



MEDICARE TOTAL ADVANTAGE PLAN (HMO D-SNP)
MEDICARE HEALTH ADVANTAGE PLAN (HMO D-SNP)

FORMULARIO 2027
(LISTA DE MEDICAMENTOS CUBIERTOS)

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Este formulario fue actualizado el 9/16/2026. Si desea información más reciente o tiene otras preguntas, por favor llame a Servicios a Miembros de VillageCareMAX al 855-296-8800 (usuarios de TTY llaman al 711), de 8:00 am a 8:00 pm, los 7 días de la semana o visite www.villagecaremax.org.

Nº de identificación de la entrega del archivo del formulario aprobado: 00027341

VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP)
VillageCareMAX Medicare Health Advantage Plan (HMO D-SNP)

Formulario 2027

**(Lista de medicamentos cubiertos o
“Lista de medicamentos”))**

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ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

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Mensaje importante sobre lo que usted paga por las vacunas - Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted, incluso si usted no ha pagado su deducible. Llame a Servicios para miembros para obtener más información.

Mensaje importante sobre lo que usted paga por la insulina – Usted no pagará más de \$35 por un suministro mensual de cada producto de insulina que cubre nuestro plan, sin importar el nivel de compartición de costos en que está, incluso si usted no ha pagado su deducible.

Nota a miembros actuales: Este Formulario ha cambiado desde el año pasado. Por favor revise este documento para asegurarse de que aun contiene los medicamentos que usted toma.

Cuando esta Lista de Medicamentos (Formulario) se refiera a “nosotros”, “nuestra” o “nuestro”, significa Village Senior Services Corporation. Cuando se refiera al “plan” o “nuestro plan”, significa VillageCareMAX.

Este documento incluye la Lista de medicamentos (Formulario) para nuestro plan que es válida a partir del 09/16/2026. Contáctenos si desea una la Lista de medicamentos (Formulario) actualizada. Nuestra información de contacto, junto con la fecha en que actualizamos la Lista de medicamentos (Formulario) por última vez, aparece en la portada y contraportada.

Generalmente, debe acudir a farmacias de la red para utilizar su beneficio de medicamentos de receta. Los beneficios, el formulario, la red de farmacias y/o los copagos o el coaseguro pueden cambiar el 1º de enero de 2027 y de vez en cuando durante el año. Recibirá un aviso cuando sea necesario.

¿Qué es el Formulario de VillageCareMAX?

En este documento, usamos los términos Lista de medicamentos y Formulario para hacer referencia a lo mismo. Un formulario es una lista de medicamentos cubiertos que VillageCareMAX ha seleccionado tras consultar con un equipo de proveedores del cuidado de la salud que representa las terapias de receta que se cree son una parte necesaria de un programa de tratamiento de calidad. Por lo general, VillageCareMAX cubrirá los medicamentos incluidos en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, la receta sea despachada en una farmacia de la red de VillageCareMAX's y se sigan otras reglas del plan. Si desea más información sobre cómo se surten sus recetas, consulte nuestra Evidencia de Cobertura.

¿Puede cambiar el formulario?

Aunque la mayoría de los cambios en la cobertura de medicamentos se realizan el 1º de enero, “nosotros” podríamos agregar medicamentos al formulario o quitarlos durante el año, moverlos a distintos niveles de costo compartido o añadir nuevas restricciones. Tenemos que seguir las reglas de Medicare cuando realizamos estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí: www.villagecaremax.org.

Cambios que pueden afectarle este año: en los casos a continuación, usted será afectado por cambios a la cobertura durante el año:

- **Cambios inmediatos de ciertas versiones nuevas de medicamentos de marca y productos biológicos originales.** Es posible que eliminemos de inmediato un medicamento de nuestro formulario si lo reemplazamos con una determinada versión específica de ese medicamento que aparecerá en el mismo nivel de costo compartido o en uno más bajo y con las mismas restricciones o menos. Cuando se añade una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero inmediatamente moverlo a un nivel de costo compartido diferente o añadir nuevas restricciones. Podemos realizar estos cambios inmediatos solo si vamos a añadir una nueva versión genérica de un medicamento de marca o ciertas nuevas versiones biosimilares de un producto biológico original que ya estaba en el formulario (por ejemplo, un biosimilar intercambiable que puede cambiarse por un producto biológico original por una farmacia sin una nueva receta).
 - Si actualmente está tomando ese medicamento de marca o producto biológico original, es posible que no le informemos con anticipación antes de realizar un cambio inmediato, pero luego le proporcionaremos información sobre el o los cambios específicos que hemos realizado. Si realizamos dicho cambio, usted o su recetador pueden solicitarnos que hagamos una excepción y continuar cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo le solicito una excepción al formulario VillageCareMAX's?":

Puede que algunos de estos tipos de medicamentos le resulten nuevos. Para obtener más información, consulte la siguiente sección titulada “¿Qué son productos biológicos originales y cómo se relacionan con los biosimilares?”

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) considera que un medicamento en nuestro formulario no es seguro o si el fabricante del medicamento retira su producto del mercado, nosotros lo quitaremos de inmediato de nuestro formulario y avisaremos a los miembros que toman ese medicamento.
- **Otros cambios.** Podremos hacer otros cambios que afectan a miembros que estén tomando medicamentos en este momento. Por ejemplo, podemos añadir un medicamento genérico el cual no es nuevo en el mercado para reemplazar uno de marca que esté actualmente en el formulario o añadir nuevas restricciones a medicamentos de marca o mover el medicamento a un nivel de copago diferente o ambas cosas. O podemos hacer cambios basados en nuevas reglas clínicas. Si quitamos medicamentos de nuestro formulario o añadimos autorización previa, limitamos la cantidad y/o tenemos restricciones de terapia escalonada para un medicamento, tenemos que notificarles a los miembros afectados del cambio por lo menos 30 días antes de que el cambio entre en vigencia o al momento en que el miembro solicite que se le vuelva a despachar el medicamento y entonces se le surtirá por 30 días, en cuyo momento el miembro recibirá un suministro del medicamento para 60 días.
 - Si realizamos estos otros cambios, usted o su recetador pueden solicitarnos que hagamos una excepción y continuar cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo le solicito una excepción al formulario VillageCareMAX's?":

Cambios que no le afectarán si actualmente usted está tomando el medicamento. Generalmente, si usted está tomando un medicamento de nuestro formulario 2026 que estuvo cubierto a principios del año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, excepto en los casos mencionados anteriormente. Esto significa que estos medicamentos continuarán estando disponibles al mismo costo compartido para aquellos miembros que lo tomen por el resto del año de cobertura. Este año, usted no será avisado sobre cambios que no le afectan. Sin embargo, el 1º de enero del próximo año, tales cambios podrían afectarle y es importante revisar la Lista de Medicamentos para el nuevo año de beneficios para ver todo cambio a los medicamentos.

El formulario adjunto es válido a partir del 09/27/2026. Por favor contáctenos para obtener información actualizada sobre los medicamentos que cubre VillageCareMAX. Nuestra información de contacto se encuentra en la portada y contraportada.

En caso de que a la mitad del año el plan realice un cambio al formulario que no es de mantenimiento, le notificaremos sobre el cambio por correo. El aviso contendrá información concreta sobre el cambio al formulario que no es de mantenimiento y le será enviado por lo menos 30 días antes de la fecha de entrada en vigor del cambio. Puede ver los cambios más recientes y el formulario en nuestro sitio web (www.villagecaremax.org) o llame a Servicios a Miembros para pedir más información.

¿Cómo uso el formulario?

Hay dos maneras para encontrar su medicamento dentro del formulario:

Enfermedad

El formulario comienza en la página 3. Los medicamentos en este formulario están agrupados en categorías según el tipo de enfermedades que tratan. Por ejemplo, los medicamentos utilizados para tratar enfermedades del corazón se encuentran bajo la categoría “Agentes cardiovasculares”. Si sabe para lo que se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza abajo en la página 3. Luego, busque bajo el nombre de la categoría para encontrar su medicamento.

Lista alfabética

Si no está seguro bajo cuál categoría buscar, debe tratar de encontrar su medicamento en el índice que comienza en la página I-1. El índice contiene la lista alfabética de todos los medicamentos de marca y genéricos incluidos en este documento. Busque en el índice y encuentre su medicamento. Al lado de su medicamento, verá el número de la página donde está la información sobre cobertura. Pase a la página enumerada en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son medicamentos genéricos?

VillageCareMAX cubre tanto los medicamentos con nombre de marca como los genéricos. Un medicamento genérico es aprobado por la FDA por tener el mismo principio activo que el de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Hay cualquier tipo de restricciones en mi cobertura?

Algunos medicamentos cubiertos pueden tener más requerimientos o límites en su cobertura. Estos requerimientos o límites pueden ser:

- **Autorización previa:** VillageCareMAX le exige a usted o su médico obtener autorización previa para ciertos medicamentos, o sea que la aprobación de VillageCareMAX es necesaria antes de que le surtan sus recetas. Si no obtiene la aprobación, VillageCareMAX podría no cubrir el medicamento.
- **Límites en la cantidad:** Para ciertos medicamentos, VillageCareMAX limita la cantidad de medicamento que cubrirá. Por ejemplo, VillageCareMAX proporciona 60 cápsulas de Celebrex por cada receta. Esto podría ser además del suministro estándar de un mes o tres meses.
- **Terapia escalonada:** En algunos casos, VillageCareMAX le exige que primero pruebe cierto medicamento que trate su enfermedad antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan su enfermedad, es posible que VillageCareMAX no cubra el Medicamento B a menos que usted pruebe el Medicamento A primero. Si el Medicamento A no le funciona, entonces VillageCareMAX cubrirá el Medicamento B.

Puede averiguar si su medicamento tiene algún requerimiento o límite extra buscándolo en el formulario que comienza en la página 3. También puede obtener más información sobre las restricciones aplicadas a medicamentos específicos cubiertos visitando nuestro sitio Web en www.villagecaremax.org. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones de la terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto y la fecha en que actualizamos este formulario por última vez aparecen en la portada y contraportada.

Puede pedirle a VillageCareMAX que haga una excepción a estas restricciones o límites o que le mande una lista de otros medicamentos similares que podrían tratar su padecimiento de salud. Consulte la sección “¿Cómo le solicito una excepción al formulario de VillageCareMAX’s?” en la página v abajo para obtener información sobre cómo solicitar una excepción.

¿Qué son medicamentos de venta directa (OTC)?

Los medicamentos OTC, los cuales se venden sin receta, son aquéllos que un Plan de Medicamentos de Receta de Medicare normalmente no cubre. VillageCareMAX paga por ciertos medicamentos OTC.

Bajo el beneficio OTC, el plan cubre algunos medicamentos OTC para tratar varios padecimientos, entre ellos:

- Aspirina para adultos y alivio del dolor
- Líquidos o tabletas para la tos, el resfriado y la gripe en adultos
- Medicamentos para las alergias y los senos nasales
- Medicamentos antidiarreicos
- Medicamentos antimicóticos
- Medicamentos contra los gases
- Medicamentos contra la comezón
- Suplementos para la diabetes
- Auxiliares digestivos
- Prebióticos y probióticos para la salud digestiva
- Salud cardíaca
- Somníferos
- Vitaminas y minerales
- Control del peso (tabletas, cápsulas, etc.)

VillageCareMAX le proporcionará estos medicamentos OTC sin costo alguno para usted. El costo de estos medicamentos OTC para VillageCareMAX no contará para sus costos totales de medicamentos de la Parte D (es decir, el costo de los medicamentos OTC no cuenta para la brecha de cobertura).

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

Si este formulario (lista de medicamentos cubiertos) no incluye su medicamento, debe llamar a Servicios a Miembros primero y preguntar si su medicamento está cubierto.

Si averigua que VillageCareMAX no cubre su medicamento, tiene dos opciones:

Puede pedirle a Servicios a Miembros una lista de medicamentos similares cubiertos por VillageCareMAX. Cuando reciba la lista, muéstresela a su doctor y pídale que le recete un medicamento similar cubierto por VillageCareMAX.

- Puede pedirle a VillageCareMAX que haga una excepción y cubra su medicamento. Vea abajo las instrucciones para solicitar una excepción.

¿Cómo le solicito una excepción al formulario VillageCareMAX?

Puede pedirle a VillageCareMAX que haga una excepción a las reglas de nuestra cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento incluso si no está en nuestro formulario. Si lo aprobamos, cubriremos este medicamento a su nivel apropiado de costo compartido y usted no podría pedirnos que le proporcionemos el medicamento a un nivel inferior de costo compartido.
- Puede pedirnos que cubramos un medicamento en el formulario a un nivel de costo compartido más bajo, que el medicamento este en un nivel especial.
- Puede pedirnos que no apliquemos las restricciones o los límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, el plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que no apliquemos el límite y cubramos una cantidad mayor.

Generalmente, VillageCareMAX solamente aprobará su solicitud para una excepción si los medicamentos alternativos incluidos en el formulario del plan o las restricciones adicionales de utilización no serían tan eficaces para tratar su enfermedad y/o le causarían efectos médicos adversos.

Debe contactarnos para pedirnos una decisión de cobertura inicial para un formulario o excepción a la utilización de la restricción. **Cuando solicite una excepción al formulario o a la restricción de utilización debe presentar una declaración de su recetante o médico que justifica su solicitud.** Generalmente, tenemos que decidir dentro de 72 horas tras recibir la declaración justificante de su recetante. Puede solicitar una excepción agilizada (rápida) si usted o su doctor creen que peligraría mucho su salud si esperara hasta 72 horas para la decisión. Si aprobamos la agilización de su solicitud, tenemos que darle nuestra decisión a más tardar 24 horas tras recibir la declaración justificante de su doctor u otro recetante.

¿Qué hago antes de poder hablar con mi doctor acerca de cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o uno que continúa en nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. Por el otro lado, podría estar tomando un medicamento que sí está en nuestro formulario, pero le es difícil obtenerlo. Por ejemplo, quizás necesita una autorización previa de nosotros antes de que le puedan surtir su receta. Debe hablar con su doctor para decidir si debe cambiar a un medicamento apropiado que cubrimos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su doctor para determinar la forma indicada de proceder para usted, podríamos cubrir su medicamento en ciertos casos durante los primeros 90 días en que es miembro de nuestro plan.

Para cada medicamento suyo que no está en nuestro formulario o si se le dificulta obtener sus medicamentos, le cubriremos un suministro temporal de 30 días. Si su receta está escrita para menos días, le permitiremos suministros a un máximo de 30 días. Después de su primer suministro de 30 días, no pagaremos por esos medicamentos, incluso si ha sido miembro del plan por menos de 90 días.

Si es residente en un centro de cuidados a largo plazo, y si necesita un medicamento que no está en nuestro

formulario o si su capacidad para obtener un medicamento es limitada pero ya has pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras usted intenta que le aprueben una excepción al formulario.

VillageCareMAX tiene una póliza de transición que asegura de que se siga proporcionando la continuación de la cobertura del medicamento a miembros nuevos y actuales. Hay veces cuando usted puede sentir un cambio en su nivel de atención, como ingreso a un centro de cuidados a largo plazo u hospital (o alta de estos lugares). En estos casos, le proporcionaremos un solo suministro de emergencia de un medicamento que no está en el formulario. Los medicamentos que no están en el formulario son aquéllos que no están en el formulario del plan y los medicamentos que sí están en nuestro formulario, pero requieren autorización previa o terapia escalonada bajo las reglas de manejo de la utilización del plan.

Para más información

Para información más detallada sobre su cobertura de medicamentos de receta de VillageCareMAX, sírvase consultar su Evidencia de Cobertura y otros documentos del plan.

Si tiene preguntas acerca de VillageCareMAX, por favor contáctenos. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en la portada y contraportada.

Si tiene preguntas generales acerca de los medicamentos de receta que cubre Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día y los 7 días de la semana (los usuarios de TTY deben llamar al 1-877-486-2048) o bien visite <http://www.medicare.gov>.

El formulario de VillageCareMAX's

El formulario a continuación informa sobre los medicamentos que cubre VillageCareMAX. Si tiene dificultades para encontrar su medicamento en la lista, consulte el índice que comienza en la página I-1.

La primera columna del cuadro contiene el nombre del medicamento. Los medicamentos con nombre de marca se escriben con mayúsculas (p. ej., BENICAR) y los genéricos con minúsculas (p. ej., *losartan*).

La información dada en la columna de Requerimientos/Límites le indica si el plan tiene cualquier requerimiento especial para la cobertura de su medicamento.

El siguiente cuadro contiene las definiciones para las abreviaturas que aparecen en la columna de “Requerimientos /Límites” en la lista de medicamentos abajo que comienza en la página 3.

ABREVIATURA O SÍMBOLO	DESCRIPCIÓN	EXPLICACIÓN
Restricciones en el manejo de la utilización		
PA	Restricción de autorización previa	Se le exige a usted (o a su médico) obtener autorización previa de VillageCareMAX antes de que le surtan su receta para este medicamento. Sin aprobación previa, VillageCareMAX podría no cubrir este medicamento.
PA BvD	Restricción de autorización previa para la determinación de la Parte B vs. Parte D	Este medicamento puede satisfacer las condiciones de pago bajo la Parte B o D de Medicare. Se le exige a usted (o a su médico) obtener autorización previa de VillageCareMAX para determinar que este medicamento lo cubre la Parte D de Medicare antes de que le surtan su receta para este medicamento. Sin aprobación previa, VillageCareMAX podría no cubrir este medicamento.
PA-HRM	Restricción de autorización previa para los Medicamentos de Alto Riesgo	CMS considera que este medicamento es posiblemente dañino y por lo tanto, es un Medicamento de Alto Riesgo para los beneficiarios de Medicare mayores de 65 años. Los miembros mayores de 65 años tienen que obtener autorización previa de VillageCareMAX antes de que les surtan su receta para este medicamento. Sin aprobación previa, VillageCareMAX podría no cubrir este medicamento

ABREVIATURA O SÍMBOLO	DESCRIPCIÓN	EXPLICACIÓN
PA NSO	Restricción de autorización previa para nuevos miembros solamente	Si es nuevo miembro o no ha tomado este medicamento antes, se le exige a usted (o su médico) obtener autorización previa de VillageCareMAX antes de que le surtan su receta para este medicamento. Sin aprobación previa, VillageCareMAX podría no cubrir este medicamento.
QL	Restricción que limita la cantidad	VillageCareMAX limita la cantidad de este medicamento cubierto por cada receta o dentro de un plazo específico.
ST	Restricción de la terapia escalonada	Antes de que VillageCareMAX pueda cubrir este medicamento, usted primero tiene que probar otro(s) medicamento(s) para tratar su enfermedad. Este medicamento puede cubrirse solo si otro(s) medicamento(s) no funciona(n) para usted.
OTROS REQUERIMIENTOS ESPECIALES PARA LA COBERTURA		
LA	Medicamento de acceso restringido	Esta receta puede estar disponible solo en ciertas farmacias. Para más información, consulte su Directorio de Proveedores y Farmacias o llame a Servicios Farmacéuticos a Miembros al 1-888-807-6806, las 24 horas del día y los días de la semana. Los usuarios de TTY deben llamar al 711.
NM	Medicamento que no es de venta por correo	Quizás pueda recibir un suministro mayor de 1 mes de la mayoría de los medicamentos en nuestro formulario si los compra por correo a un costo compartido menor. Los medicamentos <u>no</u> disponibles mediante su beneficio de venta por correo se indican con “NM” en la columna de Requerimientos/Limites de su formulario.

