



2026 Comprehensive Formulary

(List of Covered Drugs)

Please read: This document contains information about the drugs we cover in this plan

This formulary was updated on September 2, 2025. For more recent information or other questions, please contact SummaCare Member Services at 800.996.6250 or 330.996.8885 (TTY users should call 711). From October 1 through March 31, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., seven days a week. From April 1 through September 30, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., Monday through Friday. Or visit summacare.com/medicare. SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal.



Notice of Availability

English: ATTENTION: Free language assistance services are available. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call toll-free **855.416.6441 (TTY 711)**.

Spanish: Aviso de Disponibilidad

ATENCIÓN: los servicios gratuitos de asistencia lingüística se encuentran disponibles. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame gratis al **855.416.6441 (TTY 711)**.

Chinese Mandarin: 服务可用通知

请注意：可免费获得语言翻译服务。此外，还免费提供适合的辅助工具和服务，以无障碍格式提供信息。免费电话**855.416.6441（电传打字机711）**。

Chinese Cantonese: 服務可供通知

請注意：本處提供免費語言協助服務。此外，亦提供適當的輔助器具及服務，以無障礙格式提供資訊，此等服務均屬免費。請致電免費熱線**855.416.6441（文字電話號碼為 711）**。

Tagalog: Pabatid ng Pagkakaroon

PAUNAWA: Available ang mga libreng serbisyo ng tulong sa wika. Ang naaangkop na mga pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag nang libre sa **855.416.6441 (TTY 711)**.

French: Avis de disponibilité

ATTENTION : Une assistance linguistique gratuite est offerte. Des outils et services auxiliaires adaptés pour rendre l'information accessible sont également mis à disposition sans frais. Appelez gratuitement le **855.416.6441 (TTY 711)**.

Vietnamese: Thông báo về tình trạng sẵn có

LƯU Ý: Có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và hỗ trợ bổ sung phù hợp để cung cấp thông tin dưới các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi theo số điện thoại miễn phí **855.416.6441 (TTY 711)**.

German: Benachrichtigung über Verfügbarkeit

ACHTUNG: Kostenlose Sprachassistenzen sind verfügbar. Geeignete Hilfsmittel und Services, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie gebührenfrei an unter **+1 855 416 6441 (TTY 711)**.



Korean: 이용 가능 안내

참고: 무료 언어 지원 서비스가 가능합니다. 정보에 쉽게 접근할 수 있도록 돕는 적절한 보조 도구와 서비스도 무료로 제공됩니다. 수신자 부담 전화 **855.416.6441 (TTY 711)** 번으로 전화하세요.

Russian: Уведомление о наличии

ВНИМАНИЕ: Доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по бесплатному номеру **855.416.6441 (TTY 711)**.

ARABIC: إشعار بتوفر الخدمة

النسخة العربية: تنبيه: تتوفر خدمات المساعدة اللغوية مجانًا. كما تتوفر المساعدات والخدمات التكميلية المناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها مجانًا أيضًا. للمساعدة، يُرجى الاتصال مجانًا على الرقم **855.416.6441 (خدمة TTY: 711)**.

Hindi: उपलब्धता की सूचना

ध्यान: निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. सुलभ प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. टोल-फ्री **855.416.6441 (TTY 711)** पर कॉल करें.

Italian: Avviso di disponibilità

ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente adeguati supporti e servizi ausiliari per fornire informazioni in formati accessibili. Chiamare il numero verde **855.416.6441 (TTY 711)**.

Portuguese: Aviso de disponibilidade

ATENÇÃO: Temos serviços gratuitos de assistência linguística disponíveis. Recursos auxiliares e serviços adequados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue gratuitamente para **855.416.6441 (TTY (Máquina de Teletexto) 711)**.

French Creole: Avi Disponibilite

ATANSYON: Sèvis asistans lang gratis yo disponib. Gen èd ak sèvis oksilyè ki apwopriye pou bay enfòmasyon nan fòm aksesib ki disponib tou gratis. Rele gratis **855.416.6441 (TTY 711)**.

Polish: Powiadomienie o dostępności

UWAGA: Dostępne są bezpłatne usługi pomocy językowej. Odpowiednie wsparcie i usługi pomocnicze zapewniające dostęp do informacji w formatach dostępnych również są bezpłatne. Zadzwoń pod bezpłatny numer **855.416.6441 (TTY 711)**.

Japanese: 利用可能通知

ご注意：無料の言語支援サービスをご利用いただけます。情報をアクセス可能な形式で提供するための適切な補助器具やサービスも、無料でご利用いただけます。フリーダイヤル **855.416.6441 (TTY 711)** までお電話ください。

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our” it means SummaCare. When it refers to “plan” or “our plan,” it means a SummaCare Medicare Advantage plan.

This document includes a Drug List (formulary) for our plan, which is current as of September 2, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the SummaCare Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by SummaCare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. SummaCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SummaCare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by SummaCare, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary change?

Most changes in drug coverage happen on January 1, but SummaCare may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: summacare.com/medicare.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.**

We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to SummaCare’s Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to SummaCare’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 2, 2025. To get updated information about the drugs covered by SummaCare please contact us. Our contact information appears on the front and back cover pages. The SummaCare Medicare Formulary is updated monthly and is posted on our website each month. Visit summacare.com/medicare to view or print the formulary.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “cardiovascular agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

SummaCare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** SummaCare requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from SummaCare before you fill your prescriptions. If you don’t get approval, SummaCare may not cover the drug.
- **Quantity Limits:** For certain drugs, SummaCare limits the amount of the drug that SummaCare will cover. For example, SummaCare provides 150 tablets per prescription for metformin 500 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, SummaCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, SummaCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SummaCare will then cover Drug B.

- **Opioid Edits:** SummaCare has implemented the following opioid edits:
 - **Enhanced Opioid Cumulative Dosing:** This limit is based on MME (Morphine Milligram Equivalent), which is the calculated amount of opioids that you are taking per day. Your opioid prescription will deny at the pharmacy if your total MME is greater than 90 MME and there are two or more prescribers of your opioid prescription(s). This means that you may need to get approval from SummaCare to fill your opioid prescription(s).
 - **Opioid-Benzodiazepine Concurrent Use Edit:** If you are taking an opioid and a benzodiazepine that overlap in days' supply and there are two or more prescribing physicians for these medications, the prescription(s) will deny at the pharmacy. This means that you may need to get approval from SummaCare to fill your opioid or benzodiazepine prescription(s).
 - **Days Supply Limit Edit:** If you have not taken any opioids in the last 60 days, your opioid prescription can only be filled for up to a 7 day supply for acute pain. If you need more than a 7 day supply for your acute pain, you will need to get approval from SummaCare to fill your opioid prescription.
 - **Long Action (LA) Duplicative Therapy Edit:** If you are taking two or more long acting opioids and there is an overlap in days' supply and two or more prescribing physicians of your opioids, your prescription will deny at the pharmacy. This means that you may need to get approval from SummaCare to fill your opioid prescription(s).

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask SummaCare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the SummaCare formulary?" on page E for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. SummaCare pays for certain OTC drugs if prescribed by a doctor, and presented with a prescription.

Generic Name	(Reference Brand Name)	Dosage Form
Cetirizine Hydrochloride	(Zyrtec)	Chewable Tablet, Solution, Tablet
Cetirizine Hydrochloride/Pseudoephedrine Hydrochloride	(Zyrtec-D)	12 Hour Tablet
Fexofenadine Hydrochloride	(Allegra)	12 Hour Tablet, 24 Hour Tablet, Tablet Rapids, Suspension
Fexofenadine/Pseudoephedrine Hydrochloride	(Allegra-D)	12 Hour Tablet, 24 Hour Tablet
Ketotifen Fumarate	(Zaditor)	Eye Drops
Levocetirizine Dihydrochloride	(Xyzal)	Tablet
Loratadine	(Claritin)	Solution, Tablet, Tablet Rapids, Chewable Tablet

Generic Name	(Reference Brand Name)	Dosage Form
Loratadine/Pseudoephedrine Hydrochloride	(Claritin-D)	12 Hour Tablet, 24 Hour Tablet
Olopatadine Hydrochloride	(Pataday)	Eye Drops
Nicotine	(Nicotine Patch)	Patch
Nicotine Polacrilex	(Nicorette)	Gum
Nicotine Polacrilex	(Nicotine Lozenge)	Lozenge

SummaCare will provide these generic OTC drugs at no cost to you. The cost to SummaCare of these generic OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that SummaCare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by SummaCare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by SummaCare.
- You can ask SummaCare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the SummaCare Formulary?

You can ask SummaCare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, SummaCare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.

Generally, SummaCare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a current member of SummaCare and experience a change in your level of care from one treatment setting to another, we will cover a one-time emergency fill of a non-formulary drug.

For more information

For more detailed information about your SummaCare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about SummaCare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE (1.800.633.4227) 24 hours a day/7 days a week. TTY users should call 1.877.486.2048. Or, visit <http://www.medicare.gov>.

SummaCare's Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by SummaCare. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ELIQUIS®) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

The information in the Requirements/Limits column tells you if SummaCare has any special requirements for coverage of your drug.

The following abbreviations may be found within the body of this document.

COVERAGE NOTE ABBREVIATIONS		
ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
CB	Capped Benefit	This drug has a capped benefit, meaning SummaCare limits the amount of this drug that is covered per prescription.
EX	Excluded Part D	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from SummaCare before you fill your prescription for this drug. Without prior approval, SummaCare may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs. Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from SummaCare to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, SummaCare may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from SummaCare before you fill your prescription for this drug. Without prior approval, SummaCare may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member, you (or your physician) are required to get prior authorization from SummaCare before you fill your prescription for this drug. Without prior approval, SummaCare may not cover this drug.
QL	Quantity Limit Restriction	SummaCare limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before SummaCare will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

Other Special Requirements for Coverage		
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at toll-free 800.996.6250 or 330.996.8885 for additional information. TTY users should call 711.
NM	Non-Mail Order Drug	You may be able to receive greater than a one month supply of most of the drugs on your formulary via mail order at a reduced cost share. Drugs <u>not</u> available via your mail order benefit are noted with “NM” in the Requirements/Limits column.
NDS	Non-Extended Days Supply	This drug is not available for extended day supply and is limited to a 30 day supply.

Table of Contents

Analgesics	3
Anesthetics	9
Anti-Addiction/Substance Abuse Treatment Agents	10
Antianxiety Agents	11
Antibacterials	13
Anticancer Agents	23
Anticonvulsants	46
Antidementia Agents	53
Antidepressants	54
Antidiabetic Agents	58
Antifungals	65
Antigout Agents	68
Antihistamines	68
Anti-Infectives (Skin And Mucous Membrane)	69
Antimigraine Agents	70
Antimycobacterials	71
Antinausea Agents	72
Antiparasite Agents	73
Antiparkinsonian Agents	75
Antipsychotic Agents	77
Antivirals (Systemic)	86
Blood Products/Modifiers/Volume Expanders	94
Caloric Agents	98
Cardiovascular Agents	100
Central Nervous System Agents	114
Contraceptives	120
Dental And Oral Agents	132
Dermatological Agents	133
Devices	139
Enzyme Cofactors/Chaperones	195
Enzyme Replacement/Modifiers	195
Eye, Ear, Nose, Throat Agents	196
Gastrointestinal Agents	202
Genitourinary Agents	207
Heavy Metal Antagonists	208
Hormonal Agents, Stimulant/Replacement/Modifying	208
Immunological Agents	216
Inflammatory Bowel Disease Agents	231

Metabolic Bone Disease Agents.....	232
Miscellaneous Therapeutic Agents.....	234
Ophthalmic Agents.....	236
Replacement Preparations.....	238
Respiratory Tract Agents.....	240
Skeletal Muscle Relaxants.....	246
Sleep Disorder Agents.....	247
Vasodilating Agents.....	247
Vitamins And Minerals.....	248

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>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>	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	4	QL (5 per 28 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	4	QL (180 per 30 days)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)	3	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)	3	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)	3	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>	4	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>	4	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)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	4	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>	4	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	4	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	4	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>	3	QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	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)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	3	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	3	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)	3	QL (60 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	3	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>	4	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	3	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	3	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	3	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	3	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i> (Endocet)	4	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i> (Endocet)	3	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	3	QL (240 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	4	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	4	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>	4	QL (60 per 30 days)

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>tencon oral tablet 50-325 mg</i>	(butalbital-acetaminophen)	4	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)
<i>zebutal oral capsule 50-325-40 mg</i>	(butalbital-acetaminophen-caff)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
Nonsteroidal Anti-Inflammatory Agents			
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	(Celebrex)	2	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	(Flector)	4	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>		3	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>		3	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>		2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>		2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>		2	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>		4	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	(Arthritis Pain (diclofenac))	2	QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>		4	PA; QL (100 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	5	PA; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	4	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	4	
<i>diflunisal oral tablet 500 mg</i>	4	
<i>etodolac oral capsule 200 mg, 300 mg</i>	4	
<i>etodolac oral tablet 400 mg</i> (Lodine)	3	
<i>etodolac oral tablet 500 mg</i>	3	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	4	
<i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)	2	
<i>ibu oral tablet 400 mg</i> (ibuprofen)	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	1	
<i>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	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac oral tablet 10 mg</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>mefenamic acid oral capsule 250 mg</i>	4	
<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>	4	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	4	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>dermacinrx lidocan 5% patch outer</i> (lidocaine)	4	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 4 % (40 mg/ml)</i>	4	PA
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	4	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	4	PA; QL (240 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; QL (30 per 30 days)
<i>lidocaine iii topical adhesive patch,medicated 5 %</i> (lidocaine)	4	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	4	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	4	
<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>	4	
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</i>	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	4	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	4	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	3	
NICOTROL INHALATION CARTRIDGE 10 MG	4	ST
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	ST; QL (240 per 180 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	4	QL (336 per 365 days)
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	4	QL (336 per 365 days)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	4	
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> (Xanax XR)	2	QL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)	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)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet,disintegrating</i> 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	3	QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating</i> 2 mg	3	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet</i> 15 mg, 3.75 mg, 7.5 mg	4	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	4	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	3	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	3	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>	4	QL (60 per 30 days)
<i>estazolam oral tablet 2 mg</i>	4	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	
<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>	4	QL (120 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	4	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	4	QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	3	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	3	QL (60 per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	4	
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>	3	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	3	
<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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution</i> 10 mg/ml, 40 mg/ml	4	
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule</i> 150 mg, (Cleocin HCl) 300 mg, 75 mg	2	
<i>clindamycin pediatric oral recon soln</i> (clindamycin palmitate 75 mg/5 ml hcl)	4	
<i>clindamycin phosphate injection</i> solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)	4	
<i>clindamycin phosphate injection</i> (Cleocin) solution 150 mg/ml	4	
<i>colistin (colistimethate na) injection</i> (Coly-Mycin M recon soln 150 mg Parenteral)	5	NDS
<i>daptomycin intravenous recon soln</i> 350 mg, 500 mg	5	NDS
<i>fosfomycin tromethamine oral packet</i> 3 gram	4	
<i>linezolid in dextrose 5% intravenous</i> (Zyvox) <i>piggyback</i> 600 mg/300 ml	4	
<i>linezolid oral suspension for</i> (Zyvox) <i>reconstitution</i> 100 mg/5 ml	5	NDS
<i>linezolid oral tablet</i> 600 mg (Zyvox)	4	
<i>methenamine hippurate oral tablet</i> 1 gram	4	
<i>metronidazole in nacl (iso-os)</i> (Metro I.V.) <i>intravenous piggyback</i> 500 mg/100 ml	2	
<i>metronidazole oral tablet</i> 250 mg, 500 mg	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	2	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	4	
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	4	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	4	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	4	QL (112 per 14 days)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	4	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; QL (90 per 30 days)
Cephalosporins		
<i>cefactor oral capsule 250 mg, 500 mg</i>	4	
<i>cefactor oral tablet extended release 12 hr 500 mg</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	4	
<i>cefadroxil oral tablet 1 gram</i>	4	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	4	
<i>cefdinir oral capsule 300 mg</i>	2	

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

01/01/2026

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<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>	4	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> (ceftazidime)	4	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	4	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	3	
<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>	4	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	3	
<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)

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	3	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	4	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	3	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	4	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	3	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	4	
<i>nafticillin injection recon soln 1 gram, 10 gram, 2 gram</i>	4	
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	4	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	4	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	3	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	3	
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<i>levofloxacin oral tablet 250 mg</i>	1	
<i>levofloxacin oral tablet 500 mg, 750 mg</i>	1	
<i>moxifloxacin 400 mg/250 ml bag sub, p/f, inner</i>	4	
<i>moxifloxacin oral tablet 400 mg</i>	4	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	4	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	3	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	4	
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	4	
<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>	3	
<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	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	4	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	3	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	3	
<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>	4	

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
AVMAPKI ORAL CAPSULE 0.8 MG	5	PA NSO; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	5	PA NSO; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	5	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NDS
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	5	PA NSO; NDS; QL (75 per 28 days)

