</i>	41
(ACALABRUTINIB MAL)		<i>chateal eq (28)</i>	89	<i>clonazepam</i>	8
.....	18	<i>chlordiazepoxide hcl</i>	8	<i>clonidine</i>	74
CAMCEVI (6 MONTH)	18	<i>chlorhexidine gluconate</i>	97	<i>clonidine hcl</i>	74
<i>camila</i>	89	<i>chloroquine phosphate</i>	55	<i>clopidogrel</i>	73

<i>clorazepate dipotassium</i>.....8	CURITY ALCOHOL SWABS	<i>demeclocycline</i> 15
<i>clotrimazole</i>.....50	..... 109	DENGVAXIA (PF) 168
<i>clotrimazole-betamethasone</i> ...50	CURITY GAUZE..... 109	<i>denta 5000 plus</i> 97
<i>clozapine</i>.....59	<i>cyclobenzaprine</i> 182	<i>dentagel</i>.....97
<i>c-nate dha</i>.....184	<i>cyclophosphamide</i> 18, 19	DEPO-SUBQ PROVERA 104
COARTEM .....55	<i>cyclosporine</i> 150, 161	..... 159
COBENFY .....59	<i>cyclosporine modified</i> 161	DERMACEA 109
COBENFY STARTER PACK	CYLTEZO(CF) 162	DERMACEA NON-WOVEN
.....59	CYLTEZO(CF) PEN..... 161	..... 109
<i>colchicine</i> .....52	CYLTEZO(CF) PEN	<i>dermacinrx lidocan</i> 6
<i>colesevelam</i> .....83	CROHN'S-UC-HS 161	DESCOVY..... 65
<i>colestipol</i> .....83	CYLTEZO(CF) PEN	<i>desipramine</i> 41
<i>colistin (colistimethate na)</i>.....9	PSORIASIS-UV 161	<i>desmopressin</i> 158
COMBIVENT RESPIMAT .180	<i>cyred eq</i> 89	<i>desog-e.estradiol/e.estradiol</i> ..90
COMETRIQ..... 18	D	<i>desogestrel-ethinyl estradiol</i> ..90
COMFORT EZ INSULIN	<i>d5 % (d-glucose)-0.9 % sodchl</i>	<i>desvenlafaxine succinate</i> 41
SYRINGE.....106, 107, 108	..... 176	<i>dexamethasone</i> 157
COMFORT EZ PEN NEEDLES	<i>d5 % and 0.9 % sodium chloride</i>	<i>dexamethasone sodium</i>
..... 107	..... 176	<i>phosphate</i> 150, 157
COMFORT EZ PRO SAFETY	<i>d5 %-0.45 % sodium chloride</i>	<i>dextroamphetamine-</i>
PEN NDL .....107, 108	..... 176	<i>amphetamine</i> 86
COMFORT TOUCH PEN	<i>dabigatran etexilate</i> 71	<i>dextrose 5 % in water (d5w)</i> .. 74
NEEDLE .....108, 109	<i>dalfampridine</i> 86	DIACOMIT..... 35
<i>completenate</i>.....184	<i>danazol</i> 155	<i>diazepam</i> 8, 35
<i>compro</i>.....54	<i>dantrolene</i> 182	<i>diazepam intensol</i> 8
<i>conjugated estrogens</i> 156	DANYELZA 19	<i>diazoxide</i> 174
<i>constulose</i> 152	DANZITEN 19	<i>diclofenac epolamine</i> 5
COPIKTRA 18	<i>dapagliflozin propanediol</i> 44	<i>diclofenac potassium</i> 5
CORLANOR.....80	<i>dapsone</i> 53	<i>diclofenac sodium</i> 5, 150
CORTROPHIN GEL.....158	DAPTACEL (DTAP	<i>diclofenac-misoprostol</i> 5
COSENTYX.....161	PEDIATRIC) (PF)..... 167	<i>dicloxacillin</i> 13
COSENTYX (2 SYRINGES)	<i>daptomycin</i> 9	<i>dicyclomine</i> 152
.....161	<i>darunavir</i> 65	<i>didanosine</i> 65
COSENTYX PEN (2 PENS)161	<i>dasatinib</i> 19	<i>difluprednate</i> 150
COSENTYX UNOREADY	<i>dasetta 1/35 (28)</i> 90	<i>digoxin</i> 80
PEN 161	<i>dasetta 7/7/7 (28)</i> 90	<i>dihydroergotamine</i> 52
COTELLIC..... 18	DATROWAY 19	DILANTIN 35
CREON .....146	DAURISMO..... 19	<i>diltiazem hcl</i> 79
CRESEMBA 50	<i>deblitane</i> 90	<i>dilt-xr</i> 79
<i>cromolyn</i>.....147, 152, 181	<i>decitabine</i> 19	<i>dimethyl fumarate</i> 86
<i>cryselle (28)</i>.....89	<i>deferasirox</i> 155	<i>diphenoxylate-atropine</i> 152
CURAD GAUZE PAD 109	DELSTRIGO..... 65	<i>dipyridamole</i> 73

<i>disulfiram</i>	7	EASY COMFORT SAFETY	ELIQUIS DVT-PE TREAT 30D
<i>divalproex</i>	35, 36	PEN NEEDLE	START
<i>dofetilide</i>	77	113	71
<i>dolishale</i>	90	EASY GLIDE INSULIN	ELIQUIS SPRINKLE.....
<i>donepezil</i>	40	SYRINGE	71
<i>dorzolamide</i>	175	114	ELREXFIO
<i>dorzolamide-timolol</i>	176	EASY GLIDE PEN NEEDLE	20
DOVATO	65	.....	<i>eltrombopag olamine</i>
<i>doxazosin</i>	74	114	72, 73
<i>doxepin</i>	41, 183	EASY TOUCH.....	<i>eluryng</i>
<i>doxorubicin, peg-liposomal</i>	19	116	90
<i>doxy-100</i>	15	EASY TOUCH ALCOHOL	EMBRACE PEN NEEDLE .
<i>doxycycline hyclate</i>	15	PREP PADS	117
<i>doxycycline monohydrate</i>	15	115	EMCYT.....
DRIZALMA SPRINKLE.	41, 42	EASY TOUCH FLIPLOCK	20
<i>dronabinol</i>	54	INSULIN	EMGALITY PEN
DROPLET INSULIN		116	53
SYR(HALF UNIT) ..	109, 110	EASY TOUCH FLIPLOCK	EMGALITY SYRINGE
DROPLET INSULIN		SYRINGE.....	53
SYRINGE.....	110, 111	115	EMRELIS
DROPLET MICRON PEN		EASY TOUCH INSULIN	20
NEEDLE	111	SAFETY SYR	EMSAM.....
DROPLET PEN NEEDLE..	111,	115	42
112		EASY TOUCH INSULIN	<i>emtricitabine</i>
DROPSAFE ALCOHOL PREP		SYRINGE.....	65
PADS.....	112	114, 115, 117	<i>emtricitabine-tenofovir (tdf)</i> ..
DROPSAFE INSULIN		EASY TOUCH LUER LOCK	66
SYRINGE.....	112	INSULIN	<i>emtricitabine-tenofovir (tdf)</i> ..
DROPSAFE PEN NEEDLE	112	116	66
<i>droxidopa</i>	74, 75	EASY TOUCH PEN NEEDLE	EMTRIVA
<i>duloxetine</i>	42	.....	66
DUPIXENT PEN	162	116	<i>emzahn</i>
DUPIXENT SYRINGE.....	162	EASY TOUCH SAFETY PEN	90
<i>dutasteride</i>	155	NEEDLE.....	<i>enalapril maleate</i>
E		116, 117	76
EASY COMFORT ALCOHOL		EASY TOUCH	<i>enalapril-hydrochlorothiazide</i>
PAD.....	113	SHEATHLOCK INSULIN	76
EASY COMFORT INSULIN		.....	76
SYRINGE.....	113, 114	115, 116	ENBREL
EASY COMFORT PEN		EASY TOUCH UNI-SLIP ..	162
NEEDLES	114	117	ENBREL MINI.....
		<i>econazole nitrate</i>	162
		50	<i>endocet</i>
		EDURANT	3
		65	ENGERIX-B (PF).....
		EDURANT PED.....	168
		65	ENGERIX-B PEDIATRIC (PF)
		<i>efavirenz</i>	168
		65	.....
		<i>efavirenz-emtricitabin-tenofov</i>	<i>enilloring</i>
		<i>efavirenz-lamivu-tenofov disop</i>	90
		.....	71
		65	<i>enpresse</i>
		ELAHERE	90
		19	ENSACOVE
		ELEPSIA XR.....	20
		36	<i>enskyce</i>
		ELIGARD.....	90
		19	<i>entacapone</i>
		ELIGARD (3 MONTH)	57
		19	<i>entecavir</i>
		ELIGARD (4 MONTH)	70
		19	ENTRESTO
		ELIGARD (6 MONTH)	75
		19	ENTRESTO SPRINKLE
		<i>elinest</i>	75
		90	<i>enulose</i>
		ELIQUIS.....	152
		71	EPCLUSA.....
			70
			EPIDIOLEX.....
			36
			<i>epinastine</i>
			147
			<i>epinephrine</i>
			80
			<i>epitol</i>
			36

