



**PHP (HMO SNP)  
2025 Formulary  
(List of Covered Drugs or “Drug List”)**

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

This formulary was updated on March 25, 2025. For more recent information or other questions, please contact PHP Pharmacy Customer Service at (888) 436-5018 (TTY users should call 711), 24 hours a day, seven days a week, or visit [www.php-ca.org/for-members/drug-benefit/formulary](http://www.php-ca.org/for-members/drug-benefit/formulary).

## Discrimination Is Against the Law

PHP (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). PHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

PHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, contact Member Services.

If you believe that PHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Member Services  
P.O. Box 46160  
Los Angeles, CA 90046  
1-800-263-0067, TTY 711  
Fax 1-888-235-8552  
Email [php@positivehealthcare.org](mailto:php@positivehealthcare.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

## Multi-Language Insert

### Multi-Language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-263-0067. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-263-0067. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-263-0067。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-263-0067。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-263-0067. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-263-0067. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-263-0067 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-263-0067. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-263-0067번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-263-0067. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-263-0067. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-263-0067 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-263-0067. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-263-0067. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-263-0067. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-263-0067. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-263-0067にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means AIDS Healthcare Foundation. When it refers to “plan” or “our plan,” it means PHP.

This document includes a Drug List (formulary) for our plan which is current as of March 25, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

This information is available for free in other languages. Please call our Member Services number at (800) 263-0067, 8:00 a.m. to 8:00 p.m., seven days a week.

Esta información está disponible de forma gratuita en otros idiomas. Por favor, llame a nuestro número del Departamento de servicios para miembros a (800) 263-0067, 8:00 a.m. hasta 8:00 p.m., siete días a la semana.

## What is the PHP formulary?

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

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

## Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [www.php-ca.org/members/drug-benefit/formulary](http://www.php-ca.org/members/drug-benefit/formulary).

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

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

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

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

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

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

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

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage

year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of March 25, 2025. To get updated information about the drugs covered by PHP, please contact us. Our contact information appears on the front and back cover pages.

Should we make changes to the formulary during the year, we will notify you by sending a "Notice of Changes to Your Formulary (List of Covered Drugs)" in your Part D Explanation of Benefits (also called a "Part D EOB"). We mail you a Part D Explanation of Benefits when you have had one or more prescriptions filled through the plan during the previous month every month so you can track your Part D out-of-pocket costs and total drug costs for the year. For more information about the Part D Explanation of Benefits, please see your *Evidence of Coverage*, Chapter 6, Section 3.1.

## **How do I use the Formulary?**

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

### ***Medical Condition***

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

### ***Alphabetical Listing***

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



## What are generic drugs?

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

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

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

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** PHP requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from PHP before you fill your prescriptions. If you don't get approval, PHP may not cover the drug.
- **Quantity Limits:** For certain drugs, PHP limits the amount of the drug that PHP will cover. For example, PHP provides 12 tablets per prescription for MAXALT (10 mg). This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, PHP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For

example, if Drug A and Drug B both treat your medical condition, PHP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, PHP will then cover Drug B.

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

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

### **What if my drug is not on the Formulary?**

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

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

- You can ask Pharmacy Customer Service for a list of similar drugs that are covered by PHP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by PHP.
- You can ask PHP to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the PHP formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, PHP

limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days

of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a current member of our plan, an unexpected transition could occur if you experience a level-of-care change. For example, if you are hospitalized and given a drug that is not on our formulary, once you are discharged from the hospital to your home, you will need to talk to your doctor about continuing the drug. If you and your doctor decide you should continue taking the drug, you will need to request a formulary exception for us to cover it. Our plan may provide you a temporary 30-day transition supply of the drug while you decide what action to take. Please contact us about the availability of a transition supply of medication when you experience a level-of-care change.

### **For more information**

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## PHP's Formulary

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

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

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

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

### Coverage Notes Abbreviations

Abbreviation	Description	Explanation
<b>Utilization Management Restrictions</b>		
AGE	Age Restriction	Some drugs on our formulary are not appropriate for and may pose a risk to people of certain ages. If a drug has an age restriction, the maximum age of appropriateness is noted. Drugs that have an age restriction require prior authorization.
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from PHP before you fill your prescription for this drug. Without prior approval, PHP may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from PHP to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, PHP may not cover this drug.

<b>Abbreviation</b>	<b>Description</b>	<b>Explanation</b>
PA-HRM	Prior Authorization Restriction for High-Risk Medication	This drug is considered a high-risk medication for seniors. If you are age 65 or older, you (or your physician) are required to get prior authorization from PHP before you fill your prescription for this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member, you (or your physician) are required to get prior authorization from PHP before you fill your prescription for this drug. Without prior approval, PHP may not cover this drug.
QL	Quantity Limit Restriction	PHP limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before PHP will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
<b>Other Special Requirements for Coverage</b>		
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Pharmacy Customer Service at (888) 436-5018, 24 hours a day, seven days a week. TTY users should call 711.

## Standard Retail Cost Sharing by Tier

Tier	One-Month Supply (30 Days)	Three-Month Supply (100 Days)
Tier 1 (Generic Drugs)	15% coinsurance	15% coinsurance
Tier 2 (Preferred Brand Drugs)	15% coinsurance	15% coinsurance
Tier 3 (Non-Preferred Brand Drugs)	25% coinsurance	25% coinsurance
Tier 4 (Speciality Drugs)	25% coinsurance	25% coinsurance
Tier 5 (Select Care Drugs)	You pay nothing	You pay nothing

You won't pay more than \$35 for a one-month supply, \$70 for up to a two-month supply, or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Pharmacy Customer Service for more information.

## Strength and Dosage Form Abbreviations

Abbreviation	Description
8 hr	8 hour
12 hr	12 hour
24 hr	24 hour
72 hr	72 hour
act	activated
aero	aerosol
admin	administration
ampul	ampule
app	applicator
appl	applicator
auto	automatic
cap	capsule
chew	chewable
CT	count
comb	combo
del	delayed
delayed	delayed
disinteg	disintegrating

<b>Abbreviation</b>	<b>Description</b>
disintegrat	disintegrating
dose	dosage
DR	delayed release
EC	Enteric-Coated
emolnt	emollient
ENFit	enteral feeding connector
er	extended release
ER	extended release
ext	extended
extnd	extended
extend	extended
gast	gastric
HFA	hydrofluoroalkane
hi	high
IR	immediate release
liqd	liquid
loz	lozenge
lo	low
lozeng	lozenge
mini lozenge	minature lozenge
misc	miscellaneous
MP	Metered Pump
muco	mucous
pak	packet
pack	packet
PCA	Patient Controlled Administration
pell	pellet
pk	package
Powdr	powder
pt	patient
recon	reconstituted
rel	release
releas	release
soln	solution
sprinkl	sprinkle
susp	suspension
suspen	suspension
syring	syringe



Abbreviation	Description
tab	tablet
TD	transdermal
var	variable
w/	with

**Blood Glucose Meters and Test Strip**

PHP wants to provide you with the best products for your diabetes care. PHP has selected Abbott Diabetes Care, the maker of FreeStyle- and Precision-branded products as the supplier for your diabetic testing supplies. We cover the following diabetic testing supplies:

- FreeStyle Lite® meters
- FreeStyle Freedom Lite® meters
- Precision Xtra® meters
- FreeStyle Lite® test strips
- Precision Xtra® test strips
- Precision Xtra® Beta Ketone test strips

## Table of Contents

<b>Analgesics</b> .....	3
<b>Anesthetics</b> .....	6
<b>Anti-Addiction/Substance Abuse Treatment Agents</b> .....	7
<b>Antianxiety Agents</b> .....	8
<b>Antibacterials</b> .....	10
<b>Anticancer Agents</b> .....	18
<b>Anticonvulsants</b> .....	37
<b>Antidementia Agents</b> .....	43
<b>Antidepressants</b> .....	44
<b>Antidiabetic Agents</b> .....	47
<b>Antifungals</b> .....	53
<b>Antigout Agents</b> .....	56
<b>Antihistamines</b> .....	56
<b>Anti-Infectives (Skin And Mucous Membrane)</b> .....	56
<b>Antimigraine Agents</b> .....	57
<b>Antimycobacterials</b> .....	58
<b>Antinausea Agents</b> .....	59
<b>Antiparasite Agents</b> .....	60
<b>Antiparkinsonian Agents</b> .....	61
<b>Antipsychotic Agents</b> .....	63
<b>Antivirals (Systemic)</b> .....	70
<b>Blood Products/Modifiers/Volume Expanders</b> .....	77
<b>Caloric Agents</b> .....	80
<b>Cardiovascular Agents</b> .....	81

<b>Central Nervous System Agents</b> .....	93
<b>Contraceptives</b> .....	97
<b>Dental And Oral Agents</b> .....	107
<b>Dermatological Agents</b> .....	108
<b>Devices</b> .....	112
<b>Enzyme Cofactors/Chaperones</b> .....	161
<b>Enzyme Replacement/Modifiers</b> .....	162
<b>Eye, Ear, Nose, Throat Agents</b> .....	163
<b>Gastrointestinal Agents</b> .....	167
<b>Genitourinary Agents</b> .....	171
<b>Heavy Metal Antagonists</b> .....	172
<b>Hormonal Agents, Stimulant/Replacement/Modifying</b> .....	173
<b>Immunological Agents</b> .....	178
<b>Inflammatory Bowel Disease Agents</b> .....	191
<b>Metabolic Bone Disease Agents</b> .....	191
<b>Miscellaneous Therapeutic Agents</b> .....	193
<b>Ophthalmic Agents</b> .....	194
<b>Replacement Preparations</b> .....	196
<b>Respiratory Tract Agents</b> .....	197
<b>Skeletal Muscle Relaxants</b> .....	202
<b>Sleep Disorder Agents</b> .....	203
<b>Vasodilating Agents</b> .....	203
<b>Vitamins And Minerals</b> .....	204

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

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	1	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	1	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	QL (180 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	3	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	3	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	1	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	1	QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	1	QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	1	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	1	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	1	QL (120 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	1	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	1	QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (300 per 30 days)
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	1	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	1	QL (1000 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	4	PA; QL (224 per 28 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	1	
<i>etodolac oral tablet 500 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg</i> (ibuprofen)	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>	1	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	

## **Anesthetics**

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Local Anesthetics</b>		
<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 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 viscous mucous membrane solution 2 %</i> (lidocaine hcl)	1	
<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)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	2	PA; QL (90 per 30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	1	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	2	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>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	1	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	1	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	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	
<b>Antianxiety Agents</b>		
<b>Benzodiazepines</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	1	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	1	QL (150 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	1	
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	3	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	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	1	QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	1	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	1	QL (60 per 30 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin injection solution 500 mg/2 ml</i>	1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA; QL (235.2 per 28 days)
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	4	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	4	PA BvD
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
<b>Antibacterials, Miscellaneous</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	1	

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	4	
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	4	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	4	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	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	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	QL (60 per 30 days)
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	1	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	1	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (90 per 30 days)
<b>Cephalosporins</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<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	
<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	

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tazicef injection recon soln 1 gram, (ceftazidime) 2 gram, 6 gram</i>	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	4	
<b>Macrolides</b>		
<i>azithromycin intravenous recon (Zithromax) soln 500 mg</i>	1	
<i>azithromycin oral suspension for (Zithromax) reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	
<i>azithromycin oral tablet 250 mg, (Zithromax) 500 mg</i>	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	
DIFICID ORAL TABLET 200 MG	4	QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral (E.E.S. Granules) suspension for reconstitution 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral (EryPed 400) suspension for reconstitution 400 mg/5 ml</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<b>Miscellaneous B-Lactam Antibiotics</b>		
<i>aztreonam injection recon soln 1 (Azactam) gram, 2 gram</i>	1	

