



Alameda Alliance Wellness, HMO D-SNP

2027 Listahan ng Mga Saklaw na Gamot (Listahan ng Gamot o Pormularyo)

**PAKIBASA: ANG DOKUMENTONG ITO AY NAGLALAMAN NG IMPORMASYON TUNGKOL SA
MGA GAMOT NA SAKLAW NAMIN SA ANG PLANONG ITO**

ID sa Pormularyo: 00027337, Numero ng Bersyon: 5

Na-update ang *Listahan ng Gamot* na ito noong 9/01/2026.

Para sa higit pang kamakailang impormasyon o iba pang tanong, makipag-ugnayan sa amin sa 1.888.88A.DSNP (1.888.882.3767) (TTY: 1.800.735.2929), pitong (7) araw sa isang linggo, 8 am – 8 pm o bisitahin ang www.alamedaalliance.org/alliancewellness.

Introduksyon

Tinatawag ang dokumentong ito na *Listahan ng Mga Saklaw na Gamot* (na tinatawag ding *Listahan ng Gamot*). Sinasabi nito sa iyo kung aling mga gamot ang saklaw ng Alameda Alliance Wellness. Sinasabi rin sa iyo ng *Listahan ng Gamot* kung mayroong anumang espesyal na panuntunan o paghihigpit sa anumang gamot na saklaw ng Alameda Alliance Wellness. Makikita sa huling kabanata ng *Handbook ng Miyembro* ang mahahalagang katawagan at kahulugan ng mga ito.

Talaan ng Mga Nilalaman

A. Mga Pagtatatwa.....	4
B. Mga Madalas Itanong (FAQ)	12
B1. Anong mga inireresetang gamot ang nasa <i>Listahan ng Mga Saklaw na Gamot</i> ? (Tinatawag namin ang <i>Listahan ng Mga Saklaw na Gamot</i> na “ <i>Listahan ng Gamot</i> ” sa simpleng salita.)	12
B2. Nagbabago ba ang <i>Listahan ng Gamot</i> ?.....	13
B3. Ano ang mangyayari kapag may pagbabago sa <i>Listahan ng Gamot</i> ?.....	14
B4. Mayroon bang anumang paghihigpit o limitasyon sa coverage ng gamot o anumang kinakailangang aksyon na dapat gawin para makakuha ng ilang partikular na gamot?	16
B5. Paano ko malalaman kung may mga limitasyon ang gamot na gusto ko o kung may mga kinakailangang aksyon na dapat gawin para makuha ang gamot?.....	17
B6. Ano ang mangyayari kung babaguhin ng Alameda Alliance Wellness ang kanilang mga panuntunan tungkol sa kung paano nila sinasaklaw ang ilang gamot (halimbawa, paunang pahintulot, mga limitasyon sa dami, at/o mga paghihigpit sa step therapy)?	17
B7. Paano ko mahahanap ang isang gamot sa <i>Listahan ng Gamot</i> ?	17
B8. Paano kung wala ang gamot na gusto kong inumin sa <i>Listahan ng Gamot</i> ?.....	18
B9. Paano kung ako isa akong bagong miyembro ng Alameda Alliance Wellness at hindi ko mahanap ang aking gamot sa <i>Listahan ng Gamot</i> o may problema ako sa pagkuha ng aking gamot?	18



Kung mayroon kang mga tanong, tawagan ang Alameda Alliance Wellness sa 1.888.88A.DSNP (1.888.882.3767). Puwedeng tumawag ang mga gumagamit ng TTY sa 1.800.735.2929. Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Libre ang tawag.
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B10. Maaari ba akong humingi ng pagbubukod para masaklaw ang aking gamot?	19
B11. Paano ako makakahingi ng pagbubukod?	20
B12. Gaano katagal bago makakuha ng pagbubukod?	20
B13. Ano ang mga generic na gamot?	20
B14. Ano ang mga orihinal na biyolohikal na produkto at paano ito nauugnay sa mga biosimilar?	21
B15. Sinasaklaw ba ng Alameda Alliance Wellness ang mga pangmatagalang supply ng mga reseta?	21
B16. Puwede ba akong makakuha ng mga reseta na inihatid sa aking tahanan mula sa aking lokal na botika?	21
B17. Ano ang aking copay?	21
C. Pangkalahatang-ideya ng <i>Listahan ng Mga Saklaw na Gamot</i>	22
C1. Listahan ng Mga Gamot ayon sa Medikal na Kundisyon	23
D. Index of Covered Drugs	I-4



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A. Mga Pagtatatwa

Isa itong listahan ng mga gamot na makukuha ng mga miyembro sa *Alameda Alliance Wellness*.

- Ang Alameda Alliance Wellness ay isang HMO D-SNP plan na may kontrata sa Medicare at kontrata sa Programa ng Medi-Cal (Medicaid) ng Estado ng California. Ang pagpapatala sa Alameda Alliance Wellness ay nakadepende sa pag-renew ng kontrata.
- Maaari mong tingnan ang updated na Listahan ng Mga Saklaw na Gamot ng Alameda Alliance Wellness online sa www.alamedaalliance.org/alliancewellness o sa pamamagitan ng pagtawag sa 1.888.88A.DSNP (1.888.882.3767) (TTY: 1.800.735.2929). Libre ang tawag na ito.
- Makukuha mo ang dokumentong ito nang libre sa iba pang format, gaya ng malalaking print, braille, o audio. Tawagan ang mga numero sa footer ng dokumentong ito. Libre ang tawag.
- *Available nang libre ang dokumentong ito sa Spanish, Chinese, Vietnamese, Farsi, at Tagalog.*

Abiso sa Availability ng Mga Serbisyo para sa Tulong sa Wika at Karagdagang Aid at Serbisyo

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العربية (Arabic)

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Հայերեն (Armenian)

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中文 (Chinese – Simplified)

请注意：如果您需要以您的母语提供帮助，请致电

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繁體中文 (Chinese Traditional)

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हिंदी (Hindi)

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अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1.888.882.3767 (TTY: 1.800.735.2929) पर कॉल करें। ये सेवाएं निः शुल्क हैं।

Hmoob (Hmong)

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日本語 (Japanese)

注意日本語での対応が必要な場合は 1.888.882.3767

(TTY: 1.800.735.2929)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1.888.882.3767 (TTY: 1.800.735.2929)へお電話ください。これらのサービスは無料で提供しています。



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한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면

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Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1.888.882.3767 (линия ТТУ: 1.800.735.2929). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1.877.932.2738 (линия ТТУ: 1.800.735.2929). Такие услуги предоставляются бесплатно.

Español (Spanish)

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ภาษาไทย (Thai)

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Українська (Ukrainian)

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Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1.888.882.3767 (TTY: 1.800.735.2929). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1.888.882.3767 (TTY: 1.800.735.2929). Các dịch vụ này đều miễn phí.



Kung mayroon kang mga tanong, tawagan ang Alameda Alliance Wellness sa 1.888.88A.DSNP (1.888.882.3767). Puwedeng tumawag ang mga gumagamit ng TTY sa 1.800.735.2929. Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Libre ang tawag. **Para sa higit pang impormasyon,** bumisita sa www.alamedaalliance.org/alliancewellness.

- Puwede mong hilingin na palagi naming ipadala ang impormasyon sa wika o format na kailangan mo. Ito ay tinatawag na tuluy-tuloy na kahilingan. Para makuha ang dokumentong ito sa wikang iba pa sa Ingles o sa isang alternatibong format ngayon o sa hinaharap, tumawag sa Mga Serbisyo sa Miyembro sa 1.888.88A.DSNP (1.888.882.3767). Puwedeng tumawag ang mga gumagamit ng TTY sa 1.800.735.2929. Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Papanatiliing naka-file ng Mga Serbisyo sa Miyembro ang gusto mong wika at format para sa mga komunikasyon sa hinaharap. Upang gumawa ng anumang mga pag-update sa iyong kagustuhan, mangyaring makipag-ugnayan sa Mga Serbisyo ng para sa Miyembro.

B. Mga Madalas Itanong (FAQ)

Maghanap dito ng mga sagot sa mga tanong na mayroon ka tungkol sa *Listahan ng Mga Saklaw na Gamot (Listahan ng Gamot)* na ito. Maaari mong basahin ang lahat ng Mga Madalas Itanong (Frequently Asked Questions, FAQ) para matuto pa o maghanap ng tanong at sagot.

B1. Anong mga inireresetang gamot ang nasa *Listahan ng Mga Saklaw na Gamot?* (Tinatawag namin ang *Listahan ng Mga Saklaw na Gamot* na “*Listahan ng Gamot*” sa simpleng salita.)

Ang mga gamot sa *Listahan ng Gamot* na nagsisimula sa **Seksyon C1** ay ang mga gamot na saklaw ng Alameda Alliance Wellness. Available ang mga gamot sa mga botika sa loob ng aming network. Ang botika ay nasa aming network kung mayroon kaming kasunduan sa kanila na makipagtulungan sa amin at magbigay sa iyo ng mga serbisyo. Tinutukoy namin ang mga botikang ito bilang “mga botika sa network.”

Puwedeng sinasaklaw ng Medi-Cal Rx ang ibang gamot, gaya ng ilang over-the-counter (OTC) na gamot at ilang partikular na bitamina. Bisitahin ang website ng Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para sa higit pang impormasyon. Maaari mo ring tawagan ang Sentro ng Serbisyo sa Customer ng Medi-Cal Rx sa 800-977-2273. Mangyaring dalhin ang iyong Kard ng Pagkakakilanlan ng Benepisyaryo (Beneficiary Identification Card, BIC) ng Medi-Cal kapag kumukuha ng mga reseta sa pamamagitan ng Medi-Cal Rx.

- Saklaw ng Alameda Alliance Wellness ang lahat ng medikal na kinakailangang gamot sa *Listahan ng Gamot* kung:
 - sinabi ng iyong doktor o ibang tagapagreseta na kailangan mo ang mga ito para gumaling o manatiling malusog,



Kung mayroon kang mga tanong, tawagan ang Alameda Alliance Wellness sa 1.888.88A.DSNP (1.888.882.3767). Puwedeng tumawag ang mga gumagamit ng TTY sa 1.800.735.2929. Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Libre ang tawag. **Para sa higit pang impormasyon**, bumisita sa www.alamedaalliance.org/alliancewellness.

- sumasang-ayon ang Alameda Alliance Wellness na medikal na kinakailangan ang gamot para sa iyo, **at**
- Dapat mong punan ang reseta sa botikang nasa network ng Alameda Alliance Wellness.
- Sa ilang pagkakataon, kailangan mong gumawa ng isang bagay bago ka makakuha ng gamot. Sumangguni sa tanong B4 para sa higit pang impormasyon.

Maaari ka ring makakita ng updated na listahan ng mga gamot na saklaw namin sa aming website sa www.alamedaalliance.org/alliancewellness o tumawag sa Mga Serbisyo sa Miyembro sa mga numero sa footer ng dokumentong ito.

B2. Nagbabago ba ang *Listahan ng Gamot*?

Oo, at dapat sundin ng Alameda Alliance Wellness ang mga panuntunan ng Medicare at Medi-Cal kapag gumagawa ng mga pagbabago. Maaari kaming magdagdag o mag-alis ng mga gamot sa *Listahan ng Gamot* sa loob ng taon.

Puwede rin naming baguhin ang aming mga panuntunan sa mga gamot. Halimbawa, maaari kaming:

- Magpasya na mangailangan o hindi mangailangan ng paunang pahintulot para sa isang gamot. (Ang paunang pahintulot ay pahintulot mula sa Alameda Alliance Wellness bago ka makakuha ng gamot.)
- Magdagdag o magbago ng bilang ng gamot na puwede mong kunin (tinatawag na mga limitasyon sa dami).
- Magdagdag o magbago ng mga paghihigpit sa step therapy sa isang gamot. (Nangangahulugan ang step therapy na dapat kang sumubok ng gamot bago namin saklawin ang isa pang gamot.)

Para sa higit pang impormasyon sa mga panuntunan sa gamot na ito, sumangguni sa tanong B4.

Kung umiinom ka ng gamot na saklaw sa **simula** ng taon, sa pangkalahatan ay hindi namin aalisin o babaguhin ang saklaw ng gamot na iyon **sa natitirang bahagi ng taon** maliban kung:

- magkakaroon ng bago at mas murang gamot sa pamilihan na kasimbisa ng gamot na nasa *Listahan ng Gamot* ngayon, **o**
- malalaman naming hindi ligtas ang gamot, **o**



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Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Libre ang tawag.

Para sa higit pang impormasyon, bumisita sa www.alamedaalliance.org/alliancewellness.

- aalisin ang isang gamot sa pamilihan.

May higit pang impormasyon ang tanong B3 at B6 sa ibaba tungkol sa kung ano ang mangyayari kapag nagbago ang *Listahan ng Gamot*.

- Maaari mong tingnan ang updated na *Listahan ng Gamot* online anumang oras sa www.alamedaalliance.org/alliancewellness. Naka-post sa website buwan-buwan ang mga update sa *Listahan ng Gamot*.
- Maaari mo ring tawagan ang Mga Serbisyo sa Miyembro sa mga numero sa footer ng dokumentong ito upang suriin ang kasalukuyang *Listahan ng Gamot*.

B3. Ano ang mangyayari kapag may pagbabago sa *Listahan ng Gamot*?

Agarang mangyayari ang ilang pagbabago sa *Listahan ng Gamot*. Halimbawa:

- **Mga kapalit ng ilang partikular na bagong bersyon ng mga gamot.** Maaari naming agad na alisin ang mga gamot mula sa *Listahan ng Gamot* kung papalitan namin ang mga ito ng ilang partikular na bagong bersyon ng gamot na iyon, pero mananatiling \$0 ang iyong gastos para sa bagong gamot. Kapag nagdagdag kami ng bagong bersyon ng isang gamot, maaari din kaming magpasya na panatilihin ang branded na gamot o orihinal na biyolohikal na produkto sa listahan pero babaguhin namin ang mga panuntunan o limitasyon sa coverage nito.
 - Puwedeng hindi ka namin sabihan bago namin gawin ang pagbabagong ito, pero papadalhan ka namin ng impormasyon tungkol sa partikular na pagbabagong ginawa namin kapag nangyari na ito.
 - Magagawa lang namin ang mga pagbabagong ito kung ang gamot na idinaragdag namin ay:
 - isang bagong generic na bersyon ng branded na gamot, o
 - isang partikular na bagong biosimilar na bersyon ng orihinal na mga biyolohikal na produkto sa *Listahan ng Gamot* (halimbawa, pagdaragdag ng interchangeable biosimilar na maaaring palitan para sa isang orihinal na biyolohikal na produkto nang walang bagong reseta).
 - Maaaring bago sa iyo ang ilan sa mga uri ng gamot na ito. Para sa higit pang impormasyon, sumangguni sa **Seksyon B14**.



Kung mayroon kang mga tanong, tawagan ang Alameda Alliance Wellness sa 1.888.88A.DSNP (1.888.882.3767). Puwedeng tumawag ang mga gumagamit ng TTY sa 1.800.735.2929.

Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Libre ang tawag.

Para sa higit pang impormasyon, bumisita sa www.alamedaalliance.org/alliancewellness.

- Ikaw o ang iyong provider ay puwedeng humiling ng pagbubukod sa mga pagbabagong ito. Papadalhan ka namin ng abisong nagsasaad sa mga hakbang na puwede mong gawin sa paghiling ng pagbubukod. Mangyaring sumangguni sa tanong B10-B12 para sa higit pang impormasyon sa mga pagbubukod.
- **Pag-aalis ng mga hindi ligtas na gamot o iba pang gamot na wala sa pamilihan.**
Kung minsan, puwedeng matukoy bilang hindi ligtas o alisin sa pamilihan ang isang gamot. Kapag nangyari ito, puwede namin itong agarang alisin sa *Listahan ng Gamot*. Kung iniinom mo ang gamot, papadalhan ka namin ng abiso pagkatapos naming gawin ang pagbabago. Dapat kang makipag-ugnayan sa iyong provider o sa iyong botika para sa mga tanong tungkol sa pagtatapon ng gamot.

Maaari kaming gumawa ng iba pang pagbabagong makakaapekto sa mga gamot na iniinom mo. Sasabihan ka namin nang maaga tungkol sa iba pang pagbabagong ito sa *Listahan ng Gamot*. Puwedeng mangyari ang mga pagbabagong ito kung:

- Nagbigay ang Pangasiwaan ng Pagkain at Gamot (Food and Drug Administration, FDA) ng bagong gabay o may mga bagong klinikal na alituntunin tungkol sa isang gamot.
- Nag-aalis kami ng branded na gamot sa *Listahan ng Gamot* kapag nagdaragdag ng generic na gamot na hindi bago sa pamilihan, o
- nag-aalis kami ng orihinal na biyolohikal na produkto kapag nagdaragdag ng biosimilar, o
- binabago namin ang mga panuntunan sa coverage o mga limitasyon para sa branded na gamot.

Kapag nangyari ang mga pagbabagong ito, gagawin namin ang mga sumusunod:

- sasabihin namiin sa iyo nang hindi bababa sa 30 araw bago namin gawin ang pagbabago sa *Listahan ng Gamot* o
- sasabihan at bibigyan ka namin ng pang-30 araw na supply ng gamot pagkatapos mong humiling ng refill.

Bibigyan ka nito ng panahon para kausapin ang iyong doktor o iba pang tagapagreseta. Matutulungan ka nilang magpasya:

- kung may katulad na gamot sa aming *Listahan ng Gamot* na puwede mong inumin o



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Para sa higit pang impormasyon, bumisita sa www.alamedaalliance.org/alliancewellness.

- kung hihiling ng pagbubukod sa mga pagbabagong ito. Para matuto pa tungkol sa mga pagbubukod, sumangguni sa tanong B10-B12.

B4. Mayroon bang anumang paghihigpit o limitasyon sa coverage ng gamot o anumang kinakailangang aksyon na dapat gawin para makakuha ng ilang partikular na gamot?

Oo, may mga panuntunan sa coverage ang ilang gamot o may mga limitasyon sa dami na makukuha mo. Sa ilang pagkakataon, ikaw o ang iyong doktor o ibang tagapagreseta ay may dapat gawin bago mo makuha ang gamot. Halimbawa:

- **Paunang pahintulot:** Para sa ilang gamot, ikaw o ang iyong doktor o ibang tagapagreseta ay dapat humingi ng pahintulot sa Alameda Alliance Wellness bago mo kunin ang iyong reseta. Ang isang paunang pahintulot ay naiiba sa rekomendasyon. Maaaring hindi saklawin ng Alameda Alliance Wellness ang gamot kung hindi ka kukuha ng paunang pahintulot.
- **Mga limitasyon sa bilang:** Kung minsan, nililimitahan ng Alameda Alliance Wellness ang bilang ng gamot na puwede mong kunin.
- **Step therapy:** Kung minsan, aatasan ka ng Alameda Alliance Wellness na magsagawa ng step therapy. Nangangahulugan ito na kailangan mong subukan ang mga gamot sa partikular na pagkakasunod-sunod para sa iyong kondisyong medikal. Maaaring kailanganin mong subukan ang isang gamot bago namin saklawin ang isa pang gamot. Kung sa palagay ng iyong tagapagreseta ay hindi gumagana ang unang gamot para sa iyo, sasaklawin namin ang pangalawa.

Maaari mong malaman kung may anumang karagdagang kinakailangan o limitasyon ang iyong gamot sa pamamagitan ng pagtingin sa mga talahanayan sa **Seksyon C1**. Maaari ka ring makakuha ng karagdagang impormasyon sa pamamagitan ng pagbisita sa aming website sa www.alamedaalliance.org/alliancewellness. May mga na-post kaming online na dokumento na nagpapaliwanag sa aming paunang pahintulot at mga paghihigpit sa step therapy. Maaari mo ring hilingin sa amin na padalhan ka ng kopya.

Maaari kang humingi ng pagbubukod mula sa mga limitasyong ito. Bibigyan ka nito ng panahon para kausapin ang iyong doktor o iba pang tagapagreseta. Matutulungan ka nila na magpasya kung may katulad na gamot sa *Listahan ng Gamot* na maaari mong inumin sa halip o para humingi ng pagbubukod. Sumangguni sa tanong B10-B12 para sa higit pang impormasyon tungkol sa mga pagbubukod.



Kung mayroon kang mga tanong, tawagan ang Alameda Alliance Wellness sa 1.888.88A.DSNP (1.888.882.3767). Puwedeng tumawag ang mga gumagamit ng TTY sa 1.800.735.2929.

Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Libre ang tawag.

Para sa higit pang impormasyon, bumisita sa www.alamedaalliance.org/alliancewellness.

B5. Paano ko malalaman kung may mga limitasyon ang gamot na gusto ko o kung may mga kinakailangang aksyon na dapat gawin para makuha ang gamot?

Ang talahanayan sa seksyong may pamagat na “Listahan ng Mga Gamot ayon sa Medikal na Kundisyon” ay may hanay na nilagyan ng label na “Mga kinakailangang aksyon, paghihigpit, o limitasyon sa paggamit.”

B6. Ano ang mangyayari kung babaguhin ng Alameda Alliance Wellness ang kanilang mga panuntunan tungkol sa kung paano nila sinasaklaw ang ilang gamot (halimbawa, paunang pahintulot, mga limitasyon sa dami, at/o mga paghihigpit sa step therapy)?