EPIVIR HBV.....	66	<i>ezetimibe-simvastatin</i>	83	<i>floxuridine</i>	21
EPKINLY.....	20	F		<i>fluconazole</i>	50
<i>eplerenone</i>	84	FAKZYNJA.....	21	<i>fluconazole in nacl (iso-osm)</i> ..	50
ERBITUX.....	20	<i>falmina (28)</i>	90	<i>flucytosine</i>	50
<i>ergoloid</i>	40	<i>famciclovir</i>	71	<i>fludrocortisone</i>	157
ERIVEDGE.....	20	<i>famotidine</i>	151	<i>flunisolide</i>	150
ERLEADA.....	20	FANAPT.....	59	<i>fluocinolone</i>	99
<i>erlotinib</i>	20	FANAPT TITRATION PACK		<i>fluocinolone acetonide oil</i>	150
<i>errin</i>	90	A.....	59	<i>fluocinonide</i>	99
<i>ertapenem</i>	12	FANAPT TITRATION PACK		<i>fluoride (sodium)</i>	97
<i>erythromycin</i>	12, 148	B.....	59	<i>fluorometholone</i>	150
<i>erythromycin ethylsuccinate</i> ..	12	FANAPT TITRATION PACK		<i>fluorouracil</i>	21, 97
<i>erythromycin with ethanol</i>	98	C.....	59	<i>fluoxetine</i>	42
ERZOFRI.....	59	FARXIGA.....	44	<i>fluphenazine decanoate</i>	60
<i>escitalopram oxalate</i>	42	FASENRA.....	181	<i>fluphenazine hcl</i>	60
<i>eslicarbazepine</i>	36	FASENRA PEN.....	181	<i>flurbiprofen</i>	6
<i>esomeprazole magnesium</i>	151	<i>febuxostat</i>	52	<i>flurbiprofen sodium</i>	150
<i>estarylla</i>	90	<i>feirza</i>	91	<i>flutamide</i>	21
<i>estradiol</i>	156	<i>felbamate</i>	36	<i>fluticasone propionate</i> 100, 150,	178
<i>estradiol-norethindrone acet</i>	156	<i>felodipine</i>	81	<i>fluticasone propion-salmeterol</i>	
<i>eszopiclone</i>	183	<i>femynor</i>	91	.....	179
<i>ethambutol</i>	54	<i>fenofibrate</i>	83	<i>fluvastatin</i>	83
<i>ethosuximide</i>	36	<i>fenofibrate micronized</i>	83	<i>fluvoxamine</i>	42
<i>ethynodiol diac-eth estradiol</i> ..	90	<i>fenofibrate nanocrystallized</i> ..	83	<i>folivane-ob</i>	184
<i>etodolac</i>	5	<i>fentanyl</i>	4	<i>fondaparinux</i>	71, 72
<i>etonogestrel-ethinyl estradiol</i> ..	90	<i>fentanyl citrate</i>	3	<i>fosamprenavir</i>	66
ETOPOPHOS.....	20	<i>fesoterodine</i>	154	<i>fosfomycin tromethamine</i>	9
<i>etoposide</i>	20	FETZIMA.....	42	<i>fosinopril</i>	76
<i>etravirine</i>	66	FIASP FLEXTOUCH U-100		<i>fosinopril-hydrochlorothiazide</i>	
EUCRISA.....	99	INSULIN.....	46	.....	76
EULEXIN.....	20	FIASP PENFILL U-100		<i>fosphenytoin</i>	36
<i>everolimus (antineoplastic)</i> ..	20,	INSULIN.....	46	FOTIVDA.....	21
21		FIASP PUMPCART.....	47	FREESTYLE PRECISION..	118
<i>everolimus</i>		FIASP U-100 INSULIN.....	47	FRUZAQLA.....	21
(<i>immunosuppressive</i>).....	162	<i>fidaxomicin</i>	12	<i>fulvestrant</i>	21
EVOTAZ.....	66	<i>finasteride</i>	155	<i>furosemide</i>	81
EXEL INSULIN.....	117	<i>fingolimod</i>	86	FUZEON.....	66
<i>exemestane</i>	21	FINTEPLA.....	36	FYARRO.....	21
EXTENCILLINE.....	14	FIRMAGON KIT W DILUENT		G	
EXXUA.....	42	SYRINGE.....	21	<i>gabapentin</i>	36
EYSUVIS.....	150	<i>flavoxate</i>	154	<i>galantamine</i>	40
<i>ezetimibe</i>	83	<i>flecainide</i>	77		

<i>gallifrey</i>	159
GAMUNEX-C	162
GARDASIL 9 (PF).....	168
GAUZE BANDAGE.....	118
GAUZE PAD	118
<i>gavilyte-c</i>	153
<i>gavilyte-g</i>	153
<i>gavilyte-n</i>	153
GAVRETO.....	21
<i>gefitinib</i>	21
<i>gemfibrozil</i>	83
<i>generlac</i>	152
<i>gengraf</i>	162
<i>gentak</i>	148
<i>gentamicin</i>	9, 98, 148
<i>gentamicin sulfate (ped) (pf)</i>	9
<i>gentamicin sulfate (pf)</i>	9
GENVOYA	66
GILOTRIF.....	22
<i>glatiramer</i>	86
<i>glatopa</i>	86
<i>glimepiride</i>	49
<i>glipizide</i>	49
<i>glipizide-metformin</i>	49
<i>glucagon emergency kit</i> (human)	174
<i>glutamine (sickle cell)</i>	174
<i>glyburide</i>	49
<i>glyburide micronized</i>	49
<i>glyburide-metformin</i>	49
<i>glycopyrrolate</i>	152
<i>glydo</i>	6
GLYXAMBI	44
GOMEKLI	22
<i>griseofulvin microsize</i>	50
<i>griseofulvin ultramicrosize</i>	51
<i>guanfacine</i>	75, 86
GVOKE.....	174
GVOKE HYPOPEN 2-PACK	174
GVOKE PFS 1-PACK SYRINGE.....	174

