



Alameda Alliance Wellness, HMO D-SNP

2027 List of Covered Drugs (Drug List or Formulary)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN
THIS PLAN**

Formulary ID: 00027337, Version Number: 5

This *Drug List* was updated on 9/01/2026.

For more recent information or other questions, contact us at
1.888.88A.DSNP (1.888.882.3767) (TTY: 1.800.735.2929), seven (7) days a week, 8 am – 8 pm or
visit www.alamedaalliance.org/alliancewellness.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs are covered by Alameda Alliance Wellness. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Alameda Alliance Wellness. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers.....	4
B. Frequently Asked Questions (FAQ)	12
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “ <i>Drug List</i> ” for short.).....	12
B2. Does the <i>Drug List</i> ever change?	13
B3. What happens when there’s a change to the <i>Drug List</i> ?	14
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	15
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	16
B6. What happens if Alameda Alliance Wellness changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?	16
B7. How can I find a drug on the <i>Drug List</i> ?	16
B8. What if the drug I want to take isn’t on the <i>Drug List</i> ?	17
B9. What if I’m a new Alameda Alliance Wellness member and can’t find my drug on the <i>Drug List</i> or have a problem getting my drug?	17
B10. Can I ask for an exception to cover my drug?	18
B11. How can I ask for an exception?	18
B12. How long does it take to get an exception?	18
B13. What are generic drugs?	19

If you have questions, please call Alameda Alliance Wellness at 1.888.88A.DSNP (1.888.882.3767). TTY users can call 1.800.735.2929. We are open seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit www.alamedaalliance.org/alliancewellness. This Drug List was updated on 9/01/2026.

B14. What are original biological products and how are they related to biosimilars?	19
B15. Does Alameda Alliance Wellness cover long-term supplies of prescriptions?	20
B16. Can I get prescriptions delivered to my home from my local pharmacy?	20
B17. What's my copay?	20
C. Overview of the <i>List of Covered Drugs</i>	20
C1. List of Drugs by Medical Condition	21
D. Index of Covered Drugs	23



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A. Disclaimers

This is a list of drugs that members can get in *Alameda Alliance Wellness*.

- Alameda Alliance Wellness is an HMO D-SNP plan with a Medicare contract and a contract with the California State Medi-Cal (Medicaid) Program. Enrollment in Alameda Alliance Wellness depends on contract renewal.
- You can always check the Alameda Alliance Wellness up-to-date List of Covered Drugs online at www.alamedaalliance.org/alliancewellness or by calling 1.888.88A.DSNP (1.888.882.3767) (TTY: 1.800.735.2929). This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call the numbers in the footer of this document. The call is free.
- *This document is available for free in Spanish, Chinese, Vietnamese, Farsi, and Tagalog.*

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you need help in your language, call 1.888.882.3767 (TTY: 1.800.735.2929). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1.888.882.3767 (TTY: 1.800.735.2929). These services are free of charge.

العربية (Arabic)

1.888.882.3767 يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ
. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي (TTY: 1.800.735.2929)



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الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ
1.888.882.3767 (TTY: 1.800.735.2929). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր
լեզվով, զանգահարեք 1.888.882.3767 (TTY: 1.800.735.2929):
Կան նաև օժանդակ միջոցներ ու ծառայություններ
հաշմանդամություն ունեցող անձանց համար, օրինակ՝
Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր:
Զանգահարեք 1.888.882.3767 (TTY: 1.800.735.2929): Այդ
ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម
ទូរស័ព្ទទៅលេខ 1.888.882.3767 (TTY: 1.800.735.2929)។
ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ
ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក
ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។
ទូរស័ព្ទមកលេខ 1.888.882.3767 (TTY: 1.800.735.2929)។
សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។



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(1.888.882.3767). TTY users can call 1.800.735.2929.

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For more information, visit www.alamedaalliance.org/alliancewellness.

中文 (Chinese – Simplified)

请注意：如果您需要以您的母语提供帮助，请致电
1.888.882.3767 (TTY: 1.800.735.2929)。另外还提供针对残
疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是
方便取用的。请致电 1.888.882.3767 (TTY:
1.800.735.2929)。这些服务都是免费的。

繁體中文 (Chinese Traditional)

请注意：如果您需要以您的母语提供的帮助，請撥打
1.888.882.3767 (TTY: 1.800.735.2929)。我們可為殘障人士提
供相應的輔助設施和服務，如盲文和大字印刷體格式的文
件。請撥打1.888.882.3767 (TTY: 1.800.735.2929)。此類服務
均免費提供。

فارسی (Farsi)

1.888.882.3767 خواهيد به زبان خود کمک دریافت کنید، با توجه: اگر می
تماس بگیرید. (TTY: 1.800.735.2929)



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کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است.
تماس بگیرید. این خدمات (TTY: 1.800.735.2929) 1.888.882.3767
رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1.888.882.3767 (TTY: 1.800.735.2929) पर कॉल करें। 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)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1.888.882.3767 (TTY: 1.800.735.2929). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1.888.882.3767 (TTY: 1.800.735.2929). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)



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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。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1.888.882.3767 (TTY: 1.800.735.2929) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1.888.882.3767 (TTY: 1.800.735.2929) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ:
ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1.888.882.3767 (TTY: 1.800.735.2929).
ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ



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ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່
ໃຫ້ໂທຫາເບີ 1.888.882.3767 (TTY: 1.800.735.2929).
ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1.888.882.3767 (TTY: 1.800.735.2929). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1.888.882.3767 (TTY: 1.800.735.2929). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1.888.882.3767 (TTY: 1.800.735.2929). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੈਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1.888.882.3767 (TTY: 1.800.735.2929). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।



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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)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1.888.882.3767 (TTY: 1.800.735.2929). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1.888.882.3767 (TTY: 1.800.735.2929). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1.888.882.3767 (TTY: 1.800.735.2929). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1.888.882.3767 (TTY: 1.800.735.2929).



If you have questions, please call Alameda Alliance Wellness at 1.888.88A.DSNP (1.888.882.3767). TTY users can call 1.800.735.2929.

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Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1.888.882.3767 (TTY: 1.800.735.2929) นอกจากนี้
ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น
เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่
กรุณาโทรศัพท์ไปที่หมายเลข 1.888.882.3767 (TTY: 1.800.735.2929)
ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1.888.882.3767 (TTY: 1.800.735.2929). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1.888.882.3767 (TTY: 1.800.735.2929). Ці послуги безкоштовні.

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



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lòng gọi số 1.888.882.3767 (TTY: 1.800.735.2929). Các dịch vụ này đều miễn phí.

- You can ask that we always send you information in the language or format you need. This is called a standing request. To get this document in a language other than English or in an alternate format now and in the future, please call Member Services at 1.888.88A.DSNP (1.888.882.3767). TTY users can call 1.800.735.2929. We are open seven (7) days a week, 8 am – 8 pm. Member Services will keep your preferred language and format on file for future communications. To make any updates on your preference, please contact Member Services.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all the FAQ to learn more or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “*Drug List*” for short.)

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by Alameda Alliance Wellness. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

- Alameda Alliance Wellness will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,



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- Alameda Alliance Wellness agrees that the drug is medically necessary for you, **and**
- you fill the prescription at an Alameda Alliance Wellness network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at www.alamedaalliance.org/alliancewellness or call Member Services at the numbers in the footer of this document.

B2. Does the *Drug List* ever change?

Yes, and Alameda Alliance Wellness must follow Medicare and Medi-Cal rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Alameda Alliance Wellness before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.



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- You can always check the Alameda Alliance Wellness up-to-date *Drug List* online at www.alamedaalliance.org/alliancewellness. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the numbers in the footer of this document to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, **or**
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
 - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. You should contact your provider or your pharmacy with questions about medication disposal.



If you have questions, please call Alameda Alliance Wellness at 1.888.88A.DSNP (1.888.882.3767). TTY users can call 1.800.735.2929.

We are open seven (7) days a week, 8 am – 8 pm. The call is free.

For more information, visit www.alamedaalliance.org/alliancewellness.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, **or**
- we remove an original biological product when adding a biosimilar, **or**
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases, you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Alameda Alliance Wellness based on specific criteria before you fill your prescription. Prior authorization is different from a referral. Alameda Alliance Wellness may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Alameda Alliance Wellness limits the amount of a drug you can get.



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- **Step therapy:** Sometimes Alameda Alliance Wellness requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at www.alamedaalliance.org/alliancewellness. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled "List of Drugs by Medical Condition" has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Alameda Alliance Wellness changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it by searching for the corresponding drug name.



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For more information, visit www.alamedaalliance.org/alliancewellness.

To search **by medical condition**, find **Section C1** labeled “List of Drugs by Medical Condition”. The drugs in this section are grouped into categories depending on the type of medical conditions they’re used to treat. For example, if you have a heart condition, you should look in Cardiovascular Agents category. That’s where you’ll find drugs that treat heart conditions.

B8. What if the drug I want to take isn’t on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Member Services at the numbers in the footer of this document and ask about it. If you learn that Alameda Alliance Wellness won’t cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that’s like the one you want to take. **Or**
- Ask Alameda Alliance Wellness to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I’m a new Alameda Alliance Wellness member and can’t find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you’re a member of Alameda Alliance Wellness. This will give you time to talk to your doctor or other prescriber. They can help you decide if there’s a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we’ll allow multiple refills to provide up to a maximum of 30 days of medication.

We’ll cover a 30-day supply of your drug if:

- you’re taking a drug that isn’t on our *Drug List*, **or**
- our plan rules don’t let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Alameda Alliance Wellness, **or**
- you’re taking a drug that’s part of a step therapy restriction.

If you’re taking a drug that Alameda Alliance Wellness doesn’t consider to be a Part D drug, and the drug isn’t on the *Drug List*, and you have a problem getting the drug, it may be covered through Medi-Cal Rx. If a Part D excluded drug requires an exception, and you have an



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For more information, visit www.alamedaalliance.org/alliancewellness.

emergency, Medi-Cal Rx will allow no less than 72-hour supply of the drug. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal BIC when getting prescriptions through Medi-Cal Rx.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new Alameda Alliance Wellness member.
- This is in addition to the temporary supply during the first 90 days you're a member of Alameda Alliance Wellness.

Transition Policy

Please refer to Chapter 5 "Getting your outpatient drugs", section D1 "Getting a temporary supply" for more details about transition drug supply.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Alameda Alliance Wellness to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, Alameda Alliance Wellness may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9, Section G2** of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?



If you have questions, please call Alameda Alliance Wellness at 1.888.88A.DSNP (1.888.882.3767). TTY users can call 1.800.735.2929.

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For more information, visit www.alamedaalliance.org/alliancewellness.

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. To request an exception, you or your prescriber must send Alameda Alliance Wellness a completed Coverage Exception Request Form, found on our website or by calling Member

Services at **1.888.88A.DSNP (1.888.882.3767)** (TTY: **1.800.735.2929**). Your prescriber must submit a supporting statement to the plan sponsor documenting the request.

Exception Request Phone Numbers	
Prescriber Phone Line	1.888.213.1531
Prescriber Standard Fax Request	1.858.790.7100
Prescriber Urgent Fax Request	1.858.790.7100

If you or your prescriber thinks your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Alameda Alliance Wellness covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy



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without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. Does Alameda Alliance Wellness cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered drugs. A 90-day supply has the same copay as a one-month supply.

B16. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B17. What's my copay?

Alameda Alliance Wellness members have a \$0 copay for prescription drugs if the member follows the plan's rules.

Tiers are groups of drugs on our *Drug List*.

- Tier 1 All Covered Part D Drugs have a \$0 copay.

If you have questions, call Member Services at the numbers in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Alameda Alliance Wellness. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by Alameda Alliance Wellness.



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For more information, visit www.alamedaalliance.org/alliancewellness.

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

Appeals Under Part D

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Medi-Cal.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the numbers in the footer of this document.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.
- Drugs that aren't a Part D drug have different rules for appeals.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, "Cardiovascular Agents". That's where you'll find drugs that treat heart conditions.