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

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

Simplified Chinese: 中文

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

Traditional Chinese: 台語

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

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

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

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

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

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

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Table of Contents

Analgesics	3
Anesthetics	7
Anti-Addiction/Substance Abuse Treatment Agents	8
Antianxiety Agents	9
Antibacterials.....	10
Anticancer Agents	18
Anticonvulsants	35
Antidementia Agents.....	40
Antidepressants	41
Antidiabetic Agents	45
Antifungals.....	49
Antigout Agents.....	52
Antihistamines	52
Antihypoglycemic Agents	53
Antimigraine Agents	53
Antimycobacterials.....	54
Antinausea Agents.....	55
Antiparasite Agents.....	56
Antiparkinsonian Agents.....	57
Antipsychotic Agents.....	59
Antivirals (Systemic)	65
Blood Products/Modifiers/Volume Expanders.....	71
Caloric Agents	74
Cardiovascular Agents.....	75
Central Nervous System Agents.....	87
Contraceptives	90
Dental And Oral Agents	100

Dermatological Agents	100
Devices	106
Enzyme Replacement/Modifiers	150
Eye, Ear, Nose, Throat Agents	151
Gastrointestinal Agents	155
Genitourinary Agents	160
Heavy Metal Antagonists	161
Hormonal Agents, Stimulant/Replacement/Modifying	162
Immunological Agents	168
Metabolic Bone Disease Agents	182
Miscellaneous Therapeutic Agents	183
Ophthalmic Agents	184
Parasympathomimetic (Cholinergic Agents)	186
Replacement Preparations	186
Respiratory Tract Agents	187
Skeletal Muscle Relaxants	192
Sleep Disorder Agents	192
Sympathomimetic (Adrenergic) Agents	193
Vasodilating Agents	193
Vitamins And Minerals	194

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

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01/01/2027

Drug Name		Drug Tier	Requirements/Limits
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	(oxycodone-acetaminophen)	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	(oxycodone-acetaminophen)	2	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>		5	PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>		2	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		2	QL (10 per 30 days)
<i>fioricet oral capsule 50-300-40 mg</i>	(butalbital-acetaminophen-caff)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>		2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>		4	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>		2	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>		4	QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>		2	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>		2	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>		2	
<i>hydromorphone oral liquid 1 mg/ml</i>	(Dilaudid)	2	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	(Dilaudid)	2	QL (180 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>		2	QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>		2	QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>		2	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>		2	QL (180 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>morphine concentrate oral solution</i> <i>100 mg/5 ml (20 mg/ml)</i>	2	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml (2 mg/ml)</i>	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	2	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	QL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	4	QL (60 per 30 days)
<i>morphine oral tablet extended release 60 mg</i> (MS Contin)	2	QL (60 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	4	PA; QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	QL (240 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	3	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	3	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	3	QL (60 per 30 days)

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01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>tencon oral tablet 50-325 mg</i> (butalbital-acetaminophen)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	2	QL (60 per 30 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	4	
<i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	

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01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	4	PA; QL (90 per 30 days)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	4	
<i>ketorolac oral tablet 10 mg</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	2	
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> (EC-Naprosyn)	4	
<i>piroxicam oral capsule 10 mg</i>	2	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>dermacinrx lidocaine 5% patch outer</i> (lidocaine)	3	PA; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	PA

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01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (240 per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i> (lidocaine)	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	4	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	2	QL (336 per 365 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	2	QL (336 per 365 days)
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	2	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i>	2	QL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i>	2	QL (90 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	3	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>estazolam oral tablet 1 mg</i>	2	QL (60 per 30 days)
<i>estazolam oral tablet 2 mg</i>	2	QL (30 per 30 days)
<i>flurazepam oral capsule 15 mg</i>	2	QL (60 per 30 days)
<i>flurazepam oral capsule 30 mg</i>	2	QL (30 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	2	QL (150 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	1	QL (2 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	4	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	2	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	2	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	2	QL (60 per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA; NDS; QL (235.2 per 28 days)
<i>gentamicin injection solution 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	5	PA BvD; NDS

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution</i> 10 mg/ml, 40 mg/ml	3	
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg,</i> (Cleocin HCl) 300 mg, 75 mg	2	
<i>clindamycin pediatric oral recon soln</i> (clindamycin palmitate 75 mg/5 ml hcl)	3	
<i>clindamycin phosphate injection</i> solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)	2	
<i>clindamycin phosphate injection</i> (Cleocin) solution 150 mg/ml	2	
<i>colistin (colistimethate na) injection</i> (Coly-Mycin M recon soln 150 mg Parenteral)	3	
<i>daptomycin intravenous recon soln</i> 350 mg, 500 mg	3	PA BvD
<i>fosfomycin tromethamine oral packet</i> 3 gram	3	
<i>linezolid in dextrose 5% intravenous</i> (Zyvox) <i>piggyback 600 mg/300 ml</i>	3	PA BvD
<i>linezolid oral suspension for</i> (Zyvox) <i>reconstitution 100 mg/5 ml</i>	5	NDS
<i>linezolid oral tablet 600 mg</i>	3	
<i>methenamine hippurate oral tablet 1</i> <i>gram</i>	2	
<i>metronidazole in nacl (iso-os)</i> (Metro I.V.) <i>intravenous piggyback 500 mg/100</i> <i>ml</i>	2	PA BvD
<i>metronidazole oral tablet 250 mg,</i> 500 mg	2	
<i>nitrofurantoin macrocrystal oral</i> <i>capsule 100 mg, 50 mg</i>	2	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral</i> (Macrobid) <i>capsule 100 mg</i>	2	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon</i> <i>soln 500,000 unit</i>	2	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	5	PA BvD; NDS

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO ORAL TABLET 200 MG	5	NDS
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	3	PA BvD
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	3	QL (77 per 28 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	3	QL (112 per 14 days)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	3	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	3	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	4	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	
<i>cefazolin intravenous recon soln 10 gram</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	3	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	4	
<i>cefixime oral tablet 400 mg</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	4	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftaroline fosamil intravenous recon soln 400 mg, 600 mg</i> (Teflaro)	5	PA BvD; NDS
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	3	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	PA BvD
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	4	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> (ceftazidime)	3	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i>	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	3	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	4	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	NDS; QL (136 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>fidaxomicin oral tablet 200 mg</i> (Difcid)	5	NDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NDS
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	3	PA BvD
<i>ertapenem injection recon soln 1 gram</i>	3	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	3	PA BvD

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous (Primaxin IV) recon soln 500 mg</i>	3	PA BvD
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	PA BvD
<i>meropenem intravenous recon soln 2 gram</i>	3	PA BvD
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml</i>	2	
<i>amoxicillin oral suspension for reconstitution 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200- 28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral (Augmentin) suspension for reconstitution 250- 62.5 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral (Augmentin ES-600) suspension for reconstitution 600- 42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral (Augmentin) tablet 500-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000- 62.5 mg</i>	4	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam injection recon</i> (Unasyn) <i>soln 1.5 gram, 15 gram, 3 gram</i>	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg,</i> <i>500 mg</i>	2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	
LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %	4	
<i>naftacillin injection recon soln 1 gram,</i> <i>10 gram, 2 gram</i>	3	
<i>penicillin g potassium injection recon</i> (Pfizerpen-G) <i>soln 20 million unit</i>	3	
<i>penicillin v potassium oral recon soln</i> <i>125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250</i> <i>mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous</i> <i>recon soln 2.25 gram, 3.375 gram,</i> <i>4.5 gram, 40.5 gram</i>	3	PA BvD
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg,</i> (Cipro) <i>500 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	
<i>ciprofloxacin in 5 % dextrose</i> <i>intravenous piggyback 200 mg/100</i> <i>ml, 400 mg/200 ml</i>	2	PA BvD
<i>levofloxacin in d5w intravenous</i> <i>piggyback 250 mg/50 ml, 500 mg/100</i> <i>ml, 750 mg/150 ml</i>	2	PA BvD

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin 400 mg/250 ml bag sub, p/f, inner</i>	3	PA BvD
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>moxifloxacin-sodium chloride(iso) intravenous piggyback 400 mg/250 ml</i>	3	PA BvD
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	5	NDS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	3	PA BvD
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	3	PA BvD
<i>doxycycline hyclate oral capsule 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg</i>	4	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i> (Doryx)	4	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxine NL)	2	
<i>doxycycline monohydrate oral capsule 50 mg</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	4	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	3	PA BvD
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg</i> (Abirtega)	3	PA NSO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i> (Zytiga)	3	PA NSO; QL (60 per 30 days)
<i>abirtega oral tablet 250 mg</i> (abiraterone)	2	PA NSO; QL (120 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	2	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
AUGTYRO ORAL CAPSULE 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG	5	PA NSO; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	5	PA NSO; NDS; QL (66 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 25 mg</i> (Treanda)	3	PA NSO
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)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
<i>bexarotene oral capsule 75 mg</i> (Targretin)	2	PA NSO
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	4	PA NSO
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	5	PA NSO; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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)
<i>bosutinib oral tablet 100 mg</i> (Bosulif)	5	PA NSO; NDS; QL (180 per 30 days)
<i>bosutinib oral tablet 400 mg, 500 mg</i> (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)
<i>carboplatin intravenous solution 10 mg/ml</i> (Kyxata)	2	
<i>cladribine intravenous solution 10 mg/10 ml</i>	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
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NDS; QL (112 per 28 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram</i>	3	PA BvD
<i>cyclophosphamide intravenous recon soln 2 gram, 500 mg</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	5	PA BvD; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	5	PA NSO; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	5	PA NSO; NDS; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i>	3	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	5	PA BvD; 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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
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)
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)
<i>erlotinib oral tablet 100 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	5	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	3	PA NSO; QL (60 per 30 days)
<i>etoposide intravenous solution 20 mg/ml</i> (Avopef)	2	
EULEXIN ORAL CAPSULE 125 MG (flutamide)	5	NDS
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Yulithira)	5	PA NSO; NDS; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg</i> (Yulithira)	3	PA NSO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i> (Yulithira)	3	PA NSO; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Cligavyx)	3	
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	PA NSO; NDS; QL (60 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	3	PA BvD
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml)</i> (Avgemsi)	3	PA BvD
<i>gemcitabine intravenous solution 200 mg/5.26 ml (38 mg/ml)</i>	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)
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
HYRNUO ORAL TABLET 10 MG	5	PA NSO; NDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
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)
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

01/01/2027

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)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	2	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	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)
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
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	5	PA NSO; NDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	5	PA NSO; NDS; QL (390 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	PA NSO; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg</i> (Lutrate Depot (3 month))	4	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	3	PA NSO
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
<i>lomustine oral capsule 10 mg, 40 mg</i> (Gleostine)	3	
<i>lomustine oral capsule 100 mg</i> (Gleostine)	5	NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
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 VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	5	PA BvD; 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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA NSO; NDS
LUTRATE DEPOT (3 MONTH) (leuprolide acetate (3 month)) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA NSO
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)
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	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)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)	5	NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MODEYSO ORAL CAPSULE 125 MG	5	PA NSO; NDS; QL (20 per 28 days)
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i> (Tasigna)	5	PA NSO; NDS; QL (112 per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i> (Tasigna)	5	PA NSO; NDS; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NDS; QL (180 per 30 days)
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)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	5	NDS
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	2	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	2	PA BvD
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	5	PA BvD; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	5	PA NSO; NDS; QL (120 per 30 days)
<i>pazopanib oral tablet 400 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg</i>	3	
<i>pemetrexed disodium intravenous recon soln 500 mg, 750 mg</i>	5	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i> (Pomalyst)	5	PA NSO; NDS; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	5	PA NSO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL 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)
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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
SCSEMBLIX ORAL TABLET 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NDS; QL (28 per 28 days)
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)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
<i>toremifene oral tablet 60 mg</i> (Fareston)	3	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	5	PA NSO; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	5	PA NSO; NDS; QL (30 per 30 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NDS; QL (64 per 28 days)
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
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	2	PA BvD
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i> (vincristine)	2	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	2	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	3	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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)
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
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)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
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)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA BvD; NDS
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)
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)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)	2	
carbamazepine oral suspension 100 mg/5 ml (Tegretol)	3	
carbamazepine oral tablet 200 mg (Tegretol)	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	3	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	3	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	3	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Aptiom)	3	ST; QL (30 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)	3	ST; QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	3	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	QL (120 per 30 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	3	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)</i> (Lamictal ODT Starter (Blue))	3	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	3	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i> (Lamictal ODT Starter (Green))	3	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	3	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
<i>levetiracetam oral tablet for suspension 250 mg, 500 mg</i> (Spritam)	4	ST
<i>methsuximide oral capsule 300 mg</i> (Celontin)	3	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA NSO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
<i>perampanel oral suspension 0.5 mg/ml</i> (Fycompa)	5	ST; NDS; QL (720 per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 8 mg</i> (Fycompa)	3	ST; QL (30 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)	3	ST; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytek oral capsule 200 mg, 300 mg</i> (phenytoin sodium extended)	2	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	QL (60 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	ST; NDS
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	3	ST
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG	4	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML	4	PA NSO
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	3	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral capsule, sprinkle 50 mg</i>	3	
<i>topiramate oral solution 25 mg/ml</i> (Eprontia)	3	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
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	PA NSO; NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 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	5	NDS
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	
<i>zonisamide oral capsule 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg</i>	2	
<i>donepezil oral tablet,disintegrating 5 mg</i>	2	QL (30 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>ergoloid oral tablet 1 mg</i>	2	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	3	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO- INJECTOR 360 MG/1.8 ML	5	PA; NDS; QL (7.2 per 28 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg</i>	2	ST; QL (30 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 7 mg</i> (Namenda XR)	2	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	3	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	QL (60 per 30 days)
<i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i> (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)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	2	QL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	2	QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	4	QL (30 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	3	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	5	PA NSO; NDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	5	PA NSO; NDS; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)	1	
<i>fluoxetine oral capsule 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg</i>	1	
<i>mirtazapine oral tablet 7.5 mg</i>	2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	3	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	PA NSO-HRM; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	3	
RALDESY ORAL SOLUTION 10 MG/ML	5	PA NSO; NDS; QL (1200 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	3	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	3	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	4	QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i>	4	QL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	4	QL (90 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NDS; QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>dapagliflozin oral tablet 10 mg, 5 mg</i> (Farxiga)	2	QL (30 per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg</i> (Xigduo XR)	2	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin)	3	QL (30 per 30 days)
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)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin)	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	4	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	6	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	PA; NDS; QL (112 per 28 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	4	QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	QL (90 per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	6	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	6	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet</i> (Actoplus MET) <i>15-850 mg</i>	6	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 per 30 days)
<i>sitagliptin phos-metformin oral tablet</i> (Janumet) <i>50-1,000 mg, 50-500 mg</i>	2	QL (60 per 30 days)
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i> (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)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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)
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 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Semglee(insulin glarg-yfgn)Pen)	3	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i> (Semglee(insulin glargine-yfgn))	3	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i> (Admelog U-100 Insulin lispro)	3	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine)	3	max \$35 copay per month supply; QL (30 per 28 days)

