VillageCareMAX 優越健保
愛 心 村

MEDICARE TOTAL ADVANTAGE PLAN 計劃 (HMO D-SNP)

MEDICARE HEALTH ADVANTAGE PLAN 計劃 (HMO D-SNP)

2026 年處方集

（承保藥物清單）

請閱讀：本文件包含關於此計劃

此處方集更新於 09/29/2026. 欲獲更多最新資訊或有其他問題，請聯絡 VillageCareMAX 會員服務部，電話為 1-855-296-8800，TTY 使用者請撥打 711，服務時間為上午 8:00 至晚上 8:00，全週無休，或是造訪www.villagecaremax.org.

經批准的處方集檔案提交 ID： 00026370

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP)

VillageCareMAX Medicare Health Advantage Plan (HMO D-SNP)

2026 年處方集

（承保藥物清單或「藥物清單」）

請閱讀：本文件包含關於此計劃
所承保藥物的資訊

經批准的處方集檔案提交 ID：00026370

此處方集更新於 09/29/2026。欲獲更多最新資訊或有其他問題，請聯絡 VillageCareMAX 會員服務部，電話為 1-855-296-8800，TTY 使用者請撥打 711，服務時間為上午 8:00 至晚上 8:00，全週無休，或是造訪 www.villagecaremax.org。

現有會員附註：該處方集自去年起已發生變化。請審查此文件，以確保其仍然包含您所服用的藥物。

在此藥物清單（處方集）中，「我們」或「我們的」是指 Village Senior Services Corporation。「計劃」或「我們的計劃」是指 VillageCareMAX。

本文件包含我們的計劃藥物清單（處方集），更新日期為 09/29/2026。如欲獲取更新的藥物清單（處方集），請聯絡我們。我們的聯絡資訊連同上次更新藥物清單（處方集）的日期會出現在前後封面頁。

您通常必須到網路內藥房來獲取您的處方藥福利。福利、處方集、藥房網路和/或共付額/共保額可能在 2026 年 1 月 1 日發生變化，並且在一年中隨時變化。您將在必要時收到通知。

什麼是 VillageCareMAX 處方集？

在本文件中，我們使用「藥物清單」和「處方集」這兩個詞語的意思相同。處方集是 VillageCareMAX 在與醫療健保提供商協商後選定的承保藥物清單，代表著被視為優質治療計劃中必需的處方治療。只要藥物具有醫療必要性，VillageCareMAX 通常會承擔處方集中所列的藥物，處方藥可以在 VillageCareMAX 的網路內藥房領藥，並且需要遵守其他計劃規則。如欲獲取關於如何領取處方藥的更多資訊，請細閱您的承保證明。

處方集能否更改？

大多數的藥物承保變化會在 1 月 1 日發生，但「我們」可在一年間增加或刪除處方集上的藥物，將其移到不同費用分擔等級，或增加新的限制。在做出這些更改時，我們必須遵守 Medicare 規則。處方集的更新每月都會張貼在我們的網站上：www.villagecaremax.org。

今年將影響您的變化：在以下情況中，您將會受到該年承保變化的影響

- **立即取代某些新版本的品牌藥和原創生物製品。**如果我們將以某種新版藥物取代某種藥物，且該新版藥物出現在相同或更低的費用分擔等級上，且有著相同或更少的限制，我們可能會立即將該藥物從處方集中刪除。當我們在處方集中加入新版藥物時，我們可決定將該品牌藥或原創生物製品保留在我們的處方集中，但立即將其移至其他費用分擔等級或新增新的限制。
  只有在我們加入品牌藥的新仿製藥，或加入原創生物製品的某些新生物仿製藥時，我們才能立即進行這些更改（例如，加入可替換式生物仿製藥，該仿製藥可由藥房取代原創生物製品而無需開立新處方）。
  如果您正在使用該品牌藥或原創生物製品，我們可能不會在進行更改之前提前告訴您，但是稍後我們將為您提供有關我們已進行支特定更改的資訊。

  如果我們做出此類更改，您或您的處方醫生可以向我們請求例外處理，並繼續為您承保品牌藥。我們提供給您的通知還將包括有關如何請求例外處理的資訊，並且您還可以在下方標題為「如何向 VillageCareMAX 處方集請求例外處理？」的部分中找到資訊。

  其中有些藥物類型對您而言可能是新藥物。如需詳細資訊，請參閱下面標題為「什麼是原創生物製品以及它們與生物仿製藥的關係？

- **藥物退出市場。**如果食品藥品監督管理局認為處方集上的某種藥物不安全，或是藥物製造商將藥物退出市場，我們會立即將此藥物從處方集刪除，並向服用此藥物的會員發佈通知。

- **其他變化。**我們可能會做出影響正在服用藥物會員的其他更改。舉例來說，我們可能會新增一種學名藥（非市場新藥）來替代處方集上目前出現的品牌藥、對品牌藥新增限制，或是將其移到不同的費用分攤等級，或是兩者皆有。或者我們可能會基於新的臨床指南來做出更改。如果我們從我們的處方集中刪除藥物，或對藥物添加事先授權、數量限制和/或分

步治療限制，我們必須在變更生效前至少 30 天或在會員提出要求時通知受影響的會員。補充藥物，屆時會員將收到 60 天的藥物供應。

- 如果我們做出其他更改，您或您的處方醫生可以向我們請求例外處理，並繼續為您承保品牌藥。我們提供給您的通知還將包括有關如何請求例外處理的資訊，並且您還可以在下方標題為「如何向 VillageCareMAX 處方集請求例外處理？」的部分中找到資訊。

如果您正在使用該藥物，則不會影響您的變化。通常來說，如果您正在服用年初時獲得承保的 2025 年處方集中的藥物，我們不會在 2025 承保年度終止或減少您的承保，除非是上述的情況。這表示，這些藥將繼續保留在相同的費用分擔等級，且無新增的限制，並在該承保年剩餘的時間內提供給會員使用。您今年不會收到關於對您沒有影響的變更的直接通知。但是，在明年 1 月 1 日，此類變更會對您有影響，因此請務必核查新福利年度的「藥物清單」，瞭解是否有任何藥物變更。

隨附處方集的更新日期為 09/29/2026。如欲獲取 VillageCareMAX 所承保藥物的最新資訊，請聯絡我們。我們的聯絡資訊顯示於前後封面頁。

如果計劃在年中做出非維護性處方集變更，我們將透過郵件來通知您。郵件中將包括非維護性處方集變更的具體資訊，並且我們會在變更生效至少 30 天前將郵件傳送給您。您可以在我們的網站 www.villagecaremax.org 上查看最新變化和處方集，或是致電會員服務部瞭解更多資訊。

我如何使用處方集？

在處方集內找到您的藥物有兩種方法：

醫療狀況

處方集從第 3 頁開始。處方集中的藥物依據其用來治療的醫療狀況類型來分組。舉例來說，用來治療心臟病的藥物列於「心血管藥物」類別下。如果您知道藥物用來治療何種病症，請在下方於第 3 頁開始的清單中按照類別名稱查找。然後，在該類別中查找您的藥物。

按字母排序

如果您不確定在哪個類別下查找，則應在第 I-1 頁開始的索引中查找藥物。索引提供了本文件所包含的所有藥物的按字母排序清單。品牌藥和學名藥都列於索引中。在索引中查找您的藥物。您會在藥物旁看到頁碼，並在該頁找到承保資訊。翻到索引中所列的頁碼，並在清單第一列找到您的藥物名稱。

什麼是學名藥？

VillageCareMAX 同時承保品牌藥和學名藥。學名藥經 FDA 批准，擁有與品牌藥相同的有效成分。通常來說，學名藥的成本要低於品牌藥。

什麼是原創生物製品，它們與生物仿製藥有何關係？

在處方集上，當我們提到藥物時，可能是指藥物或生物製品。生物製品是比一般藥物更複雜的藥物。由於生物製品比一般藥物複雜，因此它們不是有一般的形式，而是有替代品，稱為生物仿製藥。一般而言，生物仿製藥的效果與原創生物製品相同，而且價格可能較低。有些原創生物製品有生物仿製藥替代品。有些生物仿製藥是可互換的生物仿製藥，根據各州的法律，可以在藥房取代原創生物製品，而不需要新的處方，就像學名藥可以取代品牌藥一樣。

- 有關藥物種類的討論，請參閱承保證明第 5 章第 3.1 節「「藥物清單」說明承保哪些 D 部分藥物」。

我的承保是否有任何限制？

部分承保藥物可能在承保方面有額外要求或限制。這些要求和限制可能包括：

- **事先授權：**VillageCareMAX 要求您或您的醫師針對某些藥物獲取事先授權。這意味著您將需要獲取 VillageCareMAX 的許可才能領取您的處方藥。如果您沒有獲得許可，VillageCareMAX 可能不會承保藥物。

- **數量限制：**對於某些藥物來說，VillageCareMAX Medicare 會限制計劃承保的藥物數量。舉例來說，本計劃為每個西樂葆處方提供 60 粒膠囊。這可能是在標準的一個月或三個月藥量之外的供給。

- **階段治療：**在某些情況下，VillageCareMAX 要求您首先嘗試一些藥物來治療您的病症，然後才會為此病症承保另一種藥物。舉例來說，如果藥物 A 和藥物 B 都可治療您的病症，本計劃不會在您首先嘗試藥物 A 之前為您承保藥物 B。如果藥物 A 對您不起作用，本計劃將承保藥物 B。

您可以查看從第 3 頁開始的處方集，從而瞭解您的藥物是否有任何額外要求或限制。您還可以造訪我們的網站 www.villagecaremax.org，獲取關於應用到具體承保藥物之限制的更多資訊。我們已公佈線上文件解釋我們的事先授權和階段治療限制。您還可以要求我們為您傳送副本。我們的聯絡資訊連同上次更新處方集的日期會出現在前後封面頁。

您可以要求 VillageCareMAX 對這些限制進行例外處理，或是索要一份可治療您的病症的其他類似藥物的清單。請在下方查看第 iv 頁的「我如何請求 VillageCareMAX 處方集的例外處理」部分，以獲取關於如何請求例外的資訊。

什麼是非處方 (OTC) 藥物？

OTC 藥物是 Medicare 處方藥計劃通常不承保的非處方藥。VillageCareMAX 支付某些 OTC 藥物的費用。

該計劃承保 OTC 福利所規定的可用於治療各種疾病的一些 OTC 藥物，包括但不限於：

- 成人阿司匹林和止痛藥

- 成人咳嗽、感冒和流感液劑或片劑
- 過敏和竇類藥物
- 止瀉藥物
- 抗真菌藥物
- 防排氣藥物
- 止癢藥物
- 糖尿病補充劑
- 助消化
- 消化健康益生元和益生菌
- 心臟健康
- 助眠
- 維他命和礦物質
- 體重控制（片劑、膠囊等）

VillageCareMAX 將免費為您提供這些 OTC 藥物。VillageCareMAX 的這些 OTC 藥物費用不會計入您的 D 部分藥物總費用（即 OTC 藥物費用不計入承保缺口）。

如果我的藥物不在處方集上，該怎麼辦？

如果您的藥物未包含在處方集（承保藥物清單）內，您應首先聯絡會員服務部並詢問您的藥物是否獲得承保。

如果您瞭解到 VillageCareMAX 不承保您的藥物，您有兩個選項：

- 您可以向會員服務部索取 VillageCareMAX 承保的類似藥物的清單。您在收到此清單後，請將其展示給您的醫生，並請其開具 VillageCareMAX 所承保的類似藥物。

- 您可以要求 VillageCareMAX 進行例外處理並承保您的藥物。參閱下方，瞭解關於如何請求例外處理的資訊。

如何向 VillageCareMAX 處方集請求例外處理？

您可以要求 VillageCareMAX 對我們的承保規則做例外處理。您可以要求我們進行若干類型的例外處理。

- 即使一種藥物不在我們的處方集上，您也可以要求我們承保。如果獲得批准，該藥物將以預先確定的費用分攤等級獲得承保，並且您將無法要求我們以更低的費用分攤等級來提供此藥物。
- 您可以要求我們以較低的成本分攤水平承保處方藥，除非該藥物屬於專科級別。
- 您可以要求我們放棄對您的藥物的承保限制。舉例來說，本計劃針對某些藥物限制承保的藥物數量。如果您的藥物有數量限制，您可以要求我們放棄限制並承保更大的數量。

通常來說，VillageCareMAX 僅會在本計劃處方集上不含替代藥物，或是其他醫療服務限制無法成為治療您的病症的有效手段，並且/或是可能導致您產生不良的醫學副作用時，才會批准您的請求。

您可以聯絡我們，以索取處方集的初始承保決策或醫療服務限制例外處理。**當您請求處方集或醫療服務限制例外處理時，應該提供支援您的請求之處方醫生或醫師的聲明。**通常來說，我們必須在收到您的處方醫生的支援聲明後的 72 小時內做出決策。如果您或您的醫生認為，等待長達 72 小時獲取決定會嚴重危及您的健康，則您可以申請加急（快速）規則豁免。如果您的加急申請被批準，那麼我們必須在得到您的醫生或其他處方醫生的支援聲明後的 24 小時內做出決定。

我在與醫生討論更改我的藥物或請求例外處理前可以做什麼？

本計劃的新老會員可能正在服用不在處方集之列的藥物。或者，您可能正在服用處方集上的藥物，但您獲取藥物的能力受限。舉例來說，您可能需要我們的事先授權才能領取處方藥。您應該與您的醫生商談，以決定您是否應轉到我們所承保的適當藥物或是請求處方集例外處理，以便我們承保您所服用的藥物。在您與醫生討論以決定適合您的做法時，我們可以在您成為本計劃會員的首 90 天於某些情況下承保您的藥物。

針對不在處方集上的每一種藥物，或是如果您獲得藥物的能力受限，我們將承保臨時的 30 天藥量。如果您的處方單開出的天數較少，我們將允許補充藥物，以提供最多 30 天的藥量。在首 30 天供應後，我們將不會為您支付藥物費用，即使您加入本計劃還未滿 90 天。

如果您是長期照護機構的居住者，並且需要不在處方集上的藥物，或是您獲得藥物的能力受限，但是您加入本計劃已超過 90 天，我們將在您進行處方集例外處理請求時為您承保 31 天的緊急藥物供應。

VillageCareMAX 設有過渡政策，可確保為新老會員提供持續的藥物承保。有些時候您可能會經歷照護等級變化，例如入住長期照護機構或醫院（或是從這些機構出院）。在這些情況下，我們將為您提供非處方集內藥物的一次性緊急供應。非處方集內藥物包括本計劃處方集以外的藥物，以及在處方集上但依據本計劃的醫療服務管理規則需要獲得事先授權或階段治療的藥物。

如需更多資訊

欲獲關於您的 VillageCareMAX 處方藥承保的更多詳細資訊，請細閱您的承保證明和其他計劃材料。

如果您對 VillageCareMAX 有疑問，請聯絡我們。我們的聯絡資訊連同上次更新處方集的日期會出現在前後封面頁。

如果您有關於 Medicare 處方藥承保的一般問題，請撥 1-800-MEDICARE (1-800-633-4227) 聯絡 Medicare，全天候提供服務，全週無休。TTY 使用者應致電 1-877-486-2048。或者，請造訪 http://www.medicare.gov。

VillageCareMAX 處方集

下列處方集提供關於 VillageCareMAX 所承保藥物的承保資訊。如果您在清單中查找藥物方面有任何問題，請前往從第 I-1 頁開始的索引。

表中第一列載有藥物名稱。品牌藥名稱以大寫字母書寫（例如，BENICAR（奧美沙坦酯）），而學名藥以小寫字母斜體書寫（例如，*losartan*（氯沙坦））。

「要求/限制」列的資訊會告知您本計劃是否針對您的藥物承保有任何特殊要求。

下表列出了從第 3 頁開始的下方藥物清單中的「要求/限制」列內出現的縮寫定義。

縮寫/標誌	描述	說明
醫療服務管理限制		
PA	事先授權 限制	您（或您的醫師）需要獲得 VillageCareMAX 的事先授權，然後才能根據處方領取此藥物。若無事先批准，VillageCareMAX 可能不會承保此藥物。
PA BvD	B 部分對比 D 部分裁定的 事先授權 限制	本藥物可能有資格獲得 Medicare B 部分或 D 部分的付款。您（或您的醫師）需要獲得 VillageCareMAX 的事先授權，以確定本藥物受 Medicare D 部分承保，之後您才能領取您的處方藥。若無事先批准，VillageCareMAX 可能不會承保此藥物。
PA-HRM	高風險藥物的 事先授權 限制	本藥物被 CMS 視為可能有害，並且是 65 歲及以上的 Medicare 受益人的高風險藥物。年齡在 65 歲及以上的會員需要獲得 VillageCareMAX 的事先授權才能領取處方藥。若無事先批准，VillageCareMAX 可能不會承保此藥物

縮寫/標誌	描述	說明
PA NSO	僅限初次使用者的事先授權限制	如果您是新會員，或者您之前並未服用過此藥物，那麼您（或您的醫師）需要獲得 VillageCareMAX 的事先授權才能根據處方領取此藥物。若無事先批准，VillageCareMAX 可能不會承保此藥物。
QL	數量限制	VillageCareMAX 限制每個處方或特定時間範圍內所承保的藥物數量。
ST	階段治療限制	在 VillageCareMAX 為本藥物提供承保前，您必須首先嘗試用另一種藥物來治療您的病症。本藥物僅在其他藥物對您不起作用時才能獲得承保。
其他特殊承保要求		
LA	限制獲取藥物	該處方僅在某些藥房可獲得。欲獲更多資訊，請咨詢您的服務提供者和藥房名錄，或是撥打1-888-807-6806 聯絡藥房會員服務部，全天候提供服務，全週無休。TTY 使用者應撥 711。
NM	非郵購藥物	您能夠以更少的費用分攤透過郵購來獲得超過 1 個月供應量的大部分藥物。無法透過郵購福利獲得的藥物在您的處方集「要求/限制」列中標註有「NM」。

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

Sprachassistenzdienste 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 fòma aksesib 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 8
Anti-Addiction/Substance Abuse Treatment Agents 8
Antianxiety Agents 9
Antibacterials 11
Anticancer Agents 19
Anticonvulsants 39
Antidementia Agents 45
Antidepressants 45
Antidiabetic Agents 49
Antifungals 55
Antigout Agents 57
Antihistamines 57
Anti-Infectives (Skin And Mucous Membrane) 58
Antimigraine Agents 58
Antimycobacterials 60
Antinausea Agents 60
Antiparasite Agents 62
Antiparkinsonian Agents 63
Antipsychotic Agents 65
Antivirals (Systemic) 72
Blood Products/Modifiers/Volume Expanders 78
Caloric Agents 82
Cardiovascular Agents 83
Central Nervous System Agents 95
Contraceptives 99
Dental And Oral Agents 109

Dermatological Agents 110
Devices 115
Enzyme Cofactors/Chaperones 161
Enzyme Replacement/Modifiers 161
Eye, Ear, Nose, Throat Agents 162
Gastrointestinal Agents 167
Genitourinary Agents 170
Heavy Metal Antagonists 172
Hormonal Agents, Stimulant/Replacement/Modifying 172
Immunological Agents 178
Inflammatory Bowel Disease Agents 191
Metabolic Bone Disease Agents 192
Miscellaneous Therapeutic Agents 193
Ophthalmic Agents 195
Replacement Preparations 196
Respiratory Tract Agents 198
Skeletal Muscle Relaxants 203
Sleep Disorder Agents 203
Vasodilating Agents 204
Vitamins And Minerals 205

Drug Name		Drug Tier	Requirements/Limits
Analgesics			
Analgesics, Miscellaneous			
acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml		1	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		2	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		2	QL (180 per 30 days)
ascomp with codeine oral capsule 30-50-325-40 mg	(codeine-butalbital-asa-caff)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	3	QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg		4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butorphanol nasal spray,non-aerosol 10 mg/ml		2	QL (5 per 28 days)
codeine sulfate oral tablet 15 mg, 60 mg		4	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

Drug Name		Drug Tier	Requirements/Limits
codeine sulfate oral tablet 30 mg		2	QL (180 per 30 days)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	2	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	2	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	2	QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg		5	PA; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg		2	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		2	QL (10 per 30 days)
fioricet oral capsule 50-300-40 mg	(butalbital-acetaminophen-caff)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml		2	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg		4	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		2	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-300 mg		4	QL (240 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg		2	QL (240 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg		4	QL (150 per 30 days)
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg		2	QL (150 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml		2	