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NDS; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	4	
<i>cladribine intravenous solution 10 mg/10 ml</i>	4	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)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 500 mg/ml</i> (Frindovyx)	5	PA BvD; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NDS; QL (112 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; LA; NDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	5	PA NSO; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	5	PA NSO; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i>	5	NDS
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	5	PA BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	5	PA NSO; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	5	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	5	PA NSO; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i>	3	
EULEXIN ORAL CAPSULE 125 MG (flutamide)	5	NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	5	PA NSO; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg</i> (Torpenz)	5	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet 5 mg, 7.5 mg</i> (Torpenz)	5	PA NSO; NDS; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	4	
FAKZYNJA ORAL TABLET 200 MG	5	PA NSO; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	4	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	4	
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)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	PA NSO; NDS; QL (60 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	4	PA BvD
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml)</i> (Avgemsi)	4	PA BvD
<i>gemcitabine intravenous solution 200 mg/5.26 ml (38 mg/ml)</i>	4	PA BvD
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG (lomustine)	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (lomustine)	5	NDS
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)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	4	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	4	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	3	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	3	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, 560 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	5	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA NSO; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	4	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	4	
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA NSO; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (leuprolide (3 month))	4	PA NSO
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	5	PA NSO; NDS; QL (15 per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (40 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA NSO; NDS; QL (140 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)
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>	3	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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, 50 mg</i>	4	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	4	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	4	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)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	5	NDS
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i> (Alimta)	5	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA NSO; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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 INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA NSO; NDS
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)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	5	NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)	5	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	5	PA NSO; NDS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NDS
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	3	
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NDS
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	5	PA NSO; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	5	PA NSO; NDS; QL (30 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	4	PA BvD
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i> (vincristine)	4	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>	4	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	5	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	5	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NDS; QL (20 per 28 days)
Anticonvulsants		
Anticonvulsants		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	5	NDS; QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	NDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	4	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	4	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	3	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	4	
<i>carbamazepine oral tablet, chewable 100 mg</i>	3	
<i>carbamazepine oral tablet, chewable 200 mg</i>	4	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	4	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	4	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NDS; QL (360 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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>	4	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	4	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	4	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	3	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	5	ST; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG	5	ST; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	3	
EPRONTIA ORAL SOLUTION 25 MG/ML (topiramate)	4	ST
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Aptiom)	5	ST; NDS; QL (30 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)	5	ST; NDS; QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	3	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate oral suspension 600 mg/5 ml</i>	4	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	4	
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)	4	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)	5	ST; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG (perampanel)	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)	5	ST; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	2	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	2	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	4	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	3	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	4	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	4	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))	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	4	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i> (Lamictal ODT Starter (Green))	4	
<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)	4	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	4	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	4	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	3	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	3	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	4	
<i>levetiracetam oral tablet for suspension 250 mg</i> (Spritam)	4	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i> (Celontin)	4	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	3	
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i> (Fycompa)	5	ST; NDS; QL (30 per 30 days)
<i>perampanel oral tablet 2 mg</i> (Fycompa)	4	ST; QL (30 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)	5	ST; NDS; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	4	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>	3	PA NSO-HRM; AGE (Max 64 Years)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	3	
<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)	3	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	3	
<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)	3	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	3	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	4	QL (900 per 30 days)
<i>primidone oral tablet 125 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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 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

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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>	4	
<i>rivastigmine transdermal patch 24 (Exelon Patch) hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	4	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>	4	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	3	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended (Wellbutrin XL) release 24 hr 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet sustained- (Wellbutrin SR) release 12 hr 100 mg, 150 mg, 200 mg</i>	2	
<i>citalopram oral solution 10 mg/5 ml</i>	4	
<i>citalopram oral tablet 10 mg (Celexa)</i>	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg (Celexa)</i>	1	QL (30 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	4	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	4	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	4	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<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, 30 mg, 60 mg</i>	2	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	4	QL (30 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>	4	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	4	ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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</i> (4 mg/ml)	4	
<i>fluvoxamine oral tablet 100 mg, 25</i> <i>mg, 50 mg</i>	3	
<i>imipramine hcl oral tablet 10 mg, 25</i> <i>mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule</i> <i>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)	2	
<i>mirtazapine oral tablet 45 mg, 7.5</i> <i>mg</i>	2	
<i>mirtazapine oral tablet,disintegrating</i> (Remeron SolTab) <i>15 mg, 30 mg, 45 mg</i>	3	
<i>nefazodone oral tablet 100 mg, 150</i> <i>mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>nortriptyline oral capsule 10 mg, 25</i> (Pamelor) <i>mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5</i> <i>ml</i>	4	
<i>paroxetine hcl oral suspension 10</i> (Paxil) <i>mg/5 ml</i>	4	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20</i> (Paxil) <i>mg, 30 mg, 40 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)

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

01/01/2026

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

01/01/2026

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)	4	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NDS; QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	3	
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> (Farxiga)	3	QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	4	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	4	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	3	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	3	max \$35 copay per month supply
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		3	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70- 30FlexPen U-100)	3	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U- 100 Insuln)	3	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	3	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U- 100 Insulin)	3	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	3	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Semglee(insulin glarg- yfgn)Pen)	3	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	(Semglee(insulin glargine-yfgn))	3	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro)	3	max \$35 copay per month supply; QL (40 per 28 days)

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70-30FLEXPEN (insulin asp prt-insulin aspart) U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG PENFILL U-100 (insulin aspart u-100) INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG U-100 INSULIN (insulin aspart u-100) ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300 conc) SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 (insulin glargine u-300 conc) INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	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>	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	1	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</i>	1	PA-HRM; AGE (Max 64 Years)
<i>glyburide micronized oral tablet 6 mg</i>	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	PA-HRM; AGE (Max 64 Years)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<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>	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole))	3	
<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>	3	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	4	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	4	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	4	
<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>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral solution 10 mg/ml</i>	5	PA; NDS
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	3	QL (180 per 30 days)
<i>ketoconazole topical foam 2 %</i> (Extina)	4	ST; QL (100 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (360 per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i> (Mycamine)	4	
<i>miconazole-3 vaginal suppository 200 mg</i>	3	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	5	PA; NDS
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	3	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	3	
<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>	3	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	5	PA; NDS
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	5	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA BvD; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	4	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	4	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	4	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	4	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	3	
Antihistamines		
Antihistamines		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> (Carbzah)	4	PA-HRM; AGE (Max 64 Years)
<i>clemastine oral tablet 2.68 mg</i> (Clemsza)	4	PA-HRM; AGE (Max 64 Years)
<i>clemasz oral tablet 2.68 mg</i> (clemastine)	4	PA-HRM; AGE (Max 64 Years)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>clemsza oral tablet 2.68 mg</i> (clemastine)	4	PA-HRM; AGE (Max 64 Years)
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	3	PA-HRM; AGE (Max 64 Years)
<i>cyproheptadine oral tablet 4 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<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)
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	4	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	3	
<i>terconazole vaginal suppository 80 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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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-</i> (Migranal) <i>aerosol 0.5 mg/pump act. (4 mg/ml)</i>	5	ST; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	3	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> (Maxalt-MLT) <i>10 mg</i>	2	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> <i>5 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol</i> <i>20 mg/actuation, 5 mg/actuation</i>	4	QL (12 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	4	QL (5 per 28 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	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</i> (Zomig)	4	QL (12 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	4	QL (12 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	3	
<i>isoniazid oral solution 50 mg/5 ml</i>	4	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	4	
<i>rifabutin oral capsule 150 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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	4	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECATOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	4	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	4	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	4	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	4	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	4	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	4	PA; QL (60 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA BvD; QL (6 per 28 days)
<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>	4	PA BvD

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	4	
<i>promethazine injection solution 25 mg/ml</i> (Phenergan)	3	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	4	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (promethazine)	4	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	4	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	4	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	4	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	4	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	4	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 100 mg</i>	3	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	3	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	3	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	3	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	3	
<i>ivermectin oral tablet 6 mg</i>	3	
<i>mefloquine oral tablet 250 mg</i>	3	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	5	NDS; QL (60 per 30 days)
<i>paromomycin oral capsule 250 mg</i> (Humatin)	4	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	4	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	4	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	4	
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)	4	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	3	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	4	
<i>apomorphine subcutaneous cartridge</i> (APOKYN) <i>10 mg/ml</i>	5	PA; NDS; QL (60 per 30 days)
<i>benztropine oral tablet 0.5 mg, 1 mg</i>	2	
<i>benztropine oral tablet 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i>	4	
<i>bromocriptine oral tablet 2.5 mg</i>	4	
<i>cabergoline oral tablet 0.5 mg</i>	3	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	4	
<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>	3	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	4	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NDS
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>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	4	
<i>selegiline hcl oral capsule 5 mg</i>	3	
<i>selegiline hcl oral tablet 5 mg</i>	4	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	3	
<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)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral solution 1 mg/ml</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	4	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	4	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	4	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	3	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	4	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	ST; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	ST; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	5	NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular (Haldol Decanoate) solution 100 mg/ml</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	4	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	4	
<i>haloperidol lactate oral concentrate 2 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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	3	
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)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
INVEGA 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>	4	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	4	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	4	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	4	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	4	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	5	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	4	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>	3	
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)	3	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	4	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	5	ST; NDS
<i>paliperidone oral tablet extended release 24hr 1.5 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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	4	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	4	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	5	NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
<i>prochlorperazine 10 mg/2 ml vial 10 mg/2 ml (5 mg/ml)</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 150 mg</i>	2	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	4	
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)	4	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml</i> (Rykindo)	4	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo)	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet 0.25 mg</i>	2	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	5	NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	3	
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	5	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	5	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	5	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	5	NDS; QL (0.56 per 56 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	4	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	4	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)

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

01/01/2026

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

01/01/2026

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>	4	
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	5	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	4	
<i>efavirenz oral tablet 600 mg</i>	4	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	3	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	5	NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i> (Truvada)	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i> (Truvada)	5	NDS
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i> (Complera)	5	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	5	NDS

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	4	
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>	4	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	5	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NDS
SYMITUZA ORAL TABLET 800-150-200-10 MG	5	NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	3	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	4	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	4	
<i>zidovudine oral tablet 300 mg</i>	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NDS
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	3	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	3	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	3	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	4	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	3	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	3	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (30 per 5 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	5	PA; NDS; QL (120 per 30 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	4	
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)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	5	PA; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NDS; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	3	
<i>lagevrio (eua) oral capsule 200 mg</i>	4	QL (40 per 5 days)
<i>ribavirin oral capsule 200 mg</i>	4	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	3	
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)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	4	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	4	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	4	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	4	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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	3	ST; QL (60 per 30 days)
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; NDS; QL (60 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NDS
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
<i>eltrombopag olamine oral powder in packet 12.5 mg</i> (Promacta)	5	PA; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral powder in packet 25 mg</i> (Promacta)	5	PA; NDS; QL (180 per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg</i> (Promacta)	5	PA; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral tablet 25 mg</i> (Promacta)	5	PA; NDS; QL (30 per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i> (Promacta)	5	PA; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	5	PA; NDS
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	4	
<i>anagrelide oral capsule 1 mg</i>	4	
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>	3	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
BRILINTA ORAL TABLET 90 MG (ticagrelor)	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	4	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)	3	QL (30 per 30 days)
<i>ticagrelor oral tablet 60 mg</i> (Brilinta)	3	
<i>ticagrelor oral tablet 90 mg</i> (Brilinta)	4	
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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
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>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i>	3	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	4	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	4	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	4	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>droxidopa oral capsule 100 mg</i> (Northera)	4	PA; QL (180 per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i> (Northera)	5	PA; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	4	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	3	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	4	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	6	
<i>irbesartan oral tablet 75 mg</i>	6	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	6	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i> (Hyzaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	6	
<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)	4	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	6	
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i> (Entresto)	3	
<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	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	4	
<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)	1	
<i>benazepril oral tablet 5 mg</i>	1	
<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>	4	
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	4	ST; QL (1200 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<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	

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	3	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i>	4	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	3	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	4	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	3	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	3	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	2	
<i>sotalol oral tablet 240 mg</i> (Betapace)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	2	
<i>diltiazem 24hr er 360 mg cap once-a-day dosage</i> (Tiadylt ER)	3	
<i>diltiazem 24hr er 420 mg cap</i> (Tiadylt ER)	3	
<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)	3	
<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>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>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>	3	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
Cardiovascular Agents, Miscellaneous		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	QL (600 per 30 days)
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	4	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	4	QL (4 per 30 days)

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan (polycys kidney dis))	5	PA; NDS; QL (120 per 30 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i> (Jynarque)	5	PA; NDS; QL (56 per 28 days)
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet)	4	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	4	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	4	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	4	
<i>cholestyramine light oral powder in packet 4 gram</i>	4	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	4	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	4	
<i>colestipol oral packet 5 gram</i>	4	
<i>colestipol oral tablet 1 gram</i> (Colestid)	4	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (30 per 30 days)
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	4	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	4	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	4	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized oral capsule</i> 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	3	
<i>fenofibrate nanocrystallized oral tablet</i> 145 mg, 48 mg (Tricor)	2	
<i>fenofibrate oral tablet</i> 160 mg, 54 mg	2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i> 135 mg, 45 mg	3	
<i>fluvastatin oral capsule</i> 20 mg, 40 mg	4	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release</i> 24 hr 80 mg (Lescol XL)	4	
<i>gemfibrozil oral tablet</i> 600 mg (Lopid)	2	
<i>icosapent ethyl oral capsule</i> 0.5 gram (Vascepa)	4	QL (240 per 30 days)
<i>icosapent ethyl oral capsule</i> 1 gram (Vascepa)	4	QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 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	1	
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</i> 500 mg (Niacor)	4	
<i>niacin oral tablet extended release</i> 24 hr 1,000 mg, 500 mg	3	
<i>niacin oral tablet extended release</i> 24 hr 750 mg	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>niacor oral tablet 500 mg</i> (niacin)	4	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	3	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	4	QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	4	
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)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	4	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	4	
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)	4	ST; QL (600 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	3	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	3	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	4	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	3	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	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)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24- 30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	4	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	3	PA; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	3	QL (60 per 30 days)
<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)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	4	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Zenzedi)	4	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i> (Zenzedi)	4	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenzedi)	4	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	4	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	4	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)	3	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i> (Tecfidera)	4	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	4	PA
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i> (Tecfidera)	5	PA; NDS; QL (60 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA; NDS
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	5	PA; NDS; QL (30 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	PA; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	3	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	4	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS
<i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl)	4	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)	4	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	4	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	4	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	4	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	4	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	3	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	4	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	4	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>	4	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	4	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	4	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	4	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	4	QL (30 per 30 days)
<i>methylphenidate la 20 mg cap</i> (Ritalin LA)	4	QL (30 per 30 days)
<i>methylphenidate la 30 mg cap</i> (Ritalin LA)	4	QL (60 per 30 days)
<i>methylphenidate la 40 mg cap</i> (Ritalin LA)	4	QL (30 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	4	
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	5	PA; NDS; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	4	PA; QL (112 per 28 days)
<i>tetrabenazine oral tablet 25 mg</i> (Xenazine)	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estradiol)	2	
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estradiol)	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol- e.estradiol)	2	QL (91 per 84 days)

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

01/01/2026

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

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		2	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<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>	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Kariva (28))	3	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	2	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	3	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	2	

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	4	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	2	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	2	QL (91 per 84 days)
<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	

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		3	
<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)	2	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	2	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estradiol)	2	
<i>meleya oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone- e.estradiol-iron)	4	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	3	
<i>microgestin 1/20 (21) oral tablet 1- 20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone- e.estradiol-iron)	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	2	

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>mili oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		4	
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG		3	
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	3	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Jencycla)	2	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	3	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	3	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(Gemmily)	4	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(Tri-Lo-Estarylla)	2	

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(Tri-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i>	(Mono-Linyah)	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>		2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>orquidea oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	3	
<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)	3	
<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>rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(1 norgest/e.estradiol-e.estrad)	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>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)	3	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		4	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>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)	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	4	
<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	

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

01/01/2026

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

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	3	
<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)	4	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	4	QL (3 per 28 days)
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	3	
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	4	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Periogard)	1	
<i>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	(DentaGel)	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	(PreviDent)	1	