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

01/01/2027

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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	max \$35 copay per month supply; QL (15 per 25 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc) 3	max \$35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc) 3	max \$35 copay per month supply; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	6	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	6	QL (90 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	6	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	6	PA-HRM; AGE (Max 64 Years)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b injection recon soln 50 mg</i>	3	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	5	PA BvD; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	QL (180 per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	4	
<i>ciclopirox topical shampoo 1 %</i>	4	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	4	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole))	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (90 per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	4	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	5	NDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5	PA; NDS
<i>econazole nitrate topical cream 1 %</i>	2	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	2	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	3	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>itraconazole oral solution 10 mg/ml</i>	3	PA
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (360 per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	5	PA; NDS
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nystop)	2	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	5	PA; NDS
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	3	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole intravenous recon soln</i> (Vfend IV) 200 mg	3	PA BvD
<i>voriconazole intravenous solution</i> 10 mg/ml	3	PA BvD
<i>voriconazole oral suspension for</i> (Vfend) <i>reconstitution</i> 200 mg/5 ml (40 mg/ml)	5	PA; NDS
<i>voriconazole oral tablet</i> 200 mg, 50 mg	2	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet</i> 100 mg (Zyloprim)	1	
<i>allopurinol oral tablet</i> 300 mg	1	
<i>colchicine oral tablet</i> 0.6 mg (Colcris)	2	QL (120 per 30 days)
<i>febuxostat oral tablet</i> 40 mg, 80 mg (Uloric)	4	QL (30 per 30 days)
<i>probenecid oral tablet</i> 500 mg	2	
<i>probenecid-colchicine oral tablet</i> 500-0.5 mg	2	
Antihistamines		
Antihistamines		
<i>carbinoxamine maleate oral liquid</i> 4 (Carbzah) mg/5 ml	4	PA-HRM; AGE (Max 64 Years)
<i>carbzah oral liquid</i> 4 mg/5 ml (carbinoxamine maleate)	4	PA-HRM; AGE (Max 64 Years)
<i>clemastine oral tablet</i> 2.68 mg (Clemsza)	2	PA-HRM; AGE (Max 64 Years)
<i>clemasz oral tablet</i> 2.68 mg (clemastine)	2	PA-HRM; AGE (Max 64 Years)
<i>clemsza oral tablet</i> 2.68 mg (clemastine)	2	PA-HRM; AGE (Max 64 Years)
<i>cypheptadine oral syrup</i> 2 mg/5 ml	2	PA-HRM; AGE (Max 64 Years)
<i>cypheptadine oral tablet</i> 4 mg	2	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl oral solution</i> 10 mg/5 ml	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	4	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	PA-HRM; AGE (Max 64 Years)
Antihypoglycemic Agents		
Antihypoglycemic Agents, Miscellaneous		
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	5	NDS
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	2	PA; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (18 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	2	QL (18 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer, (Imitrex STATdose Pen) sub</i>	3	QL (4 per 28 days)
<i>sumatriptan 6 mg/0.5 ml autoinj sub (Imitrex STATdose Pen)</i>	4	QL (4 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	3	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg (Imitrex)</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg (Imitrex)</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml (Imitrex STATdose Pen)</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml (Imitrex STATdose Pen)</i>	3	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QL (5 per 28 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg (Treximet)</i>	4	QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg (Zomig)</i>	2	QL (12 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	3	QL (12 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	4	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG (rifapentine)	4	
<i>pyrazinamide oral tablet 500 mg</i>	3	
<i>rifabutin oral capsule 150 mg</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	3	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	3	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	3	PA BvD; QL (8 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	3	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	3	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	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)
<i>granisetron hcl oral tablet 1 mg</i>	4	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine rectal suppository</i> (Compro) 25 mg	3	
<i>promethazine oral tablet</i> 12.5 mg, 25 mg, 50 mg	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository</i> 12.5 mg, 25 mg (Promethegan)	4	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository</i> 12.5 mg, 25 mg, 50 mg (promethazine)	4	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch</i> (Transderm-Scop) 3 day 1 mg over 3 days	2	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet</i> 200 mg	3	
<i>atovaquone oral suspension</i> 750 mg/5 ml (Mepron)	3	
<i>atovaquone-proguanil oral tablet</i> 250-100 mg (Malarone)	2	
<i>atovaquone-proguanil oral tablet</i> 62.5-25 mg (Malarone Pediatric)	2	
<i>chloroquine phosphate oral tablet</i> 250 mg, 500 mg	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet</i> 100 mg	2	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet</i> 200 mg (Plaquenil)	2	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet</i> 300 mg (Sovuna)	2	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet</i> 400 mg	2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet</i> 3 mg (Stromectol)	2	
<i>ivermectin oral tablet</i> 6 mg	3	
<i>mefloquine oral tablet</i> 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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	5	NDS; QL (60 per 30 days)
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	3	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	3	
<i>praziquantel oral tablet 600 mg</i>	3	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	5	PA; NDS; QL (60 per 30 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i>	3	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	3	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 25-250 mg</i>	3	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	2	
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
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	5	PA; NDS; QL (560 per 28 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NDS; QL (2 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	3	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	3	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	3	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 14 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet</i> (Saphris) <i>10 mg, 2.5 mg, 5 mg</i>	3	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)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	3	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet 100 mg, 200</i> (Clozaril) <i>mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	3	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i>	3	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	3	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)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	ST; NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	4	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	3	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	3	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	3	
<i>fluphenazine hcl oral tablet 1 mg</i>	2	
<i>fluphenazine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, (Latuda) 40 mg, 60 mg, 80 mg</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	3	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	3	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	5	ST; NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	3	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	3	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	3	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (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)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)	2	QL (2 per 28 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres</i> (Rykindo) <i>intramuscular suspension,extended</i> <i>rel recon 25 mg/2 ml</i>	2	QL (2 per 28 days)
<i>risperidone microspheres</i> (Rykindo) <i>intramuscular suspension,extended</i> <i>rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	
<i>risperidone oral tablet 0.5 mg, 1 mg,</i> (Risperdal) <i>2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet,disintegrating</i> <i>0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating</i> <i>3 mg</i>	3	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating</i> <i>4 mg</i>	3	QL (120 per 30 days)
RYKINDO INTRAMUSCULAR (risperidone SUSPENSION,EXTENDED REL microspheres) RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	5	NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100</i> <i>mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg,</i> <i>2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10</i> <i>mg, 2 mg, 5 mg</i>	2	
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	3	QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg,</i> (Geodon) <i>40 mg, 60 mg, 80 mg</i>	2	
<i>ziprasidone mesylate intramuscular</i> (Geodon) <i>recon soln 20 mg/ml (final conc.)</i>	3	QL (6 per 28 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	
APTIVUS ORAL CAPSULE 250 MG	5	NDS
<i>atazanavir oral capsule 150 mg</i>	2	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	5	NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	5	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NDS
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	3	
DELSTRIGO ORAL TABLET 100-300-300 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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	3	
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	5	NDS
<i>efavirenz oral capsule 200 mg</i>	3	
<i>efavirenz oral capsule 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	3	
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i>	2	
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg</i>	5	NDS
<i>efavirenz-lamivu-tenofof disop oral tablet 600-300-300 mg</i> (Symfi)	5	NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	3	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	3	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-25-300 mg</i> (Complera)	5	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	3	
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
<i>fosamprenavir oral tablet 700 mg</i>	3	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
IDVYNZO ORAL TABLET 100-0.25 MG	5	NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NDS
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)	4	QL (480 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	3	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	3	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	3	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	3	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	3	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PIFELTRO ORAL TABLET 100 MG	5	NDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS
PREZISTA ORAL TABLET 150 MG	5	NDS
PREZISTA ORAL TABLET 75 MG	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
<i>rilpivirine hcl oral tablet 25 mg</i> (Edurant)	5	NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	5	NDS
SYMITUZA 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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TYBOST ORAL TABLET 150 MG	3	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
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NDS
<i>oseltamivir oral capsule 30 mg</i>	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
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)
<i>rimantadine oral tablet 100 mg</i> (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 (sofosbuvir-velpatasvir) MG	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)
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	3	PA BvD
<i>adefovir oral tablet 10 mg</i>	3	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>lagevrio (eua) oral capsule 200 mg</i>	4	QL (40 per 5 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	NDS
<i>valganciclovir oral tablet 450 mg</i>	2	
VEMLIDY ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	3	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	3	QL (960 per 30 days)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	3	QL (120 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	3	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	3	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	3	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	3	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	3	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	5	NDS; QL (24 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 2.5 mg/0.5 ml	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 5 (Arixtra) mg/0.4 ml	5	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 7.5 mg/0.6 ml	3	QL (18 per 30 days)
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	2	
<i>jantoven oral tablet</i> 1 mg, 10 mg, 2 (warfarin) mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
<i>rivaroxaban oral suspension for</i> (Xarelto) <i>reconstitution</i> 1 mg/ml	2	QL (600 per 30 days)
<i>rivaroxaban oral tablet</i> 2.5 mg (Xarelto)	2	
<i>warfarin oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
Blood Formation Modifiers		
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)
<i>eltrombopag olamine oral powder in</i> (Promacta) <i>packet</i> 12.5 mg	5	PA; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral powder in</i> (Promacta) <i>packet</i> 25 mg	5	PA; NDS; QL (180 per 30 days)
<i>eltrombopag olamine oral tablet</i> 12.5 (Promacta) mg	5	PA; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral tablet</i> 25 (Promacta) mg	5	PA; NDS; QL (30 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i> (Promacta)	5	PA; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
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)
<i>tranexamic acid oral tablet 650 mg</i>	2	
Platelet-Aggregation Inhibitors		

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	2	
<i>ticagrelor oral tablet 60 mg, 90 mg</i> (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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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
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
<i>d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution</i>	(d5 % and 0.9 % sodium chloride)	2
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	(D5 % (d-glucose)-0.9 % sodchlr)	2
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>		2
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>		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		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	4	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML)	5	PA; NDS; QL (3600 per 30 days)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	6	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	6	
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	6	
<i>irbesartan oral tablet 75 mg</i>	6	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	6	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	6	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	6	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	6	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	6	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	6	
<i>sacubitril-valsartan oral tablet 24-26 mg</i> (Entresto)	2	QL (180 per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i> (Entresto)	2	QL (60 per 30 days)
<i>telmisartan oral tablet 20 mg</i>	6	
<i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis)	6	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	4	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	6	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	6	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	6	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	6	
<i>benazepril oral tablet 5 mg</i>	6	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	6	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	6	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	3	ST; QL (1200 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	6	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	6	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	6	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	6	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	6	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i> (Altace)	6	
<i>ramipril oral capsule 10 mg</i>	6	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg</i> (Pacerone)	2	
<i>amiodarone oral tablet 400 mg</i>	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	3	PA-HRM; AGE (Max 64 Years)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg (amiodarone)</i>	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	3	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	3	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	3	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	4	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	2	
<i>sotalol oral tablet 240 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
Calcium-Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg</i> (Lotrel)	6	
<i>amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	6	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	6	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	6	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	3	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	4	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	
<i>diltiazem hcl oral tablet 90 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	4	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	4	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	4	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	ST; QL (300 per 30 days)
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	4	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	4	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i> (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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release 24hr 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	2	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	4	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
Cardiovascular Agents, Miscellaneous		
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	5	PA; NDS; QL (0.8 per 28 days)
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Lanoxin)	1	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	5	PA; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	3	ST; QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i>	5	PA; NDS
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	2	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	
<i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant)	5	PA; NDS; QL (18 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NDS; QL (30 per 30 days)
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg</i> (Jynarque)	5	PA; NDS; QL (120 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan (polycystic kidney disease) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i> (Jynarque)	5	PA; NDS; QL (56 per 28 days)
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazide oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	6	
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	6	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	6	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine)	2	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	4	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	2	
<i>colestipol oral packet 5 gram</i>	3	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	6	QL (30 per 30 days)

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

01/01/2027

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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	6	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	6	
<i>simvastatin oral tablet 5 mg, 80 mg</i>	6	
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML	5	PA; NDS; QL (0.8 per 28 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	3	
<i>eplerenone oral tablet 25 mg</i> (Inspra)	2	
<i>eplerenone oral tablet 50 mg</i>	2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; QL (30 per 30 days)
<i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir)	2	ST; QL (600 per 30 days)
Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide-hydralazine oral tablet</i> (BiDil) 20-37.5 mg	4	
<i>minoxidil oral tablet</i> 10 mg, 2.5 mg	2	
<i>nitroglycerin sublingual tablet</i> 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	2	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule</i> 10 mg, 18 mg, 25 mg, 40 mg	2	QL (60 per 30 days)
<i>atomoxetine oral capsule</i> 100 mg, 60 mg, 80 mg	2	QL (30 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
<i>dexmethylphenidate oral tablet</i> 10 mg, 2.5 mg, 5 mg (Focalin)	2	QL (60 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i> (Dexedrine Spansule)	4	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	4	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	2	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Zenzedi)	2	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i> (Zenzedi)	2	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenzedi)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)-80 MG (21)	5	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	3	
<i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 40 mg, 60 mg</i>	3	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg</i> (Ritalin LA)	3	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	3	QL (60 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	3	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	2	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	4	QL (30 per 30 days)
<i>riluzole oral tablet 50 mg</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	3	PA; QL (112 per 28 days)
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 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)	1	
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	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) (l norgest/e.estradiol-e.estrad)	1	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)	1	
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)	1	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)	1	
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	

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01/01/2027

Drug Name		Drug Tier	Requirements/Limits
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>balziva (28) oral tablet 0.4-35 mcg</i>		2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		2	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	2	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Lo-Zumandimine (28))	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Syeda)	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>emzahh oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>estarylla oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Valtya)	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	3	

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01/01/2027

Drug Name		Drug Tier	Requirements/Limits
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	4	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
<i>june fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		4	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	1	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	1	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	1	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	4	

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Aviane)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Setlakin)	1	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		3	
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>meleya oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	3	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>mili oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		4	
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG		3	
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	2	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Deblitane)	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	2	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(Gemmily)	3	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Blisovi Fe 1/20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Blisovi Fe 1.5/30 (28))	1	

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(Tri-Lo-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(Tri-Sprintec (28))	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i>	(Mili)	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>		2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>orquidea oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>		2	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(1 norgest/e.estradiol-e.estrad)	1	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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		4	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	3	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	2	

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>tyblume oral tablet, chewable 0.1 mg-20 mcg</i>		4	
<i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		2	
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>violele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>		2	
<i>vylibra oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	4	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Periogard)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg</i>	(Salagen (pilocarpine))	2	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	(Salagen (pilocarpine))	4	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	2	
Dermatological Agents			
Anti-Infectives (Skin And Mucous Membrane)			
<i>acyclovir topical cream 5 %</i>	(Zovirax)	4	QL (5 per 4 days)
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	2	QL (30 per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	(Cleocin)	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	(Vandazole)	2	
<i>penciclovir topical cream 1 %</i>	(Denavir)	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		2	
<i>terconazole vaginal suppository 80 mg</i>		4	
Dermatological Agents, Other			
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	(isotretinoin)	3	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		3	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	2	
<i>calcipotriene scalp solution 0.005 %</i> (Pellix)	3	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	3	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	3	QL (120 per 30 days)
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i>	2	QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	5	ST; NDS; QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	5	NDS
<i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv) (w/w)	3	QL (30 per 30 days)
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (60 per 28 days)
<i>podofilox topical solution 0.5 %</i>	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)
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	4	
<i>tazarotene topical cream 0.05 %</i> (Tazorac)	3	
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.01 %, 0.025 %</i> (Retin-A)	2	PA

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin topical gel 0.05 %</i> (Atralin)	4	PA
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	3	
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	4	QL (100 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	2	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i>	4	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	4	
<i>gentamicin topical cream 0.1 %</i>	2	QL (90 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	4	
<i>metronidazole topical gel 1 %</i> (Metrogel)	4	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	4	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	QL (220 per 30 days)
<i>rosadan topical cream 0.75 %</i> (metronidazole)	2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	2	
<i>ala-scalp topical lotion 2 %</i> (hydrocortisone)	4	
<i>alclometasone topical cream 0.05 %</i>	2	

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

01/01/2027

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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone topical cream 0.05 %</i> (Topicort)	4	QL (120 per 30 days)
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	2	QL (120 per 30 days)
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	4	QL (120 per 30 days)
<i>desoximetasone topical ointment 0.05 %</i> (Topicort)	4	
<i>desoximetasone topical ointment 0.25 %</i> (Topicort)	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	2	
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	3	PA; QL (224 per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	2	
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone 2.5% cream</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate topical cream 0.1 %</i>	4	QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Evesse)	4	QL (236 per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	4	QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	4	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
Scabicides And Pediculicides		

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
<i>malathion topical lotion 0.5 %</i>	(Ovide)	2	
<i>permethrin topical cream 5 %</i>		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 PNTIP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 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
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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE PEN NEEDLE 4MM (pen needle, diabetic) 33G 33 GAUGE X 5/32"	2	PA; ST
ADVOCATE PEN NEEDLES 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	2	PA; ST
ADVOCATE PEN NEEDLES 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	2	PA; ST
ALCOHOL PADS TOPICAL PADS, (alcohol swabs) MEDICATED	1	PA; ST
AQINJECT PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST
AQINJECT PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
ASSURE ID DUO PRO NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" 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
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
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	2	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
COMFORT EZ PRO PEN NDL 31G (pen needle, diabetic, 4MM 31 GAUGE X 5/32" safety)	2	PA; ST
COMFORT EZ PRO PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety)	2	PA; ST
COMFORT EZ SYR 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE X u-100) 1/2"	2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML 27G (insulin syringe-needle 12.7MM 1 ML 27 GAUGE X 1/2" u-100)	2	PA; ST
COMFORT EZ SYR 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
COMFORT EZ SYR 1 ML (insulin syringe-needle 29GX1/2" 1 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
COMFORT EZ SYR 1 ML (insulin syringe-needle 30GX1/2" 1 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
COMFORT EZ SYR 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X 5/16 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 (pen needle, diabetic) 4MM 31 GAUGE X 5/32"	2	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	2	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	2	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	2	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	2	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	2	PA; ST
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
CURITY ALCOHOL PREPS 2 (alcohol swabs) PLY,MEDIUM	1	PA; ST
CURITY GAUZE PADS 2 X 2 " (gauze bandage)	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	PA; ST
DERMACEA 2"X2" GAUZE 12 (gauze bandage) PLY, USP TYPE VII 2 X 2 "	1	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2"	2	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	2	PA; ST

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
DROPLET INS 0.3 ML (insulin syringe-needle 29GX12.5MM 0.3 ML 29 GAUGE u-100) X 1/2"	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 (insulin syringe-needle 30GX12.5MM 0.3 ML 30 GAUGE u-100) X 1/2"	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 (insulin syringe-needle 12.7MM OUTER 0.5 ML 29 u-100) GAUGE X 1/2"	2	PA; ST
DROPLET INS 0.5 ML 30G (insulin syringe-needle 12.7MM OUTER 0.5 ML 30 u-100) GAUGE X 1/2"	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

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
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
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

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

01/01/2027

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

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
INCONTROL PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	2	PA; ST
INCONTROL PEN NEEDLE 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	2	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (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	
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 (Ultilet Insulin Syringe) 29	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

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01/01/2027

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRIN 0.5 ML (Advocate Syringes) 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
INSULIN SYRINGE 0.5 ML 27G 1/2" (Easy Touch Insulin Syringe) INNER 1/2 ML 27 GAUGE X 1/2"	2	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML (insulin syringe-needle u-100) 29 GAUGE	2	PA; ST
INSULIN SYRINGE 0.3 ML (Sure Comfort Insulin Syringe) 31GX1/4 0.3 ML 31 GAUGE X 1/4"	2	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML (insulin syringe-needle u-100) 29	2	PA; ST
INSULIN SYRINGE 0.5 ML (Easy Touch Insulin Syringe) 31GX1/4 1/2 ML 31 GAUGE X 1/4"	2	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	2	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" (Comfort EZ Insulin Syringe) INNER 1 ML 27 GAUGE X 1/2"	2	PA; ST
INSULIN SYRINGE 1 ML (Comfort EZ Insulin Syringe) 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	2	PA; ST
INSULIN SYRINGE 1 ML (BD Eclipse Luer-Lok) 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	2	PA; ST
INSULIN SYRINGE 1 ML (Advocate Syringes) 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	2	PA; ST
INSULIN SYRINGE 1 ML (Easy Touch Insulin Syringe) 31GX1/4" 1 ML 31 GAUGE X 1/4"	2	PA; ST
INSULIN SYRINGE 1 ML (Advocate Syringes) 31GX5/16" SHORT NEEDLE, THIN II (OTC) 1 ML 31 GAUGE X 5/16	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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
INSULIN U-500 SYRINGE- NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"	2	PA; ST
INSUPEN PEN NEEDLE 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	2	PA; ST
INSUPEN PEN NEEDLE 31G 8MM (pen needle, diabetic) 31 GAUGE X 5/16"	2	PA; ST
INSUPEN PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
INSUPEN PEN NEEDLE 32G 4MM (pen needle, diabetic) 32 GAUGE X 5/32"	2	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (pen needle, diabetic) (RX) 32 GAUGE X 1/4"	2	PA; ST
IV ANTISEPTIC WIPES (alcohol swabs)	1	PA; ST
KENDALL ALCOHOL 70% PREP (alcohol swabs) PAD	1	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "	1	PA; ST
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 (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	2	PA; ST
MAXICOMFORT INS 0.5 ML (insulin syringe-needle 27GX1/2" 1/2 ML 27 GAUGE X u-100) 1/2"	2	PA; ST
MAXI-COMFORT INS 0.5 ML 28G (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
MAXICOMFORT INS 1 ML (insulin syringe-needle 27GX1/2" 1 ML 27 GAUGE X 1/2" u-100)	2	PA; ST

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		2	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		2	PA; ST
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	2	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	2	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	2	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	2	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) (insulin syringes (disposable))	2	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2"	2	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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)
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 (Embrace Pen Needle) 30 GAUGE X 3/16"	2	PA; ST
PEN NEEDLE 30G 8MM INNER 30 (CareFine Pen Needle) GAUGE X 5/16"	2	PA; ST
PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16"	2	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 (1st Tier Unifine GAUGE X 1/4" Pentips)	2	PA; ST
PEN NEEDLE 33G 4MM 33 (Advocate Pen Needle) GAUGE X 5/32"	2	PA; ST
PEN NEEDLE, DIABETIC (1st Tier Unifine Pentips NEEDLE 29 GAUGE X 1/2" Plus)	2	PA; ST
PEN NEEDLES 12MM 29G (pen needle, diabetic) 29GX12MM,STRL 29 GAUGE X 1/2"	2	PA; ST
PEN NEEDLES 4MM 32G 32 (pen needle, diabetic) GAUGE X 5/32"	2	PA; ST