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
hydromorphone oral liquid 1 mg/ml (Dilaudid)	2	QL (1200 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	2	QL (180 per 30 days)
methadone oral solution 10 mg/5 ml	2	QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	2	QL (1200 per 30 days)
methadone oral tablet 10 mg	2	QL (120 per 30 days)
methadone oral tablet 5 mg	2	QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	2	PA; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml (2 mg/ml)	2	QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	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)
morphine oral tablet extended release 100 mg	2	QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg (MS Contin)	2	QL (90 per 30 days)
morphine oral tablet extended release 200 mg	4	QL (60 per 30 days)
morphine oral tablet extended release 60 mg (MS Contin)	2	QL (60 per 30 days)
oxycodone oral capsule 5 mg	2	QL (180 per 30 days)
oxycodone oral concentrate 20 mg/ml	4	PA; QL (120 per 30 days)
oxycodone oral solution 5 mg/5 ml	2	QL (1300 per 30 days)
oxycodone oral tablet 10 mg, 5 mg	2	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg (Roxicodone)	2	QL (120 per 30 days)
oxycodone oral tablet 20 mg	2	QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg (Endocet)	2	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg (Endocet)	2	QL (360 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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	2	QL (240 per 30 days)
oxymorphone oral tablet 10 mg		3	QL (120 per 30 days)
oxymorphone oral tablet 5 mg		3	QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg		3	QL (60 per 30 days)
tencon oral tablet 50-325 mg	(butalbital-acetaminophen)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
tramadol oral tablet 50 mg		1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		2	QL (300 per 30 days)
zebutal oral capsule 50-325-40 mg	(butalbital-acetaminophen-caff)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	2	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	4	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		2	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		2	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		2	
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		2	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		2	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		3	QL (300 per 30 days)
diclofenac sodium topical gel 3 %		3	
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)		5	PA; NDS; QL (224 per 28 days)

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	2	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	2	
diflunisal oral tablet 500 mg		2	
etodolac oral capsule 200 mg, 300 mg		2	
etodolac oral tablet 400 mg	(Lodine)	2	
etodolac oral tablet 500 mg		2	
fenoprofen oral tablet 600 mg	(Nalfon)	4	
flurbiprofen oral tablet 100 mg	(Lurbiro)	2	
ibu oral tablet 400 mg	(ibuprofen)	1	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(ibuprofen)	1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	2	
ibuprofen oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	1	
ibuprofen-famotidine oral tablet 800-26.6 mg		4	PA; QL (90 per 30 days)
indomethacin oral capsule 25 mg, 50 mg		2	PA-HRM; AGE (Max 64 Years)
indomethacin oral capsule, extended release 75 mg		2	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		4	
ketorolac oral tablet 10 mg		2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
mefenamic acid oral capsule 250 mg		4	
meloxicam oral tablet 15 mg, 7.5 mg		1	
nabumetone oral tablet 500 mg, 750 mg		2	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
naproxen oral tablet,delayed release (dr/ec) 375 mg	(EC-Naprosyn)	2	
naproxen oral tablet,delayed release (dr/ec) 500 mg	(EC-Naprosyn)	4	
piroxicam oral capsule 10 mg, 20 mg		2	
sulindac oral tablet 150 mg, 200 mg		2	
Anesthetics			
Local Anesthetics			
dermacinrx lidocan 5% patch outer	(lidocaine)	3	PA; QL (90 per 30 days)
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	2	QL (30 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	2	QL (30 per 30 days)
lidocaine hcl mucous membrane solution 2 %		2	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		2	PA
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	3	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		2	PA; QL (240 per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		2	PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	(lidocaine)	3	PA; QL (90 per 30 days)
tridacaine iii topical adhesive patch,medicated 5 %	(lidocaine)	3	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents			
Anti-Addiction/Substance Abuse Treatment Agents			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		3	
buprenorphine hcl sublingual tablet 2 mg, 8 mg		2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	4	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		2	
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		2	
disulfiram oral tablet 250 mg, 500 mg		2	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		3	QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml		2	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml		2	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	2	QL (4 per 30 days)
naltrexone oral tablet 50 mg		2	
NICOTROL INHALATION CARTRIDGE 10 MG		4	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		4	QL (240 per 180 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	3	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)		3	QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	3	
Antianxiety Agents			
Benzodiazepines			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	1	QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	1	QL (150 per 30 days)
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg		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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
alprazolam oral tablet extended release 24 hr 3 mg		2	QL (90 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		2	QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		2	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		2	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		4	QL (180 per 30 days)
diazepam injection solution 5 mg/ml		2	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		3	
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	2	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		2	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	QL (120 per 30 days)
estazolam oral tablet 1 mg		2	QL (60 per 30 days)
estazolam oral tablet 2 mg		2	QL (30 per 30 days)
flurazepam oral capsule 15 mg		2	QL (60 per 30 days)
flurazepam oral capsule 30 mg		2	QL (30 per 30 days)
lorazepam 2 mg/ml oral concent	(Lorazepam Intensol)	2	QL (150 per 30 days)
lorazepam 4 mg/ml vial inner	(Ativan)	1	QL (2 per 30 days)
lorazepam injection solution 2 mg/ml	(Ativan)	1	QL (2 per 30 days)
lorazepam injection solution 4 mg/ml	(Ativan)	4	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml		1	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	2	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	1	QL (150 per 30 days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg		2	QL (120 per 30 days)
temazepam oral capsule 15 mg, 30 mg	(Restoril)	1	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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
temazepam oral capsule 22.5 mg	(Restoril)	2	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	2	QL (120 per 30 days)
triazolam oral tablet 0.125 mg		2	QL (120 per 30 days)
triazolam oral tablet 0.25 mg		2	QL (60 per 30 days)
Antibacterials			
Aminoglycosides			
amikacin injection solution 500 mg/2 ml		2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		5	PA; NDS; QL (235.2 per 28 days)
gentamicin injection solution 40 mg/ml		2	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		2	
neomycin oral tablet 500 mg		2	
streptomycin intramuscular recon soln 1 gram		5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		5	NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	5	PA BvD; NDS
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	5	PA BvD; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		3	
Antibacterials, Miscellaneous			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	2	
clindamycin pediatric oral recon soln 75 mg/5 ml	(clindamycin palmitate hcl)	2	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)		2	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	5	NDS
daptomycin intravenous recon soln 350 mg, 500 mg		5	NDS
fosfomycin tromethamine oral packet 3 gram		2	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	3	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	5	NDS
linezolid oral tablet 600 mg		3	
methenamine hippurate oral tablet 1 gram		2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	2	
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		2	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	2	QL (60 per 30 days)
polymyxin b sulfate injection recon soln 500,000 unit		2	
trimethoprim oral tablet 100 mg		2	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg		3	
vancomycin oral capsule 125 mg	(Vancocin)	3	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(Vancocin)	3	QL (112 per 14 days)
vancomycin oral recon soln 25 mg/ml	(Firvanq)	3	
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			
cefaclor oral capsule 250 mg, 500 mg		2	

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
cefaclor oral tablet extended release 12 hr 500 mg	3	
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	
cefadroxil oral tablet 1 gram	4	
cefazolin injection recon soln 1 gram, 500 mg	2	
cefazolin intravenous recon soln 10 gram	2	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
cefepime injection recon soln 1 gram, 2 gram	3	
cefixime oral capsule 400 mg	4	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	4	
cefixime oral tablet 400 mg	4	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	3	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	4	
cefpodoxime oral tablet 100 mg, 200 mg	4	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
cefprozil oral tablet 250 mg, 500 mg	2	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg (Teflaro)	5	NDS
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	3	

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	2	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cefuroxime sodium injection recon soln 750 mg	2	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	2	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	4	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
cephalexin oral tablet 250 mg, 500 mg	2	
tazicef injection recon soln 1 gram, 2 gram, 6 gram (ceftazidime)	3	
Macrolides		
azithromycin intravenous recon soln 500 mg	2	
azithromycin oral suspension for reconstitution 100 mg/5 ml	2	
azithromycin oral suspension for reconstitution 200 mg/5 ml (Zithromax)	2	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg	1	
azithromycin oral tablet 250 mg, 500 mg (Zithromax)	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	3	
clarithromycin oral tablet 250 mg, 500 mg	2	
clarithromycin oral tablet extended release 24 hr 500 mg	4	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		5	NDS; QL (136 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	4	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	4	
erythromycin oral tablet 250 mg, 500 mg		4	
fidaxomicin oral tablet 200 mg	(Dificid)	5	NDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics			
aztreonam injection recon soln 1 gram, 2 gram		3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		5	PA; LA; NDS
ertapenem injection recon soln 1 gram		3	
imipenem-cilastatin intravenous recon soln 250 mg		3	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	3	
meropenem intravenous recon soln 1 gram, 500 mg		2	
meropenem intravenous recon soln 2 gram		4	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		2	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	2	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		2	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	2	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg		4	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		4	
ampicillin oral capsule 500 mg		2	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg		2	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		4	
dicloxacillin oral capsule 250 mg, 500 mg		2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT		4	

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

Drug Name	Drug Tier	Requirements/Limits
LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %	4	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	3	
penicillin g potassium injection recon soln 20 million unit (Pfizerpen-G)	3	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	3	
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	2	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	2	
levofloxacin oral solution 250 mg/10 ml	4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin 400 mg/250 ml bag suv, p/f, inner	3	
moxifloxacin oral tablet 400 mg	2	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	3	
Sulfonamides		
sulfadiazine oral tablet 500 mg	3	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetracyclines			
demeclocycline oral tablet 150 mg, 300 mg		4	
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	3	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	3	
doxycycline hyclate oral capsule 100 mg		2	
doxycycline hyclate oral capsule 50 mg	(Morgidox)	2	
doxycycline hyclate oral tablet 100 mg, 20 mg		2	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg		4	
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg	(Doryx)	4	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	2	
doxycycline monohydrate oral capsule 50 mg		2	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		2	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	2	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg		2	
minocycline oral capsule 100 mg, 50 mg, 75 mg		2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
minocycline oral tablet 100 mg, 50 mg, 75 mg		4	
tetracycline oral capsule 250 mg, 500 mg		4	
tigecycline intravenous recon soln 50 mg	(Tygacil)	3	
Anticancer Agents			
Anticancer Agents			
abiraterone oral tablet 250 mg	(Abirtega)	5	PA NSO; NDS; QL (120 per 30 days)
abiraterone oral tablet 500 mg	(Zytiga)	5	PA NSO; NDS; QL (120 per 30 days)
abiraterone, submicronized oral tablet 125 mg	(Yonsa)	5	PA NSO; NDS; QL (120 per 30 days)
abirtega oral tablet 250 mg	(abiraterone)	2	PA NSO; QL (120 per 30 days)
adrucil intravenous solution 2.5 gram/50 ml	(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
anastrozole oral tablet 1 mg	(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)

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

Drug Name		Drug Tier	Requirements/Limits
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		5	PA NSO; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG		5	NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		5	PA NSO; NDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	(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)
bendamustine intravenous recon soln 100 mg, 25 mg	(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
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML		5	PA NSO; NDS; QL (1 per 28 days)
bexarotene oral capsule 75 mg	(Targretin)	5	PA NSO; NDS
bexarotene topical gel 1 %	(Targretin)	5	PA NSO; NDS
bicalutamide oral tablet 50 mg	(Casodex)	2	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)		5	PA NSO; NDS; QL (75 per 28 days)
bleomycin injection recon soln 15 unit, 30 unit		2	
bortezomib injection recon soln 1 mg, 2.5 mg		4	PA NSO
bortezomib injection recon soln 3.5 mg	(Velcade)	5	PA NSO; NDS
BORUZU INJECTION SOLUTION 2.5 MG/ML		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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
BOSULIF ORAL CAPSULE 100 MG		5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG		5	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	(bosutinib)	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 500 MG	(bosutinib)	5	PA NSO; NDS; QL (30 per 30 days)
bosutinib oral tablet 100 mg	(Bosulif)	5	PA NSO; NDS; QL (180 per 30 days)
bosutinib oral tablet 400 mg, 500 mg	(Bosulif)	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)
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)
carboplatin intravenous solution 10 mg/ml	(Kyxata)	2	
cladribine intravenous solution 10 mg/10 ml		2	PA BvD
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)		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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	5	PA BvD; NDS
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	5	PA BvD; NDS
cyclophosphamide intravenous solution 500 mg/ml (Frindovyx)	5	PA BvD; NDS
cyclophosphamide oral capsule 25 mg, 50 mg	3	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg	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)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; LA; NDS
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (Sprycel)	5	PA NSO; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg (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)
decitabine intravenous recon soln 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

Drug Name	Drug Tier	Requirements/Limits
doxorubicin, peg-liposomal (Caelyx) *intravenous suspension 2 mg/ml*	5	PA BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	5	PA NSO; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	5	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	5	PA NSO; NDS
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 (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

Drug Name		Drug Tier	Requirements/Limits
erlotinib oral tablet 100 mg, 25 mg		5	PA NSO; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg		5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		4	
etoposide intravenous solution 20 mg/ml	(Avopef)	2	
EULEXIN ORAL CAPSULE 125 MG	(flutamide)	5	NDS
everolimus (antineoplastic) oral tablet 10 mg	(Yulithira)	5	PA NSO; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg	(Yulithira)	5	PA NSO; NDS; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet 5 mg	(Yulithira)	5	PA NSO; NDS; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet 7.5 mg	(Yulithira)	5	PA NSO; NDS; QL (60 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	5	PA NSO; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(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
floxuridine injection recon soln 0.5 gram		2	PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		2	PA BvD
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		5	PA NSO; NDS; QL (21 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

Drug Name	Drug Tier	Requirements/Limits
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)
fulvestrant intramuscular syringe 250 mg/5 ml (Cligavyx)	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)
gefitinib oral tablet 250 mg (Iressa)	5	PA NSO; NDS; QL (60 per 30 days)
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	3	PA BvD
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml) (Avgemsi)	3	PA BvD
gemcitabine intravenous solution 200 mg/5.26 ml (38 mg/ml)	3	PA BvD
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)
hydroxyurea oral capsule 500 mg (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)

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
ifosfamide intravenous recon soln 1 gram (Ifex)	2	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	2	
imatinib oral tablet 100 mg (Gleevec)	2	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 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)

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

Drug Name	Drug Tier	Requirements/Limits
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)
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml (Camptosar)	2	
irinotecan intravenous solution 500 mg/25 ml	2	
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)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	5	PA NSO; NDS; QL (30 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
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)

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
lapatinib oral tablet 250 mg (Tykerb)	5	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (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

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
letrozole oral tablet 2.5 mg	(Femara)	2	
LEUKERAN ORAL TABLET 2 MG		5	NDS
leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg	(Lutrate Depot (3 month))	4	PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml		3	PA NSO
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)		5	PA NSO; NDS
lomustine oral capsule 10 mg	(Gleostine)	3	
lomustine oral capsule 100 mg, 40 mg	(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)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML		5	PA NSO; NDS

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

Drug Name	Drug Tier	Requirements/Limits
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
megestrol oral tablet 20 mg, 40 mg	2	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NDS; QL (1260 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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
mercaptopurine oral suspension 20 mg/ml (Purixan)	5	NDS
mercaptopurine oral tablet 50 mg	2	
methotrexate sodium (pf) injection recon soln 1 gram	2	
methotrexate sodium (pf) injection solution 25 mg/ml	2	
methotrexate sodium injection solution 25 mg/ml	2	
methotrexate sodium oral tablet 2.5 mg	2	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	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)
nilotinib hcl oral capsule 150 mg, 200 mg (Tasigna)	5	PA NSO; NDS; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg (Tasigna)	5	PA NSO; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg	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)

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 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)
oxaliplatin intravenous recon soln 100 mg, 50 mg	2	
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	2	
paclitaxel intravenous concentrate 6 mg/ml	2	PA BvD
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg (Abraxane)	5	PA BvD; NDS
pazopanib oral tablet 200 mg (Votrient)	5	PA NSO; NDS; QL (120 per 30 days)
pazopanib oral tablet 400 mg	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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg	5	NDS
pemetrexed disodium intravenous solution 25 mg/ml	5	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg (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)

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

Drug Name	Drug Tier	Requirements/Limits
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
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
sorafenib oral tablet 200 mg (Nexavar)	5	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; 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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	5	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	5	NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO 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)
tamoxifen oral tablet 10 mg, 20 mg	2	
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	5	PA NSO; NDS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NDS
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	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
TIVDAK INTRAVENOUS RECON SOLN 40 MG		5	PA NSO; NDS; QL (5 per 21 days)
toremifene oral tablet 60 mg	(Fareston)	5	NDS
torpenz oral tablet 10 mg	(everolimus (antineoplastic))	5	PA NSO; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(everolimus (antineoplastic))	5	PA NSO; NDS; QL (30 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG		4	PA NSO
tretinoin (antineoplastic) oral capsule 10 mg		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		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
VEPPANU ORAL TABLET 100 MG, 200 MG		5	PA NSO; NDS; QL (30 per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		5	PA NSO; NDS; QL (56 per 28 days)

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
vinblastine intravenous solution 1 mg/ml	2	PA BvD
vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml (vincristine)	2	PA BvD
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml (Vincasar PFS)	2	PA BvD
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	3	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	5	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	5	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	5	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 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)

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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)
yulithira oral tablet 10 mg, 7.5 mg (everolimus (antineoplastic))	3	PA NSO; QL (60 per 30 days)
yulithira oral tablet 2.5 mg, 5 mg (everolimus (antineoplastic))	3	PA NSO; QL (30 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

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
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			
brivaracetam intravenous solution 50 mg/5 ml	(Briviact)	5	NDS; QL (80 per 30 days)
brivaracetam oral solution 10 mg/ml	(Briviact)	3	QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	(Briviact)	5	NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	(brivaracetam)	5	NDS; QL (80 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	2	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	2	
carbamazepine oral tablet 200 mg	(Tegretol)	2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	2	
carbamazepine oral tablet,chewable 100 mg, 200 mg		2	
clobazam oral suspension 2.5 mg/ml	(Onfi)	3	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(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)

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

Drug Name		Drug Tier	Requirements/Limits
DIACOMIT ORAL POWDER IN PACKET 500 MG		5	PA NSO; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg		3	
diazepam rectal kit 2.5 mg		4	
DILANTIN ORAL CAPSULE 30 MG		4	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(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
epitol oral tablet 200 mg	(carbamazepine)	2	
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	5	ST; NDS; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	5	ST; NDS; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	2	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	2	
felbamate oral suspension 600 mg/5 ml		3	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		5	PA NSO; NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	2	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	2	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	2	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	2	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	2	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	2	QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	3	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	3	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)	(Lamictal ODT Starter (Blue))	3	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	3	
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)	(Lamictal ODT Starter (Green))	3	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(Lamictal XR)	4	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	2	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	3	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	2	
levetiracetam oral solution 100 mg/ml	(Keppra)	2	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	2	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	2	

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

Drug Name		Drug Tier	Requirements/Limits
levetiracetam oral tablet for suspension 250 mg	(Spritam)	3	ST
levetiracetam oral tablet for suspension 500 mg	(Spritam)	4	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		4	QL (10 per 30 days)
methsuximide oral capsule 300 mg	(Celontin)	3	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		4	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	3	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	2	
perampanel oral suspension 0.5 mg/ml	(Fycompa)	5	ST; NDS; QL (720 per 30 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	(Fycompa)	5	ST; NDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	(Fycompa)	3	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	5	ST; NDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		2	PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		2	PA NSO-HRM; AGE (Max 64 Years)
phenytek oral capsule 200 mg, 300 mg	(phenytoin sodium extended)	2	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	2	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	2	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	2	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	2	
phenytoin sodium intravenous solution 50 mg/ml		2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
phenytoin sodium intravenous syringe 50 mg/ml		2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	2	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	2	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	3	QL (900 per 30 days)
primidone oral tablet 125 mg		2	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	2	
rufinamide oral suspension 40 mg/ml	(Banzel)	5	ST; NDS
rufinamide oral tablet 200 mg	(Banzel)	3	ST
rufinamide oral tablet 400 mg	(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
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		5	PA NSO; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		3	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	2	
topiramate oral capsule, sprinkle 50 mg		3	
topiramate oral solution 25 mg/ml	(Eprontia)	3	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		2	

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
valproic acid oral capsule 250 mg	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)
vigabatrin oral powder in packet 500 mg (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg (vigabatrin)	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)
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	
zonisamide oral capsule 100 mg, 25 mg (Zonegran)	2	
zonisamide oral capsule 50 mg	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NDS; QL (1080 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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
Antidementia Agents			
Antidementia Agents			
donepezil oral tablet 10 mg, 5 mg	(Aricept)	1	QL (30 per 30 days)
donepezil oral tablet 23 mg	(Aricept)	2	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg		2	
donepezil oral tablet,disintegrating 5 mg		2	QL (30 per 30 days)
ergoloid oral tablet 1 mg		2	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		2	QL (30 per 30 days)
galantamine oral solution 4 mg/ml		3	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		2	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg		2	ST; QL (30 per 30 days)
memantine oral capsule,sprinkle,er 24hr 7 mg	(Namenda XR)	2	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml		3	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg		2	QL (60 per 30 days)
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	(Namzaric)	3	ST; QL (30 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG		4	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG		4	ST; QL (30 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		2	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	3	QL (30 per 30 days)
Antidepressants			
Antidepressants			