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	4	
<i>sf 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	(Denta 5000 Plus Sensitive)	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	3	
Dermatological Agents			
Dermatological Agents, Other			
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	(isotretinoin)	4	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		4	
<i>acyclovir topical cream 5 %</i>	(Zovirax)	4	QL (5 per 4 days)
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	4	QL (30 per 30 days)
<i>ammonium lactate topical cream 12 %</i>		2	
<i>ammonium lactate topical lotion 12 %</i>	(AmLactin)	2	
<i>calcipotriene scalp solution 0.005 %</i>		4	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>		4	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>		4	QL (120 per 30 days)
<i>fluorouracil topical cream 0.5 %</i>	(Carac)	5	NDS
<i>fluorouracil topical cream 5 %</i>	(Efudex)	4	
<i>fluorouracil topical solution 2 %, 5 %</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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod topical cream in packet 5 %</i>	3	QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	5	ST; NDS; QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (60 per 28 days)
<i>penciclovir topical cream 1 %</i> (Denavir)	4	
<i>podofilox topical solution 0.5 %</i>	4	
REGRANEX TOPICAL GEL 0.01 %	5	PA; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	4	
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)	4	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	4	
<i>ery pads topical swab 2 %</i> (erythromycin with ethanol)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin with ethanol topical gel</i> (Erygel) 2 %	4	
<i>erythromycin with ethanol topical solution</i> 2 %	3	
<i>erythromycin-benzoyl peroxide topical gel</i> 3-5 % (Benzamycin)	4	
<i>gentamicin topical cream</i> 0.1 %	3	QL (90 per 30 days)
<i>gentamicin topical ointment</i> 0.1 %	3	QL (120 per 30 days)
<i>metronidazole topical cream</i> 0.75 % (Rosadan)	4	
<i>metronidazole topical gel</i> 0.75 % (Rosadan)	4	
<i>metronidazole topical gel</i> 1 % (Metrogel)	4	
<i>metronidazole topical lotion</i> 0.75 % (MetroLotion)	4	
<i>mupirocin topical ointment</i> 2 % (Centany)	1	QL (220 per 30 days)
<i>rosadan topical cream</i> 0.75 % (metronidazole)	4	
<i>selenium sulfide topical lotion</i> 2.5 %	2	
<i>silver sulfadiazine topical cream</i> 1 % (SSD)	2	
<i>ssd topical cream</i> 1 % (silver sulfadiazine)	4	
<i>sulfacetamide sodium (acne) topical suspension</i> 10 % (Klaron)	4	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream</i> 1 % (hydrocortisone)	2	
<i>ala-scalp topical lotion</i> 2 % (hydrocortisone)	4	
<i>alclometasone topical cream</i> 0.05 %	3	
<i>alclometasone topical ointment</i> 0.05 %	3	
<i>betamethasone dipropionate topical cream</i> 0.05 %	4	
<i>betamethasone dipropionate topical lotion</i> 0.05 %	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate topical ointment 0.05 %</i>	4	
<i>betamethasone valerate topical cream 0.1 %</i>	3	
<i>betamethasone valerate topical foam</i> (Luxiq) 0.12 %	4	
<i>betamethasone valerate topical lotion 0.1 %</i>	3	
<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>	4	
<i>betamethasone, augmented topical lotion 0.05 %</i>	4	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	4	
<i>clobetasol scalp solution 0.05 %</i>	4	
<i>clobetasol topical cream 0.05 %</i>	4	
<i>clobetasol topical foam 0.05 %</i> (Olux)	4	
<i>clobetasol topical gel 0.05 %</i>	4	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	4	
<i>clobetasol topical ointment 0.05 %</i>	4	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	4	
<i>clobetasol-emollient topical cream 0.05 %</i>	4	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	4	
<i>desonide topical cream 0.05 %</i> (DesOwen)	4	

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

01/01/2026

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone 2.5% cream</i>	2	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	4	QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	4	QL (236 per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	4	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>	4	
<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>pimecrolimus topical cream 1 %</i> (Elidel)	4	QL (100 per 30 days)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	4	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	3	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	4	
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.05 %, 0.1 %</i> (Tazorac)	4	
<i>tretinoin topical cream 0.025 %</i> (Avita)	4	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	4	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	4	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	4	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	4	PA
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i> (Ovide)	4	
<i>permethrin topical cream 5 %</i> (Elimite)	3	QL (60 per 30 days)
Devices		
Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	3	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	3	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNIFINE PNTIP 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	3	PA; ST
1ST TIER UNIFINE PNTIP 8MM (pen needle, diabetic) 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	3	PA; ST
1ST TIER UNIFINE PNTIP (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	3	PA; ST
1ST TIER UNIFINE PNTIP (pen needle, diabetic) 31GX3/16 31 GAUGE X 3/16"	3	PA; ST
1ST TIER UNIFINE PNTIP (pen needle, diabetic) 32GX5/32 32 GAUGE X 5/32"	3	PA; ST
ABOUTTIME PEN NEEDLE (pen needle, diabetic) NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	PA; ST
ADVOCATE INS 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
ADVOCATE INS 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
ADVOCATE INS 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
ADVOCATE INS 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
ADVOCATE INS 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
ADVOCATE INS SYR 0.3 ML (insulin syringe-needle 29GX1/2 0.3 ML 29 GAUGE X 1/2" u-100)	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	3	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	3	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	3	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	3	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	3	PA; ST
ALCOHOL 70% SWABS	(Alcohol Pads)	1	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	3	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	3	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	3	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		3	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		3	PA; ST

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

01/01/2026

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

01/01/2026

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 25GX1" 1 ML 25 X 1"	2	PA; ST
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8" (insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	2	PA; ST
BD INSULIN SYR 1 ML 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 INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (insulin syringe needleless)	2	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	3	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	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

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	3	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	3	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)	3	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

01/01/2026

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)	3	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	3	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	3	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	3	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	3	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	3	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	3	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	3	PA; ST

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ 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"	3	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	3	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 4MM 31 GAUGE X 5/32"	3	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	3	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	3	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	3	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	3	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	3	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	3	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	3	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	3	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	3	PA; ST
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16"	3	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
CURAD GAUZE PADS 2" X 2" 2 X 2 " (gauze bandage)	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	PA; ST
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 " (gauze bandage)	1	PA; ST
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 " (gauze bandage)	1	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) 0.3 ML 30 GAUGE X 1/2"	2	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4" (insulin syr/ndl u100 half mark)	2	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	2	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	2	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		2	PA; ST
DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		3	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"	3	PA; ST
DROPLET PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	3	PA; ST
DROPLET PEN NEEDLE 30G (pen needle, diabetic) 8MM 30 GAUGE X 5/16"	3	PA; ST
DROPLET PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	3	PA; ST
DROPLET PEN NEEDLE 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	3	PA; ST
DROPLET PEN NEEDLE 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	3	PA; ST
DROPLET PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	3	PA; ST
DROPLET PEN NEEDLE 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	3	PA; ST
DROPLET PEN NEEDLE 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	3	PA; ST
DROPLET PEN NEEDLE 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	3	PA; ST
DROPSAFE ALCOHOL 70% PREP (alcohol swabs) PADS	1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	2	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	2	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	2	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	3	PA; ST
DROPSAFE PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety)	3	PA; ST
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	3	PA; ST
DRUG MART ULTRA COMFORT (insulin syringe-needle SYR 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	PA; ST
EASY CMFT SFTY PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety)	3	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	3	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	3	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 0.3 ML (insulin syringe-needle SYRINGE 0.3 ML 30 GAUGE X u-100) 5/16"	2	PA; ST

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

01/01/2026

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

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	3	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	3	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	3	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	3	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)	3	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH 0.5 ML SYR (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	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 (insulin syringe-needle 27GX1/2" 1 ML 27 GAUGE X 1/2" u-100)	2	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULIN SYR 0.3 (insulin syringe-needle ML 0.3 ML 30 GAUGE X 5/16", 0.3 u-100) ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULIN SYR 0.5 (insulin syringe-needle ML 0.5 ML 30 GAUGE X 5/16", 0.5 u-100) ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULIN SYR 1 (insulin syringe-needle ML 1 ML 30 GAUGE X 5/16, 1 ML u-100) 31 GAUGE X 5/16	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN 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)	3	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16" (pen needle, diabetic)	3	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	3	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	3	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16" (pen needle, diabetic)	3	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	3	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16" (pen needle, diabetic)	3	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX5/32 32 GAUGE X 5/32"	3	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	3	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	3	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	3	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	3	PA; ST
EASY TOUCH SYR 0.5 ML 28G (insulin syringe-needle 12.7MM 1/2 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
EASY TOUCH SYR 0.5 ML 29G (insulin syringe-needle 12.7MM 0.5 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 27G (insulin syringe-needle 16MM 1 ML 27 GAUGE X 5/8" u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 28G (insulin syringe-needle 12.7MM 1 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 29G (insulin syringe-needle 12.7MM 1 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML (insulin syringe needleless)	2	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	3	PA; ST
EMBRACE PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	3	PA; ST
EMBRACE PEN NEEDLE 30G (pen needle, diabetic) 5MM 30 GAUGE X 3/16"	3	PA; ST
EMBRACE PEN NEEDLE 30G (pen needle, diabetic) 8MM 30 GAUGE X 5/16"	3	PA; ST

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

01/01/2026

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

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

01/01/2026

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(BD SafetyGlide Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 28G 12.7MM (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	2	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Droplet Insulin Syringe)	2	PA; ST
INSULIN SYRINGE NEEDLELESS SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	2	PA; ST
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	2	PA; ST
INSULIN U-500 SYRINGE- NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"		2	PA; ST
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	3	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	3	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	3	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	3	PA; ST

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	2	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2"		2	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
MS INSULIN SYR 1 ML 31GX5/16" (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	2	PA; ST
MS INSULIN SYRINGE 0.3 ML 0.3 ML 30	(Ultra Comfort Insulin Syringe)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
NANO 2 GEN PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	3	PA; ST
NOVOFINE 30 NEEDLE	3	PA; ST
NOVOFINE 32G NEEDLES 32 (pen needle, diabetic) GAUGE X 1/4"	3	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	3	PA; ST
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	3	PA; ST
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	3	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	3	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	3	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	3	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	3	PA; ST
PEN NEEDLE 6MM 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	3	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	3	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	3	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	3	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	3	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	3	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	3	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	3	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
PENTIPS PEN NEEDLE 31GX3/16" (pen needle, diabetic) MINI, 5MM 31 GAUGE X 3/16"	3	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" (pen needle, diabetic) SHORT, 8MM 31 GAUGE X 5/16"	3	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" (pen needle, diabetic) 32 GAUGE X 1/4"	3	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	3	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 (pen needle, diabetic) GAUGE X 3/16"	3	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 (pen needle, diabetic) GAUGE X 5/32"	3	PA; ST
PREFPLS INS SYR 1 ML (Advocate Syringes) 30GX5/16" (OTC) 1 ML 30 GAUGE X 5/16	2	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	3	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	3	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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	PA; ST
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	3	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	3	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	3	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" (pen needle, diabetic)	3	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)	3	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	3	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	3	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)	3	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	3	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	3	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)	3	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	3	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort Touch Pen Needle)	3	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	3	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	3	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (Comfort EZ Insulin Syringe)	2	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (Comfort EZ Insulin Syringe)	2	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" (Comfort EZ Insulin Syringe)	2	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	2	PA; ST
SAFETY PEN NEEDLE 31G 4MM (Comfort EZ PRO Safety Pen Ndl) 31 GAUGE X 5/32"	3	PA; ST
SAFETY PEN NEEDLE 5MM X (pen needle, diabetic, safety) 31G 31 GAUGE X 3/16"	3	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"	3	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"	3	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	3	PA; ST
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	1	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	3	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		3	PA; ST
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	3	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	3	PA; ST

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	3	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	3	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	3	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	3	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	3	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	3	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	3	PA; ST
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	1	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	3	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	3	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	3	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	3	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	3	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4"	3	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16"	3	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	3	PA; ST
TECHLITE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	3	PA; ST
TERUMO INS SYRINGE U100-1 (insulin syringe-needle ML 1 ML 27 GAUGE X 1/2", 1 ML u-100) 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	PA; ST
TERUMO INS SYRINGE U100-1 (Thinpro Insulin ML 1 ML 30 GAUGE X 3/8" Syringe)	2	PA; ST
TERUMO INS SYRINGE U100-1/2 (insulin syringe-needle ML 1/2 ML 30 X 3/8" u-100)	2	PA; ST
TERUMO INS SYRINGE U100-1/3 (insulin syringe-needle ML 0.3 ML 30 X 3/8" u-100)	2	PA; ST
TERUMO INS SYRNG U100-1/2 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", 1/2 u-100) ML 27 GAUGE X 1/2", 1/2 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

01/01/2026

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
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	3	PA; ST
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	3	PA; ST
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	3	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	3	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	3	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	3	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" (pen needle, diabetic)	3	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	3	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	3	PA; ST

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" (insulin syr/ndl u100 half mark)	2	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16" (Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" (Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 0.5 ML 30G 8MM (OTC) 0.5 ML 30 GAUGE X 5/16" (Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS SYR 0.5 ML 31G 8MM (OTC) 0.5 ML 31 GAUGE X 5/16" (Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	3	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	3	PA; ST

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
ULTILET PEN NEEDLE 29 GAUGE	3	PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	3	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	2	PA; ST
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	2	PA; ST

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

01/01/2026

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

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
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)	3	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	3	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	3	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	3	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	3	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	3	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	3	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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

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

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	3	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	3	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	3	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	3	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	3	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	3	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"		3	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
V-GO 20 DEVICE		3	QL (30 per 30 days)
V-GO 30 DEVICE		3	QL (30 per 30 days)
V-GO 40 DEVICE		3	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	PA; ST

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Enzyme Cofactors/Chaperones		
Enzyme Cofactors/Chaperones		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	5	PA; NDS; QL (90 per 30 days)
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CERDELGA ORAL CAPSULE 84 MG	5	PA; NDS
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NDS; QL (14 per 28 days)
<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
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
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS
<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>	4	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	3	
<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)

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>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>	4	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	3	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	4	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	3	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	3	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	4	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	4	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	(neomycin-bacitracin-poly-hc) 3	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	(neomycin-bacitracin-polymyxin) 3	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	(Ocuflox) 2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	3	
<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>	3	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	4	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>trifluridine ophthalmic (eye) drops 1 %</i>	4	
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	5	PA; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	4	
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	4	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	4	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	4	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	4	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	4	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	3	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPTHALMIC (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 OPTHALMIC (EYE) OINTMENT 0.5 %	3	QL (3.5 per 14 days)
LOTEMAX SM OPTHALMIC (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)	4	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	4	QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	4	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	3	
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	4	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	3	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	3	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	3	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	3	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	3	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	4	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	4	ST; QL (60 per 30 days)
<i>famotidine oral 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)	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine oral capsule 150 mg, 300 mg</i>	4	
<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)	5	ST; NDS; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	4	ST; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	PA
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	5	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	4	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	4	
<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)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate-atropine oral tablet</i> (Lomotil) 2.5-0.025 mg	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>glycopyrrolate oral tablet 1 mg</i> (Robinul)	3	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	3	
IQIRVO ORAL TABLET 80 MG	5	PA; NDS; QL (30 per 30 days)
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	4	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LIVDELZI ORAL CAPSULE 10 MG	5	PA; NDS; QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	3	QL (60 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	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NDS
RELISTOR ORAL TABLET 150 MG	5	PA; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; NDS; QL (11.2 per 28 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	PA; NDS
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	4	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	4	
<i>ursodiol oral capsule 200 mg, 400 mg</i> (Reltone)	5	NDS
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet 250 mg</i>	3	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	3	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (84 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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)	4	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	4	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	3	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	3	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	5	NDS
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	4	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	4	
<i>sevelamer hcl oral tablet 400 mg, 800 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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	3	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	4	
<i>flavoxate oral tablet 100 mg</i>	4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	3	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	4	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	3	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	4	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	4	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	4	
<i>trospium oral tablet 20 mg</i>	3	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	2	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>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> (Flomax)	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)	3	PA
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	4	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)	5	PA; NDS
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	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)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	4	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	3	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	4	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	4	PA; QL (300 per 30 days)
<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)	4	PA-HRM; AGE (Max 64 Years)
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	4	PA-HRM; AGE (Max 64 Years)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	4	QL (8 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	4	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	4	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	3	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	4	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml</i> (Delestrogen)	4	
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	4	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Abigale Lo)	4	PA-HRM; AGE (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Abigale)	4	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	3	PA-HRM; AGE (Max 64 Years)
<i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	3	PA-HRM; AGE (Max 64 Years)
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	4	QL (8 per 28 days)

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

01/01/2026

Drug Name		Drug Tier	Requirements/Limits
<i>mimvey oral tablet 1-0.5 mg</i>	(estradiol-norethindrone acet)	4	PA-HRM; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	(Fyavolv)	3	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i>	(Evista)	3	
<i>yuvafem vaginal tablet 10 mcg</i>	(estradiol)	4	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
<i>dexamethasone oral solution 0.5 mg/5 ml</i>		2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>		1	
<i>fludrocortisone oral tablet 0.1 mg</i>		2	
HEMADY ORAL TABLET 20 MG		4	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	(Cortef)	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	(Depo-Medrol)	3	

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	3	
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
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

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	PA; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)	3	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	4	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	3	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	3	
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> (Synthroid)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	3	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	3	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID ORAL TABLET 100 (levothyroxine) MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
Immunological Agents		
Immunological Agents		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NDS
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	4	PA BvD
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 5 MG	5	PA BvD; NDS
<i>auranofin oral capsule 3 mg</i> (Ridaura)	5	NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	3	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; NDS
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	4	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	4	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	4	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	4	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 (Sandimmune) mg	4	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC- (adalimumab-adbm) HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) PEN PSORIASIS- (adalimumab-adbm) UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) PEN (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO(CF) SUBCUTANEOUS (adalimumab-adbm) SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
<i>everolimus (immunosuppressive) oral (Zortress)</i> <i>tablet 0.25 mg</i>	4	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress)</i> <i>tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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</i> (cyclosporine modified)	4	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	4	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN 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) 100 mg	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	3	
<i>mycophenolate mofetil (hcl)</i> (CellCept Intravenous) <i>intravenous recon soln 500 mg</i>	4	PA BvD
<i>mycophenolate mofetil oral capsule</i> (CellCept) 250 mg	4	PA BvD
<i>mycophenolate mofetil oral</i> (CellCept) <i>suspension for reconstitution 200</i> <i>mg/ml</i>	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet</i> (CellCept) 500 mg	4	PA BvD
<i>mycophenolate sodium oral</i> (Myfortic) <i>tablet, delayed release (dr/ec) 180</i> <i>mg, 360 mg</i>	4	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)- 30 MG (47), 10 MG (4)-20 MG (4)- 30 MG(19)	5	PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	ST
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RIDAURA ORAL CAPSULE 3 MG (auranofin)	5	NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aekn)	3	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aekn)	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i>	4	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (ustekinumab)	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	5	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	4	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; NDS
YUFLYMA(CF) AI CROHN'S-UC- (adalimumab-aaty) HS SUBCUTANEOUS AUTO- INJECTOR, KIT 80 MG/0.8 ML	5	PA; NDS
YUFLYMA(CF) AUTOINJECTOR (adalimumab-aaty) SUBCUTANEOUS AUTO- INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS
YUFLYMA(CF) SUBCUTANEOUS (adalimumab-aaty) SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$0 copay