Here are the meanings of the codes used in the "Requirements/Limits" column:

ABBREVIATION	DESCRIPTION
PA	Prior Authorization Applies
PA NSO	PA for New Starts Only
PA BvD	PA for Part D vs. Part B Only
PA-HRM	PA for High Risk Meds
PA-NSO-HRM	PA for New Starts Only for High Risk Meds
QL	Quantity Limit Applies



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ST	Step Therapy Applies
CB	Capped Benefit
AGE (Max x Years)	Prior Authorization Age Edit
EX	Excluded Drug
FFF	Free First Fill (Generic Use Incentive)
LA	Limited Access Drug
NDS	Non-Extended Days Supply
NM	Non-Mail Order Drug
HI	Home Infusion Drug

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *cefadroxil oral capsule 500 mg*), brand name drugs are capitalized (for example, ZTLIDO EXTERNAL PATCH 1.8%). The information in the “Requirements/Limits” column tells you if Alameda Alliance Wellness has any rules for covering your drug.



If you have questions, please call Alameda Alliance Wellness at 1.888.88A.DSNP (1.888.882.3767). TTY users can call 1.800.735.2929.

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For more information, visit www.alamedaalliance.org/alliancewellness.

Table of Contents

Analgesics	25
Anesthetics	28
Anti-Addiction/Substance Abuse Treatment Agents	28
Antianxiety Agents	29
Antibacterials.....	30
Anticancer Agents	37
Anticonvulsants	53
Antidementia Agents.....	58
Antidepressants	59
Antidiabetic Agents	62
Antifungals.....	66
Antigout Agents.....	68
Antihistamines	68
Antihypoglycemic Agents	69
Antimigraine Agents	69
Antimycobacterials.....	70
Antinausea Agents.....	70
Antiparasite Agents.....	71
Antiparkinsonian Agents.....	72
Antipsychotic Agents.....	73
Antivirals (Systemic)	79
Blood Products/Modifiers/Volume Expanders.....	85
Caloric Agents	87
Cardiovascular Agents.....	88
Central Nervous System Agents.....	97
Contraceptives	99
Dental And Oral Agents	108

Dermatological Agents	108
Devices	112
Enzyme Replacement/Modifiers	156
Eye, Ear, Nose, Throat Agents	157
Gastrointestinal Agents	160
Genitourinary Agents	164
Heavy Metal Antagonists	165
Hormonal Agents, Stimulant/Replacement/Modifying	165
Immunological Agents	171
Metabolic Bone Disease Agents	184
Miscellaneous Therapeutic Agents	184
Ophthalmic Agents	185
Parasympathomimetic (Cholinergic Agents)	186
Replacement Preparations	187
Respiratory Tract Agents	188
Skeletal Muscle Relaxants	192
Sleep Disorder Agents	192
Sympathomimetic (Adrenergic) Agents	193
Vasodilating Agents	193
Vitamins And Minerals	194

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml</i>	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)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	NM; NDS; QL (240 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	1	NM; NDS; QL (360 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ibuprofen oral tablet</i> 400 mg, 600 mg, 800 mg (IBU)	1	
<i>indomethacin oral capsule</i> 25 mg, 50 mg	1	PA-HRM; AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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 inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	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, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M 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 piggyback 600 mg/300 ml</i> (Zyvox)	1	PA BvD
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	1	NM; NDS
<i>linezolid oral tablet 600 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	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)

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohyd/m-cryst oral (Macrobid)</i> <i>capsule 100 mg</i>	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</i> <i>1,000 mg, 10 gram, 500 mg, 750 mg</i>	1	PA BvD
<i>vancomycin oral capsule 125 mg (Vancocin)</i>	1	QL (77 per 28 days)
<i>vancomycin oral capsule 250 mg (Vancocin)</i>	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</i> <i>reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefazolin injection recon soln 1 gram,</i> <i>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</i> <i>reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefepime injection recon soln 1 gram,</i> <i>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 (Teflaro)</i> <i>soln 400 mg, 600 mg</i>	1	PA BvD; NM; NDS

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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This Drug List was updated on 9/01/2026.

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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>nafcilin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	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		

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	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</i> (Sulfatrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	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	

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This Drug List was updated on 9/01/2026.

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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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	
<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)

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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)
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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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, 50 mg, 70 mg, 80 mg</i> (Sprycel)	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	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 intravenous suspension 2 mg/ml</i> (Caelyx)	1	PA BvD; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	1	PA NSO
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)

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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	
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 mg/5 ml</i> (Cligavyx)	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
GAVRETO ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	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</i> (Hydrea)	1	
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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	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 X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	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
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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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)
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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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)
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)
RYBREVA NT 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
RYBREVA NT 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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
SCEMBLIX 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)
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)
TAGRISSO 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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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
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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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
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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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	
<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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>phenytek oral capsule 200 mg, 300 mg</i> (phenytoin sodium extended)	1	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
<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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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
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 release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	
<i>citalopram oral solution 10 mg/5 ml</i>	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 mg, 75 mg</i> (Anafranil)	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 extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating</i> (Remeron SolTab) <i>15 mg, 30 mg, 45 mg</i>	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	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	1	PA NSO-HRM; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
RALDESY ORAL SOLUTION 10 MG/ML	1	PA NSO; NM; NDS; QL (1200 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i> (Effexor XR)	1	QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	1	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (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)
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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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)
<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		

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
<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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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
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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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)
<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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
Antihypoglycemic Agents		
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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	1	QL (18 per 30 days)
<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
TRECTOR 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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 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	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	1	NM; NDS; QL (2 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	1	ST

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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</i> (Clozaril) <i>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	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	NM; NDS; QL (0.5 per 21 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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, 40 mg, 60 mg, 80 mg</i> (Latuda)	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 10 mg</i> (Zyprexa)	1	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	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)
<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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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)
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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	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</i> (Ziagen)	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	
<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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	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</i> (Apretude) <i>suspension,extended release 600 mg/3 ml (200 mg/ml)</i>	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-tenofov oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i>	1	NM; NDS
<i>efavirenz-lamivu-tenofov disop oral</i> (Symfi) <i>tablet 600-300-300 mg</i>	1	NM; NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	1	
<i>emtricitabine-tenofov (tdf) oral</i> (Truvada) <i>tablet 100-150 mg, 133-200 mg, 167- 250 mg, 200-300 mg</i>	1	
<i>emtricitabine-rilpivirine-tenofov df oral</i> (Complera) <i>tablet 200-25-300 mg</i>	1	NM; NDS

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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	
<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)

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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	
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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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	
<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)

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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)
<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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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	
<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		

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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 intravenous parenteral solution</i> (d5 % and 0.9 % sodium chloride)	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> (D5 % (d-glucose)-0.9 % sodchlr)	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) 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	
<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		

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (Diovan)	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg (Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors		
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	1	
benazepril oral tablet 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT)	1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg (Vaseretic)	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1	
moexipril oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	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	
<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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
Cardiovascular Agents, Miscellaneous		
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	1	
icatibant subcutaneous syringe 30 mg/3 ml (Firazyr)	1	PA; NM; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg (Corlanor)	1	ST; QL (60 per 30 days)
metyrosine oral capsule 250 mg	1	PA; NM; NDS
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-Dur)	1	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; NM; NDS; QL (30 per 30 days)
Diuretics		
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
furosemide injection solution 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg (Jynarque)	1	PA; NM; NDS; QL (120 per 30 days)
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)	1	PA; NM; NDS; QL (56 per 28 days)
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
Dyslipidemics		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet)	1	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	1	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)	1	
cholestyramine (with sugar) oral powder in packet 4 gram (Questran)	1	
cholestyramine light oral powder in packet 4 gram (cholestyramine)	1	
colesevelam oral tablet 625 mg (WelChol)	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram (Colestid)	1	
ezetimibe oral tablet 10 mg (Zetia)	1	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg (Vytorin 10-10)	1	QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	1	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	1	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	1	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
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)

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
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 Titrados)	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		

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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)
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 oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	1	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	1	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)-80 MG (21)	1	PA; NM; NDS

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	1	QL (900 per 30 days)
<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	

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<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>	(l 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	
<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>	(l 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>	(l 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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<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	
<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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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	
<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> (l 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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<i>junel 1/20 (21) oral tablet 1-20 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	
<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.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	1	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	1	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	1	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<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	
<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>lutra (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	

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<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	
<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	

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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	
<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)

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
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	
<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	

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<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>violele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<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)

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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		
<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 % (w/w)</i> (Rectiv)	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	

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This Drug List was updated on 9/01/2026.

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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<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	

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<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	
<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

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTIP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTIP 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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	PA; ST
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 1 ML 30 GAUGE X 1/2" (insulin syringe-needle 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 12.7MMX30G 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" (insulin syringe-needle u-100)	1	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	1	PA; ST

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
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

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This Drug List was updated on 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

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This Drug List was updated on 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

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This Drug List was updated on 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

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This Drug List was updated on 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

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This Drug List was updated on 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

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This Drug List was updated on 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

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This Drug List was updated on 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

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This Drug List was updated on 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
EASY COMFORT 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	1	PA; ST

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
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
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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
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
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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
EASY TOUCH INS SYR 1 ML 31G (insulin syringe-needle 8MM 1 ML 31 GAUGE X 5/16 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

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
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
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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
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

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
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
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

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
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
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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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 PENTIP 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	
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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
INSULIN 1/2 ML SYRINGE 1/2 ML (Ultrilet 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
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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE 1 ML (Advocate Syringes) 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	1	PA; ST
INSULIN SYRINGE 1 ML (Easy Touch Insulin Syringe) 31GX1/4" 1 ML 31 GAUGE X 1/4"	1	PA; ST
INSULIN SYRINGE 1 ML (Advocate Syringes) 31GX5/16" SHORT NEEDLE, THIN II (OTC) 1 ML 31 GAUGE X 5/16	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" (pen needle, diabetic) 29 GAUGE X 1/2"	1	PA; ST
INSUPEN PEN NEEDLE 31G 8MM (pen needle, diabetic) 31 GAUGE X 5/16"	1	PA; ST
INSUPEN PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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 u-100) 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	1	PA; ST
MAXI-COMFORT INS 0.5 ML 28G (insulin syringe-needle u-100) 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
MAXICOMFORT INS 1 ML (insulin syringe-needle u-100) 27GX1/2" 1 ML 27 GAUGE X 1/2"	1	PA; ST
MAXI-COMFORT INS 1 ML (insulin syringe-needle u-100) 28GX1/2" 1 ML 28 GAUGE X 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
MICRODOT PEN NEEDLE (pen needle, diabetic) 33GX4MM 33 GAUGE X 5/32"	1	PA; ST
MICRODOT READYGARD NDL (pen needle, diabetic, safety) 31G 5MM OUTER 31 GAUGE X 3/16"	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 (pen needle, diabetic) 31G STERILE 31 GAUGE X 3/16"	1	PA; ST

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
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
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle 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 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
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 GAUGE X 1/4" Pentips)	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	1	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	1	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	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" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
PRODIGY INS SYR 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X 1/2" u-100)	1	PA; ST
PRODIGY SYRNG 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	1	PA; ST
PRODIGY SYRNGE 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	1	PA; ST
PURE CMFT SFTY PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" 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% (alcohol swabs) PADS	1	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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 (Comfort EZ PRO 31 GAUGE X 5/32" Safety Pen Ndl)	1	PA; ST
SAFETY PEN NEEDLE 5MM X (pen needle, diabetic, 31G 31 GAUGE X 3/16" 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
SECURESAFE PEN NEEDLE 31G (pen needle, diabetic, 5MM OUTER 31 GAUGE X 3/16" 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., (insulin syringe-needle SAFETY u-100)	1	PA; ST

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	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
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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
SURE-FINE PEN NEEDLES 5MM (pen needle, diabetic) 31 GAUGE X 3/16"	1	PA; ST
SURE-FINE PEN NEEDLES 8MM (pen needle, diabetic) 31 GAUGE X 5/16"	1	PA; ST
SURE-JECT INSU SYR U100 0.3 (insulin syringe-needle ML 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 30 GAUGE X 5/16"	1	PA; ST
SURE-JECT INSU SYR U100 0.5 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", 0.5 u-100) ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
SURE-JECT INSU SYR U100 1 ML (insulin syringe-needle 1 ML 28 GAUGE X 1/2" u-100)	1	PA; ST
SURE-JECT INSUL SYR U100 1 (insulin syringe-needle ML 1 ML 29 GAUGE X 1/2", 1 ML u-100) 30 GAUGE X 5/16	1	PA; ST
SURE-JECT INSULIN SYRINGE 1 (insulin syringe-needle ML 1 ML 31 GAUGE X 5/16 u-100)	1	PA; ST
SURE-PREP ALCOHOL PREP (alcohol swabs) PADS	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 (insulin syringe-needle 29GX12MM 1 ML 29 GAUGE X u-100) 1/2"	1	PA; ST

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
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
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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	1	PA; ST
TOPFINE INSULN PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle 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 5MM 31 GAUGE X 3/16" (pen needle, diabetic, 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

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This Drug List was updated on 9/01/2026.