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		5	NDS
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG		5	NDS
bupropion hcl oral tablet 100 mg, 75 mg		2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	2	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	2	
citalopram oral solution 10 mg/5 ml		2	
citalopram oral tablet 10 mg	(Celexa)	1	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	(Celexa)	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	4	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	4	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		4	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	2	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	
doxepin oral concentrate 10 mg/ml		2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG		4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG		4	ST; 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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
duloxetine oral capsule,delayed release(dr/ec) 20 mg	2	QL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	2	QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	4	QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	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)
escitalopram oxalate oral solution 5 mg/5 ml	3	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (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)
fluoxetine oral capsule 10 mg, 20 mg (Prozac)	1	
fluoxetine oral capsule 40 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	2	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	4	

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
MARPLAN ORAL TABLET 10 MG	4	
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	2	
mirtazapine oral tablet 45 mg, 7.5 mg	2	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)	2	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	4	
paroxetine hcl oral suspension 10 mg/5 ml	4	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	4	PA NSO-HRM; AGE (Max 64 Years)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	2	
phenelzine oral tablet 15 mg (Nardil)	2	
protriptyline oral tablet 10 mg, 5 mg	4	
RALDESY ORAL SOLUTION 10 MG/ML	5	PA NSO; NDS; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml (Zoloft)	2	
sertraline oral tablet 100 mg, 25 mg, 50 mg (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
tranylcypromine oral tablet 10 mg (Parnate)	4	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
venlafaxine besylate oral tablet extended release 24hr 112.5 mg		4	QL (60 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	2	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	2	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		2	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg		4	QL (30 per 30 days)
venlafaxine oral tablet extended release 24hr 75 mg		4	QL (90 per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(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			
acarbose oral tablet 100 mg, 25 mg, 50 mg		2	
dapagliflozin oral tablet 10 mg, 5 mg	(Farxiga)	2	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg	(Xigduo XR)	2	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	(sitagliptin phos-metformin)	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	(sitagliptin phos-metformin)	3	QL (60 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		3	QL (30 per 30 days)

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
metformin oral solution 500 mg/5 ml (Riomet)	4	QL (765 per 30 days)
metformin oral tablet 1,000 mg	6	QL (75 per 30 days)
metformin oral tablet 500 mg	6	QL (150 per 30 days)
metformin oral tablet 850 mg	6	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	6	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	6	QL (60 per 30 days)
mifepristone oral tablet 300 mg (Korlym)	5	PA; NDS; QL (112 per 28 days)
miglitol oral tablet 100 mg, 25 mg, 50 mg	4	QL (90 per 30 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)
nateglinide oral tablet 120 mg, 60 mg	6	QL (90 per 30 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	3	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	6	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg	6	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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	6	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg		6	QL (120 per 30 days)
repaglinide oral tablet 2 mg		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)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	(Janumet)	2	QL (60 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	(Janumet XR)	2	QL (30 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	(Janumet XR)	2	QL (60 per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	(Januvia)	2	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	(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)

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

10/01/2026

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

10/01/2026

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

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

Drug Name		Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	3	max $35 copay per month supply; QL (30 per 28 days)
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			
glimepiride oral tablet 1 mg, 2 mg		6	QL (30 per 30 days)
glimepiride oral tablet 4 mg		6	QL (60 per 30 days)
glipizide oral tablet 10 mg		6	QL (120 per 30 days)
glipizide oral tablet 2.5 mg		6	QL (90 per 30 days)
glipizide oral tablet 5 mg		6	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg		6	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg		6	QL (30 per 30 days)

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
glipizide-metformin oral tablet 2.5-250 mg		6	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		6	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		6	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		6	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		6	PA-HRM; AGE (Max 64 Years)
Antifungals			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		4	PA BvD
amphotericin b injection recon soln 50 mg		2	PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	5	PA BvD; NDS
ciclopirox topical cream 0.77 %	(Ciclodan)	2	QL (180 per 30 days)
ciclopirox topical gel 0.77 %		4	
ciclopirox topical shampoo 1 %		4	
ciclopirox topical solution 8 %	(Ciclodan)	2	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	4	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg		2	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	2	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	2	
clotrimazole-betamethasone topical cream 1-0.05 %		2	QL (90 per 30 days)
clotrimazole-betamethasone topical lotion 1-0.05 %		4	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG		5	NDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		5	PA; NDS

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
econazole nitrate topical cream 1 %	2	QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	2	
fluconazole oral suspension for reconstitution 10 mg/ml	2	
fluconazole oral suspension for reconstitution 40 mg/ml (Diflucan)	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
flucytosine oral capsule 250 mg, 500 mg (Ancobon)	5	NDS
griseofulvin microsize oral suspension 125 mg/5 ml	3	
griseofulvin microsize oral tablet 500 mg	4	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	4	
itraconazole oral capsule 100 mg (Sporanox)	3	
itraconazole oral solution 10 mg/ml	5	PA; NDS
ketoconazole oral tablet 200 mg	2	
ketoconazole topical cream 2 %	2	QL (180 per 30 days)
ketoconazole topical foam 2 % (Ketodan)	4	ST; QL (100 per 30 days)
ketoconazole topical shampoo 2 %	2	QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg	2	
miconazole-3 vaginal suppository 200 mg	2	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	5	PA; NDS
nyamyc topical powder 100,000 unit/gram (nystatin)	2	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml	2	
nystatin oral tablet 500,000 unit	2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
nystatin topical cream 100,000 unit/gram		2	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram		2	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	(Nystop)	2	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		2	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		2	
nystop topical powder 100,000 unit/gram	(nystatin)	2	QL (60 per 30 days)
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)		5	PA; NDS
posaconazole oral tablet,delayed release (dr/ec) 100 mg		5	PA; NDS
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	5	PA BvD; NDS
voriconazole intravenous solution 10 mg/ml		5	PA BvD; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	5	PA; NDS
voriconazole oral tablet 200 mg, 50 mg		4	
Antigout Agents			
Antigout Agents, Other			
allopurinol oral tablet 100 mg	(Zyloprim)	1	
allopurinol oral tablet 300 mg		1	
colchicine oral capsule 0.6 mg	(Mitigare)	3	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	(Colcrys)	2	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	4	QL (30 per 30 days)
probenecid oral tablet 500 mg		2	
probenecid-colchicine oral tablet 500-0.5 mg		2	
Antihistamines			

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
Antihistamines			
carbinoxamine maleate oral liquid 4 mg/5 ml	(Carbzah)	4	PA-HRM; AGE (Max 64 Years)
carbzah oral liquid 4 mg/5 ml	(carbinoxamine maleate)	4	PA-HRM; AGE (Max 64 Years)
clemastine oral tablet 2.68 mg	(Clemsza)	2	PA-HRM; AGE (Max 64 Years)
clemasz oral tablet 2.68 mg	(clemastine)	2	PA-HRM; AGE (Max 64 Years)
clemsza oral tablet 2.68 mg	(clemastine)	2	PA-HRM; AGE (Max 64 Years)
cyproheptadine oral syrup 2 mg/5 ml		2	PA-HRM; AGE (Max 64 Years)
cyproheptadine oral tablet 4 mg		2	PA-HRM; AGE (Max 64 Years)
hydroxyzine hcl oral solution 10 mg/5 ml		2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		2	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	4	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	
promethazine oral syrup 6.25 mg/5 ml		2	PA-HRM; AGE (Max 64 Years)
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	4	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	4	
terconazole vaginal cream 0.4 %, 0.8 %		2	
terconazole vaginal suppository 80 mg		4	
Antimigraine Agents			

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
Antimigraine Agents			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		3	PA; QL (1 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	5	ST; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		3	PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		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)
rizatriptan oral tablet 10 mg	(Maxalt)	2	QL (18 per 30 days)
rizatriptan oral tablet 5 mg		2	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	2	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		2	QL (18 per 30 days)
sumatriptan 4 mg/0.5 ml inject outer, suv	(Imitrex STATdose Pen)	3	QL (4 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation		3	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	2	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	2	QL (18 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	4	QL (4 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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	2	QL (5 per 28 days)
sumatriptan-naproxen oral tablet 85-500 mg (Treximet)	4	QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg (Zomig)	2	QL (12 per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	3	QL (12 per 30 days)
Antimycobacterials		
Antimycobacterials		
dapsone oral tablet 100 mg, 25 mg	2	
ethambutol oral tablet 100 mg, 400 mg	2	
isoniazid oral solution 50 mg/5 ml	4	
isoniazid oral tablet 100 mg, 300 mg	1	
PRIFTIN ORAL TABLET 150 MG (rifapentine)	4	
pyrazinamide oral tablet 500 mg	3	
rifabutin oral capsule 150 mg	4	
rifampin intravenous recon soln 600 mg (Rifadin)	3	
rifampin oral capsule 150 mg, 300 mg	2	
rifapentine oral tablet 150 mg (Priftin)	3	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECATOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
aprepitant oral capsule 125 mg	3	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg	3	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg (Emend)	3	PA BvD; QL (4 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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	3	PA BvD
compro rectal suppository 25 mg	(prochlorperazine)	3	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	4	PA; QL (60 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		4	PA BvD; QL (6 per 28 days)
granisetron hcl oral tablet 1 mg		4	PA BvD
meclizine oral tablet 12.5 mg		1	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	1	
ondansetron hcl oral solution 4 mg/5 ml		2	PA BvD
ondansetron hcl oral tablet 4 mg, 8 mg		2	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		2	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)		2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	2	
prochlorperazine rectal suppository 25 mg	(Compro)	3	
promethazine injection solution 25 mg/ml	(Phenergan)	2	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 12.5 mg	(Promethegan)	3	PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 25 mg	(Promethegan)	2	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg	(promethazine)	2	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 50 mg	(promethazine)	4	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

Drug Name		Drug Tier	Requirements/Limits
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	4	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents			
Antiparasite Agents			
albendazole oral tablet 200 mg		3	
atovaquone oral suspension 750 mg/5 ml	(Mepron)	3	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	2	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	2	
chloroquine phosphate oral tablet 250 mg, 500 mg		2	
COARTEM ORAL TABLET 20-120 MG		4	
hydroxychloroquine oral tablet 100 mg		2	QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	2	QL (90 per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	2	QL (60 per 30 days)
hydroxychloroquine oral tablet 400 mg		2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		5	PA; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	2	
ivermectin oral tablet 6 mg		2	
mefloquine oral tablet 250 mg		2	
nitazoxanide oral tablet 500 mg	(Alinia)	5	NDS; QL (60 per 30 days)
pentamidine inhalation recon soln 300 mg	(Nebupent)	3	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	3	
praziquantel oral tablet 600 mg		3	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		4	
pyrimethamine oral tablet 25 mg	(Daraprim)	5	PA; NDS
quinine sulfate oral capsule 324 mg	(Qualaquin)	2	PA
tinidazole oral tablet 250 mg, 500 mg		2	
Antiparkinsonian Agents			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		2	
amantadine hcl oral solution 50 mg/5 ml		2	
amantadine hcl oral tablet 100 mg		2	
apomorphine subcutaneous cartridge 10 mg/ml	(APOKYN)	5	PA; NDS; QL (60 per 30 days)
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		2	
bromocriptine oral capsule 5 mg		4	
bromocriptine oral tablet 2.5 mg		2	
cabergoline oral tablet 0.5 mg		2	
carbidopa oral tablet 25 mg	(Lodosyn)	2	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	2	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	2	
carbidopa-levodopa oral tablet 25-250 mg		2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg		2	
carbidopa-levodopa oral tablet,disintegrating 25-100 mg, 25-250 mg		4	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	4	
entacapone oral tablet 200 mg	3	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NDS; QL (300 per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	ST; QL (30 per 30 days)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	5	PA; NDS; QL (600 per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	4	ST
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	4	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	2	
selegiline hcl oral capsule 5 mg	2	
selegiline hcl oral tablet 5 mg	4	
trihexyphenidyl oral elixir 0.4 mg/ml	2	
trihexyphenidyl oral tablet 2 mg, 5 mg	2	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	5	PA; NDS; QL (560 per 28 days)

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

10/01/2026

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

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

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 14 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	4	QL (60 per 30 days)
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	4	ST
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2)	4	ST
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	2	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	3	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	4	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	4	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	ST; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	ST; NDS

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	5	NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	4	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	4	ST
fluphenazine decanoate injection solution 25 mg/ml	2	
fluphenazine hcl injection solution 2.5 mg/ml	3	
fluphenazine hcl oral concentrate 5 mg/ml	3	
fluphenazine hcl oral elixir 2.5 mg/5 ml	3	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	2	
haloperidol lactate injection solution 5 mg/ml	2	

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
haloperidol lactate intramuscular syringe 5 mg/ml	2	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	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)
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)

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		2	
lurasidone oral tablet 120 mg	(Latuda)	4	
lurasidone oral tablet 20 mg, 40 mg, 60 mg, 80 mg	(Latuda)	3	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		5	NDS; QL (30 per 30 days)
molindone oral tablet 10 mg		2	QL (240 per 30 days)
molindone oral tablet 25 mg		2	QL (270 per 30 days)
molindone oral tablet 5 mg		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)
olanzapine intramuscular recon soln 10 mg	(Zyprexa)	3	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	2	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	3	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG		5	ST; NDS
paliperidone oral tablet extended release 24hr 1.5 mg		4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	4	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		2	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		5	NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		2	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
quetiapine oral tablet 150 mg		2	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	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)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	2	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml	(Rykindo)	2	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	5	NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	2	
risperidone oral tablet 0.25 mg		2	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	2	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		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)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		2	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg		2	

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
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)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	2	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (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)

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
Antivirals (Systemic)			
Antiretrovirals			
abacavir oral solution 20 mg/ml	(Ziagen)	2	
abacavir oral tablet 300 mg		2	
abacavir-lamivudine oral tablet 600-300 mg		2	
APTIVUS ORAL CAPSULE 250 MG		5	NDS
atazanavir oral capsule 150 mg		2	
atazanavir oral capsule 200 mg, 300 mg	(Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		5	NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML		5	NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)		5	NDS; QL (24 per 365 days)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	5	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG		5	NDS
darunavir oral tablet 600 mg	(Prezista)	3	
darunavir oral tablet 800 mg	(Prezista)	5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG		5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		5	NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		3	
DOVATO ORAL TABLET 50-300 MG		5	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
efavirenz oral capsule 200 mg		3	
efavirenz oral capsule 50 mg		2	
efavirenz oral tablet 600 mg		3	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		2	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		5	NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	5	NDS
emtricitabine oral capsule 200 mg	(Emtriva)	3	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg	(Truvada)	3	
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	(Truvada)	5	NDS
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	2	
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	5	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML		4	
etravirine oral tablet 100 mg, 200 mg	(Intelence)	5	NDS
EVOTAZ ORAL TABLET 300-150 MG		5	NDS
fosamprenavir oral tablet 700 mg		5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG		5	NDS
IDVYNSO ORAL TABLET 100-0.25 MG		5	NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG		4	
ISENTRESS HD ORAL TABLET 600 MG		5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 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

Drug Name		Drug Tier	Requirements/Limits
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)
lamivudine oral solution 10 mg/ml	(Epivir)	2	
lamivudine oral tablet 100 mg		2	
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	2	
lamivudine-zidovudine oral tablet 150-300 mg		3	
LEXIVA ORAL SUSPENSION 50 MG/ML		4	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	2	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	3	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	3	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	(Selzentry)	5	NDS
nevirapine oral suspension 50 mg/5 ml		3	QL (1200 per 30 days)
nevirapine oral tablet 200 mg		2	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg		3	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG		4	
ODEFSEY ORAL TABLET 200-25-25 MG		5	NDS
PIFELTRO ORAL TABLET 100 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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
rilpivirine hcl oral tablet 25 mg (Edurant)	5	NDS
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	5	NDS
ritonavir oral tablet 100 mg (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
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	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
SYMTUZA ORAL TABLET 800-150-200-10 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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
tenofovir disoproxil fumarate oral tablet 300 mg (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)
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	
zidovudine oral capsule 100 mg (Retrovir)	2	
zidovudine oral syrup 10 mg/ml (Retrovir)	2	
zidovudine oral tablet 300 mg	2	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NDS
oseltamivir oral capsule 30 mg	2	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	2	QL (48 per 180 days)
oseltamivir oral capsule 75 mg (Tamiflu)	2	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	2	QL (540 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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	5	PA; NDS; QL (120 per 30 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
rimantadine oral tablet 100 mg (Flumadine)	3	
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 MG (sofosbuvir-velpatasvir)	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 MG (ledipasvir-sofosbuvir)	5	PA; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NDS; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	4	
acyclovir oral tablet 400 mg, 800 mg	2	
acyclovir sodium intravenous solution 50 mg/ml	3	PA BvD
adefovir oral tablet 10 mg	3	
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	3	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
lagevrio (eua) oral capsule 200 mg	4	QL (40 per 5 days)
ribavirin oral capsule 200 mg	2	
ribavirin oral tablet 200 mg	2	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	2	
valganciclovir oral recon soln 50 mg/ml (Valcyte)	5	NDS
valganciclovir oral tablet 450 mg	2	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg (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)

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
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)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	3	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	3	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	3	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	3	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	3	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	5	NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	2	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	5	NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	5	NDS; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		2	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	1	
rivaroxaban oral suspension for reconstitution 1 mg/ml	(Xarelto)	2	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	2	QL (60 per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg		1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		3	

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NDS
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG	5	PA; NDS; QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg (Promacta)	5	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg (Promacta)	5	PA; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg (Promacta)	5	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg (Promacta)	5	PA; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg (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)
LEUKINE INJECTION RECON SOLN 250 MCG	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

Drug Name	Drug Tier	Requirements/Limits
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)
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	5	PA; NDS
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
Hematologic Agents, Miscellaneous		
anagrelide oral capsule 0.5 mg (Agrylin)	3	
anagrelide oral capsule 1 mg	3	
CABLIVI INJECTION KIT 11 MG	5	PA; NDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
tranexamic acid oral tablet 650 mg	2	
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	3	
cilostazol oral tablet 100 mg, 50 mg	2	
clopidogrel oral tablet 75 mg (Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
pentoxifylline oral tablet extended release 400 mg	2	
prasugrel hcl oral tablet 10 mg, 5 mg (Effient)	2	
ticagrelor oral tablet 60 mg, 90 mg (Brilinta)	2	
Caloric Agents		
Caloric Agents		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
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 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	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
dextrose 5 % in water (d5w) intravenous parenteral solution	2	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	2	
clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)	2	
clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)	2	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1	
droxidopa oral capsule 100 mg (Northera)	2	PA; QL (180 per 30 days)
droxidopa oral capsule 200 mg, 300 mg (Northera)	5	PA; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg	2	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
prazosin oral capsule 1 mg, 2 mg, 5 mg		2	
Angiotensin Ii Receptor Antagonists			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	6	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	6	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		3	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	6	
irbesartan oral tablet 75 mg		6	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	6	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	6	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	6	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	6	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	6	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	6	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	(Entresto)	2	QL (60 per 30 days)
telmisartan oral tablet 20 mg		6	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	6	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		4	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	6	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	6	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	6	
Angiotensin-Converting Enzyme Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	6	
benazepril oral tablet 5 mg		6	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	6	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		6	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		6	
enalapril maleate oral solution 1 mg/ml	(Epaned)	3	ST; QL (1200 per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	6	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	6	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		6	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		6	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		6	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	6	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	6	
moexipril oral tablet 15 mg, 7.5 mg		6	

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

Drug Name	Drug Tier	Requirements/Limits
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	6	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	6	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	6	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	6	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	6	
Antiarrhythmic Agents		
amiodarone oral tablet 100 mg, 200 mg (Pacerone)	2	
amiodarone oral tablet 400 mg	2	
disopyramide phosphate oral capsule 100 mg, 150 mg (Norpace)	3	PA-HRM; AGE (Max 64 Years)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	3	
flecainide oral tablet 100 mg, 150 mg, 50 mg	2	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	2	
MULTAQ ORAL TABLET 400 MG	3	
pacerone oral tablet 100 mg, 200 mg, 400 mg (amiodarone)	2	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	3	
propafenone oral tablet 150 mg, 225 mg, 300 mg	2	
quinidine gluconate oral tablet extended release 324 mg	3	
quinidine sulfate oral tablet 200 mg, 300 mg	3	
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	2	

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

Drug Name		Drug Tier	Requirements/Limits
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg		2	
betaxolol oral tablet 10 mg, 20 mg		2	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML)		4	PA; QL (3600 per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg		2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg		2	
metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg		4	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		1	
nadolol oral tablet 20 mg, 40 mg, 80 mg		2	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	2	
pindolol oral tablet 10 mg, 5 mg		2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	2	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		2	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	2	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	2	
sotalol oral tablet 240 mg		2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		4	
Calcium-Channel Blocking Agents			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		4	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	(Tiadylt ER)	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	2	
diltiazem hcl oral tablet 90 mg		2	
diltiazem hcl oral tablet extended release 24 hr 120 mg	(Cardizem LA)	4	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	4	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	2	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	4	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	2	