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	\$0 copay
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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	3	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	3	\$0 copay
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	3	\$0 copay
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 20MCG-5LF- 62 DU/0.5 ML	3	
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	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	\$0 copay

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	\$0 copay
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	3	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	\$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	\$0 copay

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	3	\$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	\$0 copay

Inflammatory Bowel Disease Agents

Inflammatory Bowel Disease Agents

<i>alosetron oral tablet 0.5 mg</i> (Lotronex)	4	
<i>alosetron oral tablet 1 mg</i> (Lotronex)	5	NDS
<i>balsalazide oral capsule 750 mg</i> (Colazal)	4	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	4	
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	4	
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	4	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	4	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	4	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	4	QL (120 per 30 days)
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	4	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	4	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	4	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	4	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	3	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	4	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	4	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	4	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>	2	QL (1 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	4	
<i>paricalcitol oral capsule 4 mcg</i>	4	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	5	NDS; QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	4	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	4	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	4	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)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	5	PA; NDS
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	
<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>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	5	NDS
ELMIRON ORAL CAPSULE 100 MG	4	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NDS
EVRYSDI ORAL TABLET 5 MG	5	PA; NDS; QL (30 per 30 days)
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	3	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	5	PA; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (224 per 28 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	5	PA; NDS; QL (12 per 30 days)
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	4	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	3	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	4	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	4	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %</i> (Alphagan P)	4	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine-timolol ophthalmic (eye) (Combigan) drops 0.2-0.5 %</i>	4	
<i>brinzolamide ophthalmic (eye) (Azopt) drops,suspension 1 %</i>	4	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) (Cosopt) drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) drops (Xalatan) 0.005 %</i>	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	
RHOPRESSA OPTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) (Zioptan (PF)) dropperette 0.0015 %</i>	4	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
Replacement Preparations		
Replacement Preparations		
<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>	3	
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 particles/crystals 10 meq</i> (potassium chloride)	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride)	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride)	2	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	4	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	3	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE A (electrolyte-a) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chloride intravenous solution 2 meq/ml</i>	3	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	4	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	2	
<i>potassium chloride oral tablet extended release 15 meq</i>	4	
<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	2	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	4	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	4	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	4	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	3	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	3	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	3	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION HFA (fluticasone propion-salmeterol) AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
ARNUITY ELLIPTA (fluticasone furoate) INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION (fluticasone furoate-vilanterol) BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	QL (60 per 30 days)
<i>breynd inhalation hfa aerosol inhaler</i> (budesonide-formoterol) <i>160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	4	QL (30.9 per 30 days)

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

01/01/2026

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

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	3	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	4	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	PA BvD
<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)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
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	3	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 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>terbutaline oral tablet 2.5 mg, 5 mg</i>	4	
<i>theophylline oral solution 80 mg/15 ml</i>	4	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	4	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	3	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	4	PA BvD
ALYFTREK ORAL TABLET 10- 50-125 MG	5	PA; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20- 50 MG	5	PA; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	3	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL 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> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA BvD; NDS
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	4	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	4	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; NDS; QL (56 per 28 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NDS; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	5	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	3	
<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	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	3	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	3	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)	3	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	3	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> (Hetlioze)	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)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	3	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NDS; QL (30 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA; LA; NDS; QL (60 per 30 days)

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	3	PA; QL (360 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	3	EX; CB (6 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	4	PA; QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i> (Cialis)	4	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
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	1	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	1	
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>completenate tablet chew 29 mg iron-1 mg</i>	1	
<i>folivane-ob capsule 85-1 mg</i>	1	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	1	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	1	
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	1	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
<i>newgen tablet 32-1,000 mg-mcg</i>	1	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	1	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	1	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>o-cal prenatal oral tablet 15 mg iron-1,000 mcg</i>	1	
<i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>	1	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>pnv-omega softgel 28-1-300 mg</i>	1	
<i>pr natal 400 combo pack 29-1-400 mg</i>	1	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	1	
<i>prenal true combo pack 30 mg iron-1.4 mg-300 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
<i>prenatabs fa tablet 29-1 mg</i>	1	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	(pnv,calcium 72-iron,carb-folic) 1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid) 1	
<i>prenatal-u capsule 106.5-1 mg</i>	1	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid) 1	
<i>pretab oral tablet 29-1 mg</i>	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>taron-c dha capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	
<i>triveen-duo dha oral combo pack 29-1-400 mg</i>	1	
<i>virt-c dha oral capsule 35-1-200 mg</i>	1	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	1	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	1	
<i>virt-pn plus oral capsule 28-1-300 mg</i>	1	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	1	
<i>vitafol nano oral tablet 18 mg iron- 1 mg</i>	1	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	1	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	
<i>vp-pnv-dha oral capsule 28 mg iron-1 mg-200 mg</i>	1	

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

01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus softgel 28-1-300 mg</i>	1	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

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

01/01/2026

INDEX

1ST TIER UNIFINE PENTIPS 139, 140	AIMOVIG AUTOINJECTOR... 70	<i>amlodipine-atorvastatin</i> 111
1ST TIER UNIFINE PENTIPS PLUS..... 140	AIRSUPRA..... 240, 241	<i>amlodipine-benazepril</i> 108
<i>abacavir</i> 86	AKEEGA..... 23	<i>amlodipine-olmesartan</i> 108
<i>abacavir-lamivudine</i> 86	<i>ala-cort</i> 135	<i>amlodipine-valsartan</i> 109
ABELCET..... 65	<i>ala-scalp</i> 135	<i>amlodipine-valsartan-hcthiazid</i> 109
<i>abigale</i> 209	<i>albendazole</i> 73	<i>ammonium lactate</i> 133
<i>abigale lo</i> 209	<i>albuterol sulfate</i> 241, 242	<i>amoxapine</i> 54
ABILIFY ASIMTUFII..... 77	<i>alclometasone</i> 135	<i>amoxicil-clarithromy-lansopraz</i> 202
ABILIFY MAINTENA..... 77	ALCOHOL PADS..... 141	<i>amoxicillin</i> 18, 19
<i>abiraterone</i> 23	ALCOHOL PREP PADS..... 165	<i>amoxicillin-pot clavulanate</i> 19
<i>abirtega</i> 23	ALCOHOL SWABS..... 141	<i>amphotericin b</i> 65
ABOUTTIME PEN NEEDLE.. 140	ALCOHOL WIPES..... 141	<i>amphotericin b liposome</i> 65
ABRYSVO (PF)..... 224	ALECENSA..... 23	<i>ampicillin</i> 19
<i>acamprosate</i> 10	<i>alendronate</i> 232	<i>ampicillin sodium</i> 19
<i>acarbose</i> 58	<i>alfuzosin</i> 207	<i>ampicillin-sulbactam</i> 19
<i>accutane</i> 133	<i>aliskiren</i> 113	<i>anagrelide</i> 97
<i>acebutolol</i> 104	<i>allopurinol</i> 68	<i>anastrozole</i> 23
<i>acetaminophen-codeine</i> 3	<i>alosetron</i> 231	ANDEMBRY
<i>acetazolamide</i> 236	<i>alprazolam</i> 11	AUTOINJECTOR..... 234
<i>acetazolamide sodium</i> 236	<i>altavera (28)</i> 120	ANKTIVA..... 23
<i>acetic acid</i> 197	ALTRENO..... 139	ANORO ELLIPTA..... 242
<i>acetylcysteine</i> 244	ALUNBRIG..... 23	<i>apomorphine</i> 75
<i>acitretin</i> 133	ALVAIZ..... 96	<i>apraclonidine</i> 196
ACTHIB (PF)..... 224	<i>alyacen 1/35 (28)</i> 120	<i>aprepitant</i> 72
ACTIMMUNE..... 234	<i>alyacen 7/7/7 (28)</i> 120	<i>apri</i> 121
<i>acyclovir</i> 93, 133	ALYFTREK..... 244	APTIVUS..... 86
<i>acyclovir sodium</i> 93	<i>alyq</i> 247	AQINJECT PEN NEEDLE..... 141
ADACEL(TDAP	<i>amabelz</i> 209	<i>aranelle (28)</i> 121
ADOLESN/ADULT)(PF) 224, 225	<i>amantadine hcl</i> 75	ARCALYST..... 216
<i>adapalene</i> 139	<i>ambrisentan</i> 247	AREXVY (PF)..... 225
<i>adefovir</i> 93	<i>amethia</i> 120	ARIKAYCE..... 13
ADEMPAS..... 247	<i>amethyst (28)</i> 121	<i>aripiprazole</i> 78
<i>adrucil</i> 23	<i>amikacin</i> 13	ARISTADA..... 78
ADVAIR HFA..... 240	<i>amiloride</i> 109	ARISTADA INITIO 78
ADVOCATE PEN NEEDLE... 141	<i>amiloride-hydrochlorothiazide</i> . 109	<i>armodafinil</i> 247
ADVOCATE SYRINGES 140, 141	<i>amiodarone</i> 103	ARNUITY ELLIPTA..... 240
<i>afirmelle</i> 120	<i>amitriptyline</i> 54	<i>ascomp with codeine</i> 3
	<i>amitriptyline-chlordiazepoxide</i> ... 54	<i>asenapine maleate</i> 78
	<i>amlodipine</i> 108	

<i>ashlyna</i>	121	<i>azacitidine</i>	24	BD ULTRA-FINE SHORT	
<i>aspirin-dipyridamole</i>	97	<i>azathioprine</i>	216	PEN NEEDLE.....	144
ASSURE ID DUO PRO SFTY		<i>azathioprine sodium</i>	216	BD VEO INSULIN SYR	
PEN NDL.....	141	<i>azelastine</i>	196, 197	(HALF UNIT).....	144
ASSURE ID DUO-SHIELD....	141	<i>azithromycin</i>	17	BD VEO INSULIN SYRINGE	
ASSURE ID INSULIN		<i>aztreonam</i>	18	UF.....	144, 145
SAFETY.....	142	<i>azurette (28)</i>	121	BELSOMRA.....	247
ASSURE ID PEN NEEDLE....	142	<i>bacitracin</i>	197	<i>benazepril</i>	102
ASSURE ID PRO PEN		<i>bacitracin-polymyxin b</i>	197	<i>benazepril-hydrochlorothiazide</i>	102
NEEDLE.....	142	<i>baclofen</i>	246	<i>bendamustine</i>	24
ASTAGRAF XL.....	216	<i>bal-care dha</i>	248	BENDAMUSTINE.....	24
<i>atazanavir</i>	86	<i>bal-care dha essential</i>	248	BENDEKA.....	24
<i>atenolol</i>	104	<i>balsalazide</i>	231	BENLYSTA.....	216
<i>atenolol-chlorthalidone</i>	104	BALVERSA.....	24	<i>benztropine</i>	75
<i>atomoxetine</i>	114	<i>balziva (28)</i>	121	<i>bepotastine besilate</i>	197
<i>atorvastatin</i>	111	BAQSIMI.....	234	BESREMI.....	216
<i>atovaquone</i>	73	BCG VACCINE, LIVE (PF)....	225	<i>betaine</i>	234
<i>atovaquone-proguanil</i>	73	BD AUTOSHIELD DUO PEN		<i>betamethasone dipropionate</i>	
<i>atropine</i>	196	NEEDLE.....	142	.....	135, 136
ATROVENT HFA.....	242	BD ECLIPSE LUER-LOK.....	142	<i>betamethasone valerate</i>	136
<i>aubra eq</i>	121	BD INSULIN SYRINGE.....	143	<i>betamethasone, augmented</i>	136
AUGTYRO.....	23	BD INSULIN SYRINGE		BETASERON.....	115
<i>auranofin</i>	216	(HALF UNIT).....	142	<i>betaxolol</i>	104, 236
<i>aurovela 1.5/30 (21)</i>	121	BD INSULIN SYRINGE SLIP		<i>bethanechol chloride</i>	207
<i>aurovela 1/20 (21)</i>	121	TIP.....	143	<i>bexarotene</i>	24
<i>aurovela 24 fe</i>	121	BD INSULIN SYRINGE		BEXSERO.....	225
<i>aurovela fe 1.5/30 (28)</i>	121	ULTRA-FINE.....	143	<i>bicalutamide</i>	24
<i>aurovela fe 1-20 (28)</i>	121	BD NANO 2ND GEN PEN		BICILLIN L-A.....	20
AUSTEDO.....	114	NEEDLE.....	143	BIKTARVY.....	86
AUSTEDO XR.....	114, 115	BD SAFETYGLIDE INSULIN		<i>bimatoprost</i>	236
AUSTEDO XR TITRATION		SYRINGE.....	143, 144	<i>bisoprolol fumarate</i>	104
KT(WK1-4).....	115	BD SAFETYGLIDE SYRINGE		<i>bisoprolol-hydrochlorothiazide</i>	104
AUTOSHIELD DUO PEN		.....	144	BIZENGRI.....	24
NEEDLE.....	142	BD ULTRA-FINE MICRO		<i>bleomycin</i>	25
AUVELITY.....	54	PEN NEEDLE.....	144	<i>blisovi 24 fe</i>	121
<i>aviane</i>	121	BD ULTRA-FINE MINI PEN		<i>blisovi fe 1.5/30 (28)</i>	122
AVMAPKI.....	24	NEEDLE.....	144	<i>blisovi fe 1/20 (28)</i>	122
AVMAPKI-FAKZYNJA.....	24	BD ULTRA-FINE NANO PEN		BOOSTRIX TDAP.....	225
AVONEX.....	115	NEEDLE.....	144	BORDERED GAUZE.....	145
AXTLE.....	24	BD ULTRA-FINE ORIG PEN		<i>bortezomib</i>	25
<i>ayuna</i>	121	NEEDLE.....	144	BORUZU.....	25
AYVAKIT.....	24			<i>bosentan</i>	247

BOSULIF.....	25	<i>candesartan</i>	100	<i>chateal eq (28)</i>	122
BRAFTOVI.....	25	<i>candesartan-hydrochlorothiazid</i>		<i>chlordiazepoxide hcl</i>	11
BREO ELLIPTA.....	240	.....	100	<i>chlorhexidine gluconate</i>	132
<i>breylna</i>	240	CAPLYTA.....	78	<i>chloroquine phosphate</i>	74
BREZTRI AEROSPHERE.....	242	CAPRELSA.....	25, 26	<i>chlorpromazine</i>	78, 79
<i>briellyn</i>	122	<i>captopril</i>	102	<i>chlorthalidone</i>	109
BRILINTA.....	98	<i>carbamazepine</i>	46	<i>cholestyramine (with sugar)</i>	111
<i>brimonidine</i>	236	<i>carbidopa</i>	75	<i>cholestyramine light</i>	111
<i>brimonidine-timolol</i>	237	<i>carbidopa-levodopa</i>	75	<i>ciclopirox</i>	65
<i>brinzolamide</i>	237	<i>carbidopa-levodopa-</i>		<i>cilostazol</i>	98
BRIVIACT.....	46	<i>entacapone</i>	76	CIMDUO.....	86
<i>bromfenac</i>	200	<i>carbinoxamine maleate</i>	68	<i>cimetidine</i>	202
<i>bromocriptine</i>	75	<i>carboplatin</i>	26	<i>cimetidine hcl</i>	202
BRONCHITOL.....	244	CAREFINE PEN NEEDLE.....	145	CIMZIA.....	216
BRUKINSA.....	25	CARETOUCH ALCOHOL		CIMZIA POWDER FOR	
<i>budesonide</i>	231, 241	PREP PAD.....	145	RECONST.....	216
<i>budesonide-formoterol</i>	241	CARETOUCH INSULIN		<i>cinacalcet</i>	232
<i>bumetanide</i>	109	SYRINGE.....	146	CINRYZE.....	96
<i>buprenorphine</i>	3	CARETOUCH PEN NEEDLE		<i>ciprofloxacin hcl</i>	20, 21, 197
<i>buprenorphine hcl</i>	10	.....	145, 146	<i>ciprofloxacin in 5 % dextrose</i>	21
<i>buprenorphine-naloxone</i>	10	<i>carglumic acid</i>	203	<i>ciprofloxacin-dexamethasone</i> ..	197
<i>bupropion hcl</i>	54	<i>carteolol</i>	237	<i>citalopram</i>	54
<i>bupropion hcl (smoking deter)</i> ...	10	<i>cartia xt</i>	106	<i>cladribine</i>	26
<i>buspirone</i>	234	<i>carvedilol</i>	104	<i>clarithromycin</i>	17
<i>butalbital-acetaminop-caf-cod</i>	3	CAYSTON.....	18	<i>clemastine</i>	68
<i>butalbital-acetaminophen-caff</i> ..	3, 4	<i>cefaclor</i>	15	<i>clemasz</i>	68
<i>butalbital-aspirin-caffeine</i>	4	<i>cefadroxil</i>	15	<i>clemsza</i>	69
<i>butorphanol</i>	4	<i>cefazolin</i>	15	CLICKFINE PEN NEEDLE	
CABENUVA.....	86	<i>cefdinir</i>	15, 16	.....	146, 160, 161
<i>cabergoline</i>	75	<i>cefepime</i>	16	<i>clindamycin hcl</i>	14
CABLIVI.....	97	<i>cefixime</i>	16	<i>clindamycin pediatric</i>	14
CABOMETYX.....	25	<i>cefoxitin</i>	16	<i>clindamycin phosphate</i> . 14, 69, 134	
<i>cabotegravir</i>	86	<i>cefpodoxime</i>	16	<i>clindamycin-benzoyl peroxide</i> ..	134
<i>calcipotriene</i>	133	<i>cefprozil</i>	16	CLINIMIX 5%/D15W	
<i>calcitonin (salmon)</i>	232	<i>ceftazidime</i>	16	SULFITE FREE.....	98
<i>calcitriol</i>	232	<i>ceftriaxone</i>	16	CLINIMIX 4.25%/D10W	
<i>calcium acetate(phosphat bind)</i>	206	<i>cefuroxime axetil</i>	16	SULF FREE.....	98
CALQUENCE.....	25	<i>cefuroxime sodium</i>	16	CLINIMIX 4.25%/D5W	
CALQUENCE		<i>celecoxib</i>	7	SULFIT FREE.....	98
(ACALABRUTINIB MAL).....	25	<i>cephalexin</i>	17	CLINIMIX 5%-	
<i>camila</i>	122	CERDELGA.....	195	D20W(SULFITE-FREE).....	98
CAMZYOS.....	107	<i>cevimeline</i>	132		