Sa ilang pagkakataon, sasabihin namin sa iyo nang maaga kung idaragdag o babaguhin namin ang paunang awtorisasyon, mga limitasyon sa dami, at/o mga paghihigpit sa step therapy sa isang gamot. Sumangguni sa tanong B3 para sa higit pang impormasyon tungkol sa paunang abiso na ito at mga sitwasyon kung saan maaaring hindi namin masabi sa iyo nang maaga kapag nagbago ang aming mga panuntunan tungkol sa mga gamot sa aming *Listahan ng Gamot*.

B7. Paano ko mahahanap ang isang gamot sa *Listahan ng Gamot*?

May dalawang paraan para makahanap ng gamot:

- maaari kang maghanap ayon sa alpabetikong pagkakasunod-sunod, o
- maaari kang maghanap ayon sa medikal na kundisyon.

Para maghanap **ayon sa alpabetikong pagkakasunod-sunod**, hanapin ang iyong gamot sa seksyon ng Index ng Mga Saklaw na Gamot. Mahahanap mo ito sa pamamagitan ng paghahanap sa kaukulang pangalan ng gamot.

Para maghanap **ayon sa medikal na kundisyon**, hanapin ang **Seksyon C1** na may label na “Listahan ng Mga Gamot ayon sa Medikal na Kundisyon”. Ang mga gamot sa seksyong ito ay nakagrupa sa mga kategorya depende sa uri ng mga medikal na kundisyong ginagamot ng mga ito. Halimbawa, kung mayroon kang kundisyon sa puso, dapat kang tumingin sa kategoryang Mga Cardiovascular Agent. Doon ka makakahanap ng mga gamot na gumagamot sa kondisyon sa puso.



Kung mayroon kang mga tanong, tawagan ang Alameda Alliance Wellness sa 1.888.88A.DSNP (1.888.882.3767). Puwedeng tumawag ang mga gumagamit ng TTY sa 1.800.735.2929. Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Libre ang tawag.
Para sa higit pang impormasyon, bumisita sa www.alamedaalliance.org/alliancewellness.

B8. Paano kung wala ang gamot na gusto kong inumin sa *Listahan ng Gamot*?

Kung hindi mo mahanap ang iyong gamot sa *Listahan ng Gamot*, tawagan ang Mga Serbisyo sa Miyembro sa mga numero sa footer ng dokumentong ito at magtanong tungkol dito. Kung nalaman mong hindi sasaklawin ng Alameda Alliance Wellness ang gamot, magagawa mo ang isa sa mga bagay na ito:

- Humiling sa Mga Serbisyo sa Miyembro ng listahan ng mga gamot na katulad ng gusto mong inumin. Pagkatapos ay ipakita ang listahan sa iyong doktor o iba pang tagapagreseta. Maaari silang magreseta ng gamot na nasa *Listahan ng Gamot* na katulad ng gusto mong inumin. **O**
- Hilingin sa Alameda Alliance Wellness na gumawa ng pagbubukod para masaklaw ang iyong gamot. Sumangguni sa tanong B10-B12 para sa higit pang impormasyon tungkol sa mga pagbubukod.

B9. Paano kung ako isa akong bagong miyembro ng Alameda Alliance Wellness at hindi ko mahanap ang aking gamot sa *Listahan ng Gamot* o may problema ako sa pagkuha ng aking gamot?

Makakatulong kami. Maaari naming saklawin ang pansamantalang pang-30 araw na supply ng iyong gamot sa unang 90 araw bilang miyembro ng Alameda Alliance Wellness. Bibigyan ka nito ng panahon para kausapin ang iyong doktor o iba pang tagapagreseta. Matutulungan ka nila na magpasya kung may katulad na gamot sa *Listahan ng Gamot* na maaari mong inumin sa halip o para humingi ng pagbubukod.

Kung para sa mas kaunting araw ang iyong reseta, papayagan namin ang maraming pag-refill para makapagbigay ng hanggang 30 araw ng gamot.

Sasaklawin namin ang pang-30 araw na supply ng iyong gamot kung:

- umiinom ka ng gamot na wala sa aming *Listahan ng Gamot*, **O**
- Hindi pinapahintulutan ng mga panuntunan ng aming plano na makuha mo ang dami ng gamot na iniutos ng iyong doktor, **O**
- nangangailangan ang gamot ng paunang pahintulot ng Alameda Alliance Wellness, **O**
- umiinom ka ng gamot na bahagi ng isang paghihigpit sa step therapy.



Kung mayroon kang mga tanong, tawagan ang Alameda Alliance Wellness sa 1.888.88A.DSNP (1.888.882.3767). Puwedeng tumawag ang mga gumagamit ng TTY sa 1.800.735.2929. Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Libre ang tawag. **Para sa higit pang impormasyon**, bumisita sa www.alamedaalliance.org/alliancewellness.

Kung umiinom ka ng gamot na hindi itinuturing ng Alameda Alliance Wellness na isang Part D na gamot, at ang gamot ay wala sa *Listahan ng Gamot*, at mayroon kang problema sa pagkuha ng gamot, maaari itong saklawin sa pamamagitan ng Medi-Cal Rx. Kung nangangailangan ng pagbubukod ang gamot na hindi kasama sa Part D, at mayroon kang emergency, papayagan ng Medi-Cal Rx ang hindi bababa sa pang-72 oras na supply ng gamot. Bisitahin ang website ng Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para sa higit pang impormasyon. Maaari mo ring tawagan ang Sentro ng Serbisyo sa Customer ng Medi-Cal Rx sa 800-977-2273. Dalhin ang iyong BIC sa Medi-Cal sa tuwing kumukuha ka ng mga reseta sa pamamagitan ng Medi-Cal Rx.

Kung ikaw ay nasa isang nursing home o iba pang pasilidad ng pangmatagalang pangangalaga at nangangailangan ng gamot na wala sa *Listahan ng Gamot* o kung hindi mo madaling makuha ang gamot na kailangan mo, makakatulong kami. Kung nasa plano ka nang mahigit sa 90 araw, tumira ka sa isang pasilidad ng pangmatagalang pangangalaga, at kailangan mo kaagad ng supply:

- Sasaklawin namin ang pang-31 araw na supply ng gamot na kailangan mo (maliban kung mayroon kang reseta para sa mas kaunting araw), bagong miyembro ka man ng Alameda Alliance Wellness o hindi.
- Karagdagan ito sa pansamantalang supply na matatanggap mo sa unang 90 araw bilang miyembro ng Alameda Alliance Wellness.

Patakaran sa Pag-transition

Sumangguni sa Kabanata 5 “Pagkuha ng iyong mga outpatient na gamot”, seksyon D1 “Pagkuha ng pansamantalang supply” para sa higit pang detalye tungkol sa supply ng gamot sa pag-transition.

B10. Maaari ba akong humingi ng pagbubukod para masaklaw ang aking gamot?

Oo. Maaari mong hilingin sa Alameda Alliance Wellness na gumawa ng pagbubukod para saklawin ang isang gamot na wala sa *Listahan ng Gamot*.

Maaari mo ring hilingin sa amin na baguhin ang mga panuntunan sa iyong gamot.

- Halimbawa, maaaring limitahan ng Alameda Alliance Wellness ang dami ng gamot na sasaklawin namin. Kung may limitasyon ang iyong gamot, maaari mong hilingin sa amin na baguhin ang limitasyon at saklawin ang higit pa.
- Iba pang halimbawa: Maaari mong hilingin sa amin na alisin ang mga paghihigpit sa step therapy o ang mga kinakailangan sa paunang pahintulot.



Kung mayroon kang mga tanong, tawagan ang Alameda Alliance Wellness sa 1.888.88A.DSNP (1.888.882.3767). Puwedeng tumawag ang mga gumagamit ng TTY sa 1.800.735.2929.

Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Libre ang tawag.

Para sa higit pang impormasyon, bumisita sa www.alamedaalliance.org/alliancewellness.

B11. Paano ako makakahingi ng pagbubukod?

Para humingi ng pagbubukod, tawagan ang Mga Serbisyo sa Miyembro. May kinatawan ng Mga Serbisyo sa Miyembro na makikipagtulungan sa iyo at sa iyong tagapagreseta na humiling ng pagbubukod. Maaari mo ring basahin ang **Kabanata 9, Seksyon G2** ng *Handbook ng Miyembro* upang matuto nang higit pa tungkol sa mga pagbubukod.

B12. Gaano katagal bago makakuha ng pagbubukod?

Pagkatapos naming makakuha ng pahayag mula sa iyong tagapagreseta na sumusuporta sa iyong kahilingan para sa pagbubukod, bibigyan ka namin ng pasya sa loob ng 72 oras. Para humiling ng pagbubukod, ikaw o ang iyong tagapagreseta ay dapat magpadala sa Alameda Alliance Wellness ng isang kompletong Form ng Kahilingan sa Pagbubukod ng Coverage, na makikita sa aming website o sa pamamagitan ng pagtawag sa Mga Serbisyo sa Miyembro sa **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**). Dapat magsumite ang iyong tagapagreseta ng isang sumusuportang pahayag sa sponsor ng plano na nagdodokumento ng kahilingan.

Mga Numero ng Telepono sa Kahilingan sa Pagbubukod	
Linya ng Telepono ng Tagapagreseta	1.888.213.1531
Karaniwang Kahilingan sa Fax ng Tagapagreseta	1.858.790.7100
Agarang Kahilingan sa Fax ng Tagapagreseta	1.858.790.7100

Kung sa tingin mo o ng iyong tagapagreseta ay maaaring mapinsala ang iyong kalusugan kung kailangan mong maghintay nang 72 oras para sa isang pasya, maaari kang humingi ng pinabilis na pagbubukod. Isa itong mas mabilis na pasya. Kung sinusuportahan ng iyong tagapagreseta ang iyong kahilingan, bibigyan ka namin ng pasya sa loob ng 24 na oras pagkatapos makuha ang sumusuportang pahayag ng iyong tagapagreseta.

B13. Ano ang mga generic na gamot?

Ang mga generic na gamot ay binubuo ng mga aktibong sangkap na kapareho ng sa mga branded na gamot. Karaniwang mas mura ang presyo ng mga ito kaysa sa branded na gamot at sa pangkalahatan ay kapareho rin ang bisa. Karaniwang walang kilalang pangalan ang mga ito. Inaprubahan ng Pangasiwaan ng Pagkain at Gamot (FDA) ang mga generic na gamot. May mga generic na gamot na available bilang kapalit ng maraming branded na gamot. Karaniwang maaaring ipalit ang mga generic na gamot sa mga branded na gamot sa botika nang walang bagong reseta—depende sa mga batas ng estado.

Sinasaklaw ng Alameda Alliance Wellness ang parehong branded na gamot at generic na gamot.



Kung mayroon kang mga tanong, tawagan ang Alameda Alliance Wellness sa **1.888.88A.DSNP (1.888.882.3767)**. Puwedeng tumawag ang mga gumagamit ng TTY sa **1.800.735.2929**.

Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Libre ang tawag.

Para sa higit pang impormasyon, bumisita sa www.alamedaalliance.org/alliancewellness.

B14. Ano ang mga orihinal na biyolohikal na produkto at paano ito nauugnay sa mga biosimilar?

Kapag tinutukoy namin ang mga gamot, puwedeng gamot o biyolohikal na produkto ang tinutukoy namin. Ang mga biyolohikal na produkto ay mga gamot na mas komplikado kaysa sa mga karaniwang gamot. Dahil mas komplikado ang mga biyolohikal na produkto kaysa sa mga karaniwang gamot, sa halip na magkaroon ng generic na anyo, mayroon silang mga anyong tinatawag na mga biosimilar. Sa pangkalahatan, ang mga biosimilar ay kasimbisa ng orihinal na biyolohikal na produkto at maaaring mas mura. May mga biosimilar na alternatibo para sa ilang orihinal na biyolohikal na produkto. May ilang biosimilar na interchangeable na biosimilar at, depende sa mga batas ng estado, puwede itong ipalit sa orihinal na biyolohikal na produkto sa botika nang hindi nangangailangan ng bagong reseta, katulad sa pagpapalit ng generic na gamot para sa mga branded na gamot.

Para sa higit pang impormasyon sa mga uri ng gamot, sumangguni sa **Kabanata 5** ng *Handbook ng Miyembro*.

B15. Sinasaklaw ba ng Alameda Alliance Wellness ang mga pangmatagalang supply ng mga reseta?

- **Mga Programa ng Pag-order sa Mail.** Nag-aalok kami ng isang programa sa pag-order sa koreo na nagpapahintulot sa iyo na makakuha ng hanggang 90-araw na suplay ng iyong mga gamot na direktang ipinadala sa iyong tahanan. Ang copay ng pang-90 araw na supply ay pareho sa isang buwang supply.
- **90-Araw na Mga Programang Tingi ng Parmasya** Ang ilang tingi na parmasya ay maaari ding mag-alok ng hanggang 90-araw na suplay ng mga sakop na gamot. Ang copay ng pang-90 araw na supply ay pareho sa isang buwang supply.

B16. Puwede ba akong makakuha ng mga reseta na inihatid sa aking tahanan mula sa aking lokal na botika?

Puwede maihatid ng iyong lokal na botika ang iyong reseta sa iyong tahanan. Puwede kang tumawag sa iyong botika para malaman kung nag-aalok sila ng paghahatid sa bahay.

B17. Ano ang aking copay?

Ang mga miyembro ng Alameda Alliance Wellness ay may \$0 na copay para sa mga inireresetang gamot kung susundin ng miyembro ang mga panuntunan ng plano.



Kung mayroon kang mga tanong, tawagan ang Alameda Alliance Wellness sa 1.888.88A.DSNP (1.888.882.3767). Puwedeng tumawag ang mga gumagamit ng TTY sa 1.800.735.2929. Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Libre ang tawag. **Para sa higit pang impormasyon,** bumisita sa www.alamedaalliance.org/alliancewellness.

Ang mga tier ay mga grupo ng mga gamot sa aming *Listahan ng Gamot*.

- Tier 1 Ang Lahat ng Saklaw na Part D na Gamot ay may \$0 na copay.

Kung mayroon kang mga tanong, tumawag sa Mga Serbisyo sa Miyembro sa mga numerong nasa footer ng dokumentong ito.

C. Pangkalahatang-ideya ng *Listahan ng Mga Saklaw na Gamot*

Ang *Listahan ng Mga Saklaw na Gamot* ay nagbibigay sa iyo ng impormasyon tungkol sa mga gamot na saklaw ng Alameda Alliance Wellness. Kung nagkakaproblema ka sa paghahanap ng iyong gamot sa listahan, pumunta sa Index ng Mga Saklaw na Gamot na nagsisimula sa **Seksyon D**. Nakalista sa index sa alpabetikong pagkakasunod-sunod ang lahat ng gamot na saklaw ng Alameda Alliance Wellness.

Puwedeng sinasaklaw ng Medi-Cal Rx ang ibang gamot, gaya ng ilang over-the-counter (OTC) na gamot at ilang partikular na bitamina. Bisitahin ang website ng Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para sa higit pang impormasyon. Maaari mo ring tawagan ang Sentro ng Serbisyo sa Customer ng Medi-Cal Rx sa 800-977-2273. Mangyaring dalhin ang iyong Kard ng Pagkakakilanlan ng Benepisyaryo (Beneficiary Identification Card, BIC) ng Medi-Cal kapag kumukuha ng mga reseta sa pamamagitan ng Medi-Cal Rx.

Mga Apela sa Ilalim ng Part D

- Ang apela ay isang pormal na paraan ng paghiling sa amin na suriin ang isang pasya na ginawa namin tungkol sa iyong coverage at baguhin ito kung sa tingin mo ay nagkamali kami.
- Halimbawa, maaari kaming magpasya na hindi saklaw ang isang gamot na gusto mo o hindi na saklaw ng Medicare o Medi-Cal.
- Kung ikaw o ang iyong tagapagreseta ay hindi sumasang-ayon sa aming pasya, maaari kang umapela. Kung mayroon kang anumang tanong, tumawag sa Mga Serbisyo sa Miyembro sa mga numerong nasa footer ng dokumentong ito.
- Maaari mo ring basahin ang **Kabanata 9** ng *Handbook ng Miyembro* para matuto kung paano mag-apela ng pasya.
- Ang mga gamot na hindi Part D na gamot ay may iba't ibang panuntunan para sa mga apela.



Kung mayroon kang mga tanong, tawagan ang Alameda Alliance Wellness sa 1.888.88A.DSNP (1.888.882.3767). Puwedeng tumawag ang mga gumagamit ng TTY sa 1.800.735.2929. Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Libre ang tawag. **Para sa higit pang impormasyon**, bumisita sa www.alamedaalliance.org/alliancewellness.

C1. Listahan ng Mga Gamot ayon sa Medikal na Kundisyon

Ang mga gamot sa seksyong ito ay nakagrupa sa mga kategorya depende sa uri ng mga medikal na kundisyong ginagamot ng mga ito. Halimbawa, kung mayroon kang kundisyon sa puso, dapat kang tumingin sa kategoryang “Mga Cardiovascular Agent.” Doon ka makakahanap ng mga gamot na gumagamot sa kondisyon sa puso.

Narito ang mga kahulugan ng mga code na ginamit sa column na “Mga Kinakailangan/Limitasyon”:

PAGDADAGLAT	PAGLALARAWAN
PA	Naaangkop ang Paunang Pahintulot (Prior Authorization Applies)
PA NSO	PA para sa Mga Bagong Simula Lang (PA for New Starts Only)
PA BvD	PA para sa Part D vs. Part B Lamang (PA for Part D vs. Part B Only)
PA-HRM	PA para sa Mga Gamot na May Malaking Panganib (PA for High Risk Meds)
PA-NSO-HRM	PA para sa Mga Bagong Simula Lang para sa Mga Gamot na May Malaking Panganib (PA for New Starts Only for High Risk Meds)
QL	Naaangkop ang Limitasyon sa Bilang (Quantity Limit Applies)
ST	Naaangkop ang Step Therapy (Step Therapy Applies)
CB	Limitadong Benepisyo (Capped Benefit)
EDAD (Max x Taon) AGE (Max x Years)	Pag-edit ng Edad para sa Paunang Pahintulot (Prior Authorization Age Edit)
EX	Hindi Kasamang Gamot (Excluded Drug)
FFF	Libreng Unang Fill (Free First Fill) (Insentibo sa Paggamit ng Generic)
LA	Gamot na May Limitadong Access (Limited Access Drug)
NDS	Hindi Pinalawig na Supply ng Mga Araw (Non-Extended Days Supply)
NM	Hindi Mail Order na Gamot (Non-Mail Order Drug)
HI	Gamot para sa Home Infusion (Home Infusion Drug)

Nakalista sa unang hanay ng talahanayan ang pangalan ng gamot. Nakalista sa lower-case na italic ang mga generic na gamot (halimbawa, *cefadroxil oral capsule 500 mg*), naka-capitalize naman ang branded na gamot (halimbawa, ZTLIDO EXTERNAL PATCH 1.8%). Malalaman mo sa column na “Mga Kinakailangan/Limitasyon” kung ang Alameda Alliance Wellness ay may anumang panuntunan para sa pagsaklaw ng iyong gamot.



Kung mayroon kang mga tanong, tawagan ang Alameda Alliance Wellness sa 1.888.88A.DSNP (1.888.882.3767). Puwedeng tumawag ang mga gumagamit ng TTY sa 1.800.735.2929. Bukas kami nang pitong (7) araw sa isang linggo, 8 am – 8 pm. Libre ang tawag.
Para sa higit pang impormasyon, bumisita sa www.alamedaalliance.org/alliancewellness.