Drug Name		Drug Tier	Requirements/Limits
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	2	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg		4	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg		2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg		4	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		2	
Cardiovascular Agents, Miscellaneous			
ATTRUBY ORAL TABLET 356 MG		5	PA; NDS; QL (112 per 28 days)
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)
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML		5	PA; NDS; QL (0.8 per 28 days)
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Lanoxin)	2	
epinephrine injection auto-injector 0.15 mg/0.15 ml	(Auvi-Q)	3	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	2	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml		3	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	(Auvi-Q)	2	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant subcutaneous syringe 30 mg/3 ml	(Sajazir)	5	PA; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
metyrosine oral capsule 250 mg		5	PA; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg		2	
sajazir subcutaneous syringe 30 mg/3 ml	(icatibant)	5	PA; NDS; QL (18 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			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg	(Lotrel)	6	
amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg		6	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	6	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	6	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	(Exforge HCT)	3	
amlodipine-valsartan-hcthiazid oral tablet 5-160-12.5 mg	(Exforge HCT)	4	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		2	
isradipine oral capsule 2.5 mg, 5 mg		4	
KATERZIA ORAL SUSPENSION 1 MG/ML		4	ST; QL (300 per 30 days)
nicardipine oral capsule 20 mg, 30 mg		4	
nifedipine oral capsule 10 mg, 20 mg		2	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg	(Procardia XL)	2	

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

Drug Name		Drug Tier	Requirements/Limits
nifedipine oral tablet extended release 24hr 90 mg		2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		2	
Diuretics			
amiloride oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		2	
chlorthalidone oral tablet 25 mg, 50 mg		2	
furosemide injection solution 10 mg/ml		1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg		1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
indapamide oral tablet 1.25 mg, 2.5 mg		1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	5	PA; NDS; QL (120 per 30 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		2	
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	(Jynarque)	5	PA; NDS; QL (56 per 28 days)

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		1	
Dyslipidemics			
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	6	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	6	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		6	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	6	
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	2	
cholestyramine light oral powder in packet 4 gram	(cholestyramine)	2	
colesevelam oral powder in packet 3.75 gram	(WelChol)	4	
colesevelam oral tablet 625 mg	(WelChol)	3	
colestipol oral packet 5 gram		2	
colestipol oral tablet 1 gram	(Colestid)	2	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		4	ST
ezetimibe oral tablet 10 mg	(Zetia)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	6	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	6	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	6	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	6	QL (30 per 30 days)

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg		2	
fenofibrate oral tablet 160 mg, 54 mg		2	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg		2	
fluvastatin oral capsule 20 mg, 40 mg		6	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	6	
gemfibrozil oral tablet 600 mg	(Lopid)	1	
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	3	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	(Vascepa)	3	QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 5 MG		5	PA; NDS; QL (28 per 28 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG		5	PA; NDS; QL (56 per 28 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		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)
niacin oral tablet 500 mg	(Niacor)	4	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg		2	
niacin oral tablet extended release 24 hr 750 mg		4	
niacor oral tablet 500 mg	(niacin)	4	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	2	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	3	QL (30 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		6	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
prevalite oral powder in packet 4 gram	(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)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	6	
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	6	
simvastatin oral tablet 5 mg, 80 mg		6	
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	3	
eplerenone oral tablet 25 mg	(Inspra)	2	
eplerenone oral tablet 50 mg		2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		3	PA; QL (30 per 30 days)
spironolactone oral suspension 25 mg/5 ml	(CaroSpir)	2	ST; QL (600 per 30 days)
Vasodilators			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		2	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg		2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	4	
minoxidil oral tablet 10 mg, 2.5 mg		2	

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-Dur)	2	
Central Nervous System Agents		
Central Nervous System Agents		
atomoxetine oral capsule 10 mg	3	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	2	QL (30 per 30 days)
atomoxetine oral capsule 18 mg, 25 mg, 40 mg	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

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)
cladribine 10 mg x 10 tab pk outer	(Mavenclad (10 tablet pack))	5	PA; NDS
cladribine(multiple sclerosis) oral tablet 10 mg (10 pack), 10 mg (4 pack), 10 mg (5 pack), 10 mg (6 pack), 10 mg (7 pack), 10 mg (8 pack), 10 mg (9 pack)		5	PA; NDS
clonidine hcl oral tablet extended release 12 hr 0.1 mg		4	
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	2	PA; QL (60 per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	2	QL (60 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg	(Dexedrine Spansule)	4	QL (120 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		4	QL (120 per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	(Zenzedi)	2	QL (180 per 30 days)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 5 mg, 7.5 mg	(Zenzedi)	2	QL (120 per 30 days)
dextroamphetamine sulfate oral tablet 20 mg	(Zenzedi)	2	QL (90 per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	(Zenzedi)	2	QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	2	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	2	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	3	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	3	PA
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	5	PA; NDS; QL (60 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		5	PA; NDS
fingolimod oral capsule 0.5 mg	(Gilenya)	5	PA; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Glatopa)	5	PA; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Glatopa)	5	PA; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	5	PA; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	5	PA; NDS; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	2	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)		5	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		5	PA; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG		5	PA; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		5	PA; NDS; QL (1.2 per 28 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		1	
lithium carbonate oral tablet 300 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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	2	
lithium carbonate oral tablet extended release 450 mg		2	
lithium citrate oral solution 8 meq/5 ml		2	
MAYZENT ORAL TABLET 0.25 MG		5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG		5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)		3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)		5	PA; NDS
metadate er oral tablet extended release 20 mg	(methylphenidate hcl)	2	QL (90 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	(Metadate CD)	3	QL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	(Metadate CD)	3	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 40 mg, 60 mg		3	QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg	(Ritalin LA)	3	QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg		3	QL (60 per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	3	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	2	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg		2	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating)		3	QL (30 per 30 days)

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	3	QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	3	QL (60 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 72 mg	(Relexxii)	4	QL (30 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
riluzole oral tablet 50 mg		3	
teriflunomide oral tablet 14 mg, 7 mg	(Aubagio)	5	PA; NDS; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	(Xenazine)	3	PA; QL (112 per 28 days)
tetrabenazine oral tablet 25 mg	(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			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	2	
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg		2	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
balziva (28) oral tablet 0.4-35 mg-mcg		2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(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

Drug Name		Drug Tier	Requirements/Limits
briellyn oral tablet 0.4-35 mg-mcg		2	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	2	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	2	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	2	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Syeda)	2	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
enskyce oral tablet 0.15-0.03 mg	(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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	2	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya)	2	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	2	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	3	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
jasmiel (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	4	QL (91 per 84 days)
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	2	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		4	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(Camrese Lo)	2	QL (91 per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Rosyrah)	2	QL (91 per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	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

10/01/2026

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
meleya oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	3	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		4	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM		4	
mono-linyah oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG		3	
nikki (28) oral tablet 3-0.02 mg	(drospirenone-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

Drug Name		Drug Tier	Requirements/Limits
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	2	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	(Jencycla)	2	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	2	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	3	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	2	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	2	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Mono-Linyah)	2	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
nymyo oral tablet 0.25-35 mg-mcg	(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

Drug Name		Drug Tier	Requirements/Limits
orquidea oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
philith oral tablet 0.4-35 mg-mcg		2	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(l norgest/e.estradiol-e.estrad)	2	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		4	
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
syeda oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	3	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	2	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
tyblume oral tablet,chewable 0.1 mg-20 mcg		4	
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	2	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		2	
vestura (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
vienva oral tablet 0.1-20 mg-mcg	(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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
vyfemla (28) oral tablet 0.4-35 mg-mcg		2	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	2	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
zumandimine (28) oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	
Dental And Oral Agents			
Dental And Oral Agents			
cevimeline oral capsule 30 mg	(Evoxac)	4	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	1	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
dentagel dental gel 1.1 %	(fluoride (sodium))	1	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	1	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
pilocarpine hcl oral tablet 5 mg	(Salagen (pilocarpine))	2	
pilocarpine hcl oral tablet 7.5 mg	(Salagen (pilocarpine))	4	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	1	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
Dermatological Agents			
Dermatological Agents, Other			
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	3	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		2	
acyclovir topical cream 5 %	(Zovirax)	4	QL (5 per 4 days)
acyclovir topical ointment 5 %	(Zovirax)	4	QL (30 per 30 days)
ammonium lactate topical cream 12 %		2	
ammonium lactate topical lotion 12 %	(AmLactin)	2	
calcipotriene scalp solution 0.005 %	(Pellix)	2	QL (120 per 30 days)
calcipotriene topical cream 0.005 %		3	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		3	QL (120 per 30 days)
fluorouracil topical cream 0.5 %	(Carac)	5	NDS
fluorouracil topical cream 5 %	(Efudex)	2	
fluorouracil topical solution 2 %		2	
fluorouracil topical solution 5 %		4	
imiquimod topical cream in packet 5 %		2	QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		5	ST; NDS; QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		5	NDS
PANRETIN TOPICAL GEL 0.1 %		5	NDS; QL (60 per 28 days)
penciclovir topical cream 1 %	(Denavir)	4	
podofilox topical solution 0.5 %		2	
REGRANEX TOPICAL GEL 0.01 %		5	PA; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %		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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	3	
Dermatological Antibacterials			
clindamycin phosphate topical foam 1 %	(Clindacin)	4	QL (100 per 30 days)
clindamycin phosphate topical solution 1 %		2	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	2	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	2	
clindamycin-benzoyl peroxide topical gel 1-5 %		4	
ery pads topical swab 2 %	(erythromycin with ethanol)	2	
erythromycin with ethanol topical gel 2 %		4	
erythromycin with ethanol topical solution 2 %		2	
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	4	
gentamicin topical cream 0.1 %		2	QL (90 per 30 days)
gentamicin topical ointment 0.1 %		2	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	2	
metronidazole topical gel 0.75 %	(Rosadan)	2	
metronidazole topical gel 1 %	(Metrogel)	4	
metronidazole topical lotion 0.75 %	(MetroLotion)	4	
mupirocin topical ointment 2 %	(Centany)	1	QL (220 per 30 days)
rosadan topical cream 0.75 %	(metronidazole)	2	
selenium sulfide topical lotion 2.5 %		2	
silver sulfadiazine topical cream 1 %	(SSD)	2	
ssd topical cream 1 %	(silver sulfadiazine)	4	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	2	
Dermatological Anti-Inflammatory Agents			
ala-cort topical cream 1 %	(hydrocortisone)	2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
ala-scalp topical lotion 2 %	(hydrocortisone)	4	
alclometasone topical cream 0.05 %		2	
alclometasone topical ointment 0.05 %		2	
betamethasone dipropionate topical cream 0.05 %		2	
betamethasone dipropionate topical lotion 0.05 %		2	
betamethasone dipropionate topical ointment 0.05 %		2	
betamethasone valerate topical cream 0.1 %		2	
betamethasone valerate topical foam 0.12 %		4	
betamethasone valerate topical lotion 0.1 %		2	
betamethasone valerate topical ointment 0.1 %		2	
betamethasone, augmented topical cream 0.05 %		2	
betamethasone, augmented topical gel 0.05 %		2	
betamethasone, augmented topical lotion 0.05 %		2	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	2	
clobetasol scalp solution 0.05 %		2	
clobetasol topical cream 0.05 %		2	
clobetasol topical foam 0.05 %		4	
clobetasol topical gel 0.05 %		4	
clobetasol topical lotion 0.05 %	(Clobex)	4	
clobetasol topical ointment 0.05 %		2	
clobetasol topical shampoo 0.05 %	(Clobex)	2	
clobetasol-emollient topical cream 0.05 %		2	
clobetasol-emollient topical foam 0.05 %	(Tovet Emollient)	4	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
desonide topical cream 0.05 %		2	
desonide topical lotion 0.05 %		4	
desonide topical ointment 0.05 %		2	
desoximetasone topical cream 0.05 %	(Topicort)	4	QL (120 per 30 days)
desoximetasone topical cream 0.25 %	(Topicort)	2	QL (120 per 30 days)
desoximetasone topical gel 0.05 %	(Topicort)	4	QL (120 per 30 days)
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	4	
diflorasone topical ointment 0.05 %		4	QL (180 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %		3	
fluocinolone topical cream 0.01 %		2	
fluocinolone topical cream 0.025 %	(Synalar)	2	
fluocinolone topical ointment 0.025 %	(Synalar)	2	
fluocinonide topical cream 0.05 %		2	
fluocinonide topical gel 0.05 %		2	
fluocinonide topical ointment 0.05 %		2	
fluocinonide topical solution 0.05 %		2	
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	2	
fluticasone propionate topical cream 0.05 %		2	
fluticasone propionate topical ointment 0.005 %		2	
halobetasol propionate topical cream 0.05 %		2	
halobetasol propionate topical ointment 0.05 %		2	
hydrocortisone 2.5% cream		2	
hydrocortisone butyrate topical cream 0.1 %		4	QL (120 per 30 days)
hydrocortisone butyrate topical lotion 0.1 %	(Evesse)	4	QL (236 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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
hydrocortisone butyrate topical ointment 0.1 %		4	QL (120 per 30 days)
hydrocortisone butyrate topical solution 0.1 %		4	QL (120 per 30 days)
hydrocortisone topical cream 1 %	(Ala-Cort)	2	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	2	
hydrocortisone topical lotion 2.5 %		2	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	1	
hydrocortisone topical ointment 2.5 %		1	
hydrocortisone valerate topical cream 0.2 %		2	
hydrocortisone valerate topical ointment 0.2 %		4	
mometasone topical cream 0.1 %		2	
mometasone topical ointment 0.1 %		2	
mometasone topical solution 0.1 %		2	
pimecrolimus topical cream 1 %		4	QL (100 per 30 days)
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
tacrolimus topical ointment 0.03 %, 0.1 %		3	QL (100 per 30 days)
triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml		2	
triamcinolone acetonide topical cream 0.025 %, 0.1 %		1	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
Dermatological Retinoids			
adapalene topical cream 0.1 %	(Differin)	4	
ALTRENO TOPICAL LOTION 0.05 %		4	PA
tazarotene topical cream 0.05 %	(Tazorac)	3	
tazarotene topical cream 0.1 %	(Tazorac)	2	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	2	PA
tretinoin topical gel 0.01 %, 0.025 %	(Retin-A)	2	PA
tretinoin topical gel 0.05 %	(Atralin)	4	PA
Scabicides And Pediculicides			
malathion topical lotion 0.5 %	(Ovide)	4	
permethrin topical cream 5 %		2	QL (60 per 30 days)
Devices			
Devices			
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

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

Drug Name		Drug Tier	Requirements/Limits
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 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	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
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
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 30GX5/16" 30 GAUGE X 5/16"		2	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		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

Drug Name	Drug Tier	Requirements/Limits
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
AUTOKEEPER SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
BD 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 12.7MMX30G 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
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 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

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
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
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 HRI 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

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 6MM 31G HRI 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 8MM 30G HRI 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	1	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
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

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

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

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

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		2	PA; ST
COMFORT EZ PLS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	2	PA; ST
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

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

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ SYR 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	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 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	1	PA; ST

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
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 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	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
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

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

10/01/2026

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

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

Drug Name		Drug Tier	Requirements/Limits
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
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

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
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
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 0.5 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

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

Drug Name		Drug Tier	Requirements/Limits
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
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 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	(insulin syringe-needle 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 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

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

Drug Name		Drug Tier	Requirements/Limits
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	2	PA; ST
EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH 1 ML SYR 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

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

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED (alcohol swabs)	1	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4"	2	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4"	2	PA; ST
EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INS 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	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 1 ML 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST

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

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

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

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	2	PA; ST
EASYLIFE ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 33G 6MM 33 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

Drug Name		Drug Tier	Requirements/Limits
EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16"		2	PA; ST
EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	2	PA; ST
EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	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
EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
FT STERILE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1	PA; ST

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
GNP ALCOHOL SWAB STERILE, TWO PLY	(Alcohol Pads)	1	PA; ST
GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(1st Tier Unifine Pentips)	2	PA; ST
GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(CareFine Pen Needle)	2	PA; ST
GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		2	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	(insulin syringe-needle u-100)	2	PA; ST
GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	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

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
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 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		2	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN		3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN		3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN		3	

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

Drug Name		Drug Tier	Requirements/Limits
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN		3	
INSULIN 1 ML SYRINGE 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 7/16"		2	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 29	(Ultilet Insulin Syringe)	2	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 30 GAUGE		2	PA; ST
INSULIN 3/10 ML SYRINGE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	2	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(Easy Touch Ins Syr (half unit))	2	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Easy Touch Insulin Syringe)	2	PA; ST
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

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

Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE 1 ML 28GX1/2" (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 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	2	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Easy Touch Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 31GX5/16" SHORT NEEDLE,THIN II (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	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
INSUPEN PEN NEEDLE 29GX1/2" 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
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	1	PA; ST
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	1	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "		1	PA; ST

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE		2	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	2	PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

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

Drug Name		Drug Tier	Requirements/Limits
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
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

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

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

Drug Name		Drug Tier	Requirements/Limits
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
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3"		2	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		2	PA; ST
OMNIPOD 5 (LIBRE 2/3 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 (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE		3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		3	QL (10 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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
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)
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	2	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	2	PA; ST
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 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	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

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 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
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" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
PRO COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PRO-COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 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

10/01/2026

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

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

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

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
SECURESAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"		2	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"		2	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
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
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

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

10/01/2026

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

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		2	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		2	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		2	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		2	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		2	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		2	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
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

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

Drug Name		Drug Tier	Requirements/Limits
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
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

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

10/01/2026

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

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

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		2	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	1	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"		2	PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle 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
TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64"	(pen needle, diabetic)	2	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2" 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

10/01/2026

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

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

Drug Name		Drug Tier	Requirements/Limits
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 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	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 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 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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle 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 SWAB	(alcohol swabs)	1	PA; ST
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

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

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

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

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

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

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

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

Drug Name		Drug Tier	Requirements/Limits
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 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	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
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

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

Drug Name		Drug Tier	Requirements/Limits
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 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 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"		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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
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 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"		2	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64"		2	PA; ST
UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
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
UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4"	(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 0.5 ML 30G 8MM OUTER 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

Drug Name		Drug Tier	Requirements/Limits
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		2	PA; ST
VANISHPOINT U-100 29X1/2 SYR 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
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	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