CLINIMIX 6%-D5W (SULFITE-FREE).....	98	COMBIVENT RESPIMAT	242	<i>d5 % (d-glucose)-0.9 % sodchlr</i>	238
CLINIMIX 8%- D10W(SULFITE-FREE).....	98	COMETRIQ	26	<i>d5 % and 0.9 % sodium</i> <i>chloride</i>	238
CLINIMIX 8%- D14W(SULFITE-FREE).....	99	COMFORT EZ INSULIN SYRINGE.....	146, 147, 148, 149	<i>d5 %-0.45 % sodium chloride..</i>	238
CLINIMIX E 2.75%/D5W SULF FREE	99	COMFORT EZ PEN NEEDLES	147, 148	<i>dabigatran etexilate</i>	94
CLINIMIX E 4.25%/D10W SUL FREE	99	COMFORT EZ PRO SAFETY PEN NDL	148	<i>dalfampridine</i>	115
CLINIMIX E 4.25%/D5W SULF FREE	99	COMFORT TOUCH PEN NEEDLE	149	<i>danazol</i>	208
CLINIMIX E 5%/D15W SULFIT FREE	99	<i>completenate</i>	249	<i>dantrolene</i>	246
CLINIMIX E 5%/D20W SULFIT FREE	99	<i>compro</i>	72	DANYELZA	26
CLINIMIX E 8%-D10W SULFITEFREE	99	<i>constulose</i>	203	DANZITEN.....	26
CLINIMIX E 8%-D14W SULFITEFREE	99	COPIKTRA	26	<i>dapagliflozin propanediol</i>	58
<i>clobazam</i>	46	CORLANOR.....	107	<i>dapsone</i>	71
<i>clobetasol</i>	136	CORTROPHIN GEL	212	DAPTACEL (DTAP PEDIATRIC) (PF).....	225
<i>clobetasol-emollient</i>	136	COSENTYX.....	217	<i>daptomycin</i>	14
<i>clomipramine</i>	55	COSENTYX (2 SYRINGES).....	217	<i>darunavir</i>	86
<i>clonazepam</i>	11, 12	COSENTYX PEN (2 PENS).....	217	DARZALEX.....	27
<i>clonidine</i>	100	COSENTYX UNOREADY PEN	217	DARZALEX FASPRO	27
<i>clonidine hcl</i>	100, 115	COTELLIC	26	<i>dasatinib</i>	27
<i>clopidogrel</i>	98	CREON.....	195	<i>dasetta 1/35 (28)</i>	122
<i>clorazepate dipotassium</i>	12	CRESEMBA.....	66	<i>dasetta 7/7/7 (28)</i>	122
<i>clotrimazole</i>	65, 66	<i>cromolyn</i>	197, 203, 244	DATROWAY	27
<i>clotrimazole-betamethasone</i>	66	<i>cryselle (28)</i>	122	DAURISMO	27
<i>clozapine</i>	79	CURAD GAUZE PAD	150	<i>daysee</i>	122
<i>c-nate dha</i>	248	CURITY GAUZE	150	<i>deblitane</i>	122
COARTEM.....	74	<i>cyclobenzaprine</i>	246	<i>decitabine</i>	27
COBENFY	79	<i>cyclophosphamide</i>	26	<i>deferasirox</i>	208
COBENFY STARTER PACK...	79	<i>cyclosporine</i>	200, 217	<i>deferiprone</i>	208
<i>codeine sulfate</i>	4	<i>cyclosporine modified</i>	217	DELSTRIGO.....	86
<i>codeine-butalbital-asa-caff</i>	4	CYLTEZO(CF).....	218	<i>demeclocycline</i>	21
<i>colchicine</i>	68	CYLTEZO(CF) PEN.....	217	DENG VAXIA (PF).....	225
<i>colesevelam</i>	111	CYLTEZO(CF) PEN CROHN'S-UC-HS.....	217	<i>denta 5000 plus</i>	132
<i>colestipol</i>	111	CYLTEZO(CF) PEN PSORIASIS-UV	217	<i>dentagel</i>	132
<i>colistin (colistimethate na)</i>	14	<i>cyproheptadine</i>	69	DEPO-SUBQ PROVERA 104.	215
		<i>cyred eq</i>	122	DERMACEA.....	150
				DERMACEA NON-WOVEN..	150
				<i>dermacinrx lidocan</i>	9
				DESCOVY	87
				<i>desipramine</i>	55
				<i>desmopressin</i>	213
				<i>desog-e.estradiol/e.estradiol</i>	122

<i>desogestrel-ethinyl estradiol</i>	122	<i>donepezil</i>	53	EASY COMFORT PEN	
<i>desonide</i>	136, 137	DOPTELET (10 TAB PACK)....	96	NEEDLES.....	155, 156
<i>desoximetasone</i>	137	DOPTELET (15 TAB PACK)....	96	EASY COMFORT SAFETY	
<i>desvenlafaxine succinate</i>	55	DOPTELET (30 TAB PACK)....	96	PEN NEEDLE.....	154
<i>dexamethasone</i>	211	<i>dorzolamide</i>	237	EASY GLIDE INSULIN	
<i>dexamethasone sodium</i>		<i>dorzolamide-timolol</i>	237	SYRINGE.....	156
<i>phosphate</i>	200, 211	<i>dotti</i>	209	EASY GLIDE PEN NEEDLE..	156
<i>dexmethylphenidate</i>	115	DOVATO.....	87	EASY TOUCH.....	158, 159
<i>dextroamphetamine sulfate</i>		<i>doxazosin</i>	100	EASY TOUCH FLIPLOCK	
.....	115, 116	<i>doxepin</i>	55	INSULIN.....	158
<i>dextroamphetamine-</i>		<i>doxercalciferol</i>	232	EASY TOUCH FLIPLOCK	
<i>amphetamine</i>	116	<i>doxorubicin, peg-liposomal</i>	27	SYRINGE.....	157
<i>dextrose 5 % in water (d5w)</i>	99	<i>doxy-100</i>	21	EASY TOUCH INSULIN	
DIACOMIT.....	46, 47	<i>doxycycline hyclate</i>	22	SAFETY SYR.....	157
<i>diazepam</i>	12, 47	<i>doxycycline monohydrate</i>	22	EASY TOUCH INSULIN	
<i>diazepam intensol</i>	12	DRIZALMA SPRINKLE.....	55	SYRINGE.....	156, 157, 158, 159
<i>diazoxide</i>	234	<i>dronabinol</i>	72	EASY TOUCH LUER LOCK	
<i>diclofenac epolamine</i>	7	DROPLET INSULIN		INSULIN.....	158
<i>diclofenac potassium</i>	7	SYR(HALF UNIT).....	150, 151	EASY TOUCH PEN NEEDLE	158
<i>diclofenac sodium</i>	7, 8, 200	DROPLET INSULIN		EASY TOUCH SAFETY PEN	
<i>diclofenac-misoprostol</i>	8	SYRINGE.....	150, 151, 152	NEEDLE.....	159
<i>dicloxacillin</i>	20	DROPLET MICRON PEN		EASY TOUCH	
<i>dicyclomine</i>	203	NEEDLE.....	152	SHEATHLOCK INSULIN	
<i>didanosine</i>	87	DROPLET PEN NEEDLE.....	153	.....	157, 158
DIFICID.....	17, 18	DROPSAFE ALCOHOL PREP		EASY TOUCH UNI-SLIP.....	159
<i>diflorasone</i>	137	PADS.....	153	<i>econazole nitrate</i>	66
<i>diflunisal</i>	8	DROPSAFE INSULIN		EDURANT.....	87
<i>difluprednate</i>	200	SYRINGE.....	153, 154	EDURANT PED.....	87
<i>digoxin</i>	107	DROPSAFE PEN NEEDLE.....	154	<i>efavirenz</i>	87
<i>dihydroergotamine</i>	70	<i>drospirenone-ethinyl estradiol</i>		<i>efavirenz-emtricitabin-tenofo</i>	87
DILANTIN.....	47	.....	122, 123	<i>efavirenz-lamivu-tenofo</i> disop...87	
<i>diltiazem hcl</i>	106	DROXIA.....	97	EGRIFTA SV.....	213
<i>dilt-xr</i>	106	<i>droxidopa</i>	100	EGRIFTA WR.....	213
<i>dimethyl fumarate</i>	116	<i>duloxetine</i>	55	ELAHERE.....	27
DIPENTUM.....	231	DUPIXENT PEN.....	218	ELEPSIA XR.....	47
<i>diphenoxylate-atropine</i>	203, 204	DUPIXENT SYRINGE.....	218	ELIGARD.....	28
<i>dipyridamole</i>	98	<i>dutasteride</i>	207	ELIGARD (3 MONTH).....	27
<i>disopyramide phosphate</i>	103	<i>dutasteride-tamsulosin</i>	208	ELIGARD (4 MONTH).....	27
<i>disulfiram</i>	10	EASY COMFORT ALCOHOL		ELIGARD (6 MONTH).....	27
<i>divalproex</i>	47	PAD.....	155	<i>elinest</i>	123
<i>dofetilide</i>	103	EASY COMFORT INSULIN		ELIQUIS.....	94
<i>dolishale</i>	122	SYRINGE.....	154, 155, 156		

ELIQUIS DVT-PE TREAT		<i>epitol</i>	47	<i>exemestane</i>	29
30D START.....	94	EPIVIR HBV.....	87	EXTENCILLINE.....	20
ELMIRON.....	234	EPKINLY.....	28	EYSUVIS.....	200
ELREXFIO.....	28	<i>eplerenone</i>	113	EZALLOR SPRINKLE.....	111
<i>eltrombopag olamine</i>	96	EPRONTIA.....	47	<i>ezetimibe</i>	111
<i>eluryng</i>	123	ERBITUX.....	28	<i>ezetimibe-simvastatin</i>	111
EMBRACE PEN NEEDLE		<i>ergoloid</i>	53	FAKZYNJA.....	29
.....	159, 160	ERIVEDGE.....	28	<i>falmina (28)</i>	123
EMCYT.....	28	ERLEADA.....	28	<i>famciclovir</i>	94
EMEND.....	72	<i>erlotinib</i>	28	<i>famotidine</i>	202
EMGALITY PEN.....	70	<i>errin</i>	123	FANAPT.....	79
EMGALITY SYRINGE.....	70	<i>ertapenem</i>	18	FANAPT TITRATION PACK	
EMRELIS.....	28	<i>ery pads</i>	134	A.....	80
EMSAM.....	55	<i>erythromycin</i>	18, 198	FANAPT TITRATION PACK	
<i>emtricitabine</i>	87	<i>erythromycin ethylsuccinate</i>	18	B.....	80
<i>emtricitabine-tenofovir (tdf)</i>	87	<i>erythromycin with ethanol</i>	135	FANAPT TITRATION PACK	
<i>emtricitabine-rilpivirine-tenofovir (df)</i>	87	<i>erythromycin-benzoyl peroxide</i>	135	C.....	80
EMTRIVA.....	87	ERZOFRI.....	79	FARXIGA.....	58
<i>emzakh</i>	123	<i>escitalopram oxalate</i>	55	FASENRA.....	244
<i>enalapril maleate</i>	102	<i>eslicarbazepine</i>	47	FASENRA PEN.....	244
<i>enalapril-hydrochlorothiazide</i>	102	<i>esomeprazole magnesium</i>	202	<i>febuxostat</i>	68
ENBREL.....	218	<i>estarylla</i>	123	<i>feirza</i>	123
ENBREL MINI.....	218	<i>estazolam</i>	12	<i>felbamate</i>	48
ENBREL SURECLICK.....	218	<i>estradiol</i>	210	<i>felodipine</i>	109
<i>endocet</i>	4	<i>estradiol valerate</i>	210	FEMRING.....	210
ENGERIX-B (PF).....	225, 226	<i>estradiol-norethindrone acet</i>	210	<i>femynor</i>	123
ENGERIX-B PEDIATRIC (PF)		<i>eszopiclone</i>	247	<i>fenofibrate</i>	112
.....	226	<i>ethambutol</i>	71	<i>fenofibrate micronized</i>	112
<i>enilloring</i>	123	<i>ethosuximide</i>	47	<i>fenofibrate nanocrystallized</i>	112
<i>enoxaparin</i>	94, 95	<i>ethynodiol diac-eth estradiol</i>	123	<i>fenofibric acid (choline)</i>	112
<i>enpresse</i>	123	<i>etodolac</i>	8	<i>fenopropfen</i>	8
<i>enskyce</i>	123	<i>etonogestrel-ethinyl estradiol</i>	123	<i>fentanyl</i>	4
ENSPRYNG.....	116	ETOPOPHOS.....	28	<i>fentanyl citrate</i>	4
<i>entacapone</i>	76	<i>etoposide</i>	28	FERRIPROX.....	208
<i>entecavir</i>	93	<i>etravirine</i>	87	<i>fesoterodine</i>	207
ENTRESTO.....	101	EUCRISA.....	137	FETZIMA.....	55, 56
ENTRESTO SPRINKLE.....	101	EULEXIN.....	28	FIASP FLEXTOUCH U-100	
<i>enulose</i>	204	<i>everolimus (antineoplastic)</i>	29	INSULIN.....	61
EPCLUSA.....	92, 93	<i>everolimus</i>		FIASP PENFILL U-100	
EPIDIOLEX.....	47	<i>(immunosuppressive)</i>	218	INSULIN.....	61
<i>epinastine</i>	197	EVOTAZ.....	88	FIASP PUMPCART.....	61
<i>epinephrine</i>	107, 108	EVRYSDI.....	234	FIASP U-100 INSULIN.....	61