Table of Contents

Analgesics	26
Anesthetics	29
Anti-Addiction/Substance Abuse Treatment Agents	29
Antianxiety Agents	30
Antibacterials	31
Anticancer Agents	38
Anticonvulsants	55
Antidementia Agents	60
Antidepressants	60
Antidiabetic Agents	64
Antifungals	68
Antigout Agents	70
Antihistamines	70
Antihypoglycemic Agents	70
Antimigraine Agents	71
Antimycobacterials	72
Antinausea Agents	72
Antiparasite Agents	73
Antiparkinsonian Agents	74
Antipsychotic Agents	75
Antivirals (Systemic)	81
Blood Products/Modifiers/Volume Expanders	87
Caloric Agents	90
Cardiovascular Agents	90
Central Nervous System Agents	100
Contraceptives	102

Dental And Oral Agents	111
Dermatological Agents.....	111
Devices	115
Enzyme Replacement/Modifiers	160
Eye, Ear, Nose, Throat Agents	161
Gastrointestinal Agents.....	165
Genitourinary Agents	168
Heavy Metal Antagonists.....	169
Hormonal Agents, Stimulant/Replacement/Modifying	169
Immunological Agents	175
Metabolic Bone Disease Agents.....	188
Miscellaneous Therapeutic Agents	189
Ophthalmic Agents.....	190
Parasympathomimetic (Cholinergic Agents).....	191
Replacement Preparations	191
Respiratory Tract Agents	193
Skeletal Muscle Relaxants	197
Sleep Disorder Agents.....	197
Sympathomimetic (Adrenergic) Agents	198
Vasodilating Agents.....	198
Vitamins And Minerals.....	199

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml</i>	1	NM; NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	NM; NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	NM; NDS; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	NM; NDS; QL (180 per 30 days)
<i>buprenorphine transdermal patch</i> (Butrans) <i>weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	NM; NDS; QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA-HRM; NM; NDS; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)	1	NM; NDS; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)	1	NM; NDS; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)	1	NM; NDS; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; NM; NDS; 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>	1	NM; NDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	1	NM; NDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	1	NM; NDS; QL (180 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	NM; NDS; QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	NM; NDS; QL (180 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	NM; NDS; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	NM; NDS; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	NM; NDS; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	NM; NDS; QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; NM; NDS; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml (2 mg/ml)</i>	1	NM; NDS; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	NM; NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	1	NM; NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	1	NM; NDS; QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	1	NM; NDS; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	1	NM; NDS; QL (90 per 30 days)
<i>morphine oral tablet extended release 60 mg</i> (MS Contin)	1	NM; NDS; QL (60 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	1	NM; NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	1	NM; NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	1	NM; NDS; QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	1	NM; NDS; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	1	NM; NDS; QL (180 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 2.5-325 mg, 5-325 mg	1	NM; NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 7.5-325 mg	1	NM; NDS; QL (240 per 30 days)
<i>tramadol oral tablet</i> 50 mg	1	NM; NDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i> 37.5-325 mg	1	NM; NDS; QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule</i> 100 mg, 200 mg, 400 mg, 50 mg (Celebrex)	1	QL (60 per 30 days)
<i>diclofenac potassium oral tablet</i> 50 mg	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release</i> 24 hr 100 mg	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i> 25 mg	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i> 50 mg	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i> 75 mg	1	QL (60 per 30 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i> 50-200 mg-mcg (Arthrotec 50)	1	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i> 75-200 mg-mcg (Arthrotec 75)	1	
<i>etodolac oral capsule</i> 200 mg, 300 mg	1	
<i>etodolac oral tablet</i> 400 mg (Lodine)	1	
<i>etodolac oral tablet</i> 500 mg	1	
<i>flurbiprofen oral tablet</i> 100 mg (Lurbiro)	1	
<i>ibu oral tablet</i> 400 mg, 600 mg, 800 mg (ibuprofen)	1	
<i>ibuprofen oral suspension</i> 100 mg/5 ml (Children's Advil)	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>	1	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<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)	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
Anesthetics		
Local Anesthetics		
<i>dermacinrx lidocan 5% patch outer</i> (lidocaine)	1	PA; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	1	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	1	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	1	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	PA; QL (240 per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	PA; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch, medicated 5 %</i> (lidocaine)	1	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	1	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	1	QL (240 per 180 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	1	QL (336 per 365 days)
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	1	QL (336 per 365 days)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	1	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	NM; NDS; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	NM; NDS; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	NM; NDS; QL (120 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	1	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	1	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	1	NM; NDS; QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	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)	1	NM; NDS; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	NM; NDS; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	NM; NDS; QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i> (Restoril)	1	NM; NDS; QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	1	NM; NDS; QL (120 per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	1	PA; NM; NDS; QL (235.2 per 28 days)
<i>gentamicin injection solution 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	1	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	NM; NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i> (Tobi) <i>inhalation solution for nebulization 300 mg/5 ml</i>	1	PA BvD; NM; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg,</i> (Cleocin HCl) <i>300 mg, 75 mg</i>	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)</i>	1	
<i>clindamycin phosphate injection</i> (Cleocin) <i>solution 150 mg/ml</i>	1	
<i>colistin (colistimethate na) injection</i> (Coly-Mycin M <i>recon soln 150 mg</i> Parenteral)	1	
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	1	PA BvD
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
<i>linezolid in dextrose 5% intravenous</i> (Zyvox) <i>piggyback 600 mg/300 ml</i>	1	PA BvD
<i>linezolid oral suspension for</i> (Zyvox) <i>reconstitution 100 mg/5 ml</i>	1	NM; NDS
<i>linezolid oral tablet 600 mg</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>metronidazole in nacl (iso-os)</i> (Metro I.V.) <i>intravenous piggyback 500 mg/100 ml</i>	1	PA BvD
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	QL (60 per 30 days)
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	1	PA BvD; NM; NDS
SIVEXTRO ORAL TABLET 200 MG	1	NM; NDS
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	1	PA BvD
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	1	QL (77 per 28 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	1	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	
<i>cefazolin intravenous recon soln 10 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>fidaxomicin oral tablet 200 mg</i> (Difcid)	1	NM; NDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; NM; LA; NDS
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	PA BvD
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	PA BvD
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	1	PA BvD
<i>meropenem intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	PA BvD
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>naftillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<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>	1	PA BvD
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)</i>	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	PA BvD
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	PA BvD
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin 400 mg/250 ml bag suv, p/f, inner</i>	1	PA BvD
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	PA BvD
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	1	NM; NDS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml (Sulfatrim)</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg (Bactrim)</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg (Bactrim DS)</i>	1	
Tetracyclines		

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	1	PA BvD
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	1	PA BvD
<i>doxycycline hyclate oral capsule 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxine NL)	1	
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	
<i>doxycycline monohydrate oral tablet 50 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	1	PA BvD
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg</i> (Abitrega)	1	PA NSO; QL (120 per 30 days)
<i>abirtega oral tablet 250 mg</i> (abiraterone)	1	PA NSO; QL (120 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	1	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
ALECENSA ORAL CAPSULE 150 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	1	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
AUGTYRO ORAL CAPSULE 160 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG	1	PA NSO; NM; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	1	PA NSO; NM; NDS; QL (66 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	1	NM; NDS
BALVERSA ORAL TABLET 3 MG	1	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	1	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	1	PA NSO; NM; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 25 mg</i> (Treanda)	1	PA NSO
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	1	PA NSO; NM; NDS; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA NSO; NM; NDS; QL (2 per 28 days)
<i>bexarotene oral capsule 75 mg</i> (Targretin)	1	PA NSO
<i>bexarotene topical gel 1 %</i> (Targretin)	1	PA NSO; NM; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	1	PA NSO
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	1	PA NSO; NM; NDS
BOSULIF ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG (bosutinib)	1	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 500 MG (bosutinib)	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>bosutinib oral tablet 100 mg</i> (Bosulif)	1	PA NSO; NM; NDS; QL (180 per 30 days)
<i>bosutinib oral tablet 400 mg, 500 mg</i> (Bosulif)	1	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
BRUKINSA ORAL TABLET 160 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	1	PA NSO
CAPRELSA ORAL TABLET 100 MG (vandetanib)	1	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	1	PA NSO; NM; NDS; QL (30 per 30 days)

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	1	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	1	PA NSO; NM; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram</i>	1	PA BvD
<i>cyclophosphamide intravenous recon soln 2 gram, 500 mg</i>	1	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	1	PA BvD; NM; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	PA BvD; ST
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA NSO; NM; NDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, (Sprycel) 50 mg, 70 mg, 80 mg</i>	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg (Sprycel)</i>	1	PA NSO; NM; NDS; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i>	1	
<i>doxorubicin, peg-liposomal (Caelyx) intravenous suspension 2 mg/ml</i>	1	PA BvD; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	1	PA NSO

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	1	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	1	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	1	PA NSO
ENSACOVE ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS; QL (270 per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	1	PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg</i>	1	PA NSO; NM; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	1	PA NSO; NM; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	1	PA NSO; QL (60 per 30 days)
<i>etoposide intravenous solution 20 mg/ml</i> (Avopef)	1	
EULEXIN ORAL CAPSULE 125 MG (flutamide)	1	NM; NDS
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	1	PA NSO; NM; NDS; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg</i> (Torpenz)	1	PA NSO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i> (Torpenz)	1	PA NSO; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	1	PA NSO; NM; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA BvD; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	1	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	PA BvD
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA NSO; NM; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 (Cligavyx) mg/5 ml</i>	1	
GAVRETO ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg (Iressa)</i>	1	PA NSO; NM; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	1	PA NSO; NM; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA NSO; NM; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	1	PA NSO; NM; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	1	PA NSO; NM; NDS; QL (5 per 21 days)
HERNEXEOS ORAL TABLET 60 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
<i>hydroxyurea oral capsule 500 mg (Hydrea)</i>	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
HYRNUO ORAL TABLET 10 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA NSO; NM; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	1	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	1	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA NSO; NM; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA NSO; NM; NDS; QL (28 per 28 days)
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA NSO; NM; NDS; QL (280 per 28 days)
INLEXZO INTRAVESICAL IMPLANT 225 MG	1	PA BvD; NM; NDS
INLURIYO ORAL TABLET 200 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
INQOVI ORAL TABLET 35-100 MG	1	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM; NDS
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML	1	PA NSO; NM; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NM; NDS; QL (21 per 28 days)

Mahahanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA NSO; NM; NDS; QL (63 per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	1	PA NSO; NM; NDS
KOSELUGO ORAL CAPSULE 10 MG	1	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	1	PA NSO; NM; NDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	1	PA NSO; NM; NDS; QL (390 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	1	PA NSO; NM; NDS
LAZCLUZE ORAL TABLET 240 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	1	PA NSO; NM; 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)	1	PA NSO; NM; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	NM; NDS
<i>leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg</i> (Lutrate Depot (3 month))	1	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA NSO

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	1	PA NSO; NM; NDS
<i>lomustine oral capsule 10 mg, 40 mg</i> (Gleostine)	1	
<i>lomustine oral capsule 100 mg</i> (Gleostine)	1	NM; NDS
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; NM; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	1	PA BvD; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	1	PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	1	PA NSO; NM; NDS

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (leuprolide acetate (3 month))	1	PA NSO
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	NM; 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)	1	PA NSO; NM; NDS; QL (140 per 28 days)
MATULANE ORAL CAPSULE 50 MG	1	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	1	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
<i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)	1	NM; NDS
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	
MODEYSO ORAL CAPSULE 125 MG	1	PA NSO; NM; NDS; QL (20 per 28 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
NERLYNX ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i> (Tasigna)	1	PA NSO; NM; NDS; QL (112 per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i> (Tasigna)	1	PA NSO; NM; NDS; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	1	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	1	PA NSO; NM; 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)	1	PA NSO; NM; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA NSO; NM; 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	1	PA NSO; NM; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	1	PA NSO; NM; NDS

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
ORSERDU ORAL TABLET 345 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	1	PA BvD; NM; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	1	PA NSO; NM; NDS; QL (120 per 30 days)
<i>pazopanib oral tablet 400 mg</i>	1	PA NSO; NM; NDS; QL (60 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg</i>	1	
<i>pemetrexed disodium intravenous recon soln 500 mg, 750 mg</i>	1	NM; NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	1	NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NM; 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)	1	PA NSO; NM; NDS; QL (56 per 28 days)
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i> (Pomalyst)	1	PA NSO; NM; NDS; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	1	PA NSO; NM; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
REVUFORJ ORAL TABLET 25 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA NSO; NM; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	1	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
RYBREVAANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	1	PA NSO; NM; NDS
RYBREVAANT INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS; QL (224 per 28 days)
SCSEMBLIX ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	NM; NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	1	PA NSO; NM; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	1	PA NSO; NM; NDS; QL (28 per 28 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
TABLOID ORAL TABLET 40 MG (thioguanine)	1	NM; NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	1	PA NSO; NM; NDS; QL (900 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TEPMETKO ORAL TABLET 225 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	1	
<i>toremifene oral tablet 60 mg</i> (Fareston)	1	
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	1	PA NSO; NM; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	NM; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA NSO; NM; NDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA NSO; NM; NDS

Mahahanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	
VITRAKVI ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; NM; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	1	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)

Mahahanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	1	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	1	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	1	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
YONSA ORAL TABLET 125 MG (abiraterone, submicronized)	1	PA NSO; NM; NDS; QL (120 per 30 days)
<i>yulithira oral tablet 10 mg, 7.5 mg</i> (everolimus (antineoplastic))	1	PA NSO; QL (60 per 30 days)
<i>yulithira oral tablet 2.5 mg, 5 mg</i> (everolimus (antineoplastic))	1	PA NSO; QL (30 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	1	PA BvD; NM; NDS
ZOLINZA ORAL CAPSULE 100 MG	1	NM; NDS

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA NSO; NM; NDS; QL (84 per 28 days)
Anticonvulsants		
Anticonvulsants		
<i>brivaracetam intravenous solution 50 mg/5 ml</i> (Briviact)	1	NM; NDS; QL (80 per 30 days)
<i>brivaracetam oral solution 10 mg/ml</i> (Briviact)	1	QL (600 per 30 days)
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i> (Briviact)	1	NM; NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	1	
<i>carbamazepine oral tablet 200 mg</i> (Tegretol)	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	1	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	1	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	1	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	1	PA NSO; NM; 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>	1	
DILANTIN ORAL CAPSULE 30 MG	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA NSO; NM; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	1	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Aptiom)	1	ST; QL (30 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)	1	ST; QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA NSO; NM; NDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	1	
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	1	QL (120 per 30 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	1	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	1	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	

Mahahanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet,disintegrating</i> (Lamictal ODT) 100 mg, 200 mg, 25 mg, 50 mg	1	
<i>levetiracetam intravenous solution</i> (Keppra) 500 mg/5 ml	1	
<i>levetiracetam oral solution</i> 100 (Keppra) mg/ml	1	
<i>levetiracetam oral tablet</i> 1,000 mg, (Keppra) 250 mg, 500 mg, 750 mg	1	
<i>levetiracetam oral tablet extended</i> (Keppra XR) release 24 hr 500 mg, 750 mg	1	
<i>levetiracetam oral tablet for</i> (Spritam) <i>suspension</i> 250 mg, 500 mg	1	ST
<i>methsuximide oral capsule</i> 300 mg (Celontin)	1	
NAYZILAM NASAL SPRAY,NON- AEROSOL 5 MG/SPRAY (0.1 ML)	1	PA NSO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i> 300 (Trileptal) mg/5 ml (60 mg/ml)	1	
<i>oxcarbazepine oral tablet</i> 150 mg, (Trileptal) 300 mg, 600 mg	1	
<i>perampanel oral suspension</i> 0.5 (Fycompa) mg/ml	1	ST; NM; NDS; QL (720 per 30 days)
<i>perampanel oral tablet</i> 10 mg, 12 mg, (Fycompa) 2 mg, 8 mg	1	ST; QL (30 per 30 days)
<i>perampanel oral tablet</i> 4 mg, 6 mg (Fycompa)	1	ST; QL (60 per 30 days)
<i>phenobarbital oral elixir</i> 20 mg/5 ml (4 mg/ml)	1	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet</i> 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytek oral capsule</i> 200 mg, 300 (phenytoin sodium mg extended)	1	
<i>phenytoin oral suspension</i> 125 mg/5 (Dilantin-125) ml	1	
<i>phenytoin oral tablet,chewable</i> 50 mg (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral</i> (Dilantin Extended) <i>capsule</i> 100 mg	1	
<i>phenytoin sodium extended oral</i> (Phenytek) <i>capsule</i> 200 mg, 300 mg	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	1	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	1	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	1	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	1	ST; NM; NDS
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	1	ST
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG	1	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML	1	PA NSO
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral capsule, sprinkle 50 mg</i>	1	
<i>topiramate oral solution 25 mg/ml</i> (Eprontia)	1	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>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	

Mahahanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid oral capsule 250 mg</i>	1	
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)	1	PA NSO; NM; NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	1	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	1	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	1	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	1	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	1	PA NSO; NM; 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)	1	NM; NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	NM; NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	NM; NDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	1	
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	NM; NDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	NM; NDS
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA NSO; NM; NDS; QL (1080 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	1	
<i>donepezil oral tablet, disintegrating 5 mg</i>	1	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO- INJECTOR 360 MG/1.8 ML	1	PA; NM; NDS; QL (7.2 per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg</i>	1	ST; QL (30 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 7 mg</i> (Namenda XR)	1	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	1	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	1	NM; NDS

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG	1	NM; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended</i> (Wellbutrin XL) <i>release 24 hr 150 mg, 300 mg</i>	1	
<i>bupropion hcl oral tablet sustained-</i> (Wellbutrin SR) <i>release 12 hr 100 mg, 150 mg, 200 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50</i> (Anafranil) <i>mg, 75 mg</i>	1	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	1	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine succinate oral tablet</i> (Pristiq) <i>extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	ST; QL (30 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL (120 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	1	QL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>	1	QL (60 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	ST; NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	1	PA NSO; NM; NDS; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)	1	
<i>fluoxetine oral capsule 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	1	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
nortriptyline oral solution 10 mg/5 ml	1	
paroxetine hcl oral suspension 10 mg/5 ml (Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	1	PA NSO-HRM; AGE (Max 64 Years)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
phenelzine oral tablet 15 mg (Nardil)	1	
protriptyline oral tablet 10 mg, 5 mg	1	
RALDESY ORAL SOLUTION 10 MG/ML	1	PA NSO; NM; NDS; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml (Zoloft)	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	1	
tranlycypromine oral tablet 10 mg (Parnate)	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
venlafaxine oral capsule, extended release 24hr 150 mg (Effexor XR)	1	QL (30 per 30 days)
venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg (Effexor XR)	1	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
vilazodone oral tablet 10 mg, 20 mg, 40 mg (Viibryd)	1	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA NSO; NM; NDS; QL (14 per 14 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>dapagliflozin oral tablet 10 mg, 5 mg</i> (Farxiga)	1	QL (30 per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg</i> (Xigduo XR)	1	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin)	1	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (sitagliptin phos-metformin)	1	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (sitagliptin phos-metformin)	1	QL (60 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin)	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	QL (30 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 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)	1	PA; NM; NDS; QL (112 per 28 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 per 30 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>	1	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	1	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days)
<i>sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg</i> (Janumet)	1	QL (60 per 30 days)
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i> (Januvia)	1	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG (linagliptin)	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	1	max \$35 copay per month supply; QL (30 per 28 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	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)	1	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Semglee(insulin glarg- yfgn)Pen)	1	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))	1	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)	1	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine)	1	max \$35 copay per month supply; QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	1	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	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)	1	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	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)	1	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)	1	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN (insulin asp prt-insulin aspart) U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	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	1	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	1	max \$35 copay per month supply; QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	max \$35 copay per month supply; QL (15 per 25 days)
TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300 conc) SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	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)	1	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)	1	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)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide oral tablet 2.5 mg</i>	1	QL (90 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)
<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>	1	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	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	1	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	1	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	1	PA BvD; NM; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	1	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	1	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	1	
<i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole))	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (90 per 30 days)
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	1	NM; NDS

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	1	PA; NM; NDS
<i>econazole nitrate topical cream 1 %</i>	1	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	1	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	1	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	1	QL (360 per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	1	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (60 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin topical powder 100,000 unit/gram</i> (Nystop)	1	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	1	PA BvD
<i>voriconazole intravenous solution 10 mg/ml</i>	1	PA BvD
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	1	PA; NM; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
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 tablet 0.6 mg</i> (Colcris)	1	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	1	QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
Antihistamines		
Antihistamines		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
Antihypoglycemic Agents		

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
Antihypoglycemic Agents, Miscellaneous		
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	1	NM; NDS
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	1	PA; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	1	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	1	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	1	QL (18 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (16 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	1	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG (rifapentine)	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG	1	
Antinausea Agents		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	1	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	1	PA BvD; QL (8 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	1	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	1	PA; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	1	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	1	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	1	
<i>hydroxychloroquine oral tablet 100 mg</i>	1	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	1	QL (90 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	1	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	1	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; NM; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	1	
<i>ivermectin oral tablet 6 mg</i>	1	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	1	NM; NDS; QL (60 per 30 days)
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	1	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	1	
<i>praziquantel oral tablet 600 mg</i>	1	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	1	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	1	PA; NM; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	1	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	1	PA; NM; NDS; QL (600 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	1	PA; NM; NDS; QL (560 per 28 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	1	NM; NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	1	NM; NDS; QL (3.2 per 42 days)

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	NM; NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	NM; NDS; QL (2 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	1	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	1	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	NM; NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	1	QL (60 per 30 days)
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; NM; NDS; QL (60 per 30 days)
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	1	ST