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
<b>Penicillins</b>		
<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	
<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	

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	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	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	3	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	3	
<i>nafcillin 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 g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<b>Quinolones</b>		
<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	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin 400 mg/250 ml bag</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	1	
<b>Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<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	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Tetracyclines</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	1	
<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 hyclate oral tablet 150 mg, 75 mg</i> (Acticlate)	1	
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	1	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	1	QL (60 per 30 days)
<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	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<i>tigecycline intravenous recon soln (Tygacil) 50 mg</i>	4	
<b>Anticancer Agents</b>		
<b>Anticancer Agents</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	4	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	4	PA NSO; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	4	PA NSO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA NSO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA NSO; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	4	PA NSO
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	4	PA NSO; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG	4	PA NSO; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	4	PA NSO; QL (240 per 30 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	4	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA NSO; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	4	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BALVERSA ORAL TABLET 3 MG	4	PA NSO; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	4	PA NSO; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	4	PA NSO; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	4	PA NSO
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)	4	PA NSO
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	4	PA NSO
<i>bexarotene oral capsule 75 mg</i> (Targretin)	4	PA NSO
<i>bexarotene topical gel 1 %</i> (Targretin)	4	PA NSO
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	
BIZENGRIN INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	4	PA NSO; QL (75 per 28 days)
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	3	PA NSO
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	3	PA NSO
BORUZU INJECTION SOLUTION 2.5 MG/ML	3	PA NSO
BOSULIF ORAL CAPSULE 100 MG	4	PA NSO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	4	PA NSO; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	4	PA NSO; QL (180 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA NSO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	4	PA NSO; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	4	PA NSO; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	4	PA NSO; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	4	PA NSO; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA NSO; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	4	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	4	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	4	PA NSO; 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)	4	PA NSO
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA NSO; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA NSO; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	4	PA NSO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	4	PA BvD
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>	4	PA BvD
<i>cyclophosphamide intravenous (Frindovyx) solution 500 mg/ml</i>	4	PA BvD

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	4	PA NSO; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	4	PA NSO; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	4	PA NSO; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	4	PA NSO; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	4	PA NSO
DAURISMO ORAL TABLET 100 MG	4	PA NSO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PA NSO; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	4	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	4	PA BvD
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	4	PA NSO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	PA NSO

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	4	PA NSO
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	4	PA NSO; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	4	
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	4	PA NSO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	4	PA NSO
ERIVEDGE ORAL CAPSULE 150 MG	4	PA NSO; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	4	PA NSO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	4	PA NSO; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	4	PA NSO; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	4	PA NSO; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	4	PA NSO; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	3	
<i>etoposide intravenous solution 20 mg/ml</i>	1	
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	4	PA NSO; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	4	PA NSO; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	4	PA NSO; QL (112 per 28 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA BvD
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	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
<i>flutamide oral capsule 125 mg</i> (Eulexin)	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA NSO; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	4	PA NSO; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA NSO; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	4	
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	4	PA NSO
GAVRETO ORAL CAPSULE 100 MG	4	PA NSO; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	4	PA NSO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA NSO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG (lomustine)	3	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (lomustine)	4	

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Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GOMEKLI ORAL CAPSULE 1 MG	4	PA NSO; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	4	PA NSO; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	4	PA NSO; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	4	PA NSO; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA NSO
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA NSO; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA NSO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA NSO; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA NSO; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	1	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	1	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA NSO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA NSO; QL (28 per 28 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA NSO; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA NSO; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	4	PA NSO
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	4	PA NSO
IMKELDI ORAL SOLUTION 80 MG/ML	4	PA NSO; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	4	PA NSO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA NSO; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	4	PA NSO; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	4	PA NSO; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	4	PA NSO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	4	PA NSO; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	4	PA NSO; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA NSO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	4	PA NSO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	4	PA NSO; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	4	PA NSO

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JYLAMVO ORAL SOLUTION 2 MG/ML	3	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	4	PA NSO
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	4	PA NSO; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA NSO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA NSO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA NSO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA NSO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA NSO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA NSO; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	4	PA NSO; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	4	PA NSO; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	4	PA NSO; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	4	PA NSO
LAZCLUZE ORAL TABLET 240 MG	4	PA NSO; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	4	PA NSO; QL (60 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	4	PA NSO; 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)	4	PA NSO
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	4	
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	3	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	4	PA NSO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	4	PA NSO; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	4	PA NSO
LORBRENA ORAL TABLET 100 MG	4	PA NSO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA NSO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	4	PA NSO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	4	PA NSO; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	4	PA NSO; QL (90 per 30 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	4	PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4	PA NSO
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA NSO
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA NSO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	4	PA NSO
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA NSO; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	4	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA NSO; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	4	PA NSO
MATULANE ORAL CAPSULE 50 MG	4	
<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	4	PA NSO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	4	PA NSO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA NSO; QL (30 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MEKTOVI ORAL TABLET 15 MG	4	PA NSO; QL (180 per 30 days)
<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	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	4	PA NSO
NERLYNX ORAL TABLET 40 MG	4	PA NSO; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	4	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA NSO; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	4	PA NSO; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	4	PA NSO; LA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA NSO
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA NSO; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	4	PA NSO; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	4	PA NSO; QL (96 per 28 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	4	PA NSO; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA NSO; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA NSO
ONUREG ORAL TABLET 200 MG, 300 MG	4	PA NSO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	4	PA NSO
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	4	PA NSO
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	4	PA NSO
ORSERDU ORAL TABLET 345 MG	4	PA NSO; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	4	PA NSO; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	4	PA BvD
<i>pazopanib oral tablet 200 mg</i> (Votrient)	4	PA NSO; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA NSO; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	4	
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	4	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pemetrexed intravenous recon soln</i> 100 mg, 500 mg	4	
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	4	
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA NSO; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA NSO; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA NSO; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 (mercaptopurine) MG/ML	4	
QINLOCK ORAL TABLET 50 MG	4	PA NSO; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	4	PA NSO; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	4	PA NSO; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	4	PA NSO; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	4	PA NSO; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	4	PA NSO; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	4	PA NSO; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	4	PA NSO; QL (60 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	4	PA NSO; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	4	PA NSO

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

Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	4	PA NSO
ROZLYTREK ORAL CAPSULE 100 MG	4	PA NSO; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA NSO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA NSO; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA NSO; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA NSO
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	4	PA NSO
RYDAPT ORAL CAPSULE 25 MG	4	PA NSO; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	4	PA NSO
SCSEMBLIX ORAL TABLET 100 MG	4	PA NSO; QL (120 per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	4	PA NSO; QL (60 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	4	PA NSO; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	4	PA NSO; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	4	PA NSO; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	4	PA NSO; QL (28 per 28 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	4	PA NSO
TABLOID ORAL TABLET 40 MG (thioguanine)	3	
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA NSO; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA NSO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA NSO; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA NSO; LA; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	4	PA NSO
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA NSO; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA NSO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA NSO; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	4	PA NSO; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	4	PA NSO
TEPMETKO ORAL TABLET 225 MG	4	PA NSO; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	4	PA NSO
TIBSOVO ORAL TABLET 250 MG	4	PA NSO; QL (60 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	3	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	4	PA NSO; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	1	
<i>toremifene oral tablet 60 mg</i> (Fareston)	4	
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	4	PA NSO; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	4	PA NSO; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA NSO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	3	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA NSO; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	4	PA NSO
TUKYSA ORAL TABLET 150 MG	4	PA NSO; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	4	PA NSO; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	4	PA NSO; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA NSO
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	4	PA NSO

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENCLEXTA ORAL TABLET 10 MG	2	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA NSO; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA NSO; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA NSO; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	
VITRAKVI ORAL CAPSULE 100 MG	4	PA NSO; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA NSO; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA NSO; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA NSO; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	4	PA NSO; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	4	PA NSO
VYLOY INTRAVENOUS RECON SOLN 100 MG	4	PA NSO
WELIREG ORAL TABLET 40 MG	4	PA NSO; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA NSO; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	4	PA NSO; QL (180 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XALKORI ORAL PELLETT 20 MG	4	PA NSO; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	4	PA NSO; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	4	PA NSO; 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)	4	PA NSO; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	4	PA NSO; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	4	PA NSO; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	4	PA NSO; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	4	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA NSO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	4	PA NSO
YONSA ORAL TABLET 125 MG	4	PA NSO; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	4	PA NSO; QL (90 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA NSO; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	4	PA NSO; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	4	PA NSO
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	4	PA NSO
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	3	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	4	
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA NSO; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	4	PA NSO; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	4	PA NSO
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	4	PA NSO; QL (20 per 28 days)
<b>Anticonvulsants</b>		
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	4	ST; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	ST; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	2	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	2	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	QL (60 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbamazepine oral capsule, er</i> (Carbatrol) <i>multiphase 12 hr 100 mg, 200 mg,</i> <i>300 mg</i>	1	
<i>carbamazepine oral suspension</i> (Tegretol) <i>100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i> (Epilex) <i>(Tegretol)</i>	1	
<i>carbamazepine oral tablet</i> (Tegretol XR) <i>extended release 12 hr 100 mg,</i> <i>200 mg, 400 mg</i>	1	
<i>carbamazepine oral</i> <i>tablet, chewable 100 mg, 200 mg</i>	1	
<i>clobazam oral suspension 2.5</i> (Onfi) <i>mg/ml</i>	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	4	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	4	PA NSO; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	4	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA NSO; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-</i> <i>20 mg, 2.5 mg, 5-7.5-10 mg</i>	3	
<i>divalproex oral capsule, delayed rel</i> (Depakote Sprinkles) <i>sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended</i> (Depakote ER) <i>release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed</i> (Depakote) <i>release (dr/ec) 125 mg, 250 mg,</i> <i>500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA NSO

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epitol oral tablet 200 mg</i> (carbamazepine)	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	3	ST
<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	4	PA NSO
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	4	ST; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	1	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	1	QL (200 per 5 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)

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

Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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</i> (Spritam)	1	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i> (Celontin)	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	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>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)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	3	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)	4	ST
<i>rufinamide oral tablet 200 mg</i> (Banzel)	1	ST
<i>rufinamide oral tablet 400 mg</i> (Banzel)	4	ST
SEZABY INTRAVENOUS RECON SOLN 100 MG	4	PA BvD
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG	3	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG (levetiracetam)	3	ST

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	4	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral capsule, sprinkle 50 mg</i>	1	
<i>topiramate oral 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)	4	QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	4	PA NSO; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	4	PA NSO; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	4	PA NSO; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	4	PA NSO; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	4	PA NSO; QL (180 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	3	ST; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	3	
<i>zonisamide oral capsule 100 mg,</i> (Zonegran) <i>25 mg</i>	1	
<i>zonisamide oral capsule 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA NSO; QL (1080 per 30 days)
<b>Antidementia Agents</b>		
<b>Antidementia Agents</b>		
<i>donepezil oral tablet 10 mg, 23</i> (Aricept) <i>mg, 5 mg</i>	1	QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating</i> <i>10 mg</i>	1	
<i>donepezil oral tablet,disintegrating</i> <i>5 mg</i>	1	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	1	
<i>galantamine oral capsule,ext rel.</i> <i>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)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg</i>	1	ST; QL (30 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 7 mg</i> (Namenda XR)	1	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	1	QL (30 per 30 days)
<b>Antidepressants</b>		
<b>Antidepressants</b>		
<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	4	ST
<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)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	3	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	ST; 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	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	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	3	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	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	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA NSO
<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	2	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	
<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	4	PA NSO; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA NSO; QL (14 per 14 days)