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES 5MM 31G (pen needle, diabetic) 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	2	PA; ST
PEN NEEDLES 8MM 31G (pen needle, diabetic) 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	2	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	2	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	2	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" (pen needle, diabetic) MINI, 5MM 31 GAUGE X 3/16"	2	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" (pen needle, diabetic) SHORT, 8MM 31 GAUGE X 5/16"	2	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" (pen needle, diabetic) 32 GAUGE X 1/4"	2	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" (pen needle, diabetic) 32 GAUGE X 5/32"	2	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 (pen needle, diabetic) GAUGE X 3/16"	2	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 (pen needle, diabetic) GAUGE X 5/32"	2	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 (insulin syringe-needle ML 30 GAUGE X 1/2" u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 (insulin syringe-needle ML 30 GAUGE X 5/16 u-100)	2	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 (insulin syringe-needle ML 31 GAUGE X 5/16 u-100)	2	PA; ST

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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 (Comfort Touch Pen 4MM 31 GAUGE X 5/32" Needle)	2	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	2	PA; ST
RAYA SURE PEN NEEDLE 31G (True-Comfort Pro Pen 6MM 31 GAUGE X 15/64" Needle)	2	PA; ST
RELION INS SYR 0.3 ML (Comfort EZ Insulin 31GX6MM 0.3 ML 31 GAUGE X Syringe) 15/64"	2	PA; ST
RELION INS SYR 0.5 ML (Comfort EZ Insulin 31GX6MM 1/2 ML 31 GAUGE X Syringe) 15/64"	2	PA; ST
RELION INS SYR 1 ML (Comfort EZ Insulin 31GX15/64" 1 ML 31 GAUGE X Syringe) 15/64"	2	PA; ST
RELION PEN NEEDLE 32GX5/32" (1st Tier Unifine 32 GAUGE X 5/32" Pentips)	2	PA; ST
RELION SYRING 0.3 ML (Advocate Syringes) 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
RELION SYRING 0.5 ML (Advocate Syringes) 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	2	PA; ST

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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
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

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01/01/2027

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

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

01/01/2027

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

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

01/01/2027

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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
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
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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	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" (insulin syringe-needle 0.3 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
ULTICARE SYR 0.3 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.3 ML 31 u-100) GAUGE X 5/16"	2	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
ULTICARE SYR 0.5 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.5 ML 31 u-100) GAUGE X 5/16"	2	PA; ST
ULTICARE SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	2	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	2	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	2	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	2	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	2	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	2	PA; ST

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFE PK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	2	PA; ST
ULTIGUARD SAFE PK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	2	PA; ST
ULTILET ALCOHOL STERL (alcohol swabs) SWAB	1	PA; ST
ULTILET INSULIN SYRINGE 0.3 (insulin syringe-needle ML 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
ULTILET INSULIN SYRINGE 0.5 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", 0.5 u-100) ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
ULTILET INSULIN SYRINGE 1 (insulin syringe-needle ML 1 ML 29 GAUGE X 1/2", 1 ML u-100) 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	PA; ST
ULTILET PEN NEEDLE 29 GAUGE	2	PA; ST
ULTILET PEN NEEDLE 4MM 32G (pen needle, diabetic) 32 GAUGE X 5/32"	2	PA; ST
ULTRA COMFORT 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
ULTRA COMFORT 0.3 ML (insulin syringe-needle SYRINGE 0.3 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
ULTRA COMFORT 0.5 ML (insulin syringe-needle 28GX1/2" CONVERTS TO 29G 1/2 u-100) ML 28 GAUGE X 1/2"	2	PA; ST
ULTRA COMFORT 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
ULTRA COMFORT 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	PA; ST

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
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
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

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

01/01/2027

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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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 (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
ULTRA-FINE INS SYR 1 ML 31G (insulin syringe-needle 6MM 1 ML 31 GAUGE X 15/64" u-100)	2	PA; ST
ULTRA-FINE INS SYR 1 ML 31G (insulin syringe-needle 8MM 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
ULTRA-FINE PEN NDL 29G (pen needle, diabetic) 12.7MM 29 GAUGE X 1/2"	2	PA; ST
ULTRA-FINE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST
ULTRA-FINE PEN NEEDLE 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST
ULTRA-FINE PEN NEEDLE 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	PA; ST
ULTRA-FINE SYR 0.3 ML 31G (insulin syringe-needle 6MM 0.3 ML 31 GAUGE X 15/64" u-100)	2	PA; ST
ULTRA-FINE SYR 0.3 ML 31G (insulin syringe-needle 8MM 0.3 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
ULTRA-FINE SYR 0.5 ML 31G (insulin syringe-needle 6MM 1/2 ML 31 GAUGE X 15/64" u-100)	2	PA; ST
ULTRA-FINE SYR 0.5 ML 31G (insulin syringe-needle 8MM 0.5 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
ULTRA-FINE SYR 1 ML 30G (insulin syringe-needle 12.7MM 1 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 (insulin syringe-needle ML 31 GAUGE X 5/16 u-100)	2	PA; ST
ULTRA-THIN II INS 0.3 ML 30G (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
ULTRA-THIN II INS 0.3 ML 31G (insulin syringe-needle 0.3 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 29G (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 30G (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	2	PA; ST

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

01/01/2027

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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	2	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32"	2	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
UNIFINE SAFECONTROL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety)	2	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64"	2	PA; ST
UNIFINE ULTRA PEN NDL 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	2	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	2	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST

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

01/01/2027

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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	2	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	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
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	PA; ST
WEBCOL ALCOHOL PREPS (alcohol swabs) 20'S,LARGE	1	PA; ST
WM UNIFINE PENTIP PLUS 8MM (pen needle, diabetic) 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	2	PA; ST
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)
<i>javygtor oral tablet,soluble 100 mg</i> (sapropterin)	5	PA; NDS
<i>miglustat oral capsule 100 mg</i> (Yargesa)	5	PA; NDS; QL (90 per 30 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	5	PA; NDS

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS
<i>yargesa oral capsule 100 mg</i> (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		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	2	QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	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

01/01/2027

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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	4	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc)	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-polymyxin)	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b)	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin ophthalmic (eye) drops</i> 0.3 %	1	
<i>tobramycin-dexamethasone</i> <i>ophthalmic (eye) drops,suspension</i> 0.3-0.1 %	2	
<i>tobramycin-lotepred ophthalmic</i> (Zylet) <i>(eye) drops,suspension 0.3-0.5 %</i>	3	
<i>trifluridine ophthalmic (eye) drops 1</i> %	2	
XDEMVIY 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		
<i>bromfenac ophthalmic (eye) drops</i> (Prolensa) 0.07 %	3	
<i>bromfenac ophthalmic (eye) drops</i> (BromSite) 0.075 %	3	
<i>bromfenac ophthalmic (eye) drops</i> 0.09 %	4	
<i>cyclosporine ophthalmic (eye)</i> (Restasis) <i>dropperette 0.05 %</i>	3	QL (60 per 30 days)
<i>dexamethasone sodium phosphate</i> <i>ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye)</i> <i>drops 0.1 %</i>	2	
<i>difluprednate ophthalmic (eye) drops</i> (Durezol) 0.05 %	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol</i> 25 mcg (0.025 %)	4	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops 0.01 %</i>	2	
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops,suspension 0.1 %</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	4	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	4	QL (15 per 19 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	3	QL (12 per 28 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	2	QL (34 per 30 days)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	3	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	1	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	4	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	4	ST; QL (60 per 30 days)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	4	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	2	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	2	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i> (Zegerid OTC)	4	ST
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	1	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	2	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	4	QL (168 per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	PA
Gastrointestinal Agents, Other		
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	3	QL (168 per 14 days)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	5	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	3	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	4	PA-HRM; AGE (Max 64 Years)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NDS
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>glycerol phenylbutyrate oral liquid 1.1 gram/ml</i> (Ravicti)	5	PA; NDS
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	
IQIRVO ORAL TABLET 80 MG	5	PA; NDS; QL (30 per 30 days)
<i>kionex oral suspension 15 gram/60 ml</i> (sodium polystyrene sulfonate)	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	3	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LIVDELZI ORAL CAPSULE 10 MG	5	PA; NDS; QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	
<i>lubiprostone oral capsule 24 mcg</i>	2	QL (60 per 30 days)
<i>lubiprostone oral capsule 8 mcg</i> (Amitiza)	2	QL (120 per 30 days)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	4	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
RELISTOR ORAL TABLET 150 MG	5	PA; NDS; QL (90 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	2	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	PA; NDS

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	2	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i> (Kionex)	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
TRULANCE ORAL TABLET 3 MG	3	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg</i>	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	5	PA; NDS; QL (12 per 30 days)
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (84 per 28 days)
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	3	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	3	
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	3	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	3	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	4	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	4	QL (120 per 30 days)
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	3	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	4	
Laxatives		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	2	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	2	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	2	
<i>flavoxate oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	4	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	2	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	4	
<i>trospium oral tablet 20 mg</i>	2	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	4	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiopronin oral tablet 100 mg</i> (Thiola)	5	NDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	2	PA
<i>deferasirox oral tablet, dispersible 125 mg, 500 mg</i> (Exjade)	3	PA
<i>deferasirox oral tablet, dispersible 250 mg</i> (Exjade)	5	PA; NDS
<i>deferiprone oral tablet 1,000 mg</i> (Ferriprox)	5	PA; NDS
<i>deferiprone oral tablet 500 mg</i>	5	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NDS; QL (240 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	3	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	4	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)	4	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	4	PA; QL (180 per 30 days)
Estrogens And Antiestrogens		
<i>abigale lo oral tablet 0.5-0.1 mg</i> (estradiol-norethindrone acet)	1	
<i>abigale oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
<i>amabelz oral tablet 0.5-0.1 mg</i> (estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
<i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i> (Premarin)	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>dotti transdermal patch semiweekly</i> (estradiol) 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	2	QL (8 per 28 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch</i> (Dotti) <i>semiweekly</i> 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	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i> (Climara) 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	2	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	4	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil</i> (Delestrogen) 10 mg/ml, 20 mg/ml	4	
<i>estradiol valerate intramuscular oil</i> 40 mg/ml	4	
<i>estradiol-norethindrone acet oral</i> (Abigale Lo) <i>tablet 0.5-0.1 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>estradiol-norethindrone acet oral</i> (Abigale) <i>tablet 1-0.5 mg</i>	2	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	ST; QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg,</i> (norethindrone ac-eth <i>1-5 mg-mcg</i> estradiol)	2	
<i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	
<i>lyllana transdermal patch</i> (estradiol) <i>semiweekly</i> 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	2	QL (8 per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral</i> (Fyavolv) <i>tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>norethin-eth estrad 1 mg-5 mcg 1-5 mg-mcg</i> (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)
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvaferm vaginal tablet 10 mcg</i> (estradiol)	4	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
HEMADY ORAL TABLET 20 MG	4	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
ISTURISA ORAL TABLET 1 MG	5	PA; NDS; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; NDS; QL (360 per 30 days)
<i>methylprednisolone acetate injection suspension 40 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	2	
<i>methylprednisolone oral tablet 32 mg</i>	2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	1	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	5	PA; NDS; QL (120 per 30 days)
<i>triamcinolone acetonide injection (Kenalog) suspension 40 mg/ml</i>	2	
Incretin Mimetics		
<i>liraglutide subcutaneous pen injector (Victoza 2-Pak) 0.6 mg/0.1 ml (18 mg/3 ml)</i>	3	PA; QL (9 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)
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)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	3	PA; QL (30 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)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	3	PA; QL (30 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	3	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; QL (3 per 28 days)
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)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
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
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	5	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; NDS

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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 FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	2	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	5	PA; NDS
Progestins		

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol 400 mg/10 ml susp cup outer 400 mg/10 ml (10 ml)</i>	2	PA-HRM; AGE (Max 64 Years)
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA-HRM; AGE (Max 64 Years)
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	3	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levo-T)	1	
<i>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i> (liothyronine)	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Liomny)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; NDS
Immunological Agents		
Immunological Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml</i> (Yuflyma(CF) Autoinjector)	5	PA; NDS
<i>adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml</i> (adalimumab-aaty(CF) AI Crohns)	5	PA; NDS
<i>adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml</i> (Yuflyma(CF))	5	PA; NDS
<i>adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml</i> (adalimumab-aaty)	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NDS
<i>auranofin oral capsule 3 mg</i> (Ridaura)	5	NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
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

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01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	2	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	2	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	2	PA BvD
<i>cyclosporine modified oral solution</i> (Neoral) 100 mg/ml	3	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)	3	PA BvD
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 120 mg (Tecfidera)	3	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 120 mg (14)- 240 mg (46) (Tecfidera)	3	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 240 mg (Tecfidera)	3	PA; QL (60 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 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
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA; NDS
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	5	PA; NDS

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	5	PA; NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress) tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	3	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress) tablet 1 mg</i>	5	PA BvD; NDS
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)
<i>fingolimod oral capsule 0.5 mg (Gilenya)</i>	3	PA; QL (30 per 30 days)
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
<i>gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml (cyclosporine modified)</i>	3	PA BvD
<i>glatiramer subcutaneous syringe 20 mg/ml (Glatopa)</i>	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml (Glatopa)</i>	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml (glatiramer)</i>	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml (glatiramer)</i>	5	PA; NDS; QL (12 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO- INJECTOR 40 MG/0.8 ML	5	PA; NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA; NDS

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
HADLIMA(CF) PUSHTOUCH (adalimumab-bwwd) SUBCUTANEOUS AUTO- INJECTOR 40 MG/0.4 ML	5	PA; NDS
HADLIMA(CF) SUBCUTANEOUS (adalimumab-bwwd) SYRINGE 40 MG/0.4 ML	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) PEN CROHNS-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
<i>infliximab intravenous recon soln</i> (Remicade) <i>100 mg</i>	5	PA; NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	

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01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil (hcl)</i> (CellCept Intravenous) <i>intravenous recon soln 500 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral capsule</i> (CellCept) <i>250 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral</i> (CellCept) <i>suspension for reconstitution 200</i> <i>mg/ml</i>	3	PA BvD
<i>mycophenolate mofetil oral tablet</i> (CellCept) <i>500 mg</i>	2	PA BvD
<i>mycophenolate sodium oral</i> (Myfortic) <i>tablet, delayed release (dr/ec) 180</i> <i>mg, 360 mg</i>	2	PA BvD
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)
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)- 30 MG (47), 10 MG (4)-20 MG (4)- 30 MG(19)	5	PA; NDS
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	5	PA; NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	5	PA; NDS
OTULFI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA
OTULFI SUBCUTANEOUS (ustekinumab-aaaz) SYRINGE 45 MG/0.5 ML	3	PA

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
OTULFI SUBCUTANEOUS (ustekinumab-aaaz) SYRINGE 90 MG/ML	5	PA; NDS
<i>pimecrolimus topical cream 1 %</i>	4	QL (100 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
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NDS
SAPHNELO PEN SUBCUTANEOUS AUTO- INJECTOR 120 MG/0.8 ML	5	PA; NDS; QL (3.2 per 28 days)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 45 MG/0.5 ML	3	PA
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 90 MG/ML	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i>	3	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NDS

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
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
<i>tacrolimus intravenous solution 5 mg/ml</i> (Prograf)	3	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	3	PA BvD
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i> (Astagraf XL)	2	PA BvD
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NDS; QL (180 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	5	PA; NDS; QL (30 per 30 days)
THALOMID ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (224 per 28 days)
<i>tofacitinib oral solution 1 mg/ml</i> (Xeljanz)	5	PA; NDS
<i>tofacitinib oral tablet 10 mg, 5 mg</i> (Xeljanz)	5	PA; NDS
<i>tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg</i> (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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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
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
VELSIPITY ORAL TABLET 2 MG	5	PA; NDS; QL (30 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
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
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	5	PA; NDS
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	5	PA; NDS
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	\$0 copay

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	3	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	3	
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; \$0 copay
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; \$0 copay

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

01/01/2027

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

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

01/01/2027

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

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

01/01/2027

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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	\$0 copay
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine)	\$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

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	3	\$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	\$0 copay
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray,non- aerosol 200 unit/actuation</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	4	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	3	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	3	QL (120 per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	4	
<i>paricalcitol oral capsule 4 mcg</i>	4	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	5	NDS; QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	4	QL (30 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	4	QL (4 per 28 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity)	5	PA; NDS; QL (2.24 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; NDS; QL (1.56 per 30 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	5	PA; NDS
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	5	PA; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	PA; QL (60 per 30 days)
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)
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; NDS; QL (30 per 30 days)
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	5	PA; NDS; QL (180 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO- INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule</i> <i>100 mg, 25 mg, 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg,</i> <i>15 mg, 25 mg, 5 mg</i>	2	
<i>levocarnitine (with sugar) oral</i> (Carnitor) <i>solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	4	
<i>mesna oral tablet 400 mg</i> (Mesnex)	3	
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
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended</i> <i>release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg,</i> <i>250 mg</i>	2	
<i>acetazolamide sodium injection</i> <i>recon soln 500 mg</i>	2	
<i>betaxolol ophthalmic (eye) drops 0.5</i> <i>%</i>	4	
<i>bimatoprost ophthalmic (eye) drops</i> (Lumigan) <i>0.01 %</i>	3	
<i>bimatoprost ophthalmic (eye) drops</i> <i>0.03 %</i>	4	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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine ophthalmic (eye) drops</i> (Alphagan P) 0.1 %	4	
<i>brimonidine ophthalmic (eye) drops</i> (Alphagan P) 0.15 %	2	
<i>brimonidine ophthalmic (eye) drops</i> 0.2 %	2	
<i>brimonidine-timolol ophthalmic (eye) drops</i> (Combigan) 0.2-0.5 %	2	
<i>brinzolamide ophthalmic (eye) drops,suspension</i> (Azopt) 1 %	3	
<i>carteolol ophthalmic (eye) drops</i> 1 %	1	
<i>dorzolamide ophthalmic (eye) drops</i> 2 %	2	
<i>dorzolamide-timolol ophthalmic (eye) drops</i> (Cosopt) 22.3-6.8 mg/ml	1	
<i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 %	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	2	
<i>methazolamide oral tablet</i> 25 mg, 50 mg	4	
<i>pilocarpine hcl ophthalmic (eye) drops</i> 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	
<i>tafluprost (pf) ophthalmic (eye) dropperette</i> (Zioptan (PF)) 0.0015 %	4	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye) drops</i> 0.25 %, 0.5 %	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i> 0.25 %, 0.5 %	4	
<i>timolol ophthalmic (eye) drops</i> 0.5 % (Betimol)	1	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	4	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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
Parasympathomimetic (Cholinergic Agents)		
Parasympathomimetic (Cholinergic Agents)		
<i>pyridostigmine bromide oral syrup</i> (Mestinon) 60 mg/5 ml	4	
<i>pyridostigmine bromide oral tablet</i> 30 mg	4	
<i>pyridostigmine bromide oral tablet</i> (Mestinon) 60 mg	2	
<i>pyridostigmine bromide oral tablet</i> (Mestinon Timespan) <i>extended release 180 mg</i>	4	
Replacement Preparations		
Replacement Preparations		
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE	4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>klor-con m10 oral tablet,er</i> (potassium chloride) <i>particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er</i> (potassium chloride) <i>particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er</i> (potassium chloride) <i>particles/crystals 20 meq</i>	2	
<i>magnesium sulfate injection solution</i> 500 mg/ml (50 %)	2	
<i>magnesium sulfate injection syringe</i> 500 mg/ml (50 %)	2	
PLASMA-LYTE A (electrolyte-a) 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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	4	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	2	
<i>potassium chloride oral tablet extended release 15 meq, 20 meq</i>	2	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	2	
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)	2	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA (fluticasone furoate) INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	3	PA BvD; QL (120 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	3	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	3	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	3	QL (21.2 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
Bronchodilators		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	3	QL (12 per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	2	QL (36 per 30 days)