H	
HAEGARDA.....	73
<i>hailey 24 fe</i>	91
<i>hailey fe 1.5/30 (28)</i>	91
<i>hailey fe 1/20 (28)</i>	91
<i>halobetasol propionate</i>	100
<i>haloette</i>	91
<i>haloperidol</i>	60
<i>haloperidol decanoate</i>	60
<i>haloperidol lactate</i>	60
HARVONI.....	70
HAVRIX (PF).....	168
HEALTHWISE INSULIN SYRINGE	119
HEALTHWISE PEN NEEDLE	119
HEALTHY ACCENTS UNIFINE PENTIP... 119, 120	
<i>heather</i>	91
<i>heparin (porcine)</i>	72
HEPLISAV-B (PF).....	168
HERCEPTIN HYLECTA.....	22
HERNEXEOS	22
HIBERIX (PF).....	168
HUMIRA	163
HUMIRA PEN	162
HUMIRA PEN CROHNS-UC- HS START	162
HUMIRA PEN PSOR- UVEITS-ADOL HS	162
HUMIRA(CF)	163
HUMIRA(CF) PEDI CROHNS STARTER	163
HUMIRA(CF) PEN.....	163
HUMIRA(CF) PEN CROHNS- UC-HS	163
HUMIRA(CF) PEN PEDIATRIC UC.....	163
HUMIRA(CF) PEN PSOR-UV- ADOL HS	163
HUMULIN R U-500 (CONC) INSULIN	47

HUMULIN R U-500 (CONC) KWIKPEN	47
<i>hydralazine</i>	80
<i>hydrochlorothiazide</i>	81, 82
<i>hydrocodone-acetaminophen</i> ... 4	
<i>hydrocortisone</i>	100, 157, 172
<i>hydrocortisone valerate</i>	100
<i>hydrocortisone-acetic acid</i> ... 148	
<i>hydromorphone</i>	4
<i>hydroxychloroquine</i>	55
<i>hydroxyurea</i>	22
<i>hydroxyzine hcl</i>	52
<i>hydroxyzine pamoate</i>	174
HYRNUO	22
I	
<i>ibandronate</i>	173
IBRANCE.....	22
IBTROZI.....	22
<i>ibu</i>	6
<i>ibuprofen</i>	6
<i>icatibant</i>	80
<i>iclevia</i>	91
ICLUSIG.....	22
<i>icosapent ethyl</i>	83
IDHIFA.....	22
<i>ifosfamide</i>	22
ILEVRO	150
<i>imatinib</i>	22
IMBRUVICA.....	22, 23
IMDELLTRA	23
<i>imipenem-cilastatin</i>	12
<i>imipramine hcl</i>	42
<i>imiquimod</i>	97
IMJUDO	23
IMKELDI.....	23
IMOVAX RABIES VACCINE (PF)	168
IMPAVIDO.....	55
<i>incassia</i>	91
INCONTROL ALCOHOL PADS	120

INCONTROL PEN NEEDLE	INVEGA TRINZA	JYLAMVO
..... 120	61	23
INCRELEX	INVELTYS.....	JYNARQUE
158	150	82
<i>indapamide</i>	IPOLE	JYNNEOS (PF).....
82	168	169
<i>indomethacin</i>	<i>ipratropium bromide</i>	K
6	147, 180	KALETRA.....
INFANRIX (DTAP) (PF)....	<i>ipratropium-albuterol</i>	66
168	180	KALYDECO.....
<i>infliximab</i>	<i>irbesartan</i>	181
163	75	<i>kariva (28)</i>
INGREZZA.....	<i>irbesartan-hydrochlorothiazide</i>	92
87	.....	<i>kelnor 1/35 (28)</i>
INGREZZA INITIATION	75	92
PK(TARDIV).....	ISENTRESS	<i>kelnor 1/50 (28)</i>
87	66	92
INGREZZA SPRINKLE.....	ISENTRESS HD.....	KERENDIA
87	66	84
INLEXZO.....	<i>isibloom</i>	KESIMPTA PEN
23	91	87
INLURIYO.....	<i>isoniazid</i>	<i>ketoconazole</i>
23	54	51
INLYTA.....	<i>isosorbide dinitrate</i>	<i>ketorolac</i>
23	84	6, 150
INPEN (FOR HUMALOG)	<i>isosorbide mononitrate</i>	KEYTRUDA.....
BLUE	84	24
120	ITOVEBI.....	KEYTRUDA QLEX.....
INPEN (NOVOLOG OR	23	24
FIASP) BLUE	<i>itraconazole</i>	KIMMTRAK
120	51	24
INQOVI.....	IV PREP WIPES	KINERET
23	122	163
INREBIC	<i>ivabradine</i>	KINRIX (PF)
23	80	169
<i>insulin asp prt-insulin aspart</i>	<i>ivermectin</i>	<i>kionex (with sorbitol)</i>
47	56	152
<i>insulin aspart u-100</i>	IWILFIN.....	KISQALI.....
47	23	24
<i>insulin glargine-yfgn</i>	IXIARO (PF).....	KISQALI FEMARA CO-PACK
47	168	.....
<i>insulin lispro</i>	J	24
47	JAKAFI	KLISYRI (250 MG).....
INSULIN SYR/NDL U100	23	97
HALF MARK	<i>jantoven</i>	<i>klor-con m10</i>
120	72	176
INSULIN SYRINGE	JANUMET.....	<i>klor-con m15</i>
MICROFINE.....	44	176
104	JANUMET XR	<i>klor-con m20</i>
INSULIN SYRINGE	44	177
NEEDLELESS.....	JANUVIA.....	KLOXXADO
121	44	7
INSULIN SYRINGE-NEEDLE	JARDIANCE.....	KOMZIFTI
U-100.....	44	24
117, 118, 120, 121,	<i>javygtor</i>	KOSELUGO
125, 127, 129, 133, 137, 138	146	24
INSULIN U-500 SYRINGE-	JAYPIRCA	<i>kosher prenatal plus iron</i>
NEEDLE	23	184
121	JEMPERLI.....	KRAZATI.....
INSUMED.....	23	24
121	<i>jencycla</i>	<i>kurvelo (28)</i>
INSUPEN PEN NEEDLE... 121,	91	92
122	JENTADUETO	KYLEENA.....
INTELENCE.....	44	92
66	JENTADUETO XR.....	KYNMOBI
<i>introvale</i>	44, 45	57
91	<i>jolessa</i>	L
INVEGA HAFYERA.....	91	<i>labetalol</i>
60	<i>juleber</i>	78
INVEGA SUSTENNA.....	91	<i>lacosamide</i>
60, 61	JULUCA.....	36
	66	<i>lactulose</i>
	<i>junel 1.5/30 (21)</i>	152
	91	<i>lamivudine</i>
	<i>junel 1/20 (21)</i>	66
	91	<i>lamivudine-zidovudine</i>
	<i>junel fe 1.5/30 (28)</i>	67
	91	<i>lamotrigine</i>
	<i>junel fe 1/20 (28)</i>	37
	91	<i>lanreotide</i>
	<i>junel fe 24</i>	158
	92	