<i>fidaxomicin</i>	18	FREESTYLE PRECISION.....	160	<i>glucagon emergency kit</i>	
<i>finasteride</i>	208	FRUZAQLA.....	29	(human).....	234
<i>ingolimid</i>	116	<i>fulvestrant</i>	30	<i>glutamine (sickle cell)</i>	234
FINTEPLA.....	48	<i>furosemide</i>	109, 110	<i>glyburide</i>	65
<i>fioricet</i>	4	FUZEON.....	88	<i>glyburide micronized</i>	65
FIRMAGON KIT W		FYARRO.....	30	<i>glyburide-metformin</i>	65
DILUENT SYRINGE.....	29	<i>fyavolv</i>	210	<i>glycopyrrolate</i>	204
<i>flavoxate</i>	207	FYCOMPA.....	48	<i>glydo</i>	9
<i>flecainide</i>	103	<i>gabapentin</i>	48	GLYXAMBI.....	58
<i>floxuridine</i>	29	GALAFOLD.....	195	GOMEKLI.....	30
<i>fluconazole</i>	66	<i>galantamine</i>	53	<i>granisetron hcl</i>	72
<i>fluconazole in nacl (iso-osm)</i>	66	<i>gallifrey</i>	215	<i>griseofulvin microsize</i>	66
<i>flucytosine</i>	66	GAMMAGARD S-D (IGA < 1		<i>griseofulvin ultramicrosize</i>	66
<i>fludrocortisone</i>	211	MCG/ML).....	218	<i>guanfacine</i>	100, 117
<i>flunisolide</i>	200	GAMMAPLEX.....	219	GVOKE.....	235
<i>fluocinolone</i>	137	GAMUNEX-C.....	219	GVOKE HYPOPEN 2-PACK..	234
<i>fluocinolone acetone oil</i>	200	GARDASIL 9 (PF).....	226	GVOKE PFS 1-PACK	
<i>fluocinonide</i>	137	<i>gatifloxacin</i>	198	SYRINGE.....	234
<i>fluocinonide-emollient</i>	137	GATTEX 30-VIAL.....	204	HAEGARDA.....	96
<i>fluoride (sodium)</i>	132	GAUZE PAD.....	160	<i>hailey 24 fe</i>	124
<i>fluorometholone</i>	201	<i>gavilyte-c</i>	206	<i>hailey fe 1.5/30 (28)</i>	124
<i>fluorouracil</i>	29, 133	<i>gavilyte-g</i>	206	<i>hailey fe 1/20 (28)</i>	124
<i>fluoxetine</i>	56	<i>gavilyte-n</i>	206	<i>halobetasol propionate</i>	137
<i>fluphenazine decanoate</i>	80	GAVRETO.....	30	<i>haloette</i>	124
<i>fluphenazine hcl</i>	80	<i>gefitinib</i>	30	<i>haloperidol</i>	81
<i>flurazepam</i>	12	<i>gemcitabine</i>	30	<i>haloperidol decanoate</i>	80
<i>flurbiprofen</i>	8	<i>gemfibrozil</i>	112	<i>haloperidol lactate</i>	80
<i>flurbiprofen sodium</i>	201	<i>gemmily</i>	124	HARVONI.....	93
<i>flutamide</i>	29	<i>generlac</i>	204	HAVRIX (PF).....	226
<i>fluticasone propionate</i>		<i>gengraf</i>	219	HEALTHWISE INSULIN	
.....	137, 201, 241	<i>gentak</i>	198	SYRINGE.....	161, 162
<i>fluticasone propion-salmeterol</i>	241	<i>gentamicin</i>	13, 135, 198	HEALTHWISE PEN NEEDLE.....	162
<i>fluvastatin</i>	112	<i>gentamicin sulfate (ped) (pf)</i>	13	HEALTHY ACCENTS	
<i>fluvoxamine</i>	56	<i>gentamicin sulfate (pf)</i>	13	UNIFINE PENTIP.....	162
<i>folivane-ob</i>	249	GENVOYA.....	88	<i>heather</i>	124
<i>fondaparinux</i>	95	GILOTRIF.....	30	HEMADY.....	211
<i>fosamprenavir</i>	88	<i>glatiramer</i>	116, 117	<i>heparin (porcine)</i>	95
<i>fosfomycin tromethamine</i>	14	<i>glatopa</i>	117	HEPLISAV-B (PF).....	226
<i>fosinopril</i>	102	GLEOSTINE.....	30	HERCEPTIN HYLECTA.....	30
<i>fosinopril-hydrochlorothiazide</i>	103	<i>glimepiride</i>	64	HETLIOZ LQ.....	247
<i>fosphenytoin</i>	48	<i>glipizide</i>	64, 65	HIBERIX (PF).....	226
FOTIVDA.....	29	<i>glipizide-metformin</i>	65	HUMIRA.....	219

HUMIRA PEN.....	219	<i>icosapent ethyl</i>	112	INSULIN SYR/NDL U100	
HUMIRA PEN CROHNS-UC-		IDHIFA.....	31	HALF MARK.....	163
HS START.....	219	<i>ifosfamide</i>	31	INSULIN SYRINGE.....	143
HUMIRA PEN PSOR-		ILEVRO.....	201	INSULIN SYRINGE	
UVEITS-ADOL HS.....	219	<i>imatinib</i>	31	MICROFINE.....	143
HUMIRA(CF).....	220	IMBRUVICA.....	31	INSULIN SYRINGE	
HUMIRA(CF) PEDI CROHNS		IMDELLTRA.....	31	NEEDLELESS.....	164
STARTER.....	219	<i>imipenem-cilastatin</i>	18	INSULIN SYRINGE-NEEDLE	
HUMIRA(CF) PEN.....	220	<i>imipramine hcl</i>	56	U-100	
HUMIRA(CF) PEN CROHNS-		<i>imipramine pamoate</i>	56	160, 163, 164, 169, 172, 174, 179,	
UC-HS.....	219	<i>imiquimod</i>	134	184, 185	
HUMIRA(CF) PEN		IMJUDO.....	31	INSULIN U-500 SYRINGE-	
PEDIATRIC UC.....	219	IMKELDI.....	32	NEEDLE.....	164
HUMIRA(CF) PEN PSOR-UV-		IMOVAX RABIES VACCINE		INSUPEN PEN NEEDLE 164, 165	
ADOL HS.....	219	(PF).....	226	INTELENCE.....	88
HUMULIN R U-500 (CONC)		IMPAVIDO.....	74	<i>introvale</i>	124
INSULIN.....	62	INBRIJA.....	76	INVEGA HAFYERA.....	81
HUMULIN R U-500 (CONC)		<i>incassia</i>	124	INVEGA SUSTENNA.....	81
KWIKPEN.....	62	INCONTROL ALCOHOL		INVEGA TRINZA.....	81, 82
<i>hydralazine</i>	108	PADS.....	162	INVELTYS.....	201
<i>hydrochlorothiazide</i>	110	INCONTROL PEN NEEDLE		IPOLE.....	226
<i>hydrocodone-acetaminophen</i>	5	.....	162, 163	<i>ipratropium bromide</i>	197, 242
<i>hydrocodone-ibuprofen</i>	5	INCRELEX.....	213	<i>ipratropium-albuterol</i>	242
<i>hydrocortisone</i>	138, 211, 231	<i>indapamide</i>	110	IQIRVO.....	204
<i>hydrocortisone butyrate</i>	138	<i>indomethacin</i>	8	<i>irbesartan</i>	101
<i>hydrocortisone valerate</i>	138	INFANRIX (DTAP) (PF).....	226	<i>irbesartan-hydrochlorothiazide</i>	101
<i>hydrocortisone-acetic acid</i>	198	<i>infliximab</i>	220	<i>irinotecan</i>	32
<i>hydromorphone</i>	5	INGREZZA.....	117	ISENTRESS.....	88
<i>hydromorphone (pf)</i>	5	INGREZZA INITIATION		ISENTRESS HD.....	88
<i>hydroxychloroquine</i>	74	PK(TARDIV).....	117	<i>isibloom</i>	124
<i>hydroxyurea</i>	31	INGREZZA SPRINKLE.....	117	ISOLYTE S PH 7.4.....	238
<i>hydroxyzine hcl</i>	69	INLYTA.....	32	ISOLYTE-P IN 5 %	
<i>hydroxyzine pamoate</i>	235	INPEN (FOR HUMALOG)		DEXTROSE.....	238
<i>ibandronate</i>	232	BLUE.....	163	ISOLYTE-S.....	238
IBRANCE.....	31	INPEN (NOVOLOG OR		<i>isoniazid</i>	71
IBTROZI.....	31	FIASP) BLUE.....	163	<i>isosorbide dinitrate</i>	114
<i>ibu</i>	8	INQOVI.....	32	<i>isosorbide mononitrate</i>	114
<i>ibuprofen</i>	8	INREBIC.....	32	<i>isosorbide-hydralazine</i>	114
<i>ibuprofen-famotidine</i>	8	<i>insulin asp prt-insulin aspart</i>	62	<i>isradipine</i>	109
<i>icatibant</i>	108	<i>insulin aspart u-100</i>	62	ITOVEBI.....	32
<i>iclevia</i>	124	<i>insulin glargine-yfgn</i>	62	<i>itraconazole</i>	66, 67
ICLUSIG.....	31	<i>insulin lispro</i>	62	IV PREP WIPES.....	165

<i>ivabradine</i>	108	<i>ketorolac</i>	9, 201	<i>leflunomide</i>	220
<i>ivermectin</i>	74	KEYTRUDA.....	33	<i>lenalidomide</i>	34
IWILFIN.....	32	KIMMTRAK.....	33	LENTOCILIN S.....	20
IXCHIQ (PF).....	226	KINERET.....	220	LENVIMA.....	34
IXIARO (PF).....	227	KINRIX (PF).....	227	<i>lessina</i>	126
<i>jaimiess</i>	124	<i>kionex (with sorbitol)</i>	204	<i>letrozole</i>	34
JAKAFI.....	32	KISQALI.....	33	<i>leucovorin calcium</i>	235
<i>jantoven</i>	95	KISQALI FEMARA CO- PACK.....	33	LEUKERAN.....	34
JANUMET.....	58	KLISYRI (250 MG).....	134	LEUKINE.....	96
JANUMET XR.....	58	<i>klor-con m10</i>	238	<i>leuprolide</i>	34
JANUVIA.....	58	<i>klor-con m15</i>	238	<i>leuprolide (3 month)</i>	34
JARDIANCE.....	59	<i>klor-con m20</i>	238	<i>levetiracetam</i>	49
<i>jasmiel (28)</i>	124	KLOXXADO.....	10	<i>levobunolol</i>	237
<i>javygtor</i>	195	KOSELUGO.....	33	<i>levocarnitine</i>	235
JAYPIRCA.....	32	<i>kosher prenatal plus iron</i>	249	<i>levocarnitine (with sugar)</i>	235
JEMPERLI.....	32	KRAZATI.....	33	<i>levocetirizine</i>	69
<i>jencycla</i>	124	<i>kurvelo (28)</i>	125	<i>levofloxacin</i>	21
JENTADUETO.....	59	KYLEENA.....	125	<i>levofloxacin in d5w</i>	21
JENTADUETO XR.....	59	KYNMOBI.....	76	<i>levonest (28)</i>	126
<i>jinteli</i>	210	<i>l norgest/e.estradiol-e.estrad</i>	125	<i>levonorgest-eth.estradiol-iron</i> ..	126
<i>jolessa</i>	124	<i>labetalol</i>	105	<i>levonorgestrel-ethinyl estrad</i>	126
<i>juleber</i>	124	<i>lacosamide</i>	48	<i>levonorg-eth estrad triphasic</i>	126
JULUCA.....	88	<i>lactulose</i>	204	<i>levora-28</i>	126
<i>junel 1.5/30 (21)</i>	125	<i>lagevrio (eua)</i>	94	<i>levothyroxine</i>	215
<i>junel 1/20 (21)</i>	125	<i>lamivudine</i>	88	LEXIVA.....	88
<i>junel fe 1.5/30 (28)</i>	125	<i>lamivudine-zidovudine</i>	88	LIBERVANT.....	49
<i>junel fe 1/20 (28)</i>	125	<i>lamotrigine</i>	48, 49	<i>lidocaine</i>	9
<i>junel fe 24</i>	125	<i>lanreotide</i>	213	<i>lidocaine hcl</i>	9
JUXTAPID.....	112	<i>lansoprazole</i>	202	<i>lidocaine viscous</i>	10
JYLAMVO.....	32	<i>lanthanum</i>	206	<i>lidocaine-prilocaine</i>	10
JYNARQUE.....	110	LANTUS SOLOSTAR U-100 INSULIN.....	63	<i>lidocan iii</i>	10
JYNNEOS (PF).....	227	LANTUS U-100 INSULIN.....	63	LILETTA.....	127
KALETRA.....	88	<i>lapatinib</i>	33	<i>linezolid</i>	14
KALYDECO.....	244	<i>larin 1.5/30 (21)</i>	126	<i>linezolid in dextrose 5%</i>	14
<i>kariva (28)</i>	125	<i>larin 1/20 (21)</i>	126	LINZESS.....	204
KATERZIA.....	109	<i>larin 24 fe</i>	126	<i>liothyronine</i>	215
<i>kelnor 1/35 (28)</i>	125	<i>larin fe 1.5/30 (28)</i>	126	LISCO.....	165
<i>kelnor 1/50 (28)</i>	125	<i>larin fe 1/20 (28)</i>	126	<i>lisinopril</i>	103
KERENDIA.....	113	<i>latanoprost</i>	237	<i>lisinopril-hydrochlorothiazide</i> ..	103
KESIMPTA PEN.....	117	LAZCLUZE.....	33	LITE TOUCH INSULIN PEN	
<i>ketoconazole</i>	67			NEEDLES.....	165
<i>ketoprofen</i>	8				

LITE TOUCH INSULIN		
SYRINGE.....	165, 166	
<i>lithium carbonate</i>	117	
<i>lithium citrate</i>	117	
LIVDELZI.....	204	
LIVTENCITY.....	92	
LOKELMA.....	204	
LONSURF.....	34	
<i>loperamide</i>	204	
<i>lopinavir-ritonavir</i>	89	
LOQTORZI.....	34	
<i>lorazepam</i>	12	
<i>lorazepam intensol</i>	12	
LORBRENA.....	34	
<i>loryna (28)</i>	127	
<i>losartan</i>	101	
<i>losartan-hydrochlorothiazide</i> ...	101	
LOTEMAX.....	201	
LOTEMAX SM.....	201	
<i>loteprednol etabonate</i>	201	
<i>lovastatin</i>	112	
<i>low-ogestrel (28)</i>	127	
<i>loxapine succinate</i>	82	
<i>lo-zumandimine (28)</i>	127	
<i>lubiprostone</i>	204	
LUMAKRAS.....	34, 35	
LUMIGAN.....	237	
LUNSUMIO.....	35	
LUPRON DEPOT.....	35, 213	
LUPRON DEPOT (3 MONTH)		
.....	35, 213	
LUPRON DEPOT (4 MONTH).	35	
LUPRON DEPOT (6 MONTH).	35	
LUPRON DEPOT-PED.....	213	
LUPRON DEPOT-PED (3		
MONTH).....	213	
<i>lurasidone</i>	82	
<i>lutra (28)</i>	127	
LUTRATE DEPOT (3		
MONTH).....	35	
LYBALVI.....	82	
<i>lyleq</i>	127	
<i>lyllana</i>	210	
LYNOZYFIC.....	35	
LYNPARZA.....	35	
LYSODREN.....	35	
LYTGOBI.....	35	
<i>lyza</i>	127	
MAGELLAN INSULIN		
SAFETY SYRNG.....	166, 167	
MAGELLAN SYRINGE.....	166	
<i>magnesium sulfate</i>	238	
<i>malathion</i>	139	
<i>maraviroc</i>	89	
MARGENZA.....	36	
<i>marlissa (28)</i>	127	
<i>marnatal-f</i>	249	
MARPLAN.....	56	
MATULANE.....	36	
<i>matzim la</i>	106	
MAVENCLAD (10 TABLET		
PACK).....	117	
MAVENCLAD (4 TABLET		
PACK).....	118	
MAVENCLAD (5 TABLET		
PACK).....	118	
MAVENCLAD (6 TABLET		
PACK).....	118	
MAVENCLAD (7 TABLET		
PACK).....	118	
MAVENCLAD (8 TABLET		
PACK).....	118	
MAVENCLAD (9 TABLET		
PACK).....	118	
MAVYRET.....	93	
MAXICOMFORT II PEN		
NEEDLE.....	167	
MAXICOMFORT INSULIN		
SYRINGE.....	167	
MAXI-COMFORT INSULIN		
SYRINGE.....	167	
MAXICOMFORT SAFETY		
PEN NEEDLE.....	167	
MAYZENT.....	118	
MAYZENT STARTER(FOR		
1MG MAINT).....	118	
MAYZENT STARTER(FOR		
2MG MAINT).....	118	
<i>meclizine</i>	72	
<i>medroxyprogesterone</i>	215	
<i>mefenamic acid</i>	9	
<i>mefloquine</i>	74	
<i>megestrol</i>	36, 215	
MEKINIST.....	36	
MEKTOVI.....	36	
<i>meleya</i>	127	
<i>meloxicam</i>	9	
<i>memantine</i>	53	
<i>memantine-donepezil</i>	53	
MENACTRA (PF).....	227	
MENQUADFI (PF).....	227	
MENVEO A-C-Y-W-135-DIP		
(PF).....	227	
<i>mercaptopurine</i>	36	
<i>meropenem</i>	18	
<i>merzee</i>	127	
<i>mesalamine</i>	231, 232	
<i>mesna</i>	235	
<i>metadate er</i>	118	
<i>metformin</i>	59	
<i>methadone</i>	5	
<i>methazolamide</i>	237	
<i>methenamine hippurate</i>	14	
<i>methimazole</i>	215	
<i>methocarbamol</i>	246	
<i>methotrexate sodium</i>	36	
<i>methotrexate sodium (pf)</i>	36	
<i>methoxsalen</i>	134	
<i>methscopolamine</i>	204	
<i>methsuximide</i>	49	
<i>methylphenidate hcl</i>	118, 119	
<i>methylprednisolone</i>	212	
<i>methylprednisolone acetate</i>	211	
<i>metoclopramide hcl</i>	204	
<i>metolazone</i>	110	
<i>metoprolol succinate</i>	105	