## **Antidiabetic Agents**

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Effective April 1, 2025  
Updated March 25, 2025



Drug Name	Drug Tier	Requirements/Limits
<b>Antidiabetic Agents, Miscellaneous</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	2	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	1	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	5	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	5	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	5	QL (90 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metformin oral tablet extended release 24 hr 500 mg</i>	5	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	5	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	4	PA; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	5	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	5	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>	5	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	5	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	2	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (60 per 30 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	2	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	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	2	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	2	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	2	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	2	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	2	QL (60 per 30 days)
<b>Insulins</b>		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	max \$35 copay per month supply; QL (30 per 28 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	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)	2	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> (Novolog Mix 70- 30FlexPen U-100)	1	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i> (Novolog Mix 70-30 U-100 Insulin)	1	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> (Novolog PenFill U- 100 Insulin)	1	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Novolog FlexPen U- 100 Insulin)	1	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> (Novolog U-100 Insulin aspart)	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)	2	max \$35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	max \$35 copay per month supply
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	max \$35 copay per month supply; QL (40 per 28 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE- YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn)	2	max \$35 copay per month supply
SEMGLEE(INSULIN GLARG- YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)	2	max \$35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine u-300 conc)	2	max \$35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine u-300 conc)	2	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin degludec)	2	max \$35 copay per month supply

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRESIBA FLEXTOUCH U-200 (insulin degludec) SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	max \$35 copay per month supply
TRESIBA U-100 INSULIN (insulin degludec) SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	max \$35 copay per month supply
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	max \$35 copay per month supply; QL (15 per 28 days)
<b>Sulfonylureas</b>		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	5	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	5	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	5	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	5	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	5	QL (240 per 30 days)
<i>glipizide oral tablet extended (Glucotrol XL) release 24hr 10 mg</i>	5	QL (60 per 30 days)
<i>glipizide oral tablet extended (Glucotrol XL) release 24hr 2.5 mg, 5 mg</i>	5	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	5	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	5	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	5	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	5	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	5	PA-HRM; AGE (Max 64 Years)
<b>Antifungals</b>		
<b>Antifungals</b>		

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	3	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	1	PA BvD
<i>amphotericin b liposome (AmBisome) intravenous suspension for reconstitution 50 mg</i>	4	PA BvD
<i>ciclopirox topical cream 0.77 % (Ciclodan)</i>	1	QL (180 per 30 days)
<i>ciclopirox topical solution 8 % (Ciclodan)</i>	1	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 % (Loprox (as olamine))</i>	1	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 % (Antifungal (clotrimazole))</i>	1	
<i>clotrimazole topical solution 1 % (Athlete's Foot (clotrimazole))</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (90 per 30 days)
<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 (Diflucan)</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg (Diflucan)</i>	1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	4	
<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>griseofulvin ultramicrosize oral tablet 165 mg</i> (Fulvicin P/G)	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> (Mycamine)	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	1	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	QL (60 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	4	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	4	PA BvD
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	4	PA
<i>voriconazole oral tablet 200 mg</i>	1	
<i>voriconazole oral tablet 50 mg</i> (Vfend)	1	
<b>Antigout Agents</b>		
<b>Antigout Agents, Other</b>		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	1	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	1	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	1	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
<b>Antihistamines</b>		
<b>Antihistamines</b>		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	1	

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metronidazole vaginal gel 0.75 % (Vandazole)</i> <i>(37.5mg/5 gram)</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL (1.5 per 30 days)
<i>dihydroergotamine nasal (Migranal)</i> <i>spray,non-aerosol 0.5 mg/pump</i> <i>act. (4 mg/ml)</i>	4	ST; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg (Maxalt)</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (18 per 30 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 4 mg/0.5 ml inject outer, sub</i> (Imitrex STATdose Pen)	1	QL (4 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	3	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 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> (Imitrex)	1	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL (16 per 30 days)
<b>Antimycobacterials</b>		
<b>Antimycobacterials</b>		
<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	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRIFTIN ORAL TABLET 150 MG	3	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln</i> (Rifadin) <i>600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	4	PA
TRECTOR ORAL TABLET 250 MG	3	
<b>Antinausea Agents</b>		
<b>Antinausea Agents</b>		
<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 (4 per 28 days)
<i>aprepitant oral capsule, dose pack</i> (Emend) <i>125 mg (1)- 80 mg (2)</i>	1	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	1	
<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	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	1	
<i>promethazine injection solution 25 mg/ml</i> (Phenergan)	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 25 mg</i> (Promethegan)	1	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine)	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>	4	
<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	3	
<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)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	4	PA; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	1	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	4	QL (60 per 30 days)
<i>paromomycin oral capsule 250 mg</i> (Humatin)	1	
<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> (Biltricide)	1	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	3	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	4	PA
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	1	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<b>Antiparkinsonian Agents</b>		
<b>Antiparkinsonian Agents</b>		
<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	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa-levodopa oral tablet 10-</i> (Sinemet) <i>100 mg</i>	1	
<i>carbidopa-levodopa oral tablet 25-</i> (Dhivy) <i>100 mg</i>	1	
<i>carbidopa-levodopa oral tablet 25-</i> <i>250 mg</i>	1	
<i>carbidopa-levodopa oral tablet</i> <i>extended release 25-100 mg, 50-</i> <i>200 mg</i>	1	
<i>carbidopa-levodopa oral</i> <i>tablet, disintegrating 10-100 mg,</i> <i>25-100 mg, 25-250 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10- 15-20-25-30 MG	4	PA
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	4	PA; QL (30 per 30 days)
<i>pramipexole oral tablet 0.125 mg,</i> <i>0.25 mg, 0.5 mg, 0.75 mg, 1 mg,</i> <i>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</i> <i>mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended</i> <i>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</i> <i>mg</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	4	PA; QL (560 per 28 days)
<b>Antipsychotic Agents</b>		
<b>Antipsychotic Agents</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	4	QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	4	QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4	QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	QL (1 per 26 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	4	QL (4.8 per 365 days)

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Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	4	QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	4	QL (3.2 per 14 days)
<i>asenapine maleate sublingual</i> (Saphris) <i>tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	4	ST; QL (30 per 30 days)
<i>chlorpromazine injection solution</i> <i>25 mg/ml</i>	1	
<i>chlorpromazine oral concentrate</i> <i>100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg,</i> <i>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</i> <i>100 mg, 12.5 mg, 25 mg</i>	1	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating</i> <i>150 mg</i>	1	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating</i> <i>200 mg</i>	1	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	4	ST; QL (60 per 30 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	4	ST
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	4	QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	4	QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	ST; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>haloperidol decanoate</i> (Haldol Decanoate) <i>intramuscular solution 100 mg/ml,</i> <i>50 mg/ml</i>	1	
<i>haloperidol lactate injection</i> <i>solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular</i> <i>syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral</i> <i>concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1</i> <i>mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	QL (0.5 per 21 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	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</i> (Latuda)	1	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	1	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	4	PA NSO; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	1	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	4	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	4	PA NSO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PA NSO; 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	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	4	QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</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 150 mg</i>	1	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	ST; 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)	4	QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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, 4 mg</i>	1	
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	4	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	4	ST; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	4	QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	4	QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	4	QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	4	QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	4	QL (0.7 per 56 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	4	QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	4	QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	ST; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	ST; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	3	ST
<i>ziprasidone hcl oral capsule 20 mg, (Geodon) 40 mg, 60 mg, 80 mg</i>	1	
<i>ziprasidone mesylate (Geodon) intramuscular recon soln 20 mg/ml (final conc.)</i>	1	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	QL (1 per 28 days)
<b>Antivirals (Systemic)</b>		
<b>Antiretrovirals</b>		
<i>abacavir oral solution 20 mg/ml (Ziagen)</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	4	QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	4	
<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	4	QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>	4	QL (24 per 365 days)
<i>cabotegravir intramuscular (Apretude) suspension,extended release 600 mg/3 ml (200 mg/ml)</i>	4	QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	4	
COMPLERA ORAL TABLET 200-25- 300 MG	4	
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	4	
DELSTRIGO ORAL TABLET 100- 300-300 MG	4	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	4	
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	4	
EDURANT ORAL TABLET 25 MG	4	

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Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i>	4	
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg</i> (Symfi Lo)	4	
<i>efavirenz-lamivu-tenofof disop oral tablet 600-300-300 mg</i> (Symfi)	4	
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	3	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	4	
EVOTAZ ORAL TABLET 300-150 MG	4	
<i>fosamprenavir oral tablet 700 mg</i>	4	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	
GENVOYA ORAL TABLET 150-150-200-10 MG	4	
INTELENCE ORAL TABLET 25 MG	3	
ISENTRESS HD ORAL TABLET 600 MG	4	
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISENTRESS ORAL TABLET 400 MG	4	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	4	
<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	
LEXIVA ORAL SUSPENSION 50 MG/ML	3	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	1	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	1	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	4	
<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	3	
NORVIR ORAL SOLUTION 80 MG/ML	3	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ODEFSEY ORAL TABLET 200-25-25 MG	4	
PIFELTRO ORAL TABLET 100 MG	4	
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	
PREZISTA ORAL SUSPENSION 100 MG/ML	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	4	
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	4	
<i>ritonavir oral tablet 100 mg</i> (Norvir)	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4	
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 25 MG	2	
SELZENTRY ORAL TABLET 75 MG	4	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	4	
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	4	
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA BvD

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
TEMIXYS ORAL TABLET 300-300 MG	4	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	1	
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	4	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	4	QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	
TRIZIVIR ORAL TABLET 300-150-300 MG	4	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	4	
VEMLIDY ORAL TABLET 25 MG	4	ST; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
VOCABRIA ORAL TABLET 30 MG	3	
<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	
<b>Antivirals, Miscellaneous</b>		
LIVTENCITY ORAL TABLET 200 MG	4	PA

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	1	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	1	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	1	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	\$0 copay until 2/28/25; QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	\$0 copay until 2/28/25; QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	PA; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (60 per 180 days)
<b>Hcv Antivirals</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	4	PA; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	4	PA; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	4	PA; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	4	PA; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	4	PA; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	4	PA; QL (28 per 28 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; QL (28 per 28 days)
<b>Interferons</b>		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA
<b>Nucleosides And Nucleotides</b>		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	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> (Hepsera)	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>ribavirin oral 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)	4	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	1	
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dabigatran etexilate oral capsule</i> (Pradaxa) 110 mg, 150 mg, 75 mg	1	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 100 mg/ml, 150 mg/ml	1	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml	1	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 30 mg/0.3 ml	1	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 40 mg/0.4 ml	1	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 60 mg/0.6 ml	1	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 10 mg/0.8 ml (Arixtra)	4	QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 2.5 mg/0.5 ml (Arixtra)	1	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 5 mg/0.4 ml (Arixtra)	4	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 7.5 mg/0.6 ml (Arixtra)	4	QL (18 per 30 days)
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	
<i>jantoven oral tablet</i> 1 mg, 10 mg, (warfarin) 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
<i>warfarin oral tablet</i> 1 mg, 10 mg, 2 (Jantoven) mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days)
<b>Blood Formation Modifiers</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	4	PA; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	4	PA; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	4	PA; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	4	PA; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	4	PA; QL (30 per 30 days)

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Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROMACTA ORAL TABLET 50 MG, 75 MG	4	PA; QL (60 per 30 days)
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	2	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; QL (4 per 28 days)
<b>Hematologic Agents, Miscellaneous</b>		
<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	
<b>Platelet-Aggregation Inhibitors</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 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	QL (30 per 30 days)
<b>Caloric Agents</b>		
<b>Caloric Agents</b>		
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	3	PA BvD