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

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This Drug List was updated on 9/01/2026.

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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
ULTICARE SYR 0.5 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.5 ML 31 u-100) GAUGE X 5/16"	1	PA; ST
ULTICARE SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 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

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This Drug List was updated on 9/01/2026.

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

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
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
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

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
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
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

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
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
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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
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
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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

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

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This Drug List was updated on 9/01/2026.

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

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		1	PA; ST
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	PA; ST
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	(pen needle, diabetic)	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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 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	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment</i> (bacitracin-polymyxin b) <i>500-10,000 unit/gram</i>	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 OPTHALMIC (EYE) DROPS 0.25 %	1	PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac ophthalmic (eye) drops</i> (Prolensa) <i>0.07 %</i>	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</i> (Durezol) <i>0.05 %</i>	1	
EYSUVIS OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	1	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 per 25 days)

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	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 (eye) drops,gel 0.5 %</i> (Lotemax)	1	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	1	ST
<i>loteprednol etabonate ophthalmic (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 50 mcg/actuation</i> (Allergy Nasal (mometasone))	1	QL (34 per 30 days)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	1	QL (60 per 30 days)
Gastrointestinal Agents		

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	1	PA; NM; NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	1	

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	1	
<i>kionex oral suspension 15 gram/60 ml</i> (sodium polystyrene sulfonate)	1	
<i>lactulose oral solution 10 gram/15 ml</i> (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)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
<i>lubiprostone oral capsule 24 mcg</i>	1	QL (60 per 30 days)
<i>lubiprostone oral capsule 8 mcg</i> (Amitiza)	1	QL (120 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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>alosetron 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	
<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		

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	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 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	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		
<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)

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This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<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)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(Climara)	1	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	(Estrace)	1	
<i>estradiol vaginal tablet 10 mcg</i>	(Yuvaferm)	1	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	(Abigale Lo)	1	PA-HRM; AGE (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	(Abigale)	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)

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	1	
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phosphate 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 mg, 5 mg</i> (Cortef)	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)
<i>methylprednisolone acetate injection suspension 40 mg/ml</i> (Depo-Medrol)	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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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 acetonide injection (Kenalog) suspension 40 mg/ml</i>	1	
Incretin Mimetics		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	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)
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	

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; NM; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	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
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; NM; NDS
NORDITROPIN FLEXPROM 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 1,000 mcg/ml, 200 mcg/ml</i>	1	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>lithyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Liomy)	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
<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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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</i> (Sandimmune) 250 mg/5 ml	1	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	1	PA BvD
<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</i> 100 mg, 25 mg (Sandimmune)	1	PA BvD
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 120 mg (Tecfidera)	1	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 120 mg (14)- 240 mg (46) (Tecfidera)	1	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 240 mg (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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
<i>everolimus (immunosuppressive) oral (Zortress) tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress) 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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
HADLIMA(CF) PUSHTOUCH (adalimumab-bwwd) SUBCUTANEOUS AUTO- INJECTOR 40 MG/0.4 ML	1	PA; NM; NDS
HADLIMA(CF) SUBCUTANEOUS (adalimumab-bwwd) 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
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</i> (Remicade) <i>100 mg</i>	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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	
<i>mycophenolate mofetil (hcl)</i> (CellCept Intravenous) <i>intravenous recon soln 500 mg</i>	1	PA BvD
<i>mycophenolate mofetil oral capsule</i> (CellCept) <i>250 mg</i>	1	PA BvD
<i>mycophenolate mofetil oral</i> (CellCept) <i>suspension for reconstitution 200</i> <i>mg/ml</i>	1	PA BvD
<i>mycophenolate mofetil oral tablet</i> (CellCept) <i>500 mg</i>	1	PA BvD
<i>mycophenolate sodium oral</i> (Myfortic) <i>tablet, delayed release (dr/ec) 180</i> <i>mg, 360 mg</i>	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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
<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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
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	

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-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
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

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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	
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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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
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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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)
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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
Replacement Preparations		
Replacement Preparations		
<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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<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 (fluticasone propion-salmeterol) MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name		Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>		1	QL (13.4 per 30 days)
<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>breynga 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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA BvD
<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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 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)
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)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
<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)

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This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
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</i> (pnv,calcium 72-iron- folic acid)	1	
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>pnv-dha + docusate oral capsule 27- 1.25-55-300 mg</i>	1	
<i>pnv-omega softgel 28-1-300 mg</i>	1	
<i>pnv-select tablet 27-1 mg</i>	1	
<i>pr natal 400 combo pack 29-1-400 mg</i>	1	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 combo pack 29 mg iron- 1 mg -430 mg</i>	1	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	1	
<i>prenaissance oral capsule 29-1.25- 55-325 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
<i>prenatabs fa tablet 29-1 mg</i>	1	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>prenatal-u capsule 106.5-1 mg</i>	1	
<i>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 softigel 28-1-300 mg</i>	1	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 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.

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

This Drug List was updated on 9/01/2026.

INDEX

1		
1ST TIER UNIFINE PENTIPS		
.....	112, 113	
1ST TIER UNIFINE PENTIPS		
PLUS	113	
A		
<i>abacavir</i>	79	
<i>abacavir-lamivudine</i>	79	
ABELCET	66	
<i>abigale</i>	166	
<i>abigale lo</i>	166	
ABILIFY ASIMTUFII.....	73	
ABILIFY MAINTENA....	73, 74	
<i>abiraterone</i>	37	
<i>abirtega</i>	37	
ABRYSVO (PF).....	178	
<i>acamprosate</i>	28	
<i>acarbose</i>	62	
<i>acebutolol</i>	91	
<i>acetaminophen-codeine</i>	25	
<i>acetazolamide</i>	185	
<i>acetazolamide sodium</i>	185	
<i>acetic acid</i>	157	
<i>acetylcysteine</i>	190	
<i>acitretin</i>	109	
ACTHIB (PF).....	178	
ACTIMMUNE	171	
<i>acyclovir</i>	84, 108	
<i>acyclovir sodium</i>	84	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)	179	
<i>adalimumab-aaty</i>	171	
<i>adalimumab-aaty(cf) ai crohns</i>		
.....	171	
<i>adefovir</i>	84	
ADEMPAS.....	193	
<i>adrucil</i>	37	
ADVAIR HFA.....	188	
ADVOCATE PEN NEEDLE		
.....	113	
ADVOCATE SYRINGES...	113	
<i>afirmelle</i>	99	
AIMOVIG AUTOINJECTOR		
.....	69	
AIRSUPRA	188	
AKEEGA.....	37	
<i>ala-cort</i>	110	
<i>albendazole</i>	71	
<i>albuterol sulfate</i>	188, 189	
ALCOHOL PADS	113	
ALCOHOL PREP PADS	133	
ALCOHOL SWABS	129	
ALCOHOL WIPES	139	
ALECENSA	37	
<i>alendronate</i>	184	
<i>alfuzosin</i>	165	
<i>aliskiren</i>	97	
<i>allopurinol</i>	68	
<i>alose tron</i>	163	
<i>alprazolam</i>	29	
<i>altavera (28)</i>	99	
ALTRENO.....	109	
ALUNBRIG.....	37	
<i>alyacen 1/35 (28)</i>	99	
<i>alyacen 7/7/7 (28)</i>	99	
<i>alyq</i>	193	
<i>amantadine hcl</i>	72	
<i>ambrisentan</i>	193	
<i>amethia</i>	99	
<i>amethyst (28)</i>	99	
<i>amikacin</i>	30	
<i>amiloride</i>	94	
<i>amiloride-hydrochlorothiazide</i>		
.....	94	
<i>amiodarone</i>	91	
<i>amitriptyline</i>	59	
<i>amlodipine</i>	92	
<i>amlodipine-atorvastatin</i>	95	
<i>amlodipine-benazepril</i>	92	
<i>amlodipine-olmesartan</i>	92	
<i>amlodipine-valsartan</i>	93	
<i>amlodipine-valsartan-hcthiazid</i>		
.....	93	
<i>ammonium lactate</i>	109	
<i>amoxapine</i>	59	
<i>amoxicillin</i>	34	
<i>amoxicillin-pot clavulanate</i> ..	34,	
35		
<i>amphotericin b</i>	66	
<i>amphotericin b liposome</i>	66	
<i>ampicillin</i>	35	
<i>ampicillin sodium</i>	35	
<i>ampicillin-sulbactam</i>	35	
<i>anagrelide</i>	87	
<i>anastrozole</i>	37	
ANORO ELLIPTA	189	
<i>aprepitant</i>	70	
<i>apri</i>	100	
APTIVUS.....	79	
AQINJECT PEN NEEDLE .	113	
ARCALYST	171	
AREXVY (PF).....	179	
ARIKAYCE.....	30	
<i>aripiprazole</i>	74	
ARISTADA	74	
ARISTADA INITIO	74	
<i>armodafinil</i>	192	
ARNUITY ELLIPTA	188	
<i>asenapine maleate</i>	74	
<i>ashlyna</i>	100	
<i>aspirin-dipyridamole</i>	87	

ASSURE ID DUO PRO SFTY	
PEN NDL	114
ASSURE ID DUO-SHIELD	114
ASSURE ID INSULIN	
SAFETY	114
ASSURE ID PEN NEEDLE	114
ASSURE ID PRO PEN	
NEEDLE	114
atazanavir	79
atenolol	91
atenolol-chlorthalidone	91
atomoxetine	98
atorvastatin	95
atovaquone	71
atovaquone-proguanil	71
atropine	157
aubra eq	100
AUGTYRO	37
aurovela 1.5/30 (21)	100
aurovela 1/20 (21)	100
aurovela 24 fe	100
aurovela fe 1.5/30 (28)	100
aurovela fe 1-20 (28)	100
AUSTEDO	98
AUSTEDO XR	98
AUSTEDO XR TITRATION	
KT(WK1-4)	98
AUVELITY	59
aviane	100
AVMAPKI	38
AVMAPKI-FAKZYNJA	38
AVONEX	171
ayuna	100
AYVAKIT	38
azacitidine	38
azathioprine	171
azathioprine sodium	171
azelastine	157
azithromycin	33
aztreonam	34
azurette (28)	100

B	
<i>bacitracin</i>	157
<i>bacitracin-polymyxin b</i>	157
<i>baclofen</i>	192
<i>bal-care dha</i>	194
<i>bal-care dha essential</i>	194
<i>balsalazide</i>	163
BALVERSA	38
BAQSIMI	184
BCG VACCINE, LIVE (PF)	179
BD ALCOHOL SWABS	115
BD AUTOSHIELD DUO PEN	
NEEDLE	114
BD ECLIPSE LUER-LOK ..	114
BD INSULIN SYRINGE ...	114
BD INSULIN SYRINGE	
(HALF UNIT)	114
BD INSULIN SYRINGE	
ULTRA-FINE	114
BD SAFETYGLIDE INSULIN	
SYRINGE	114, 115
BD SAFETYGLIDE SYRINGE	
.....	115
BD ULTRA-FINE MICRO	
PEN NEEDLE	115
BD ULTRA-FINE MINI PEN	
NEEDLE	115
BD ULTRA-FINE NANO PEN	
NEEDLE	115
BD ULTRA-FINE ORIG PEN	
NEEDLE	115
BD ULTRA-FINE SHORT	
PEN NEEDLE	115
BD VEO INSULIN SYR	
(HALF UNIT)	115
BD VEO INSULIN SYRINGE	
UF	115, 116
BELSOMRA	192
<i>benazepril</i>	90
<i>benazepril-hydrochlorothiazide</i>	
.....	90
<i>bendamustine</i>	38