<i>lansoprazole</i>	151	<i>linezolid in dextrose 5%</i>	10	LUPRON DEPOT (6 MONTH)	26
LANTUS SOLOSTAR U-100		LINZESS	152	.....	26
INSULIN	48	<i>liomny</i>	160	LUPRON DEPOT-PED	158
LANTUS U-100 INSULIN ...	48	<i>liothyronine</i>	160	LUPRON DEPOT-PED (3	
<i>lapatinib</i>	24	LISCO	122	MONTH)	158
<i>larin 1.5/30 (21)</i>	92	<i>lisinopril</i>	76	<i>lurasidone</i>	61
<i>larin 1/20 (21)</i>	92	<i>lisinopril-hydrochlorothiazide</i>	76	<i>lutera (28)</i>	93
<i>larin 24 fe</i>	92	LITE TOUCH INSULIN PEN		LUTRATE DEPOT (3	
<i>larin fe 1.5/30 (28)</i>	92	NEEDLES	122	MONTH)	26
<i>larin fe 1/20 (28)</i>	92	LITE TOUCH INSULIN		LYBALVI	61
<i>latanoprost</i>	176	SYRINGE	122, 123	<i>lyleq</i>	93
LAZCLUZE	24, 25	<i>lithium carbonate</i>	87	LYNOZYFIC	26
<i>leflunomide</i>	163	<i>lithium citrate</i>	87	LYNPARZA	26
<i>lenalidomide</i>	25	LIVTENCITY	69	LYSODREN	26
LENTOCILIN S	14	LOKELMA	152	LYTGOBI	26
LENVIMA	25	<i>lomustine</i>	25	<i>lyza</i>	93
<i>lessina</i>	92	LONSURF	25	M	
<i>letrozole</i>	25	<i>loperamide</i>	153	MAGELLAN INSULIN	
<i>leucovorin calcium</i>	174	<i>lopinavir-ritonavir</i>	67	SAFETY SYRNG	123
LEUKERAN	25	LOQTORZI	25	MAGELLAN SYRINGE	123
<i>leuprolide</i>	25	<i>lorazepam</i>	8	<i>magnesium sulfate</i>	177
<i>leuprolide acetate (3 month)</i>	25	<i>lorazepam intensol</i>	8	<i>malathion</i>	101
<i>levetiracetam</i>	37	LORBRENA	25	<i>maraviroc</i>	67
<i>levobunolol</i>	176	<i>losartan</i>	75	MARGENZA	26
<i>levocetirizine</i>	52	<i>losartan-hydrochlorothiazide</i>	75	<i>marlissa (28)</i>	93
<i>levofloxacin</i>	14	LOTEMAX	151	<i>marnatal-f</i>	184
<i>levofloxacin in d5w</i>	14	LOTEMAX SM	151	MARPLAN	42
<i>levonest (28)</i>	92	<i>loteprednol etabonate</i>	151	MATULANE	26
<i>levonorgest-eth.estradiol-iron</i>	92	<i>lovastatin</i>	83	MAVENCLAD (10 TABLET	
<i>levonorgestrel-ethinyl estrad.</i>	92	<i>low-ogestrel (28)</i>	93	PACK)	87
<i>levonorg-eth estrad triphasic</i>	93	<i>loxapine succinate</i>	61	MAVENCLAD (4 TABLET	
<i>levora-28</i>	93	<i>lubiprostone</i>	153	PACK)	87
<i>levothyroxine</i>	160	<i>luizza</i>	93	MAVENCLAD (5 TABLET	
LEXIVA	67	LUMAKRAS	25	PACK)	87
LIBERVANT	37	LUMIGAN	176	MAVENCLAD (6 TABLET	
<i>lidocaine</i>	6	LUNSUMIO	26	PACK)	87
<i>lidocaine hcl</i>	6	LUNSUMIO VELO	26	MAVENCLAD (7 TABLET	
<i>lidocaine viscous</i>	6	LUPRON DEPOT	26, 158	PACK)	87
<i>lidocaine-prilocaine</i>	6	LUPRON DEPOT (3 MONTH)		MAVENCLAD (8 TABLET	
<i>lidocan iii</i>	6	.....	26, 158	PACK)	87
LILETTA	93	LUPRON DEPOT (4 MONTH)		MAVENCLAD (9 TABLET	
<i>linezolid</i>	10	.....	26	PACK)	87

MAXICOMFORT II PEN	<i>methylphenidate hcl</i>	88	<i>mometasone</i>	100, 151
NEEDLE	<i>methylprednisolone</i>	157	MONOJECT INSULIN	
MAXICOMFORT INSULIN	<i>methylprednisolone acetate</i> .	157	SAFETY SYRINGE.....	125
SYRINGE.....	<i>metoclopramide hcl</i>	153	MONOJECT INSULIN	
MAXI-COMFORT INSULIN	<i>metolazone</i>	82	SYRINGE	124, 125
SYRINGE.....	<i>metoprolol succinate</i>	78	MONOJECT SYRINGE.....	124
MAXI-COMFORT INSULIN	<i>metoprolol ta-hydrochlorothiaz</i>		MONOJECT ULTRA	
SYRINGE.....	.....	78	COMFORT INSULIN	140
MAXICOMFORT SAFETY	<i>metoprolol tartrate</i>	78	<i>mono-lynyah</i>	93
PEN NEEDLE.....	<i>metronidazole</i>	10, 52, 98	<i>montelukast</i>	179
MAYZENT	<i>metronidazole in nacl (iso-os)</i>	10	<i>morphine</i>	4
MAYZENT STARTER(FOR	<i>metyrosine</i>	80	MORPHINE.....	4
1MG MAINT).....	<i>micafungin</i>	51	<i>morphine concentrate</i>	4
MAYZENT STARTER(FOR	<i>miconazole-3</i>	51	MOUNJARO	45
2MG MAINT).....	MICRODOT INSULIN PEN		MOVANTIK.....	153
<i>meclizine</i>	NEEDLE.....	124	<i>moxifloxacin</i>	15, 148
<i>medroxyprogesterone</i>	MICRODOT READYGARD		<i>moxifloxacin-sod.ace,sul-water</i>	
<i>mefloquine</i>	PEN NEEDLE	124	.....	14
<i>megestrol</i>	<i>microgestin 1.5/30 (21)</i>	93	<i>moxifloxacin-sod.chloride(iso)</i>	
MEKINIST.....	<i>microgestin 1/20 (21)</i>	93	.....	15
MEKTOVI	<i>microgestin 24 fe</i>	93	MRESVIA (PF)	169
<i>melelya</i>	<i>microgestin fe 1.5/30 (28)</i>	93	MULTAQ	77
<i>meloxicam</i>	<i>microgestin fe 1/20 (28)</i>	93	<i>mupirocin</i>	98
<i>memantine</i>	<i>midodrine</i>	75	<i>mycophenolate mofetil</i>	163
MENACTRA (PF)	MIEBO (PF)	148	<i>mycophenolate mofetil (hcl)</i> .	163
MENQUADFI (PF).....	<i>mifepristone</i>	45	<i>mycophenolate sodium</i>	163
MENVEO A-C-Y-W-135-DIP	<i>mili</i>	93	<i>mynatal</i>	184
(PF).....	<i>mimvey</i>	156	<i>mynatal advance</i>	184
<i>mercaptopurine</i>	MINI ULTRA-THIN II	124	<i>mynatal plus</i>	184
<i>meropenem</i>	<i>minocycline</i>	15	<i>mynatal-z</i>	184
<i>mesalamine</i>	<i>minoxidil</i>	85	<i>mynate 90 plus</i>	184
<i>mesna</i>	MIPLYFFA	146	MYRBETRIQ.....	154
<i>metformin</i>	MIRENA	93	N	
<i>methadone</i>	<i>mirtazapine</i>	42	<i>nabumetone</i>	6
<i>methazolamide</i>	<i>misoprostol</i>	152	<i>nafcillin</i>	14
<i>methenamine hippurate</i>	<i>mitoxantrone</i>	27	<i>naloxone</i>	7
<i>methimazole</i>	M-M-R II (PF).....	169	<i>naltrexone</i>	7
<i>methocarbamol</i>	<i>m-natal plus</i>	184	NANO 2ND GEN PEN	
<i>methotrexate sodium</i>	<i>modafinil</i>	183	NEEDLE	125
<i>methotrexate sodium (pf)</i>	MODEYSO	27	NANO PEN NEEDLE.....	126
<i>methoxsalen</i>	<i>moexipril</i>	76	<i>naproxen</i>	6
<i>methsuximide</i>	<i>molindone</i>	61	<i>naratriptan</i>	53