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	3	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	3	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	3	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	3	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	3	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 (Catapres-TTS-1) weekly 0.1 mg/24 hr</i>	1	
<i>clonidine transdermal patch (Catapres-TTS-2) weekly 0.2 mg/24 hr</i>	1	
<i>clonidine transdermal patch (Catapres-TTS-3) weekly 0.3 mg/24 hr</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	4	PA; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	5	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	2	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	2	QL (240 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	5	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	5	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	5	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	5	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	5	
<i>olmesartan-amlodipin-hctiazid 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)	5	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	5	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	5	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	5	
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	5	
<i>benazepril oral tablet 5 mg</i>	5	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	5	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	5	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	5	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	5	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	5	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	5	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	5	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lisinopril oral tablet 10 mg, 2.5 mg, (Zestril) 20 mg, 30 mg, 40 mg, 5 mg</i>	5	
<i>lisinopril-hydrochlorothiazide oral (Zestoretic) tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	5	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	5	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	5	
<i>quinapril oral tablet 10 mg, 20 mg, (Accupril) 40 mg, 5 mg</i>	5	
<i>quinapril-hydrochlorothiazide oral (Accuretic) tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	5	
<i>ramipril oral capsule 1.25 mg, 10 (Altace) mg, 2.5 mg, 5 mg</i>	5	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	5	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2- 180 mg, 2-240 mg, 4-240 mg</i>	1	
<b>Antiarrhythmic Agents</b>		
<i>amiodarone oral tablet 100 mg, (Pacerone) 200 mg, 400 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, (Tikosyn) 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	2	
<i>pacerone oral tablet 100 mg, 200 (amiodarone) mg, 400 mg</i>	1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

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<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<b>Beta-Adrenergic Blocking Agents</b>		
<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</i> (Tenoretic 100)	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</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	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	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> (Betapace)	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<b>Calcium-Channel Blocking Agents</b>		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	1	
<i>diltiazem 24hr er 360 mg cap once-a-day dosage</i> (Tiadylt ER)	1	
<i>diltiazem 24hr er 420 mg cap</i> (Tiadylt ER)	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	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	3	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<b>Cardiovascular Agents, Miscellaneous</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	QL (600 per 30 days)
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	2	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)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	1	QL (4 per 30 days)

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

Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	4	PA; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	2	QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i> (Demser)	4	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	1	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	1	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; QL (30 per 30 days)
<b>Dihydropyridines</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	5	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	5	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	5	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	5	
<i>amlodipine-valsartan-hcthiazid 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>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<b>Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<b>Dyslipidemics</b>		
<i>amlodipine-atorvastatin oral tablet (Caduet) 10-10 mg, 5-10 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet (Caduet) 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)</i>	5	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram (Questran)</i>	1	
<i>cholestyramine light oral powder in packet 4 gram (cholestyramine-aspartame)</i>	1	
<i>colesevelam oral powder in packet 3.75 gram (WelChol)</i>	1	
<i>colesevelam oral tablet 625 mg (WelChol)</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram (Colestid)</i>	1	
<i>ezetimibe oral tablet 10 mg (Zetia)</i>	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg (Vytorin 10-10)</i>	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg (Vytorin 10-20)</i>	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg (Vytorin 10-40)</i>	1	QL (30 per 30 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	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>	5	
NEXLETOL ORAL TABLET 180 MG	2	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	2	ST; QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>niacor oral tablet 500 mg</i> (niacin)	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)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pravastatin oral tablet 10 mg, 80 mg</i>	5	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	5	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	5	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	5	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	5	QL (30 per 30 days)
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL (30 per 30 days)
<b>Vasodilators</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso)	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>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (nitroglycerin)	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	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	1	
<b>Central Nervous System Agents</b>		
<b>Central Nervous System Agents</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	1	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	1	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	4	PA; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	4	PA; QL (60 per 30 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	4	PA; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	4	PA; 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)	4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; QL (1 per 28 days)
AVONEX PEN 30 MCG/0.5 ML	4	PA; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; QL (15 per 30 days)
<i>dalfampridine oral tablet extended</i> (Ampyra) <i>release 12 hr 10 mg</i>	1	PA; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine</i> (Adderall XR) <i>oral capsule,extended release 24hr</i> <i>10 mg, 15 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine</i> (Adderall XR) <i>oral capsule,extended release 24hr</i> <i>20 mg, 25 mg, 30 mg</i>	1	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine</i> (Adderall) <i>oral tablet 10 mg, 12.5 mg, 15 mg,</i> <i>20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (60 per 30 days)
<i>dimethyl fumarate oral</i> (Tecfidera) <i>capsule,delayed release(dr/ec) 120</i> <i>mg</i>	4	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral</i> (Tecfidera) <i>capsule,delayed release(dr/ec) 120</i> <i>mg (14)- 240 mg (46)</i>	4	PA

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	4	PA; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	4	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	4	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	4	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	4	PA; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	4	PA; QL (12 per 28 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)	4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	PA; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	4	PA; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	

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

Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	2	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA
<i>methylphenidate hcl oral solution (Methylin) 10 mg/5 ml</i>	1	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)</i>	1	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	PA; QL (20 per 180 days)

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	4	PA; QL (23 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	
<i>tetrabenazine oral tablet 12.5 mg,</i> (Xenazine) <i>25 mg</i>	4	PA; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; QL (120 per 30 days)
<b>Contraceptives</b>		
<b>Contraceptives</b>		
<i>afirmelle oral tablet 0.1-20 mg-</i> <i>mcg</i> (levonorgestrel-ethinyl estradiol)	1	
<i>altavera (28) oral tablet 0.15-0.03</i> <i>mg</i> (levonorgestrel-ethinyl estradiol)	1	
<i>alyacen 1/35 (28) oral tablet 1-35</i> <i>mg-mcg</i> (norethindrone-ethin estradiol)	1	

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	1	
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>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	

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		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>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>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	1	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	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>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<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)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	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>femynor oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	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)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<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 estradiol)	1	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	1	
<i>junel fe 1/20 (28) oral tablet 1 mg- 20 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone- e.estradiol-iron)	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog- e.estradiol/e.estradiol)	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
<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 estradiol)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		3	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	

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Effective April 1, 2025  
Updated March 25, 2025

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

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lillow (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)	1	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	
<i>lyleq oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>lyza oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	
<i>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 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	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 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	3	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	2	

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Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norelgestromin-ethin.estradiol</i> (Xulane) <i>transdermal patch weekly 150-35 mcg/24 hr</i>	1	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral</i> (Camila) <i>tablet 0.35 mg</i>	1	
<i>norethindrone-e.estradiol-iron oral</i> (Aurovela Fe 1-20 (28)) <i>tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral</i> (Aurovela Fe 1.5/30 (28)) <i>tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral</i> (Tilia Fe) <i>tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>norgestimate-ethinyl estradiol oral</i> (Tri-Lo-Estarylla) <i>tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral</i> (Tri-Estarylla) <i>tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>norgestimate-ethinyl estradiol oral</i> (Estarylla) <i>tablet 0.25-35 mg-mcg</i>	1	
<i>norlyda oral tablet 0.35 mg</i> (norethindrone (contraceptive))	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>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	1	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	
<i>pirmella oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	
<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	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	3	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</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 femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-estarylla oral tablet</i> <i>0.18/0.215/0.25 mg-35 mcg (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</i> <i>0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-estarylla oral tablet</i> <i>0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-marzia oral tablet</i> <i>0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-mili oral tablet</i> <i>0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-sprintec oral tablet</i> <i>0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-nymyo oral tablet</i> <i>0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-previfem (28) oral tablet</i> <i>0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-sprintec (28) oral tablet</i> <i>0.18/0.215/0.25 mg-35 mcg (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</i> <i>0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-vylibra oral tablet</i> <i>0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>valtya oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<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 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	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>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	(PreviDent)	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>sf 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	(Denta 5000 Plus Sensitive)	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	1	

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Effective April 1, 2025  
Updated March 25, 2025

Drug Name	Drug Tier	Requirements/Limits
<b>Dermatological Agents</b>		
<b>Dermatological Agents, Other</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	1	QL (30 per 30 days)
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	1	
<i>calcipotriene scalp solution 0.005 %</i>	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)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	2	QL (5 per 5 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	4	
PANRETIN TOPICAL GEL 0.1 %	4	QL (60 per 28 days)
<i>podofilox topical solution 0.5 %</i>	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	4	PA NSO
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Dermatological Antibacterials</b>		
<i>clindamycin phosphate topical solution 1 %</i>	1	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>gentamicin topical cream 0.1 %</i>	1	QL (90 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	QL (120 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>neuac topical gel 1.2 % (1 % base) - 5 %</i> (clindamycin-benzoyl peroxide)	1	
<i>rosadan topical cream 0.75 %</i> (metronidazole)	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	1	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	3	
<b>Dermatological Anti-Inflammatory Agents</b>		
<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	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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 lotion 0.05 %</i> (Clobex)	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>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	1	
EUCRISA TOPICAL OINTMENT 2 %	2	
<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	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone 2.5% cream</i>	1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<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>pimecrolimus topical cream 1 %</i> (Elidel)	1	QL (100 per 30 days)
<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	

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Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tacrolimus topical ointment 0.03 %</i> , 0.1 %	1	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %</i> , 0.5 % (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %</i> , 0.1 %	1	
<i>triamcinolone acetonide topical ointment 0.025 %</i> , 0.1 %, 0.5 %	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	1	
<b>Dermatological Retinoids</b>		
<i>adapalene topical cream 0.1 %</i> (Differin)	1	
ALTRENO TOPICAL LOTION 0.05 %	3	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	1	
<i>tretinoin topical cream 0.025 %</i> (Avita)	1	PA
<i>tretinoin topical cream 0.05 %</i> , 0.1 % (Retin-A)	1	PA
<b>Scabicides And Pediculicides</b>		
<i>malathion topical lotion 0.5 %</i> (Ovide)	1	
<i>permethrin topical cream 5 %</i> (Elimite)	1	QL (60 per 30 days)
<b>Devices</b>		
<b>Devices</b>		
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

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

Effective April 1, 2025  
Updated March 25, 2025

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

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

Effective April 1, 2025  
Updated March 25, 2025

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

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	1	PA; ST
ASSURE ID PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety)	1	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	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
AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	1	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 (insulin syringe-needle ML 30 GAUGE X 1/2" u-100)	1	PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	1	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
BD INS SYR UF 0.3 ML (insulin syringe-needle 12.7MMX30G 0.3 ML 30 GAUGE X u-100) 1/2"	1	PA; ST
BD INS SYRINGE 1/2 ML (insulin u-500 syringe- 6MMX31G (ONLY FOR 500 needle) UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) 1	PA; ST
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	1	PA; ST
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100) 1	PA; ST
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	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 INSULIN SYR UF 1 ML 8MMX31G 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) 1	PA; ST
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	(insulin syringe needleless) 1	PA; ST
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin) 1	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 1	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 1	PA; ST
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

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

Effective April 1, 2025  
Updated March 25, 2025

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

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 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 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 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

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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" (insulin syringe-needle 1 ML 30 GAUGE X 5/16 u-100)	1	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	1	PA; ST
CLICKFINE 31G X 5/16" NEEDLES (pen needle, diabetic) 8MM, UNIVERSAL 31 GAUGE X 5/16"	1	PA; ST
CLICKFINE PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	1	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" (pen needle, diabetic) 6MM, STORE BRAND 31 GAUGE X 1/4"	1	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" (insulin syringe-needle 0.3 ML 31 GAUGE X 15/64" u-100)	1	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" (insulin syringe-needle 1/2 ML 31 GAUGE X 15/64" u-100)	1	PA; ST
COMFORT EZ INS 0.3 ML (insulin syringe-needle 30GX1/2" 0.3 ML 30 GAUGE X 1/2" u-100)	1	PA; ST