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>		2	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>		2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		4	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		3	QL (60 per 30 days)
<i>breyana inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(budesonide-formoterol)	3	QL (30.9 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)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	(Breo Ellipta)	3	QL (60 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	(Wixela Inhub)	2	QL (60 per 30 days)
<i>ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation</i>	(Atrovent HFA)	3	QL (25.8 per 28 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>		2	PA BvD

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)
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)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>theophylline oral solution 80 mg/15 ml</i>	3	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	4	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (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)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion-salmeterol)	2	QL (60 per 30 days)
Respiratory Tract Agents, Other		

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	3	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
JASCAYD ORAL TABLET 18 MG, 9 MG	5	PA; NDS; QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
<i>nintedanib oral capsule 100 mg, 150 mg</i> (Ofev)	5	PA; NDS; QL (60 per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib)	5	PA; NDS; QL (60 per 30 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)
<i>pirfenidone oral capsule 267 mg</i>	2	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	2	PA; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA BvD; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	3	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	3	QL (30 per 30 days)

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50- 75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NDS; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	5	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 50 mg</i>	4	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	

Sleep Disorder Agents

Sleep Disorder Agents

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	2	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; NDS; QL (150 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	PA; LA; NDS; QL (540 per 30 days)
<i>tasimelteon oral capsule 20 mg</i> (Hetlio)	5	PA; NDS; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	QL (30 per 30 days)
Sympathomimetic (Adrenergic) Agents		
Sympathomimetic (Adrenergic) Agents		
<i>droxidopa oral capsule 100 mg</i> (Northera)	2	PA; QL (180 per 30 days)
<i>droxidopa oral capsule 200 mg</i> (Northera)	5	PA; NDS; QL (180 per 30 days)
<i>droxidopa oral capsule 300 mg</i> (Northera)	3	PA; QL (180 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	3	QL (4 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)

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

01/01/2027

Drug Name		Drug Tier	Requirements/Limits
<i>alyq oral tablet 20 mg</i>	(tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg</i>	(Letairis)	3	PA; QL (30 per 30 days)
<i>ambrisentan oral tablet 5 mg</i>	(Letairis)	5	PA; NDS; QL (30 per 30 days)
<i>macitentan oral tablet 10 mg</i>	(Opsumit)	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	(Revatio)	2	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>		2	PA; QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	(Cialis)	2	PA; QL (30 per 30 days)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	(Remodulin)	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 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			
<i>bal-care dha combo pack 27-1-430 mg</i>		1	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>		1	
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>		1	
<i>folivane-ob capsule 85-1 mg</i>		1	
<i>marnatal-f capsule 60 mg iron-1 mg</i>		1	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)</i>	1	
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	
<i>pnv-omega softgel 28-1-300 mg</i>	1	
<i>pnv-select tablet 27-1 mg</i>	1	
<i>pr natal 400 combo pack 29-1-400 mg</i>	1	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
<i>prenatabs fa tablet 29-1 mg</i>	1	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg (pnv,calcium 72-iron,carb-folic)</i>	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)</i>	1	
<i>prenatal-u capsule 106.5-1 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	

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

01/01/2027

Drug Name	Drug Tier	Requirements/Limits
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>taron-c dha capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	1	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus softgel 28-1-300 mg</i>	1	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

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

01/01/2027

INDEX

1		
1ST TIER UNIFINE PENTIPS		
.....	106	
1ST TIER UNIFINE PENTIPS		
PLUS	106	
A		
<i>abacavir</i>	65	
<i>abacavir-lamivudine</i>	65	
ABELCET	49	
<i>abigale</i>	162	
<i>abigale lo</i>	162	
ABILIFY ASIMTUFII	59	
ABILIFY MAINTENA	59	
<i>abiraterone</i>	18	
<i>abirtega</i>	18	
ABRYSVO (PF)	176	
<i>acamprosate</i>	8	
<i>acarbose</i>	45	
<i>accutane</i>	100	
<i>acebutolol</i>	79	
<i>acetaminophen-codeine</i>	3	
<i>acetazolamide</i>	184	
<i>acetazolamide sodium</i>	184	
<i>acetic acid</i>	152	
<i>acetylcysteine</i>	191	
<i>acitretin</i>	100	
ACTHIB (PF)	177	
ACTIMMUNE	168	
<i>acyclovir</i>	70, 100	
<i>acyclovir sodium</i>	70	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)	177	
<i>adalimumab-aaty</i>	169	
<i>adalimumab-aaty(cf) ai crohns</i>		
.....	169	
<i>adefovir</i>	70	
ADEMPAS	193	
<i>adrucil</i>	18	
ADVAIR HFA	188	
ADVOCATE PEN NEEDLE		
.....	106, 107	
ADVOCATE SYRINGES...	106	
<i>afirmelle</i>	90	
AIMOVIG AUTOINJECTOR		
.....	53	
AIRSUPRA	188	
AKEEGA	18	
<i>ala-cort</i>	102	
<i>ala-scalp</i>	102	
<i>albendazole</i>	56	
<i>albuterol sulfate</i>	188, 189	
<i>alclometasone</i>	102, 103	
ALCOHOL PADS	107	
ALCOHOL PREP PADS	127	
ALCOHOL SWABS	123	
ALCOHOL WIPES	132	
ALECENSA	18	
<i>alendronate</i>	182	
<i>alfuzosin</i>	161	
<i>aliskiren</i>	86	
<i>allopurinol</i>	52	
<i>alosetron</i>	159	
<i>alprazolam</i>	9	
<i>altavera (28)</i>	90	
<i>alyacen 7/7/7 (28)</i>	90	
<i>alyq</i>	194	
<i>amabelz</i>	162	
<i>amantadine hcl</i>	57	
<i>ambrisentan</i>	194	
<i>amethia</i>	90	
<i>amethyst (28)</i>	90	
<i>amikacin</i>	10	
<i>amiloride</i>	83	
<i>amiloride-hydrochlorothiazide</i>		
.....	83	
<i>amiodarone</i>	78	
<i>amitriptyline</i>	41	
<i>amitriptyline-chlordiazepoxide</i>		
.....	41	
<i>amlodipine</i>	80	
<i>amlodipine-atorvastatin</i>	84	
<i>amlodipine-benazepril</i>	80	
<i>amlodipine-olmesartan</i>	80	
<i>amlodipine-valsartan</i>	80	
<i>amlodipine-valsartan-hcthiazid</i>		
.....	81	
<i>ammonium lactate</i>	101	
<i>amoxapine</i>	41	
<i>amoxicil-clarithromy-lansopraz</i>		
.....	156	
<i>amoxicillin</i>	15	
<i>amoxicillin-pot clavulanate</i> ...	15	
<i>amphotericin b</i>	50	
<i>amphotericin b liposome</i>	50	
<i>ampicillin</i>	15	
<i>ampicillin sodium</i>	15	
<i>ampicillin-sulbactam</i>	16	
<i>anagrelide</i>	73	
<i>anastrozole</i>	18	
ANDEMBRY		
AUTOINJECTOR	183	
ANORO ELLIPTA	189	
<i>apomorphine</i>	57	
<i>apraclonidine</i>	151	
<i>aprepitant</i>	55	
<i>apri</i>	90	
APTIVUS	65	
AQINJECT PEN NEEDLE .	107	

<i>aranelle (28)</i>	90	AVMAPKI.....	19	BD ULTRA-FINE ORIG PEN	
ARCALYST.....	169	AVMAPKI-FAKZYNJA.....	19	NEEDLE.....	109
AREXVY (PF).....	177	AVONEX.....	169	BD ULTRA-FINE SHORT	
ARIKAYCE.....	10	<i>ayuna</i>	91	PEN NEEDLE.....	109
<i>aripiprazole</i>	59	AYVAKIT.....	19	BD VEO INSULIN SYR	
ARISTADA.....	59, 60	<i>azacitidine</i>	19	(HALF UNIT).....	109
ARISTADA INITIO.....	59	<i>azathioprine</i>	169	BD VEO INSULIN SYRINGE	
<i>armodafinil</i>	193	<i>azathioprine sodium</i>	169	UF.....	109
ARNUITY ELLIPTA.....	188	<i>azelastine</i>	151	BELSOMRA.....	193
<i>asenapine maleate</i>	60	<i>azithromycin</i>	13, 14	<i>benazepril</i>	77
<i>ashlyna</i>	90	<i>aztreonam</i>	14	<i>benazepril-hydrochlorothiazide</i>	
<i>aspirin-dipyridamole</i>	74	<i>azurette (28)</i>	91	.....	77
ASSURE ID DUO PRO SFTY		B		<i>bendamustine</i>	19
PEN NDL.....	107	<i>bacitracin</i>	152	BENDEKA.....	19
ASSURE ID DUO-SHIELD	107	<i>bacitracin-polymyxin b</i>	152	BENLYSTA.....	169
ASSURE ID INSULIN		<i>baclofen</i>	192	<i>benztropine</i>	57
SAFETY.....	107	<i>bal-care dha</i>	194	<i>bepotastine besilate</i>	151
ASSURE ID PEN NEEDLE	107	<i>bal-care dha essential</i>	194	BESREMI.....	19
ASSURE ID PRO PEN		<i>balsalazide</i>	159	BESREMI PEN.....	19
NEEDLE.....	107	BALVERSA.....	19	<i>betaine</i>	183
<i>atazanavir</i>	65	<i>balziva (28)</i>	91	<i>betamethasone dipropionate</i>	103
<i>atenolol</i>	79	BAQSIMI.....	183	<i>betamethasone valerate</i>	103
<i>atenolol-chlorthalidone</i>	79	BCG VACCINE, LIVE (PF)	177	<i>betamethasone, augmented</i> ..	103
<i>atomoxetine</i>	87	BD ALCOHOL SWABS.....	108	BETASERON.....	169
<i>atorvastatin</i>	84	BD AUTOSHIELD DUO PEN		<i>betaxolol</i>	79, 184
<i>atovaquone</i>	56	NEEDLE.....	107	<i>bethanechol chloride</i>	160
<i>atovaquone-proguanil</i>	56	BD ECLIPSE LUER-LOK..	107	<i>bexarotene</i>	19
<i>atropine</i>	151	BD INSULIN SYRINGE	108	BEXSERO.....	177
<i>aubra eq</i>	90	BD INSULIN SYRINGE		<i>bicalutamide</i>	19
AUGTYRO.....	19	(HALF UNIT).....	107	BICILLIN L-A.....	16
<i>auranofin</i>	169	BD INSULIN SYRINGE		BIKTARVY.....	65
<i>aurovela 1.5/30 (21)</i>	90	ULTRA-FINE.....	108	<i>bimatoprost</i>	184
<i>aurovela 1/20 (21)</i>	90	BD SAFETYGLIDE INSULIN		<i>bismuth subcit k-metronidz-tcn</i>	
<i>aurovela 24 fe</i>	90	SYRINGE.....	108	.....	157
<i>aurovela fe 1.5/30 (28)</i>	90	BD SAFETYGLIDE SYRINGE		<i>bisoprolol fumarate</i>	79
<i>aurovela fe 1-20 (28)</i>	90	.....	108	<i>bisoprolol-hydrochlorothiazide</i>	
AUSTEDO.....	87	BD ULTRA-FINE MICRO		.....	79
AUSTEDO XR.....	87	PEN NEEDLE.....	108	<i>bleomycin</i>	19
AUSTEDO XR TITRATION		BD ULTRA-FINE MINI PEN		<i>blisovi 24 fe</i>	91
KT(WK1-4).....	87	NEEDLE.....	108	<i>blisovi fe 1.5/30 (28)</i>	91
AUVELITY.....	42	BD ULTRA-FINE NANO PEN		<i>blisovi fe 1/20 (28)</i>	91
<i>aviane</i>	91	NEEDLE.....	109	BOOSTRIX TDAP.....	177

BORDERED GAUZE.....	109	<i>calcipotriene</i>	101	<i>cefepime</i>	12
<i>bortezomib</i>	19	<i>calcitonin (salmon)</i>	182	<i>cefixime</i>	12
BOSULIF	19, 20	<i>calcitriol</i>	182	<i>cefoxitin</i>	14
<i>bosutinib</i>	20	<i>calcium acetate(phosphat bind)</i>	157	<i>cefpodoxime</i>	13
BRAFTOVI.....	20	CALQUENCE (ACALABRUTINIB MAL)	20	<i>cefprozil</i>	13
BREO ELLIPTA	189	CAMCEVI (6 MONTH)	20	<i>ceftaroline fosamil</i>	13
<i>breyana</i>	189	<i>camila</i>	91	<i>ceftazidime</i>	13
BREZTRI AEROSPHERE ..	189	<i>camrese</i>	91	<i>ceftriaxone</i>	13
<i>briccllyn</i>	91	<i>camrese lo</i>	91	<i>cefuroxime axetil</i>	13
<i>brimonidine</i>	185	<i>candesartan</i>	76	<i>cefuroxime sodium</i>	13
<i>brimonidine-timolol</i>	185	<i>candesartan-hydrochlorothiazid</i>	76	<i>celecoxib</i>	6
<i>brinzolamide</i>	185	CAPLYTA.....	60	<i>cephalexin</i>	13
<i>brivaracetam</i>	35	CAPRELSA.....	20	CERDELGA	150
<i>bromfenac</i>	154	<i>captopril</i>	77	<i>cevimeline</i>	100
<i>bromocriptine</i>	57	<i>carbamazepine</i>	35, 36	<i>chateal eq (28)</i>	91
BRONCHITOL	191	<i>carbidopa</i>	57	<i>chlordiazepoxide hcl</i>	9
BRUKINSA	20	<i>carbidopa-levodopa</i>	57, 58	<i>chlorhexidine gluconate</i>	100
<i>budesonide</i>	159, 188	<i>carbidopa-levodopa-entacapone</i>	58	<i>chloroquine phosphate</i>	56
<i>bumetanide</i>	83	<i>carbinoxamine maleate</i>	52	<i>chlorpromazine</i>	60
<i>buprenorphine</i>	3	<i>carboplatin</i>	20	<i>chlorthalidone</i>	83
<i>buprenorphine hcl</i>	8	<i>carbzah</i>	52	<i>cholestyramine (with sugar)</i> ..	84
<i>buprenorphine-naloxone</i>	8	CAREFINE PEN NEEDLE. 109		<i>cholestyramine light</i>	84
<i>bupropion hcl</i>	42	CARETOUCH ALCOHOL PREP PAD.....	109	<i>ciclopirox</i>	50
<i>bupropion hcl (smoking deter)</i> .8		CARETOUCH INSULIN SYRINGE.....	110	<i>cilostazol</i>	74
<i>buspirone</i>	183	CARETOUCH PEN NEEDLE	109, 110	CIMDUO	65
<i>butalbital-acetaminop-caf-cod</i> .3		<i>carglumic acid</i>	157	<i>cimetidine</i>	156
<i>butalbital-acetaminophen-caff</i> .3		<i>carteolol</i>	185	<i>cimetidine hcl</i>	156
<i>butalbital-aspirin-caffeine</i>	3	<i>cartia xt</i>	81	<i>cinacalcet</i>	182
<i>butorphanol</i>	3	<i>carvedilol</i>	79	CINRYZE	72
BYSANTI.....	60	CAYSTON	14	<i>ciprofloxacin hcl</i>	16, 152
BYSANTI TITRATION PACK A	60	<i>cefaclor</i>	12	<i>ciprofloxacin in 5 % dextrose</i> 16	
BYSANTI TITRATION PACK B	60	<i>cefadroxil</i>	12	<i>ciprofloxacin-dexamethasone</i>	152
BYSANTI TITRATION PACK C	60	<i>cefazolin</i>	12	<i>citalopram</i>	42
C		<i>cefdinir</i>	12	<i>cladribine</i>	20
CABENUVA.....	65			<i>clarithromycin</i>	14
<i>cabergoline</i>	57			<i>clemastine</i>	52
CABLIVI.....	73			<i>clemasz</i>	52
CABOMETYX.....	20			<i>clemsza</i>	52
<i>cabotegravir</i>	65			CLICKFINE PEN NEEDLE 110	
				<i>clindamycin hcl</i>	11
				<i>clindamycin pediatric</i>	11

<i>clindamycin phosphate</i> ..11, 100, 102	<i>clotrimazole-betamethasone</i> .. 50	<i>cyclophosphamide</i> 21
<i>clindamycin-benzoyl peroxide</i> .....102	<i>clozapine</i> 60	<i>cyclosporine</i> 154, 170
CLINIMIX 5%/D15W	<i>c-nate dha</i> 194	<i>cyclosporine modified</i> 170
SULFITE FREE .....74	COARTEM..... 56	<i>cyproheptadine</i>.....52
CLINIMIX 4.25%/D10W SULF	COBENFY..... 60	<i>cyred eq</i> 91
FREE .....74	COBENFY STARTER PACK	D
CLINIMIX 4.25%/D5W	 61	<i>d5 % (d-glucose)-0.9 % sodchlr</i>
SULFIT FREE.....74	<i>codeine sulfate</i> 3	 75
CLINIMIX 5%-	<i>colchicine</i> 52	<i>d5 % and 0.9 % sodium chloride</i>
D20W(SULFITE-FREE) ...74	<i>colesevelam</i> 84	 75
CLINIMIX 6%-D5W	<i>colestipol</i> 84	<i>d5 %-0.45 % sodium chloride</i> 75
(SULFITE-FREE) .....74	<i>colistin (colistimethate na)</i> 11	<i>dabigatran etexilate</i> 71
CLINIMIX 8%-	COMBIVENT RESPIMAT. 189	<i>dalfampridine</i> 183
D10W(SULFITE-FREE) ...74	COMETRIQ 20	<i>danazol</i> 162
CLINIMIX 8%-	COMFORT EZ INSULIN	<i>dantrolene</i> 192
D14W(SULFITE-FREE) ...74	SYRINGE 110, 111, 112	DANZITEN 21
CLINIMIX E 2.75%/D5W	COMFORT EZ PEN NEEDLES	<i>dapagliflozin</i> 45
SULF FREE .....74	 111, 112	<i>dapagliflozin-metformin</i> 45
CLINIMIX E 4.25%/D10W	COMFORT EZ PRO SAFETY	<i>dapsone</i> 54
SUL FREE.....75	PEN NDL 112	DAPTACEL (DTAP
CLINIMIX E 4.25%/D5W	COMFORT TOUCH PEN	PEDIATRIC) (PF) 177
SULF FREE .....75	NEEDLE..... 112, 113	<i>daptomycin</i> 11
CLINIMIX E 5%/D15W	<i>compro</i> 55	<i>darifenacin</i> 160
SULFIT FREE.....75	<i>conjugated estrogens</i> 162	<i>darunavir</i> 65
CLINIMIX E 5%/D20W	<i>constulose</i> 157	<i>dasatinib</i> 21
SULFIT FREE.....75	COPIKTRA 21	<i>dasetta 1/35 (28)</i> 91
CLINIMIX E 8%-D10W	CORTROPHIN GEL 166	<i>dasetta 7/7/7 (28)</i> 91
SULFITEFREE .....75	COSENTYX..... 169	DAURISMO 21
CLINIMIX E 8%-D14W	COSENTYX (2 SYRINGES)	DAWNZERA..... 82
SULFITEFREE .....75	 169	<i>daysee</i> 91
<i>clobazam</i>.....36	COSENTYX PEN (2 PENS)169	<i>deblitane</i> 91
<i>clobetasol</i> .....103	COSENTYX UNOREADY	<i>decitabine</i> 21
<i>clobetasol-emollient</i> .....103	PEN..... 169	<i>deferasirox</i> 161
<i>clomipramine</i>.....42	COTELLIC 21	<i>deferiprone</i> 161
<i>clonazepam</i> .....9	CREON..... 150	DELSTRIGO 65
<i>clonidine</i> .....76	CRESEMBA..... 50	DENG VAXIA (PF) 177
<i>clonidine hcl</i> .....75, 76	<i>cromolyn</i> 152, 157, 191	DEPO-SUBQ PROVERA 104
<i>clopidogrel</i> .....74	<i>cryselle (28)</i> 91	 168
<i>clorazepate dipotassium</i> .....9	CURITY ALCOHOL SWABS	DERMACEA 113
<i>clotrimazole</i> .....50	 113	DERMACEA NON-WOVEN
	CURITY GAUZE..... 113	 113
	<i>cyclobenzaprine</i> 192	<i>dermacinrx lidocan</i> 7