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

Drug Name		Drug Tier	Requirements/Limits
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		1	PA; ST
V-GO 20 DEVICE		3	QL (30 per 30 days)
V-GO 30 DEVICE		3	QL (30 per 30 days)
V-GO 40 DEVICE		3	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	PA; ST
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
Enzyme Cofactors/Chaperones			
Enzyme Cofactors/Chaperones			
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		5	PA; NDS; QL (90 per 30 days)
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
CERDELGA ORAL CAPSULE 84 MG		5	PA; NDS
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	
GALAFOLD ORAL CAPSULE 123 MG		5	PA; NDS; QL (14 per 28 days)
javygtor oral tablet,soluble 100 mg	(sapropterin)	5	PA; NDS
miglustat oral capsule 100 mg	(Yargesa)	5	PA; NDS; QL (90 per 30 days)
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	5	PA; NDS
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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NDS
sapropterin oral tablet,soluble 100 mg (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
yargesa oral capsule 100 mg (miglustat)	5	PA; NDS; QL (90 per 30 days)
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		
apraclonidine ophthalmic (eye) drops 0.5 %	2	
atropine ophthalmic (eye) drops 1 %	2	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	2	QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %) (Astepro Allergy)	2	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %	2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
bepotastine besilate ophthalmic (eye) drops 1.5 %	(Bepreve)	4	ST
cromolyn ophthalmic (eye) drops 4 %		2	
epinastine ophthalmic (eye) drops 0.05 %		4	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		2	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		2	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		3	QL (12 per 28 days)
olopatadine nasal spray,non-aerosol 0.6 %		4	QL (30.5 per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	2	
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	2	
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetic acid otic (ear) solution 2 %		2	
bacitracin ophthalmic (eye) ointment 500 unit/gram		2	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram		2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		2	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		3	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		2	QL (3.5 per 4 days)
gatifloxacin ophthalmic (eye) drops 0.5 %		2	
gentamicin ophthalmic (eye) drops 0.3 %		2	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		2	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		4	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%		2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g		2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %		2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		2	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		4	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		2	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	2	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	2	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	2	
ofloxacin otic (ear) drops 0.3 %		2	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		1	
sulfacetamide sodium ophthalmic (eye) drops 10 %		2	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		2	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		2	
tobramycin ophthalmic (eye) drops 0.3 %		1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		2	
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	(Zylet)	2	
trifluridine ophthalmic (eye) drops 1 %		4	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		5	PA; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		4	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	3	
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	3	
bromfenac ophthalmic (eye) drops 0.09 %		4	
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	3	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		2	
diclofenac sodium ophthalmic (eye) drops 0.1 %		2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		3	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		4	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	2	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	2	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		2	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(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)
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		3	QL (5 per 16 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	4	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	(Alrex)	3	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		4	QL (15 per 19 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	4	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	4	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		2	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		4	
cimetidine hcl oral solution 300 mg/5 ml		2	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	2	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	(Nexium Packet)	4	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	4	ST; QL (60 per 30 days)
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		4	
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	2	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	2	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	2	
nizatidine oral capsule 150 mg, 300 mg		2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	(Zegerid OTC)	5	ST; NDS
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram		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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	1	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	2	
sucralfate oral tablet 1 gram	(Carafate)	2	
VOQUEZNA ORAL TABLET 10 MG, 20 MG		4	PA
Gastrointestinal Agents, Other			
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	5	PA; NDS
constulose oral solution 10 gram/15 ml	(lactulose)	2	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	3	
dicyclomine oral capsule 10 mg		2	
dicyclomine oral solution 10 mg/5 ml		2	
dicyclomine oral tablet 20 mg		2	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		4	PA-HRM; AGE (Max 64 Years)
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	2	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	(lactulose)	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		5	PA; NDS
generlac oral solution 10 gram/15 ml	(lactulose)	2	
glycerol phenylbutyrate oral liquid 1.1 gram/ml	(Ravicti)	5	PA; NDS
glycopyrrolate oral tablet 1 mg	(Robinul)	2	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	2	
IQIRVO ORAL TABLET 80 MG		5	PA; NDS; QL (30 per 30 days)
kionex oral suspension 15 gram/60 ml	(sodium polystyrene sulfonate)	2	
lactulose oral solution 10 gram/15 ml	(Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	QL (30 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
LIVDELZI ORAL CAPSULE 10 MG		5	PA; NDS; QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		3	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	2	
lubiprostone oral capsule 24 mcg		2	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	(Amitiza)	2	QL (120 per 30 days)
methscopolamine oral tablet 2.5 mg, 5 mg		4	
metoclopramide hcl oral solution 5 mg/5 ml		2	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG		5	PA; NDS; QL (30 per 30 days)
RELISTOR ORAL TABLET 150 MG		5	PA; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML		5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML		5	PA; NDS; QL (11.2 per 28 days)
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	5	PA; NDS
sodium polystyrene sulfonate oral powder 15 gram		2	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	(Kionex)	2	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		2	
TRULANCE ORAL TABLET 3 MG		3	QL (30 per 30 days)
ursodiol oral capsule 200 mg, 400 mg	(Reltone)	5	NDS
ursodiol oral capsule 300 mg		2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
ursodiol oral tablet 250 mg		2	
ursodiol oral tablet 500 mg	(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			
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	2	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	2	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	2	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		2	
Phosphate Binders			
calcium acetate(phosphat bind) oral capsule 667 mg		2	
calcium acetate(phosphat bind) oral tablet 667 mg		2	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	5	NDS
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	3	
sevelamer carbonate oral tablet 800 mg	(Renvela)	2	
sevelamer hcl oral tablet 400 mg, 800 mg		3	
Genitourinary Agents			
Antispasmodics, Urinary			

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		2	
fesoterodine oral tablet extended release 24 hr 4 mg	(Toviaz)	4	
fesoterodine oral tablet extended release 24 hr 8 mg	(Toviaz)	2	
flavoxate oral tablet 100 mg		2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	2	
oxybutynin chloride oral syrup 5 mg/5 ml		2	
oxybutynin chloride oral tablet 2.5 mg		4	
oxybutynin chloride oral tablet 5 mg		2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		2	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	2	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		2	
tolterodine oral tablet 1 mg, 2 mg		2	
trospium oral capsule,extended release 24hr 60 mg		4	
trospium oral tablet 20 mg		2	
Genitourinary Agents, Miscellaneous			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	2	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	2	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	4	
finasteride oral tablet 5 mg	(Proscar)	1	
tamsulosin oral capsule 0.4 mg		1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
tiopronin oral tablet 100 mg	(Thiola)	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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
Heavy Metal Antagonists			
Heavy Metal Antagonists			
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	5	PA; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	2	PA
deferasirox oral tablet, dispersible 125 mg	(Exjade)	3	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	(Exjade)	5	PA; NDS
deferiprone oral tablet 1,000 mg	(Ferriprox)	5	PA; NDS
deferiprone oral tablet 500 mg		5	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML		5	PA; NDS
penicillamine oral tablet 250 mg	(Depen Titratabs)	5	PA; NDS
trientine oral capsule 250 mg	(Syprine)	5	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
danazol oral capsule 100 mg, 200 mg, 50 mg		3	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	2	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		2	PA
testosterone enanthate intramuscular oil 200 mg/ml		2	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	4	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	4	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)		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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	(Vogelxo)	4	PA; QL (300 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		4	PA; QL (180 per 30 days)
Estrogens And Antiestrogens			
abigale lo oral tablet 0.5-0.1 mg	(estradiol-norethindrone acet)	1	
abigale oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	(estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	(Premarin)	2	
dotti 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	(estradiol)	2	QL (8 per 28 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		1	
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	(Dotti)	2	QL (8 per 28 days)
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	(Climara)	2	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	2	
estradiol vaginal tablet 10 mcg	(Yuvafem)	4	QL (18 per 28 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	(Delestrogen)	4	
estradiol valerate intramuscular oil 40 mg/ml		4	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	2	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		4	QL (1 per 84 days)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(norethindrone ac-eth estradiol)	2	PA-HRM; AGE (Max 64 Years)
jinteli oral tablet 1-5 mg-mcg	(norethindrone ac-eth estradiol)	2	PA-HRM; AGE (Max 64 Years)
lyllana 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	(estradiol)	2	QL (8 per 28 days)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	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)
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)
raloxifene oral tablet 60 mg	(Evista)	2	
yuvafem vaginal tablet 10 mcg	(estradiol)	4	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
dexamethasone oral solution 0.5 mg/5 ml		2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		2	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		1	
fludrocortisone oral tablet 0.1 mg		2	
HEMADY ORAL TABLET 20 MG		4	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	2	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	2	
methylprednisolone oral tablet 32 mg		2	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	1	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		2	PA BvD
prednisolone oral solution 15 mg/5 ml		2	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)		2	PA BvD
prednisone oral solution 5 mg/5 ml		2	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		2	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	2	
Pituitary			
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		5	PA; NDS; QL (35 per 28 days)
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML		5	PA; NDS; QL (15 per 30 days)
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 80 UNIT/ML		5	PA; NDS; QL (30 per 30 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)		3	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)		3	
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	2	

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NDS; QL (30 per 30 days)
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	5	PA; NDS; QL (4 per 28 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml (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 KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NDS
NORDITROPIN FLEXPRO 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
octreotide acetate injection solution 1,000 mcg/ml	5	NDS
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	4	
octreotide acetate injection solution 200 mcg/ml	4	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
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
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML		5	PA; NDS
Progestins			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		3	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(norethindrone acetate)	2	
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	2	
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	2	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		3	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Gallifrey)	2	
progesterone micronized oral capsule 100 mg, 200 mg	(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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	(Levo-T)	1	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	(liothyronine)	2	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	2	
methimazole oral tablet 10 mg, 5 mg		1	
propylthiouracil oral tablet 50 mg		2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		5	PA; NDS
Immunological Agents			
Immunological Agents			
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml	(Yuflyma(CF) Autoinjector)	5	PA; NDS
adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml	(adalimumab-aaty(CF) AI Crohns)	5	PA; NDS
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	(Yuflyma(CF))	5	PA; NDS
adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml	(adalimumab-aaty)	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		5	PA; NDS
auranofin oral capsule 3 mg	(Ridaura)	5	NDS
azathioprine oral tablet 50 mg	(Imuran)	2	PA BvD
azathioprine sodium injection recon soln 100 mg		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)

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 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
cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)	2	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	2	PA BvD
cyclosporine modified oral capsule 50 mg	2	PA BvD
cyclosporine modified oral solution 100 mg/ml (Neoral)	3	PA BvD
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	3	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	5	PA; NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO(CF) PEN (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) SUBCUTANEOUS (adalimumab-adbm) SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS 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
everolimus (immunosuppressive) oral tablet 0.25 mg (Zortress)	3	PA BvD
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg (Zortress)	5	PA BvD; NDS
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 %, 10 % (100ML)	5	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	2	PA BvD
gengraf oral solution 100 mg/ml (cyclosporine modified)	3	PA BvD
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA; NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA; NDS
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd)	5	PA; NDS
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd)	5	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
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
infliximab intravenous recon soln 100 mg (Remicade)	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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		5	PA; NDS
leflunomide oral tablet 10 mg, 20 mg	(Arava)	2	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	2	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	2	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	5	PA BvD; NDS
mycophenolate mofetil oral tablet 500 mg	(CellCept)	2	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	4	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/ML		5	PA NSO; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG		5	PA BvD; NDS
OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		5	PA; 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

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
RIDAURA ORAL CAPSULE 3 MG (auranofin)	5	NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NDS
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
sirolimus oral solution 1 mg/ml	3	PA BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	3	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 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
tacrolimus intravenous solution 5 mg/ml	(Prograf)	3	PA BvD
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	3	PA BvD
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg	(Astagraf XL)	2	PA BvD
tacrolimus oral capsule,extended release 24hr 5 mg	(Astagraf XL)	5	PA BvD; NDS
TAVNEOS ORAL CAPSULE 10 MG		5	PA; NDS; QL (180 per 30 days)
tofacitinib oral solution 1 mg/ml	(Xeljanz)	5	PA; NDS
tofacitinib oral tablet 10 mg, 5 mg	(Xeljanz)	5	PA; NDS
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	(Xeljanz XR)	5	PA; NDS
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
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

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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
ustekinumab-aauz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml (Otulfi)	3	PA
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-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	5	PA; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	5	PA; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	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

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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	
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

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

10/01/2026

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
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
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 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

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

Drug Name	Drug Tier	Requirements/Limits
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
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 (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 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

Drug Name		Drug Tier	Requirements/Limits
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		3	$0 copay
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
alosetron oral tablet 0.5 mg	(Lotronex)	3	
alosetron oral tablet 1 mg	(Lotronex)	5	NDS
balsalazide oral capsule 750 mg	(Colazal)	2	
budesonide oral capsule,delayed,extend.release 3 mg		4	
budesonide rectal foam 2 mg/actuation	(Uceris)	3	
DIPENTUM ORAL CAPSULE 250 MG		5	ST; NDS
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	3	
mesalamine oral capsule (with del rel tablets) 400 mg		4	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	3	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	4	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	4	QL (120 per 30 days)
mesalamine oral tablet,delayed release (dr/ec) 800 mg		4	
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	3	
mesalamine rectal suppository 1,000 mg	(Canasa)	3	
sulfasalazine oral tablet 500 mg	(Azulfidine)	2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	4	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
alendronate oral solution 70 mg/75 ml		4	QL (300 per 28 days)
alendronate oral tablet 10 mg		1	QL (30 per 30 days)
alendronate oral tablet 35 mg		1	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg		2	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	4	
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	3	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	2	QL (120 per 30 days)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg		4	
ibandronate oral tablet 150 mg		2	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		5	PA; NDS
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	4	
paricalcitol oral capsule 4 mcg		4	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		5	NDS; QL (60 per 30 days)
risedronate oral tablet 150 mg	(Actonel)	2	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg		4	QL (30 per 30 days)
risedronate oral tablet 35 mg	(Actonel)	2	QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)		2	QL (4 per 28 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	4	QL (4 per 28 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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(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
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML		5	PA; NDS
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		3	
betaine oral powder 1 gram/scoop	(Cystadane)	5	PA; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		1	
diazoxide oral suspension 50 mg/ml	(Proglycem)	5	NDS
ELMIRON ORAL CAPSULE 100 MG		4	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML		5	PA; NDS
EVRYSDI ORAL TABLET 5 MG		5	PA; NDS; QL (30 per 30 days)
glucagon emergency kit (human) injection recon soln 1 mg		3	
glutamine (sickle cell) oral powder in packet 5 gram	(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	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		3	
hydroxyzine pamoate oral capsule 100 mg		2	
hydroxyzine pamoate oral capsule 25 mg, 50 mg		1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		2	
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	2	
levocarnitine oral tablet 330 mg	(Carnitor)	4	
mesna oral tablet 400 mg	(Mesnex)	5	NDS
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	3	QL (30 per 30 days)
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	4	
pyridostigmine bromide oral tablet 30 mg		4	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	2	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	4	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)		5	PA; NDS
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML		5	PA; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		5	PA; NDS; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML		5	PA; NDS; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)		5	PA; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG		5	PA NSO; NDS; QL (120 per 30 days)

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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		
acetazolamide oral capsule, extended release 500 mg	2	
acetazolamide oral tablet 125 mg, 250 mg	2	
acetazolamide sodium injection recon soln 500 mg	2	
betaxolol ophthalmic (eye) drops 0.5 %	4	
bimatoprost ophthalmic (eye) drops 0.03 %	4	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 % (Alphagan P)	4	
brimonidine ophthalmic (eye) drops 0.15 % (Alphagan P)	2	
brimonidine ophthalmic (eye) drops 0.2 %	2	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)	4	
brinzolamide ophthalmic (eye) drops,suspension 1 % (Azopt)	3	
carteolol ophthalmic (eye) drops 1 %	2	
dorzolamide ophthalmic (eye) drops 2 %	2	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)	2	
latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)	1	QL (2.5 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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
levobunolol ophthalmic (eye) drops 0.5 %		2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	(bimatoprost)	3	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		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	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	4	QL (30 per 30 days)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		4	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	1	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		4	QL (5 per 30 days)
Replacement Preparations			
Replacement Preparations			
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	(d5 % and 0.9 % sodium chloride)	2	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(D5 % (d-glucose)-0.9 % sodchlr)	2	
d5 %-0.45 % sodium chloride intravenous parenteral solution		2	
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE		4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION		4	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %		4	
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	2	
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	2	
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	2	
magnesium sulfate injection solution 500 mg/ml (50 %)		4	
magnesium sulfate injection syringe 500 mg/ml (50 %)		2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	(electrolyte-a)	4	
potassium chloride intravenous solution 2 meq/ml		2	
potassium chloride oral capsule, extended release 10 meq, 8 meq		2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		4	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	2	
potassium chloride oral tablet extended release 15 meq		3	
potassium chloride oral tablet extended release 20 meq		2	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	2	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	2	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	2	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	2	

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l		2	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	2	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	2	
potassium citrate oral tablet extended release 5 meq (540 mg)		2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		2	
sodium chloride 0.9 % intravenous parenteral solution		2	
sodium chloride 0.9% solution mini-bag, single use		2	
Respiratory Tract Agents			
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	3	QL (12 per 30 days)
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)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	4	QL (30.9 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	3	PA BvD; QL (120 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	4	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		4	QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		4	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		4	QL (21.2 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	2	QL (60 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(fluticasone propion-salmeterol)	2	QL (60 per 30 days)
Antileukotrienes			
montelukast oral tablet 10 mg	(Singulair)	1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	2	
zafirlukast oral tablet 10 mg, 20 mg		4	
Bronchodilators			
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		3	QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	2	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		2	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		2	QL (36 per 30 days)

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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	2	PA BvD
albuterol sulfate oral syrup 2 mg/5 ml	2	
albuterol sulfate oral tablet 2 mg, 4 mg	4	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol)	3	QL (60 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation (Atrovent HFA)	3	QL (25.8 per 28 days)
ipratropium bromide inhalation solution 0.02 %	2	PA BvD
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	2	PA BvD; QL (540 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	QL (2 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)

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

Drug Name	Drug Tier	Requirements/Limits
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)
terbutaline oral tablet 2.5 mg, 5 mg	3	
theophylline oral solution 80 mg/15 ml	3	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	4	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	2	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg (Spiriva with 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		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	2	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	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)
JASCAYD ORAL TABLET 18 MG, 9 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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
nintedanib oral capsule 100 mg, 150 mg (Ofev)	5	PA; NDS; QL (60 per 30 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)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	5	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg (Esbriet)	5	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg	5	PA; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg (Esbriet)	5	PA; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA BvD; NDS
roflumilast oral tablet 250 mcg (Daliresp)	3	QL (28 per 28 days)
roflumilast oral tablet 500 mcg (Daliresp)	3	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NDS; QL (56 per 28 days)

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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
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		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
dantrolene oral capsule 100 mg, 50 mg	4	
dantrolene oral capsule 25 mg (Dantrium)	4	
methocarbamol oral tablet 500 mg, 750 mg	2	
tizanidine oral tablet 2 mg	2	
tizanidine oral tablet 4 mg (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (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)

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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
doxepin oral tablet 3 mg, 6 mg	(Silenor)	2	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	2	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		5	PA; NDS; QL (150 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	2	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	2	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	5	PA; LA; NDS; QL (540 per 30 days)
tasimelteon oral capsule 20 mg	(Hetlioz)	5	PA; NDS; QL (30 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		2	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	2	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)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	5	PA; NDS; QL (30 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	5	PA; LA; NDS; QL (60 per 30 days)
macitentan oral tablet 10 mg	(Opsumit)	5	PA; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	2	PA; QL (360 per 30 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg	(Viagra)	1	EX; CB (6 EA per 30 days)
tadalafil oral tablet 2.5 mg		2	PA; QL (30 per 30 days)
tadalafil oral tablet 5 mg	(Cialis)	2	PA; QL (30 per 30 days)
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	(Remodulin)	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

10/01/2026

Drug Name	Drug Tier	Requirements/Limits
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NDS
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 100 MCG	5	PA; NDS; QL (480 per 30 days)
UPTRAVI ORAL TABLET 150 MCG	5	PA; NDS; QL (300 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	5	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
bal-care dha combo pack 27-1-430 mg	1	
bal-care dha essential pack 27 mg iron-1 mg -374 mg	1	
c-nate dha softgel 28 mg iron-1 mg - 200 mg	1	
completenate tablet chew 29 mg iron-1 mg	1	
folivane-ob capsule 85-1 mg	1	
kosher prenatal plus iron tab 30 mg iron- 1 mg	1	
marnatal-f capsule 60 mg iron-1 mg	1	
m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	1	
mynatal advance oral tablet 90-1-50 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

10/01/2026

Drug Name		Drug Tier	Requirements/Limits
mynatal capsule 65 mg iron- 1 mg		1	
mynatal oral tablet 90-1-50 mg		1	
mynatal plus captab 65 mg iron- 1 mg		1	
mynatal-z captab 65 mg iron- 1 mg		1	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg		1	
newgen tablet 32-1,000 mg-mcg		1	
obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe		1	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg		1	
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	1	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg		1	
pnv-omega softgel 28-1-300 mg		1	
pr natal 400 combo pack 29-1-400 mg		1	
pr natal 400 ec combo pack 29-1-400 mg		1	
pr natal 430 combo pack 29 mg iron-1 mg -430 mg		1	
pr natal 430 ec combo pack 29-1-430 mg		1	
prenaissance oral capsule 29-1.25-55-325 mg		1	
prenaissance plus oral capsule 28-1-50-250 mg		1	
prenatabs fa tablet 29-1 mg		1	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg		1	
prenatal 19 chewable tablet 29 mg iron- 1 mg		1	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	(pnv,calcium 72-iron,carb-folic)	1	

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

Drug Name	Drug Tier	Requirements/Limits
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	1	
prenatal-u capsule 106.5-1 mg	1	
r-natal ob softgel 20 mg iron- 1 mg-320 mg	1	
select-ob chewable caplet 29 mg iron- 1 mg	1	
select-ob chewable caplet 29 mg iron- 1 mg	1	
se-natal 19 chewable tablet 29 mg iron- 1 mg	1	
taron-c dha capsule 35-1-200 mg	1	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	1	
vitafol gummies 3.33 mg iron- 0.33 mg	1	
vitafol-ob+dha combo pack 65-1-250 mg	1	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	1	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	1	
zatean-pn plus softgel 28-1-300 mg	1	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	1	