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	1	ST
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2)	1	ST
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	ST; NM; NDS; QL (30 per 30 days)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 (Clozaril) mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i>	1	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	1	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100- 20 MG, 125-30 MG, 50-20 MG	1	ST; NM; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	1	ST; NM; NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; NM; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	1	ST
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	1	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	1	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	NM; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	NM; NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone oral tablet 120 mg, 20 mg, (Latuda) 40 mg, 60 mg, 80 mg</i>	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	NM; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>molindone oral tablet 25 mg</i>	1	QL (270 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln (Zyprexa) 10 mg</i>	1	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, (Zyprexa) 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet, disintegrating (Zyprexa Zydis) 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	1	ST; NM; NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	1	QL (30 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i>	(Invega)	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	(Invega)	1	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		1	
<i>pimozide oral tablet 1 mg, 2 mg</i>		1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	(Seroquel)	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	(Seroquel XR)	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		1	NM; NDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml</i>	(Risperdal Consta)	1	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml</i>	(Rykindo)	1	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	(Rykindo)	1	NM; NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	(Risperdal)	1	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>		1	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	(Risperdal)	1	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>		1	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>		1	QL (120 per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	1	NM; NDS; QL (2 per 28 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	ST; NM; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, (Geodon) 40 mg, 60 mg, 80 mg</i>	1	
<i>ziprasidone mesylate intramuscular (Geodon) recon soln 20 mg/ml (final conc.)</i>	1	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	NM; NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml (Ziagen)</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600- 300 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	1	NM; NDS
<i>atazanavir oral capsule 150 mg</i>	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	NM; 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	1	NM; NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	1	NM; NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	1	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	1	NM; NDS
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	1	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	NM; NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	1	NM; NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	1	NM; NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	1	NM; NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	1	NM; NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada)	1	
<i>emtricitabine-rilpivirine-tenofovir df oral tablet 200-25-300 mg</i> (Complera)	1	NM; NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	1	
EVOTAZ ORAL TABLET 300-150 MG	1	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i>	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	NM; NDS
IDVYNZO ORAL TABLET 100-0.25 MG	1	NM; NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG	1	
ISENTRESS HD ORAL TABLET 600 MG	1	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	NM; NDS
ISENTRESS ORAL TABLET 400 MG	1	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	NM; NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)	1	QL (480 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	1	
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	1	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	1	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	1	NM; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	NM; NDS
PIFELTRO ORAL TABLET 100 MG	1	NM; NDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	1	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	NM; NDS
PREZISTA ORAL TABLET 150 MG	1	NM; NDS
PREZISTA ORAL TABLET 75 MG	1	
REYATAZ ORAL POWDER IN PACKET 50 MG	1	NM; NDS
<i>rilpivirine hcl oral tablet 25 mg</i> (Edurant)	1	NM; NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	1	NM; NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	1	NM; NDS
SELZENTRY ORAL TABLET 25 MG	1	
SELZENTRY ORAL TABLET 75 MG	1	NM; NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	
STRIBILD ORAL TABLET 150- 150-200-300 MG	1	NM; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	1	NM; NDS
SYMTUZA ORAL TABLET 800- 150-200-10 MG	1	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	1	
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	NM; NDS
TRIUMEQ ORAL TABLET 600-50- 300 MG	1	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	1	
TYBOST ORAL TABLET 150 MG	1	QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	NM; NDS
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	1	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral tablet 300 mg</i>	1	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	1	PA; NM; NDS
<i>oseltamivir oral capsule 30 mg</i>	1	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	1	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	1	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	1	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	1	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 5 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	PA; NM; NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	1	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	1	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	1	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	1	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; NM; NDS; QL (28 per 28 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD
<i>adefovir oral tablet 10 mg</i>	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	1	NM; NDS
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	1	NM; NDS; QL (30 per 30 days)
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	1	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (74 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	1	QL (960 per 30 days)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	1	QL (120 per 30 days)

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	1	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	1	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	1	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	1	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	1	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	1	NM; NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	1	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	1	NM; NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	1	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>	1	
<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)	1	QL (600 per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)	1	
<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>	1	
Blood Formation Modifiers		
<i>eltrombopag olamine oral powder in packet 12.5 mg</i> (Promacta)	1	PA; NM; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral powder in packet 25 mg</i> (Promacta)	1	PA; NM; NDS; QL (180 per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg</i> (Promacta)	1	PA; NM; NDS; QL (90 per 30 days)

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>eltrombopag olamine oral tablet 25 mg</i> (Promacta)	1	PA; NM; NDS; QL (30 per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i> (Promacta)	1	PA; NM; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	1	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	1	PA; NM; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	1	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NM; 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	1	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; QL (4 per 28 days)
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	1	PA; NM; NDS
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	1	
<i>anagrelide oral capsule 1 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	1	
<i>ticagrelor oral tablet 60 mg, 90 mg</i> (Brilinta)	1	
Caloric Agents		
Caloric Agents		
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	1	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	PA BvD
<i>d5 % (d-glucose)-0.9 % sodchlr</i> (d5 % and 0.9 % sodium chloride) <i>intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride</i> (D5 % (d-glucose)-0.9 % sodchlr) <i>intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride</i> <i>intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i>	1	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	1	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	1	
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	1	
<i>irbesartan oral tablet 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	
<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, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	1	
<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)	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	1	
<i>sacubitril-valsartan oral tablet 24-26 mg</i> (Entresto)	1	QL (180 per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i> (Entresto)	1	QL (60 per 30 days)
<i>telmisartan oral tablet 20 mg</i>	1	
<i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis)	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	
<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)	1	
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)	1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<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)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<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>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<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>	1	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg</i> (Pacerone)	1	
<i>amiodarone oral tablet 400 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	1	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	1	
<i>sotalol oral tablet 240 mg</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium-Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	
<i>amlodipine-valsartan-hcthiacid 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)	1	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 24hr 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	1	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<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>	1	
Cardiovascular Agents, Miscellaneous		
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Lanoxin)	1	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	1	PA; NM; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	1	ST; QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i>	1	PA; NM; NDS
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	1	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; NM; NDS; QL (30 per 30 days)
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg (Jynarque)</i>	1	PA; NM; NDS; QL (120 per 30 days)
<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) (Jynarque)</i>	1	PA; NM; NDS; QL (56 per 28 days)
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-atorvastatin oral tablet</i> (Caduet) 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
<i>amlodipine-atorvastatin oral tablet</i> 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	1	
<i>atorvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)	1	
<i>cholestyramine (with sugar) oral powder in packet</i> 4 gram (Questran)	1	
<i>cholestyramine light oral powder in packet</i> 4 gram (cholestyramine)	1	
<i>colesevelam oral tablet</i> 625 mg (WelChol)	1	
<i>colestipol oral packet</i> 5 gram	1	
<i>colestipol oral tablet</i> 1 gram (Colestid)	1	
<i>ezetimibe oral tablet</i> 10 mg (Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-10 mg (Vytorin 10-10)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-20 mg (Vytorin 10-20)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-40 mg (Vytorin 10-40)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-80 mg (Vytorin 10-80)	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule</i> 134 mg, 200 mg, 67 mg	1	
<i>fenofibrate nanocrystallized oral tablet</i> 145 mg, 48 mg	1	
<i>fenofibrate oral tablet</i> 160 mg, 54 mg	1	
<i>fluvastatin oral capsule</i> 20 mg, 40 mg	1	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release</i> 24 hr 80 mg (Lescol XL)	1	
<i>gemfibrozil oral tablet</i> 600 mg (Lopid)	1	
<i>icosapent ethyl oral capsule</i> 0.5 gram (Vascepa)	1	QL (240 per 30 days)
<i>icosapent ethyl oral capsule</i> 1 gram (Vascepa)	1	QL (120 per 30 days)
<i>lovastatin oral tablet</i> 10 mg, 20 mg, 40 mg	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
NEXLETOL ORAL TABLET 180 MG	1	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	1	ST; QL (30 per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	1	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	1	QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine)	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	1	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML	1	PA; NM; NDS; QL (0.8 per 28 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	1	
<i>eplerenone oral tablet 25 mg</i> (Inspra)	1	
<i>eplerenone oral tablet 50 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	1	PA; QL (30 per 30 days)

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA; QL (30 per 30 days)
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	1	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	1	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	1	PA; NM; NDS; QL (30 per 30 days)

Mahahanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; NM; 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)	1	PA; NM; NDS
<i>dextroamphetamine-amphetamine</i> (Adderall XR) <i>oral capsule,extended release 24hr</i> <i>10 mg, 15 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine</i> (Adderall XR) <i>oral capsule,extended release 24hr</i> <i>20 mg, 25 mg, 30 mg</i>	1	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine</i> (Adderall) <i>oral tablet 10 mg, 12.5 mg, 15 mg, 20</i> <i>mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (60 per 30 days)
<i>guanfacine oral tablet extended</i> (Intuniv ER) <i>release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	1	PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; NM; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	1	PA; NM; NDS; QL (30 per 30 days)
<i>lithium carbonate oral capsule 150</i> <i>mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet</i> (Lithobid) <i>extended release 300 mg</i>	1	
<i>lithium carbonate oral tablet</i> <i>extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5</i> <i>ml</i>	1	
<i>methylphenidate hcl oral solution 10</i> (Methylin) <i>mg/5 ml, 5 mg/5 ml</i>	1	QL (900 per 30 days)

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (90 per 30 days)
<i>riluzole oral tablet 50 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	1	PA; QL (112 per 28 days)
VEOZAH ORAL TABLET 45 MG	1	PA; QL (30 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>amethyst (28) oral tablet 90-20 mcg (28)</i> (levonorgestrel-ethinyl estrad)	1	
<i>apri oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	1	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)	1	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>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)	1	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	1	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	1	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	1	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	1	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		1	
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>luteria (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>meleya oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>mili oral tablet 0.25-0.035 mg</i> (norgestimate-ethinyl estradiol)	1	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	1	
<i>mono-lynyah oral tablet 0.25-0.035 mg</i> (norgestimate-ethinyl estradiol)	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	
<i>nikki (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	1	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> (Xulane)	1	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Tilia Fe)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> (Tri-Lo-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (Tri-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i> (Estarylla)	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>orquidea oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	1	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	1	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i> (norgestimate-ethinyl estradiol)	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	1	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>tyblume oral tablet,chewable 0.1 mg-20 mcg</i>		1	
<i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>vylibra oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	1	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	1	QL (3 per 28 days)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Periogard)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	1	
Dermatological Agents			
Anti-Infectives (Skin And Mucous Membrane)			
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	1	QL (30 per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	(Cleocin)	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	(Vandazole)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		1	
<i>terconazole vaginal suppository 80 mg</i>		1	
Dermatological Agents, Other			

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
ALTRENO TOPICAL LOTION 0.05 %	1	PA
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	1	
<i>calcipotriene scalp solution 0.005 %</i> (Pellix)	1	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	1	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i>	1	QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	1	ST; NM; NDS; QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	NM; NDS
<i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv) (w/w)	1	QL (30 per 30 days)
PANRETIN TOPICAL GEL 0.1 %	1	NM; NDS; QL (60 per 28 days)
<i>podofilox topical solution 0.5 %</i>	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	QL (180 per 30 days)
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	1	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	1	
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	1	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> (Retin-A)	1	PA
VALCHLOR TOPICAL GEL 0.016 %	1	PA NSO; NM; NDS

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)	1	
Dermatological Antibacterials		
clindamycin phosphate topical solution 1 %	1	QL (180 per 30 days)
clindamycin phosphate topical swab 1 % (Clindacin ETZ)	1	
erythromycin with ethanol topical solution 2 %	1	
gentamicin topical cream 0.1 %	1	QL (90 per 30 days)
metronidazole topical cream 0.75 % (Rosadan)	1	
metronidazole topical gel 0.75 % (Rosadan)	1	
metronidazole topical gel 1 % (Metrogel)	1	
mupirocin topical ointment 2 % (Centany)	1	QL (220 per 30 days)
rosadan topical cream 0.75 % (metronidazole)	1	
Dermatological Anti-Inflammatory Agents		
ala-cort topical cream 1 % (hydrocortisone)	1	
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	
betamethasone valerate topical cream 0.1 %	1	
betamethasone valerate topical lotion 0.1 %	1	
betamethasone valerate topical ointment 0.1 %	1	
betamethasone, augmented topical cream 0.05 %	1	
betamethasone, augmented topical gel 0.05 %	1	
betamethasone, augmented topical lotion 0.05 %	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	1	
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical ointment 0.05 %</i>	1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL (300 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	1	PA; QL (224 per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	1	
<i>fluocinolone topical cream 0.01 %</i>	1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone 2.5% cream</i>	1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
<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>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i> (Ovide)	1	
<i>permethrin topical cream 5 %</i>	1	QL (60 per 30 days)
Devices		
Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
1ST TIER UNIFINE PNTD 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTD 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTD 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	1	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	1	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	1	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	1	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
BD INS SYR UF 0.3 ML (insulin syringe-needle 12.7MMX30G 0.3 ML 30 GAUGE u-100) X 1/2"	1	PA; ST
BD INS SYR UF 0.5 ML (insulin syringe-needle 12.7MMX30G NOT FOR RETAIL u-100) SALE 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
BD INSULIN SYR 1 ML (insulin syringe-needle 27GX12.7MM 1 ML 27 GAUGE X u-100) 1/2"	1	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" (insulin syringe-needle MICRO-FINE 1 ML 27 GAUGE X u-100) 5/8"	1	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	1	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16	1	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	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)	1	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ SYR 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		1	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		1	PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	1	PA; ST
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16"	1	PA; ST
CURITY ALCOHOL PREPS 2 (alcohol swabs) PLY,MEDIUM	1	PA; ST
CURITY GAUZE PADS 2 X 2 " (gauze bandage)	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	PA; ST
DERMACEA 2"X2" GAUZE 12 (gauze bandage) PLY, USP TYPE VII 2 X 2 "	1	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.3 ML (insulin syringe-needle 29GX12.5MM 0.3 ML 29 GAUGE u-100) X 1/2"	1	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
DROPLET INS 0.3 ML (insulin syringe-needle 30GX12.5MM 0.3 ML 30 GAUGE u-100) X 1/2"	1	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64"	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
DROPLET INS SYR 0.5 ML 31G (insulin syringe-needle 8MM OUTER 0.5 ML 31 GAUGE X u-100) 5/16"	1	PA; ST
DROPLET INS SYR 1 ML 29G (insulin syringe-needle 12.7MM OUTER 1 ML 29 GAUGE u-100) X 1/2"	1	PA; ST
DROPLET INS SYR 1 ML 30G (insulin syringe-needle 12.5MM 1 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 1 ML 30G (insulin syringe-needle 8MM OUTER 1 ML 30 GAUGE X u-100) 5/16	1	PA; ST
DROPLET INS SYR 1 ML 31G (insulin syringe-needle 6MM OUTER 1 ML 31 GAUGE X u-100) 15/64"	1	PA; ST
DROPLET INS SYR 1 ML 31G (insulin syringe-needle 8MM 1 ML 31 GAUGE X 5/16 u-100)	1	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	1	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"	1	PA; ST
DROPLET PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	1	PA; ST
DROPLET PEN NEEDLE 30G (pen needle, diabetic) 8MM 30 GAUGE X 5/16"	1	PA; ST
DROPLET PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
DROPLET PEN NEEDLE 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	1	PA; ST
DROPLET PEN NEEDLE 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
DROPLET PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
DROPLET PEN NEEDLE 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	1	PA; ST
DROPLET PEN NEEDLE 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 " (insulin syringe-needle u-100)	1	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16	1	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
EASY TOUCH 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4" (insulin syr/ndl u100 half mark)	1	PA; ST
EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH ALCOHOL 70% (alcohol swabs) PADS GAMMA-STERILIZED	1	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4"	1	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4"	1	PA; ST
EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INS 0.3 ML 30G (insulin syringe-needle 8MM 0.3 ML 30 GAUGE X 5/16" u-100)	1	PA; ST
EASY TOUCH INS 0.3 ML 31G (insulin syringe-needle 8MM 0.3 ML 31 GAUGE X 5/16" u-100)	1	PA; ST
EASY TOUCH INS 0.5 ML 30G (insulin syringe-needle 8MM 0.5 ML 30 GAUGE X 5/16" u-100)	1	PA; ST
EASY TOUCH INS 0.5 ML 31G (insulin syringe-needle 6MM 1/2 ML 31 GAUGE X 1/4" u-100)	1	PA; ST
EASY TOUCH INS 0.5 ML 31G (insulin syringe-needle 8MM 0.5 ML 31 GAUGE X 5/16" u-100)	1	PA; ST
EASY TOUCH INS 1 ML 27G 1/2" (insulin syringe-needle 1 ML 27 GAUGE X 1/2" u-100)	1	PA; ST
EASY TOUCH INS 1 ML 28G (insulin syringe-needle 12.7MM 1 ML 28 GAUGE X 1/2" u-100)	1	PA; ST
EASY TOUCH INS SYR 1 ML 30G (insulin syringe-needle 8MM 1 ML 30 GAUGE X 5/16 u-100)	1	PA; ST
EASY TOUCH INS SYR 1 ML 31G (insulin syringe-needle 6MM 1 ML 31 GAUGE X 1/4" u-100)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		1	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		1	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		1	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	1	PA; ST
EASYLIFE ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16"		1	PA; ST
EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	1	PA; ST
EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	PA; ST
EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		1	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (Advocate Syringes)	1	PA; ST
FT STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	1	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 " (gauze bandage)	1	PA; ST
GNP ALCOHOL SWAB STERILE, TWO PLY (Alcohol Pads)	1	PA; ST
GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (1st Tier Unifine Pentips)	1	PA; ST
GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (CareFine Pen Needle)	1	PA; ST
GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29 (insulin syringe-needle u-100)	1	PA; ST
GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE (insulin syringe-needle u-100)	1	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100)	1	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 (insulin syringe-needle u-100)	1	PA; ST
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (1st Tier Unifine Pentips)	1	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE 0.5 ML 1/2 ML 29 (insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Easy Touch Insulin Syringe)	1	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	1	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	1	PA; ST
INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	1	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2" (BD Eclipse Luer-Lok)	1	PA; ST
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16 (Advocate Syringes)	1	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (Easy Touch Insulin Syringe)	1	PA; ST
INSULIN SYRINGE 1 ML 31GX5/16" SHORT NEEDLE, THIN II (OTC) 1 ML 31 GAUGE X 5/16 (Advocate Syringes)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Monoject Syringe)	1	PA; ST
INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST

Mahahanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
INSUPEN PEN NEEDLE 32G 4MM (pen needle, diabetic) 32 GAUGE X 5/32"	1	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (pen needle, diabetic) (RX) 32 GAUGE X 1/4"	1	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
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	1	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	1	PA; ST
MAXICOMFORT II PEN NDL (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	1	PA; ST
MAXICOMFORT INS 0.5 ML (insulin syringe-needle 27GX1/2" 1/2 ML 27 GAUGE X u-100) 1/2"	1	PA; ST
MAXI-COMFORT INS 0.5 ML 28G (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	1	PA; ST
MAXICOMFORT INS 1 ML (insulin syringe-needle 27GX1/2" 1 ML 27 GAUGE X u-100) 1/2"	1	PA; ST
MAXI-COMFORT INS 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X u-100) 1/2"	1	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	1	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	1	PA; ST
MICRODOT PEN NEEDLE (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	1	PA; ST
MICRODOT PEN NEEDLE (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	1	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	1	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	1	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	1	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	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)	1	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	1	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYR 0.3 ML (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16" u-100)	1	PA; ST
MONOJECT INSULIN SYR 0.5 ML (insulin syringe-needle (OTC) 0.5 ML 30 GAUGE X 5/16" u-100)	1	PA; ST
MONOJECT INSULIN SYR 0.5 ML (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	1	PA; ST
MONOJECT INSULIN SYR 1 ML (insulin syringe-needle 3'S (OTC) 1 ML 30 GAUGE X 5/16 u-100)	1	PA; ST
MONOJECT INSULIN SYR U-100 (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2"	1	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 (insulin syringe-needle ML 31 GAUGE X 5/16" u-100)	1	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 (insulin syringe-needle ML 31 GAUGE X 5/16" u-100)	1	PA; ST
MONOJECT SYRINGE 1 ML 1 ML (insulin syringe-needle 31 GAUGE X 5/16 u-100)	1	PA; ST
NANO 2 GEN PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
NANO PEN NEEDLE 32G 4MM 32 (pen needle, diabetic) GAUGE X 5/32"	1	PA; ST
NOVOFINE 32G NEEDLES 32 (pen needle, diabetic) GAUGE X 1/4"	1	PA; ST
NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3"	1	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	1	PA; ST
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	1	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	1	QL (1 per 365 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	1	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	1	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
PEN NEEDLE 30G 5MM OUTER (Embrace Pen Needle) 30 GAUGE X 3/16"	1	PA; ST
PEN NEEDLE 30G 8MM INNER 30 (CareFine Pen Needle) GAUGE X 5/16"	1	PA; ST
PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16"	1	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 (1st Tier Unifine Pentips) GAUGE X 1/4"	1	PA; ST
PEN NEEDLE 33G 4MM 33 (Advocate Pen Needle) GAUGE X 5/32"	1	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips Plus)	1	PA; ST
PEN NEEDLES 12MM 29G (pen needle, diabetic) 29GX12MM,STRL 29 GAUGE X 1/2"	1	PA; ST
PEN NEEDLES 4MM 32G 32 (pen needle, diabetic) GAUGE X 5/32"	1	PA; ST
PEN NEEDLES 5MM 31G (pen needle, diabetic) 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	1	PA; ST
PEN NEEDLES 8MM 31G (pen needle, diabetic) 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	1	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	1	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	1	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" (pen needle, diabetic) MINI, 5MM 31 GAUGE X 3/16"	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		1	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		1	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)	1	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
RA ISOPROPYL ALCOHOL 70% WIPES	(alcohol swabs)	1	PA; ST
RA STERILE PADS 2"X 2" 2 X 2 "	(Bordered Gauze)	1	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		1	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	1	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		1	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	(True-Comfort Pro Pen Needle)	1	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
SECURESAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	1	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100)	1	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)	1	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)	1	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)	1	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	1	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)	1	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)	1	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	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)	1	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
SURE-PREP ALCOHOL PREP PADS (alcohol swabs)	1	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	1	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	1	PA; ST
TOPFINE INSULN PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
TRUE CMFRT PRO 0.5 ML 30G (insulin syringe-needle 5/16" 0.5 ML 30 GAUGE X 5/16" u-100)	1	PA; ST
TRUE CMFRT PRO 0.5 ML 31G (insulin syringe-needle 5/16" 0.5 ML 31 GAUGE X 5/16" u-100)	1	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	1	PA; ST
TRUE CMFT SFTY PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety)	1	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	1	PA; ST
TRUE COMFORT 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	1	PA; ST
TRUE COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	PA; ST
TRUE COMFORT PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT PEN NDL (pen needle, diabetic) 31GX5MM 31 GAUGE X 3/16"	1	PA; ST
TRUE COMFORT PEN NDL (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	1	PA; ST
TRUE COMFORT PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTICAR INS 0.3 ML (insulin syr/ndl u100 31GX1/4(1/2) 0.3 ML 31 GAUGE X half mark) 1/4"	1	PA; ST
ULTICARE INS 0.3 ML 31GX1/4" (insulin syringe-needle 0.3 ML 31 GAUGE X 1/4" u-100)	1	PA; ST
ULTICARE INS 0.5 ML 31GX1/4" (insulin syringe-needle 1/2 ML 31 GAUGE X 1/4" u-100)	1	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 (insulin syringe-needle ML 31 GAUGE X 1/4" u-100)	1	PA; ST
ULTICARE INS SYR 1 ML (insulin syringe-needle 30GX1/2" 1 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
ULTICARE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
ULTICARE PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	1	PA; ST
ULTICARE PEN NEEDLE 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	1	PA; ST
ULTICARE PEN NEEDLES 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	1	PA; ST
ULTICARE PEN NEEDLES 4MM (pen needle, diabetic) 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	1	PA; ST
ULTICARE PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	1	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	1	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" (insulin syringe-needle 0.3 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
ULTICARE SYR 0.3 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.3 ML 31 u-100) GAUGE X 5/16"	1	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