BENLYSTA	171
<i>benztropine</i>	72
BESREMI	38
BESREMI PEN	38
<i>betaine</i>	185
<i>betamethasone dipropionate</i>	110
<i>betamethasone valerate</i>	110
<i>betamethasone, augmented</i> ..	111
BETASERON	171
<i>betaxolol</i>	185
<i>bethanechol chloride</i>	164
<i>bexarotene</i>	38
BEXSERO	179
<i>bicalutamide</i>	38
BICILLIN L-A	35
BIKTARVY	79
<i>bimatoprost</i>	185
<i>bismuth subcit k-metronidz-tcn</i>	
.....	161
<i>bisoprolol fumarate</i>	91
<i>bisoprolol-hydrochlorothiazide</i>	
.....	91
<i>bleomycin</i>	38
<i>blisovi 24 fe</i>	100
<i>blisovi fe 1.5/30 (28)</i>	100
<i>blisovi fe 1/20 (28)</i>	100
BOOSTRIX TDAP	179
BORDERED GAUZE	116
<i>bortezomib</i>	38
BOSULIF	38
<i>bosutinib</i>	39
BRAFTOVI	39
BREO ELLIPTA	189
<i>breyana</i>	189
BREZTRI AEROSPHERE ..	189
<i>brimonidine</i>	185, 186
<i>brimonidine-timolol</i>	186
<i>brinzolamide</i>	186
<i>brivaracetam</i>	53
<i>bromfenac</i>	159
<i>bromocriptine</i>	72
BRONCHITOL	190

BRUKINSA	39	<i>captopril</i>	90	CIMDUO	80
<i>budesonide</i>	163, 188	<i>carbamazepine</i>	53	<i>cimetidine hcl</i>	161
<i>bumetanide</i>	94	<i>carbidopa-levodopa</i>	72, 73	<i>cinacalcet</i>	184
<i>buprenorphine</i>	25	CAREFINE PEN NEEDLE.	116	<i>ciprofloxacin hcl</i>	36, 158
<i>buprenorphine hcl</i>	28	CARETOUCH ALCOHOL		<i>ciprofloxacin in 5 % dextrose</i>	36
<i>buprenorphine-naloxone</i>	29	PREP PAD.....	116	<i>ciprofloxacin-dexamethasone</i>	
<i>bupropion hcl</i>	59	CARETOUCH INSULIN		.....	158
<i>bupropion hcl (smoking deter)</i>		SYRINGE.....	116, 117	<i>citalopram</i>	59
.....	29	CARETOUCH PEN NEEDLE		<i>clarithromycin</i>	33
<i>bupirone</i>	185	.....	116	CLICKFINE PEN NEEDLE	117
<i>butalbital-acetaminop-caf-cod</i>		<i>carglumic acid</i>	161	<i>clindamycin hcl</i>	31
.....	25	<i>carteolol</i>	186	<i>clindamycin phosphate</i> ..	31, 109,
<i>butalbital-acetaminophen-caff</i>	25	<i>cartia xt</i>	93	110	
BYSANTI.....	74	<i>carvedilol</i>	92	CLINIMIX 6%-D5W	
BYSANTI TITRATION PACK		CAYSTON	34	(SULFITE-FREE).....	88
A.....	74	<i>cefaclor</i>	32	CLINIMIX 8%-	
BYSANTI TITRATION PACK		<i>cefadroxil</i>	32	D10W(SULFITE-FREE) ...	88
B.....	74	<i>cefazolin</i>	32	CLINIMIX 8%-	
BYSANTI TITRATION PACK		<i>cefdinir</i>	32	D14W(SULFITE-FREE) ...	88
C.....	75	<i>cefepime</i>	32	CLINIMIX E 8%-D10W	
C		<i>cefexime</i>	32	SULFITEFREE.....	88
CABENUVA.....	80	<i>cefoxitin</i>	34	CLINIMIX E 8%-D14W	
<i>cabergoline</i>	72	<i>cefpodoxime</i>	32	SULFITEFREE.....	88
CABOMETYX.....	39	<i>cefprozil</i>	32	<i>clobazam</i>	53
<i>cabotegravir</i>	80	<i>ceftaroline fosamil</i>	32	<i>clobetasol</i>	111
<i>calcipotriene</i>	109	<i>ceftazidime</i>	33	<i>clobetasol-emollient</i>	111
<i>calcitonin (salmon)</i>	184	<i>ceftriaxone</i>	33	<i>clomipramine</i>	59
<i>calcitriol</i>	184	<i>cefuroxime axetil</i>	33	<i>clonazepam</i>	29, 30
<i>calcium acetate(phosphat bind)</i>		<i>cefuroxime sodium</i>	33	<i>clonidine</i>	88
.....	161	<i>celecoxib</i>	27	<i>clonidine hcl</i>	88
CALQUENCE		<i>cephalexin</i>	33	<i>clopidogrel</i>	87
(ACALABRUTINIB MAL)		<i>cevimeline</i>	108	<i>clorazepate dipotassium</i>	30
.....	39	<i>chateal eq (28)</i>	100	<i>clotrimazole</i>	66, 67
CAMCEVI (6 MONTH)	39	<i>chlordiazepoxide hcl</i>	29	<i>clotrimazole-betamethasone</i> ..	67
<i>camila</i>	100	<i>chlorhexidine gluconate</i>	108	<i>clozapine</i>	75
<i>camrese</i>	100	<i>chloroquine phosphate</i>	71	<i>c-nate dha</i>	194
<i>camrese lo</i>	100	<i>chlorpromazine</i>	75	COARTEM	71
<i>candesartan</i>	89	<i>chlorthalidone</i>	94	COBENFY	75
<i>candesartan-hydrochlorothiazid</i>		<i>cholestyramine (with sugar)</i> ..	95	COBENFY STARTER PACK	
.....	89	<i>cholestyramine light</i>	95	.....	75
CAPLYTA	75	<i>ciclopirox</i>	66	<i>colchicine</i>	68
CAPRELSA	39	<i>cilostazol</i>	87	<i>colesevelam</i>	95

<i>colestipol</i>	95	<i>dabigatran etexilate</i>	85	<i>diazepam intensol</i>	30
<i>colistin (colistimethate na)</i>	31	<i>dalfampridine</i>	185	<i>diazoxide</i>	69
COMBIVENT RESPIMAT .	189	<i>danazol</i>	165	<i>diclofenac potassium</i>	27
COMETRIQ	39	<i>dantrolene</i>	192	<i>diclofenac sodium</i> ..27, 111, 159	
COMFORT EZ INSULIN		DANZITEN	40	<i>diclofenac-misoprostol</i>	27
SYRINGE.....	117, 118, 119	<i>dapagliflozin</i>	62	<i>dicloxacillin</i>	35
COMFORT EZ PEN NEEDLES		<i>dapagliflozin-metformin</i>	62	<i>dicyclomine</i>	162
.....	117, 118	<i>dapsone</i>	70	<i>didanosine</i>	80
COMFORT EZ PRO SAFETY		DAPTACEL (DTAP		<i>difluprednate</i>	159
PEN NDL	118	PEDIATRIC) (PF)	179	<i>digoxin</i>	94
COMFORT TOUCH PEN		<i>daptomycin</i>	31	<i>dihydroergotamine</i>	69
NEEDLE	119, 120	<i>darifenacin</i>	164	DILANTIN	54
<i>compro</i>	70	<i>darunavir</i>	80	<i>diltiazem hcl</i>	93
<i>conjugated estrogens</i>	166	<i>dasatinib</i>	40	<i>dilt-xr</i>	93
<i>constulose</i>	161	<i>dasetta 1/35 (28)</i>	101	<i>dimethyl fumarate</i>	172
COPIKTRA	39	<i>dasetta 7/7/7 (28)</i>	101	<i>diphenoxylate-atropine</i>	162
CORTROPHIN GEL.....	168	DAURISMO	40	<i>dipyridamole</i>	87
COSENTYX.....	172	<i>daysee</i>	101	<i>disulfiram</i>	29
COSENTYX (2 SYRINGES)		<i>deblitane</i>	101	<i>divalproex</i>	54
.....	171	<i>decitabine</i>	40	<i>dofetilide</i>	91
COSENTYX PEN (2 PENS)	172	<i>deferasirox</i>	165	<i>dolishale</i>	101
COSENTYX UNOREADY		DELSTRIGO	80	<i>donepezil</i>	58
PEN	172	DENG VAXIA (PF)	179	<i>dorzolamide</i>	186
COTELLIC.....	39	DEPO-SUBQ PROVERA	104	<i>dorzolamide-timolol</i>	186
CREON	156	.....	170	<i>dotti</i>	166
CRESEMBA	67	DERMACEA.....	120	DOVATO.....	80
<i>cromolyn</i>	157, 162, 191	DERMACEA NON-WOVEN		<i>doxazosin</i>	89
<i>cryselle (28)</i>	101	.....	120	<i>doxepin</i>	59, 192
CURITY ALCOHOL SWABS		<i>dermacinrx lidocan</i>	28	<i>doxorubicin, peg-liposomal</i> ...	40
.....	120	DESCOVY	80	<i>doxy-100</i>	36
CURITY GAUZE	120	<i>desipramine</i>	59	<i>doxycycline hyclate</i>	36
<i>cyclobenzaprine</i>	192	<i>desmopressin</i>	168, 169	<i>doxycycline monohydrate</i> .36, 37	
<i>cyclophosphamide</i>	39, 40	<i>desog-e.estradiol/e.estradiol</i>	101	DRIZALMA SPRINKLE	59, 60
<i>cyclosporine</i>	159, 172	<i>desvenlafaxine succinate</i>	59	<i>dronabinol</i>	71
<i>cyclosporine modified</i>	172	<i>dexamethasone</i>	167	DROPLET INSULIN	
<i>cyred eq</i>	101	<i>dexamethasone sodium</i>		SYR(HALF UNIT) ..	120, 121
D		<i>phosphate</i>	159, 167	DROPLET INSULIN	
<i>d5 % (d-glucose)-0.9 % sodchl</i>		<i>dextroamphetamine-</i>		SYRINGE	120, 121, 122
.....	88	<i>amphetamine</i>	98	DROPLET MICRON PEN	
<i>d5 % and 0.9 % sodium chloride</i>		<i>dextrose 5 % in water (d5w)</i> ..	88	NEEDLE	122
.....	88	DIACOMIT	53, 54	DROPLET PEN NEEDLE .	122,
<i>d5 %-0.45 % sodium chloride</i>	88	<i>diazepam</i>	30, 54	123	