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

Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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

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

Effective April 1, 2025  
Updated March 25, 2025

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

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 (pen needle, diabetic) 4MM 31 GAUGE X 5/32"	1	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	1	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	1	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	1	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	1	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	1	PA; ST
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
CURAD GAUZE PADS 2" X 2" 2 X 2 (gauze bandage) "	1	PA; ST
CURITY ALCOHOL PREPS 2 (alcohol swabs) PLY,MEDIUM	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	PA; ST

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CURITY GUAZE PADS 1'S(12 PLY) (gauze bandage) 2 X 2 "	1	PA; ST
DERMACEA 2"X2" GAUZE 12 PLY, (gauze bandage) 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 0.5 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 X u-100) 1/2"	1	PA; ST
DROPLET INS 0.3 ML (insulin syringe-needle 30GX12.5MM 0.3 ML 30 GAUGE X u-100) 1/2"	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

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
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 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		1	PA; ST
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle 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 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DROPLET PEN NEEDLE 30G 8MM (pen needle, diabetic) 30 GAUGE X 5/16"	1	PA; ST
DROPLET PEN NEEDLE 31G 5MM (pen needle, diabetic) 31 GAUGE X 3/16"	1	PA; ST
DROPLET PEN NEEDLE 31G 6MM (pen needle, diabetic) 31 GAUGE X 1/4"	1	PA; ST
DROPLET PEN NEEDLE 31G 8MM (pen needle, diabetic) 31 GAUGE X 5/16"	1	PA; ST
DROPLET PEN NEEDLE 32G 4MM (pen needle, diabetic) 32 GAUGE X 5/32"	1	PA; ST
DROPLET PEN NEEDLE 32G 5MM (pen needle, diabetic) 32 GAUGE X 3/16"	1	PA; ST
DROPLET PEN NEEDLE 32G 6MM (pen needle, diabetic) 32 GAUGE X 1/4"	1	PA; ST
DROPLET PEN NEEDLE 32G 8MM (pen needle, diabetic) 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

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
DROPSAFE PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety)	1	PA; ST
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
DRUG MART ULTRA COMFORT (insulin syringe-needle SYR 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	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 5/16" (insulin syringe-needle 0.3 ML 31 GAUGE X 5/16" u-100)	1	PA; ST
EASY COMFORT 0.3 ML SYRINGE (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16" u-100)	1	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
EASY COMFORT 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	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 (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 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 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

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Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 27GX1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED (alcohol swabs)	1	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASY TOUCH INSULIN SYR 0.5 ML (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16", 0.5 ML u-100) 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 (insulin syringe-needle ML 30 GAUGE X 5/16, 1 ML 31 u-100) GAUGE X 5/16	1	PA; ST
EASY TOUCH INSULIN SYR 1 ML (insulin syringe-needle RETRACTABLE 1 ML 30 GAUGE X u-100) 1/2"	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 (insulin syringe ML needleless)	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 30GX5/16 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX3/16 31 GAUGE X 3/16"	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX5/16 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4"	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX3/16 32 GAUGE X 3/16"	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX5/32 32 GAUGE X 5/32"	1	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	1	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	1	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH SYR 0.5 ML 28G (insulin syringe-needle 12.7MM 1/2 ML 28 GAUGE X 1/2" u-100)	1	PA; ST
EASY TOUCH SYR 0.5 ML 29G (insulin syringe-needle 12.7MM 0.5 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
EASY TOUCH SYR 1 ML 27G (insulin syringe-needle 16MM 1 ML 27 GAUGE X 5/8" u-100)	1	PA; ST
EASY TOUCH SYR 1 ML 28G (insulin syringe-needle 12.7MM 1 ML 28 GAUGE X 1/2" u-100)	1	PA; ST
EASY TOUCH SYR 1 ML 29G (insulin syringe-needle 12.7MM 1 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML (insulin syringe needleless)	1	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMBRACE PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	1	PA; ST
EMBRACE PEN NEEDLE 30G 5MM (pen needle, diabetic) 30 GAUGE X 3/16"	1	PA; ST
EMBRACE PEN NEEDLE 30G 8MM (pen needle, diabetic) 30 GAUGE X 5/16"	1	PA; ST
EMBRACE PEN NEEDLE 31G 5MM (pen needle, diabetic) 31 GAUGE X 3/16"	1	PA; ST
EMBRACE PEN NEEDLE 31G 6MM (pen needle, diabetic) 31 GAUGE X 1/4"	1	PA; ST
EMBRACE PEN NEEDLE 31G 8MM (pen needle, diabetic) 31 GAUGE X 5/16"	1	PA; ST
EMBRACE PEN NEEDLE 32G 4MM (pen needle, diabetic) 32 GAUGE X 5/32"	1	PA; ST
EQL INSULIN 0.3 ML SYRINGE (Ultra Comfort Insulin SHORT NEEDLE 0.3 ML 30 Syringe)	1	PA; ST
EQL INSULIN 0.5 ML SYRINGE (Ultra Comfort Insulin SHORT NEEDLE 1/2 ML 30 GAUGE Syringe)	1	PA; ST
EQL INSULIN 1 ML SYRINGE (Ultra Comfort Insulin SHORT NEEDLE 1 ML 30 GAUGE X Syringe) 7/16"	1	PA; ST
FIFTY50 INS 0.5 ML 31GX5/16" (Advocate Syringes) SHORT NEEDLE (OTC) 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
FIFTY50 PEN 31G X 3/16" NEEDLE (pen needle, diabetic) (OTC) 31 GAUGE X 3/16"	1	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML (Ultra Comfort Insulin 28 GAUGE Syringe)	1	PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	1	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	1	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" (insulin syringe-needle 1 ML 30 GAUGE X 5/16 u-100)	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FREESTYLE PREC 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	1	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 (gauze bandage) X 2 "	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 ULTRA COMFORT 0.5 ML (insulin syringe-needle SYR 1/2 ML 29 , 1/2 ML 30 GAUGE u-100)	1	PA; ST
GNP ULTRA COMFORT 1 ML (insulin syringe-needle SYRINGE 1 ML 28 GAUGE, 1 ML u-100) 30 GAUGE X 7/16"	1	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE	1	PA; ST
GNP ULTRA COMFORT 3/10 ML (insulin syringe-needle SYR 0.3 ML 30 u-100)	1	PA; ST
HEALTHWISE INS 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	1	PA; ST
HEALTHWISE INS 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	1	PA; ST
HEALTHWISE INS 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	1	PA; ST
HEALTHWISE INS 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	1	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" (insulin syringe-needle 1 ML 30 GAUGE X 5/16 u-100)	1	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	1	PA; ST
HEALTHWISE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
HEALTHY ACCENTS 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	2	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	2	
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" (UltiCare Insulin Syr(half unit))	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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" SHORT NEEDLE (OTC) 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 SYRINGE 0.5 ML 27G 1/2" OUTER 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" (Sure Comfort 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" (Easy Touch Insulin Syringe)	1	PA; ST
INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" (BD SafetyGlide 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" (RX) 1 ML 30 GAUGE X 1/2" (BD Eclipse Luer-Lok)	1	PA; ST
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16" (Advocate Syringes)	1	PA; ST

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSULIN SYRINGE 1 ML 31GX1/4" (Sure Comfort Insulin Syringe) 1 ML 31 GAUGE X 1/4"	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 (Ultilet Insulin Syringe) SYRINGE 0.3 ML 29 GAUGE	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 (Comfort EZ Insulin Syringe) SYRINGE 1 ML 29 GAUGE X 1/2"	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 (Monoject Syringe) SYRINGE 1/2 ML 28 GAUGE	1	PA; ST
INSUPEN 30G ULTRAFIN NEEDLE (pen needle, diabetic) 30 GAUGE X 5/16"	1	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE (pen needle, diabetic) 31 GAUGE X 1/4", 31 GAUGE X 5/16"	1	PA; ST
INSUPEN 32G 6MM PEN NEEDLE (pen needle, diabetic) 32 GAUGE X 1/4"	1	PA; ST
INSUPEN 32G 8MM PEN NEEDLE (pen needle, diabetic) 32 GAUGE X 5/16"	1	PA; ST
INSUPEN PEN NEEDLE (pen needle, diabetic) 29GX12MM 29 GAUGE X 1/2"	1	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" (pen needle, diabetic) 31 GAUGE X 3/16"	1	PA; ST
INSUPEN PEN NEEDLE 32GX4MM (pen needle, diabetic) 32 GAUGE X 5/32"	1	PA; ST
INSUPEN PEN NEEDLE 33GX4MM (pen needle, diabetic) 33 GAUGE X 5/32"	1	PA; ST
IV ANTISEPTIC WIPES (alcohol swabs)	1	PA; ST
KENDALL ALCOHOL 70% PREP (alcohol swabs) PAD	1	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "	1	PA; ST
LITE TOUCH 31GX1/4" PEN (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4"	1	PA; ST

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

Effective April 1, 2025  
Updated March 25, 2025



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

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	1	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	1	PA; ST
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	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 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

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

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 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
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
NOVOFINE 30 NEEDLE	1	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	1	PA; ST
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	1	PA; ST
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	2	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16"	1	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 (Embrace Pen Needle) 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

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	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" 4MM 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

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Effective April 1, 2025  
Updated March 25, 2025

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

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Effective April 1, 2025  
Updated March 25, 2025

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

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Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	1	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	1	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort EZ PRO Safety Pen Ndl)	1	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
SECURES SAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	1	PA; ST
SECURES SAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
SECURES SAFE 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

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	1	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT 0.5 ML SYRINGE (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2", 0.5 ML u-100) 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
SURE COMFORT 1 ML SYRINGE 1 (insulin syringe-needle ML 28 GAUGE X 1/2", 1 ML 29 u-100) 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	1	PA; ST
SURE COMFORT 3/10 ML (insulin syringe-needle SYRINGE 0.3 ML 29 GAUGE X 1/2", u-100) 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
SURE COMFORT 3/10 ML (insulin syringe-needle SYRINGE INSULIN SYRINGE 0.3 u-100) ML 31 GAUGE X 5/16"	1	PA; ST
SURE COMFORT 30G PEN NEEDLE (pen needle, diabetic) 30 GAUGE X 5/16"	1	PA; ST
SURE COMFORT ALCOHOL PREP (alcohol swabs) PADS	1	PA; ST
SURE COMFORT INS 0.3 ML (insulin syringe-needle 31GX1/4 0.3 ML 31 GAUGE X 1/4" u-100)	1	PA; ST

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SURE COMFORT INS 0.5 ML (insulin syringe-needle 31GX1/4 1/2 ML 31 GAUGE X 1/4" u-100)	1	PA; ST
SURE COMFORT INS 1 ML (insulin syringe-needle 31GX1/4" 1 ML 31 GAUGE X 1/4" u-100)	1	PA; ST
SURE COMFORT PEN NDL (pen needle, diabetic) 29GX1/2" 12.7MM 29 GAUGE X 1/2"	1	PA; ST
SURE COMFORT PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
SURE COMFORT PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
SURE COMFORT PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
SURE COMFORT PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	1	PA; ST
SURE-FINE PEN NEEDLES 12.7MM (pen needle, diabetic) 29 GAUGE X 1/2"	1	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 (pen needle, diabetic) GAUGE X 3/16"	1	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 (pen needle, diabetic) GAUGE X 5/16"	1	PA; ST
SURE-JECT INSU SYR U100 0.3 ML (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2", 0.3 ML u-100) 30 GAUGE X 5/16"	1	PA; ST
SURE-JECT INSU SYR U100 0.5 ML (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2", 0.5 ML u-100) 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 (insulin syringe-needle ML 28 GAUGE X 1/2" u-100)	1	PA; ST
SURE-JECT INSUL SYR U100 1 ML (insulin syringe-needle 1 ML 29 GAUGE X 1/2", 1 ML 30 u-100) GAUGE X 5/16	1	PA; ST