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

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64"	1	PA; ST
UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	1	PA; ST
VANISHPOINT U-100 29X1/2 SYR (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
VERIFINE PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	1	PA; ST
VERIFINE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	1	PA; ST
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
VERIFINE PEN NEEDLE 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	1	PA; ST
VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	1	PA; ST
VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
VERIFINE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	1	PA; ST
VERIFINE SYRING 0.5 ML 29G (insulin syringe-needle 1/2" 0.5 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
VERIFINE SYRING 1 ML 31G (insulin syringe-needle 5/16" 1 ML 31 GAUGE X 5/16 u-100)	1	PA; ST
VERIFINE SYRNG 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16 u-100)	1	PA; ST
VERIFINE SYRNG 0.5 ML 31G (insulin syringe-needle 5/16" 0.5 ML 31 GAUGE X 5/16 u-100)	1	PA; ST

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	PA; ST
WEBCOL ALCOHOL PREPS (alcohol swabs) 20'S,LARGE	1	PA; ST
WM UNIFINE PENTIP PLUS 8MM (pen needle, diabetic) 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	1	PA; ST
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	1	
<i>javygtor oral tablet,soluble 100 mg</i> (sapropterin)	1	PA; NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	1	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA; NM; NDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; NM; NDS
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	1	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	1	PA; NM; LA; NDS

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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	1	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i> (Astepro Allergy) <i>205.5 mcg (0.15 %)</i>	1	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	1	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	QL (15 per 10 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch- Redness Rlf)	1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Advanced Eye Relief (olopatad))	1	
Eye, Ear, Nose, Throat Anti- Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	QL (3.5 per 4 days)
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc)	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-polymyxin)	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b)	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
<i>tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %</i> (Zylet)	1	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	1	PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	1	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	1	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol</i> 25 mcg (0.025 %)	1	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) drops 0.01 %	1	
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) drops,suspension 0.1 %	1	
<i>flurbiprofen sodium ophthalmic (eye)</i> drops 0.03 %	1	
<i>fluticasone propionate nasal</i> (24 Hour Allergy Relief) <i>spray,suspension 50 mcg/actuation</i>	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	1	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	1	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	1	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic</i> (Lotemax) <i>(eye) drops,gel 0.5 %</i>	1	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic</i> (Alrex) <i>(eye) drops,suspension 0.2 %</i>	1	ST
<i>loteprednol etabonate ophthalmic</i> <i>(eye) drops,suspension 0.5 %</i>	1	QL (15 per 19 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	1	QL (12 per 28 days)
<i>mometasone nasal spray,non-aerosol</i> (Allergy Nasal 50 mcg/actuation (mometasone))	1	QL (34 per 30 days)
<i>neomycin-polymyxin b-dexameth</i> <i>ophthalmic (eye) ointment 3.5 mg/g-</i> <i>10,000 unit/g-0.1 %</i>	1	
<i>prednisolone acetate ophthalmic</i> (Pred Forte) <i>(eye) drops,suspension 1 %</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	1	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	1	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	1	
<i>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))	1	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	1	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	1	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	1	QL (168 per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	1	PA
Gastrointestinal Agents, Other		
<i>bismuth subcit k-metronidz-tn oral capsule 140-125-125 mg</i> (Pylera)	1	QL (168 per 14 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
calcium acetate(phosphat bind) oral capsule 667 mg	1	
calcium acetate(phosphat bind) oral tablet 667 mg	1	
carglumic acid oral tablet, dispersible 200 mg (Carbaglu)	1	PA; NM; NDS
constulose oral solution 10 gram/15 ml (lactulose)	1	
cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)	1	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	1	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml (lactulose)	1	
generlac oral solution 10 gram/15 ml (lactulose)	1	
glycopyrrolate oral tablet 1 mg (Robinul)	1	
glycopyrrolate oral tablet 2 mg (Robinul Forte)	1	
kionex oral suspension 15 gram/60 ml (sodium polystyrene sulfonate)	1	
lactulose oral solution 10 gram/15 ml (Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	1	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	1	QL (30 per 30 days)
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	1	
lubiprostone oral capsule 24 mcg	1	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg (Amitiza)	1	QL (120 per 30 days)
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg (Reglan)	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	1	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	1	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i> (Kionex)	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
TRULANCE ORAL TABLET 3 MG	1	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg</i>	1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	1	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	1	
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	1	PA; NM; NDS; QL (12 per 30 days)
XERMELO ORAL TABLET 250 MG	1	PA; NM; NDS; QL (84 per 28 days)
Inflammatory Bowel Disease Agents		
<i>alosectron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	1	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	1	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	1	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	1	

Mahahanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i> (Apriso)	1	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i> (Lialda)	1	QL (120 per 30 days)
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	1	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	1	
Laxatives		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	1	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	1	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	1	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	1	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	1	
<i>flavoxate oral tablet 100 mg</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ ORAL TABLET (mirabegron) EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release</i> (Uroxatral) <i>24 hr 10 mg</i>	1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet</i> (Jadenu Sprinkle) <i>180 mg, 360 mg, 90 mg</i>	1	PA; NM; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	1	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	1	PA; NM; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	1	PA; NM; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	1	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	1	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)	1	PA; QL (300 per 30 days)
Estrogens And Antiestrogens		
<i>abigale lo oral tablet 0.5-0.1 mg</i> (estradiol-norethindrone acet)	1	
<i>abigale oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	1	PA-HRM; AGE (Max 64 Years)
<i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i> (Premarin)	1	
<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)	1	QL (8 per 28 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	1	QL (8 per 28 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch weekly</i> (Climara) 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1</i> (Estrace) <i>mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	1	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral</i> (Abigale Lo) <i>tablet 0.5-0.1 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>estradiol-norethindrone acet oral</i> (Abigale) <i>tablet 1-0.5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	1	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	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	1	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	1	
<i>yuvaferm vaginal tablet 10 mcg</i> (estradiol)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5</i> <i>mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg,</i> <i>0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6</i> <i>mg</i>	1	
<i>dexamethasone sodium phosphate</i> <i>injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20</i> (Cortef) <i>mg, 5 mg</i>	1	
ISTURISA ORAL TABLET 1 MG	1	PA; NM; NDS; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	1	PA; NM; NDS; QL (360 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate injection</i> (Depo-Medrol) <i>suspension 40 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	1	
<i>methylprednisolone oral tablet 32 mg</i>	1	
<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>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	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>	1	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	1	PA; NM; NDS; QL (120 per 30 days)
<i>triamcinolone acetate injection</i> (Kenalog) <i>suspension 40 mg/ml</i>	1	
Incretin Mimetics		
MOONJARO 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	1	PA; QL (2 per 28 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	1	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; QL (3 per 28 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	1	PA; QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	1	PA; QL (2 per 28 days)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	1	PA; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	1	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	1	PA; QL (3 per 28 days)
Pituitary		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	1	PA; NM; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)</i>	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; NM; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml (Somatuline Depot)</i>	1	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	1	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	1	PA; NM; NDS

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; NM; NDS
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; NM; NDS
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	1	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
ORGOVYX ORAL TABLET 120 MG	1	PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG	1	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	1	PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	1	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	1	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; NM; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)	1	

Mahahanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol 400 mg/10 ml susp cup outer 400 mg/10 ml (10 ml)</i>	1	PA-HRM; AGE (Max 64 Years)
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levo-T)	1	
<i>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i> (liothyronine)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Liomny)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	1	PA; NM; NDS
Immunological Agents		
Immunological Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA; NM; NDS
<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml</i> (Yuflyma(CF) Autoinjector)	1	PA; NM; NDS
<i>adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml</i> (adalimumab-aaty(CF) AI Crohns)	1	PA; NM; NDS

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml</i> (Yuflyma(CF))	1	PA; NM; NDS
<i>adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml</i> (adalimumab-aaty)	1	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; NM; NDS; QL (1 per 28 days)
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	1	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; NM; NDS; QL (8 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; NM; NDS; QL (15 per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; NM; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	1	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	1	PA BvD

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified oral capsule</i> 50 mg	1	PA BvD
<i>cyclosporine modified oral solution</i> (Neoral) 100 mg/ml	1	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	1	PA BvD
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	1	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	1	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	1	PA; QL (60 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	1	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	1	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; NM; NDS
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	1	PA; NM; NDS
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	1	PA; NM; NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	1	PA BvD

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressive) oral (Zortress)</i> <i>tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress)</i> <i>tablet 1 mg</i>	1	PA BvD; NM; NDS
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	1	PA; NM; NDS; QL (1 per 28 days)
<i>fingolimod oral capsule 0.5 mg (Gilenya)</i>	1	PA; QL (30 per 30 days)
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	1	PA BvD; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)</i>	1	PA BvD
<i>gengraf oral solution 100 mg/ml (cyclosporine modified)</i>	1	PA BvD
<i>glatiramer subcutaneous syringe 20 mg/ml (Glatopa)</i>	1	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml (Glatopa)</i>	1	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml (glatiramer)</i>	1	PA; NM; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml (glatiramer)</i>	1	PA; NM; NDS; QL (12 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO- INJECTOR 40 MG/0.8 ML	1	PA; NM; NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	1	PA; NM; NDS
HADLIMA(CF) PUSHTOUCH (adalimumab-bwvd) SUBCUTANEOUS AUTO- INJECTOR 40 MG/0.4 ML	1	PA; NM; NDS
HADLIMA(CF) SUBCUTANEOUS (adalimumab-bwvd) SYRINGE 40 MG/0.4 ML	1	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; NM; NDS; Only NDCs starting with 00074

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NM; 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	1	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	1	PA; NM; 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	1	PA; NM; NDS; Only NDCs starting with 00074
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	1	PA; NM; NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; NM; NDS; QL (1.2 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	1	PA; NM; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	1	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	1	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	1	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	1	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	1	PA BvD

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	1	PA BvD
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; NM; LA; NDS; QL (0.4 per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA; NM; 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)	1	PA; NM; NDS
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	1	PA; NM; NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	1	PA; NM; NDS
OTULFI INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; NM; NDS
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aaaz)	1	PA
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aaaz)	1	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML	1	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; NM; NDS; QL (1 per 28 days)

Mahahanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; NM; NDS
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	PA BvD
REZUROCK ORAL TABLET 200 MG	1	PA NSO; NM; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; NM; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	1	PA; NM; NDS
SAPHNELO PEN SUBCUTANEOUS AUTO-INJECTOR 120 MG/0.8 ML	1	PA; NM; NDS; QL (3.2 per 28 days)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; NM; NDS
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aekn)	1	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aekn)	1	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i>	1	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	1	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML	1	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	1	PA; NM; NDS

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus intravenous solution 5 mg/ml</i> (Prograf)	1	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	1	PA BvD
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i> (Astagraf XL)	1	PA BvD
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	QL (100 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	1	PA; NM; NDS; QL (180 per 30 days)
THALOMID ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA NSO; NM; NDS; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG	1	PA NSO; NM; NDS; QL (224 per 28 days)
<i>tofacitinib oral solution 1 mg/ml</i> (Xeljanz)	1	PA; NM; NDS
<i>tofacitinib oral tablet 10 mg, 5 mg</i> (Xeljanz)	1	PA; NM; NDS
<i>tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg</i> (Xeljanz XR)	1	PA; NM; NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	1	PA; NM; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; NM; NDS
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	1	PA; NM; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	1	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	1	PA; NM; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; NM; NDS

Mahahanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	1	PA; NM; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; NM; NDS
VELSIPITY ORAL TABLET 2 MG	1	PA; NM; NDS; QL (30 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	1	PA; NM; NDS; QL (120 per 30 days)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; NM; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; NM; NDS
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	1	PA; NM; NDS
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	1	PA; NM; NDS
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	\$0 copay

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	1	QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	PA BvD; \$0 copay
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	PA BvD; \$0 copay
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	\$0 copay

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	\$0 copay

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	1	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	1	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	\$0 copay
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	1	\$0 copay
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	1	\$0 copay
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50- 50-50-25 MCG/0.5 ML	1	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 20MCG-5LF- 62 DU/0.5 ML	1	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	\$0 copay; QL (2 per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	\$0 copay
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	\$0 copay

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	1	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	\$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	1	\$0 copay
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	1	\$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	1	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	1	\$0 copay
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	1	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	1	QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	PA; NM; NDS
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemlar)	1	
<i>paricalcitol oral capsule 4 mcg</i>	1	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	1	NM; NDS; QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	1	QL (1 per 180 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity)	1	PA; NM; NDS; QL (2.24 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	1	PA; NM; NDS; QL (1.56 per 30 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	1	
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	1	PA; NM; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	1	PA; QL (60 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
FILSPARI ORAL TABLET 200 MG, 400 MG	1	PA; NM; NDS; QL (30 per 30 days)
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	1	PA; NM; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>mesna oral tablet 400 mg</i> (Mesnex)	1	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>bimatoprost ophthalmic (eye) drops 0.01 %</i> (Lumigan)	1	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	1	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	1	QL (5 per 30 days)
Parasympathomimetic (Cholinergic Agents)		
Parasympathomimetic (Cholinergic Agents)		
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	
Replacement Preparations		
Replacement Preparations		

Mahahanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (potassium chloride)	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride)	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride)	1	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	1	
<i>potassium chloride oral tablet extended release 15 meq, 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.9% solution mini-bag, single use</i>	1	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA (fluticasone furoate) INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	1	PA BvD; QL (120 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	1	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	1	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	QL (21.2 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
Bronchodilators		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	1	QL (12 per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	1	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	1	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	1	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>	1	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol)	1	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	1	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	1	QL (60 per 30 days)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (budesonide-formoterol)	1	QL (30.9 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION	1	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i> (Breo Ellipta)	1	QL (60 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	1	QL (60 per 30 days)
<i>ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation</i> (Atrovent HFA)	1	QL (25.8 per 28 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA BvD

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	QL (4 per 28 days)
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	1	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	1	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)	1	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	1	NM; NDS; QL (560 per 28 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	PA BvD
JASCAYD ORAL TABLET 18 MG, 9 MG	1	PA; NM; NDS; QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; NM; NDS; QL (56 per 28 days)
<i>nintedanib oral capsule 100 mg, 150 mg</i> (Ofev)	1	PA; NM; NDS; QL (60 per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib)	1	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; NM; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	1	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	1	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	1	PA; NM; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	1	PA; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	1	PA BvD; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA BvD; NM; NDS
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	1	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	1	QL (30 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	1	PA; NM; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; NM; NDS; QL (84 per 28 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	1	PA; NM; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	1	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	1	PA; NM; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 50 mg</i>	1	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	1	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	1	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	1	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	1	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	1	PA; NM; LA; NDS; QL (540 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
Sympathomimetic (Adrenergic) Agents		
Sympathomimetic (Adrenergic) Agents		
<i>droxidopa oral capsule 100 mg, 300 mg</i> (Northera)	1	PA; QL (180 per 30 days)
<i>droxidopa oral capsule 200 mg</i> (Northera)	1	PA; NM; NDS; QL (180 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	1	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	1	QL (4 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; NM; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	1	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg</i> (Letairis)	1	PA; QL (30 per 30 days)
<i>ambrisentan oral tablet 5 mg</i> (Letairis)	1	PA; NM; NDS; QL (30 per 30 days)
<i>macitentan oral tablet 10 mg</i> (Opsumit)	1	PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	1	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	1	PA; QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i> (Cialis)	1	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	1	PA; NM; NDS; QL (240 per 30 days)

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
UPTRA VI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; NM; NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	1	PA; NM; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	1	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	1	
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>	1	
<i>folivane-ob capsule 85-1 mg</i>	1	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	1	
<i>m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron- folic acid)</i>	1	
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>pnv-dha + docusate oral capsule 27- 1.25-55-300 mg</i>	1	
<i>pnv-omega softgel 28-1-300 mg</i>	1	
<i>pnv-select tablet 27-1 mg</i>	1	
<i>pr natal 400 combo pack 29-1-400 mg</i>	1	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 combo pack 29 mg iron- 1 mg -430 mg</i>	1	

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Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	1	
<i>prenaisance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaisance plus oral capsule 28-1-50-250 mg</i>	1	
<i>prenatabs fa tablet 29-1 mg</i>	1	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>prenatal-u capsule 106.5-1 mg</i>	1	
<i>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>vitafol-ob+dha combo pack 65-1-250 mg</i>	1	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus softgel 28-1-300 mg</i>	1	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

Mahamanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

Mahahanap mo ang impormasyon tungkol sa kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa Seksyon C1.

Na-update ang Listahan ng Gamot na ito noong 9/01/2026.