DESCOVY66
desipramine42
desmopressin166
desog-e.estradiol/e.estradiol ..92
desonide.....103
desoximetasone.....104
desvenlafaxine succinate42
dexamethasone164
dexamethasone sodium phosphate154, 164
dexmethylphenidate87
dextroamphetamine sulfate88
dextroamphetamine-amphetamine88
dextrose 5 % in water (d5w) ..75
DIACOMIT36
diazepam.....9, 36
diazepam intensol9
diazoxide.....53
diclofenac potassium6
diclofenac sodium.....6, 104, 154
diclofenac-misoprostol6
dicloxacin.....16
dicyclomine.....157
didanosine66
DIFICID14
diflunisal.....6
difluprednate154
digoxin.....82
dihydroergotamine53
DILANTIN.....36
diltiazem hcl81
dilt-xr.....81
dimethyl fumarate.....170
DIPENTUM159
diphenoxylate-atropine.....157
dipyridamole.....74
disopyramide phosphate.....78
disulfiram8
divalproex.....36
dofetilide.....78
dolishale92

donepezil..... 40
DOPTelet (10 TAB PACK)72
DOPTelet (15 TAB PACK)72
DOPTelet (30 TAB PACK)72
DOPTelet SPRINKLE 72
dorzolamide 185
dorzolamide-timolol..... 185
dotti..... 163
DOVATO 66
doxazosin 76
doxepin..... 42, 193
doxercalciferol..... 182
doxorubicin, peg-liposomal ... 21
doxy-100 17
doxycycline hyclate..... 17
doxycycline monohydrate 17, 18
DRIZALMA SPRINKLE 42
dronabinol 55
DROPLET INSULIN
SYR(HALF UNIT).. 113, 114
DROPLET INSULIN
SYRINGE..... 114, 115
DROPLET MICRON PEN
NEEDLE..... 115
DROPLET PEN NEEDLE . 115,
116
DROPSAFE ALCOHOL PREP
PADS 116
DROPSAFE INSULIN
SYRINGE..... 116
DROPSAFE PEN NEEDLE116,
117
drospirenone-ethinyl estradiol
..... 92
DROXIA..... 73
droxidopa..... 193
duloxetine..... 42, 43
DUPIXENT PEN..... 170
DUPIXENT SYRINGE..... 170
dutasteride 161
dutasteride-tamsulosin..... 161

E
EASY COMFORT ALCOHOL
PAD..... 117
EASY COMFORT INSULIN
SYRINGE 117, 118
EASY COMFORT PEN
NEEDLES..... 117, 118
EASY COMFORT SAFETY
PEN NEEDLE 117
EASY GLIDE INSULIN
SYRINGE 118
EASY GLIDE PEN NEEDLE
..... 118
EASY TOUCH 120, 121
EASY TOUCH ALCOHOL
PREP PADS..... 119
EASY TOUCH
AUTORETRACT SYRINGE
..... 119
EASY TOUCH FLIPLOCK
INSULIN..... 120
EASY TOUCH FLIPLOCK
SYRINGE 119
EASY TOUCH INS SYR
(HALF UNIT)..... 118
EASY TOUCH INSULIN
SAFETY SYR..... 119
EASY TOUCH INSULIN
SYRINGE 119, 120, 121
EASY TOUCH LUER LOCK
INSULIN..... 120
EASY TOUCH PEN NEEDLE
..... 121
EASY TOUCH SAFETY PEN
NEEDLE 121, 122
EASY TOUCH
SHEATHLOCK INSULIN
..... 120
EASY TOUCH UNI-SLIP... 121
EASYLIFE ALCOHOL PADS
..... 121

EASYLIFE INSULIN PEN		
NEEDLE	121, 122	
EASYLIFE INSULIN		
SYRINGE.....	122	
EASYLIFE SAFETY PEN		
NEEDLE	122	
econazole nitrate	50	
EDURANT PED	66	
efavirenz	66	
efavirenz-emtricitabin-tenofovir	66	
efavirenz-lamivudine-tenofovir disoproxil fumarate	66	
EGRIFTA SV	166	
EGRIFTA WR.....	166	
ELIGARD	22	
ELIGARD (3 MONTH).....	21	
ELIGARD (4 MONTH).....	21	
ELIGARD (6 MONTH).....	21	
elinent	92	
ELIQUIS	71	
ELIQUIS DVT-PE TREAT 30D		
START	71	
ELIQUIS SPRINKLE	71	
ELMIRON.....	183	
eltrombopag olamine.....	72, 73	
eluryng.....	92	
EMBRACE PEN NEEDLE 122,		
123		
EMEND.....	55	
EMGALITY PEN	53	
EMGALITY SYRINGE.....	53	
EMSAM	43	
emtricitabine.....	66	
emtricitabine-tenofovir (tdf) ..	66	
emtricitabine-rilpivirine-tenofovir	66	
EMTRIVA.....	66	
emzahn.....	92	
enalapril maleate.....	77, 78	
enalapril-hydrochlorothiazide	78	
ENBREL	170	
ENBREL MINI	170	
ENBREL SURECLICK	170	
endocet.....	3, 4	
ENGERIX-B (PF).....	177	
ENGERIX-B PEDIATRIC (PF)		
.....	178	
enilloring	92	
enoxaparin	71	
enpresse	92	
ENSACOVE.....	22	
enskyce.....	92	
ENSPRYNG	170	
entacapone.....	58	
entecavir	70	
ENTYVIO	170	
ENTYVIO PEN	171	
enulose	157	
ENVARUS XR.....	171	
EPCLUSA	70	
EPIDIOLEX	36	
epinastine.....	152	
epinephrine	193	
epitol	36	
eplerenone	86	
ergoloid.....	41	
ERIVEDGE	22	
ERLEADA.....	22	
erlotinib	22	
errin	92	
ertapenem	14	
erythromycin	14, 152	
erythromycin ethylsuccinate ..	14	
erythromycin with ethanol ...	102	
erythromycin-benzoyl peroxide		
.....	102	
escitalopram oxalate.....	43	
eslicarbazepine	36	
esomeprazole magnesium	156	
estarylla	92	
estazolam	9	
estradiol	163	
estradiol valerate	163	
estradiol-norethindrone acetate	163	
eszopiclone.....	193	
ethambutol.....	54	
ethosuximide	36	
ethynodiol diacetyl estradiol .	92	
etodolac.....	6	
etonogestrel-ethinyl estradiol	92	
etoposide	22	
etravirine.....	66	
EUCRISA	104	
EULEXIN	22	
everolimus (antineoplastic)....	22	
everolimus		
(immunosuppressive)	171	
EVOTAZ.....	66	
EVRYSDI	183	
EXEL INSULIN	123	
exemestane	22	
EXTENCILLINE.....	16	
EXXUA.....	43	
EYSUVIS.....	154	
ezetimibe	84	
ezetimibe-simvastatin	84	
F		
falmina (28).....	92	
famciclovir	70	
famotidine	156	
FANAPT	61	
FANAPT TITRATION PACK		
A.....	61	
FANAPT TITRATION PACK		
B.....	61	
FANAPT TITRATION PACK		
C.....	61	
FARXIGA.....	45	
FASENRA	171	
FASENRA PEN.....	171	
febuxostat	52	
feirza	92	
felbamate.....	36, 37	
felodipine.....	81	
FEMRING.....	163	
fenofibrate	85	
fenofibrate micronized	85	

<i>fenofibrate nanocrystallized</i> ..85	<i>fluticasone furoate-vilanterol</i> 189	<i>gemmily</i> .....92
<i>fenofibric acid (choline)</i> .....85	<i>fluticasone propionate</i> 104, 155, 188	<i>generlac</i> 157
<i>fenoprofen</i>.....6	<i>fluticasone propion-salmeterol</i> 189	<i>gengraf</i> 171
<i>fentanyl</i> .....4	<i>fluvastatin</i> 85	<i>gentamicin</i> 10, 102, 152
<i>fentanyl citrate</i>.....4	<i>fluvoxamine</i> 43	<i>gentamicin sulfate (ped) (pf)</i> .. 10
FERRIPROX.....161	<i>folivane-ob</i> 194	GENVOYA.....66
<i>fesoterodine</i> .....160	<i>fondaparinux</i> 71, 72	GILOTRIF 23
FETZIMA.....43	<i>fosamprenavir</i> 66	<i>glatiramer</i> 171
FIASP FLEXTOUCH U-100 INSULIN.....47	<i>fosfomycin tromethamine</i> 11	<i>glatopa</i> 171
FIASP PENFILL U-100 INSULIN.....47	<i>fosinopril</i> 78	<i>glimepiride</i> 49
FIASP U-100 INSULIN.....47	<i>fosinopril-hydrochlorothiazide</i> 78	<i>glipizide</i>.....49
<i>fidaxomicin</i> .....14	<i>fosphenytoin</i> 37	<i>glipizide-metformin</i> 49
FILSPARI.....183	FOTIVDA..... 23	<i>glutamine (sickle cell)</i> 183
<i>finasteride</i>.....161	FRUZAQLA..... 23	<i>glyburide</i> .....49
<i>fingolimod</i>.....171	<i>fulvestrant</i> 23	<i>glyburide micronized</i> 49
FINTEPLA.....37	<i>furosemide</i> 83	<i>glyburide-metformin</i> 49
<i>fioricet</i> .....4	<i>fyavolv</i> 163	<i>glycerol phenylbutyrate</i> 157
FIRMAGON KIT W DILUENT SYRINGE.....22	G	<i>glycopyrrolate</i> 157, 158
<i>flavoxate</i> .....160	<i>gabapentin</i> 37	<i>glydo</i> 7
<i>flecainide</i> .....78	GALAFOLD..... 150	GLYXAMBI.....45
<i>floxuridine</i> .....23	<i>galantamine</i> 41	GOMEKLI.....23
<i>fluconazole</i> .....50	<i>gallifrey</i> 168	<i>granisetron hcl</i> 55
<i>fluconazole in nacl (iso-osm)</i> .50	GAMMAGARD S-D (IGA < 1 MCG/ML)..... 171	<i>griseofulvin microsize</i> 50, 51
<i>flucytosine</i>.....50	GAMMAPLEX 171	<i>griseofulvin ultramicrosize</i> ... 51
<i>fludrocortisone</i> .....164	GAMUNEX-C..... 171	<i>guanfacine</i> 76, 88
<i>flunisolide</i> .....154	GARDASIL 9 (PF)..... 178	GVOKE..... 184
<i>fluocinolone</i>.....104	<i>gatifloxacin</i> 152	GVOKE HYPOPEN 2-PACK 184
<i>fluocinolone acetonide oil</i> ....154	GATTEX 30-VIAL 157	GVOKE PFS 1-PACK SYRINGE 184
<i>fluocinonide</i>.....104	GAUZE BANDAGE 133	H
<i>fluocinonide-emollient</i>.....104	GAUZE PAD..... 123	HADLIMA..... 171
<i>fluorometholone</i> .....154	<i>gavilyte-c</i> 160	HADLIMA PUSHTOUCH.. 171
<i>fluorouracil</i>.....23, 101	<i>gavilyte-g</i> 160	HADLIMA(CF) 172
<i>fluoxetine</i> .....43	<i>gavilyte-n</i> 160	HADLIMA(CF) PUSHTOUCH 172
<i>fluphenazine decanoate</i> .....61	GAVRETO 23	HAEGARDA 73
<i>fluphenazine hcl</i>.....61	<i>gefitinib</i> 23	<i>hailey 24 fe</i>.....93
<i>flurazepam</i> .....9	<i>gemcitabine</i> 23	<i>hailey fe 1.5/30 (28)</i> 93
<i>flurbiprofen</i>.....6	<i>gemfibrozil</i> 85	<i>hailey fe 1/20 (28)</i> 93
<i>flurbiprofen sodium</i> .....155		<i>halobetasol propionate</i> 104
		<i>haloette</i>.....93

<i>haloperidol</i>	61	<i>hydromorphone (pf)</i>	4	INGREZZA.....	88
<i>haloperidol decanoate</i>	61	<i>hydroxychloroquine</i>	56	INGREZZA INITIATION	
<i>haloperidol lactate</i>	61	<i>hydroxyurea</i>	23	PK(TARDIV).....	88
HAVRIX (PF)	178	<i>hydroxyzine hcl</i>	52, 53	INGREZZA SPRINKLE	88
HEALTHWISE INSULIN		<i>hydroxyzine pamoate</i>	184	INLEXZO	24
SYRINGE.....	124	HYRNUO	24	INLURIYO	24
HEALTHWISE PEN NEEDLE		I		INLYTA.....	24
.....	124	<i>ibandronate</i>	182	INPEN (FOR HUMALOG)	
HEALTHY ACCENTS		IBRANCE.....	24	BLUE	125
UNIFINE PENTIP	124	IBTROZI	24	INPEN (FOR HUMALOG)	
<i>heather</i>	93	<i>ibu</i>	6	GREY.....	125
HEMADY	164	<i>ibuprofen</i>	6, 7	INPEN (FOR HUMALOG)	
<i>heparin (porcine)</i>	72	<i>ibuprofen-famotidine</i>	7	PINK	125
HEPLISAV-B (PF)	178	<i>icatibant</i>	82	INPEN (NOVOLOG OR	
HERCEPTIN HYLECTA	23	<i>iclevia</i>	93	FIASP) BLUE.....	125
HERNEXEOS	23	ICLUSIG	24	INPEN (NOVOLOG OR	
HETLIOZ LQ.....	193	<i>icosapent ethyl</i>	85	FIASP) GREY	125
HIBERIX (PF).....	178	IDHIFA.....	24	INPEN (NOVOLOG OR	
HUMIRA.....	172	IDVYNZO	66	FIASP) PINK	125
HUMIRA PEN	172	<i>ifosfamide</i>	24	INQOVI	25
HUMIRA(CF)	172	ILEVRO.....	155	INREBIC.....	25
HUMIRA(CF) PEN.....	172	<i>imatinib</i>	24	<i>insulin glargine-yfgn</i>	47
HUMIRA(CF) PEN CROHNS-		IMBRUVICA	24	<i>insulin lispro</i>	47
UC-HS.....	172	<i>imipenem-cilastatin</i>	14, 15	INSULIN SYR/NDL U100	
HUMIRA(CF) PEN		<i>imipramine hcl</i>	43	HALF MARK	125
PEDIATRIC UC	172	<i>imipramine pamoate</i>	43	INSULIN SYRINGE	
HUMIRA(CF) PEN PSOR-UV-		<i>imiquimod</i>	101	MICROFINE.....	108
ADOL HS.....	172	IMKELDI	24	INSULIN SYRINGE-NEEDLE	
HUMULIN R U-500 (CONC)		IMOVAX RABIES VACCINE		U-100123, 125, 126, 133, 137	
INSULIN.....	47	(PF)	178	INSULIN U-500 SYRINGE-	
HUMULIN R U-500 (CONC)		IMPAVIDO	56	NEEDLE	127
KWIKPEN	47	INBRIJA	58	INSUPEN PEN NEEDLE...	127
<i>hydralazine</i>	86	<i>incassia</i>	93	INTELENCE.....	66
<i>hydrochlorothiazide</i>	83	INCONTROL ALCOHOL		<i>introvale</i>	93
<i>hydrocodone-acetaminophen</i> ...	4	PADS	124	INVEGA HAFYERA	62
<i>hydrocodone-ibuprofen</i>	4	INCONTROL PEN NEEDLE		INVEGA SUSTENNA	62
<i>hydrocortisone</i>	104, 105, 159,	.....	124, 125	INVEGA TRINZA.....	62
164		INCRELEX	166	INVELTYS	155
<i>hydrocortisone butyrate</i>	105	<i>indapamide</i>	83	IPOL.....	178
<i>hydrocortisone valerate</i>	105	<i>indomethacin</i>	7	<i>ipratropium bromide</i>	152, 189
<i>hydrocortisone-acetic acid</i> ...	152	INFANRIX (DTAP) (PF)	178	<i>ipratropium-albuterol</i>	190
<i>hydromorphone</i>	4	<i>infliximab</i>	172	IQIRVO.....	158