NATACYN	148	<i>norethindrone-e.estradiol-iron</i>	94	<i>nystatin-triamcinolone</i>	51
<i>nateglinide</i>	45	.....	94	<i>nystop</i>	51
NATPARA	173	<i>norgestimate-ethinyl estradiol</i>	94	NYVEPRIA	73
NAYZILAM.....	37	<i>nortrel 1/35 (21)</i>	94	O	
<i>nebivolol</i>	78	<i>nortrel 1/35 (28)</i>	94	<i>obstetrix dha</i>	184
<i>nefazodone</i>	43	<i>nortrel 7/7/7 (28)</i>	94	<i>obstetrix dha prenatal duo</i> ...	184
<i>neomycin</i>	9	<i>nortriptyline</i>	43	<i>octreotide acetate</i>	158
<i>neomycin-bacitracin-poly-hc</i>	148	NORVIR.....	67	ODEFSEY.....	67
<i>neomycin-bacitracin-polymyxin</i>	148	NOVOFINE 30.....	126	ODOMZO	27
.....	148	NOVOFINE 32.....	126	OFEV	181
<i>neomycin-polymyxin b-</i>		NOVOFINE PLUS	126	<i>ofloxacin</i>	149
<i>dexameth</i>	148, 149	NOVOLIN 70/30 U-100		OGIVRI.....	27
<i>neomycin-polymyxin-gramicidin</i>		INSULIN	48	OGSIVEO	27
.....	149	NOVOLIN 70-30 FLEXPEN U-		OJEMDA	28
<i>neomycin-polymyxin-hc</i>	149	100	48	OJJAARA	28
<i>neo-polycin</i>	149	NOVOLIN N FLEXPEN.....	48	<i>olanzapine</i>	61, 62
<i>neo-polycin hc</i>	149	NOVOLIN N NPH U-100		<i>olmesartan</i>	75
NERLYNX.....	27	INSULIN	48	<i>olmesartan-amlodipin-hcthiazid</i>	
<i>nevirapine</i>	67	NOVOLIN R FLEXPEN.....	48	.....	75
<i>newgen</i>	184	NOVOLIN R REGULAR U100		<i>olmesartan-hydrochlorothiazide</i>	
NEXLETOL	83	INSULIN	48	.....	75
NEXLIZET.....	83	NOVOLOG FLEXPEN U-100		<i>olopatadine</i>	148
NEXPLANON	94	INSULIN	48	<i>omega-3 acid ethyl esters</i>	84
<i>niacin</i>	83	NOVOLOG MIX 70-30 U-100		<i>omeprazole</i>	152
NICOTROL NS.....	7	INSULN.....	48	OMNIPOD 5 (G6/LIBRE 2	
<i>nifedipine</i>	81	NOVOLOG MIX 70-		PLUS)	126
NIKTIMVO.....	164	30FLEXPEN U-100	48	OMNIPOD 5 G6-G7 INTRO	
<i>nilutamide</i>	27	NOVOLOG PENFILL U-100		KT(GEN5)	126
NINLARO.....	27	INSULIN	48	OMNIPOD 5 G6-G7 PODS	
<i>nitazoxanide</i>	56	NOVOLOG U-100 INSULIN		(GEN 5).....	126
<i>nitisinone</i>	146	ASPART	49	OMNIPOD 5	
<i>nitrofurantoin macrocrystal</i> ...	10	NOVOTWIST	126	INTRO(G6/LIBRE2PLUS)	
<i>nitrofurantoin monohyd/m-cryst</i>	10	NUBEQA.....	27	.....	126
.....	10	NUCALA.....	181	OMNIPOD CLASSIC PDM	
<i>nitroglycerin</i>	85, 175	NULOJIX	164	KIT(GEN 3).....	126
<i>niva-plus</i>	184	NUPLAZID	61	OMNIPOD CLASSIC PODS	
NIVESTYM	73	NURTEC ODT	53	(GEN 3).....	126
NORDITROPIN FLEXPEN 158		<i>nyamyc</i>	51	OMNIPOD DASH INTRO KIT	
<i>norelgestromin-ethin.estradiol</i>		<i>nylia 1/35 (28)</i>	94	(GEN 4).....	126
.....	94	<i>nylia 7/7/7 (28)</i>	94	OMNIPOD DASH PDM KIT	
<i>norethindrone (contraceptive)</i>	94	<i>nymyo</i>	94	(GEN 4).....	126
<i>norethindrone acetate</i>	159	<i>nystatin</i>	51		

OMNIPOD DASH PODS (GEN 4).....	126	<i>pazopanib</i>	28	<i>phenytek</i>	38
ONAPGO.....	57	PEDIARIX (PF).....	169	<i>phenytoin</i>	38
<i>ondansetron</i>	54	PEDVAX HIB (PF).....	169	<i>phenytoin sodium</i>	38
<i>ondansetron hcl</i>	54	<i>peg 3350-electrolytes</i>	153	<i>phenytoin sodium extended</i>	38
ONUREG.....	28	PEGASYS.....	70	PIFELTRO.....	67
OPDIVO.....	28	<i>peg-electrolyte soln</i>	153	<i>pilocarpine hcl</i>	97, 176
OPDIVO QVANTIG.....	28	PEMAZYRE.....	28	<i>pimecrolimus</i>	100
OPDUALAG.....	28	<i>pemetrexed disodium</i>	28	<i>pimozide</i>	62
OPIPZA.....	62	PEMRYDI RTU.....	29	<i>pimtree (28)</i>	94
OPSUMIT.....	183	PEN NEEDLE.....	127	<i>pioglitazone</i>	45
ORENCIA.....	164	PEN NEEDLE, DIABETIC 108,	108, 118, 119, 124, 126, 127, 129	<i>pioglitazone-metformin</i>	45
ORENCIA (WITH MALTOSE).....	164	PEN NEEDLE, DIABETIC, SAFETY.....	130	PIP PEN NEEDLE.....	127
ORENCIA CLICKJECT.....	164	PENBRAYA (PF).....	169	<i>piperacillin-tazobactam</i>	14
ORFADIN.....	146	PENBRAYA MENACWY COMPONENT(PF).....	169	PIQRAY.....	29
ORGOVYX.....	158	PENBRAYA MENB COMPONENT (PF).....	169	<i>pirfenidone</i>	181
ORILISSA.....	159	<i>penicillamine</i>	155	<i>pitavastatin calcium</i>	84
ORKAMBI.....	181	<i>penicillin g potassium</i>	14	PLEGRIDY.....	88
<i>orquidea</i>	94	<i>penicillin g procaine</i>	14	<i>pnv 29-1</i>	184
ORSERDU.....	28	<i>penicillin v potassium</i>	14	<i>pnv-dha + docusate</i>	185
<i>oseltamivir</i>	69	PENMENVY MEN A-B-C-W-Y (PF).....	170	<i>pnv-omega</i>	185
OSENVELT.....	173	PENMENVY MENACWY COMPONENT(PF).....	170	<i>podofilox</i>	98
OTEZLA.....	164	PENMENVY MENB COMPONENT (PF).....	170	<i>polycin</i>	149
OTEZLA STARTER.....	164	PENTACEL (PF).....	170	<i>polymyxin b sulf-trimethoprim</i>	149
OTEZLA XR.....	164	<i>pentamidine</i>	56	<i>pomalidomide</i>	29
OTEZLA XR INITIATION.....	164	PENTIPS PEN NEEDLE ...	127	POMALYST.....	29
<i>oxandrolone</i>	155	<i>pentoxifylline</i>	74	<i>portia 28</i>	95
<i>oxcarbazepine</i>	37	<i>perampanel</i>	37	<i>posaconazole</i>	51
<i>oxybutynin chloride</i>	154	<i>perindopril erbumine</i>	77	<i>potassium chloride</i>	177
<i>oxycodone</i>	4	<i>periogard</i>	97	<i>potassium citrate</i>	177
<i>oxycodone-acetaminophen</i> ...	4, 5	<i>permethrin</i>	101	<i>pr natal 400</i>	185
OZEMPIC.....	45	<i>perphenazine</i>	62	<i>pr natal 400 ec</i>	185
P		<i>perphenazine-amitriptyline</i>	43	<i>pr natal 430</i>	185
<i>pacerone</i>	77	PERSERIS.....	62	<i>pr natal 430 ec</i>	185
<i>paclitaxel protein-bound</i>	28	<i>phenelzine</i>	43	<i>pramipexole</i>	57
<i>paliperidone</i>	62	<i>phenobarbital</i>	37, 38	<i>prasugrel hcl</i>	74
PANRETIN.....	98			<i>pravastatin</i>	84
<i>pantoprazole</i>	152			<i>praziquantel</i>	56
<i>paricalcitol</i>	173			<i>prazosin</i>	75
<i>paroxetine hcl</i>	43			<i>prednisolone</i>	157
PAXLOVID.....	69			<i>prednisolone acetate</i>	151