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

Effective April 1, 2025  
Updated March 25, 2025

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

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

Effective April 1, 2025  
Updated March 25, 2025

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

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THINPRO INS SYRIN U100-0.3 ML (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2", 0.3 ML u-100) 30 X 3/8"	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 (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2", 1/2 ML u-100) 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	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 (insulin syringe-needle ML 28 GAUGE X 1/2", 1 ML 29 u-100) GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	1	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	1	PA; ST
TOPCARE CLICKFINE 31G X 1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	1	PA; ST
TOPCARE CLICKFINE 31G X 5/16" (pen needle, diabetic) 31 GAUGE X 5/16"	1	PA; ST
TOPCARE ULTRA COMFORT (insulin syringe-needle SYRINGE 0.3 ML 29 GAUGE X 1/2", u-100) 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	PA; ST
TRUE CMFRT PRO 0.5 ML 30G (insulin syringe-needle 5/16" 0.5 ML 30 GAUGE X 5/16" u-100)	1	PA; ST
TRUE CMFRT PRO 0.5 ML 31G (insulin syringe-needle 5/16" 0.5 ML 31 GAUGE X 5/16" u-100)	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
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	
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

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUE COMFORT PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	1	PA; ST
TRUE COMFORT PEN NDL 33G (pen needle, diabetic) 5MM 33 GAUGE X 3/16"	1	PA; ST
TRUE COMFORT PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	1	PA; ST
TRUE COMFORT PRO 1 ML 30G (insulin syringe-needle 1/2" 1 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
TRUE COMFORT PRO 1 ML 30G (insulin syringe-needle 5/16" 1 ML 30 GAUGE X 5/16 u-100)	1	PA; ST
TRUE COMFORT PRO 1 ML 31G (insulin syringe-needle 5/16" 1 ML 31 GAUGE X 5/16 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 (alcohol swabs) PADS	1	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
TRUE COMFRT PRO 0.5 ML 30G (insulin syringe-needle 1/2" 0.5 ML 30 GAUGE X 1/2" 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
TRUEPLUS PEN NEEDLE 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	1	PA; ST
TRUEPLUS PEN NEEDLE 31G X (pen needle, diabetic) 1/4" 31 GAUGE X 1/4"	1	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16" u-100)	1	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" (insulin syringe-needle 0.3 ML 31 GAUGE X 5/16" u-100)	1	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	1	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	1	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	1	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 (insulin syringe-needle ML 28 GAUGE X 1/2" u-100)	1	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 (insulin syringe-needle ML 29 GAUGE X 1/2" u-100)	1	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 (insulin syringe-needle ML 30 GAUGE X 5/16 u-100)	1	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 (insulin syringe-needle ML 31 GAUGE X 5/16 u-100)	1	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) (insulin syr/ndl u100 0.3 ML 31 GAUGE X 1/4" half mark)	1	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 (insulin syringe-needle ML 31 GAUGE X 1/4" u-100)	1	PA; ST
ULTICARE INS SYR 0.3 ML 30G (Advocate Syringes) 8MM 0.3 ML 30 GAUGE X 5/16"	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	1	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" (Advocate Syringes)	1	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 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
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" (pen needle, diabetic)	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 29G 12.7MM 0.3 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	1	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

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

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTILET INSULIN SYRINGE 0.5 ML (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2", 0.5 ML u-100) 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ULTILET INSULIN SYRINGE 1 ML 1 (insulin syringe-needle ML 29 GAUGE X 1/2", 1 ML 30 u-100) 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 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 SYRINGE 1/2 ML 28 GAUGE u-100)	1	PA; ST
ULTRA COMFORT 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X u-100) 5/16	1	PA; ST
ULTRA COMFORT 1 ML SYRINGE (insulin syringe-needle 1 ML 28 GAUGE X 1/2" 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

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Effective April 1, 2025  
Updated March 25, 2025

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

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTRACARE INS 1 ML 30G X 5/16" (insulin syringe-needle u-100) 1 ML 30 GAUGE X 5/16	1	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 (insulin syringe-needle u-100) ML 30 GAUGE X 1/2"	1	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" (insulin syringe-needle u-100) 1 ML 31 GAUGE X 5/16	1	PA; ST
ULTRACARE PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
ULTRACARE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
ULTRACARE PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
ULTRACARE PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4"	1	PA; ST
ULTRACARE PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16"	1	PA; ST
ULTRACARE PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
ULTRACARE PEN NEEDLE (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32"	1	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA-FINE PEN NDL 29G (pen needle, diabetic) 12.7MM 29 GAUGE X 1/2"	1	PA; ST
ULTRA-FINE PEN NEEDLE 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	1	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 (insulin syringe-needle u-100) ML 31 GAUGE X 5/16	1	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 (insulin syringe-needle u-100) ML 30 GAUGE X 5/16"	1	PA; ST

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

Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTRA-THIN II INS 0.3 ML 31G 0.3 (insulin syringe-needle ML 31 GAUGE X 5/16" u-100)	1	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 (insulin syringe-needle ML 29 GAUGE X 1/2" u-100)	1	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 (insulin syringe-needle ML 30 GAUGE X 5/16" u-100)	1	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 (insulin syringe-needle ML 31 GAUGE X 5/16" u-100)	1	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G (insulin syringe-needle 1 ML 30 GAUGE X 5/16 u-100)	1	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	1	PA; ST
ULTRA-THIN II PEN NDL (pen needle, diabetic) 31GX5/16 31 GAUGE X 5/16"	1	PA; ST
UNIFINE PEN NEEDLE 32G 4MM (pen needle, diabetic) 32 GAUGE X 5/32"	1	PA; ST
UNIFINE PENTIPS 12MM 29G (pen needle, diabetic) 29GX12MM, STRL 29 GAUGE X 1/2"	1	PA; ST
UNIFINE PENTIPS 31GX3/16" (pen needle, diabetic) 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	1	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 (pen needle, diabetic) GAUGE X 1/4"	1	PA; ST
UNIFINE PENTIPS 32GX5/32" (pen needle, diabetic) 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	1	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 (pen needle, diabetic) GAUGE X 5/32"	1	PA; ST
UNIFINE PENTIPS 6MM 31G 31 (pen needle, diabetic) GAUGE X 1/4"	1	PA; ST

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNIFINE PENTIPS MAX 30GX3/16" (pen needle, diabetic) 30 GAUGE X 3/16"	1	PA; ST
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	1	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	1	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16"	1	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" (pen needle, diabetic) ULTRA SHORT, 6MM 31 GAUGE X 1/4"	1	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX3/16" MINI 31 GAUGE X 3/16"	1	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX5/16" SHORT 31 GAUGE X 5/16"	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"	1	PA; ST

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

Effective April 1, 2025  
Updated March 25, 2025



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

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
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"	(insulin syringe-needle u-100)	1	PA; ST
VERIFINE SYRING 1 ML 31G 5/16"	(insulin syringe-needle u-100)	1	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16"	(insulin syringe-needle u-100)	1	PA; ST
VERIFINE SYRNG 0.5 ML 31G 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
V-GO 20 DEVICE		2	QL (30 per 30 days)
V-GO 30 DEVICE		2	QL (30 per 30 days)
V-GO 40 DEVICE		2	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	PA; ST

**Enzyme**  
**Cofactors/Chaperones**  
**Enzyme Cofactors/Chaperones**

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Effective April 1, 2025  
Updated March 25, 2025

Drug Name	Drug Tier	Requirements/Limits
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	4	PA; QL (90 per 30 days)
<b>Enzyme Replacement/Modifiers</b>		
<b>Enzyme Replacement/Modifiers</b>		
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	2	
<i>javygtor oral tablet, soluble 100 mg</i> (sapropterin)	4	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA BvD
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	4	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA; LA

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Effective April 1, 2025  
Updated March 25, 2025

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	2	
<b>Eye, Ear, Nose, Throat Agents</b>		
<b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	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> (Eye Allergy Itch Relief)	1	

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Effective April 1, 2025  
Updated March 25, 2025

Drug Name	Drug Tier	Requirements/Limits
<b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (Polycin) (eye) ointment 500-10,000 unit/gram</i>	1	
<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>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<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 %	3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-polymyxin b-dexameth (Maxitrol) ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	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) (neomycin-bacitracin- ointment 3.5-400-10,000 mg- poly-hc) unit/g-1%</i>	1	
<i>neo-polycin ophthalmic (eye) (neomycin-bacitracin- ointment 3.5-400-10,000 mg-unit- polymyxin) unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops (Ocuflox) 0.3 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment (bacitracin-polymyxin 500-10,000 unit/gram b)</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>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin ophthalmic (eye) drops</i> 0.3 %	1	
<i>tobramycin-dexamethasone</i> <i>ophthalmic (eye) drops,suspension</i> 0.3-0.1 %	1	
<i>trifluridine ophthalmic (eye) drops</i> 1 %	1	
XDEMVI OPTHALMIC (EYE) DROPS 0.25 %	4	PA; QL (10 per 42 days)
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	3	
ZYLET OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
<b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>		
ALREX OPTHALMIC (EYE) (loteprednol DROPS,SUSPENSION 0.2 % etabonate)	2	ST
<i>bromfenac ophthalmic (eye) drops</i> (Prolensa) 0.07 %	1	
<i>bromfenac ophthalmic (eye) drops</i> (BromSite) 0.075 %	1	
<i>bromfenac ophthalmic (eye) drops</i> 0.09 %	1	
<i>cyclosporine ophthalmic (eye)</i> (Restasis) <i>dropperette</i> 0.05 %	1	QL (60 per 30 days)
<i>dexamethasone sodium phosphate</i> <i>ophthalmic (eye) drops</i> 0.1 %	1	
<i>diclofenac sodium ophthalmic</i> <i>(eye) drops</i> 0.1 %	1	
<i>difluprednate ophthalmic (eye)</i> (Durezol) <i>drops</i> 0.05 %	1	
EYSUVIS OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	QL (8.3 per 14 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>flunisolide nasal spray,non-aerosol</i> 25 mcg (0.025 %)	1	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) drops 0.01 %	1	
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) drops,suspension 0.1 %	3	
<i>flurbiprofen sodium ophthalmic</i> (eye) drops 0.03 %	1	
<i>fluticasone propionate nasal</i> (24 Hour Allergy <i>spray,suspension 50 mcg/actuation</i> Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops</i> (Acular) 0.5 %	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	2	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic</i> (Lotemax) (eye) drops,gel 0.5 %	1	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic</i> (Alrex) (eye) drops,suspension 0.2 %	1	ST
<i>loteprednol etabonate ophthalmic</i> (Lotemax) (eye) drops,suspension 0.5 %	1	QL (15 per 19 days)
<i>mometasone nasal spray,non-</i> <i>aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	1	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic</i> (Pred Forte) (eye) drops,suspension 1 %	3	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	QL (60 per 30 days)

## **Gastrointestinal Agents**

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Effective April 1, 2025  
Updated March 25, 2025