DROPSAFE ALCOHOL PREP PADS.....	123	EASY TOUCH LUER LOCK INSULIN	127	EMTRIVA	81
DROPSAFE INSULIN SYRINGE.....	123	EASY TOUCH PEN NEEDLE	127	<i>emzahh</i>	101
DROPSAFE PEN NEEDLE	123	EASY TOUCH SAFETY PEN NEEDLE.....	127, 128, 129	<i>enalapril maleate</i>	90
<i>drospirenone-ethinyl estradiol</i>	101	EASY TOUCH SHEATHLOCK INSULIN	126, 127	<i>enalapril-hydrochlorothiazide</i>	90
<i>droxidopa</i>	193	EASY TOUCH UNI-SLIP ..	128	ENBREL	172
<i>duloxetine</i>	60	EASYLIFE ALCOHOL PADS	128	ENBREL MINI.....	172
DUPIXENT PEN	172	EASYLIFE INSULIN PEN NEEDLE.....	128	ENBREL SURECLICK.....	173
DUPIXENT SYRINGE.....	172	EASYLIFE INSULIN SYRINGE.....	129	<i>endocet</i>	25
<i>dutasteride</i>	165	EASYLIFE SAFETY PEN NEEDLE.....	129	ENERGIX-B (PF).....	179
E		<i>econazole nitrate</i>	67	ENERGIX-B PEDIATRIC (PF)	180
EASY COMFORT ALCOHOL PAD.....	124	EDURANT PED.....	80	<i>enilloring</i>	101
EASY COMFORT INSULIN SYRINGE.....	123, 124, 125	<i>efavirenz</i>	80	<i>enoxaparin</i>	85
EASY COMFORT PEN NEEDLES	124	<i>efavirenz-emtricitabin-tenofov</i>	80	<i>enpresse</i>	101
EASY COMFORT SAFETY PEN NEEDLE.....	123	<i>efavirenz-lamivu-tenofov disop</i>	80	ENSACOVE	40
EASY GLIDE INSULIN SYRINGE.....	125	ELIGARD.....	40	<i>enskyce</i>	101
EASY GLIDE PEN NEEDLE	125	ELIGARD (3 MONTH)	40	<i>entacapone</i>	73
EASY TOUCH.....	127	ELIGARD (4 MONTH)	40	<i>entecavir</i>	84
EASY TOUCH ALCOHOL PREP PADS	126	ELIGARD (6 MONTH)	40	ENTYVIO.....	173
EASY TOUCH AUTORETRACT SYRINGE	126	<i>elimest</i>	101	ENTYVIO PEN	173
EASY TOUCH FLIPLOCK INSULIN.....	127	ELIQUIS.....	85	<i>enulose</i>	162
EASY TOUCH FLIPLOCK SYRINGE.....	126	ELIQUIS DVT-PE TREAT 30D START.....	85	ENVARUS XR.....	173
EASY TOUCH INS SYR (HALF UNIT)	125	ELIQUIS SPRINKLE.....	85	EPCLUSA.....	84
EASY TOUCH INSULIN SAFETY SYR.....	125, 126	<i>eltrombopag olamine</i>	86	EPIDIOLEX.....	54
EASY TOUCH INSULIN SYRINGE.....	125, 126, 127, 128	<i>eluryng</i>	101	<i>epinastine</i>	157
		EMBRACE PEN NEEDLE.....	129	<i>epinephrine</i>	193
		EMGALITY PEN.....	69	<i>epitol</i>	54
		EMGALITY SYRINGE	69	<i>eplerenone</i>	97
		EMSAM.....	60	<i>ergoloid</i>	58
		<i>emtricitabine</i>	80	ERIVEDGE.....	40
		<i>emtricitabine-tenofov (tdf)</i> ..	80	ERLEADA.....	40
		<i>emtricitabine-tenofov df</i> ..	80	<i>erlotinib</i>	41
				<i>errin</i>	101
				<i>ertapenem</i>	34
				<i>erythromycin</i>	34, 158
				<i>erythromycin ethylsuccinate</i> ..	33, 34
				<i>erythromycin with ethanol</i> ...	110
				<i>escitalopram oxalate</i>	60
				<i>eslicarbazepine</i>	54
				<i>esomeprazole magnesium</i>	161
				<i>estarylla</i>	101

<i>estradiol</i>	166	<i>felodipine</i>	93	<i>fluticasone propion-salmeterol</i>	189
<i>estradiol-norethindrone acet</i>	166	<i>fenofibrate</i>	96	<i>fluvastatin</i>	96
<i>eszopiclone</i>	192	<i>fenofibrate micronized</i>	96	<i>fluvoxamine</i>	60
<i>ethambutol</i>	70	<i>fenofibrate nanocrystallized ..</i>	96	<i>folivane-ob</i>	194
<i>ethosuximide</i>	54	<i>fentanyl</i>	25	<i>fondaparinux</i>	86
<i>ethynodiol diac-eth estradiol</i>	101, 102	<i>fentanyl citrate</i>	25	<i>fosamprenavir</i>	81
<i>etodolac</i>	27	<i>fesoterodine</i>	164	<i>fosfomycin tromethamine</i>	31
<i>etonogestrel-ethinyl estradiol</i>	102	FETZIMA	60	<i>fosinopril</i>	90
<i>etoposide</i>	41	FIASP FLEXTOUCH U-100 INSULIN	64	<i>fosinopril-hydrochlorothiazide</i>	90
<i>etravirine</i>	81	FIASP PENFILL U-100 INSULIN	64	<i>fosphenytoin</i>	54
EUCRISA	111	FIASP U-100 INSULIN	64	FOTIVDA	41
EULEXIN	41	<i>fidaxomicin</i>	34	FRUZAQLA	41
<i>everolimus (antineoplastic)</i> ...	41	FILSPARI	185	<i>fulvestrant</i>	41
<i>everolimus</i> (immunosuppressive).....	173	<i>finasteride</i>	165	<i>furosemide</i>	94
EVOTAZ	81	<i> fingolimod</i>	173	G	
EXEL INSULIN	129	FINTEPLA	54	<i>gabapentin</i>	54, 55
<i>exemestane</i>	41	FIRMAGON KIT W DILUENT SYRINGE	41	<i>galantamine</i>	58
EXTENCILLINE	35	<i>flavoxate</i>	164	<i>gallifrey</i>	170
EXXUA	60	<i>flecainide</i>	91	GAMUNEX-C	173
EYSUVIS	159	<i>floxuridine</i>	41	GARDASIL 9 (PF)	180
<i>ezetimibe</i>	95	<i>fluconazole</i>	67	GAUZE BANDAGE	139
<i>ezetimibe-simvastatin</i>	95, 96	<i>fluconazole in nacl (iso-osm).</i>	67	GAUZE PAD	129
F		<i>flucytosine</i>	67	<i>gavilyte-c</i>	164
<i>falmina (28)</i>	102	<i>fludrocortisone</i>	167	<i>gavilyte-g</i>	164
<i>famciclovir</i>	85	<i>flunisolide</i>	159	<i>gavilyte-n</i>	164
<i>famotidine</i>	161	<i>fluocinolone</i>	111	GAVRETO	42
FANAPT	75	<i>fluocinolone acetonide oil ...</i>	160	<i>gefitinib</i>	42
FANAPT TITRATION PACK A	75	<i>fluocinonide</i>	111	<i>gemfibrozil</i>	96
FANAPT TITRATION PACK B	75	<i>fluorometholone</i>	160	<i>generlac</i>	162
FANAPT TITRATION PACK C	75	<i>fluorouracil</i>	41, 109	<i>gengraf</i>	173
FARXIGA	62	<i>fluoxetine</i>	60	<i>gentamicin</i>	30, 110, 158
FASENRA	173	<i>fluphenazine decanoate</i>	75	<i>gentamicin sulfate (ped) (pf)</i> ..	30
FASENRA PEN	173	<i>fluphenazine hcl</i>	75, 76	GENVOYA	81
<i>febuxostat</i>	68	<i>flurbiprofen</i>	27	GILOTRIF	42
<i>feirza</i>	102	<i>flurbiprofen sodium</i>	160	<i>glatiramer</i>	173
<i>felbamate</i>	54	<i>fluticasone furoate-vilanterol</i>	189	<i>glatopa</i>	173
		<i>fluticasone propionate</i> 111, 160, 188		<i>glimepiride</i>	66
				<i>glipizide</i>	66
				<i>glipizide-metformin</i>	66
				<i>glutamine (sickle cell)</i>	185

<i>glyburide</i>	66	HIBERIX (PF).....	180	<i>imatinib</i>	42
<i>glyburide micronized</i>	66	HUMIRA.....	174	IMBRUVICA.....	43
<i>glyburide-metformin</i>	66	HUMIRA PEN.....	174	<i>imipenem-cilastatin</i>	34
<i>glycopyrrolate</i>	162	HUMIRA(CF).....	174	<i>imipramine hcl</i>	60
<i>glydo</i>	28	HUMIRA(CF) PEN.....	174	<i>imiquimod</i>	109
GLYXAMBI.....	62	HUMIRA(CF) PEN CROHNS- UC-HS.....	174	IMKELDI.....	43
GOMEKLI.....	42	HUMIRA(CF) PEN PEDIATRIC UC.....	174	IMOVAX RABIES VACCINE (PF).....	180
<i>griseofulvin microsize</i>	67	HUMIRA(CF) PEN PSOR-UV- ADOL HS.....	174	IMPAVIDO.....	72
<i>griseofulvin ultramicrosize</i>	67	HUMULIN R U-500 (CONC) INSULIN.....	64	<i>incassia</i>	102
<i>guanfacine</i>	88, 98	HUMULIN R U-500 (CONC) KWIKPEN.....	64	INCONTROL ALCOHOL PADS.....	131
GVOKE.....	185	<i>hydralazine</i>	97	INCONTROL PEN NEEDLE	131
GVOKE HYPOPEN 2-PACK	185	<i>hydrochlorothiazide</i>	94	INCRELEX.....	169
GVOKE PFS 1-PACK SYRINGE.....	185	<i>hydrocodone-acetaminophen</i>	25	<i>indapamide</i>	94
H		<i>hydrocortisone</i>	111, 112, 163, 167	<i>indomethacin</i>	27
HADLIMA.....	173	<i>hydrocortisone valerate</i>	112	INFANRIX (DTAP) (PF)	180
HADLIMA PUSHTOUCH..	173	<i>hydrocortisone-acetic acid</i> ..	158	<i>infliximab</i>	174
HADLIMA(CF).....	174	<i>hydromorphone</i>	26	INGREZZA.....	99
HADLIMA(CF) PUSHTOUCH	174	<i>hydroxychloroquine</i>	71, 72	INGREZZA INITIATION PK(TARDIV).....	98
HAEGARDA.....	86	<i>hydroxyurea</i>	42	INGREZZA SPRINKLE.....	99
<i>hailey 24 fe</i>	102	<i>hydroxyzine hcl</i>	68	INLEXZO.....	43
<i>hailey fe 1.5/30 (28)</i>	102	<i>hydroxyzine pamoate</i>	185	INLURIYO.....	43
<i>hailey fe 1/20 (28)</i>	102	HYRNUO.....	42	INLYTA.....	43
<i>halobetasol propionate</i>	111	I		INPEN (FOR HUMALOG) BLUE.....	131
<i>haloette</i>	102	<i>ibandronate</i>	184	INPEN (FOR HUMALOG) GREY.....	131
<i>haloperidol</i>	76	IBRANCE.....	42	INPEN (FOR HUMALOG) PINK.....	131
<i>haloperidol decanoate</i>	76	IBTROZI.....	42	INPEN (NOVOLOG OR FIASP) BLUE.....	131
<i>haloperidol lactate</i>	76	<i>ibu</i>	27	INPEN (NOVOLOG OR FIASP) GREY.....	131
HAVRIX (PF).....	180	<i>ibuprofen</i>	27	INPEN (NOVOLOG OR FIASP) PINK.....	131
HEALTHWISE INSULIN SYRINGE.....	130	<i>icatibant</i>	94	INQOVI.....	43
HEALTHWISE PEN NEEDLE	130	<i>iclevia</i>	102	INREBIC.....	43
HEALTHY ACCENTS UNIFINE PENTIP.....	131	ICLUSIG.....	42	<i>insulin glargine-yfgn</i>	64
<i>heather</i>	102	<i>icosapent ethyl</i>	96	<i>insulin lispro</i>	64
<i>heparin (porcine)</i>	86	IDHIFA.....	42		
HEPLISAV-B (PF).....	180	IDVYNOS.....	81		
HERCEPTIN HYLECTA.....	42	<i>ifosfamide</i>	42		
HERNEXEOS.....	42	ILEVRO.....	160		