<i>prednisolone sodium phosphate</i>	<i>procto-med hc</i>	RASUVO (PF)
..... 157	100	164
<i>prednisone</i>	<i>proctosol hc</i>	RAYALDEE
157	100	173
<i>pregabalin</i>	<i>proctozone-hc</i>	<i>reclipsen (28)</i>
38	100	95
PREMARIN	PRODIGY INSULIN	RECOMBIVAX HB (PF)
156	SYRINGE	170
PREMPHASE	128	RELENZA DISKHALER.....
156	<i>progesterone micronized</i>	70
PREMPRO	159	<i>repaglinide</i>
157	PROGRAF	45
<i>prenal true</i>	164	REPATHA PUSHTRONEX..
185	PROLASTIN-C	84
<i>prenaissance</i>	182	REPATHA SURECLICK.....
185	<i>promethazine</i>	84
<i>prenaissance plus</i>	55	REPATHA SYRINGE.....
185	<i>promethegan</i>	84
<i>prenatabs fa</i>	55	RETACRIT
185	<i>propafenone</i>	73
<i>prenatal 19</i>	77	RETEVMO
185	<i>propranolol</i>	29
<i>prenatal 19 (with docusate)</i> ..	78	RETROVIR.....
185	<i>propylthiouracil</i>	67
<i>prenatal plus</i>	160	REVCOVI.....
185	PROQUAD (PF).....	147
<i>prenatal plus (calcium carb)</i>	170	REVUFORJ
184	<i>protriptyline</i>	29
<i>prenatal vitamin plus low iron</i>	43	REXULTI
.....	PULMOZYME.....	62
185	PURE COMFORT ALCOHOL	REYATAZ.....
<i>prenatal-u</i>	PADS	67
185	129	REZDIFFRA.....
<i>preplus</i>	PURE COMFORT PEN	160
185	NEEDLE.....	29
<i>pretab</i>	129	REZUROCK.....
185	PURE COMFORT SAFETY	164
<i>prevalite</i>	PEN NEEDLE	176
84	128, 129	<i>ribavirin</i>
PREVENT DROPSAFE PEN	<i>pyrazinamide</i>	71
NEEDLE	54	<i>rifabutin</i>
128	<i>pyridostigmine bromide</i>	54
PREVYMIS.....	175	<i>rifampin</i>
70	<i>pyrimethamine</i>	54
PREZCOBIX.....	56	<i>rilpivirine</i>
67	Q	68
PREZISTA	QINLOCK	<i>rilpivirine hcl</i>
67	29	68
PRIFTIN.....	QUADRACEL (PF)	<i>riluzole</i>
54	170	88
PRIMAQUINE.....	<i>quetiapine</i>	RINVOQ.....
56	62	165
<i>primidone</i>	<i>quinapril</i>	RINVOQ LQ.....
38	77	165
PRIORIX (PF).....	<i>quinapril-hydrochlorothiazide</i>	<i>risperidone</i>
170	77	62, 63
PRO COMFORT ALCOHOL	<i>quinidine sulfate</i>	<i>risperidone microspheres</i>
PADS.....	77	62
128	<i>quinine sulfate</i>	<i>ritonavir</i>
PRO COMFORT INSULIN	56	68
SYRINGE.....	QULIPTA	RITUXAN HYCELA
128	53	29
PRO COMFORT PEN	R	<i>rivaroxaban</i>
NEEDLE	RABAVERT (PF).....	72
128	170	<i>rivastigmine</i>
<i>probenecid</i>	<i>rabeprazole</i>	41
52	152	<i>rivastigmine tartrate</i>
<i>probenecid-colchicine</i>	RALDESY.....	41
52	43	<i>rizatriptan</i>
<i>prochlorperazine</i>	<i>raloxifene</i>	53
55	157	<i>r-natal ob</i>
<i>prochlorperazine edisylate</i>	<i>ramipril</i>	185
54,	77	ROCKLATAN.....
62	<i>ranolazine</i>	176
<i>prochlorperazine maleate</i>	80	<i>roflumilast</i>
55	57	182
	<i>rasagiline</i>	ROMVIMZA
	57	29
		<i>ropinirole</i>
		57
		<i>rosadan</i>
		98