INDEX

1
1ST TIER UNIFINE PENTIPS 115
1ST TIER UNIFINE PENTIPS PLUS 115
A
abacavir.....72
abacavir-lamivudine.....72
ABELCET.....55
abigale.....173
abigale lo.....173
ABILIFY ASIMTUFII.....65
ABILIFY MAINTENA.....65
abiraterone.....19
abiraterone, submicronized....19
abirtega 19
ABRYSVO (PF).....185
acamprosate 8
acarbose 49
accutane 110
acebutolol.....86
acetaminophen-codeine.....3
acetazolamide.....195
acetazolamide sodium 195
acetic acid 163
acetylcysteine 201
acitretin 110
ACTHIB (PF).....185
ACTIMMUNE 193
acyclovir.....78, 110
acyclovir sodium 78
ADACEL(TDAP ADOLESN/ADULT)(PF) 185, 186
adalimumab-aaty.....178
adalimumab-aaty(cf) ai crohns 178
adapalene..... 115
adefovir..... 78
ADEMPAS 204
adrucil..... 19
ADVAIR HFA..... 198
ADVOCATE PEN NEEDLE 116
ADVOCATE SYRINGES.. 115, 116
afirmelle..... 99
AIMOVIG AUTOINJECTOR 59
AIRSUPRA 199
AKEEGA..... 19
ala-cort 111
ala-scalp 112
albendazole..... 62
albuterol sulfate..... 199, 200
alclometasone 112
ALCOHOL PADS..... 116
ALCOHOL PREP PADS 136
ALCOHOL SWABS 133
ALCOHOL WIPES 143
ALECENSA 19
alendronate..... 192
alfuzosin..... 171
aliskiren 94
allopurinol 57
alosetron 191
alprazolam..... 9, 10
altavera (28) 99
ALTRENO..... 115
ALUNBRIG..... 19
ALVAIZ 80
alyacen 1/35 (28) 99
alyacen 7/7/7 (28)..... 99
ALYFTREK 201
alyq.....204
amabelz 173
amantadine hcl.....63
ambrisentan.....204
amethia.....100
amethyst (28).....100
amikacin.....11
amiloride.....91
amiloride-hydrochlorothiazide 91
amiodarone 86
amitriptyline.....46
amitriptyline-chlordiazepoxide 46
amlodipine.....90
amlodipine-atorvastatin.....92
amlodipine-benazepril 90
amlodipine-olmesartan 90
amlodipine-valsartan 90
amlodipine-valsartan-hcthiazid 90
ammonium lactate.....110
amoxapine 46
amoxicil-clarithromy-lansopraz 167
amoxicillin.....15
amoxicillin-pot clavulanate ...16
amphotericin b 55
amphotericin b liposome.....55
ampicillin 16
ampicillin sodium.....16
ampicillin-sulbactam.....16
anagrelide 81
anastrozole.....19
ANDEMBRY AUTOINJECTOR.....193
ANKTIVA 19

ANORO ELLIPTA 200
apomorphine.....63
apraclonidine 162
aprepitant 60, 61
apri 100
APTIVUS 72
AQINJECT PEN NEEDLE..116
aranelle (28) 100
ARCALYST.....178
AREXVY (PF) 186
ARIKAYCE 11
aripiprazole 65
ARISTADA.....65, 66
ARISTADA INITIO 65
armodafinil 203
ARNUITY ELLIPTA.....198
ascomp with codeine 3
asenapine maleate 66
ashlyna 100
aspirin-dipyridamole 81
ASSURE ID DUO PRO SFTY PEN NDL 116
ASSURE ID DUO-SHIELD 116
ASSURE ID INSULIN SAFETY.....116, 117
ASSURE ID PEN NEEDLE 116
ASSURE ID PRO PEN NEEDLE 116
atazanavir.....72
atenolol.....87
atenolol-chlorthalidone.....87
atomoxetine 95
atorvastatin.....92
atovaquone 62
atovaquone-proguanil 62
atropine 162
ATTRUBY 89
aubra eq.....100
AUGTYRO 19
auranofin 178
aurovela 1.5/30 (21) 100
aurovela 1/20 (21) 100
aurovela 24 fe 100
aurovela fe 1.5/30 (28) 100
aurovela fe 1-20 (28) 100
AUSTEDO..... 95
AUSTEDO XR 95
AUSTEDO XR TITRATION KT(WK1-4) 95
AUTOKEEPER SAFETY PEN NEEDLE..... 117
AUVELITY 46
aviane..... 100
AVMAPKI..... 19
AVMAPKI-FAKZYNJA..... 20
AVONEX 95, 96
AXTLE 20
ayuna 100
AYVAKIT 20
azacitidine..... 20
azathioprine 178
azathioprine sodium 178
azelastine 162
azithromycin 14
aztreonam 15
azurette (28)..... 100
B
bacitracin..... 163
bacitracin-polymyxin b 163
baclofen 203
bal-care dha..... 205
bal-care dha essential..... 205
balsalazide 191
BALVERSA 20
balziva (28) 100
BAQSIMI 193
BCG VACCINE, LIVE (PF)186
BD ALCOHOL SWABS..... 118
BD AUTOSHIELD DUO PEN NEEDLE..... 117
BD ECLIPSE LUER-LOK.. 117
BD INSULIN SYRINGE 117
BD INSULIN SYRINGE (HALF UNIT)..... 117
BD INSULIN SYRINGE ULTRA-FINE..... 117
BD SAFETYGLIDE INSULIN SYRINGE 117, 118
BD SAFETYGLIDE SYRINGE 118
BD ULTRA-FINE MICRO PEN NEEDLE 118
BD ULTRA-FINE MINI PEN NEEDLE 118
BD ULTRA-FINE NANO PEN NEEDLE 118
BD ULTRA-FINE ORIG PEN NEEDLE 118
BD ULTRA-FINE SHORT PEN NEEDLE 118
BD VEO INSULIN SYR (HALF UNIT)..... 118
BD VEO INSULIN SYRINGE UF 118
BELSOMRA..... 203
benazepril..... 85
benazepril-hydrochlorothiazide 85
bendamustine 20
BENDAMUSTINE..... 20
BENDEKA 20
BENLYSTA..... 178
benztropine..... 63
bepotastine besilate..... 163
BESREMI 178
BESREMI PEN..... 20
betaine..... 193
betamethasone dipropionate 112
betamethasone valerate 112
betamethasone, augmented .. 112
BETASERON 96
betaxolol..... 87, 195
bethanechol chloride..... 171
bexarotene..... 20
BEXSERO 186
bicalutamide..... 20

BICILLIN L-A 16
BIKTARVY 72
bimatoprost.....195
bisoprolol fumarate.....87
bisoprolol-hydrochlorothiazide 87
BIZENGRI 20
bleomycin 20
blisovi 24 fe 100
blisovi fe 1.5/30 (28).....100
blisovi fe 1/20 (28).....100
BOOSTRIX TDAP 186
BORDERED GAUZE.....118
bortezomib.....20
BORUZU 20
bosentan 204
BOSULIF 21
bosutinib.....21
BRAFTOVI.....21
BREO ELLIPTA 198
breyna.....198
BREZTRI AEROSPHERE ..200
briellyn 101
brimonidine 195
brimonidine-timolol.....195
brinzolamide.....195
brivaracetam 39
BRIVIACT 39
bromfenac.....165
bromocriptine.....63
BRONCHITOL 201
BRUKINSA 21
budesonide.....191, 199
budesonide-formoterol 199
bumetanide 91
buprenorphine 3
buprenorphine hcl 8
buprenorphine-naloxone 9
bupropion hcl 46
bupropion hcl (smoking deter) .9
buspirone.....193
butalbital-acetaminop-caf-cod .3
butalbital-acetaminophen-caff. 3
butalbital-aspirin-caffeine 3
butorphanol 3
BYSANTI..... 66
BYSANTI TITRATION PACK A 66
BYSANTI TITRATION PACK B..... 66
BYSANTI TITRATION PACK C..... 66
C
CABENUVA 72
cabergoline 63
CABLIVI 81
CABOMETYX..... 21
cabotegravir..... 72
calcipotriene 110
calcitonin (salmon) 192
calcitriol..... 192
calcium acetate(phosphat bind) 170
CALQUENCE (ACALABRUTINIB MAL) 21
CAMCEVI (6 MONTH) 21
camila 101
CAMZYOS..... 89
candesartan 84
candesartan-hydrochlorothiazid 84
CAPLYTA..... 66
CAPRELSA..... 21
captopril..... 85
carbamazepine..... 39
carbidopa..... 63
carbidopa-levodopa..... 63
carbidopa-levodopa-entacapone 64
carbinoxamine maleate..... 58
carboplatin..... 21
carbzah 58
CAREFINE PEN NEEDLE 118, 119
CARETOUCH ALCOHOL PREP PAD..... 119
CARETOUCH INSULIN SYRINGE 119, 120
CARETOUCH PEN NEEDLE 119
carglumic acid 168
carteolol 195
cartia xt 88
carvedilol 87
CAYSTON..... 15
cefaclor 12, 13
cefadroxil 13
cefazolin 13
cefdinir 13
cefepime 13
cefixime 13
cefoxitin..... 13
cefpodoxime 13
cefprozil..... 13
ceftaroline fosamil 13
ceftazidime 13
ceftriaxone..... 14
cefuroxime axetil..... 14
cefuroxime sodium 14
celecoxib 6
cephalexin 14
CERDELGA 161
cevimeline 109
chateal eq (28) 101
chlordiazepoxide hcl 10
chlorhexidine gluconate..... 109
chloroquine phosphate..... 62
chlorpromazine 66
chlorthalidone..... 91
cholestyramine (with sugar) .. 92
cholestyramine light..... 92
ciclopirox 55
cilostazol 81
CIMDUO 72

cimetidine 167
cimetidine hcl 167
CIMZIA.....179
CIMZIA POWDER FOR RECONST.....179
CIMZIA STARTER KIT 179
cinacalcet 192
CINRYZE.....80
ciprofloxacin hcl.....17, 163
ciprofloxacin in 5 % dextrose.17
ciprofloxacin-dexamethasone 163
citalopram 46
cladribine 21
cladribine(multiple sclerosis).96
clarithromycin 14
clemastine.....58
clemasz 58
clemsza 58
CLICKFINE PEN NEEDLE 120
clindamycin hcl 11
clindamycin pediatric.....11
clindamycin phosphate....11, 58, 111
clindamycin-benzoyl peroxide 111
CLINIMIX 5%/D15W SULFITE FREE 82
CLINIMIX 4.25%/D10W SULF FREE 82
CLINIMIX 4.25%/D5W SULFIT FREE.....82
CLINIMIX 5%-D20W(SULFITE-FREE) ...82
CLINIMIX 6%-D5W (SULFITE-FREE) 82
CLINIMIX 8%-D10W(SULFITE-FREE) ...82
CLINIMIX 8%-D14W(SULFITE-FREE) ...82
CLINIMIX E 2.75%/D5W SULF FREE 82
CLINIMIX E 4.25%/D10W SUL FREE..... 82
CLINIMIX E 4.25%/D5W SULF FREE..... 82
CLINIMIX E 5%/D15W SULFIT FREE..... 82
CLINIMIX E 5%/D20W SULFIT FREE..... 83
CLINIMIX E 8%-D10W SULFITEFREE 83
CLINIMIX E 8%-D14W SULFITEFREE 83
clobazam..... 39
clobetasol..... 112
clobetasol-emollient..... 112
clomipramine..... 46
clonazepam 10
clonidine 83
clonidine hcl 83, 96
clopidogrel..... 81
clorazepate dipotassium 10
clotrimazole 55
clotrimazole-betamethasone.. 55
clozapine..... 66
c-nate dha 205
COARTEM..... 62
COBENFY..... 66
COBENFY STARTER PACK 66
codeine sulfate 3, 4
codeine-butalbital-asa-caff..... 4
colchicine..... 57
colesevelam..... 92
colestipol..... 92
colistin (colistimethate na) 12
COMBIVENT RESPIMAT. 200
COMETRIQ 21, 22
COMFORT EZ INSULIN SYRINGE..... 120, 121, 122
COMFORT EZ PEN NEEDLES 120, 121
COMFORT EZ PLUS PEN NEEDLE..... 121
COMFORT EZ PRO SAFETY PEN NDL..... 121
COMFORT TOUCH PEN NEEDLE..... 122
completenate 205
compro 61
conjugated estrogens 173
constulose.....168
COPIKTRA.....22
CORLANOR.....89
CORTROPHIN GEL 175
COSENTYX 179
COSENTYX (2 SYRINGES) 179
COSENTYX PEN (2 PENS)179
COSENTYX UNOREADY PEN 179
COTELLIC 22
CREON.....161
CRESEMBA.....55
cromolyn 163, 168, 201
cryselle (28) 101
CURITY ALCOHOL SWABS 122
CURITY GAUZE 123
cyclobenzaprine 203
cyclophosphamide.....22
cyclosporine 165, 179
cyclosporine modified 179
CYLTEZO(CF).....180
CYLTEZO(CF) PEN 180
CYLTEZO(CF) PEN CROHN'S-UC-HS 179
CYLTEZO(CF) PEN PSORIASIS-UV 179
cyproheptadine.....58
cyred eq 101

D

d5 % (d-glucose)-0.9 % sodchlr 196

d5 % and 0.9 % sodium chloride 196
d5 %-0.45 % sodium chloride 196
dabigatran etexilate....78
dalfampridine 96
danazol 172
dantrolene....203
DANYELZA 22
DANZITEN....22
dapagliflozin....49
dapagliflozin-metformin....49
dapsone....60
DAPTACEL (DTAP PEDIATRIC) (PF)....186
daptomycin 12
darunavir....72
DARZALEX 22
DARZALEX FASPRO 22
dasatinib....22
dasetta 1/35 (28)....101
dasetta 7/7/7 (28) 101
DATROWAY....22
DAURISMO....22
DAWNZERA 89
daysee 101
deblitane 101
decitabine 22
deferasirox....172
deferiprone 172
DELSTRIGO....72
demeclocycline 18
DENGVAXIA (PF)....186
denta 5000 plus 109
dentagel 109
DEPO-SUBQ PROVERA 104 177
DERMACEA 123
DERMACEA NON-WOVEN 123
dermacinrx lidocan 8
DESCOVY 72
desipramine 46
desmopressin 175
desog-e.estradiol/e.estradiol 101
desonide 113
desoximetasone 113
desvenlafaxine succinate 46
dexamethasone.... 174
dexamethasone sodium phosphate.... 165, 174
dexmethylphenidate 96
dextroamphetamine sulfate.... 96
dextroamphetamine-amphetamine.... 96
dextrose 5 % in water (d5w).. 83
DIACOMIT 39, 40
diazepam 10, 40
diazepam intensol 10
diazoxide 193
diclofenac epolamine 6
diclofenac potassium 6
diclofenac sodium 6, 165
diclofenac-misoprostol 7
dicloxacillin 16
dicyclomine 168
didanosine.... 72
DIFICID.... 15
diflorasone 113
diflunisal 7
difluprednate.... 166
digoxin 89
dihydroergotamine.... 59
DILANTIN 40
diltiazem hcl.... 88
dilt-xr 88
dimethyl fumarate 97
DIPENTUM.... 191
diphenoxylate-atropine 168
dipyridamole 81
disopyramide phosphate 86
disulfiram.... 9
divalproex 40
dofetilide 86
dolishale 101
donepezil 45
DOPTELET (10 TAB PACK)80
DOPTELET (15 TAB PACK)80
DOPTELET (30 TAB PACK)80
DOPTELET SPRINKLE 80
dorzolamide.... 195
dorzolamide-timolol.... 195
dotti 173
DOVATO.... 72
doxazosin.... 83
doxepin 46, 204
doxercalciferol 192
doxorubicin, peg-liposomal ... 23
doxy-100.... 18
doxycycline hyclate 18
doxycycline monohydrate.... 18
DRIZALMA SPRINKLE 46
dronabinol.... 61
DROPLET INSULIN SYR(HALF UNIT) .. 123, 124
DROPLET INSULIN SYRINGE 123, 124, 125
DROPLET MICRON PEN NEEDLE 125
DROPLET PEN NEEDLE .. 125
DROPSAFE ALCOHOL PREP PADS 125
DROPSAFE INSULIN SYRINGE 125, 126
DROPSAFE PEN NEEDLE 126
drospirenone-ethinyl estradiol 101
DROXIA 81
droxidopa 83
duloxetine 47
DUPIXENT PEN 180
DUPIXENT SYRINGE 180
dutasteride.... 171
dutasteride-tamsulosin.... 171

E

EASY COMFORT ALCOHOL PAD....127
EASY COMFORT INSULIN SYRINGE....126, 127
EASY COMFORT PEN NEEDLES....127
EASY COMFORT SAFETY PEN NEEDLE....126
EASY GLIDE INSULIN SYRINGE....128
EASY GLIDE PEN NEEDLE....128
EASY TOUCH....130
EASY TOUCH ALCOHOL PREP PADS....129
EASY TOUCH AUTORETRACT SYRINGE....129
EASY TOUCH FLIPLOCK INSULIN....130
EASY TOUCH FLIPLOCK SYRINGE....129
EASY TOUCH INS SYR (HALF UNIT)....128
EASY TOUCH INSULIN SAFETY SYR....128
EASY TOUCH INSULIN SYRINGE.128, 129, 130, 131
EASY TOUCH LUER LOCK INSULIN....130
EASY TOUCH PEN NEEDLE....130
EASY TOUCH SAFETY PEN NEEDLE....130, 131, 132
EASY TOUCH SHEATHLOCK INSULIN....129, 130
EASY TOUCH UNI-SLIP...131
EASYLIFE ALCOHOL PADS....131
EASYLIFE INSULIN PEN NEEDLE.... 131, 132
EASYLIFE INSULIN SYRINGE.... 132
EASYLIFE SAFETY PEN NEEDLE.... 132
econazole nitrate.... 56
EDURANT PED.... 72
efavirenz.... 73
*efavirenz-emtricitabin-tenofov*73
efavirenz-lamivu-tenofov disop.... 73
EGRIFTA SV.... 176
EGRIFTA WR.... 176
ELAHERE.... 23
ELEPSIA XR.... 40
ELIGARD.... 23
ELIGARD (3 MONTH).... 23
ELIGARD (4 MONTH).... 23
ELIGARD (6 MONTH).... 23
elinest.... 101
ELIQUIS.... 78, 79
ELIQUIS DVT-PE TREAT 30D START.... 78
ELIQUIS SPRINKLE.... 79
ELMIRON.... 193
ELREXFIO.... 23
eltrombopag olamine.... 80
eluryng.... 101
EMBRACE PEN NEEDLE. 132
EMCYT.... 23
EMEND.... 61
EMGALITY PEN.... 59
EMGALITY SYRINGE.... 59
EMRELIS.... 23
EMSAM.... 47
emtricitabine.... 73
emtricitabine-tenofovir (tdf).. 73
emtricita-rilpivirine-tenof df.. 73
EMTRIVA.... 73
emzahh.... 101
enalapril maleate.... 85
*enalapril-hydrochlorothiazide*85
ENBREL....180
ENBREL MINI....180
ENBREL SURECLICK....180
endocet....4
ENGERIX-B (PF)....186
ENGERIX-B PEDIATRIC (PF)....186
enilloring....101
enoxaparin....79
enpresse....101
ENSACOVE....23
enskyce....101
ENSPRYNG....97
entacapone....64
entecavir....78
ENTRESTO....84
ENTRESTO SPRINKLE....84
enulose....168
EPCLUSA....77
EPIDIOLEX....40
epinastine....163
epinephrine....89
epitol....40
EPKINLY....23
eplerenone....94
ERBITUX....23
ergoloid....45
ERIVEDGE....23
ERLEADA....23
erlotinib....24
errin....102
ertapenem....15
ery pads....111
erythromycin....15, 163
erythromycin ethylsuccinate..15
erythromycin with ethanol...111
erythromycin-benzoyl peroxide....111
ERZOFRI....67
escitalopram oxalate....47
eslicarbazepine....40

esomeprazole magnesium.....167
estarylla.....102
estazolam.....10
estradiol.....173
estradiol valerate.....173
estradiol-norethindrone acet 173, 174
eszopiclone.....204
ethambutol.....60
ethosuximide.....40
*ethynodiol diac-eth estradiol*102
etodolac.....7
etonogestrel-ethinyl estradiol 102
ETOPOPHOS.....24
etoposide.....24
etravirine.....73
EUCRISA.....113
EULEXIN.....24
everolimus (antineoplastic)....24
everolimus (immunosuppressive).....180
EVOTAZ.....73
EVRYSDI.....193
EXEL INSULIN.....132
exemestane.....24
EXTENCILLINE.....16
EXXUA.....47
EYSUVIS.....166
EZALLOR SPRINKLE.....92
ezetimibe.....92
ezetimibe-simvastatin.....92
F
FAKZYNJA.....24
falmina (28).....102
famciclovir.....78
famotidine.....167
FANAPT.....67
FANAPT TITRATION PACK A.....67
FANAPT TITRATION PACK B.....67
FANAPT TITRATION PACK C.....67
FASENRA.....201
FASENRA PEN.....201
febuxostat.....57
feirza.....102
felbamate.....40
felodipine.....90
FEMRING.....174
fenofibrate.....93
fenofibrate micronized.....93
fenofibrate nanocrystallized..93
fenofibric acid (choline).....93
fenoprofen.....7
fentanyl.....4
fentanyl citrate.....4
FERRIPROX.....172
fesoterodine.....171
FETZIMA.....47
FIASP FLEXTOUCH U-100 INSULIN.....52
FIASP PENFILL U-100 INSULIN.....52
FIASP PUMPCART.....52
FIASP U-100 INSULIN.....52
fidaxomicin.....15
finasteride.....171
fingolimod.....97
FINTEPLA.....40
fioricet.....4
FIRMAGON KIT W DILUENT SYRINGE.....24
flavoxate.....171
flecainide.....86
floxuridine.....24
fluconazole.....56
fluconazole in nacl (iso-osm).56
flucytosine.....56
fludrocortisone.....174
flunisolide.....166
fluocinolone.....113
fluocinolone acetonide oil...166
fluocinonide.....113
fluocinonide-emollient.....113
fluoride (sodium).....109
fluorometholone.....166
fluorouracil.....24, 110
fluoxetine.....47
fluphenazine decanoate.....67
fluphenazine hcl.....67
flurazepam.....10
flurbiprofen.....7
flurbiprofen sodium.....166
fluticasone propionate 113, 166, 199
fluticasone propion-salmeterol 199
fluvastatin.....93
fluvoxamine.....47
folivane-ob.....205
fondaparinux.....79
fosamprenavir.....73
fosfomycin tromethamine.....12
fosinopril.....85
fosinopril-hydrochlorothiazide 85
fosphenytoin.....40
FOTIVDA.....24
FRUZAQLA.....25
fulvestrant.....25
furosemide.....91
FUZEON.....73
FYARRO.....25
fyavolv.....174
G
gabapentin.....41
GALAFOLD.....161
galantamine.....45
gallifrey.....177
GAMMAGARD LIQUID ERC 180
GAMMAGARD S-D (IGA < 1 MCG/ML).....180
GAMMAPLEX.....180