<i>irbesartan</i>	76	JULUCA.....	67	<i>labetalol</i>	79
<i>irbesartan-hydrochlorothiazide</i>	76	<i>junel 1.5/30 (21)</i>	93	<i>lacosamide</i>	37
<i>irinotecan</i>	25	<i>junel 1/20 (21)</i>	93	<i>lactulose</i>	158
ISENTRESS	67	<i>junel fe 1.5/30 (28)</i>	93	<i>lagevrio (eua)</i>	70
ISENTRESS HD	67	<i>junel fe 1/20 (28)</i>	93	<i>lamivudine</i>	67
<i>isibloom</i>	93	<i>junel fe 24</i>	94	<i>lamivudine-zidovudine</i>	67
ISOLYTE S PH 7.4.....	186	JUXTAPID	85	<i>lamotrigine</i>	37
ISOLYTE-P IN 5 % DEXTROSE	186	JYLAMVO	25	<i>lanreotide</i>	166
ISOLYTE-S.....	186	JYNNEOS (PF)	178	<i>lansoprazole</i>	156
<i>isoniazid</i>	54	K		<i>lanthanum</i>	158
<i>isosorbide dinitrate</i>	86	KALETRA.....	67	LANTUS SOLOSTAR U-100 INSULIN.....	47
<i>isosorbide mononitrate</i>	86	KALYDECO	191	LANTUS U-100 INSULIN...	48
<i>isosorbide-hydralazine</i>	87	<i>kariva (28)</i>	94	<i>lapatinib</i>	26
<i>isradipine</i>	81	KATERZIA	81	<i>larin 1.5/30 (21)</i>	94
ISTURISA	164	<i>kelnor 1/35 (28)</i>	94	<i>larin 1/20 (21)</i>	94
ITOVEBI.....	25	<i>kelnor 1/50 (28)</i>	94	<i>larin 24 fe</i>	94
<i>itraconazole</i>	51	KERENDIA.....	86	<i>larin fe 1.5/30 (28)</i>	94
IV PREP WIPES	127	KESIMPTA PEN.....	172	<i>larin fe 1/20 (28)</i>	94
<i>ivabradine</i>	82	<i>ketoconazole</i>	51	<i>latanoprost</i>	185
<i>ivermectin</i>	56	<i>ketoprofen</i>	7	LAZCLUZE.....	26
IWILFIN.....	25	<i>ketorolac</i>	7, 155	<i>leflunomide</i>	172
IXIARO (PF).....	178	KEVZARA	172	<i>lenalidomide</i>	26
J		KEYTRUDA	25	LENTOCILIN S (WITH LIDOCAINE)	16
<i>jaimiess</i>	93	KEYTRUDA QLEX.....	25	LENVIMA	26
JAKAFI	25	KINERET	172	LEQEMBI IQLIK.....	41
JAKAFI XR.....	25	KINRIX (PF)	178	<i>lessina</i>	94
<i>jantoven</i>	72	<i>kionex</i>	158	<i>letrozole</i>	26
JANUMET XR.....	45	KISQALI	26	<i>leucovorin calcium</i>	184
JARDIANCE.....	45	KISQALI FEMARA CO-PACK	25, 26	LEUKERAN	26
JASCAYD.....	191	KLISYRI (250 MG)	101	LEUKINE	73
<i>jasmiel (28)</i>	93	<i>klor-con m10</i>	186	<i>leuprolide</i>	27
JAVADIN.....	76	<i>klor-con m15</i>	186	<i>leuprolide acetate (3 month)</i> ..	27
<i>javygtor</i>	150	<i>klor-con m20</i>	186	<i>levetiracetam</i>	37, 38
JAYPIRCA.....	25	KLOXXADO.....	8	<i>levobunolol</i>	185
<i>jencycla</i>	93	KOMZIFTI	26	<i>levocarnitine</i>	184
JENTADUETO	45	KOSELUGO.....	26	<i>levocarnitine (with sugar)</i>	184
JENTADUETO XR.....	45, 46	KRAZATI.....	26	<i>levocetirizine</i>	53
<i>jinteli</i>	163	<i>kurvelo (28)</i>	94	<i>levofloxacin</i>	17
<i>jolessa</i>	93	KYLEENA	94	<i>levofloxacin in d5w</i>	16
<i>juleber</i>	93	L		<i>levonest (28)</i>	94
		<i>l norgest/e.estradiol-e.estrad.</i>	94		

<i>levonorgest-eth.estradiol-iron</i>	94	<i>lo-zumandimine (28)</i>	95	MAXICOMFORT INSULIN	
<i>levonorgestrel-ethinyl estrad.</i>	95	<i>lubiprostone</i>	158	SYRINGE	127
<i>levonorg-eth estrad triphasic</i>	95	<i>luizza</i>	95	MAXI-COMFORT INSULIN	
<i>levora-28</i>	95	LUMAKRAS	27	SYRINGE	127
<i>levothyroxine</i>	168	LUNSUMIO VELO	27	MAXI-COMFORT INSULIN	
<i>lidocaine</i>	8	LUPRON DEPOT	28, 166	SYRINGE	128
<i>lidocaine hcl</i>	7	LUPRON DEPOT (3 MONTH)		MAXICOMFORT SAFETY	
<i>lidocaine-prilocaine</i>	8		27, 166	PEN NEEDLE	128
<i>lidocan iii</i>	8	LUPRON DEPOT (4 MONTH)		<i>meclizine</i>	55
LIFYORLI	27		27	<i>medroxyprogesterone</i>	168
LILETTA	95	LUPRON DEPOT (6 MONTH)		<i>mefloquine</i>	56
<i>linezolid</i>	11		28	<i>megestrol</i>	28, 168
<i>linezolid in dextrose 5%</i>	11	LUPRON DEPOT-PED	167	MEKINIST	28
LINZESS	158	LUPRON DEPOT-PED (3		MEKTOVI	28
<i>liomny</i>	168	MONTH)	166	<i>meleya</i>	95
<i>liothyronine</i>	168	<i>lurasidone</i>	62	<i>meloxicam</i>	7
<i>liraglutide</i>	165	<i>luteria (28)</i>	95	<i>memantine</i>	41
LISCO	127	LUTRATE DEPOT (3		<i>memantine-donepezil</i>	41
<i>lisinopril</i>	78	MONTH)	28	MENQUADFI (PF)	178
<i>lisinopril-hydrochlorothiazide</i>	78	LYBALVI	63	MENVEO A-C-Y-W-135-DIP	
<i>lithium carbonate</i>	88, 89	<i>lyleq</i>	95	(PF)	179
<i>lithium citrate</i>	89	<i>lyllana</i>	163	<i>mercaptapurine</i>	28
LIVDELZI	158	LYNPARZA	28	<i>meropenem</i>	15
LIVTENCITY	69	LYSODREN	28	<i>merzee</i>	96
<i>lojaimiess</i>	95	LYTGOBI	28	<i>mesalamine</i>	159
LOKELMA	158	<i>lyza</i>	95	<i>mesna</i>	184
<i>lomustine</i>	27	M		<i>metadate er</i>	89
LONSURF	27	<i>macitentan</i>	194	<i>metformin</i>	46
<i>loperamide</i>	158	MAGELLAN INSULIN		<i>methadone</i>	4
<i>lopinavir-ritonavir</i>	67	SAFETY SYRNG	127	<i>methazolamide</i>	185
<i>lorazepam</i>	9, 10	MAGELLAN SYRINGE	127	<i>methenamine hippurate</i>	11
<i>lorazepam intensol</i>	10	<i>magnesium sulfate</i>	186	<i>methimazole</i>	168
LORBRENA	27	<i>malathion</i>	106	<i>methocarbamol</i>	192
<i>loryna (28)</i>	95	<i>maraviroc</i>	67	<i>methotrexate sodium</i>	28, 29
<i>losartan</i>	76	<i>marlissa (28)</i>	95	<i>methotrexate sodium (pf)</i>	28
<i>losartan-hydrochlorothiazide</i>	76	<i>marnatal-f</i>	194	<i>methoxsalen</i>	101
LOTEMAX	155	MARPLAN	43	<i>methscopolamine</i>	158
LOTEMAX SM	155	MATULANE	28	<i>methsuximide</i>	38
<i>loteprednol etabonate</i>	155	<i>matzim la</i>	81	<i>methylphenidate hcl</i>	89
<i>lovastatin</i>	85	MAVYRET	70	<i>methylprednisolone</i>	164
<i>low-ogestrel (28)</i>	95	MAXICOMFORT II PEN		<i>methylprednisolone acetate</i>	164
<i>loxapine succinate</i>	62	NEEDLE	127	<i>metoclopramide hcl</i>	158

<i>metolazone</i>	83	MONOJECT INSULIN		<i>nebivolol</i>	80
<i>metoprolol succinate</i>	79	SYRINGE.....	128, 129	<i>nefazodone</i>	44
<i>metoprolol ta-hydrochlorothiaz</i>		MONOJECT SYRINGE.....	128	<i>neomycin</i>	10
.....	79	MONOJECT ULTRA		<i>neomycin-bacitracin-poly-hc</i>	153
<i>metoprolol tartrate</i>	80	COMFORT INSULIN.....	144	<i>neomycin-bacitracin-polymyxin</i>	
<i>metronidazole</i>	11, 100, 102	<i>mono-lynyah</i>	96	.....	153
<i>metronidazole in nacl (iso-os)</i>	11	<i>montelukast</i>	188	<i>neomycin-polymyxin b-</i>	
<i>metyrosine</i>	82	<i>morphine</i>	5	<i>dexameth</i>	153, 155
<i>mexiletine</i>	79	MORPHINE	5	<i>neomycin-polymyxin-gramicidin</i>	
<i>micafungin</i>	51	<i>morphine concentrate</i>	5	.....	153
<i>miconazole-3</i>	51	MOUNJARO	165	<i>neomycin-polymyxin-hc</i>	153
MICRODOT INSULIN PEN		MOVANTIK	158	<i>neo-polycin</i>	153
NEEDLE	128	<i>moxifloxacin</i>	17, 152	<i>neo-polycin hc</i>	153
MICRODOT READYGARD		<i>moxifloxacin-sod.ace,sul-water</i>		NERLYNX	29
PEN NEEDLE.....	128	.....	17	NEUPRO.....	58
<i>microgestin 1.5/30 (21)</i>	96	<i>moxifloxacin-sod.chloride(iso)</i>		<i>nevirapine</i>	67
<i>microgestin 1/20 (21)</i>	96	.....	17	NEXLETOL.....	85
<i>microgestin fe 1.5/30 (28)</i>	96	MRESVIA (PF)	179	NEXLIZET	85
<i>microgestin fe 1/20 (28)</i>	96	MULTAQ	79	NEXPLANON	96
<i>midodrine</i>	76	<i>mupirocin</i>	102	<i>niacin</i>	85
MIEBO (PF)	155	<i>mycophenolate mofetil</i>	173	<i>nicardipine</i>	81
<i>mifepristone</i>	46	<i>mycophenolate mofetil (hcl)</i>	173	NICOTROL NS	8
<i>miglitol</i>	46	<i>mycophenolate sodium</i>	173	<i>nifedipine</i>	81, 82
<i>miglustat</i>	150	<i>mynatal</i>	195	<i>nikki (28)</i>	96
<i>mili</i>	96	<i>mynatal advance</i>	195	<i>nilotinib hcl</i>	29
<i>mimvey</i>	163	<i>mynate 90 plus</i>	195	<i>nilutamide</i>	29
MINI ULTRA-THIN II.....	128	MYRBETRIQ.....	160	NINLARO.....	29
<i>minocycline</i>	18	N		<i>nintedanib</i>	191
<i>minoxidil</i>	87	<i>nabumetone</i>	7	<i>nitazoxanide</i>	57
MIRENA	96	<i>nadolol</i>	80	<i>nitisinone</i>	150
<i>mirtazapine</i>	43	<i>nafcillin</i>	16	<i>nitrofurantoin macrocrystal</i> ...	11
<i>misoprostol</i>	156	<i>naloxone</i>	8	<i>nitrofurantoin monohyd/m-cryst</i>	
<i>mitoxantrone</i>	29	<i>naltrexone</i>	8	.....	11
M-M-R II (PF).....	179	NAMZARIC	41	<i>nitroglycerin</i>	82, 87, 101
<i>m-natal plus</i>	195	NANO 2ND GEN PEN		NIVESTYM.....	73
<i>modafinil</i>	193	NEEDLE.....	129	<i>nizatidine</i>	156
MODEYSO	29	NANO PEN NEEDLE.....	129	NORDITROPIN FLEXPPO	167
<i>moexipril</i>	78	<i>naproxen</i>	7	<i>norelgestromin-ethin.estradiol</i>	
<i>molindone</i>	63	<i>naratriptan</i>	53	.....	96
<i>mometasone</i>	105, 155	NATACYN.....	152	<i>norethindrone (contraceptive)</i>	96
MONOJECT INSULIN		<i>nateglinide</i>	46	<i>norethindrone acetate</i>	168
SAFETY SYRING	129	NAYZILAM.....	38		

<i>norethindrone ac-eth estradiol</i>.....96, 163, 164	<i>nystatin</i> 51	ONAPGO.....58
<i>norethindrone-e.estradiol-iron</i>.....96, 97	<i>nystatin-triamcinolone</i> 51	<i>ondansetron</i>.....55
<i>norgestimate-ethinyl estradiol</i> 97	<i>nystop</i> 51	<i>ondansetron hcl</i>.....55
<i>nortrel 0.5/35 (28)</i>.....97	NYVEPRIA..... 73	ONGENTYS.....58
<i>nortrel 1/35 (21)</i>.....97	O	ONUREG.....29
<i>nortrel 1/35 (28)</i>.....97	<i>obstetrix dha</i> 195	OPDIVO .....30
<i>nortrel 7/7/7 (28)</i>.....97	<i>octreotide acetate</i> 167	OPDIVO QVANTIG .....30
<i>nortriptyline</i>.....44	ODEFSEY 68	OPIZA.....63
NORVIR.....67	ODOMZO..... 29	ORFADIN.....151
NOVOFINE 32 .....129	OFEV.....191	ORGOVYX.....167
NOVOFINE AUTOCOVER129	<i>ofloxacin</i> 153	ORILISSA.....167
NOVOFINE PLUS.....130	OGIVRI 29	ORKAMBI.....191
NOVOLIN 70/30 U-100	OGSIVEO..... 29	<i>orquidea</i> .....97
INSULIN.....48	OJEMDA 29	ORSERDU .....30
NOVOLIN 70-30 FLEXPEN U-100.....48	OJJAARA..... 29	<i>oseltamivir</i>.....69
NOVOLIN N FLEXPEN .....48	<i>olanzapine</i> 63	OSEVELT .....182
NOVOLIN N NPH U-100	<i>olmesartan</i> 76	OSMOLEX ER .....58
INSULIN.....48	<i>olmesartan-amlodipin-hcthiacid</i> 77	OTEZLA.....173
NOVOLIN R FLEXPEN .....48	<i>olmesartan-hydrochlorothiazide</i> 77	OTEZLA STARTER .....173
NOVOLIN R REGULAR U100	<i>olopatadine</i> 152	OTEZLA XR .....173
INSULIN.....48	<i>omega-3 acid ethyl esters</i> 85	OTEZLA XR INITIATION.173
NOVOLOG FLEXPEN U-100	<i>omeprazole</i> 156	OTULFI 173, 174
INSULIN.....48	<i>omeprazole-sodium bicarbonate</i> 156	<i>oxaliplatin</i> .....30
NOVOLOG MIX 70-30 U-100	OMNIPOD 5 (LIBRE 2/3 PLUS)..... 130	<i>oxazepam</i>.....10
INSULN .....48	OMNIPOD 5 G6-G7 INTRO	<i>oxcarbazepine</i> .....38
NOVOLOG MIX 70-30FLEXPEN U-100 .....48	KT(GEN5)..... 130	<i>oxybutynin chloride</i>.....160
NOVOLOG PENFILL U-100	OMNIPOD 5 G6-G7 PODS	<i>oxycodone</i> .....5
INSULIN.....48	(GEN 5) 130	<i>oxycodone-acetaminophen</i>.....5
NOVOLOG U-100 INSULIN	OMNIPOD 5 INTRO	<i>oxymorphone</i>.....5
ASPART.....48	(LIBRE2/3PLUS) 130	OZEMPIC .....165
NOXAFIL .....51	OMNIPOD CLASSIC PODS	P
NUBEQA .....29	(GEN 3) 130	<i>pacerone</i>.....79
NUCALA .....173	OMNIPOD DASH INTRO KIT	<i>paclitaxel</i>.....30
NUPLAZID.....63	(GEN 4) 130	<i>paclitaxel protein-bound</i>.....30
NURTEC ODT.....53	OMNIPOD DASH PDM KIT	<i>paliperidone</i> .....63
<i>nyamyc</i>.....51	(GEN 4) 130	PALYNZIQ.....151
<i>nylia 1/35 (28)</i> .....97	OMNIPOD DASH PODS (GEN 4)..... 130	PANRETIN.....101
<i>nylia 7/7/7 (28)</i> .....97		<i>pantoprazole</i> .....157

PEDIARIX (PF)	179	<i>phenytoin sodium extended</i>	38	<i>prazosin</i>	76
PEDVAX HIB (PF)	179	<i>philith</i>	97	<i>prednisolone</i>	164
<i>peg 3350-electrolytes</i>	160	PIFELTRO	68	<i>prednisolone acetate</i>	155
PEGASYS	70	<i>pilocarpine hcl</i>	100, 185	<i>prednisolone sodium phosphate</i>	155, 164, 165
<i>peg-electrolyte soln</i>	160	<i>pimecrolimus</i>	174	<i>prednisone</i>	165
PEMAZYRE	30	<i>pimozide</i>	63	<i>pregabalin</i>	38, 39
<i>pemetrexed disodium</i>	30	<i>pimtrea (28)</i>	97	PREMARIN	164
PEN NEEDLE	130, 131	<i>pindolol</i>	80	PREMPHASE	164
PEN NEEDLE, DIABETIC, 123, 123, 128, 130, 133		<i>pioglitazone</i>	46	PREMPRO	164
PEN NEEDLE, DIABETIC, SAFETY	134	<i>pioglitazone-metformin</i>	46	<i>prenaissance</i>	195
PENBRAYA (PF)	179	PIP PEN NEEDLE	131	<i>prenaissance plus</i>	195
PENBRAYA MENACWY COMPONENT(PF)	179	<i>piperacillin-tazobactam</i>	16	<i>prenatabs fa</i>	195
PENBRAYA MENB COMPONENT (PF)	179	<i>pirfenidone</i>	191	<i>prenatal 19</i>	195
<i>penciclovir</i>	100	<i>piroxicam</i>	7	<i>prenatal 19 (with docusate)</i> .	195
<i>penicillamine</i>	161	<i>pitavastatin calcium</i>	85	<i>prenatal plus</i>	195
<i>penicillin g potassium</i>	16	PLASMA-LYTE A	186	<i>prenatal vitamin plus low iron</i>	195
<i>penicillin v potassium</i>	16	PLEGRIDY	174	<i>prenatal-u</i>	195
PENMENVY MEN A-B-C-W- Y (PF)	179	<i>pnv-dha + docusate</i>	195	PRETOMANID	54
PENMENVY MENACWY COMPONENT(PF)	179	<i>pnv-omega</i>	195	<i>prevalite</i>	85
PENMENVY MENB COMPONENT (PF)	179	<i>pnv-select</i>	195	PREVENT DROPSAFE PEN NEEDLE	131
PENTACEL (PF)	180	<i>podofilox</i>	101	PREVYMIS	70
<i>pentamidine</i>	57	<i>polycin</i>	153	PREZCOBIX	68
PENTIPS PEN NEEDLE	131	<i>polymyxin b sulfate</i>	11	PREZISTA	68
<i>pentoxifylline</i>	74	<i>polymyxin b sulf-trimethoprim</i>	153	PRIFTIN	54
<i>perampanel</i>	38	<i>pomalidomide</i>	31	PRIMAQUINE	57
<i>perindopril erbumine</i>	78	POMALYST	31	<i>primidone</i>	39
<i>periogard</i>	100	<i>portia 28</i>	97	PRIORIX (PF)	180
<i>permethrin</i>	106	<i>posaconazole</i>	51	PRO COMFORT ALCOHOL PADS	132
<i>perphenazine</i>	63	<i>potassium chloride</i>	187	PRO COMFORT INSULIN SYRINGE	131
<i>perphenazine-amitriptyline</i> ...	44	<i>potassium chloride-0.45 % nacl</i>	187	PRO COMFORT PEN NEEDLE	132
<i>phenelzine</i>	44	<i>potassium citrate</i>	187	PROAIR RESPICLICK	190
<i>phenobarbital</i>	38	<i>pr natal 400</i>	195	<i>probenecid</i>	52
<i>phenytek</i>	38	<i>pr natal 400 ec</i>	195	<i>probenecid-colchicine</i>	52
<i>phenytoin</i>	38	<i>pr natal 430</i>	195	<i>prochlorperazine</i>	56
<i>phenytoin sodium</i>	38	<i>pr natal 430 ec</i>	195	<i>prochlorperazine edisylate</i>	55
		<i>pramipexole</i>	58	<i>prochlorperazine maleate</i>	55
		<i>prasugrel hcl</i>	74		
		<i>pravastatin</i>	85		
		<i>praziquantel</i>	57		