INDEX

1		
1ST TIER UNIFINE PENTIPS		
.....	115	
1ST TIER UNIFINE PENTIPS		
PLUS	116	
A		
<i>abacavir</i>	81	
<i>abacavir-lamivudine</i>	81	
ABELCET	68	
<i>abigale</i>	170	
<i>abigale lo</i>	170	
ABILIFY ASIMTUFII.....	75	
ABILIFY MAINTENA.....	76	
<i>abiraterone</i>	38	
<i>abirtega</i>	38	
ABRYSVO (PF).....	183	
<i>acamprosate</i>	30	
<i>acarbose</i>	64	
<i>acebutolol</i>	94	
<i>acetaminophen-codeine</i>	26	
<i>acetazolamide</i>	190	
<i>acetazolamide sodium</i>	190	
<i>acetic acid</i>	161	
<i>acetylcysteine</i>	195	
<i>acitretin</i>	112	
ACTHIB (PF).....	183	
ACTIMMUNE	175	
<i>acyclovir</i>	87, 111	
<i>acyclovir sodium</i>	87	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)	183	
<i>adalimumab-aaty</i>	175, 176	
<i>adalimumab-aaty(cf) ai crohns</i>		
.....	176	
<i>adefovir</i>	87	
ADEMPAS.....	198	
<i>adrucil</i>	38	
ADVAIR HFA.....	193	
ADVOCATE PEN NEEDLE		
.....	116	
ADVOCATE SYRINGES..	116	
<i>afirmelle</i>	102	
AIMOVIG AUTOINJECTOR		
.....	71	
AIRSUPRA	193	
AKEEGA.....	38	
<i>ala-cort</i>	113	
<i>albendazole</i>	73	
<i>albuterol sulfate</i>	193, 194	
ALCOHOL PADS	116	
ALCOHOL PREP PADS ...	137	
ALCOHOL SWABS	133	
ALCOHOL WIPES	142	
ALECENSA	39	
<i>alendronate</i>	189	
<i>alfuzosin</i>	169	
<i>aliskiren</i>	99	
<i>allopurinol</i>	70	
<i>alose tron</i>	167	
<i>alprazolam</i>	30	
<i>altavera (28)</i>	102	
ALTRENO.....	112	
ALUNBRIG.....	39	
<i>alyacen 1/35 (28)</i>	102	
<i>alyacen 7/7/7 (28)</i>	102	
<i>alyq</i>	198	
<i>amantadine hcl</i>	74	
<i>ambrisentan</i>	198	
<i>amethia</i>	102	
<i>amethyst (28)</i>	102	
<i>amikacin</i>	31	
<i>amiloride</i>	96	
<i>amiloride-hydrochlorothiazide</i>		
.....	96	
<i>amiodarone</i>	93	
<i>amitriptyline</i>	60	
<i>amlodipine</i>	95	
<i>amlodipine-atorvastatin</i>	98	
<i>amlodipine-benazepril</i>	95	
<i>amlodipine-olmesartan</i>	95	
<i>amlodipine-valsartan</i>	95	
<i>amlodipine-valsartan-hcthiiazid</i>		
.....	95	
<i>ammonium lactate</i>	112	
<i>amoxapine</i>	60	
<i>amoxicillin</i>	35, 36	
<i>amoxicillin-pot clavulanate</i> ...	36	
<i>amphotericin b</i>	68	
<i>amphotericin b liposome</i>	68	
<i>ampicillin</i>	36	
<i>ampicillin sodium</i>	36	
<i>ampicillin-sulbactam</i>	36	
<i>anagrelide</i>	89	
<i>anastrozole</i>	39	
ANORO ELLIPTA	194	
<i>aprepitant</i>	72	
<i>apri</i>	102	
APTIVUS.....	81	
AQINJECT PEN NEEDLE .	116	
ARCALYST	176	
AREXVY (PF).....	184	
ARIKAYCE.....	32	
<i>aripiprazole</i>	76	
ARISTADA	76	
ARISTADA INITIO	76	
<i>armodafinil</i>	197	
ARNUITY ELLIPTA	193	
<i>asenapine maleate</i>	76	
<i>ashlyna</i>	102	
<i>aspirin-dipyridamole</i>	89	

ASSURE ID DUO PRO SFTY	
PEN NDL	116
ASSURE ID DUO-SHIELD	117
ASSURE ID INSULIN	
SAFETY	117
ASSURE ID PEN NEEDLE	117
ASSURE ID PRO PEN	
NEEDLE	117
atazanavir	81, 82
atenolol	94
atenolol-chlorthalidone	94
atomoxetine	100
atorvastatin	98
atovaquone	73
atovaquone-proguanil	73
atropine	161
aubra eq	102
AUGTYRO	39
aurovela 1.5/30 (21)	102
aurovela 1/20 (21)	102
aurovela 24 fe	102
aurovela fe 1.5/30 (28)	102
aurovela fe 1-20 (28)	102
AUSTEDO	100
AUSTEDO XR	100, 101
AUSTEDO XR TITRATION	
KT(WK1-4)	101
AUVELITY	60, 61
aviane	103
AVMAPKI	39
AVMAPKI-FAKZYNJA	39
AVONEX	176
ayuna	103
AYVAKIT	39
azacitidine	39
azathioprine	176
azathioprine sodium	176
azelastine	161
azithromycin	34
aztreonam	35
azurette (28)	103

B	
<i>bacitracin</i>	161
<i>bacitracin-polymyxin b</i>	161
<i>baclofen</i>	197
<i>bal-care dha</i>	199
<i>bal-care dha essential</i>	199
<i>balsalazide</i>	167
BALVERSA	39
BAQSIMI	189
BCG VACCINE, LIVE (PF)	184
BD ALCOHOL SWABS	118
BD AUTOSHIELD DUO PEN	
NEEDLE	117
BD ECLIPSE LUER-LOK ..	117
BD INSULIN SYRINGE ...	117
BD INSULIN SYRINGE	
(HALF UNIT)	117
BD INSULIN SYRINGE	
ULTRA-FINE	117
BD SAFETYGLIDE INSULIN	
SYRINGE	117, 118
BD SAFETYGLIDE SYRINGE	
.....	118
BD ULTRA-FINE MICRO	
PEN NEEDLE	118
BD ULTRA-FINE MINI PEN	
NEEDLE	118
BD ULTRA-FINE NANO PEN	
NEEDLE	118
BD ULTRA-FINE ORIG PEN	
NEEDLE	118
BD ULTRA-FINE SHORT	
PEN NEEDLE	118
BD VEO INSULIN SYR	
(HALF UNIT)	118
BD VEO INSULIN SYRINGE	
UF	118, 119
BELSOMRA	197
<i>benazepril</i>	92
<i>benazepril-hydrochlorothiazide</i>	
.....	92
<i>bendamustine</i>	39

BENLYSTA	176
<i>benztropine</i>	74
BESREMI	39
BESREMI PEN	39
<i>betaine</i>	189
<i>betamethasone dipropionate</i>	113
<i>betamethasone valerate</i>	113
<i>betamethasone, augmented</i> .	113, 114
BETASERON	176
<i>betaxolol</i>	190
<i>bethanechol chloride</i>	168
<i>bexarotene</i>	39
BEXSERO	184
<i>bicalutamide</i>	39
BICILLIN L-A	36
BIKTARVY	82
<i>bimatoprost</i>	190
<i>bismuth subcit k-metronidz-tcn</i>	
.....	165
<i>bisoprolol fumarate</i>	94
<i>bisoprolol-hydrochlorothiazide</i>	
.....	94
<i>bleomycin</i>	40
<i>blisovi 24 fe</i>	103
<i>blisovi fe 1.5/30 (28)</i>	103
<i>blisovi fe 1/20 (28)</i>	103
BOOSTRIX TDAP	184
BORDERED GAUZE	119
<i>bortezomib</i>	40
BOSULIF	40
<i>bosutinib</i>	40
BRAFTOVI	40
BREO ELLIPTA	194
<i>brey-na</i>	194
BREZTRI AEROSPHERE ..	194
<i>brimonidine</i>	190
<i>brimonidine-timolol</i>	190
<i>brinzolamide</i>	191
<i>brivaracetam</i>	55
<i>bromfenac</i>	163
<i>bromocriptine</i>	74

BRONCHITOL	195	CAPRELSA.....	40	<i>cilostazol</i>	89
BRUKINSA	40	<i>captopril</i>	92	CIMDUO	82
<i>budesonide</i>	167, 193	<i>carbamazepine</i>	55	<i>cimetidine hcl</i>	165
<i>bumetanide</i>	97	<i>carbidopa-levodopa</i>	74, 75	<i>cinacalcet</i>	189
<i>buprenorphine</i>	26	CAREFINE PEN NEEDLE.	119	<i>ciprofloxacin hcl</i>	37, 162
<i>buprenorphine hcl</i>	30	CARETOUCH ALCOHOL		<i>ciprofloxacin in 5 % dextrose</i>	37
<i>buprenorphine-naloxone</i>	30	PREP PAD.....	119	<i>ciprofloxacin-dexamethasone</i>	
<i>bupropion hcl</i>	61	CARETOUCH INSULIN		.....	162
<i>bupropion hcl (smoking deter)</i>		SYRINGE.....	119, 120	<i>citalopram</i>	61
.....	30	CARETOUCH PEN NEEDLE		<i>clarithromycin</i>	35
<i>bupirone</i>	189	.....	119	CLICKFINE PEN NEEDLE	120
<i>butalbital-acetaminop-caf-cod</i>		<i>carglumic acid</i>	166	<i>clindamycin hcl</i>	32
.....	26	<i>carteolol</i>	191	<i>clindamycin phosphate</i> ..	32, 111,
<i>butalbital-acetaminophen-caff</i>	26	<i>cartia xt</i>	95	113	
BYSANTI.....	76	<i>carvedilol</i>	94	CLINIMIX 6%-D5W	
BYSANTI TITRATION PACK		CAYSTON	35	(SULFITE-FREE).....	90
A	76	<i>cefaclor</i>	33	CLINIMIX 8%-	
BYSANTI TITRATION PACK		<i>cefadroxil</i>	33	D10W(SULFITE-FREE) ...	90
B	77	<i>cefazolin</i>	33	CLINIMIX 8%-	
BYSANTI TITRATION PACK		<i>cefdinir</i>	33	D14W(SULFITE-FREE) ...	90
C	77	<i>cefepime</i>	34	CLINIMIX E 8%-D10W	
C		<i>cefixime</i>	34	SULFITEFREE.....	90
CABENUVA.....	82	<i>cefoxitin</i>	35	CLINIMIX E 8%-D14W	
<i>cabergoline</i>	74	<i>cefpodoxime</i>	34	SULFITEFREE.....	90
CABOMETYX.....	40	<i>cefprozil</i>	34	<i>clobazam</i>	55
<i>cabotegravir</i>	82	<i>ceftaroline fosamil</i>	34	<i>clobetasol</i>	114
<i>calcipotriene</i>	112	<i>ceftazidime</i>	34	<i>clobetasol-emollient</i>	114
<i>calcitonin (salmon)</i>	189	<i>ceftriaxone</i>	34	<i>clomipramine</i>	61
<i>calcitriol</i>	189	<i>cefuroxime axetil</i>	34	<i>clonazepam</i>	31
<i>calcium acetate(phosphat bind)</i>		<i>cefuroxime sodium</i>	34	<i>clonidine</i>	91
.....	166	<i>celecoxib</i>	28	<i>clonidine hcl</i>	90
CALQUENCE		<i>cephalexin</i>	34	<i>clopidogrel</i>	89
(ACALABRUTINIB MAL)		<i>cevimeline</i>	111	<i>clorazepate dipotassium</i>	31
.....	40	<i>chateal eq (28)</i>	103	<i>clotrimazole</i>	68
CAMCEVI (6 MONTH)	40	<i>chlordiazepoxide hcl</i>	30	<i>clotrimazole-betamethasone</i> ..	68
<i>camila</i>	103	<i>chlorhexidine gluconate</i>	111	<i>clozapine</i>	77
<i>camrese</i>	103	<i>chloroquine phosphate</i>	73	<i>c-nate dha</i>	199
<i>camrese lo</i>	103	<i>chlorpromazine</i>	77	COARTEM.....	73
<i>candesartan</i>	91	<i>chlorthalidone</i>	97	COBENFY	77
<i>candesartan-hydrochlorothiazid</i>		<i>cholestyramine (with sugar)</i> ..	98	COBENFY STARTER PACK	
.....	91	<i>cholestyramine light</i>	98	.....	77
CAPLYTA	77	<i>ciclopirox</i>	68	<i>colchicine</i>	70

<i>colesevelam</i>	98	<i>d5 %-0.45 % sodium chloride</i> 90	<i>diazepam</i>	31, 55
<i>colestipol</i>	98	<i>dabigatran etexilate</i>	<i>diazepam intensol</i>	31
<i>colistin (colistimethate na)</i>	32	<i>dalfampridine</i>	<i>diazoxide</i>	71
COMBIVENT RESPIMAT	194	<i>danazol</i>	<i>diclofenac potassium</i>	28
COMETRIQ	41	<i>dantrolene</i>	<i>diclofenac sodium</i> ..	28, 114, 163
COMFORT EZ INSULIN		DANZITEN	<i>diclofenac-misoprostol</i>	28
SYRINGE	120, 121, 122	<i>dapagliflozin</i>	<i>dicloxacillin</i>	36
COMFORT EZ PEN NEEDLES		<i>dapagliflozin-metformin</i>	<i>dicyclomine</i>	166
.....	120, 121	<i>dapsone</i>	<i>didanosine</i>	82
COMFORT EZ PRO SAFETY		DAPTACEL (DTAP	<i>difluprednate</i>	163
PEN NDL	121	PEDIATRIC) (PF)	<i>digoxin</i>	96
COMFORT TOUCH PEN		<i>daptomycin</i>	<i>dihydroergotamine</i>	71
NEEDLE	122, 123	<i>darifenacin</i>	DILANTIN	55
<i>compro</i>	72	<i>darunavir</i>	<i>diltiazem hcl</i>	95
<i>conjugated estrogens</i>	170	<i>dasatinib</i>	<i>dilt-xr</i>	95
<i>constulose</i>	166	<i>dasetta 1/35 (28)</i>	<i>dimethyl fumarate</i>	177
COPIKTRA	41	<i>dasetta 7/7/7 (28)</i>	<i>diphenoxylate-atropine</i>	166
CORTROPHIN GEL	173	DAURISMO	<i>dipyridamole</i>	90
COSENTYX	176	<i>daysee</i>	<i>disulfiram</i>	30
COSENTYX (2 SYRINGES)		<i>deblitane</i>	<i>divalproex</i>	56
.....	176	<i>decitabine</i>	<i>dofetilide</i>	93
COSENTYX PEN (2 PENS) 176		<i>deferasirox</i>	<i>dolishale</i>	104
COSENTYX UNOREADY		DELSTRIGO	<i>donepezil</i>	60
PEN	176	DENG VAXIA (PF)	<i>dorzolamide</i>	191
COTELLIC	41	DEPO-SUBQ PROVERA 104	<i>dorzolamide-timolol</i>	191
CREON	160	.....	<i>dotti</i>	170
CRESEMBA	68, 69	DERMACEA	DOVATO	82
<i>cromolyn</i>	161, 166, 196	DERMACEA NON-WOVEN	<i>doxazosin</i>	91
<i>cryselle (28)</i>	103	.....	<i>doxepin</i>	61, 197
CURITY ALCOHOL SWABS		<i>dermacinrx lidocan</i>	<i>doxorubicin, peg-liposomal</i> ...	41
.....	123	DESCOVY	<i>doxy-100</i>	38
CURITY GAUZE	123	<i>desipramine</i>	<i>doxycycline hyclate</i>	38
<i>cyclobenzaprine</i>	197	<i>desmopressin</i>	<i>doxycycline monohydrate</i>	38
<i>cyclophosphamide</i>	41	<i>desog-e.estradiol/e.estradiol</i> 103	DRIZALMA SPRINKLE	61
<i>cyclosporine</i>	163, 176, 177	<i>desvenlafaxine succinate</i>	<i>dronabinol</i>	73
<i>cyclosporine modified</i> ..	176, 177	<i>dexamethasone</i>	DROPLET INSULIN	
<i>cyred eq</i>	103	<i>dexamethasone sodium</i>	SYR(HALF UNIT) ..	123, 124
D		<i>phosphate</i>	DROPLET INSULIN	
<i>d5 % (d-glucose)-0.9 % sodchl</i>		<i>dextroamphetamine-</i>	SYRINGE	123, 124, 125
.....	90	<i>amphetamine</i>	DROPLET MICRON PEN	
<i>d5 % and 0.9 % sodium chloride</i>		<i>dextrose 5 % in water (d5w)</i> ..	NEEDLE	125
.....	90	DIACOMIT		

DROPLET PEN NEEDLE..125,
126
DROPSAFE ALCOHOL PREP
PADS.....126
DROPSAFE INSULIN
SYRINGE.....126
DROPSAFE PEN NEEDLE 126
drospirenone-ethinyl estradiol
.....104
droxidopa198
duloxetine61
DUPIXENT PEN177
DUPIXENT SYRINGE.....177
dutasteride.....169
E
EASY COMFORT ALCOHOL
PAD.....127
EASY COMFORT INSULIN
SYRINGE.....126, 127, 128
EASY COMFORT PEN
NEEDLES127
EASY COMFORT SAFETY
PEN NEEDLE.....126
EASY GLIDE INSULIN
SYRINGE.....128
EASY GLIDE PEN NEEDLE
.....128
EASY TOUCH.....130, 131
EASY TOUCH ALCOHOL
PREP PADS129
EASY TOUCH
AUTORETRACT SYRINGE
.....129
EASY TOUCH FLIPLOCK
INSULIN.....130
EASY TOUCH FLIPLOCK
SYRINGE.....129
EASY TOUCH INS SYR
(HALF UNIT)128
EASY TOUCH INSULIN
SAFETY SYR.....128, 129

EASY TOUCH INSULIN
SYRINGE 128, 129, 130, 131
EASY TOUCH LUER LOCK
INSULIN130
EASY TOUCH PEN NEEDLE
.....130
EASY TOUCH SAFETY PEN
NEEDLE.....131, 132
EASY TOUCH
SHEATHLOCK INSULIN
.....130
EASY TOUCH UNI-SLIP ..131
EASYLIFE ALCOHOL PADS
.....131
EASYLIFE INSULIN PEN
NEEDLE.....131, 132
EASYLIFE INSULIN
SYRINGE.....132
EASYLIFE SAFETY PEN
NEEDLE.....132
econazole nitrate.....69
EDURANT PED.....82
efavirenz.....82
*efavirenz-emtricitabin-tenofov*82
efavirenz-lamivu-tenofov disop
.....82
ELIGARD.....42
ELIGARD (3 MONTH)41
ELIGARD (4 MONTH)42
ELIGARD (6 MONTH)42
elinest.....104
ELIQUIS.....87
ELIQUIS DVT-PE TREAT 30D
START.....87
ELIQUIS SPRINKLE.....87
eltrombopag olamine.....88, 89
eluryng104
EMBRACE PEN NEEDLE. 132
EMGALITY PEN.....71
EMGALITY SYRINGE.....71
EMSAM.....62
emtricitabine82

emtricitabine-tenofovir (tdf)...83
emtricitabine-tenofovir disoproxil fumarate..83
EMTRIVA83
emzahh104
enalapril maleate92
*enalapril-hydrochlorothiazide*92
ENBREL177
ENBREL MINI.....177
ENBREL SURECLICK.....177
endocet26
ENERGIX-B (PF).....184
ENERGIX-B PEDIATRIC (PF)
.....184
enilloring.....104
enoxaparin88
enpresse.....104
ENSACOVE42
enskyce104
entacapone75
entecavir.....87
ENTYVIO.....177
ENTYVIO PEN177
enulose166
ENVARSUS XR.....177
EPCLUSA.....86
EPIDIOLEX.....56
epinastine161
epinephrine198
epitol56
eplerenone.....99
ergoloid.....60
ERIVEDGE.....42
ERLEADA.....42
erlotinib.....42
errin.....104
ertapenem.....35
erythromycin35, 162
erythromycin ethylsuccinate ..35
erythromycin with ethanol ...113
escitalopram oxalate62
eslicarbazepine56
esomeprazole magnesium165

<i>estarylla</i>	104	<i>felodipine</i>	95	<i>fluticasone propion-salmeterol</i>	194
<i>estradiol</i>	170, 171	<i>fenofibrate</i>	98	<i>fluvastatin</i>	98
<i>estradiol-norethindrone acet</i>	171	<i>fenofibrate micronized</i>	98	<i>fluvoxamine</i>	62
<i>eszopiclone</i>	197	<i>fenofibrate nanocrystallized ..</i>	98	<i>folivane-ob</i>	199
<i>ethambutol</i>	72	<i>fentanyl</i>	26	<i>fondaparinux</i>	88
<i>ethosuximide</i>	56	<i>fentanyl citrate</i>	26	<i>fosamprenavir</i>	83
<i>ethynodiol diac-eth estradiol</i>	104	<i>fesoterodine</i>	168	<i>fosfomycin tromethamine</i>	32
<i>etodolac</i>	28	FETZIMA	62	<i>fosinopril</i>	92
<i>etonogestrel-ethinyl estradiol</i>	104	FIASP FLEXTOUCH U-100 INSULIN	65	<i>fosinopril-hydrochlorothiazide</i>	93
<i>etoposide</i>	42	FIASP PENFILL U-100 INSULIN	65	<i>fosphenytoin</i>	56
<i>etravirine</i>	83	FIASP U-100 INSULIN	66	FOTIVDA	43
EUCRISA	114	<i>fidaxomicin</i>	35	FRUZAQLA	43
EULEXIN	42	FILSPARI	190	<i>fulvestrant</i>	43
<i>everolimus (antineoplastic)</i> ...	42	<i>finasteride</i>	169	<i>furosemide</i>	97
<i>everolimus</i> (immunosuppressive).....	178	<i>ingolimid</i>	178	G	
EVOTAZ	83	FINTEPLA	56	<i>gabapentin</i>	56
EXEL INSULIN	133	FIRMAGON KIT W DILUENT SYRINGE.....	43	<i>galantamine</i>	60
<i>exemestane</i>	42	<i>flavoxate</i>	168	<i>gallifrey</i>	174
EXTENCILLINE	36	<i>flecainide</i>	93	GAMUNEX-C	178
EXXUA	62	<i>floxuridine</i>	43	GARDASIL 9 (PF)	184
EYSUVIS	164	<i>fluconazole</i>	69	GAUZE BANDAGE	142
<i>ezetimibe</i>	98	<i>fluconazole in nacl (iso-osm).</i>	69	GAUZE PAD	133
<i>ezetimibe-simvastatin</i>	98	<i>flucytosine</i>	69	<i>gavilyte-c</i>	168
F		<i>fludrocortisone</i>	171	<i>gavilyte-g</i>	168
<i>falmina (28)</i>	104	<i>flunisolide</i>	164	<i>gavilyte-n</i>	168
<i>famciclovir</i>	87	<i>fluocinolone</i>	114	GAVRETO	43
<i>famotidine</i>	165	<i>fluocinolone acetone oil ...</i>	164	<i>gefitinib</i>	43
FANAPT	77	<i>fluocinonide</i>	114	<i>gemfibrozil</i>	98
FANAPT TITRATION PACK A	77	<i>fluorometholone</i>	164	<i>generlac</i>	166
FANAPT TITRATION PACK B	77	<i>fluorouracil</i>	43, 112	<i>gengraf</i>	178
FANAPT TITRATION PACK C	77	<i>fluoxetine</i>	62	<i>gentamicin</i>	32, 113, 162
FARXIGA	64	<i>fluphenazine decanoate</i>	77	<i>gentamicin sulfate (ped) (pf)</i> ..	32
FASENRA	178	<i>fluphenazine hcl</i>	78	GENVOYA	83
FASENRA PEN	178	<i>flurbiprofen</i>	28	GILOTRIF	43
<i>febuxostat</i>	70	<i>flurbiprofen sodium</i>	164	<i>glatiramer</i>	178
<i>feirza</i>	104	<i>fluticasone furoate-vilanterol</i>	194	<i>glatopa</i>	178
<i>felbamate</i>	56	<i>fluticasone propionate</i> 114, 164, 193		<i>glimepiride</i>	67
				<i>glipizide</i>	67, 68
				<i>glipizide-metformin</i>	68
				<i>glutamine (sickle cell)</i>	190