GAMUNEX-C 180
GARDASIL 9 (PF).....186, 187
gatifloxacin.....163
GATTEX 30-VIAL.....168
GAUZE BANDAGE.....143
GAUZE PAD 132
gavilyte-c 170
gavilyte-g.....170
gavilyte-n.....170
GAVRETO.....25
gefitinib.....25
gemcitabine 25
gemfibrozil.....93
gemmily 102
generlac.....168
gengraf 181
gentamicin 11, 111, 163
gentamicin sulfate (ped) (pf) ..11
GENVOYA 73
GILOTRIF.....25
glatiramer.....97
glatopa.....97
glimepiride 54
glipizide.....54
glipizide-metformin 55
glucagon emergency kit (human) 193
glutamine (sickle cell) 193
glyburide.....55
glyburide micronized.....55
glyburide-metformin.....55
glycerol phenylbutyrate.....168
glycopyrrolate 168
glydo.....8
GLYXAMBI 49
GOMEKLI 25
granisetron hcl 61
griseofulvin microsize 56
griseofulvin ultramicrosize.....56
guanfacine 83, 97
GVOKE.....194
GVOKE HYPOPEN 2-PACK 193
GVOKE PFS 1-PACK SYRINGE..... 193
H
HADLIMA 181
HADLIMA PUSHTOUCH . 181
HADLIMA(CF)..... 181
HADLIMA(CF) PUSHTOUCH 181
HAEGARDA..... 80
hailey 24 fe..... 102
hailey fe 1.5/30 (28)..... 102
hailey fe 1/20 (28)..... 102
halobetasol propionate..... 113
haloette 102
haloperidol..... 68
haloperidol decanoate 67
haloperidol lactate..... 67, 68
HARVONI..... 77
HAVRIX (PF)..... 187
HEALTHWISE INSULIN SYRINGE..... 133
HEALTHWISE PEN NEEDLE 133, 134
HEALTHY ACCENTS UNIFINE PENTIP..... 134
heather..... 102
HEMADY..... 174
heparin (porcine)..... 79
HEPLISAV-B (PF)..... 187
HERCEPTIN HYLECTA..... 25
HERNEXEOS 25
HETLIOZ LQ..... 204
HIBERIX (PF)..... 187
HUMIRA..... 181
HUMIRA PEN 181
HUMIRA(CF) 181
HUMIRA(CF) PEDI CROHNS STARTER 181
HUMIRA(CF) PEN..... 181
HUMIRA(CF) PEN CROHNS-UC-HS..... 181
HUMIRA(CF) PEN PEDIATRIC UC 181
HUMIRA(CF) PEN PSOR-UV-ADOL HS 181
HUMULIN R U-500 (CONC) INSULIN..... 52
HUMULIN R U-500 (CONC) KWIKPEN 52
hydralazine..... 89
hydrochlorothiazide 91
hydrocodone-acetaminophen ... 4
hydrocodone-ibuprofen..... 4
hydrocortisone 113, 114, 174, 191
*hydrocortisone butyrate*113, 114
hydrocortisone valerate 114
hydrocortisone-acetic acid... 163
hydromorphone 5
hydromorphone (pf) 4
hydroxychloroquine 62
hydroxyurea 25
hydroxyzine hcl 58
hydroxyzine pamoate 194
HYRNUO 25
I
ibandronate..... 192
IBRANCE..... 25, 26
IBTROZI..... 26
ibu 7
ibuprofen..... 7
ibuprofen-famotidine..... 7
icatibant 89
iclevia..... 102
ICLUSIG..... 26
icosapent ethyl 93
IDHIFA..... 26
IDVYNSO..... 73
ifosfamide..... 26
ILEVRO..... 166
imatinib 26

IMBRUVICA 26
IMDELLTRA.....26
imipenem-cilastatin 15
imipramine hcl.....47
imipramine pamoate.....47
imiquimod.....110
IMJUDO.....26
IMKELDI.....26
IMOVAX RABIES VACCINE (PF).....187
IMPAVIDO.....62
INBRIJA.....64
incassia.....102
INCONTROL ALCOHOL PADS.....134
INCONTROL PEN NEEDLE 134
INCRELEX.....176
indapamide.....91
indomethacin 7
INFANRIX (DTAP) (PF).....187
infliximab.....181
INGREZZA.....97
INGREZZA INITIATION PK(TARDIV).....97
INGREZZA SPRINKLE.....97
INLEXZO.....26
INLURIYO.....26
INLYTA.....26
INPEN (FOR HUMALOG) BLUE 134
INPEN (FOR HUMALOG) GREY 134
INPEN (FOR HUMALOG) PINK.....134
INPEN (NOVOLOG OR FIASP) BLUE 134
INPEN (NOVOLOG OR FIASP) GREY.....134
INPEN (NOVOLOG OR FIASP) PINK 135
INQOVI.....27
INREBIC 27
insulin asp prt-insulin aspart. 52
insulin aspart u-100..... 52, 53
insulin glargine-yfgn..... 53
insulin lispro 53
INSULIN SYR/NDL U100 HALF MARK..... 135
INSULIN SYRINGE MICROFINE 117
INSULIN SYRINGE-NEEDLE U-100 ..... 132, 135, 136, 143, 144, 148
INSULIN U-500 SYRINGE-NEEDLE..... 136
INSUPEN PEN NEEDLE ... 136
INTELENCE 73
introvale..... 102
INVEGA HAFYERA 68
INVEGA SUSTENNA 68
INVEGA TRINZA 68
INVELTYS..... 166
IPOL 187
ipratropium bromide.... 163, 200
ipratropium-albuterol..... 200
IQIRVO 168
irbesartan..... 84
irbesartan-hydrochlorothiazide 84
irinotecan..... 27
ISENTRESS 73, 74
ISENTRESS HD..... 73
isibloom 102
ISOLYTE S PH 7.4 196
ISOLYTE-P IN 5 % DEXTROSE 197
ISOLYTE-S 196
isoniazid..... 60
isosorbide dinitrate..... 94
isosorbide mononitrate..... 94
isosorbide-hydralazine 94
isradipine..... 90
ITOVEBI 27
itraconazole..... 56
IV PREP WIPES..... 136
ivabradine 89
ivermectin..... 62
IWILFIN 27
IXIARO (PF) 187
J
jaimiess 102
JAKAFI..... 27
JAKAFI XR 27
jantoven..... 79
JANUMET XR 49
JARDIANCE 49
JASCAYD..... 201
jasmiel (28) 103
JAVADIN 87
javygtor 161
JAYPIRCA 27
JEMPERLI..... 27
jencycla 103
JENTADUETO..... 50
JENTADUETO XR 50
jinteli 174
jolessa 103
juleber 103
JULUCA 74
junel 1.5/30 (21)..... 103
junel 1/20 (21)..... 103
junel fe 1.5/30 (28)..... 103
junel fe 1/20 (28)..... 103
junel fe 24..... 103
JUXTAPID 93
JYLAMVO 27
JYNARQUE 91
JYNNEOS (PF)..... 187
K
KALETRA..... 74
KALYDECO..... 202
kariva (28)..... 103
KATERZIA..... 90
kelnor 1/35 (28)..... 103
kelnor 1/50 (28)..... 103

KERENDIA 94
KESIMPTA PEN 97
ketoconazole 56
ketoprofen 7
ketorolac 7, 166
KEYTRUDA 27
KEYTRUDA QLEX 27
KIMMTRAK.....27
KINERET.....182
KINRIX (PF).....187
kionex 168
KISQALI.....28
KISQALI FEMARA CO-PACK 27, 28
KLISYRI (250 MG).....110
klor-con m10 197
klor-con m15 197
klor-con m20 197
KLOXXADO 9
KOMZIFTI.....28
KOSELUGO 28
kosher prenatal plus iron 205
KRAZATI 28
kurvelo (28) 103
KYLEENA 103
L
*l norgest/e.estradiol-e.estrad*103
labetalol.....87
lacosamide.....41
lactulose 168
lagevrio (eua) 78
lamivudine 74
lamivudine-zidovudine 74
lamotrigine 41
lanreotide 176
lansoprazole 167
lanthanum.....170
LANTUS SOLOSTAR U-100 INSULIN.....53
LANTUS U-100 INSULIN....53
lapatinib 28
larin 1.5/30 (21) 104
larin 1/20 (21)..... 104
larin 24 fe..... 104
larin fe 1.5/30 (28)..... 104
larin fe 1/20 (28)..... 104
latanoprost..... 195
LAZCLUZE..... 28
leflunomide 182
lenalidomide 28
LENTOCILIN S (WITH LIDOCAINE)..... 17
LENVIMA..... 28
lessina 104
letrozole 29
leucovorin calcium 194
LEUKERAN..... 29
LEUKINE..... 80
leuprolide..... 29
leuprolide acetate (3 month).. 29
levetiracetam 41, 42
levobunolol 196
levocarnitine 194
levocarnitine (with sugar) ... 194
levocetirizine..... 58
levofloxacin..... 17
levofloxacin in d5w..... 17
levonest (28) 104
levonorgest-eth.estradiol-iron 104
*levonorgestrel-ethinyl estrad*104
*levonorg-eth estrad triphasic*104
levora-28..... 104
levothyroxine 178
LEXIVA 74
LIBERVANT..... 42
lidocaine 8
lidocaine hcl 8
lidocaine-prilocaine..... 8
lidocan iii..... 8
LIFYORLI 29
LILETTA..... 104
linezolid 12
linezolid in dextrose 5% 12
LINZESS.....168
liomny.....178
liothyronine.....178
LISCO 136
lisinopril.....85
*lisinopril-hydrochlorothiazide*85
LITE TOUCH INSULIN PEN NEEDLES.....137
LITE TOUCH INSULIN SYRINGE 137, 138
lithium carbonate.....97, 98
lithium citrate.....98
LIVDELZI 169
LIVTENCITY.....76
LOKELMA 169
lomustine.....29
LONSURF 29
loperamide 169
lopinavir-ritonavir 74
LOQTORZI.....29
lorazepam.....10
lorazepam intensol.....10
LORBRENA.....29
loryna (28) 104
losartan 84
losartan-hydrochlorothiazide 84
LOTEMAX.....166
LOTEMAX SM 166
loteprednol etabonate 166
lovastatin.....93
low-ogestrel (28).....104
loxapine succinate.....69
lo-zumandimine (28) 104
lubiprostone 169
luizza 105
LUMAKRAS 29
LUMIGAN.....196
LUNSUMIO 29
LUNSUMIO VELO.....30
LUPRON DEPOT.....30, 176
LUPRON DEPOT (3 MONTH) 30, 176

LUPRON DEPOT (4 MONTH) 30
LUPRON DEPOT (6 MONTH) 30
LUPRON DEPOT-PED 176
LUPRON DEPOT-PED (3 MONTH).....176
lurasidone.....69
lutera (28).....105
LUTRATE DEPOT (3 MONTH).....30
LYBALVI 69
lyleq 105
lyllana.....174
LYNOZYFIC 30
LYNPARZA.....30
LYSODREN.....30
LYTGOBI 30
lyza 105
M
macitentan 204
MAGELLAN INSULIN SAFETY SYRNG 138
MAGELLAN SYRINGE 138
magnesium sulfate 197
malathion.....115
maraviroc 74
MARGENZA 30
marlissa (28) 105
marnatal-f.....205
MARPLAN 48
MATULANE 30
matzim la 88
MAVYRET 77
MAXICOMFORT II PEN NEEDLE 138
MAXICOMFORT INSULIN SYRINGE.....138
MAXI-COMFORT INSULIN SYRINGE.....138
MAXI-COMFORT INSULIN SYRINGE.....138
MAXICOMFORT SAFETY PEN NEEDLE 138
MAYZENT..... 98
MAYZENT STARTER(FOR 1MG MAINT) 98
MAYZENT STARTER(FOR 2MG MAINT) 98
meclizine 61
medroxyprogesterone 177
mefenamic acid 7
mefloquine 62
megestrol 30, 177
MEKINIST 30, 31
MEKTOVI..... 31
meleya 105
meloxicam 7
memantine..... 45
memantine-donepezil 45
MENACTRA (PF)..... 187
MENQUADFI (PF) 187
MENVEO A-C-Y-W-135-DIP (PF) 187
mercaptopurine..... 31
meropenem..... 15
merzee 105
mesalamine 191
mesna 194
metadate er 98
metformin..... 50
methadone..... 5
methazolamide 196
methenamine hippurate 12
methimazole 178
methocarbamol 203
methotrexate sodium..... 31
methotrexate sodium (pf) 31
methoxsalen 110
methscopolamine 169
methsuximide 42
methylphenidate hcl 98, 99
methylprednisolone..... 175
methylprednisolone acetate . 175
metoclopramide hcl..... 169
metolazone 91
metoprolol succinate 87
metoprolol ta-hydrochlorothiaz 87
metoprolol tartrate..... 87
metronidazole..... 12, 58, 111
metronidazole in nacl (iso-os) 12
metyrosine 90
mexiletine 86
micafungin..... 56
miconazole-3 56
MICRODOT INSULIN PEN NEEDLE 138
MICRODOT READYGARD PEN NEEDLE 139
microgestin 1.5/30 (21) 105
microgestin 1/20 (21) 105
microgestin fe 1.5/30 (28) 105
microgestin fe 1/20 (28) 105
midodrine 83
MIEBO (PF)..... 163
mifepristone..... 50
miglitol 50
miglustat..... 161
mili 105
mimvey 174
MINI ULTRA-THIN II..... 139
minocycline 18, 19
minoxidil 94
MIPLYFFA..... 161
MIRENA..... 105
mirtazapine 48
misoprostol..... 167
mitoxantrone 31
MIUDELLA..... 105
M-M-R II (PF) 188
m-natal plus 205
modafinil 204
MODEYSO..... 31
moexipril 85
molindone..... 69

mometasone 114, 166
MONOJECT INSULIN SAFETY SYRING...139, 140
MONOJECT INSULIN SYRINGE.....139, 140
MONOJECT SYRINGE 139
MONOJECT ULTRA COMFORT INSULIN.....154
mono-linyah.....105
montelukast.....199
morphine.....5
MORPHINE 5
morphine concentrate.....5
MOUNJARO.....50
MOVANTIK 169
moxifloxacin 17, 163
moxifloxacin-sod.ace,sul-water 17
moxifloxacin-sod.chloride(iso) 17
MRESVIA (PF).....188
MULTAQ.....86
mupirocin 111
mycophenolate mofetil.....182
mycophenolate mofetil (hcl) .182
mycophenolate sodium 182
mynatal 206
mynatal advance.....205
mynatal plus 206
mynatal-z 206
mynate 90 plus.....206
MYRBETRIQ 171
N
nabumetone 7
nadolol.....87
nafcillin.....17
naloxone 9
naltrexone.....9
NAMZARIC.....45
NANO 2ND GEN PEN NEEDLE 140
NANO PEN NEEDLE 140
naproxen 7, 8
naratriptan..... 59
NATACYN..... 164
nateglinide 50
NAYZILAM..... 42
nebivolol 87
nefazodone 48
neomycin 11
*neomycin-bacitracin-poly-hc*164
neomycin-bacitracin-polymyxin 164
neomycin-polymyxin b-dexameth 164
neomycin-polymyxin-gramicidin 164
neomycin-polymyxin-hc 164
neo-polycin 164
neo-polycin hc..... 164
NERLYNX 31
NEUPRO 64
nevirapine 74
newgen 206
NEXLETOL 93
NEXLIZET..... 93
NEXPLANON..... 105
niacin 93
niacor..... 93
nicardipine..... 90
NICOTROL 9
NICOTROL NS..... 9
nifedipine 90, 91
nikki (28)..... 105
NIKTIMVO..... 182
nilotinib hcl..... 31
nilutamide 31
NINLARO 31
nintedanib 202
nitazoxanide..... 62
nitisinone 161
nitrofurantoin macrocrystal .. 12
nitrofurantoin monohyd/m-cryst 12
nitroglycerin..... 95, 194
NIVESTYM..... 81
nizatidine..... 167
NORDITROPIN FLEXPRO 176
norelgestromin-ethin.estradiol 106
norethindrone (contraceptive) 106
norethindrone acetate 177
norethindrone ac-eth estradiol 106, 174
norethindrone-e.estradiol-iron 106
norgestimate-ethinyl estradiol 106
nortrel 1/35 (21)..... 106
nortrel 1/35 (28)..... 106
nortrel 7/7/7 (28)..... 106
nortriptyline 48
NORVIR 74
NOVOFINE 32 140
NOVOFINE AUTOCOVER 140
NOVOFINE PLUS 140
NOVOLIN 70/30 U-100 INSULIN..... 53
NOVOLIN 70-30 FLEXPEN U-100..... 53
NOVOLIN N FLEXPEN..... 53
NOVOLIN N NPH U-100 INSULIN..... 53
NOVOLIN R FLEXPEN 53
NOVOLIN R REGULAR U100 INSULIN..... 53
NOVOLOG FLEXPEN U-100 INSULIN..... 54
NOVOLOG MIX 70-30 U-100 INSULN..... 54
NOVOLOG MIX 70-30FLEXPEN U-100..... 54
NOVOLOG PENFILL U-100 INSULIN..... 54

NOVOLOG U-100 INSULIN ASPART....54
NOXAFIL....56
NUBEQA....31
NUCALA....202
NULOJIX....182
NUPLAZID....69
NURTEC ODT....59
nyamyc....56
nylia 1/35 (28)....106
nylia 7/7/7 (28)....106
nymyo....106
nystatin....56, 57
nystatin-triamcinolone....57
nystop....57
NYVEPRIA....81
O
obstetrix dha....206
obstetrix dha prenatal duo....206
OCALIVA....169
octreotide acetate....176
ODEFSEY....74
ODOMZO....31
ofloxacin....164
OGIVRI....31
OGSIVEO....31, 32
OJEMDA....32
OJJAARA....32
olanzapine....69
olmesartan....84
olmesartan-amlodipin-hcthiazid....84
olmesartan-hydrochlorothiazide....84
olopatadine....163
omega-3 acid ethyl esters....93
omeprazole....167
omeprazole-sodium bicarbonate....167
OMLYCLO....182
OMNIPOD 5 (LIBRE 2/3 PLUS)....140
OMNIPOD 5 G6-G7 INTRO KT(GEN5)....140
OMNIPOD 5 G6-G7 PODS (GEN 5)....140
OMNIPOD 5 INTRO (LIBRE2/3PLUS)....140
OMNIPOD CLASSIC PODS (GEN 3)....140
OMNIPOD DASH INTRO KIT (GEN 4)....141
OMNIPOD DASH PDM KIT (GEN 4)....141
OMNIPOD DASH PODS (GEN 4)....141
ONAPGO....64
ondansetron....61
ondansetron hcl....61
ONGENTYS....64
ONUREG....32
OPDIVO....32
OPDIVO QVANTIG....32
OPDUALAG....32
OPIPZA....69
ORENCIA....182
ORENCIA (WITH MALTOSE)....182
ORENCIA CLICKJECT....182
ORFADIN....161
ORGOVYX....176
ORILISSA....176, 177
ORKAMBI....202
orquidea....107
ORSERDU....32
oseltamivir....76
OSENVELT....192
OSMOLEX ER....64
OTEZLA....182
OTEZLA STARTER....182
OTEZLA XR....183
OTEZLA XR INITIATION 183
oxaliplatin....32
oxazepam....10
oxcarbazepine....42
oxybutynin chloride....171
oxycodone....5
oxycodone-acetaminophen....5, 6
oxymorphone....6
OZEMPIC....50
P
pacerone....86
paclitaxel....32
paclitaxel protein-bound....32
paliperidone....69
PALYNZIQ....162
PANRETIN....110
pantoprazole....168
paricalcitol....192
paroxetine hcl....48
PAXLOVID....77
pazopanib....32
PEDIARIX (PF)....188
PEDVAX HIB (PF)....188
peg 3350-electrolytes....170
PEGASYS....78
peg-electrolyte soln....170
PEMAZYRE....33
pemetrexed disodium....33
PEMRYDI RTU....33
PEN NEEDLE....141
PEN NEEDLE, DIABETIC 122, 133, 139, 141, 143, 144
PEN NEEDLE, DIABETIC, SAFETY....144
PENBRAYA (PF)....188
PENBRAYA MENACWY COMPONENT(PF)....188
PENBRAYA MENB COMPONENT (PF)....188
penciclovir....110
penicillamine....172
penicillin g potassium....17
penicillin v potassium....17
PENMENVY MEN A-B-C-W-Y (PF)....188