PRO-COMFORT ALCOHOL	<i>raloxifene</i>	164	<i>rizatriptan</i>	53, 54
PADS.....	<i>ramipril</i>	78	ROCKLATAN.....	185
<i>procto-med hc</i>	<i>ranolazine</i>	82	<i>roflumilast</i>	191
<i>proctosol hc</i>	<i>rasagiline</i>	58	ROMVIMZA	31
<i>proctozone-hc</i>	RAYALDEE.....	182	<i>ropinirole</i>	58
PRODIGY INSULIN	<i>reclipsen (28)</i>	97	<i>rosadan</i>	102
SYRINGE.....	RECOMBIVAX HB (PF)....	180	<i>rosuvastatin</i>	86
<i>progesterone micronized</i>	REGRANEX	101	<i>rosyrah</i>	97
PROGRAF	RELENZA DISKHALER	70	ROTARIX.....	180
PROLASTIN-C.....	RELISTOR	158	ROTATEQ VACCINE	180
<i>promethazine</i>	<i>repaglinide</i>	46	ROZLYTREK.....	31
<i>promethegan</i>	REPATHA PUSHTRONEX .	86	RUBRACA	31
<i>propafenone</i>	REPATHA SURECLICK.....	86	<i>rufinamide</i>	39
<i>propranolol</i>	REPATHA SYRINGE	86	RUKOBIA	68
<i>propylthiouracil</i>	RETACRIT.....	73	RYBELSUS	165
PROQUAD (PF)	RETEVMO.....	31	RYBREVANT	31
PROSOL 20 %	REVCovi	151	RYBREVANT FASPRO	31
<i>protriptyline</i>	REVUFORJ	31	RYDAPT.....	32
PULMOZYME.....	REXULTI	63	RYKINDO	64
PURE COMFORT ALCOHOL	REYATAZ.....	68	S	
PADS.....	REZDIFFRA	168	<i>sacubitril-valsartan</i>	77
PURE COMFORT PEN	REZLIDHIA	31	SAFESNAP INSULIN	
NEEDLE	REZUROCK.....	174	SYRINGE	133, 134
PURE COMFORT SAFETY	RHOPRESSA	185	SAFETY PEN NEEDLE	134
PEN NEEDLE.....	<i>ribavirin</i>	71	<i>sajazir</i>	82
<i>pyrazinamide</i>	<i>rifabutin</i>	54	SANTYL.....	101
<i>pyridostigmine bromide</i>	<i>rifampin</i>	55	SAPHNELO PEN	174
<i>pyrimethamine</i>	<i>rilpivirine</i>	68	<i>sapropterin</i>	151
Q	<i>rilpivirine hcl</i>	68	SCEMBLIX	32
QINLOCK.....	<i>riluzole</i>	89	<i>scopolamine base</i>	56
QUADRACEL (PF)	<i>rimantadine</i>	70	SECUADO.....	64
<i>quetiapine</i>	RINVOQ.....	174	SECURESAFE INSULIN	
<i>quinapril</i>	RINVOQ LQ	174	SYRINGE	134
<i>quinapril-hydrochlorothiazide</i>	<i>risedronate</i>	182, 183	SECURESAFE PEN NEEDLE	
<i>quinidine gluconate</i>	<i>risperidone</i>	64	.....	134
<i>quinidine sulfate</i>	<i>risperidone microspheres</i>	63, 64	SELARSDI	174
<i>quinine sulfate</i>	<i>ritonavir</i>	68	<i>select-ob</i>	195
QULIPTA.....	<i>rivaroxaban</i>	72	<i>select-ob (folic acid)</i>	196
R	<i>rivastigmine</i>	41	<i>selegiline hcl</i>	58, 59
RABAVERT (PF)	<i>rivastigmine tartrate</i>	41	<i>selenium sulfide</i>	101
<i>rabeprazole</i>	<i>rivelsa</i>	97	SELZENTRY.....	68
RALDESY	RIVFLOZA	184	<i>se-natal 19 chewable</i>	196

SEREVENT DISKUS190
 SEROSTIM167
sertraline44
setlakin98
sevelamer carbonate158
sevelamer hcl.....158
sharobel.....98
 SHINGRIX (PF).....180
 SIGNIFOR167
sildenafil (pulm.hypertension)
194
silver sulfadiazine.....101
 SIMBRINZA185
simliya (28).....98
simpesse.....98
 SIMPLI PEN NEEDLE.....123
simvastatin.....86
sirolimus174
 SIRTURO55
sitagliptin phos-metformin46
sitagliptin phosphate46
 SIVEXTRO11, 12
 SKY SAFETY PEN NEEDLE
134
 SKYLA.....98
 SKYRIZI174, 175
sodium chloride 0.45 %.....187
sodium chloride 0.9 %.....187
sodium oxybate193
sodium phenylbutyrate158
*sodium polystyrene sulfonate*159
sodium,potassium,mag sulfates
160
solifenacin161
 SOLIQUA 100/3349
 SOLTAMOX.....32
 SOMATULINE DEPOT167
 SOMAVERT167
sorafenib.....32
sotalol80
sotalol af.....80
 SPIRIVA RESPIMAT190

spironolactone 83, 86
spironolacton-hydrochlorothiaz
 83
sprintec (28)..... 98
 SPRITAM..... 39
sps (with sorbitol) 159
sronyx..... 98
ssd 101
stavudine 68
 STERILE PADS 123
 STIOLTO RESPIMAT 190
 STIVARGA 32
 STOBOCLO 183
 STRENSIQ 151
streptomycin..... 10
 STRIBILD 68
 STRIVERDI RESPIMAT.... 190
subvenite 39
 SUBVENITE 39
sucralfate 157
sulfacetamide sodium 153
sulfacetamide sodium (acne) 102
sulfacetamide-prednisolone. 155
sulfadiazine..... 17
sulfamethoxazole-trimethoprim
 17
sulfasalazine 160
sulindac..... 7
sumatriptan..... 54
sumatriptan succinate..... 54
sumatriptan-naproxen 54
sunitinib malate 32
 SUNLENCA..... 68
 SURE COMFORT ALCOHOL
 PREP PADS 135
 SURE COMFORT INS. SYR.
 U-100 134
 SURE COMFORT INSULIN
 SYRINGE 134, 135
 SURE COMFORT PEN
 NEEDLE..... 135

SURE COMFORT SAFETY
 PEN NEEDLE 134
 SURE-FINE PEN NEEDLES
 135
 SURE-JECT INSULIN
 SYRINGE 136
 SURE-PREP ALCOHOL PREP
 PADS 136
syeda 98
 SYMDEKO 192
 SYMPAZAN..... 39
 SYMTUZA 68
 SYNAREL 167
 SYNJARDY 46
 SYNJARDY XR 46
 SYRINGE WITH NEEDLE,
 SAFETY 134
T
 TABLOID 32
 TABRECTA 32
tacrolimus 175
tadalafil 194
 TAFINLAR..... 32
tafluprost (pf) 185
 TAGRISSO 32
 TAKHZYRO..... 83
 TALICIA..... 157
 TALZENNA 32
tamoxifen..... 32
tamsulosin 161
tarina 24 fe..... 98
tarina fe 1-20 eq (28) 98
taron-c dha..... 196
taron-prex prenatal-dha..... 196
 TARPEYO 165
tasimelteon 193
 TAVALISSE..... 73
 TAVNEOS..... 175
taysofy 98
tazarotene..... 101
tazicef..... 13
taztia xt..... 82

TDVAX.....	181	<i>tilia fe</i>	98	TREMFYA PEN.....	176
TECHLITE INSULIN		<i>timolol</i>	185	TREMFYA PEN INDUCTION	
SYRINGE.....	136, 137	<i>timolol maleate</i>	80, 185	PK(2PEN).....	176
TECHLITE INSULN		<i>tinidazole</i>	57	<i>treprostinil sodium</i>	194
SYR(HALF UNIT)	136	<i>tiopronin</i>	161	<i>tretinoin</i>	101, 102
TECHLITE PEN NEEDLE..	137	<i>tiotropium bromide</i>	190	<i>tretinoin (antineoplastic)</i>	33
TECHLITE PLUS PEN		TIVICAY	69	<i>triamcinolone acetonide</i>	100,
NEEDLE	137	TIVICAY PD.....	69	105, 165	
<i>telmisartan</i>	77	<i>tizanidine</i>	192	<i>triamterene-hydrochlorothiazid</i>	
<i>telmisartan-amlodipine</i>	77	TOBI PODHALER.....	10	.....	84
<i>telmisartan-hydrochlorothiazid</i>		<i>tobramycin</i>	10, 154	<i>triazolam</i>	10
.....	77	<i>tobramycin in 0.225 % nacl</i> ..	10	<i>trientine</i>	161
<i>temazepam</i>	10	<i>tobramycin sulfate</i>	11	<i>tri-estarylla</i>	98
<i>tencon</i>	6	<i>tobramycin-dexamethasone</i> .	154	<i>trifluoperazine</i>	64
TENIVAC (PF)	181	<i>tobramycin-lotepred</i>	154	<i>trifluridine</i>	154
<i>tenofovir disoproxil fumarate</i> ..	69	<i>tofacitinib</i>	175	<i>trihexyphenidyl</i>	59
TEPMETKO.....	32	<i>tolterodine</i>	161	TRIJARDY XR.....	47
<i>terazosin</i>	161	<i>tolvaptan (polycys kidney dis)</i>		TRIKAFTA.....	192
<i>terbinafine hcl</i>	51	.....	83, 84	<i>tri-legest fe</i>	98
<i>terconazole</i>	100	TOPFINE INSULIN PEN		<i>tri-linyah</i>	98
<i>teriflunomide</i>	175	NEEDLE.....	138	<i>tri-lo-estarylla</i>	98
<i>teriparatide</i>	183	<i>topiramate</i>	39	<i>tri-lo-marzia</i>	98
TERUMO INSULIN SYRINGE		<i>toremifene</i>	32	<i>tri-lo-mili</i>	98
.....	137	<i>torpenz</i>	33	<i>tri-lo-sprintec</i>	99
<i>testosterone</i>	162	<i>torse mide</i>	84	<i>trimethoprim</i>	12
<i>testosterone cypionate</i>	162	TOUJEO MAX U-300		<i>tri-mili</i>	99
<i>testosterone enanthate</i>	162	SOLOSTAR.....	49	<i>trimipramine</i>	44
<i>tetrabenazine</i>	90	TOUJEO SOLOSTAR U-300		TRINTELLIX	44
<i>tetracycline</i>	18	INSULIN	49	<i>tri-nymyo</i>	99
THALOMID.....	175	TRADJENTA	47	<i>tri-sprintec (28)</i>	99
<i>theophylline</i>	190	<i>tramadol</i>	6	TRIUMEQ	69
THINPRO INSULIN SYRINGE		<i>tramadol-acetaminophen</i>	6	TRIUMEQ PD	69
.....	138	<i>trandolapril</i>	78	<i>trivora (28)</i>	99
<i>thioridazine</i>	64	<i>tranexamic acid</i>	73	<i>tri-vylibra</i>	99
<i>thiothixene</i>	64	<i>tranylcypromine</i>	44	<i>tri-vylibra lo</i>	99
<i>tiadylt er</i>	82	TRAVASOL 10 %.....	75	TROPHAMINE 10 %.....	75
<i>tiagabine</i>	39	<i>travoprost</i>	185	<i>trospium</i>	161
TIBSOVO.....	32	<i>trazodone</i>	44	TRUE COMFORT ALCOHOL	
<i>ticagrelor</i>	74	TRECATOR	55	PADS	139
TICE BCG.....	32	TRELEGY ELLIPTA.....	190	TRUE COMFORT INSULIN	
TICOVAC	181	TREMFYA	175, 176	SYRINGE	139
<i>tigecycline</i>	18	TREMFYA ONE-PRESS....	175		

TRUE COMFORT PEN NEEDLE	139	ULTICARE SAFETY PEN NEEDLE.....	142	UNIFINE OTC PEN NEEDLE	147
TRUE COMFORT PRO ALCOHOL PADS.....	139	ULTIGUARD SAFEPAK- INSULIN SYR	142, 143	UNIFINE PENTIPS.....	147
TRUE COMFORT PRO INS SYRINGE.....	138, 139, 140	ULTIGUARD SAFEPAK- PEN NEEDLE	142	UNIFINE PENTIPS MAXFLOW	147
TRUE COMFORT SAFE INSULIN SYRG	138, 139, 140	ULTILET ALCOHOL SWAB	143	UNIFINE PENTIPS PLUS .	147, 148, 150
TRUE COMFORT SAFETY PEN NEEDLE.....	138	ULTILET INSULIN SYRINGE	126, 143	UNIFINE PENTIPS PLUS MAXFLOW	147
TRUE-COMFORT PRO PEN NEEDLE	140	ULTILET PEN NEEDLE....	143	UNIFINE PROTECT.....	148
TRUEPLUS INSULIN.	140, 141	ULTRA CMFT INS SYR (HALF UNIT).....	123, 141	UNIFINE SAFECONTROL PEN NEEDLE	148
TRUEPLUS PEN NEEDLE.	140	ULTRA COMFORT INSULIN SYRINGE.....	123, 143, 144	UNIFINE ULTRA PEN NEEDLE	148, 149
TRULANCE.....	159	ULTRA FLO INSUL SYR(HALF UNIT).....	144	UPTRAVI	194
TRULICITY	165	ULTRA FLO INSULIN SYRINGE	144	<i>ursodiol</i>	159
TRUMENBA	181	ULTRA FLO PEN NEEDLE	144	V	
TRUQAP	33	ULTRA THIN PEN NEEDLE	145	<i>valacyclovir</i>	71
TRYNGOLZA	86	ULTRACARE INSULIN SYRINGE	145	VALCHLOR.....	102
TUKYSA	33	ULTRACARE PEN NEEDLE	145	<i>valganciclovir</i>	71
TURALIO	33	ULTRA-FINE INS SYR (HALF UNIT)	146	<i>valproate sodium</i>	39
<i>turqoz (28)</i>	99	ULTRA-FINE INSULIN SYRINGE	145, 146	<i>valproic acid</i>	39
TWINRIX (PF)	181	ULTRA-FINE PEN NEEDLE	146	<i>valproic acid (as sodium salt)</i>	39
<i>tyblume</i>	99	ULTRA-THIN II (SHORT) INS SYR	146, 147	<i>valsartan</i>	77
TYBOST	69	ULTRA-THIN II (SHORT) PEN NDL	147	<i>valsartan-hydrochlorothiazide</i>	77
TYENNE.....	176	ULTRA-THIN II INS PEN NEEDLES	147	VALTOCO	39
TYENNE AUTOINJECTOR	176	ULTRA-THIN II INSULIN SYRINGE	146, 147	<i>valtya</i>	99
TYMLOS	183			<i>vancomycin</i>	12
TYPHIM VI	181			VANFLYTA	33
U				VANISHPOINT INSULIN SYRINGE	149
UBRELVY	54			VANISHPOINT SYRINGE	149
UDENYCA ONBODY	73			VAQTA (PF)	181
ULTICARE	141, 142			<i>varenicline tartrate</i>	8, 9
ULTICARE INSULIN SYRINGE.....	141			VARIVAX (PF).....	181
ULTICARE INSULN SYR(HALF UNIT)	141			VAXCHORA VACCINE	181
ULTICARE PEN NEEDLE	141, 142			<i>velivet triphasic regimen (28)</i>	99
				VELSIPITY	176
				VELTASSA	159
				VEMLIDY	71
				VENCLEXTA.....	33

VENCLEXTA STARTING PACK.....33	VORANIGO..... 34	Y
venlafaxine .....44, 45	voriconazole..... 52	yargesa 151
venlafaxine besylate .....44	VOSEVI..... 70	YESINTEK..... 176
VEOZAH .....90	VOWST 159	YF-VAX (PF) 182
verapamil.....82	vp-ch-pnv 196	YONSA..... 35
VERIFINE INSULIN	VRAYLAR..... 64	yulithira..... 35
SYRINGE.....149, 150	VUMERITY 176	YUTREPIA..... 194
VERIFINE PEN NEEDLE...149	VYALEV 59	yuvafem 164
VERIFINE PLUS PEN	vyfemla (28) 99	Z
NEEDLE .....149	vylibra 99	zafemy 100
VERIFINE PLUS PEN	VYNDAMAX 83	zafirlukast..... 188
NEEDLE-SHARP .....150	VYZULTA 186	zaleplon 193
VERQUVO .....87	W	zatean-pn dha..... 196
VERSACLOZ .....64	warfarin 72	zatean-pn plus 196
VERSALON.....150	WEBCOL 150	ZEJULA..... 35
VERZENIO.....33	WEGOVY 165, 166	ZELBORAF..... 35
vestura (28) .....99	WELIREG 34	zenatane 102
vienva .....99	WINREVAIR 192	ZENPEP..... 151
vigabatrin .....39, 40	wixela inhub..... 190	zidovudine 69
vigadrone.....40	X	zingiber 196
vigpoder.....40	XALKORI 34	ziprasidone hcl 64
vilazodone.....45	xarah fe 99	ziprasidone mesylate 64
VIMKUNYA (PF).....182	XATMEP 34	ZIRABEV 35
vinblastine .....33	XCOPRI..... 40	ZIRGAN 154
vincasar pfs .....33	XCOPRI MAINTENANCE	ZOLINZA 35
vincristine .....33	PACK..... 40	zolmitriptan 54
vinorelbine.....33	XCOPRI TITRATION PACK	zolpidem 193
violele (28) .....99	 40	ZONISADE..... 40
VIRACEPT .....69	XDEMVI 154	zonisamide..... 40
VIREAD.....69	XERMELO 159	zovia 1-35 (28) 100
vitafol-ob+dha.....196	XIFAXAN 12	ZTALMY 40
VITRAKVI.....33, 34	XIIDRA 155	zumandimine (28)..... 100
VIVOTIF .....182	XOLAIR 192	ZURZUVAE 45
VIZIMPRO.....34	XOSPATA..... 34	ZYDELIG 35
volnea (28).....99	XPOVIO 34	ZYKADIA 35
VONJO.....34	XTANDI..... 35	ZYMFENTRA 176
VOQUEZNA.....157	xulane..... 99	ZYPREXA RELPREVV 65
	XULTOPHY 100/3.6..... 49	



Llámenos al 1-855-296-8800
sin cargo TTY 711

7 días a la semana de
8:00 am a 8:00 pm

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