<i>glyburide</i>	68	HIBERIX (PF).....	185	ILEVRO.....	164
<i>glyburide micronized</i>	68	HUMIRA.....	178	<i>imatinib</i>	44
<i>glyburide-metformin</i>	68	HUMIRA PEN.....	178	IMBRUVICA.....	44
<i>glycopyrrolate</i>	166	HUMIRA(CF).....	179	<i>imipenem-cilastatin</i>	35
<i>glydo</i>	29	HUMIRA(CF) PEN.....	179	<i>imipramine hcl</i>	62
GLYXAMBI.....	64	HUMIRA(CF) PEN CROHNS- UC-HS.....	179	<i>imiquimod</i>	112
GOMEKLI.....	43	HUMIRA(CF) PEN PEDIATRIC UC.....	179	IMKELDI.....	44
<i>griseofulvin microsize</i>	69	HUMIRA(CF) PEN PSOR-UV- ADOL HS.....	179	IMOVAX RABIES VACCINE (PF).....	185
<i>griseofulvin ultramicrosize</i>	69	HUMULIN R U-500 (CONC) INSULIN.....	66	IMPAVIDO.....	74
<i>guanfacine</i>	91, 101	HUMULIN R U-500 (CONC) KWIKPEN.....	66	<i>incassia</i>	105
GVOKE.....	190	<i>hydralazine</i>	100	INCONTROL ALCOHOL PADS.....	134
GVOKE HYPOPEN 2-PACK	190	<i>hydrochlorothiazide</i>	97	INCONTROL PEN NEEDLE	134
GVOKE PFS 1-PACK SYRINGE.....	190	<i>hydrocodone-acetaminophen</i> 26, 27		INCRELEX.....	173
H		<i>hydrocortisone</i>	114, 115, 167, 171	<i>indapamide</i>	97
HADLIMA.....	178	<i>hydrocortisone valerate</i>	115	<i>indomethacin</i>	29
HADLIMA PUSHTOUCH..	178	<i>hydrocortisone-acetic acid</i> ..	162	INFANRIX (DTAP) (PF)	185
HADLIMA(CF).....	178	<i>hydromorphone</i>	27	<i>infliximab</i>	179
HADLIMA(CF) PUSHTOUCH	178	<i>hydroxychloroquine</i>	73, 74	INGREZZA.....	101
HAEGARDA.....	89	<i>hydroxyurea</i>	43	INGREZZA INITIATION PK(TARDIV).....	101
<i>hailey 24 fe</i>	104	<i>hydroxyzine hcl</i>	70	INGREZZA SPRINKLE	101
<i>hailey fe 1.5/30 (28)</i>	104	<i>hydroxyzine pamoate</i>	190	INLEXZO.....	44
<i>hailey fe 1/20 (28)</i>	105	HYRNUO.....	44	INLURIYO.....	44
<i>halobetasol propionate</i>	114	I		INLYTA.....	44
<i>haloette</i>	105	<i>ibandronate</i>	189	INPEN (FOR HUMALOG) BLUE.....	134
<i>haloperidol</i>	78	IBRANCE.....	44	INPEN (FOR HUMALOG) GREY.....	134
<i>haloperidol decanoate</i>	78	IBTROZI.....	44	INPEN (FOR HUMALOG) PINK.....	135
<i>haloperidol lactate</i>	78	<i>ibu</i>	28	INPEN (NOVOLOG OR FIASP) BLUE.....	135
HAVRIX (PF).....	185	<i>ibuprofen</i>	28, 29	INPEN (NOVOLOG OR FIASP) GREY.....	135
HEALTHWISE INSULIN SYRINGE.....	133, 134	<i>icatibant</i>	96	INPEN (NOVOLOG OR FIASP) PINK.....	135
HEALTHWISE PEN NEEDLE	134	<i>iclevia</i>	105	INQOVI.....	45
HEALTHY ACCENTS UNIFINE PENTIP.....	134	ICLUSIG.....	44	INREBIC.....	45
<i>heather</i>	105	<i>icosapent ethyl</i>	98	<i>insulin glargine-yfgn</i>	66
<i>heparin (porcine)</i>	88	IDHIFA.....	44		
HEPLISAV-B (PF).....	185	IDVYNZO.....	83		
HERCEPTIN HYLECTA	43	<i>ifosfamide</i>	44		
HERNEXEOS.....	43				

<i>insulin lispro</i>.....66	<i>jantoven</i> 88	KLOXXADO.....30
INSULIN SYR/NDL U100	JANUMET XR..... 64	KOMZIFTI .....46
HALF MARK .....135	JARDIANCE..... 64	KOSELUGO .....46
INSULIN SYRINGE	JASCAYD 196	KRAZATI.....46
MICROFINE.....117	<i>javygtor</i> 160	<i>kurvelo (28)</i> 106
INSULIN SYRINGE-NEEDLE	JAYPIRCA 45	KYLEENA..... 106
U-100.....133, 135, 136, 142,	<i>jencycla</i> 105	L
143, 147	JENTADUETO 64	<i>l norgest/e.estradiol-e.estradiol</i> 106
INSULIN U-500 SYRINGE-	JENTADUETO XR..... 64	<i>labetalol</i> 94
NEEDLE .....136	<i>jolessa</i> 105	<i>lacosamide</i> 56
INSUPEN PEN NEEDLE...136,	<i>juleber</i> 105	<i>lactulose</i> 166
137	JULUCA..... 83	<i>lamivudine</i> 83
INTELENCE.....83	<i>junel 1.5/30 (21)</i> 105	<i>lamivudine-zidovudine</i> 83
<i>introvale</i> .....105	<i>junel 1/20 (21)</i> 105	<i>lamotrigine</i> 56, 57
INVEGA HAFYERA.....78	<i>junel fe 1.5/30 (28)</i> 105	<i>lanreotide</i> 173
INVEGA SUSTENNA.....78, 79	<i>junel fe 1/20 (28)</i> 105	<i>lansoprazole</i> 165
INVEGA TRINZA.....79	<i>junel fe 24</i> 105	LANTUS SOLOSTAR U-100
INVELTYS .....164	JYLAMVO 45	INSULIN..... 66
IPOLE .....185	JYNNEOS (PF) 185	LANTUS U-100 INSULIN... 66
<i>ipratropium bromide</i> ....161, 194	K	<i>lapatinib</i> 46
<i>ipratropium-albuterol</i>.....195	KALETRA..... 83	<i>larin 1.5/30 (21)</i> 106
<i>irbesartan</i> .....91	KALYDECO 196	<i>larin 1/20 (21)</i> 106
<i>irbesartan-hydrochlorothiazide</i>	<i>kariva (28)</i> 105	<i>larin 24 fe</i> 106
.....91	<i>kelnor 1/35 (28)</i> 105	<i>larin fe 1.5/30 (28)</i> 106
ISENTRESS .....83	<i>kelnor 1/50 (28)</i> 106	<i>larin fe 1/20 (28)</i> 106
ISENTRESS HD .....83	KERENDIA..... 99	<i>latanoprost</i> 191
<i>isibloom</i> .....105	KESIMPTA PEN..... 179	LAZCLUZE.....46
<i>isoniazid</i> .....72	<i>ketoconazole</i> 69	<i>leflunomide</i> 179
<i>isosorbide dinitrate</i> .....100	<i>ketorolac</i> 29, 164	<i>lenalidomide</i> 46
<i>isosorbide mononitrate</i>.....100	KEVZARA 179	LENTOCILIN S (WITH
ISTURISA.....171	KEYTRUDA 45	LIDOCAINE) 36
ITOVEBI.....45	KEYTRUDA QLEX..... 45	LENVIMA .....46
<i>itraconazole</i>.....69	KINERET 179	LEQEMBI IQLIK..... 60
IV PREP WIPES .....137	KINRIX (PF) 185	<i>lessina</i> 106
<i>ivabradine</i>.....96	<i>kionex</i> 166	<i>letrozole</i> 46
<i>ivermectin</i> .....74	KISQALI 45, 46	<i>leucovorin calcium</i> 190
IWILFIN.....45	KISQALI FEMARA CO-PACK	LEUKERAN .....46
IXIARO (PF).....185	 45	LEUKINE 89
J	KLISYRI (250 MG) 112	<i>leuprolide</i> 46
<i>jaimiess</i>.....105	<i>klor-con m10</i> 192	<i>leuprolide acetate (3 month)</i> ..46
JAKAFI .....45	<i>klor-con m15</i> 192	<i>levetiracetam</i> 57
JAKAFI XR.....45	<i>klor-con m20</i> 192	<i>levobunolol</i> 191

<i>levocetirizine</i>	70	<i>lovastatin</i>	98	MAXICOMFORT INSULIN	
<i>levofloxacin</i>	37	<i>low-ogestrel (28)</i>	107	SYRINGE	137
<i>levofloxacin in d5w</i>	37	<i>loxapine succinate</i>	79	MAXI-COMFORT INSULIN	
<i>levonest (28)</i>	106	<i>lo-zumandimine (28)</i>	107	SYRINGE	137
<i>levonorgest-eth.estradiol-iron</i>		<i>lubiprostone</i>	166	MAXI-COMFORT INSULIN	
.....	106	<i>luizza</i>	107	SYRINGE	137
<i>levonorgestrel-ethinyl estrad</i>		LUMAKRAS.....	47	MAXICOMFORT SAFETY	
.....	106, 107	LUNSUMIO VELO	47	PEN NEEDLE	137
<i>levonorg-eth estrad triphasic</i>	107	LUPRON DEPOT	47, 173	<i>meclizine</i>	73
<i>levora-28</i>	107	LUPRON DEPOT (3 MONTH)		<i>medroxyprogesterone</i>	175
<i>levothyroxine</i>	175	.....	47, 173	<i>mefloquine</i>	74
<i>lidocaine</i>	29	LUPRON DEPOT (4 MONTH)		<i>megestrol</i>	48, 175
<i>lidocaine hcl</i>	29	.....	47	MEKINIST	48
<i>lidocaine-prilocaine</i>	29	LUPRON DEPOT (6 MONTH)		MEKTOVI	48
<i>lidocan iii</i>	29	.....	47	<i>meleya</i>	107
LIFYORLI.....	47	LUPRON DEPOT-PED	174	<i>meloxicam</i>	29
LILETTA	107	LUPRON DEPOT-PED (3		<i>memantine</i>	60
<i>linezolid</i>	32	MONTH)	173	MENQUADFI (PF)	185
<i>linezolid in dextrose 5%</i>	32	<i>lurasidone</i>	79	MENVEO A-C-Y-W-135-DIP	
LINZESS.....	166	<i>lutera (28)</i>	107	(PF)	185
<i>liomny</i>	175	LUTRATE DEPOT (3		<i>mercaptopurine</i>	48
<i>liothyronine</i>	175	MONTH)	48	<i>meropenem</i>	35
LISCO	137	LYBALVI.....	79	<i>mesalamine</i>	167, 168
<i>lisinopril</i>	93	<i>lyleq</i>	107	<i>mesna</i>	190
<i>lisinopril-hydrochlorothiazide</i>	93	LYNPARZA	48	<i>metformin</i>	64
<i>lithium carbonate</i>	101	LYSODREN.....	48	<i>methadone</i>	27
<i>lithium citrate</i>	101	LYTGOBI.....	48	<i>methazolamide</i>	191
LIVTENCITY	86	<i>lyza</i>	107	<i>methenamine hippurate</i>	33
<i>lojaimiess</i>	107	M		<i>methimazole</i>	175
LOKELMA	166	<i>macitentan</i>	198	<i>methocarbamol</i>	197
<i>lomustine</i>	47	MAGELLAN INSULIN		<i>methotrexate sodium</i>	48
LONSURF.....	47	SAFETY SYRNG	137	<i>methotrexate sodium (pf)</i>	48
<i>loperamide</i>	166	MAGELLAN SYRINGE	137	<i>methoxsalen</i>	112
<i>lopinavir-ritonavir</i>	84	<i>magnesium sulfate</i>	192	<i>methsuximide</i>	57
<i>lorazepam</i>	31	<i>malathion</i>	115	<i>methylphenidate hcl</i>	101, 102
<i>lorazepam intensol</i>	31	<i>maraviroc</i>	84	<i>methylprednisolone</i>	172
LORBRENA	47	<i>marlissa (28)</i>	107	<i>methylprednisolone acetate</i> .	172
<i>losartan</i>	91	<i>marnatal-f</i>	199	<i>metoclopramide hcl</i>	166
<i>losartan-hydrochlorothiazide</i>	91	MARPLAN.....	62	<i>metolazone</i>	97
LOTEMAX	164	MATULANE.....	48	<i>metoprolol succinate</i>	94
LOTEMAX SM.....	164	MAXICOMFORT II PEN		<i>metoprolol tartrate</i>	94
<i>loteprednol etabonate</i>	164	NEEDLE.....	137	<i>metronidazole</i>	33, 111, 113

<i>metronidazole in nacl (iso-os)</i> 33	<i>morphine concentrate</i> 27	<i>neo-polycin</i> 162
<i>metirosine</i> .....96	MOUNJARO 172	<i>neo-polycin hc</i> 162
<i>micafungin</i>.....69	MOVANTIK 167	NERLYNX 49
<i>miconazole-3</i> .....69	<i>moxifloxacin</i> 37, 162	<i>nevirapine</i> .....84
MICRODOT INSULIN PEN	<i>moxifloxacin-sod.ace,sul-water</i>	NEXLETOL..... 99
NEEDLE .....137, 138	 37	NEXLIZET 99
MICRODOT READYGARD	<i>moxifloxacin-sod.chloride(iso)</i>	NEXPLANON 108
PEN NEEDLE.....138	 37	<i>niacin</i>.....99
<i>microgestin 1.5/30 (21)</i> .....107	MRESVIA (PF) 185	NICOTROL NS 30
<i>microgestin 1/20 (21)</i> .....107	MULTAQ 93	<i>nifedipine</i>.....96
<i>microgestin fe 1.5/30 (28)</i> ....107	<i>mupirocin</i> 113	<i>nikki (28)</i> 108
<i>microgestin fe 1/20 (28)</i> .....107	<i>mycophenolate mofetil</i> 179	<i>nilotinib hcl</i> 49
<i>midodrine</i> .....91	<i>mycophenolate mofetil (hcl)</i> 179	<i>nilutamide</i> 49
MIEBO (PF) .....164	<i>mycophenolate sodium</i> 180	NINLARO.....49
<i>mifepristone</i>.....64	<i>mynatal</i> 199	<i>nintedanib</i> 196
<i>mili</i>.....108	<i>mynatal advance</i> 199	<i>nitazoxanide</i> 74
<i>mimvey</i>.....171	<i>mynate 90 plus</i> 199	<i>nitisinone</i> 160
MINI ULTRA-THIN II.....138	MYRBETRIQ..... 169	<i>nitrofurantoin macrocrystal</i> ... 33
<i>minocycline</i>.....38	N	<i>nitrofurantoin monohyd/m-cryst</i>
<i>minoxidil</i>.....100	<i>nabumetone</i> 29	 33
MIRENA .....108	<i>nafcillin</i> 37	<i>nitroglycerin</i> 96, 100, 112
<i>mirtazapine</i>.....62	<i>naloxone</i> 30	NIVESTYM..... 89
<i>misoprostol</i> .....165	<i>naltrexone</i> 30	NORDITROPIN FLEXPPO 174
<i>mitoxantrone</i>.....48	NANO 2ND GEN PEN	<i>norelgestromin-ethin.estradiol</i>
M-M-R II (PF).....185	NEEDLE..... 139	 108
<i>m-natal plus</i>.....199	NANO PEN NEEDLE 139	<i>norethindrone (contraceptive)</i>
<i>modafinil</i>.....197	<i>naproxen</i> 29	 108
MODEYSO .....48	<i>naratriptan</i> 71	<i>norethindrone acetate</i> 175
<i>moexipril</i>.....93	NATACYN..... 162	<i>norethindrone-e.estradiol-iron</i>
<i>molindone</i> .....79	<i>nateglinide</i> 65	 108
<i>mometasone</i> .....115, 164	NAYZILAM..... 57	<i>norgestimate-ethinyl estradiol</i>
MONOJECT INSULIN	<i>nebivolol</i> 94	 108
SAFETY SYRING.....139	<i>nefazodone</i> 62	<i>nortrel 0.5/35 (28)</i> 108
MONOJECT INSULIN	<i>neomycin</i> 32	<i>nortrel 1/35 (21)</i> 108
SYRINGE.....138, 139	<i>neomycin-bacitracin-poly-hc</i> 162	<i>nortrel 1/35 (28)</i> 108
MONOJECT SYRINGE .....138	<i>neomycin-bacitracin-polymyxin</i>	<i>nortrel 7/7/7 (28)</i> 108
MONOJECT ULTRA	 162	<i>nortriptyline</i> 62, 63
COMFORT INSULIN.....153	<i>neomycin-polymyxin b-</i>	NORVIR 84
<i>mono-linyah</i>.....108	<i>dexameth</i> 162, 164	NOVOFINE 32 139
<i>montelukast</i>.....193	<i>neomycin-polymyxin-gramicidin</i>	NOVOFINE AUTOCOVER 139
<i>morphine</i>.....27	 162	NOVOFINE PLUS 139
MORPHINE .....27	<i>neomycin-polymyxin-hc</i> 162	

NOVOLIN 70/30 U-100 INSULIN.....66	<i>olanzapine</i> 79	OTEZLA XR 180
NOVOLIN 70-30 FLEXPEN U- 100.....66	<i>olmesartan</i> 91	OTEZLA XR INITIATION. 180
NOVOLIN N FLEXPEN .....66	<i>olmesartan-amlodipin-hcthiazid</i> 91	OTULFI 180
NOVOLIN N NPH U-100 INSULIN.....66	<i>olmesartan-hydrochlorothiazide</i> 92	<i>oxcarbazepine</i> 57
NOVOLIN R FLEXPEN .....67	<i>olopatadine</i> 161	<i>oxybutynin chloride</i> 169
NOVOLIN R REGULAR U100 INSULIN.....67	<i>omega-3 acid ethyl esters</i> 99	<i>oxycodone</i> 27
NOVOLOG FLEXPEN U-100 INSULIN.....67	<i>omeprazole</i> 165	<i>oxycodone-acetaminophen</i> 27, 28
NOVOLOG MIX 70-30 U-100 INSULN .....67	OMNIPOD 5 (LIBRE 2/3 PLUS) 139	OZEMPIC 172
NOVOLOG MIX 70- 30FLEXPEN U-100 .....67	OMNIPOD 5 G6-G7 INTRO KT(GEN5) 139	P
NOVOLOG PENFILL U-100 INSULIN.....67	OMNIPOD 5 G6-G7 PODS (GEN 5) 139	<i>pacerone</i>.....93
NOVOLOG U-100 INSULIN ASPART.....67	OMNIPOD 5 INTRO (LIBRE2/3PLUS) 139	<i>paclitaxel protein-bound</i> 50
NUBEQA .....49	OMNIPOD CLASSIC PODS (GEN 3) 140	<i>paliperidone</i> 79, 80
NUCALA .....180	OMNIPOD DASH INTRO KIT (GEN 4) 140	PANRETIN..... 112
NUPLAZID.....79	OMNIPOD DASH PDM KIT (GEN 4) 140	<i>pantoprazole</i> 165
NURTEC ODT.....71	OMNIPOD DASH PODS (GEN 4)..... 140	<i>paricalcitol</i> 189
<i>nyamyc</i>.....69	ONAPGO..... 75	<i>paroxetine hcl</i> 63
<i>nylia 1/35 (28)</i> 109	<i>ondansetron</i> 73	PAXLOVID 86
<i>nylia 7/7/7 (28)</i> 109	<i>ondansetron hcl</i> 73	<i>pazopanib</i> 50
<i>nystatin</i> .....69, 70	ONUREG..... 49	PEDIARIX (PF)..... 186
<i>nystatin-triamcinolone</i> 70	OPDIVO 49	PEDVAX HIB (PF) 186
<i>nystop</i> .....70	OPDIVO QVANTIG..... 49	<i>peg 3350-electrolytes</i> 168
NYVEPRIA.....89	OPIPZA 79	PEGASYS..... 86
O	ORFADIN 160	<i>peg-electrolyte soln</i> 168
<i>obstetrix dha</i> .....199	ORGOVYX 174	PEMAZYRE 50
<i>octreotide acetate</i> .....174	ORILISSA 174	<i>pemetrexed disodium</i> 50
ODEFSEY .....84	ORKAMBI 196	PEN NEEDLE 140
ODOMZO .....49	<i>orquidea</i> 109	PEN NEEDLE, DIABETIC 122, 133, 138, 140, 142, 143
OFEV .....196	ORSERDU..... 50	PEN NEEDLE, DIABETIC, SAFETY 143
<i>ofloxacin</i> .....163	<i>oseltamivir</i> 86	PENBRAYA (PF)..... 186
OGIVRI.....49	OSENVELT..... 189	PENBRAYA MENACWY COMPONENT(PF)..... 186
OGSIVEO .....49	OTEZLA..... 180	PENBRAYA MENB COMPONENT (PF)..... 186
OJEMDA.....49	OTEZLA STARTER..... 180	<i>penicillamine</i> 169
OJJAARA.....49		<i>penicillin g potassium</i> 37
		<i>penicillin v potassium</i> 37
		PENMENVY MEN A-B-C-W- Y (PF)..... 186