<i>metoprolol ta-hydrochlorothiaz</i>	105	MONOJECT SYRINGE	168	<i>neomycin-bacitracin-poly-hc</i>	198
<i>metoprolol tartrate</i>	105	MONOJECT ULTRA		<i>neomycin-bacitracin-polymyxin</i>	198
<i>metronidazole</i>	14, 69, 135	COMFORT INSULIN	187	<i>neomycin-polymyxin b-</i>	
<i>metronidazole in nacl (iso-os)</i>	14	<i>mono-lyyah</i>	128	<i>dexameth</i>	198
<i>metryrosine</i>	108	<i>montelukast</i>	241	<i>neomycin-polymyxin-gramicidin</i>	
<i>mexiletine</i>	104	<i>morphine</i>	5, 6		198
<i>micafungin</i>	67	MORPHINE	5, 6	<i>neomycin-polymyxin-hc</i>	198, 199
<i>miconazole-3</i>	67	<i>morphine concentrate</i>	5	<i>neo-polycin</i>	199
MICRODOT INSULIN PEN		MOUNJARO	59	<i>neo-polycin hc</i>	199
NEEDLE	167	MOVANTIK	205	NERLYNX	36
MICRODOT READYGARD		<i>moxifloxacin</i>	21, 198	NEUPRO	76
PEN NEEDLE	167	<i>moxifloxacin-sod.ace,sul-water</i>	21	<i>nevirapine</i>	89
<i>microgestin 1.5/30 (21)</i>	127	<i>moxifloxacin-sod.chloride(iso)</i>	21	<i>newgen</i>	249
<i>microgestin 1/20 (21)</i>	127	MRESVIA (PF)	227	NEXLETOL	112
<i>microgestin 24 fe</i>	127	MULTAQ	104	NEXLIZET	112
<i>microgestin fe 1.5/30 (28)</i>	127	<i>mupirocin</i>	135	NEXPLANON	128
<i>microgestin fe 1/20 (28)</i>	127	<i>mycophenolate mofetil</i>	220	<i>niacin</i>	112
<i>midodrine</i>	100	<i>mycophenolate mofetil (hcl)</i>	220	<i>niacor</i>	113
MIEBO (PF)	197	<i>mycophenolate sodium</i>	220	<i>nicardipine</i>	109
<i>mifepristone</i>	59	<i>mynatal</i>	249	NICOTROL	11
<i>miglitol</i>	59	<i>mynatal advance</i>	249	NICOTROL NS	11
<i>miglustat</i>	195	<i>mynatal plus</i>	249	<i>nifedipine</i>	109
<i>mili</i>	128	<i>mynatal-z</i>	249	<i>nikki (28)</i>	128
<i>mimvey</i>	211	<i>mynate 90 plus</i>	249	NIKTIMVO	220
MINI ULTRA-THIN II	168	MYRBETRIQ	207	<i>nilutamide</i>	36
<i>minocycline</i>	22	<i>nabumetone</i>	9	NINLARO	37
<i>minoxidil</i>	114	<i>nadolol</i>	105	<i>nitazoxanide</i>	74
MIPLYFFA	195	<i>nafcilin</i>	20	<i>nitisinone</i>	195
MIRENA	128	<i>naloxone</i>	10, 11	<i>nitrofurantoin macrocrystal</i>	15
<i>mirtazapine</i>	56	<i>naltrexone</i>	11	<i>nitrofurantoin monohyd/m-cryst</i>	15
<i>misoprostol</i>	202	NAMZARIC	54	<i>nitroglycerin</i>	114, 235
<i>mitoxantrone</i>	36	NANO 2ND GEN PEN		<i>niva-plus</i>	249
M-M-R II (PF)	227	NEEDLE	170	NIVESTYM	96, 97
<i>m-natal plus</i>	249	<i>naproxen</i>	9	<i>nizatidine</i>	203
<i>modafinil</i>	247	<i>naratriptan</i>	70	NORDITROPIN FLEXP	214
<i>moexipril</i>	103	NATACYN	198	<i>norelgestromin-ethin.estradiol</i>	128
<i>molindone</i>	82	<i>nateglinide</i>	59	<i>norethindrone (contraceptive)</i>	128
<i>mometasone</i>	138, 201	NATPARA	233	<i>norethindrone acetate</i>	215
MONOJECT INSULIN		NAYZILAM	49	<i>norethindrone ac-eth estradiol</i>	
SAFETY SYRING	169	<i>nebivolol</i>	105		128, 211
MONOJECT INSULIN		<i>nefazodone</i>	56	<i>norethindrone-e.estradiol-iron</i>	128
SYRINGE	168, 169	<i>neomycin</i>	13		

<i>norgestimate-ethinyl estradiol</i>	128, 129	<i>nystatin-triamcinolone</i>	67	OMNIPOD DASH PDM KIT	
<i>nortrel 1/35 (21)</i>	129	<i>nystop</i>	67	(GEN 4)	170
<i>nortrel 1/35 (28)</i>	129	NYVEPRIA	97	OMNIPOD DASH PODS	
<i>nortrel 7/7/7 (28)</i>	129	<i>obstetrix dha</i>	249	(GEN 4)	170
<i>nortriptyline</i>	56	<i>obstetrix dha prenatal duo</i>	249	ONAPGO	76
NORVIR	89	<i>o-cal prenatal</i>	249	<i>ondansetron</i>	73
NOVOFINE 30	170	OCALIVA	205	<i>ondansetron hcl</i>	72, 73
NOVOFINE 32	170	<i>octreotide acetate</i>	214	ONGENTYS	76
NOVOFINE PLUS	170	ODEFSEY	89	ONUREG	37
NOVOLIN 70/30 U-100		ODOMZO	37	OPDIVO	37
INSULIN	63	OFEV	245	OPDIVO QVANTIG	37
NOVOLIN 70-30 FLEXPEN		<i>ofloxacin</i>	199	OPDUALAG	37
U-100	63	OGIVRI	37	OPIPZA	82
NOVOLIN N FLEXPEN	63	OGSIVEO	37	OPSUMIT	248
NOVOLIN N NPH U-100		OJEMDA	37	ORENCIA	221
INSULIN	63	OJJAARA	37	ORENCIA (WITH MALTOSE)	
NOVOLIN R FLEXPEN	63	<i>olanzapine</i>	82	.....	220
NOVOLIN R REGULAR U100		<i>olmesartan</i>	101	ORENCIA CLICKJECT	221
INSULIN	63	<i>olmesartan-amlodipin-hcthiazid</i>		ORFADIN	195
NOVOLOG FLEXPEN U-100		.....	101	ORGOVYX	214
INSULIN	63	<i>olmesartan-hydrochlorothiazide</i>		ORLISSA	214
NOVOLOG MIX 70-30 U-100		.....	101	ORKAMBI	245
INSULIN	63	<i>olopatadine</i>	197	<i>orquidea</i>	129
NOVOLOG MIX 70-		<i>omega-3 acid ethyl esters</i>	113	ORSERDU	38
30FLEXPEN U-100	64	<i>omeprazole</i>	203	<i>oseltamivir</i>	92
NOVOLOG PENFILL U-100		<i>omeprazole-sodium bicarbonate</i>		OSENVELT	233
INSULIN	64	.....	203	OSMOLEX ER	76
NOVOLOG U-100 INSULIN		OMNIPOD 5 (G6/LIBRE 2		OTEZLA	221
ASPART	64	PLUS)	170	OTEZLA STARTER	221
NOVOTWIST	170	OMNIPOD 5 G6-G7 INTRO		<i>oxaliplatin</i>	38
NOXAFIL	67	KT(GEN5)	170	<i>oxandrolone</i>	209
NUBEQA	37	OMNIPOD 5 G6-G7 PODS		<i>oxazepam</i>	12
NUCALA	244, 245	(GEN 5)	170	<i>oxcarbazepine</i>	49, 50
NULOJIX	220	OMNIPOD 5		<i>oxybutynin chloride</i>	207
NUPLAZID	82	INTRO(G6/LIBRE2PLUS)	170	<i>oxycodone</i>	6
NURTEC ODT	70	OMNIPOD CLASSIC PDM		<i>oxycodone-acetaminophen</i>	6
<i>nyamyc</i>	67	KIT(GEN 3)	170	<i>oxymorphone</i>	6
<i>nylia 1/35 (28)</i>	129	OMNIPOD CLASSIC PODS		OZEMPIC	60
<i>nylia 7/7/7 (28)</i>	129	(GEN 3)	170	<i>pacerone</i>	104
<i>nymyo</i>	129	OMNIPOD DASH INTRO KIT		<i>paclitaxel</i>	38
<i>nystatin</i>	67	(GEN 4)	170	<i>paclitaxel protein-bound</i>	38
				<i>paliperidone</i>	82, 83

PALYNZIQ.....	195	<i>perindopril erbumine</i>	103	<i>potassium chloride-0.45 % nacl</i>	
PANRETIN.....	134	<i>periogard</i>	133	.....	239
<i>pantoprazole</i>	203	<i>permethrin</i>	139	<i>potassium citrate</i>	239, 240
<i>paricalcitol</i>	233	<i>perphenazine</i>	83	<i>pr natal 400</i>	250
<i>paromomycin</i>	74	<i>perphenazine-amitriptyline</i>	57	<i>pr natal 400 ec</i>	250
<i>paroxetine hcl</i>	56, 57	PERSERIS.....	83	<i>pr natal 430</i>	250
PAXLOVID.....	92	<i>phenelzine</i>	57	<i>pr natal 430 ec</i>	250
<i>pazopanib</i>	38	<i>phenobarbital</i>	50	<i>pramipexole</i>	76
PEDIARIX (PF).....	227	PHENYTEK.....	50	<i>prasugrel hcl</i>	98
PEDVAX HIB (PF).....	227	<i>phenytoin</i>	50	<i>pravastatin</i>	113
<i>peg 3350-electrolytes</i>	206	<i>phenytoin sodium</i>	50	<i>praziquantel</i>	74
PEGASYS.....	93	<i>phenytoin sodium extended</i>	50	<i>prazosin</i>	100
<i>peg-electrolyte soln</i>	206	<i>philith</i>	129	<i>prednisolone</i>	212
PEMAZYRE.....	38	PIFELTRO.....	89	<i>prednisolone acetate</i>	201
<i>pemetrexed disodium</i>	38	<i>pilocarpine hcl</i>	133, 237	<i>prednisolone sodium phosphate</i>	
PEMRYDI RTU.....	38	<i>pimecrolimus</i>	138	.....	201, 212
PEN NEEDLE.....	171	<i>pimozide</i>	83	<i>prednisone</i>	212
PEN NEEDLE, DIABETIC		<i>pimtreea (28)</i>	129	<i>pregabalin</i>	50
.....	149, 161, 167, 168, 171, 174	<i>pindolol</i>	105	PREMARIN.....	211
PEN NEEDLE, DIABETIC,		<i>pioglitazone</i>	60	PREMPHASE.....	211
SAFETY.....	175	<i>pioglitazone-metformin</i>	60	PREMPRO.....	211
PENBRAYA (PF).....	227	PIP PEN NEEDLE.....	172	<i>prenal true</i>	250
PENBRAYA MENACWY		<i>piperacillin-tazobactam</i>	20	<i>prenaissance</i>	250
COMPONENT(PF).....	228	PIQRAY.....	38	<i>prenaissance plus</i>	250
PENBRAYA MENB		<i>pirfenidone</i>	245	<i>prenatabs fa</i>	250
COMPONENT (PF).....	228	<i>piroxicam</i>	9	<i>prenatal 19</i>	250
<i>penciclovir</i>	134	<i>pitavastatin calcium</i>	113	<i>prenatal 19 (with docusate)</i>	250
<i>penicillamine</i>	208	PLASMA-LYTE A.....	239	<i>prenatal low iron</i>	250
<i>penicillin g potassium</i>	20	PLEGRIDY.....	119, 120	<i>prenatal plus</i>	250
<i>penicillin g procaine</i>	20	<i>pnv 29-1</i>	249	<i>prenatal plus (calcium carb)</i>	249
<i>penicillin v potassium</i>	20	<i>pnv-dha + docusate</i>	249	<i>prenatal vitamin plus low iron</i> .	250
PENMENVY MEN A-B-C-W-		<i>pnv-omega</i>	250	<i>prenatal-u</i>	250
Y (PF).....	228	<i>podofilox</i>	134	<i>preplus</i>	250
PENMENVY MENACWY		<i>polycin</i>	199	<i>pretab</i>	250
COMPONENT(PF).....	228	<i>polymyxin b sulfate</i>	15	<i>prevalite</i>	113
PENMENVY MENB		<i>polymyxin b sulf-trimethoprim</i> ..	199	PREVENT DROPSAFE PEN	
COMPONENT (PF).....	228	POMALYST.....	39	NEEDLE.....	172
PENTACEL (PF).....	228	<i>portia 28</i>	129	PREVYMIS.....	92
<i>pentamidine</i>	74	<i>posaconazole</i>	68	PREZCOBIX.....	89
PENTIPS PEN NEEDLE. 171, 172		<i>potassium chloride</i>	239	PREZISTA.....	89
<i>pentoxifylline</i>	98			PRIFTIN.....	71
<i>perampanel</i>	50			PRIMAQUINE.....	74

<i>primidone</i>	50, 51	<i>quetiapine</i>	83	<i>riluzole</i>	120
PRIORIX (PF).....	228	<i>quinapril</i>	103	<i>rimantadine</i>	92
PRO COMFORT ALCOHOL		<i>quinapril-hydrochlorothiazide</i> ..	103	RINVOQ.....	221
PADS.....	173	<i>quinidine gluconate</i>	104	RINVOQ LQ.....	221
PRO COMFORT INSULIN		<i>quinidine sulfate</i>	104	<i>risedronate</i>	233
SYRINGE.....	172	<i>quinine sulfate</i>	74	<i>risperidone</i>	83, 84
PRO COMFORT PEN		QULIPTA.....	70	<i>risperidone microspheres</i>	83
NEEDLE.....	173	RABAVERT (PF).....	229	<i>ritonavir</i>	90
PROAIR RESPICLICK.....	243	<i>rabeprazole</i>	203	RITUXAN HYCELA.....	39
<i>probenecid</i>	68	RALDESY.....	57	<i>rivaroxaban</i>	95
<i>probenecid-colchicine</i>	68	<i>raloxifene</i>	211	<i>rivastigmine</i>	54
<i>prochlorperazine</i>	73	<i>ramipril</i>	103	<i>rivastigmine tartrate</i>	54
<i>prochlorperazine edisylate</i> ... 73,	83	<i>ranolazine</i>	108	RIVFLOZA.....	235
<i>prochlorperazine maleate</i>	73	<i>rasagiline</i>	76	<i>rizatriptan</i>	70
<i>procto-med hc</i>	138	RASUVO (PF).....	221	<i>r-natal ob</i>	251
<i>proctosol hc</i>	138	RAVICTI.....	205	ROCKLATAN.....	237
<i>proctozone-hc</i>	138	RAYALDEE.....	233	<i>roflumilast</i>	245
PRODIGY INSULIN		<i>reclipsen (28)</i>	129	ROLVEDON.....	97
SYRINGE.....	173	RECOMBIVAX HB (PF).....	229	ROMVIMZA.....	39
<i>progesterone micronized</i>	215	REGRANEX.....	134	<i>ropinirole</i>	77
PROGRAF.....	221	RELENZA DISKHALER.....	92	<i>rosadan</i>	135
PROLASTIN-C.....	245	RELISTOR.....	205	<i>rosuvastatin</i>	113
<i>promethazine</i>	69, 73	<i>repaglinide</i>	60	<i>rosyrah</i>	129
<i>promethegan</i>	73	REPATHA PUSHTRONEX....	113	ROTARIX.....	229
<i>propafenone</i>	104	REPATHA SURECLICK.....	113	ROTATEQ VACCINE.....	229
<i>propranolol</i>	105	REPATHA SYRINGE.....	113	ROZLYTREK.....	39, 40
<i>propylthiouracil</i>	215	RETACRIT.....	97	RUBRACA.....	40
PROQUAD (PF).....	228	RETEVMO.....	39	<i>rufinamide</i>	51
PROSOL 20 %.....	99	RETROVIR.....	90	RUKOBIA.....	90
<i>protriptyline</i>	57	REVCovi.....	196	RYBELSUS.....	60
PULMOZYME.....	195	REVUFORJ.....	39	RYBREVANT.....	40
PURE COMFORT ALCOHOL		REXULTI.....	83	RYDAPT.....	40
PADS.....	173	REYATAZ.....	90	RYKINDO.....	84
PURE COMFORT PEN		REZDIFFRA.....	215	RYTELO.....	40
NEEDLE.....	173, 174	REZLIDHIA.....	39	<i>sacubitril-valsartan</i>	101
PURE COMFORT SAFETY		REZUROCK.....	221	SAFESNAP INSULIN	
PEN NEEDLE.....	173	RHOPRESSA.....	237	SYRINGE.....	174, 175
<i>pyrazinamide</i>	71	<i>ribavirin</i>	94	SAFETY PEN NEEDLE.....	175
<i>pyridostigmine bromide</i>	235	RIDAURA.....	221	<i>sajazir</i>	108
<i>pyrimethamine</i>	74	<i>rifabutin</i>	71	SANTYL.....	134
QINLOCK.....	39	<i>rifampin</i>	72	<i>sapropterin</i>	196
QUADRACEL (PF).....	229	<i>rilpivirine</i>	90	SCSEMBLIX.....	40