PENMENVY MENACWY COMPONENT(PF) 188
PENMENVY MENB COMPONENT (PF) 188
PENTACEL (PF) 188
pentamidine 62
PENTIPS PEN NEEDLE 141, 142
pentoxifylline 82
perampanel 42
perindopril erbumine 86
periogard 109
permethrin 115
perphenazine 69
perphenazine-amitriptyline 48
PERSERIS 69
phenelzine 48
phenobarbital 42
phenytek 42
phenytoin 42
phenytoin sodium 42, 43
phenytoin sodium extended 42
philith 107
PIFELTRO 74
pilocarpine hcl 109, 196
pimecrolimus 114
pimozide 69
pimtrea (28) 107
pindolol 87
pioglitazone 50
pioglitazone-metformin 50, 51
PIP PEN NEEDLE 142
piperacillin-tazobactam 17
PIQRAY 33
pirfenidone 202
piroxicam 8
pitavastatin calcium 93
PLASMA-LYTE A 197
PLEGRIDY 99
pnv-dha + docusate 206
pnv-omega 206
podofilox 110
polycin 164
polymyxin b sulfate 12
polymyxin b sulf-trimethoprim 165
pomalidomide 33
POMALYST 33
portia 28 107
posaconazole 57
potassium chloride 197
potassium chloride-0.45 % nacl 198
potassium citrate 198
pr natal 400 206
pr natal 400 ec 206
pr natal 430 206
pr natal 430 ec 206
pramipexole 64
prasugrel hcl 82
pravastatin 93
praziquantel 62
prazosin 84
prednisolone 175
prednisolone acetate 166
prednisolone sodium phosphate 166, 175
prednisone 175
pregabalin 43
PREMARIN 174
PREMPHASE 174
PREMPRO 174
prenaissance 206
prenaissance plus 206
prenatabs fa 206
prenatal 19 206
prenatal 19 (with docusate) . 206
prenatal plus 206
prenatal plus (calcium carb) 206
prenatal vitamin plus low iron 207
prenatal-u 207
prevalite 94
PREVENT DROPSAFE PEN NEEDLE 142
PREVYMIS 77
PREZCOBIX 75
PREZISTA 75
PRIFTIN 60
PRIMAQUINE 63
primidone 43
PRIORIX (PF) 189
PRO COMFORT ALCOHOL PADS 142
PRO COMFORT INSULIN SYRINGE 142
PRO COMFORT PEN NEEDLE 142
PROAIR RESPICLICK 200
probenecid 57
probenecid-colchicine 57
prochlorperazine 61
prochlorperazine edisylate 61
prochlorperazine maleate 61
PRO-COMFORT ALCOHOL PADS 142
procto-med hc 114
proctosol hc 114
proctozone-hc 114
PRODIGY INSULIN SYRINGE 142, 143
progesterone micronized 177
PROGRAF 183
PROLASTIN-C 202
promethazine 58, 61
promethegan 61
propafenone 86
propranolol 87, 88
propylthiouracil 178
PROQUAD (PF) 189
PROSOL 20 % 83
protriptyline 48
PULMOZYME 162
PURE COMFORT ALCOHOL PADS 143

PURE COMFORT PEN NEEDLE 143
PURE COMFORT SAFETY PEN NEEDLE.....143
pyrazinamide 60
pyridostigmine bromide.....194
pyrimethamine 63
Q
QINLOCK.....33
QUADRACEL (PF) 189
quetiapine 69, 70
quinapril 86
*quinapril-hydrochlorothiazide*86
quinidine gluconate 86
quinidine sulfate 86
quinine sulfate 63
QULIPTA.....59
R
RABAVERT (PF) 189
rabeprazole.....168
RALDESY 48
raloxifene.....174
ramipril.....86
ranolazine.....90
rasagiline.....64
RASUVO (PF) 183
RAYALDEE 192
reclipsen (28).....107
RECOMBIVAX HB (PF) 189
REGRANEX 110
RELENZA DISKHALER.....77
RELISTOR.....169
repaglinide 51
REPATHA PUSHTRONEX..94
REPATHA SURECLICK 94
REPATHA SYRINGE 94
RETACRIT 81
RETEVMO.....33
RETROVIR.....75
REVCOVI 162
REVUFORJ.....33
REXULTI.....70
REYATAZ..... 75
REZDIFFRA 178
REZLIDHIA 33
REZUROCK..... 183
RHOPRESSA 196
ribavirin 78
RIDAURA 183
rifabutin 60
rifampin 60
rifapentine..... 60
rilpivirine 75
rilpivirine hcl 75
riluzole 99
rimantadine..... 77
RINVOQ..... 183
RINVOQ LQ 183
risedronate..... 192
risperidone..... 70
risperidone microspheres 70
ritonavir 75
RITUXAN HYCELA 34
rivaroxaban 79
rivastigmine 45
rivastigmine tartrate 45
RIVFLOZA 194
rizatriptan 59
r-natal ob 207
ROCKLATAN..... 196
roflumilast..... 202
ROLVEDON 81
ROMVIMZA 34
ropinirole 64
rosadan 111
rosuvastatin 94
rosyrah..... 107
ROTARIX 189
ROTATEQ VACCINE..... 189
ROZLYTREK 34
RUBRACA..... 34
rufinamide..... 43
RUKOBIA 75
RYBELSUS..... 51
RYBREVANT 34
RYBREVANT FASPRO.....34
RYDAPT.....34
RYKINDO 70
RYTELO.....34
S
sacubitril-valsartan.....84
SAFESNAP INSULIN SYRINGE 144
SAFETY PEN NEEDLE 144
sajazir.....90
SANTYL.....110
sapropterin.....162
SCEMBLIX 34
scopolamine base 62
SECUADO.....70
SECURESAFE INSULIN SYRINGE 145
SECURESAFE PEN NEEDLE 144, 145
SELARSDI 183
select-ob 207
select-ob (folic acid) 207
selegiline hcl 64
selenium sulfide.....111
SELZENTRY.....75
se-natal 19 chewable.....207
SEREVENT DISKUS.....200
SEROSTIM.....177
sertraline 48
setlakin 107
sevelamer carbonate 170
sevelamer hcl 170
SEZABY 43
sf 5000 plus 109
sharobel.....107
SHINGRIX (PF) 189
SIGNIFOR 177
sildenafil.....204
sildenafil (pulm.hypertension) 204
silver sulfadiazine 111

SIMBRINZA 196
simliya (28) 107
simpesse 107
SIMPLI PEN NEEDLE.....133
simvastatin 94
sirolimus 183
SIRTURO 60
sitagliptin phos-metformin 51
sitagliptin phosphate 51
SKY SAFETY PEN NEEDLE 145
SKYLA 107
SKYRIZI 183, 184
sodium chloride 0.45 % 198
sodium chloride 0.9 % 198
sodium fluoride-pot nitrate ...109
sodium oxybate 204
sodium phenylbutyrate 169
sodium polystyrene sulfonate 169
sodium,potassium,mag sulfates 170
solifenacin 171
SOLIQUA 100/33 54
SOLTAMOX 34
SOMATULINE DEPOT 177
SOMAVERT 177
sorafenib 34
sotalol 88
sotalol af 88
SPIRIVA RESPIMAT 200
spironolactone 91, 94
spironolacton-hydrochlorothiaz 91
SPRAVATO 48
sprintec (28) 107
SPRITAM 43
sps (with sorbitol) 169
sronyx 107
ssd 111
stavudine 75
STERILE PADS 132
STIOLTO RESPIMAT 201
STIVARGA 34
STOBOCLO 192
STRENSIQ 162
streptomycin 11
STRIBILD 75
STRIVERDI RESPIMAT.... 201
subvenite 43
SUBVENITE 43
sucralfate 168
sulfacetamide sodium 165
sulfacetamide sodium (acne) 111
sulfacetamide-prednisolone . 165
sulfadiazine 17
sulfamethoxazole-trimethoprim 18
sulfasalazine 191, 192
sulindac 8
sumatriptan 59
sumatriptan succinate 59, 60
sumatriptan-naproxen 60
sunitinib malate 35
SUNLENCA 75
SURE COMFORT ALCOHOL PREP PADS 145
SURE COMFORT INS. SYR. U-100 145
SURE COMFORT INSULIN SYRINGE 145, 146
SURE COMFORT PEN NEEDLE..... 145, 146
SURE COMFORT SAFETY PEN NEEDLE 145
SURE-FINE PEN NEEDLES 146
SURE-JECT INSULIN SYRINGE 146
SURE-PREP ALCOHOL PREP PADS 146
syeda 107
SYMDEKO 202
SYMPAZAN 43
SYMTUZA 75
SYNAREL 177
SYNJARDY 51
SYNJARDY XR 51
SYNRIBO 35
SYRINGE WITH NEEDLE, SAFETY 144
T
TABLOID 35
TABRECTA 35
tacrolimus 114, 184
tadalafil 204
TAFINLAR 35
tafluprost (pf) 196
TAGRISSO 35
TAKHZYRO 194
TALVEY 35
TALZENNA 35
tamoxifen 35
tamsulosin 171
tarina 24 fe 107
tarina fe 1-20 eq (28) 107
taron-c dha 207
taron-prex prenatal-dha 207
tasimelteon 204
TAVALISSE 81
TAVNEOS 184
taysofy 107
tazarotene 115
tazicef 14
taztia xt 88
TDVAX 189
TECENTRIQ 35
TECENTRIQ HYBREZA 35
TECHLITE INSULIN SYRINGE 147
TECHLITE INSULN SYR(HALF UNIT) 147
TECHLITE PEN NEEDLE 147, 148
TECHLITE PLUS PEN NEEDLE 148
TECVAYLI 35

telmisartan 84
telmisartan-amlodipine 84
telmisartan-hydrochlorothiazid 85
temazepam 10, 11
tencon 6
TENIVAC (PF) 190
tenofovir disoproxil fumarate . 76
TEPMETKO 35
terazosin 171
terbinafine hcl 57
terbutaline 201
terconazole 58
teriflunomide 99
teriparatide 193
TERUMO INSULIN SYRINGE 148
testosterone 172, 173
testosterone cypionate 172
testosterone enanthate 172
tetrabenazine 99
tetracycline 19
TEVIMBRA 35
THALOMID 194, 195
theophylline 201
THINPRO INSULIN SYRINGE 148
thioridazine 70
thiothixene 70
tiadylt er 89
tiagabine 43
TIBSOVO 35
ticagrelor 82
TICE BCG 35
TICOVAC 190
tigecycline 19
tilia fe 107
timolol 196
timolol maleate 88, 196
tinidazole 63
tiopronin 171
tiotropium bromide 201
TIVDAK 36
TIVICAY 76
TIVICAY PD 76
tizanidine 203
TOBI PODHALER 11
tobramycin 11, 165
tobramycin in 0.225 % nacl ... 11
tobramycin sulfate 11
tobramycin-dexamethasone . 165
tobramycin-lotepred 165
tofacitinib 184
tolterodine 171
tolvaptan (polycys kidney dis) 91
TOPFINE INSULIN PEN NEEDLE 149
topiramate 43
toremifene 36
torpenz 36
torsemide 92
TOUJEO MAX U-300 SOLOSTAR 54
TOUJEO SOLOSTAR U-300 INSULIN 54
TRADJENTA 51
tramadol 6
tramadol-acetaminophen 6
trandolapril 86
tranexamic acid 81
tranylcypromine 48
TRAVASOL 10 % 83
travoprost 196
trazodone 48
TRECATOR 60
TRELEGY ELLIPTA 201
TRELSTAR 36
TREMFYA 184
TREMFYA ONE-PRESS 184
TREMFYA PEN 184
TREMFYA PEN INDUCTION PK(2PEN) 184
treprostinil sodium 204
tretinoin 115
tretinoin (antineoplastic) 36
triamcinol ac (pf) in 0.9%nacl 114
triamcinolone acetonide 109, 114, 175
triamterene-hydrochlorothiazid 92
triazolam 11
tridacaine iii 8
trientine 172
tri-estarylla 108
trifluoperazine 70
trifluridine 165
trihexyphenidyl 64
TRIJARDY XR 51
TRIKAFTA 203
tri-legest fe 108
tri-linyah 108
tri-lo-estarylla 108
tri-lo-marzia 108
tri-lo-mili 108
tri-lo-sprintec 108
trimethoprim 12
tri-mili 108
trimipramine 48
TRINTELLIX 48
tri-nymyo 108
tri-sprintec (28) 108
TRIUMEQ 76
TRIUMEQ PD 76
trivora (28) 108
tri-vylibra 108
tri-vylibra lo 108
TRIZIVIR 76
TROGARZO 76
TROPHAMINE 10 % 83
trospium 171
TRUE COMFORT ALCOHOL PADS 149
TRUE COMFORT INSULIN SYRINGE 149

TRUE COMFORT PEN NEEDLE 149, 150
TRUE COMFORT PRO ALCOHOL PADS.....150
TRUE COMFORT PRO INS SYRINGE.....149, 150
TRUE COMFORT SAFE INSULIN SYRG 149, 150
TRUE COMFORT SAFETY PEN NEEDLE.....149
TRUE-COMFORT PRO PEN NEEDLE 150
TRUEPLUS INSULIN.....151
TRUEPLUS PEN NEEDLE150, 151
TRULANCE.....169
TRULICITY.....51
TRUMENBA 190
TRUQAP.....36
TRUXIMA 36
TUKYSA.....36
TURALIO 36
turqoz (28) 108
TWINRIX (PF) 190
tyblume 108
TYBOST 195
TYENNE.....185
TYENNE AUTOINJECTOR 184
TYMLOS 193
TYPHIM VI 190
TYVASO.....205
U
UBRELVY 60
UDENYCA ONBODY 81
ULTICARE 152, 153
ULTICARE INSULIN SYRINGE.....152
ULTICARE INSULN SYR(HALF UNIT) 152
ULTICARE PEN NEEDLE .152
ULTICARE SAFETY PEN NEEDLE..... 152
ULTIGUARD SAFEPACK-INSULIN SYR 153
ULTIGUARD SAFEPACK-PEN NEEDLE 153
ULTILET ALCOHOL SWAB 153
ULTILET INSULIN SYRINGE 135, 153, 154
ULTILET PEN NEEDLE.... 154
ULTRA CMFT INS SYR (HALF UNIT)..... 133, 151
ULTRA COMFORT INSULIN SYRINGE..... 133, 154
ULTRA FLO INSUL SYR(HALF UNIT).. 154, 155
ULTRA FLO INSULIN SYRINGE..... 155
ULTRA FLO PEN NEEDLE 155
ULTRA THIN PEN NEEDLE 155
ULTRACARE INSULIN SYRINGE..... 155, 156
ULTRACARE PEN NEEDLE 156
ULTRA-FINE INS SYR (HALF UNIT) 156
ULTRA-FINE INSULIN SYRINGE..... 156, 157
ULTRA-FINE PEN NEEDLE 157
ULTRA-FINE SAFETY INSULIN SYRN..... 156
ULTRA-THIN II (SHORT) INS SYR 157
ULTRA-THIN II (SHORT) PEN NDL 157
ULTRA-THIN II INS PEN NEEDLES 157
ULTRA-THIN II INSULIN SYRINGE 157
UNIFINE OTC PEN NEEDLE 158
UNIFINE PENTIPS..... 158
UNIFINE PENTIPS MAXFLOW..... 158
UNIFINE PENTIPS PLUS . 158, 161
UNIFINE PENTIPS PLUS MAXFLOW..... 158
UNIFINE PROTECT... 158, 159
UNIFINE SAFECONTROL PEN NEEDLE 159
UNIFINE ULTRA PEN NEEDLE..... 159
UPTRAVI 205
ursodiol 169, 170
ustekinumab-aauz 185
UZEDY 71
V
valacyclovir..... 78
VALCHLOR..... 110
valganciclovir 78
valproate sodium..... 43
valproic acid 44
valproic acid (as sodium salt) 43
valsartan 85
valsartan-hydrochlorothiazide 85
VALTOCO 44
valtya..... 108
vancomycin 12
VANFLYTA 36
VANISHPOINT INSULIN SYRINGE 159, 160
VANISHPOINT SYRINGE159, 160
VAQTA (PF) 190
varenicline tartrate 9
VARIVAX (PF)..... 190
VAXCHORA VACCINE 190

velivet triphasic regimen (28) 108
VELTASSA 170
VEMLIDY 76
VENCLEXTA.....36
VENCLEXTA STARTING PACK 36
venlafaxine 49
venlafaxine besylate 49
VEOZAH 195
VEPPANU 36
verapamil.....89
VERIFINE INSULIN SYRINGE.....160
VERIFINE PEN NEEDLE...160
VERIFINE PLUS PEN NEEDLE 160
VERIFINE PLUS PEN NEEDLE-SHARP 160
VERQUVO 90
VERSACLOZ 71
VERSALON.....161
VERZENIO.....36
vestura (28) 108
V-GO 20.....161
V-GO 30.....161
V-GO 40.....161
vienva 108
vigabatrin 44
vigadrone.....44
vigpoder.....44
vilazodone.....49
VIMKUNYA (PF).....190
vinblastine 37
vincasar pfs 37
vincristine.....37
vinorelbine.....37
viorele (28) 109
VIRACEPT 76
VIREAD.....76
vitafol gummies 207
vitafol-ob+dha.....207
VITRAKVI..... 37
VIVIMUSTA..... 37
VIVOTIF 191
VIZIMPRO..... 37
VOCABRIA 76
volnea (28) 109
VONJO 37
VOQUEZNA 168
VORANIGO 37
voriconazole..... 57
VOSEVI..... 77
VOWST 195
vp-ch-pnv 207
VRAYLAR..... 71
VUMERITY 99
VYALEV..... 64
vyfemla (28) 109
vylibra 109
VYLOY 37
VYNDAMAX 90
VYZULTA 196
W
warfarin 79
WEBCOL 161
WELIREG 37
WINREVAIR 203
wixela inhub..... 199
X
XALKORI 37
xarah fe 109
XARELTO..... 80
XARELTO DVT-PE TREAT 30D START..... 79
XATMEP..... 37
XCOPRI..... 44
XCOPRI MAINTENANCE PACK..... 44
XCOPRI TITRATION PACK 44
XDEMVY..... 165
XERMELO..... 170
XIFAXAN 12
XIGDUO XR 52
XIIDRA..... 166
XOLAIR 203
XOSPATA 37
XPOVIO 38
XTANDI 38
xulane 109
XULTOPHY 100/3.6 54
Y
yargesa 162
YERVOY 38
YESINTEK 185
YF-VAX (PF) 191
YONSA..... 38
YUFLYMA(CF) 185
YUFLYMA(CF) AI CROHN'S-UC-HS..... 185
YUFLYMA(CF) AUTOINJECTOR..... 185
yulithira..... 38
YUTREPIA..... 205
yuvafem 174
Z
zafemy 109
zafirlukast..... 199
zaleplon 204
zatean-pn dha..... 207
zatean-pn plus 207
zebutal 6
ZEJULA..... 38
ZELBORAF..... 38
zenatane 111
ZENPEP..... 162
zidovudine 76
ZIIHERA..... 38
zingiber 207
ziprasidone hcl 71
ziprasidone mesylate..... 71
ZIRABEV 38
ZIRGAN 165
ZOLADEX..... 38
ZOLINZA 39

zolmitriptan 60
zolpidem 204
ZONISADE.....44
zonisamide.....44
zovia 1-35 (28) 109
ZTALMY..... 44
ZTLIDO..... 8
zumandimine (28) 109
ZURZUVAE..... 49
ZYDELIG..... 39
ZYKADIA 39
ZYNLONTA..... 39
ZYNYZ..... 39
ZYPREXA RELPREVV 71

VILLAGECAREMAX 優越健保
愛 心 村

免費電話**1-855-296-8800** TTY **711**
上午 8 時至晚上 8 時，全週無休
www.villagecaremax.org

此處方集更新於 07/27/2026. 欲獲更多最新資訊或有其他問題，請聯絡 VillageCareMAX 會員服務部，電話為 1-855-296-8800，TTY 使用者請撥打 711，服務時間為上午 8:00 至晚上 8:00，全週無休，或是造訪 www.villagecaremax.org.