<i>rosuvastatin</i>	84	<i>sharobel</i>	95	<i>ssd</i>	98
ROTARIX	171	SHINGRIX (PF)	171	<i>stavudine</i>	68
ROTATEQ VACCINE	171	SIGNIFOR	159	STERILE PADS	130
ROZLYTREK	29, 30	<i>sildenafil</i>	183	STIOLTO RESPIMAT	180
RUBRACA	30	<i>sildenafil (pulm.hypertension)</i>		STIVARGA	30
<i>rufinamide</i>	38	.....	183	STOBOCLO	173
RUKOBIA	68	<i>silver sulfadiazine</i>	98	STRENSIQ	147
RYBELSUS	45	SIMBRINZA	176	<i>streptomycin</i>	9
RYBREVANT	30	<i>simliya (28)</i>	95	STRIBILD	68
RYBREVANT FASPRO	30	SIMPLI PEN NEEDLE	118	STRIVERDI RESPIMAT ...	180
RYDAPT	30	<i>simvastatin</i>	84	<i>subvenite</i>	38
RYKINDO	63	<i>sirolimus</i>	165	SUBVENITE	38
RYTELO	30	SIRTURO	54	<i>sucralfate</i>	152
S		SKY SAFETY PEN NEEDLE		<i>sulfacetamide sodium</i>	149
<i>sacubitril-valsartan</i>	75	.....	130	<i>sulfacetamide-prednisolone</i> .	149
SAFESNAP INSULIN		SKYLA	95	<i>sulfadiazine</i>	15
SYRINGE	129, 130	SKYRIZI	165	<i>sulfamethoxazole-trimethoprim</i>	
SAFETY PEN NEEDLE	130	<i>sodium chloride 0.45 %</i>	177	.....	15
SANTYL	98	<i>sodium chloride 0.9 %</i>	177	<i>sulfasalazine</i>	173
<i>sapropterin</i>	147	<i>sodium fluoride-pot nitrate</i>	97	<i>sulindac</i>	6
SCEMBLIX	30	<i>sodium oxybate</i>	183	<i>sumatriptan</i>	53
<i>scopolamine base</i>	55	<i>sodium polystyrene sulfonate</i>	153	<i>sumatriptan succinate</i>	53
SECUADO	63	<i>sodium,potassium,mag sulfates</i>		<i>sunitinib malate</i>	30
SECURESAFE INSULIN		.....	154	SUNLENCA	68
SYRINGE	130	<i>solifenacin</i>	154	SURE COMFORT ALCOHOL	
SECURESAFE PEN NEEDLE		SOLIQUA 100/33	49	PREP PADS	131
.....	130	SOLTAMOX	30	SURE COMFORT INS. SYR.	
SELARSDI	165	SOMATULINE DEPOT	159	U-100	130
<i>select-ob</i>	185	SOMAVERT	159	SURE COMFORT INSULIN	
<i>select-ob (folic acid)</i>	185	<i>sorafenib</i>	30	SYRINGE	131
<i>selegiline hcl</i>	57	<i>sorine</i>	78	SURE COMFORT PEN	
<i>selenium sulfide</i>	98	<i>sotalol</i>	78	NEEDLE	131
SELZENTRY	68	<i>sotalol af</i>	78	SURE COMFORT SAFETY	
<i>se-natal 19 chewable</i>	185	SPIRIVA RESPIMAT	180	PEN NEEDLE	130
SEREVENT DISKUS	180	<i>spironolactone</i>	82	SURE-FINE PEN NEEDLES	
SEROSTIM	159	<i>spironolacton-hydrochlorothiaz</i>		.....	132
<i>sertraline</i>	43	.....	82	SURE-JECT INSULIN	
<i>setlakin</i>	95	SPRAVATO	43	SYRINGE	132
<i>sevelamer carbonate</i>	154	<i>sprintec (28)</i>	95	SURE-PREP ALCOHOL PREP	
<i>sevelamer hcl</i>	154	SPRITAM	38	PADS	132
SEZABY	38	<i>sps (with sorbitol)</i>	153	SYMPAZAN	39
<i>sf 5000 plus</i>	97	<i>sronyx</i>	95	SYM TUZA	68

SYNJARDY	46	<i>tenofovir disoproxil fumarate</i> 68	<i>tolvaptan (polycys kidney dis)</i> 82
SYNJARDY XR	46	TEPMETKO	TOPCARE CLICKFINE
SYNRIBO	30	<i>terazosin</i>	155
SYRINGE WITH NEEDLE, SAFETY.....	130	<i>terbinafine hcl</i>	51
T		<i>terconazole</i>	52
TABLOID	30	<i>teriparatide</i>	174
TABRECTA.....	30	TERUMO INSULIN SYRINGE	133, 134
<i>tacrolimus</i>	100, 165	<i>testosterone</i>	155, 156
<i>tadalafil</i>	183	<i>testosterone cypionate</i>	155
TAFINLAR	31	<i>testosterone enanthate</i>	155
TAGRISSE	31	<i>tetrabenazine</i>	88
TALVEY	31	<i>tetracycline</i>	16
TALZENNA.....	31	TEVIMBRA	31
<i>tamoxifen</i>	31	THALOMID	175
<i>tamsulosin</i>	155	<i>theophylline</i>	180
<i>tarina 24 fe</i>	95	THINPRO INSULIN SYRINGE	134
<i>tarina fe 1-20 eq (28)</i>	95	<i>thioridazine</i>	63
<i>taron-c dha</i>	186	<i>thiothixene</i>	63
<i>taron-prex prenatal-dha</i>	186	<i>tiadylt er</i>	79
TASIGNA	31	<i>tiagabine</i>	39
TAVNEOS	165	TIBSOVO	31
<i>tazarotene</i>	101	<i>ticagrelor</i>	74
<i>tazicef</i>	11	TICE BCG	31
<i>taztia xt</i>	79	TICOVAC	171
TAZVERIK.....	31	<i>tigecycline</i>	16
TDVAX.....	171	<i>tilia fe</i>	95
TECHLITE INSULIN SYRINGE.....	133	<i>timolol</i>	176
TECHLITE INSULN SYR(HALF UNIT)	132	<i>timolol maleate</i>	78, 176
TECHLITE PEN NEEDLE..	133	<i>tinidazole</i>	56
TECHLITE PLUS PEN NEEDLE	133	<i>tiotropium bromide</i>	180
TECVAYLI.....	31	TIVDAK.....	31
TEFLARO.....	11	TIVICAY.....	68
<i>telmisartan</i>	76	TIVICAY PD.....	68
<i>telmisartan-hydrochlorothiazid</i>	76	<i>tizanidine</i>	182
<i>temazepam</i>	8	TOBI PODHALER.....	9
TEMIXYS	68	<i>tobramycin</i>	149
TENIVAC (PF)	171	<i>tobramycin in 0.225 % nacl</i>	9
		<i>tobramycin sulfate</i>	9
		<i>tobramycin-dexamethasone</i> .	149
		<i>tolterodine</i>	154