INSULIN SYR/NDL U100 HALF MARK .....132	JANUMET XR..... 62	KOMZIFTI .....44
INSULIN SYRINGE MICROFINE.....114	JARDIANCE..... 62	KOSELUGO .....44
INSULIN SYRINGE-NEEDLE U-100.....129, 131, 132, 133, 139, 143	JASCAYD 191	KRAZATI.....44
INSULIN U-500 SYRINGE- NEEDLE .....133	<i>javygtor</i> 156	<i>kurvelo</i> (28)..... 103
INSUPEN PEN NEEDLE....133	JAYPIRCA 43	KYLEENA..... 103
INTELENCE.....81	<i>jencycla</i> 102	L
<i>introvale</i> .....102	JENTADUETO 62	<i>l norgest/e.estradiol-e.estrad</i> 103
INVEGA HAFYERA.....76	JENTADUETO XR..... 62	<i>labetalol</i> .....92
INVEGA SUSTENNA.....76	<i>jolessa</i> 102	<i>lacosamide</i> .....55
INVEGA TRINZA.....77	<i>juleber</i> 102	<i>lactulose</i> .....162
INVELTYS .....160	JULUCA..... 81	<i>lamivudine</i>.....81
IPOL .....180	<i>junel 1.5/30</i> (21) 102	<i>lamivudine-zidovudine</i> .....81
<i>ipratropium bromide</i> ...157, 189, 190	<i>junel 1/20</i> (21) 103	<i>lamotrigine</i>.....55
<i>ipratropium-albuterol</i>.....190	<i>junel fe 1.5/30</i> (28)..... 103	<i>lanreotide</i> .....169
<i>irbesartan</i> .....89	<i>junel fe 1/20</i> (28)..... 103	<i>lansoprazole</i>.....161
<i>irbesartan-hydrochlorothiazide</i> .....89	<i>junel fe 24</i> 103	LANTUS SOLOSTAR U-100 INSULIN..... 64
ISENTRESS .....81	JYLAMVO 43	LANTUS U-100 INSULIN... 64
ISENTRESS HD .....81	JYNNEOS (PF) 180	<i>lapatinib</i> .....44
<i>isibloom</i> .....102	K	<i>larin 1.5/30</i> (21) 103
<i>isoniazid</i> .....70	KALETRA..... 81	<i>larin 1/20</i> (21) 103
<i>isosorbide dinitrate</i> .....97	KALYDECO 191	<i>larin 24 fe</i> 103
<i>isosorbide mononitrate</i>.....97	<i>kariva</i> (28) 103	<i>larin fe 1.5/30</i> (28) 103
ISTURISA.....167	<i>kelnor 1/35</i> (28) 103	<i>larin fe 1/20</i> (28) 103
ITOVEBI.....43	<i>kelnor 1/50</i> (28) 103	<i>latanoprost</i> .....186
<i>itraconazole</i> .....67	KERENDIA..... 97	LAZCLUZE..... 44
IV PREP WIPES .....133	KESIMPTA PEN..... 174	<i>leflunomide</i>.....175
<i>ivabradine</i>.....94	<i>ketoconazole</i> 67	<i>lenalidomide</i>.....45
<i>ivermectin</i> .....72	<i>ketorolac</i> 28, 160	LENTOCILIN S (WITH LIDOCAINE) .....35
IWILFIN.....43	KEVZARA 174	LENVIMA .....45
IXIARO (PF).....180	KEYTRUDA 44	LEQEMBI IQLIK..... 58
J	KEYTRUDA QLEX..... 44	<i>lessina</i> .....104
<i>jaimiess</i> .....102	KINERET 174	<i>letrozole</i>.....45
JAKAFI .....43	KINRIX (PF) 180	<i>leucovorin calcium</i>.....185
JAKAFI XR.....43	<i>kionex</i> 162	LEUKERAN .....45
<i>jantoven</i> .....86	KISQALI 44	LEUKINE .....86
	KISQALI FEMARA CO-PACK 44	<i>leuprolide</i> .....45
	KLISYRI (250 MG) 109	<i>leuprolide acetate</i> (3 month) ..45
	<i>klor-con m10</i> 187	<i>levetiracetam</i>.....55
	<i>klor-con m15</i> 187	<i>levobunolol</i>.....186
	<i>klor-con m20</i> 187	<i>levocetirizine</i> .....69
	KLOXXADO..... 29	

<i>levofloxacin</i>	36	<i>loxapine succinate</i>	77	MAXI-COMFORT INSULIN	
<i>levofloxacin in d5w</i>	36	<i>lo-zumandimine (28)</i>	104	SYRINGE	134
<i>levonest (28)</i>	104	<i>lubiprostone</i>	162	MAXI-COMFORT INSULIN	
<i>levonorgest-eth.estradiol-iron</i>		<i>luizza</i>	104	SYRINGE	134
.....	104	LUMAKRAS.....	45, 46	MAXICOMFORT SAFETY	
<i>levonorgestrel-ethinyl estrad</i>	104	LUNSUMIO VELO	46	PEN NEEDLE	134
<i>levonorg-eth estrad triphasic</i>	104	LUPRON DEPOT	46, 169	<i>meclizine</i>	71
<i>levora-28</i>	104	LUPRON DEPOT (3 MONTH)		<i>medroxyprogesterone</i>	170
<i>levothyroxine</i>	170	.....	46, 169	<i>mefloquine</i>	72
<i>lidocaine</i>	28	LUPRON DEPOT (4 MONTH)		<i>megestrol</i>	46, 170
<i>lidocaine hcl</i>	28	.....	46	MEKINIST	46
<i>lidocaine-prilocaine</i>	28	LUPRON DEPOT (6 MONTH)		MEKTOVI	46
<i>lidocan iii</i>	28	.....	46	<i>meleya</i>	105
LIFYORLI.....	45	LUPRON DEPOT-PED	169	<i>meloxicam</i>	28
LILETTA	104	LUPRON DEPOT-PED (3		<i>memantine</i>	58
<i>linezolid</i>	31	MONTH)	169	MENQUADFI (PF)	180
<i>linezolid in dextrose 5%</i>	31	<i>lurasidone</i>	77	MENVEO A-C-Y-W-135-DIP	
LINZESS.....	162	<i>luteru (28)</i>	104	(PF)	180
<i>liomny</i>	170	LUTRATE DEPOT (3		<i>mercaptapurine</i>	47
<i>liothyronine</i>	171	MONTH)	46	<i>meropenem</i>	34
LISCO	133	LYBALVI.....	77	<i>mesalamine</i>	163
<i>lisinopril</i>	90	<i>lyleq</i>	104	<i>mesna</i>	185
<i>lisinopril-hydrochlorothiazide</i>	90	LYNPARZA.....	46	<i>metformin</i>	62, 63
<i>lithium carbonate</i>	99	LYSODREN.....	46	<i>methadone</i>	26
<i>lithium citrate</i>	99	LYTGOBI.....	46	<i>methazolamide</i>	186
LIVTENCITY	83	<i>lyza</i>	104	<i>methenamine hippurate</i>	31
<i>lojaimiess</i>	104	M		<i>methimazole</i>	171
LOKELMA	162	<i>macitentan</i>	193	<i>methocarbamol</i>	192
<i>lomustine</i>	45	MAGELLAN INSULIN		<i>methotrexate sodium</i>	47
LONSURF.....	45	SAFETY SYRNG ...	133, 134	<i>methotrexate sodium (pf)</i>	47
<i>loperamide</i>	162	MAGELLAN SYRINGE ...	133	<i>methoxsalen</i>	109
<i>lopinavir-ritonavir</i>	81	<i>magnesium sulfate</i>	187	<i>methsuximide</i>	55
<i>lorazepam</i>	30	<i>malathion</i>	112	<i>methylphenidate hcl</i>	99
<i>lorazepam intensol</i>	30	<i>maraviroc</i>	82	<i>methylprednisolone</i>	167
LORBRENA	45	<i>marlissa (28)</i>	104	<i>methylprednisolone acetate</i> .	167
<i>losartan</i>	89	<i>marnatal-f</i>	194	<i>metoclopramide hcl</i>	162
<i>losartan-hydrochlorothiazide</i>	89	MARPLAN.....	60	<i>metolazone</i>	95
LOTEMAX	160	MATULANE.....	46	<i>metoprolol succinate</i>	92
LOTEMAX SM.....	160	MAXICOMFORT II PEN		<i>metoprolol tartrate</i>	92
<i>loteprednol etabonate</i>	160	NEEDLE.....	134	<i>metronidazole</i>	31, 109, 110
<i>lovastatin</i>	96	MAXICOMFORT INSULIN		<i>metronidazole in nacl (iso-os)</i>	31
<i>low-gestrel (28)</i>	104	SYRINGE.....	134	<i>metyrosine</i>	94

<i>micafungin</i>	67	<i>MOVANTIK</i>	162	<i>NERLYNX</i>	47
<i>miconazole-3</i>	67	<i>moxifloxacin</i>	36, 158	<i>nevirapine</i>	82
MICRODOT INSULIN PEN		<i>moxifloxacin-sod.ace,sul-water</i>		NEXLETOL	96
NEEDLE	134	.....	36	NEXLIZET	96
MICRODOT READYGARD		<i>moxifloxacin-sod.chloride(iso)</i>		NEXPLANON	105
PEN NEEDLE	134	.....	36	<i>niacin</i>	96
<i>microgestin 1.5/30 (21)</i>	105	MRESVIA (PF)	181	NICOTROL NS	29
<i>microgestin 1/20 (21)</i>	105	MULTAQ	91	<i>nifedipine</i>	93
<i>microgestin fe 1.5/30 (28)</i>	105	<i>mupirocin</i>	110	<i>nikki (28)</i>	105
<i>microgestin fe 1/20 (28)</i>	105	<i>mycophenolate mofetil</i>	175	<i>nilotinib hcl</i>	47
<i>midodrine</i>	88	<i>mycophenolate mofetil (hcl)</i> 175		<i>nilutamide</i>	47
MIEBO (PF)	160	<i>mycophenolate sodium</i>	175	NINLARO	47
<i>mifepristone</i>	63	<i>mynatal</i>	194	<i>nintedanib</i>	191
<i>mili</i>	105	<i>mynatal advance</i>	194	<i>nitazoxanide</i>	72
<i>mimvey</i>	166	<i>mynate 90 plus</i>	194	<i>nitisinone</i>	156
MINI ULTRA-THIN II	134	MYRBETRIQ	164	<i>nitrofurantoin macrocrystal</i> ...31	
<i>minocycline</i>	37	N		<i>nitrofurantoin monohyd/m-cryst</i>	
<i>minoxidil</i>	97	<i>nabumetone</i>	28	.....	32
MIRENA	105	<i>nafacillin</i>	35	<i>nitroglycerin</i>	94, 97, 109
<i>mirtazapine</i>	60, 61	<i>naloxone</i>	29	NIVESTYM	87
<i>misoprostol</i>	161	<i>naltrexone</i>	29	NORDITROPIN FLEXP 169	
<i>mitoxantrone</i>	47	NANO 2ND GEN PEN		<i>norelgestromin-ethin.estradiol</i>	
M-M-R II (PF)	181	NEEDLE	136	.....	105
<i>m-natal plus</i>	194	NANO PEN NEEDLE	136	<i>norethindrone (contraceptive)</i>	
<i>modafinil</i>	192	<i>naproxen</i>	28	.....	105
MODEYSO	47	<i>naratriptan</i>	69	<i>norethindrone acetate</i>	170
<i>moexipril</i>	90	NATACYN	158	<i>norethindrone-e.estradiol-iron</i>	
<i>molindone</i>	77	<i>nateglinide</i>	63	.....	105
<i>mometasone</i>	112, 160	NAYZILAM	55	<i>norgestimate-ethinyl estradiol</i>	
MONOJECT INSULIN		<i>nebivolol</i>	92	.....	105, 106
SAFETY SYRING	135	<i>nefazodone</i>	61	<i>nortrel 0.5/35 (28)</i>	106
MONOJECT INSULIN		<i>neomycin</i>	31	<i>nortrel 1/35 (21)</i>	106
SYRINGE	135, 136	<i>neomycin-bacitracin-poly-hc</i> 158		<i>nortrel 1/35 (28)</i>	106
MONOJECT SYRINGE	135	<i>neomycin-bacitracin-polymyxin</i>		<i>nortrel 7/7/7 (28)</i>	106
MONOJECT ULTRA		.....	158	<i>nortriptyline</i>	61
COMFORT INSULIN	150	<i>neomycin-polymyxin b-</i>		NORVIR	82
<i>mono-linyah</i>	105	<i>dexameth</i>	158, 160	NOVOFINE 32	136
<i>montelukast</i>	188	<i>neomycin-polymyxin-gramicidin</i>		NOVOFINE AUTOCOVER 136	
<i>morphine</i>	26	.....	158	NOVOFINE PLUS	136
MORPHINE	26	<i>neomycin-polymyxin-hc</i>	158	NOVOLIN 70/30 U-100	
<i>morphine concentrate</i>	26	<i>neo-polycin</i>	158	INSULIN	64
MOUNJARO	168	<i>neo-polycin hc</i>	158		