Drug Name	Drug Tier	Requirements/Limits
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
<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	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	1	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	1	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	1	ST; QL (60 per 30 days)
<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</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	1	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	
<b>Gastrointestinal Agents, Other</b>		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	4	PA
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<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 (with sorbitol) oral suspension 15-19.3 gram/60 ml, 15-20 gram/60 ml</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	1	QL (60 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	2	QL (30 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>ursodiol oral capsule 200 mg, 400 mg</i> (Reltone)	4	
<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	2	
XERMELO ORAL TABLET 250 MG	4	PA; QL (84 per 28 days)
<b>Laxatives</b>		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	2	
<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	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)	2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	1	
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	2	
<b>Phosphate Binders</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
<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	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 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	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 capsule, extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
<b>Genitourinary Agents, Miscellaneous</b>		
<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> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	4	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	1	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	4	PA
<i>trientine oral capsule 250 mg</i> (Syprine)	4	PA; QL (240 per 30 days)

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Effective April 1, 2025  
Updated March 25, 2025

Drug Name	Drug Tier	Requirements/Limits
<b>Hormonal Agents, Stimulant/Replacement/Mo difying</b>		
<b>Androgens</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA
<i>testosterone cypionate (Depo-Testosterone) intramuscular oil 100 mg/ml, 200 mg/ml</i>	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), 1 % (50 mg/5 gram)</i> (AndroGel)	1	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	2	PA; QL (2 per 28 days)
<b>Estrogens And Antiestrogens</b>		
DUAVEE ORAL TABLET 0.45-20 MG	2	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	PA-HRM; AGE (Max 64 Years)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol transdermal patch</i> (Dotti) <i>semiweekly 0.025 mg/24 hr,</i> <i>0.0375 mg/24 hr, 0.05 mg/24 hr,</i> <i>0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch weekly</i> (Climara) <i>0.025 mg/24 hr, 0.0375 mg/24 hr,</i> <i>0.05 mg/24 hr, 0.06 mg/24 hr,</i> <i>0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 %</i> (Estrace) <i>(0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	1	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Mimvey)	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 ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	2	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	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)
<b>Glucocorticoids/Mineralocorticoids</b>		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	1	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	1	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	1	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	1	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamcinolone acetonide injection</i> (Kenalog) <i>suspension 40 mg/ml</i>	1	
<b>Pituitary</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	4	PA; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	4	PA; QL (30 per 30 days)
<i>desmopressin 10 mcg/0.1 ml spr</i> <i>10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin nasal spray,non-</i> <i>aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg,</i> (DDAVP) <i>0.2 mg</i>	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA
<i>lanreotide subcutaneous syringe</i> (Somatuline Depot) <i>120 mg/0.5 ml</i>	4	PA NSO; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA NSO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA NSO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	1	
<i>octreotide acetate injection</i> (Sandostatin) <i>solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
ORGOVYX ORAL TABLET 120 MG	4	PA NSO
ORILISSA ORAL TABLET 150 MG	4	PA; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	4	PA; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	4	PA NSO; QL (0.2 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	4	PA NSO; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA
<b>Progestins</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	QL (0.65 per 84 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gallifrey oral tablet 5 mg</i>	(norethindrone acetate)	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	(Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	(Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	(Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>		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	
<b>Thyroid And Antithyroid Agents</b>			
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	(Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i>	(Levo-T)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	(Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>		1	
<i>propylthiouracil oral tablet 50 mg</i>		1	
<b>Immunological Agents</b>			
<b>Immunological Agents</b>			
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		4	PA

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	4	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG (tacrolimus)	3	PA BvD
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG (tacrolimus)	4	PA BvD
<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	4	PA; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA NSO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA
<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> (Gengraf) 100 mg/ml	1	PA BvD
<i>cyclosporine oral capsule 100 mg,</i> (Sandimmune) 25 mg	1	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA
<i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	4	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA BvD
<i>engraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	1	PA BvD
<i>engraf oral solution 100 mg/ml</i> (cyclosporine modified)	1	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; 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	4	PA; Only NDCs starting with 00074
<i>infliximab intravenous recon soln</i> (Remicade) <i>100 mg</i>	4	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA
<i>leflunomide oral tablet 10 mg, 20</i> (Arava) <i>mg</i>	1	
<i>mycophenolate mofetil (hcl)</i> (CellCept Intravenous) <i>intravenous recon soln 500 mg</i>	1	PA BvD
<i>mycophenolate mofetil oral</i> (CellCept) <i>capsule 250 mg</i>	1	PA BvD
<i>mycophenolate mofetil oral</i> (CellCept) <i>suspension for reconstitution 200</i> <i>mg/ml</i>	4	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
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	4	PA NSO
NULOJIX INTRAVENOUS RECON SOLN 250 MG	4	PA BvD

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	4	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA
OTEZLA ORAL TABLET 20 MG, 30 MG	4	PA
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)	4	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	3	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	ST
REZUROCK ORAL TABLET 200 MG	4	PA NSO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA
<i>sirolimus oral solution 1 mg/ml</i>	4	PA BvD

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Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	4	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	4	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	1	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	4	PA; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	4	PA
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA
<b>Vaccines</b>		
ABRYVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	2	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	2	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	\$0 copay

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Effective April 1, 2025  
Updated March 25, 2025

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BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	PA BvD; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	PA BvD; \$0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	

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Effective April 1, 2025  
Updated March 25, 2025

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HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSPENSION 40- 8-32 UNIT/0.5 ML	2	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	2	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	\$0 copay

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG- 10LF/0.5 ML	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	2	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-20MCG-5LF- 62 DU/0.5 ML	2	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	2	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	\$0 copay

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	2	\$0 copay

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	\$0 copay	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	\$0 copay	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2		
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2		
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	\$0 copay	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	\$0 copay	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	\$0 copay	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	\$0 copay	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine)	2	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2		
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2	\$0 copay	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2		
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	2	\$0 copay	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	\$0 copay	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	2	\$0 copay

### **Inflammatory Bowel Disease Agents**

#### **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>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	3	

### **Metabolic Bone Disease Agents**

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Effective April 1, 2025  
Updated March 25, 2025



Drug Name	Drug Tier	Requirements/Limits
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	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)	4	QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4	PA; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplanr)	1	
<i>paricalcitol oral capsule 4 mcg</i>	1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	2	QL (60 per 30 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	4	PA; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; QL (1.56 per 30 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	4	PA
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	4	PA
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	1	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	4	PA; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mesna oral tablet 400 mg</i> (Mesnex)	4	
<i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv) (w/w)	1	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet</i> (Mestinon) 60 mg	1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA NSO; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	2	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	3	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	4	PA; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	2	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	2	
<b>Ophthalmic Agents</b>		
<b>Antiglaucoma Agents</b>		
<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 0.03 %</i>	1	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye)</i> (Alphagan P) <i>drops 0.1 %, 0.15 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

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

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	1	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	QL (5 per 30 days)
<b>Replacement Preparations</b>		
<b>Replacement Preparations</b>		
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<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 sulfat injection solution 500 mg/ml (50 %)</i>	3	
<i>magnesium sulfat injection syringe 500 mg/ml (50 %)</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	PA BvD
<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</i>	1	
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	1	
<b>Respiratory Tract Agents</b>		
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	2	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	2	QL (32.1 per 30 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (30 per 30 days)
BREO ELLIPTA INHALATION (fluticasone furoate- BLISTER WITH DEVICE 100-25 vilanterol) MCG/DOSE, 200-25 MCG/DOSE	2	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	QL (60 per 30 days)
<i>breyana inhalation hfa aerosol (budesonide- inhaler 160-4.5 mcg/actuation, 80- formoterol) 4.5 mcg/actuation</i>	1	QL (30.9 per 30 days)
<i>budesonide inhalation suspension (Pulmicort) for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	PA BvD; QL (120 per 30 days)
<i>budesonide-formoterol inhalation (Breyana) hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL (30.6 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)
<i>fluticasone propion-salmeterol (Wixela Inhub) inhalation blister with device 100- 50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 per 30 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<b>Antileukotrienes</b>		
<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> (Accolate)	1	
<b>Bronchodilators</b>		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	2	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	1	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 per 30 days)
<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	2	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 28 days)

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Effective April 1, 2025  
Updated March 25, 2025



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 per 30 days)
<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	2	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	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, 300 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)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (60 per 30 days)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	4	PA; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	4	PA; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	4	QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	4	PA
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	4	PA; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	4	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	4	PA; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; LA; QL (0.4 per 28 days)

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	4	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	4	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	4	PA; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	4	PA; QL (90 per 30 days)
<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)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	4	PA; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 50 mg</i>	1	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	1	
<b>Sleep Disorder Agents</b>		
<b>Sleep Disorder Agents</b>		
<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	2	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)	4	PA; LA; 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)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	1	QL (30 per 30 days)
<b>Vasodilating Agents</b>		
<b>Vasodilating Agents</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	1	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	4	PA; LA; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	4	PA; 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

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tadalafil oral tablet 5 mg</i> (Cialis)	1	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	4	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	4	PA; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA

## **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>completenate tablet chew 29 mg iron- 1 mg</i>	1	
<i>folivane-ob capsule 85-1 mg</i>	1	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	1	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	1	
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mynatal plus captab 65 mg iron- 1 mg</i>	1	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
<i>newgen tablet 32-1,000 mg-mcg</i>	1	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	1	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	1	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron- 1 mg -50 mg</i>	1	
<i>o-cal prenatal oral tablet 15 mg iron- 1,000 mcg</i>	1	
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	1	
<i>pnv prenatal plus multivit tab (pnv,calcium 72-iron- gluten-free (rx) 27 mg iron- 1 mg folic acid)</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>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>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
<i>prenatabs fa tablet 29-1 mg</i>	1	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>prenatal-u capsule 106.5-1 mg</i>	1	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	1	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>taron-c dha capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triveen-duo dha oral combo pack 29-1-400 mg</i>	1	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	1	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	1	
<i>virt-pn dha softgel (rx) 27 mg iron- 1 mg -300 mg</i>	1	
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	1	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	1	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	1	
<i>vitafol-ob+dha combo pack 65-1- 250 mg</i>	1	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	1	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus softgel 28-1-300 mg</i>	1	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

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Effective April 1, 2025  
Updated March 25, 2025