TRIKAFTA	182	TUKYSA	32	ULTRACARE INSULIN	
<i>tri-legest fe</i>	95	TURALIO.....	32	SYRINGE	141
<i>tri-linyah</i>	95	<i>turqoz (28)</i>	96	ULTRACARE PEN NEEDLE	
<i>tri-lo-estarylla</i>	95	TWINRIX (PF).....	171	.....	141, 142
<i>tri-lo-marzia</i>	95	TYBOST.....	175	ULTRA-FINE INS SYR (HALF	
<i>tri-lo-mili</i>	95	TYENNE	166	UNIT).....	142
<i>tri-lo-sprintec</i>	95	TYENNE AUTOINJECTOR		ULTRA-FINE INSULIN	
<i>trimethoprim</i>	10	.....	166	SYRINGE	142
<i>tri-mili</i>	96	TYMLOS.....	174	ULTRA-FINE PEN NEEDLE	
<i>trimipramine</i>	43	TYPHIM VI.....	171	.....	142
TRINTELLIX.....	43	U		ULTRA-THIN II (SHORT) INS	
<i>tri-nymyo</i>	96	UBRELVY	53	SYR.....	142, 143
<i>tri-sprintec (28)</i>	96	UDENYCA ONBODY.....	73	ULTRA-THIN II (SHORT)	
TRIUMEQ.....	68	ULTICARE	138, 139	PEN NDL.....	143
TRIUMEQ PD.....	69	ULTICARE INSULIN		ULTRA-THIN II INS PEN	
<i>trivora (28)</i>	96	SYRINGE.....	137, 138	NEEDLES.....	143
<i>tri-vylibra</i>	96	ULTICARE INSULN		ULTRA-THIN II INSULIN	
<i>tri-vylibra lo</i>	96	SYR(HALF UNIT).....	137	SYRINGE	143
TRIZIVIR.....	69	ULTICARE PEN NEEDLE	138	UNIFINE OTC PEN NEEDLE	
TROGARZO	69	ULTICARE SAFETY PEN		.....	143
<i>trosipium</i>	155	NEEDLE.....	138	UNIFINE PEN NEEDLE	143
TRUE COMFORT ALCOHOL		ULTIGUARD SAFEPACK-		UNIFINE PENTIPS....	126, 143,
PADS.....	135	INSULIN SYR	139	144	
TRUE COMFORT INSULIN		ULTIGUARD SAFEPACK-		UNIFINE PENTIPS	
SYRINGE.....	135	PEN NEEDLE	139	MAXFLOW	143
TRUE COMFORT PEN		ULTILET ALCOHOL SWAB		UNIFINE PENTIPS PLUS..	144
NEEDLE	135, 136	.....	139	UNIFINE PENTIPS PLUS	
TRUE COMFORT PRO		ULTILET INSULIN SYRINGE		MAXFLOW	144
ALCOHOL PADS.....	136	.....	120, 121, 139, 140	UNIFINE PROTECT.....	144
TRUE COMFORT PRO INS		ULTILET PEN NEEDLE....	140	UNIFINE SAFECONTROL	
SYRINGE.....	134, 135, 136	ULTRA CMFT INS SYR		PEN NEEDLE	144
TRUE COMFORT SAFE		(HALF UNIT).....	118, 130	UNIFINE ULTRA PEN	
INSULIN SYRG	135, 136	ULTRA COMFORT INSULIN		NEEDLE.....	145
TRUE COMFORT SAFETY		SYRINGE 113, 118, 119, 140		UPTRAVI	183, 184
PEN NEEDLE.....	135	ULTRA FLO INSUL		<i>ursodiol</i>	153
TRUEPLUS INSULIN.	136, 137	SYR(HALF UNIT).....	140	<i>ustekinumab-aauz</i>	166
TRUEPLUS PEN NEEDLE.	136	ULTRA FLO INSULIN		UZEDY	63, 64
TRULANCE.....	153	SYRINGE	141	V	
TRULICITY.....	46	ULTRA FLO PEN NEEDLE		<i>valacyclovir</i>	71
TRUMENBA	171	.....	140	VALCHLOR.....	98
TRUQAP	32	ULTRA THIN PEN NEEDLE		<i>valganciclovir</i>	71
TRUXIMA	32	.....	141	<i>valproate sodium</i>	39

<i>valproic acid</i>	39	<i>vilazodone</i>	44	<i>xarah fe</i>	96
<i>valproic acid (as sodium salt)</i>	39	VIMKUNYA.....	172	XARELTO.....	72
<i>valsartan</i>	76	<i>vinorelbine</i>	32	XARELTO DVT-PE TREAT	
<i>valsartan-hydrochlorothiazide</i>		<i>viorele (28)</i>	96	30D START.....	72
.....	76	VIRACEPT.....	69	XATMEP.....	33
VALTOCO.....	39	VIREAD.....	69	XCOPRI.....	39, 40
<i>valtya</i>	96	<i>virt-c dha</i>	186	XCOPRI MAINTENANCE	
<i>vancomycin</i>	10	<i>virt-nate dha</i>	186	PACK.....	39
VANFLYTA.....	32	<i>virt-pn dha</i>	186	XCOPRI TITRATION PACK	
VANISHPOINT INSULIN		<i>virt-pn plus</i>	186	.....	40
SYRINGE.....	145	<i>vitafol gummies</i>	186	XDEMVI.....	150
VANISHPOINT SYRINGE.....	145	<i>vitafol nano</i>	186	XELJANZ.....	166
VAQTA (PF).....	171, 172	<i>vitafol-ob+dha</i>	186	XELJANZ XR.....	166
<i>varenicline tartrate</i>	7	VITRAKVI.....	32	XERMELO.....	153
VARIVAX (PF).....	172	VIVIMUSTA.....	33	XIFAXAN.....	10
VAXCHORA VACCINE	172	VIVOTIF.....	172	XIGDUO XR.....	46
VELTASSA.....	153	VIZIMPRO.....	33	XIIDRA.....	151
VEMLIDY.....	69	VOCABRIA.....	69	XOLAIR.....	182
VENCLEXTA.....	32	<i>volnea (28)</i>	96	XOSPATA.....	33
VENCLEXTA STARTING		VONJO.....	33	XPOVIO.....	33
PACK.....	32	VOQUEZNA.....	152	XTANDI.....	34
<i>venlafaxine</i>	43, 44	VORANIGO.....	33	<i>xulane</i>	96
VEOZAH.....	175	<i>voriconazole</i>	51	XULTOPHY 100/3.6.....	49
<i>verapamil</i>	79	VOSEVI.....	70	Y	
VERIFINE INSULIN		VOWST.....	175	YERVOY.....	34
SYRINGE.....	145, 146	<i>vp-ch-pnv</i>	186	YESINTEK.....	166
VERIFINE PEN NEEDLE...	145	<i>vp-pnv-dha</i>	186	YF-VAX (PF).....	172
VERIFINE PLUS PEN		VRAYLAR.....	64	YONSA.....	34
NEEDLE.....	145	VUMERITY.....	88	YUFLYMA(CF).....	167
VERIFINE PLUS PEN		VYALEV.....	57	YUFLYMA(CF) AI CROHN'S-	
NEEDLE-SHARP.....	146	<i>vylibra</i>	96	UC-HS.....	166
VERQUVO.....	80	VYLOY.....	33	YUFLYMA(CF)	
VERSACLOZ.....	64	VYNDAMAX.....	80	AUTOINJECTOR.....	166
VERSALON.....	146	VYZULTA.....	176	<i>yuvafem</i>	157
VERZENIO.....	32	W		Z	
V-GO 20.....	146	<i>warfarin</i>	72	<i>zafemy</i>	96
V-GO 30.....	146	WEBCOL.....	146	<i>zafirlukast</i>	179
V-GO 40.....	146	WELIREG.....	33	<i>zaleplon</i>	183
<i>vienna</i>	96	WINREVAIR.....	182	<i>zatean-pn dha</i>	186
<i>vigabatrin</i>	39	<i>wixela inhub</i>	179	<i>zatean-pn plus</i>	186
<i>vigadrone</i>	39	X		ZEJULA.....	34
<i>vigpoder</i>	39	XALKORI.....	33	ZELBORAF.....	34

<i>zenatane</i>	98	ZOLADEx	34	ZURZUVAE	44
ZENPEP	147	ZOLINZA	34	ZYDELIG	34
<i>zidovudine</i>	69	<i>zolpidem</i>	183	ZYKADIA	34
ZIIHERA	34	ZONISADE	40	ZYLET	150
<i>zingiber</i>	186	<i>zonisamide</i>	40	ZYNLONTA.....	34
<i>ziprasidone hcl</i>	64	<i>zovia 1/35e (28)</i>	96	ZYNYZ.....	34
<i>ziprasidone mesylate</i>	64	<i>zovia 1-35 (28)</i>	96	ZYPREXA RELPREVV	64
ZIRABEV.....	34	ZTALMY.....	40		
ZIRGAN.....	150	ZTLIDO.....	7		

VILLAGE CARE MAX

1-855-296-8800 Nimewo telefòn gratis
TTY **711**

7 jou sou 7, 8:00 a.m. pou 8:00 p.m.

www.villagecaremax.org

Fòmil sa a te mete ajou sou 03/26/2026. Pou plis enfòmasyon ki resan
oswa lòt kesyon, tanpri kontakte Sèvis Manm VillageCareMAX nan
1-855-296-8800 oswa, pou itilizatè TTY, 711, 8:00 a.m. jiska 8:00 p.m.,
7 jou sou 7, oswa vizite www.villagecaremax.org.