NOVOLIN 70-30 FLEXPEN U-100.....	64	<i>olmesartan-amlodipin-hcthiazid</i>	89	OTULFI	175, 176
NOVOLIN N FLEXPEN	65	<i>olmesartan-hydrochlorothiazide</i>	89	<i>oxcarbazepine</i>	55
NOVOLIN N NPH U-100 INSULIN.....	65	<i>olopatadine</i>	157	<i>oxybutynin chloride</i>	164
NOVOLIN R FLEXPEN	65	<i>omega-3 acid ethyl esters</i>	96	<i>oxycodone</i>	26
NOVOLIN R REGULAR U100 INSULIN.....	65	<i>omeprazole</i>	161	<i>oxycodone-acetaminophen</i>	26, 27
NOVOLOG FLEXPEN U-100 INSULIN.....	65	OMNIPOD 5 (LIBRE 2/3 PLUS).....	136	OZEMPIC	168
NOVOLOG MIX 70-30 U-100 INSULN	65	OMNIPOD 5 G6-G7 INTRO KT(GEN5).....	136	P	
NOVOLOG MIX 70-30FLEXPEN U-100	65	OMNIPOD 5 G6-G7 PODS (GEN 5)	136	<i>pacerone</i>	91
NOVOLOG PENFILL U-100 INSULIN.....	65	OMNIPOD 5 INTRO (LIBRE2/3PLUS).....	136	<i>paclitaxel protein-bound</i>	48
NOVOLOG U-100 INSULIN ASPART.....	65	OMNIPOD CLASSIC PODS (GEN 3)	136	<i>paliperidone</i>	77
NUBEQA	47	OMNIPOD DASH INTRO KIT (GEN 4)	136	PANRETIN.....	109
NUCALA	175	OMNIPOD DASH PDM KIT (GEN 4)	136	<i>pantoprazole</i>	161
NUPLAZID	77	OMNIPOD DASH PODS (GEN 4).....	136	<i>paricalcitol</i>	184
NURTEC ODT.....	69	ONAPGO.....	73	<i>paroxetine hcl</i>	61
<i>nyamyc</i>	67	<i>ondansetron</i>	71	PAXLOVID	84
<i>nylia 1/35 (28)</i>	106	<i>ondansetron hcl</i>	71	<i>pazopanib</i>	48
<i>nylia 7/7/7 (28)</i>	106	ONUREG.....	48	PEDIARIX (PF).....	181
<i>nystatin</i>	67, 68	OPDIVO	48	PEDVAX HIB (PF)	181
<i>nystatin-triamcinolone</i>	68	OPDIVO QVANTIG.....	48	<i>peg 3350-electrolytes</i>	164
<i>nystop</i>	68	OPIPZA	77	PEGASYS.....	84
NYVEPRIA.....	87	ORFADIN	156	<i>peg-electrolyte soln</i>	164
O		ORGOVYX	169	PEMAZYRE.....	48
<i>obstetrix dha</i>	194	ORLISSA	169	<i>pemetrexed disodium</i>	48
<i>octreotide acetate</i>	169	ORKAMBI	191	PEN NEEDLE	136, 137
ODEFSEY	82	<i>orquidea</i>	106	PEN NEEDLE, DIABETIC 119, 129, 130, 134, 136, 137, 139	
ODOMZO	47	ORSERDU.....	48	PEN NEEDLE, DIABETIC, SAFETY	140
OFEV	191	<i>oseltamivir</i>	83	PENBRAYA (PF).....	181
<i>ofloxacin</i>	158, 159	OSENVELT.....	184	PENBRAYA MENACWY COMPONENT(PF).....	181
OGIVRI.....	47	OTEZLA.....	175	PENBRAYA MENB COMPONENT (PF).....	181
OGSIVEO	47	OTEZLA STARTER.....	175	<i>penicillamine</i>	165
OJEMDA.....	47, 48	OTEZLA XR	175	<i>penicillin g potassium</i>	35
OJJAARA.....	48	OTEZLA XR INITIATION	175	<i>penicillin v potassium</i>	35
<i>olanzapine</i>	77			PENMENVY MEN A-B-C-W-Y (PF).....	181
<i>olmesartan</i>	89			PENMENVY MENACWY COMPONENT(PF).....	181

PENMENVY MENB
 COMPONENT (PF)181
 PENTACEL (PF)181
pentamidine72
 PENTIPS PEN NEEDLE137
pentoxifylline87
perampanel55
perindopril erbumine.....90
periogard.....108
permethrin112
perphenazine78
perphenazine-amitriptyline61
phenelzine.....61
phenobarbital55
phenyteK.....56
phenytoin56
phenytoin sodium.....56
phenytoin sodium extended56
 PIFELTRO82
pilocarpine hcl.....108, 186
pimozide78
pimtree (28).....106
pioglitazone63
pioglitazone-metformin63
 PIP PEN NEEDLE137
piperacillin-tazobactam35
 PIQRAY48
pirfenidone191
pitavastatin calcium96
 PLEGRIDY176
pnv-dha + docusate.....194
pnv-omega194
pnv-select.....194
podofilox.....109
polycin159
polymyxin b sulf-trimethoprim
159
pomalidomide49
 POMALYST49
portia 28106
posaconazole68
potassium chloride187

potassium citrate 187
pr natal 400 194
pr natal 400 ec 194
pr natal 430 194
pr natal 430 ec 194
pramipexole 73
prasugrel hcl..... 87
pravastatin 96
praziquantel 72
prazosin 89
prednisolone 167
prednisolone acetate..... 160
prednisolone sodium phosphate
 167
prednisone 167, 168
pregabalin..... 56
 PREMARIN..... 166
 PREMPHASE..... 166
 PREMPRO 167
prenaissance 194
prenaissance plus 195
prenatabs fa 195
prenatal 19..... 195
prenatal 19 (with docusate). 195
prenatal plus 195
prenatal vitamin plus low iron
 195
prenatal-u 195
 PRETOMANID..... 70
prevalite 96
 PREVENT DROPSAFE PEN
 NEEDLE..... 137
 PREVYMIS..... 84
 PREZCOBIX..... 82
 PREZISTA..... 82
 PRIFTIN 70
 PRIMAQUINE 72
primidone..... 56
 PRIORIX (PF) 182
 PRO COMFORT ALCOHOL
 PADS 138

PRO COMFORT INSULIN
 SYRINGE 137, 138
 PRO COMFORT PEN
 NEEDLE 138
probenecid..... 68
probenecid-colchicine..... 68
prochlorperazine..... 71
prochlorperazine edisylate..... 71
prochlorperazine maleate 71
 PRO-COMFORT ALCOHOL
 PADS 138
procto-med hc 112
proctosol hc..... 112
proctozone-hc..... 112
 PRODIGY INSULIN
 SYRINGE 138
progesterone micronized..... 170
 PROGRAF 176
 PROLASTIN-C..... 191
promethazine..... 71
propafenone 91
propranolol 92
propylthiouracil 171
 PROQUAD (PF) 182
 PROSOL 20 %..... 88
protriptyline 61
 PULMOZYME 191
 PURE COMFORT ALCOHOL
 PADS 138
 PURE COMFORT PEN
 NEEDLE 138, 139
 PURE COMFORT SAFETY
 PEN NEEDLE 138
pyrazinamide..... 70
pyridostigmine bromide 186
pyrimethamine..... 72
Q
 QINLOCK..... 49
 QUADRACEL (PF)..... 182
quetiapine..... 78
quinapril..... 90
*quinapril-hydrochlorothiazide*91

<i>quinidine sulfate</i>	91	<i>rivastigmine tartrate</i>	58	<i>se-natal 19 chewable</i>	195
<i>quinine sulfate</i>	72	<i>rivelsa</i>	106	SEREVENT DISKUS.....	190
QULIPTA.....	69	<i>rizatriptan</i>	69	SEROSTIM.....	169
R		ROCKLATAN.....	186	<i>sertraline</i>	61
RABAVERT (PF)	182	<i>roflumilast</i>	191	<i>setlakin</i>	106
<i>rabeprazole</i>	161	ROMVIMZA.....	49	<i>sevelamer carbonate</i>	162
RALDESY	61	<i>ropinirole</i>	73	<i>sevelamer hcl</i>	162
<i>raloxifene</i>	167	<i>rosadan</i>	110	<i>sharobel</i>	106
<i>ramipril</i>	91	<i>rosuvastatin</i>	97	SHINGRIX (PF)	182
<i>ranolazine</i>	94	<i>rosyrah</i>	106	SIGNIFOR	170
<i>rasagiline</i>	73	ROTARIX	182	<i>sildenafil (pulm.hypertension)</i>	
RAYALDEE	184	ROTATEQ VACCINE.....	182	.....	193
<i>reclipsen (28)</i>	106	ROZLYTREK	49	<i>silver sulfadiazine</i>	110
RECOMBIVAX HB (PF)	182	RUBRACA.....	49	SIMBRINZA.....	186
RELENZA DISKHALER.....	84	<i>rufinamide</i>	56	<i>simliya (28)</i>	106
<i>repaglinide</i>	63	RUKOBIA.....	82	<i>simpanse</i>	106
REPATHA PUSHTRONEX..	96	RYBELSUS.....	168	SIMPLI PEN NEEDLE	130
REPATHA SURECLICK	96	RYBREVANT.....	49	<i>simvastatin</i>	97
REPATHA SYRINGE	97	RYBREVANT FASPRO.....	49	<i>sirolimus</i>	176
RETACRIT	87	RYDAPT	49	SIRTURO	70
RETEVMO.....	49	RYKINDO.....	78	<i>sitagliptin phos-metformin</i>	63
REVCovi	156	S		<i>sitagliptin phosphate</i>	63
REVUFORJ.....	49	<i>sacubitril-valsartan</i>	89	SIVEXTRO.....	32
REXULTI.....	78	SAFESNAP INSULIN		SKY SAFETY PEN NEEDLE	
REYATAZ	82	SYRINGE.....	139, 140	.....	140
REZDIFFRA	171	SAFETY PEN NEEDLE	140	SKYLA	107
REZLIDHIA.....	49	SANTYL	109	SKYRIZI.....	176, 177
REZUROCK	176	SAPHNELO PEN.....	176	<i>sodium chloride 0.45 %</i>	187
RHOPRESSA.....	186	<i>sapropterin</i>	156	<i>sodium chloride 0.9 %</i>	188
<i>ribavirin</i>	85	SCSEMBLIX	50	<i>sodium oxybate</i>	192
<i>rifabutin</i>	70	<i>scopolamine base</i>	71	<i>sodium polystyrene sulfonate</i>	
<i>rifampin</i>	70	SECUADO	78	.....	162, 163
<i>rilpivirine</i>	82	SECURESAFE INSULIN		<i>sodium,potassium,mag sulfates</i>	
<i>rilpivirine hcl</i>	82	SYRINGE.....	140	.....	164
<i>riluzole</i>	99	SECURESAFE PEN NEEDLE		<i>solifenacin</i>	164
RINVOQ	176	.....	140	SOLIQUEA 100/33.....	65
RINVOQ LQ.....	176	SELARSDI	176	SOLTAMOX	50
<i>risperidone</i>	78	<i>select-ob</i>	195	SOMATULINE DEPOT.....	170
<i>risperidone microspheres</i>	78	<i>select-ob (folic acid)</i>	195	SOMAVERT.....	170
<i>ritonavir</i>	82	<i>selegiline hcl</i>	73	<i>sorafenib</i>	50
<i>rivaroxaban</i>	86	<i>selenium sulfide</i>	109	<i>sotalol</i>	92
<i>rivastigmine</i>	59	SELZENTRY	82	<i>sotalol af</i>	92

SPIRIVA RESPIMAT.....	190
<i>spironolactone</i>	95
<i>spironolacton-hydrochlorothiaz</i>	95
<i>sprintec</i> (28)	107
SPRITAM.....	56
<i>sps (with sorbitol)</i>	163
<i>sronyx</i>	107
<i>ssd</i>	110
<i>stavudine</i>	83
STERILE PADS.....	129
STIOLTO RESPIMAT	190
STIVARGA.....	50
STOBOCLO.....	184
STRENSIQ.....	156
<i>streptomycin</i>	31
STRIBILD.....	83
STRIVERDI RESPIMAT	190
<i>subvenite</i>	56
SUBVENITE.....	56
<i>sucralfate</i>	161
<i>sulfacetamide sodium</i>	159
<i>sulfacetamide-prednisolone</i> .	160
<i>sulfadiazine</i>	36
<i>sulfamethoxazole-trimethoprim</i>	36
<i>sulfasalazine</i>	163
<i>sulindac</i>	28
<i>sumatriptan</i>	69
<i>sumatriptan succinate</i>	69, 70
<i>sunitinib malate</i>	50
SUNLENCA.....	83
SURE COMFORT ALCOHOL PREP PADS	141
SURE COMFORT INS. SYR. U-100.....	140
SURE COMFORT INSULIN SYRINGE.....	141
SURE COMFORT PEN NEEDLE	141
SURE COMFORT SAFETY PEN NEEDLE.....	140