PENMENVY MENACWY
 COMPONENT(PF).....186
 PENMENVY MENB
 COMPONENT (PF).....186
 PENTACEL (PF)186
 pentamidine74
 PENTIPS PEN NEEDLE140,
 141
 pentoxifylline90
 perampanel.....57
 perindopril erbumine.....93
 periogard.....111
 permethrin115
 perphenazine80
 perphenazine-amitriptyline63
 phenelzine.....63
 phenobarbital57
 phenytek.....57
 phenytoin57
 phenytoin sodium.....58
 phenytoin sodium extended57
 PIFELTRO84
 pilocarpine hcl.....111, 191
 pimizide80
 pimtrea (28).....109
 pioglitazone65
 pioglitazone-metformin65
 PIP PEN NEEDLE141
 piperacillin-tazobactam37
 PIQRAY50
 pirfenidone196
 pitavastatin calcium99
 PLEGRIDY180, 181
 pnv-dha + docusate.....199
 pnv-omega199
 pnv-select.....199
 podofilox.....112
 polycin163
 polymyxin b sulf-trimethoprim
163
 pomalidomide50
 POMALYST50

portia 28109
 posaconazole70
 potassium chloride.....192
 potassium citrate192
 pr natal 400199
 pr natal 400 ec.....199
 pr natal 430199
 pr natal 430 ec.....200
 pramipexole75
 prasugrel hcl.....90
 pravastatin99
 praziquantel74
 prazosin91
 prednisolone172
 prednisolone acetate.....164
 prednisolone sodium phosphate
172
 prednisone172
 pregabalin.....58
 PREMARIN.....171
 PREMPHASE.....171
 PREMPRO171
 prenaissance200
 prenaissance plus200
 prenatalabs fa200
 prenatal 19.....200
 prenatal 19 (with docusate). 200
 prenatal plus200
 prenatal vitamin plus low iron
200
 prenatal-u200
 PRETOMANID.....72
 prevalite99
 PREVENT DROPSAFE PEN
 NEEDLE.....141
 PREVYMIS.....86
 PREZCOBIX.....84
 PREZISTA.....84
 PRIFTIN72
 PRIMAQUINE74
 primidone.....58
 PRIORIX (PF)186

PRO COMFORT ALCOHOL
 PADS141
 PRO COMFORT INSULIN
 SYRINGE141
 PRO COMFORT PEN
 NEEDLE.....141
 probenecid.....70
 probenecid-colchicine.....70
 prochlorperazine.....73
 prochlorperazine edisylate.....73
 prochlorperazine maleate73
 PRO-COMFORT ALCOHOL
 PADS141
 procto-med hc115
 proctosol hc.....115
 proctozone-hc.....115
 PRODIGY INSULIN
 SYRINGE142
 progesterone micronized.....175
 PROGRAF181
 PROLASTIN-C.....196
 promethazine.....73
 propafenone93
 propranolol94
 propylthiouracil175
 PROQUAD (PF)186
 PROSOL 20 %.....90
 protriptyline63
 PULMOZYME196
 PURE COMFORT ALCOHOL
 PADS142
 PURE COMFORT PEN
 NEEDLE.....142
 PURE COMFORT SAFETY
 PEN NEEDLE142
 pyrazinamide.....72
 pyridostigmine bromide191
 pyrimethamine.....74
Q
 QINLOCK.....50
 QUADRACEL (PF).....187
 quetiapine.....80

<i>quinapril</i>	93	<i>rivaroxaban</i>	88	<i>selenium sulfide</i>	112
<i>quinapril-hydrochlorothiazide</i>	93	<i>rivastigmine</i>	60	SELZENTRY	85
<i>quinidine sulfate</i>	93	<i>rivastigmine tartrate</i>	60	<i>se-natal 19 chewable</i>	200
<i>quinine sulfate</i>	74	<i>rivelsa</i>	109	SEREVENT DISKUS.....	195
QULIPTA.....	71	<i>rizatriptan</i>	71	SEROSTIM.....	174
R		ROCKLATAN.....	191	<i>sertraline</i>	63
RABAVERT (PF)	187	<i>roflumilast</i>	196	<i>setlakin</i>	109
<i>rabeprazole</i>	165	ROMVIMZA.....	51	<i>sevelamer carbonate</i>	167
RALDESY	63	<i>ropinirole</i>	75	<i>sevelamer hcl</i>	167
<i>raloxifene</i>	171	<i>rosadan</i>	113	<i>sharobel</i>	109
<i>ramipril</i>	93	<i>rosuvastatin</i>	99	SHINGRIX (PF)	187
<i>ranolazine</i>	96	<i>rosyrah</i>	109	SIGNIFOR	174
<i>rasagiline</i>	75	ROTARIX	187	<i>sildenafil (pulm.hypertension)</i>	
RAYALDEE	189	ROTATEQ VACCINE.....	187	.....	198
<i>reclipsen (28)</i>	109	ROZLYTREK	51	<i>silver sulfadiazine</i>	112
RECOMBIVAX HB (PF)	187	RUBRACA.....	51	SIMBRINZA.....	191
RELENZA DISKHALER.....	86	<i>rufinamide</i>	58	<i>simliya (28)</i>	109
<i>repaglinide</i>	65	RUKOBIA.....	85	<i>simpesse</i>	109
REPATHA PUSHTRONEX ..	99	RYBELSUS.....	173	SIMPLI PEN NEEDLE	133
REPATHA SURECLICK	99	RYBREVANT.....	51	<i>simvastatin</i>	99
REPATHA SYRINGE	99	RYBREVANT FASPRO.....	51	<i>sirolimus</i>	181
RETACRIT	89	RYDAPT	51	SIRTURO	72
RETEVMO.....	50	RYKINDO.....	80	<i>sitagliptin phos-metformin</i>	65
REVCovi	160	S		<i>sitagliptin phosphate</i>	65
REVUFORJ.....	50, 51	<i>sacubitril-valsartan</i>	92	SIVEXTRO.....	33
REXULTI.....	80	SAFESNAP INSULIN		SKY SAFETY PEN NEEDLE	
REYATAZ	84	SYRINGE.....	143	.....	144
REZDIFFRA	175	SAFETY PEN NEEDLE	143	SKYLA	109
REZLIDHIA.....	51	SANTYL	112	SKYRIZI.....	181
REZUROCK	181	SAPHNELO PEN.....	181	<i>sodium chloride 0.45 %</i>	192
RHOPRESSA.....	191	<i>sapropterin</i>	160	<i>sodium chloride 0.9 %</i> .	192, 193
<i>ribavirin</i>	87	SCSEMBLIX.....	51	<i>sodium oxybate</i>	197
<i>rifabutin</i>	72	<i>scopolamine base</i>	73	<i>sodium polystyrene sulfonate</i>	167
<i>rifampin</i>	72	SECUADO	81	<i>sodium,potassium,mag sulfates</i>	
<i>rilpivirine</i>	84	SECURESAFE INSULIN		.....	168
<i>rilpivirine hcl</i>	84	SYRINGE.....	144	<i>solifenacin</i>	169
<i>riluzole</i>	102	SECURESAFE PEN NEEDLE		SOLQUA 100/33	67
RINVOQ	181	.....	143, 144	SOLTAMOX	51
RINVOQ LQ.....	181	SELARSDI	181	SOMATULINE DEPOT.....	174
<i>risperidone</i>	80	<i>select-ob</i>	200	SOMAVERT.....	174
<i>risperidone microspheres</i>	80	<i>select-ob (folic acid)</i>	200	<i>sorafenib</i>	51
<i>ritonavir</i>	84	<i>selegiline hcl</i>	75	<i>sotalol</i>	94

<i>sotalol af</i>	94
SPIRIVA RESPIMAT.....	195
<i>spironolactone</i>	97
<i>spironolacton-hydrochlorothiaz</i>	97
<i>sprintec (28)</i>	109
SPRITAM.....	58
<i>sps (with sorbitol)</i>	167
<i>sronyx</i>	109
<i>ssd</i>	112
<i>stavudine</i>	85
STERILE PADS.....	133
STIOLTO RESPIMAT	195
STIVARGA.....	51
STOBOCLO.....	189
STRENSIQ.....	160
<i>streptomycin</i>	32
STRIBILD.....	85
STRIVERDI RESPIMAT	195
<i>subvenite</i>	58
SUBVENITE.....	58
<i>sucralfate</i>	165
<i>sulfacetamide sodium</i>	163
<i>sulfacetamide-prednisolone</i> .	165
<i>sulfadiazine</i>	37
<i>sulfamethoxazole-trimethoprim</i>	37
<i>sulfasalazine</i>	168
<i>sulindac</i>	29
<i>sumatriptan</i>	71
<i>sumatriptan succinate</i>	71, 72
<i>sunitinib malate</i>	51
SUNLENCA.....	85
SURE COMFORT ALCOHOL PREP PADS	144
SURE COMFORT INS. SYR. U-100.....	144
SURE COMFORT INSULIN SYRINGE.....	144, 145
SURE COMFORT PEN NEEDLE	144, 145

SURE COMFORT SAFETY PEN NEEDLE	144
SURE-FINE PEN NEEDLES	145
SURE-JECT INSULIN SYRINGE.....	145
SURE-PREP ALCOHOL PREP PADS	146
SYMPAZAN	58
SYMTUZA.....	85
SYNJARDY	65
SYNJARDY XR.....	65
SYRINGE WITH NEEDLE, SAFETY	143
T	
TABLOID.....	52
TABRECTA	52
<i>tacrolimus</i>	182
<i>tadalafil</i>	198
TAFINLAR	52
TAGRISSO.....	52
TALICIA	165
TALZENNA.....	52
<i>tamoxifen</i>	52
<i>tamsulosin</i>	169
<i>tarina 24 fe</i>	109
<i>tarina fe 1-20 eq (28)</i>	109
<i>taron-c dha</i>	200
<i>taron-prex prenatal-dha</i>	200
TARPEYO.....	172
TAVNEOS.....	182
<i>tazarotene</i>	112
<i>tazicef</i>	34
<i>taztia xt</i>	96
TDVAX	187
TECHLITE INSULIN SYRINGE.....	146
TECHLITE INSULN SYR(HALF UNIT).....	146
TECHLITE PEN NEEDLE	146,
	147

TECHLITE PLUS PEN NEEDLE	147
<i>telmisartan</i>	92
<i>telmisartan-hydrochlorothiazid</i>	92
<i>temazepam</i>	31
TENIVAC (PF).....	187
<i>tenofovir disoproxil fumarate</i>	85
TEPMETKO	52
<i>terazosin</i>	169
<i>terbinafine hcl</i>	70
<i>terconazole</i>	111
<i>teriparatide</i>	189
TERUMO INSULIN SYRINGE	147
<i>testosterone</i>	170
<i>testosterone cypionate</i>	170
<i>testosterone enanthate</i>	170
<i>tetrabenazine</i>	102
<i>tetracycline</i>	38
THALOMID	182
<i>theophylline</i>	195
THINPRO INSULIN SYRINGE	147, 148
<i>thioridazine</i>	81
<i>thiothixene</i>	81
<i>tiadylt er</i>	96
<i>tiagabine</i>	58
TIBSOVO	52
<i>ticagrelor</i>	90
TICE BCG	52
TICOVAC.....	187
<i>tigecycline</i>	38
<i>tilia fe</i>	110
<i>timolol</i>	191
<i>timolol maleate</i>	95, 191
<i>tinidazole</i>	74
<i>tiotropium bromide</i>	195
TIVICAY	85
TIVICAY PD	85
<i>tizanidine</i>	197
TOBI PODHALER.....	32

<i>tobramycin</i>	163	<i>trifluridine</i>	163	TRUMENBA	188
<i>tobramycin in 0.225 % nacl</i> ...	32	<i>trihexyphenidyl</i>	75	TRUQAP.....	52
<i>tobramycin sulfate</i>	32	TRIJARDY XR	65	TRYNGOLZA	99
<i>tobramycin-dexamethasone</i> ..	163	TRIKAFTA	196	TUKYSA	52
<i>tobramycin-lotepred</i>	163	<i>tri-legest fe</i>	110	TURALIO	52
<i>tofacitinib</i>	182	<i>tri-linyiah</i>	110	<i>turqoz (28)</i>	110
<i>tolterodine</i>	169	<i>tri-lo-estarylla</i>	110	TWINRIX (PF)	188
<i>tolvaptan (polycys kidney dis)</i>	97	<i>tri-lo-marzia</i>	110	<i>tyblume</i>	110
TOPFINE INSULIN PEN		<i>tri-lo-mili</i>	110	TYBOST	85
NEEDLE	148	<i>tri-lo-sprintec</i>	110	TYENNE.....	183
<i>topiramate</i>	58	<i>trimethoprim</i>	33	TYENNE AUTOINJECTOR	
<i>toremifene</i>	52	<i>tri-mili</i>	110	.....	182
<i>torpenz</i>	52	<i>trimipramine</i>	63	TYMLOS	189
<i>torse mide</i>	97	TRINTELLIX.....	63	TYPHIM VI.....	188
TOUJEO MAX U-300		<i>tri-nymyo</i>	110	U	
SOLOSTAR	67	<i>tri-sprintec (28)</i>	110	UBRELVY	72
TOUJEO SOLOSTAR U-300		TRIUMEQ	85	UDENYCA ONBODY	89
INSULIN.....	67	TRIUMEQ PD.....	85	ULTICARE.....	151, 152
TRADJENTA.....	65	<i>trivora (28)</i>	110	ULTICARE INSULIN	
<i>tramadol</i>	28	<i>tri-vylibra</i>	110	SYRINGE	151
<i>tramadol-acetaminophen</i>	28	<i>tri-vylibra lo</i>	110	ULTICARE INSULN	
<i>trandolapril</i>	93	<i>trosipium</i>	169	SYR(HALF UNIT)	151
<i>tranexamic acid</i>	89	TRUE COMFORT ALCOHOL		ULTICARE PEN NEEDLE.....	151
<i>transylcypromine</i>	63	PADS	148	ULTICARE SAFETY PEN	
<i>travoprost</i>	191	TRUE COMFORT INSULIN		NEEDLE	151
<i>trazodone</i>	63	SYRINGE.....	148	ULTIGUARD SAFEPAK-	
TRECATOR.....	72	TRUE COMFORT PEN		INSULIN SYR.....	152
TRELEGY ELLIPTA	195	NEEDLE.....	148, 149	ULTIGUARD SAFEPAK-	
TREMFYA.....	182	TRUE COMFORT PRO		PEN NEEDLE	152
TREMFYA ONE-PRESS	182	ALCOHOL PADS.....	149	ULTILET ALCOHOL SWAB	
TREMFYA PEN	182	TRUE COMFORT PRO INS		.....	152
TREMFYA PEN INDUCTION		SYRINGE.....	148, 149	ULTILET INSULIN SYRINGE	
PK(2PEN).....	182	TRUE COMFORT SAFE		.....	135, 136, 152, 153
<i>tretinoin</i>	112	INSULIN SYRG.....	148, 149	ULTILET PEN NEEDLE	153
<i>tretinoin (antineoplastic)</i>	52	TRUE COMFORT SAFETY		ULTRA CMFT INS SYR	
<i>triamcinolone acetonide</i>	111, 115, 172	PEN NEEDLE	148	(HALF UNIT).....	133, 151
<i>triamterene-hydrochlorothiazid</i>		TRUE-COMFORT PRO PEN		ULTRA COMFORT INSULIN	
.....	97	NEEDLE.....	149	SYRINGE	133, 153, 154
<i>trientine</i>	169	TRUEPLUS INSULIN	150	ULTRA FLO INSUL	
<i>tri-estarylla</i>	110	TRUEPLUS PEN NEEDLE	150	SYR(HALF UNIT)	154
<i>trifluoperazine</i>	81	TRULANCE.....	167	ULTRA FLO INSULIN	
		TRULICITY	173	SYRINGE	154

ULTRA FLO PEN NEEDLE.....154	<i>valproate sodium</i> 58	<i>vilazodone</i> 63
ULTRA THIN PEN NEEDLE.....154	<i>valproic acid</i> 59	VIMKUNYA (PF) 188
ULTRACARE INSULIN SYRINGE.....154, 155	<i>valproic acid (as sodium salt)</i> 58	<i>vinorelbine</i> 53
ULTRACARE PEN NEEDLE.....155	<i>valsartan</i> 92	<i>viorele (28)</i> 110
ULTRA-FINE INS SYR (HALF UNIT).....155	<i>valsartan-hydrochlorothiazide</i> 92	VIRACEPT 85
ULTRA-FINE INSULIN SYRINGE.....155, 156	VALTOCO 59	VIREAD 85
ULTRA-FINE PEN NEEDLE.....156	<i>valtya</i> 110	<i>vitafol-ob+dha</i> 200
ULTRA-THIN II (SHORT) INS SYR .....156	<i>vancomycin</i> 33	VITRAKVI 53
ULTRA-THIN II (SHORT) PEN NDL .....156	VANFLYTA..... 52	VIVOTIF..... 188
ULTRA-THIN II INS PEN NEEDLES .....156	VANISHPOINT INSULIN SYRINGE..... 158, 159	VIZIMPRO 53
ULTRA-THIN II INSULIN SYRINGE.....156	VANISHPOINT SYRINGE 158, 159	<i>volnea (28)</i> 111
UNIFINE OTC PEN NEEDLE.....157	VAQTA (PF) 188	VONJO 53
UNIFINE PENTIPS .....157	<i>varenicline tartrate</i> 30	VOQUEZNA 165
UNIFINE PENTIPS MAXFLOW .....157	VARIVAX (PF)..... 188	VORANIGO 53
UNIFINE PENTIPS PLUS .157, 160	VAXCHORA VACCINE.... 188	<i>voriconazole</i> 70
UNIFINE PENTIPS PLUS MAXFLOW .....157	VELSIPITY 183	VOSEVI..... 86
UNIFINE PROTECT ...157, 158	VELTASSA..... 167	VOWST 167
UNIFINE SAFECONTROL PEN NEEDLE.....158	VEMLIDY 87	<i>vp-ch-pnv</i> 200
UNIFINE ULTRA PEN NEEDLE .....158	VENCLEXTA 53	VRAYLAR 81
UPTRAVI.....198, 199	VENCLEXTA STARTING PACK..... 53	VUMERITY 183
<i>ursodiol</i>.....167	<i>venlafaxine</i> 63	VYALEV 75
V	VEOZAH..... 102	<i>vylibra</i> 111
<i>valacyclovir</i> .....87	<i>verapamil</i> 96	VYNDAMAX..... 96
VALCHLOR .....112	VERIFINE INSULIN SYRINGE..... 159	VYZULTA..... 191
<i>valganciclovir</i> .....87	VERIFINE PEN NEEDLE.. 159	W
	VERIFINE PLUS PEN NEEDLE..... 159	<i>warfarin</i> 88
	VERIFINE PLUS PEN NEEDLE-SHARP 159	WEBCOL..... 160
	VERQUVO..... 100	WEGOVY 173
	VERSACLOZ..... 81	WELIREG..... 53
	VERSALON..... 160	WINREVAIR..... 197
	VERZENIO 53	<i>wixela inhub</i> 195
	<i>vienva</i> 110	X
	<i>vigabatrin</i> 59	XALKORI..... 53
	<i>vigadrone</i> 59	<i>xarah fe</i> 111
	<i>vigpoder</i> 59	XATMEP 54
		XCOPRI..... 59
		XCOPRI MAINTENANCE PACK..... 59
		XCOPRI TITRATION PACK 59
		XDEMVI 163
		XERMELO 167

XIFAXAN.....	33
XIIDRA.....	165
XOLAIR.....	197
XOSPATA	54
XPOVIO.....	54
XTANDI.....	54
<i>xulane</i>	111
XULTOPHY 100/3.6	67
Y	
YESINTEK	183
YF-VAX (PF).....	188
YONSA	54
<i>yulithira</i>	54
YUTREPIA	199

<i>yuvafem</i>	171
Z	
<i>zafemy</i>	111
<i>zafirlukast</i>	193
<i>zaleplon</i>	198
<i>zatean-pn dha</i>	200
<i>zatean-pn plus</i>	200
ZEJULA.....	54
ZELBORAF.....	54
<i>zenatane</i>	113
ZENPEP.....	161
<i>zidovudine</i>	85, 86
<i>zingiber</i>	200
<i>ziprasidone hcl</i>	81

<i>ziprasidone mesylate</i>	81
ZIRABEV	54
ZIRGAN	163
ZOLINZA	54
<i>zolpidem</i>	198
ZONISADE.....	59
<i>zonisamide</i>	59
<i>zovia 1-35 (28)</i>	111
ZTALMY	59
ZURZUVAE.....	63
ZYDELIG	55
ZYKADIA	55
ZYMFENTRA	183
ZYPREXA RELPREVV	81

Alameda Alliance Wellness, HMO D-SNP

Na-update ang *Listahan ng Gamot* na ito noong 10/01/2026.

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