<i>scopolamine base</i>	73	<i>solifenacin</i>	207	SUNLENCA.....	90
SECUADO.....	84	SOLQUA 100/33.....	64	SURE COMFORT INS. SYR.	
SECURESAFE INSULIN		SOLTAMOX.....	40	U-100.....	176
SYRINGE.....	175	SOMATULINE DEPOT.....	214	SURE COMFORT INSULIN	
SECURESAFE PEN NEEDLE	175	SOMAVERT.....	214	SYRINGE.....	176
SELARSDI.....	222	<i>sorafenib</i>	40	SURE COMFORT PEN	
<i>select-ob</i>	251	<i>sorine</i>	105	NEEDLE.....	176, 177
<i>select-ob (folic acid)</i>	251	<i>sotalol</i>	105	SURE COMFORT SAFETY	
<i>selegiline hcl</i>	77	<i>sotalol af</i>	105	PEN NEEDLE.....	175, 176
<i>selenium sulfide</i>	135	SPIRIVA RESPIMAT.....	243	SURE-FINE PEN NEEDLES..	177
SELZENTRY.....	90	<i>spironolactone</i>	110, 113	SURE-JECT INSULIN	
<i>se-natal 19 chewable</i>	251	<i>spironolacton-hydrochlorothiaz</i>		SYRINGE.....	177
SEREVENT DISKUS.....	243	.....	110	SURE-PREP ALCOHOL PREP	
SEROSTIM.....	214	SPRAVATO.....	57	PADS.....	177
<i>sertraline</i>	57	<i>sprintec (28)</i>	130	<i>syeda</i>	130
<i>setlakin</i>	129	SPRITAM.....	51	SYMDEKO.....	245
<i>sevelamer carbonate</i>	206	<i>sps (with sorbitol)</i>	205	SYMPAZAN.....	51
<i>sevelamer hcl</i>	206	<i>sronyx</i>	130	SYMTUZA.....	90
SEZABY.....	51	<i>ssd</i>	135	SYNAREL.....	215
<i>sf 5000 plus</i>	133	<i>stavudine</i>	90	SYNJARDY.....	60
<i>sharobel</i>	130	STELARA.....	222	SYNJARDY XR.....	60
SHINGRIX (PF).....	229	STERILE PADS.....	175	SYNRIBO.....	40
SIGNIFOR.....	214	STIOLTO RESPIMAT.....	243	SYNTHROID.....	216
<i>sildenafil</i>	248	STIVARGA.....	40	SYRINGE WITH NEEDLE,	
<i>sildenafil (pulm.hypertension)</i> ..	248	STOBOCLO.....	233	SAFETY.....	175
<i>silver sulfadiazine</i>	135	STRENSIQ.....	196	TABLOID.....	40
SIMBRINZA.....	237	<i>streptomycin</i>	13	TABRECTA.....	40
<i>simliya (28)</i>	130	STRIBILD.....	90	<i>tacrolimus</i>	139, 222
<i>simpesse</i>	130	STRIVERDI RESPIMAT.....	243	<i>tadalafil</i>	248
<i>simvastatin</i>	113	<i>subvenite</i>	51	TAFINLAR.....	40, 41
<i>sirolimus</i>	222	<i>sucralfate</i>	203	<i>tafluprost (pf)</i>	237
SIRTURO.....	72	<i>sulfacetamide sodium</i>	199	TAGRISSE.....	41
SKY SAFETY PEN NEEDLE.	175	<i>sulfacetamide sodium (acne)</i>	135	TAKHZYRO.....	235, 236
SKYLA.....	130	<i>sulfacetamide-prednisolone</i>	199	TALVEY.....	41
SKYRIZI.....	222	<i>sulfadiazine</i>	21	TALZENNA.....	41
<i>sodium chloride 0.45 %</i>	240	<i>sulfamethoxazole-trimethoprim</i> ..	21	<i>tamoxifen</i>	41
<i>sodium chloride 0.9 %</i>	240	<i>sulfasalazine</i>	232	<i>tamsulosin</i>	208
<i>sodium fluoride-pot nitrate</i>	133	<i>sulindac</i>	9	<i>tarina 24 fe</i>	130
<i>sodium oxybate</i>	247	<i>sumatriptan</i>	70	<i>tarina fe 1-20 eq (28)</i>	130
<i>sodium phenylbutyrate</i>	205	<i>sumatriptan succinate</i>	71	<i>taron-c dha</i>	251
<i>sodium polystyrene sulfonate</i>	205	<i>sumatriptan-naproxen</i>	71	<i>taron-prex prenatal-dha</i>	251
<i>sodium,potassium,mag sulfates</i>	206	<i>sunitinib malate</i>	40	TASIGNA.....	41

<i>tasimelteon</i>	247	<i>tetracycline</i>	22	TOUJEO SOLOSTAR U-300	
TAVALISSE.....	97	TEVIMBRA.....	41	INSULIN.....	64
TAVNEOS.....	222	THALOMID.....	236	TRADJENTA.....	60
<i>taysofy</i>	130	<i>theophylline</i>	243	<i>tramadol</i>	7
<i>tazarotene</i>	139	THINPRO INSULIN		<i>tramadol-acetaminophen</i>	7
<i>tazicef</i>	17	SYRINGE.....	180	<i>trandolapril</i>	103
<i>taztia xt</i>	107	<i>thioridazine</i>	84	<i>tranexamic acid</i>	97
TAZVERIK.....	41	<i>thiothixene</i>	84	<i>tranylcypromine</i>	57
TDVAX.....	229	<i>tiadylt er</i>	107	TRAVASOL 10 %.....	99
TECENTRIQ.....	41	<i>tiagabine</i>	51	<i>travoprost</i>	238
TECENTRIQ HYBREZA.....	41	TIBSOVO.....	41	<i>trazodone</i>	57
TECHLITE INSULIN		<i>ticagrelor</i>	98	TRECATOR.....	72
SYRINGE.....	178	TICE BCG.....	42	TRELEGY ELLIPTA.....	244
TECHLITE INSULN		TICOVAC.....	230	TRELSTAR.....	42
SYR(HALF UNIT).....	178	<i>tigecycline</i>	23	TREMFYA.....	223
TECHLITE PEN NEEDLE		<i>tilia fe</i>	130	TREMFYA PEN.....	223
.....	178, 179	<i>timolol</i>	238	TREMFYA PEN INDUCTION	
TECHLITE PLUS PEN		<i>timolol maleate</i>	106, 237	PK-CROHN.....	223
NEEDLE.....	179	<i>tinidazole</i>	74	<i>treprostinil sodium</i>	248
TECVAYLI.....	41	<i>tiopronin</i>	208	<i>tretinoin</i>	139
TEFLARO.....	17	<i>tiotropium bromide</i>	243	<i>tretinoin (antineoplastic)</i>	42
<i>telmisartan</i>	101	TIVDAK.....	42	<i>triamcinolone acetonide</i>	
<i>telmisartan-amlodipine</i>	101	TIVICAY.....	91	.....	133, 139, 212
<i>telmisartan-hydrochlorothiazid</i>	102	TIVICAY PD.....	91	<i>triamterene-hydrochlorothiazid</i>	110
<i>temazepam</i>	13	<i>tizanidine</i>	246	<i>triazolam</i>	13
TEMIXYS.....	90	TOBI PODHALER.....	13	<i>trientine</i>	208
<i>tencon</i>	7	<i>tobramycin</i>	13, 199	<i>tri-estarylla</i>	130
TENIVAC (PF).....	229, 230	<i>tobramycin in 0.225 % nacl</i>	13	<i>trifluoperazine</i>	84
<i>tenofovir disoproxil fumarate</i>	91	<i>tobramycin sulfate</i>	14	<i>trifluridine</i>	200
TEPMETKO.....	41	<i>tobramycin-dexamethasone</i>	199	<i>trihexyphenidyl</i>	77
<i>terazosin</i>	208	<i>tolterodine</i>	207	TRIJARDY XR.....	60, 61
<i>terbinafine hcl</i>	68	<i>tolvaptan (polycys kidney dis)</i> ..	110	TRIKAFTA.....	245, 246
<i>terbutaline</i>	243	TOPCARE CLICKFINE.....	180	<i>tri-legest fe</i>	130
<i>terconazole</i>	69	TOPCARE ULTRA		<i>tri-lynyah</i>	130
<i>teriflunomide</i>	120	COMFORT.....	180	<i>tri-lo-estarylla</i>	131
<i>teriparatide</i>	233	<i>topiramate</i>	51	<i>tri-lo-marzia</i>	131
TERUMO INSULIN		<i>toposar</i>	42	<i>tri-lo-mili</i>	131
SYRINGE.....	179	<i>toremifene</i>	42	<i>tri-lo-sprintec</i>	131
<i>testosterone</i>	209	<i>torpenz</i>	42	<i>trimethoprim</i>	15
<i>testosterone cypionate</i>	209	<i>torse mide</i>	110	<i>tri-mili</i>	131
<i>testosterone enanthate</i>	209	TOUJEO MAX U-300		<i>trimipramine</i>	57
<i>tetrabenazine</i>	120	SOLOSTAR.....	64	TRINTELLIX.....	57

<i>tri-nymyo</i>	131	UBRELVY.....	71	ULTRA-THIN II INS PEN	
<i>tri-sprintec (28)</i>	131	UDENYCA ONBODY.....	97	NEEDLES.....	191
TRIUMEQ.....	91	ULTICARE.....	184, 185	ULTRA-THIN II INSULIN	
TRIUMEQ PD.....	91	ULTICARE INSULIN		SYRINGE.....	190
<i>triveen-duo dha</i>	251	SYRINGE.....	184	UNIFINE OTC PEN NEEDLE	191
<i>trivora (28)</i>	131	ULTICARE INSULN		UNIFINE PEN NEEDLE.....	191
<i>tri-vylibra</i>	131	SYR(HALF UNIT).....	184	UNIFINE PENTIPS.....	171, 191
<i>tri-vylibra lo</i>	131	ULTICARE PEN NEEDLE		UNIFINE PENTIPS	
TRIZIVIR.....	91	.....	184, 185	MAXFLOW.....	191
TROGARZO.....	91	ULTICARE SAFETY PEN		UNIFINE PENTIPS PLUS.....	192
TROPHAMINE 10 %.....	100	NEEDLE.....	185	UNIFINE PENTIPS PLUS	
<i>trospium</i>	207	ULTIGUARD SAFEPAK-		MAXFLOW.....	192
TRUE COMFORT ALCOHOL		INSULIN SYR.....	186	UNIFINE PROTECT.....	192
PADS.....	181	ULTIGUARD SAFEPAK-		UNIFINE SAFECONTROL	
TRUE COMFORT INSULIN		PEN NEEDLE.....	186	PEN NEEDLE.....	192, 193
SYRINGE.....	181	ULTILET ALCOHOL SWAB.	186	UNIFINE ULTRA PEN	
TRUE COMFORT PEN		ULTILET INSULIN SYRINGE		NEEDLE.....	193
NEEDLE.....	181, 182	.....	163, 186, 187	UPTRAVI.....	248
TRUE COMFORT PRO		ULTILET PEN NEEDLE.....	187	<i>ursodiol</i>	205
ALCOHOL PADS.....	182	ULTRA CMFT INS SYR		<i>ustekinumab</i>	223
TRUE COMFORT PRO INS		(HALF UNIT).....	161, 175	UZEDY.....	84, 85
SYRINGE.....	180, 181, 182	ULTRA COMFORT INSULIN		<i>valacyclovir</i>	94
TRUE COMFORT SAFE		SYRINGE.....	154, 161, 187	VALCHLOR.....	134
INSULIN SYRG.....	181, 182	ULTRA FLO INSUL		<i>valganciclovir</i>	94
TRUE COMFORT SAFETY		SYR(HALF UNIT).....	187, 188	<i>valproate sodium</i>	51
PEN NEEDLE.....	181	ULTRA FLO INSULIN		<i>valproic acid</i>	51
TRUEPLUS INSULIN....	183, 184	SYRINGE.....	188	<i>valproic acid (as sodium salt)</i>	51
TRUEPLUS PEN NEEDLE....	183	ULTRA FLO PEN NEEDLE..	188	<i>valsartan</i>	102
TRULICITY.....	61	ULTRA THIN PEN NEEDLE.	188	<i>valsartan-hydrochlorothiazide</i> .	102
TRUMENBA.....	230	ULTRACARE INSULIN		VALTOCO.....	52
TRUQAP.....	42	SYRINGE.....	188, 189	<i>valtya</i>	131
TRUXIMA.....	42	ULTRACARE PEN NEEDLE.	189	<i>vancomycin</i>	15
TUKYSA.....	42	ULTRA-FINE INS SYR		VANFLYTA.....	42
TURALIO.....	42	(HALF UNIT).....	190	VANISHPOINT INSULIN	
<i>turqoz (28)</i>	131	ULTRA-FINE INSULIN		SYRINGE.....	193
TWINRIX (PF).....	230	SYRINGE.....	189, 190	VANISHPOINT SYRINGE....	193
TYBOST.....	236	ULTRA-FINE PEN NEEDLE..	190	VAQTA (PF).....	230
TYENNE.....	223	ULTRA-THIN II (SHORT)		<i>varenicline tartrate</i>	11
TYENNE AUTOINJECTOR..	223	INS SYR.....	190, 191	VARIVAX (PF).....	230
TYMLOS.....	233	ULTRA-THIN II (SHORT)		VAXCHORA VACCINE.....	230
TYPHIM VI.....	230	PEN NDL.....	191	<i>velivet triphasic regimen (28)</i> ...	131
TYVASO.....	248			VELTASSA.....	205

VEMLIDY.....	91	<i>vitafol nano</i>	251	XGEVA.....	233
VENCLEXTA.....	43	<i>vitafol-ob+dha</i>	251	XIFAXAN.....	15
VENCLEXTA STARTING PACK.....	43	VITRAKVI.....	43	XIGDUO XR.....	61
<i>venlafaxine</i>	57, 58	VIVIMUSTA.....	43	XIIDRA.....	201
<i>venlafaxine besylate</i>	57	VIVOTIF.....	231	XOLAIR.....	246
VEOZAH.....	236	VIZIMPRO.....	43	XOSPATA.....	44
<i>verapamil</i>	107	VOCABRIA.....	91	XPOVIO.....	44
VERIFINE INSULIN SYRINGE.....	193, 194	<i>volnea (28)</i>	132	XTANDI.....	45
VERIFINE PEN NEEDLE	193, 194	VONJO.....	43	<i>xulane</i>	132
VERIFINE PLUS PEN NEEDLE.....	194	VOQUEZNA.....	203	XULTOPHY 100/3.6.....	64
VERIFINE PLUS PEN NEEDLE-SHARP.....	194	VORANIGO.....	44	<i>yargesa</i>	196
VERQUVO.....	108	<i>voriconazole</i>	68	YERVOY.....	45
VERSACLOZ.....	85	VOSEVI.....	93	YESINTEK.....	224
VERSALON.....	194	VOWST.....	236	YF-VAX (PF).....	231
VERZENIO.....	43	<i>vp-ch-pnv</i>	251	YONSA.....	45
<i>vestura (28)</i>	131	<i>vp-pnv-dha</i>	251	YUFLYMA(CF).....	224
V-GO 20.....	194	VRAYLAR.....	85	YUFLYMA(CF) AI CROHN'S- UC-HS.....	224
V-GO 30.....	194	VUMERITY.....	120	YUFLYMA(CF) AUTOINJECTOR.....	224
V-GO 40.....	194	VYALEV.....	77	<i>yuvaferm</i>	211
<i>vienna</i>	131	<i>vyfemla (28)</i>	132	<i>zafemy</i>	132
<i>vigabatrin</i>	52	<i>vylibra</i>	132	<i>zafirlukast</i>	241
<i>vigadrone</i>	52	VYLOY.....	44	<i>zaleplon</i>	247
<i>vigpoder</i>	52	VYZULTA.....	238	<i>zatean-pn dha</i>	252
<i>vilazodone</i>	58	<i>warfarin</i>	95	<i>zatean-pn plus</i>	252
VIMKUNYA.....	231	WEBCOL.....	194	<i>zebutal</i>	7
<i>vinblastine</i>	43	WELIREG.....	44	ZEJULA.....	45
<i>vincasar pfs</i>	43	WINREVAIR.....	246	ZELBORAF.....	45
<i>vincristine</i>	43	<i>wixela inhub</i>	241	<i>zenatane</i>	134
<i>vinorelbine</i>	43	XALKORI.....	44	ZENPEP.....	196
<i>viorele (28)</i>	132	<i>xarah fe</i>	132	<i>zidovudine</i>	91
VIRACEPT.....	91	XARELTO.....	95, 96	ZIIHERA.....	45
VIREAD.....	91	XARELTO DVT-PE TREAT 30D START.....	95	<i>zingiber</i>	252
<i>virt-c dha</i>	251	XATMEP.....	44	<i>ziprasidone hcl</i>	85
<i>virt-nate dha</i>	251	XCOPRI.....	52	<i>ziprasidone mesylate</i>	85
<i>virt-pn dha</i>	251	XCOPRI MAINTENANCE PACK.....	52	ZIRABEV.....	45
<i>virt-pn plus</i>	251	XCOPRI TITRATION PACK.....	52	ZIRGAN.....	200
<i>vitafol gummies</i>	251	XDEMVY.....	200	ZOLADEX.....	45
		XELJANZ.....	223	ZOLINZA.....	45
		XELJANZ XR.....	224	<i>zolmitriptan</i>	71
		XERMELO.....	205	<i>zolpidem</i>	247

ZONISADE.....	53
<i>zonisamide</i>	53
<i>zovia 1/35e (28)</i>	132
<i>zovia 1-35 (28)</i>	132
ZTALMY.....	53
ZTLIDO.....	10
<i>zumandimine (28)</i>	132
ZURZUVAE.....	58
ZYDELIG.....	45
ZYKADIA.....	45
ZYLET.....	200
ZYNLONTA.....	45
ZYNYZ.....	46
ZYPREXA RELPREVV.....	85



summacare.com/medicare

This formulary was updated on September 2, 2025. For more recent information or other questions, please contact SummaCare Member Services at 800.996.6250 or 330.996.8885 (TTY users should call 711). From October 1 through March 31, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., seven days a week. From April 1 through September 30, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., Monday through Friday. Or visit summacare.com/medicare.