SURE-FINE PEN NEEDLES	141, 142
SURE-JECT INSULIN SYRINGE.....	142
SURE-PREP ALCOHOL PREP PADS.....	142
SYMPAZAN	56
SYMTUZA.....	83
SYNJARDY	63
SYNJARDY XR.....	63
SYRINGE WITH NEEDLE, SAFETY	140
T	
TABLOID.....	50
TABRECTA	50
<i>tacrolimus</i>	177
<i>tadalafil</i>	193
TAFINLAR	50
TAGRISSO.....	50
TALICIA	161
TALZENNA.....	50
<i>tamoxifen</i>	50
<i>tamsulosin</i>	165
<i>tarina 24 fe</i>	107
<i>tarina fe 1-20 eq (28)</i>	107
<i>taron-c dha</i>	195
<i>taron-prex prenatal-dha</i>	195
TARPEYO.....	168
TAVNEOS.....	177
<i>tazarotene</i>	110
<i>tazicef</i>	33
<i>taztia xt</i>	93
TDVAX	182
TECHLITE INSULIN SYRINGE.....	142, 143
TECHLITE INSULN SYR(HALF UNIT).....	142
TECHLITE PEN NEEDLE .	143
TECHLITE PLUS PEN NEEDLE.....	143
<i>telmisartan</i>	89

<i>telmisartan-hydrochlorothiazid</i>	89
<i>temazepam</i>	30
TENIVAC (PF).....	182, 183
<i>tenofovir disoproxil fumarate</i>	83
TEPMETKO	50
<i>terazosin</i>	165
<i>terbinafine hcl</i>	68
<i>terconazole</i>	109
<i>teriparatide</i>	184
TERUMO INSULIN SYRINGE	143, 144
<i>testosterone</i>	165, 166
<i>testosterone cypionate</i>	165
<i>testosterone enanthate</i>	165
<i>tetrabenazine</i>	99
<i>tetracycline</i>	37
THALOMID	177
<i>theophylline</i>	190
THINPRO INSULIN SYRINGE	144
<i>thioridazine</i>	78
<i>thiothixene</i>	79
<i>tiadylt er</i>	93
<i>tiagabine</i>	56
TIBSOVO	50
<i>ticagrelor</i>	87
TICE BCG	50
TICOVAC.....	183
<i>tigecycline</i>	37
<i>tilia fe</i>	107
<i>timolol</i>	186
<i>timolol maleate</i>	92, 186
<i>tinidazole</i>	72
<i>tiotropium bromide</i>	190
TIVICAY	83
TIVICAY PD	83
<i>tizanidine</i>	192
TOBI PODHALER.....	31
<i>tobramycin</i>	159
<i>tobramycin in 0.225 % nacl</i> ...	31
<i>tobramycin sulfate</i>	31

<i>tobramycin-dexamethasone</i>	159	TRIKAFTA	191	TRYNGOLZA	97
<i>tobramycin-lotepred</i>	159	<i>tri-legest fe</i>	107	TUKYSA	51
<i>tofacitinib</i>	177	<i>tri-linyah</i>	107	TURALIO	51
<i>tolterodine</i>	164	<i>tri-lo-estarylla</i>	107	<i>turqoz (28)</i>	108
<i>tolvaptan (polycys kidney dis)</i>	95	<i>tri-lo-marzia</i>	107	TWINRIX (PF)	183
TOPFINE INSULIN PEN		<i>tri-lo-mili</i>	107	<i>tyblume</i>	108
NEEDLE	144	<i>tri-lo-sprintec</i>	107	TYBOST	83
<i>topiramate</i>	56, 57	<i>trimethoprim</i>	32	TYENNE.....	178
<i>toremifene</i>	50	<i>tri-mili</i>	107	TYENNE AUTOINJECTOR	
<i>torpenz</i>	50, 51	<i>trimipramine</i>	61	.....	178
<i>torse mide</i>	95	TRINTELLIX.....	61	TYMLOS	184
TOUJEO MAX U-300		<i>tri-nymyo</i>	107	TYPHIM VI.....	183
SOLOSTAR	65	<i>tri-sprintec (28)</i>	107	U	
TOUJEO SOLOSTAR U-300		TRIUMEQ	83	UBRELVY	70
INSULIN.....	65	TRIUMEQ PD.....	83	UDENYCA ONBODY	87
TRADJENTA.....	63	<i>trivora (28)</i>	107	ULTICARE.....	147, 148
<i>tramadol</i>	27	<i>tri-vylibra</i>	107	ULTICARE INSULIN	
<i>tramadol-acetaminophen</i>	27	<i>tri-vylibra lo</i>	107	SYRINGE	147
<i>trandolapril</i>	91	<i>trosium</i>	164	ULTICARE INSULN	
<i>tranexamic acid</i>	87	TRUE COMFORT ALCOHOL		SYR(HALF UNIT).....	147
<i>tranylcypromine</i>	61	PADS	145	ULTICARE PEN NEEDLE	147,
<i>travoprost</i>	186	TRUE COMFORT INSULIN		148	
<i>trazodone</i>	61	SYRINGE.....	145	ULTICARE SAFETY PEN	
TRECATOR.....	70	TRUE COMFORT PEN		NEEDLE	148
TRELEGY ELLIPTA	190	NEEDLE.....	145	ULTIGUARD SAFEPAK-	
TREMFYA.....	177, 178	TRUE COMFORT PRO		INSULIN SYR.....	148, 149
TREMFYA ONE-PRESS	177	ALCOHOL PADS.....	145	ULTIGUARD SAFEPAK-	
TREMFYA PEN	178	TRUE COMFORT PRO INS		PEN NEEDLE	148
TREMFYA PEN INDUCTION		SYRINGE.....	144, 145, 146	ULTILET ALCOHOL SWAB	
PK(2PEN).....	177	TRUE COMFORT SAFE		.....	149
<i>tretinoin</i>	110	INSULIN SYRG.....	144, 145,	ULTILET INSULIN SYRINGE	
<i>tretinoin (antineoplastic)</i>	51	146		.....	132, 149
<i>triamcinolone acetamide</i>	108,	TRUE COMFORT SAFETY		ULTILET PEN NEEDLE	149
112, 168		PEN NEEDLE	144	ULTRA CMFT INS SYR	
<i>triamterene-hydrochlorothiazid</i>		TRUE-COMFORT PRO PEN		(HALF UNIT).....	130, 147
.....	95	NEEDLE.....	146	ULTRA COMFORT INSULIN	
<i>trientine</i>	165	TRUEPLUS INSULIN	146, 147	SYRINGE	130, 149, 150
<i>tri-estarylla</i>	107	TRUEPLUS PEN NEEDLE	146	ULTRA FLO INSUL	
<i>trifluoperazine</i>	79	TRULANCE	163	SYR(HALF UNIT).....	150
<i>trifluridine</i>	159	TRULICITY	168	ULTRA FLO INSULIN	
<i>trihexyphenidyl</i>	73	TRUMENBA.....	183	SYRINGE	150
TRIJARDY XR.....	63	TRUQAP	51		

ULTRA FLO PEN NEEDLE.....150	<i>valproate sodium</i> 57	VIMKUNYA (PF) 183
ULTRA THIN PEN NEEDLE.....150	<i>valproic acid</i> 57	<i>vinorelbine</i> 51
ULTRACARE INSULIN SYRINGE.....151	<i>valproic acid (as sodium salt)</i> 57	<i>viocele (28)</i> 108
ULTRACARE PEN NEEDLE.....151	<i>valsartan</i> 90	VIRACEPT 83
ULTRA-FINE INS SYR (HALF UNIT).....151, 152	<i>valsartan-hydrochlorothiazide</i> 90	VIREAD 83
ULTRA-FINE INSULIN SYRINGE.....151, 152	VALTOCO 57	<i>vitafol-ob+dha</i> 195
ULTRA-FINE PEN NEEDLE.....152	<i>valtya</i> 108	VITRAKVI 51
ULTRA-THIN II (SHORT) INS SYR .....152, 153	<i>vancomycin</i> 32	VIVOTIF..... 183
ULTRA-THIN II (SHORT) PEN NDL .....153	VANFLYTA..... 51	VIZIMPRO 51
ULTRA-THIN II INS PEN NEEDLES .....153	VANISHPOINT INSULIN SYRINGE..... 155	<i>volnea (28)</i> 108
ULTRA-THIN II INSULIN SYRINGE.....152, 153	VANISHPOINT SYRINGE 155	VONJO 51
UNIFINE OTC PEN NEEDLE.....153	VAQTA (PF) 183	VOQUEZNA 161
UNIFINE PENTIPS .....153	<i>varenicline tartrate</i> 29	VORANIGO 52
UNIFINE PENTIPS MAXFLOW .....153	VARIVAX (PF)..... 183	<i>voriconazole</i> 68
UNIFINE PENTIPS PLUS .153, 154, 156	VAXCHORA VACCINE.... 183	VOSEVI..... 84
UNIFINE PENTIPS PLUS MAXFLOW .....153	VELSIPITY 178	VOWST 163
UNIFINE PROTECT .....154	VELTASSA..... 163	<i>vp-ch-pnv</i> 195
UNIFINE SAFECONTROL PEN NEEDLE.....154	VEMLIDY..... 85	VRAYLAR 79
UNIFINE ULTRA PEN NEEDLE .....154	VENCLEXTA 51	VUMERITY 178
UPTRAVI.....193	VENCLEXTA STARTING PACK..... 51	VYALEV 73
<i>ursodiol</i>.....163	<i>venlafaxine</i> 61	<i>vylibra</i> 108
V	VEOZAH..... 99	VYNDAMAX..... 94
<i>valacyclovir</i> .....85	<i>verapamil</i> 93, 94	VYZULTA..... 186
VALCHLOR .....110	VERIFINE INSULIN SYRINGE..... 155, 156	W
<i>valganciclovir</i> .....85	VERIFINE PEN NEEDLE.. 155	<i>warfarin</i> 86
	VERIFINE PLUS PEN NEEDLE..... 155	WEBCOL..... 156
	VERIFINE PLUS PEN NEEDLE-SHARP 155	WEGOVY 168
	VERQUVO..... 97	WELIREG..... 52
	VERSACLOZ..... 79	WINREVAIR..... 191
	VERSALON..... 156	<i>wixela inhub</i> 190
	VERZENIO 51	X
	<i>vienna</i> 108	XALKORI..... 52
	<i>vigabatrin</i> 57	<i>xarah fe</i> 108
	<i>vigadrone</i> 57	XATMEP 52
	<i>vigpoder</i> 57	XCOPRI..... 57
	<i>vilazodone</i> 62	XCOPRI MAINTENANCE PACK..... 57
		XCOPRI TITRATION PACK 57, 58
		XDEMVI 159
		XERMELO 163
		XIFAXAN..... 32

Alameda Alliance Wellness, HMO D-SNP

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XIIDRA	160
XOLAIR	192
XOSPATA	52
XPOVIO	52
XTANDI	52
<i>xulane</i>	108
XULTOPHY 100/3.6	66
Y	
YESINTEK	178
YF-VAX (PF)	184
YONSA	52
<i>yulithira</i>	53
YUTREPIA	194
<i>yuvaferm</i>	167

Z	
<i>zafemy</i>	108
<i>zafirlukast</i>	188
<i>zaleplon</i>	192
<i>zatean-pn dha</i>	195
<i>zatean-pn plus</i>	195
ZEJULA	53
ZELBORAF	53
<i>zenatane</i>	110
ZENPEP	157
<i>zidovudine</i>	83
<i>zingiber</i>	195
<i>ziprasidone hcl</i>	79
<i>ziprasidone mesylate</i>	79

ZIRABEV	53
ZIRGAN	159
ZOLINZA	53
<i>zolpidem</i>	192
ZONISADE	58
<i>zonisamide</i>	58
<i>zovia 1-35 (28)</i>	108
ZTALMY	58
ZURZUVAE	62
ZYDELIG	53
ZYKADIA	53
ZYMFENTRA	178
ZYPREXA RELPREVV	79