## INDEX

<b>1</b>		
1ST TIER UNIFINE PENTIPS		
.....	112, 113	
1ST TIER UNIFINE PENTIPS		
PLUS.....	113	
<b>A</b>		
<i>abacavir</i> .....	70	
<i>abacavir-lamivudine</i> .....	70	
ABELCET.....	54	
ABILIFY ASIMTUFII .....	63	
ABILIFY MAINTENA .....	63	
<i>abiraterone</i> .....	18	
ABOUTTIME PEN NEEDLE.113		
ABRYSVO (PF).....	185	
<i>acamprosate</i> .....	7	
<i>acarbose</i> .....	48	
<i>acebutolol</i> .....	85	
<i>acetaminophen-codeine</i> .....	3	
<i>acetazolamide</i> .....	194	
<i>acetazolamide sodium</i> .....	194	
<i>acetic acid</i> .....	164	
<i>acetylcysteine</i> .....	201	
<i>acitretin</i> .....	108	
ACTEMRA .....	179	
ACTEMRA ACTPEN .....	178	
ACTHAR .....	176	
ACTHAR SELFJECT.....	176	
ACTHIB (PF) .....	185	
ACTIMMUNE.....	193	
<i>acyclovir</i> .....	77, 108	
<i>acyclovir sodium</i> .....	77	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)...	185	
<i>adapalene</i> .....	112	
<i>adefovir</i> .....	77	
ADEMPAS.....	203	
<i>adrucil</i> .....	18	
ADVAIR HFA.....	197	
ADVOCATE PEN NEEDLE ..	114	
ADVOCATE SYRINGES .....	113,	
114		
<i>afirmelle</i> .....	97	
AIRSUPRA.....	197, 199	
AJOVY AUTOINJECTOR .....	57	
AJOVY SYRINGE.....	57	
AKEEGA.....	18	
<i>ala-cort</i> .....	109	
<i>albendazole</i> .....	60	
<i>albuterol sulfate</i> .....	199	
ALCOHOL PADS .....	114	
ALCOHOL PREP PADS.....	135	
ALCOHOL PREP SWABS ...	114	
ALCOHOL SWABS.....	114	
ALCOHOL WIPES.....	114	
ALECENSA.....	18	
<i>alendronate</i> .....	192	
<i>alfuzosin</i> .....	172	
<i>aliskiren</i> .....	92	
<i>allopurinol</i> .....	56	
<i>alosetron</i> .....	191	
<i>alprazolam</i> .....	8	
ALREX.....	166	
<i>altavera (28)</i> .....	97	
ALTRENO.....	112	
ALUNBRIG.....	18	
ALVAIZ .....	79	
<i>alyacen 1/35 (28)</i> .....	97	
<i>alyacen 7/7/7 (28)</i> .....	98	
ALYFTREK.....	201	
<i>alyq</i> .....	203	
<i>amantadine hcl</i> .....	61	
<i>amethyst (28)</i> .....	98	
<i>amikacin</i> .....	10	
<i>amiloride</i> .....	89	
<i>amiloride-hydrochlorothiazide</i>		
.....	89	
<i>amiodarone</i> .....	84	
<i>amitriptyline</i> .....	44	
<i>amlodipine</i> .....	88	
<i>amlodipine-atorvastatin</i> .....	90	
<i>amlodipine-benazepril</i> .....	88	
<i>amlodipine-olmesartan</i> .....	88	
<i>amlodipine-valsartan</i> .....	88	
<i>amlodipine-valsartan-</i>		
<i>hcthiazid</i> .....	88	
<i>ammonium lactate</i> .....	108	
<i>amoxapine</i> .....	44	
<i>amoxicil-clarithromy-</i>		
<i>lansopraz</i> .....	168	
<i>amoxicillin</i> .....	14	
<i>amoxicillin-pot clavulanate</i> 14,		
15		
<i>amphotericin b</i> .....	54	
<i>amphotericin b liposome</i> .....	54	
<i>ampicillin</i> .....	15	

<i>ampicillin sodium</i> .....	15	<i>atomoxetine</i> .....	93	<i>bal-care dha</i> .....	204
<i>ampicillin-sulbactam</i> .....	15	<i>atorvastatin</i> .....	90	<i>bal-care dha essential</i> .....	204
<i>anagrelide</i> .....	80	<i>atovaquone</i> .....	60	<i>balsalazide</i> .....	191
<i>anastrozole</i> .....	18	<i>atovaquone-proguanil</i> .....	60	BALVERSA .....	19
ANKTIVA .....	18	<i>atropine</i> .....	163	BCG VACCINE, LIVE (PF)....	185
ANORO ELLIPTA .....	199	ATROVENT HFA.....	199	BD ALCOHOL SWABS .....	117
<i>aprepitant</i> .....	59	<i>aubra eq</i> .....	98	BD AUTOSHIELD DUO PEN	
APRETUDE.....	71	AUGTYRO .....	18	NEEDLE.....	115
<i>apri</i> .....	98	<i>aurovela 1.5/30 (21)</i> .....	98	BD ECLIPSE LUER-LOK.....	115
APTIOM.....	37	<i>aurovela 1/20 (21)</i> .....	98	BD INSULIN SYRINGE.....	116
APTIVUS .....	71	<i>aurovela 24 fe</i> .....	98	BD INSULIN SYRINGE (HALF	
AQINJECT PEN NEEDLE ....	114	<i>aurovela fe 1.5/30 (28)</i> .....	98	UNIT).....	115
ARCALYST .....	179	<i>aurovela fe 1-20 (28)</i> .....	98	BD INSULIN SYRINGE SLIP TIP	
AREXVY (PF) .....	185	AUSTEDO .....	93	.....	116
AREXVY ANTIGEN		AUSTEDO XR.....	93, 94	BD INSULIN SYRINGE U-500	
COMPONENT.....	185	AUSTEDO XR TITRATION		.....	115
ARIKAYCE .....	10	KT(WK1-4).....	94	BD INSULIN SYRINGE ULTRA-	
<i>aripiprazole</i> .....	63	AUTOSHIELD DUO PEN		FINE .....	115, 116
ARISTADA.....	64	NEEDLE.....	115	BD NANO 2ND GEN PEN	
ARISTADA INITIO .....	63	AUVELITY.....	44	NEEDLE.....	116
<i>armodafinil</i> .....	203	<i>aviane</i> .....	98	BD SAFETYGLIDE INSULIN	
ARNUIITY ELLIPTA.....	198	AVONEX.....	94	SYRINGE.....	116, 117
<i>asenapine maleate</i> .....	64	AXTLE.....	18	BD SAFETYGLIDE SYRINGE	
<i>aspirin-dipyridamole</i> .....	80	<i>ayuna</i> .....	98	.....	117
ASSURE ID DUO PRO SFTY		AYVAKIT.....	18	BD ULTRA-FINE MICRO PEN	
PEN NDL .....	114	<i>azacitidine</i> .....	18	NEEDLE.....	117
ASSURE ID DUO-SHIELD...114		<i>azathioprine</i> .....	179	BD ULTRA-FINE MINI PEN	
ASSURE ID INSULIN SAFETY		<i>azathioprine sodium</i> .....	179	NEEDLE.....	117
.....	114, 115	<i>azelastine</i> .....	163	BD ULTRA-FINE NANO PEN	
ASSURE ID PEN NEEDLE....115		<i>azithromycin</i> .....	13	NEEDLE.....	117
ASSURE ID PRO PEN NEEDLE		<i>aztreonam</i> .....	13	BD ULTRA-FINE ORIG PEN	
.....	115	<i>azurette (28)</i> .....	98	NEEDLE.....	117
ASTAGRAF XL .....	179	<b>B</b>		BD ULTRA-FINE SHORT PEN	
<i>atazanavir</i> .....	71	<i>bacitracin</i> .....	164	NEEDLE.....	117
<i>atenolol</i> .....	85	<i>bacitracin-polymyxin b</i> .....	164	BD VEO INSULIN SYR (HALF	
<i>atenolol-chlorthalidone</i> .....	85	<i>baclofen</i> .....	202	UNIT).....	117

BD VEO INSULIN SYRINGE UF ..... 117, 118	BORDERED GAUZE..... 118	<i>cabotegravir</i> .....71
BELSOMRA.....203	<i>bortezomib</i> ..... 19	<i>calcipotriene</i> ..... 108
<i>benazepril</i> ..... 83	BORUZU..... 19	<i>calcitonin (salmon)</i> ..... 192
<i>benazepril-</i> <i>hydrochlorothiazide</i> ..... 83	<i>bosentan</i> .....203	<i>calcitriol</i> ..... 192
<i>bendamustine</i> ..... 19	BOSULIF ..... 19, 20	<i>calcium acetate(phosphat bind)</i> ..... 171
BENDAMUSTINE..... 19	BRAFTOVI..... 20	CALQUENCE.....20
BENDEKA..... 19	BREO ELLIPTA..... 198	CALQUENCE (ACALABRUTINIB MAL)....20
BENLYSTA..... 179	<i>brey-na</i> ..... 198	<i>camila</i> .....98
<i>benztropine</i> ..... 61	BREZTRI AEROSPHERE.....200	<i>candesartan</i> .....82
BESREMI..... 179	BRILINTA..... 80	<i>candesartan-</i> <i>hydrochlorothiazid</i> .....82
<i>betaine</i> .....193	<i>brimonidine</i> ..... 194	CAPLYTA.....64
<i>betamethasone dipropionate</i> ..... 109	<i>brimonidine-timolol</i> ..... 195	CAPRELSA .....20
<i>betamethasone valerate</i> ....110	<i>brinzolamide</i> ..... 195	<i>captopril</i> .....83
<i>betamethasone, augmented</i> ..... 110	BRIVIACT ..... 37	<i>carbamazepine</i> .....38
BETASERON..... 94	<i>bromfenac</i> ..... 166	<i>carbidopa-levodopa</i> .....62
<i>betaxolol</i> ..... 194	<i>bromocriptine</i> ..... 61	CAREFINE PEN NEEDLE .... 118
<i>bethanechol chloride</i> .....171	BRONCHITOL.....201	CARETOUCH ALCOHOL PREP PAD..... 118
<i>bexarotene</i> ..... 19	BRUKINSA..... 20	CARETOUCH INSULIN SYRINGE..... 119
BEXSERO ..... 186	<i>budesonide</i> ..... 191, 198	CARETOUCH PEN NEEDLE118
<i>bicalutamide</i> ..... 19	<i>budesonide-formoterol</i> ..... 198	<i>carglumic acid</i> ..... 169
BICILLIN L-A ..... 15	<i>bumetanide</i> ..... 89	<i>carteolol</i> ..... 195
BIKTARVY..... 71	<i>buprenorphine</i> ..... 3	<i>cartia xt</i> .....86
<i>bimatoprost</i> .....194	<i>buprenorphine hcl</i> .....7	<i>carvedilol</i> .....85
<i>bisoprolol fumarate</i> ..... 85	<i>buprenorphine-naloxone</i> .....7	CAYSTON ..... 14
<i>bisoprolol-</i> <i>hydrochlorothiazide</i> ..... 85	<i>bupropion hcl</i> ..... 44	<i>cefaclor</i> .....11
BIZENGRI ..... 19	<i>bupropion hcl (smoking deter)</i> .....8	<i>cefadroxil</i> ..... 11, 12
<i>bleomycin</i> ..... 19	<i>buspirone</i> ..... 193	<i>cefazolin</i> .....12
<i>blisovi 24 fe</i> ..... 98	<i>butalbital-acetaminop-caf-</i> <i>cod</i> .....3	<i>cefdinir</i> .....12
<i>blisovi fe 1.5/30 (28)</i> ..... 98	<i>butalbital-acetaminophen-</i> <i>caff</i> .....3	<i>cefepime</i> ..... 12
<i>blisovi fe 1/20 (28)</i> ..... 98	<b>C</b>	<i>cefixime</i> .....12
BOOSTRIX TDAP..... 186	CABENUVA..... 71	<i>cefoxitin</i> ..... 12
	<i>cabergoline</i> ..... 61	
	CABOMETYX ..... 20	

<i>cefpodoxime</i> .....	12	<i>clindamycin phosphate</i> 10, 56,	COMETRIQ.....	20
<i>cefprozil</i> .....	12	109	COMFORT EZ INSULIN	
<i>ceftazidime</i> .....	12	<i>clindamycin-benzoyl peroxide</i>	SYRINGE.....	119, 120, 121
<i>ceftriaxone</i> .....	12	.....	COMFORT EZ PEN NEEDLES	
<i>cefuroxime axetil</i> .....	12	.....	.....	120, 121
<i>cefuroxime sodium</i> .....	12	CLINIMIX 6%-D5W (SULFITE-	COMFORT EZ PRO SAFETY	
<i>celecoxib</i> .....	5	FREE).....	PEN NDL.....	121
<i>cephalexin</i> .....	12	80	COMFORT TOUCH PEN	
<i>cevimeline</i> .....	107	CLINIMIX 8%-D10W(SULFITE-	NEEDLE.....	122
<i>chateal eq (28)</i> .....	99	FREE).....	COMPLERA.....	71
<i>chlordiazepoxide hcl</i> .....	8	81	<i>completenate</i> .....	204
<i>chlorhexidine gluconate</i> .....	107	CLINIMIX 8%-D14W(SULFITE-	<i>compro</i> .....	59
<i>chloroquine phosphate</i> .....	60	FREE).....	<i>constulose</i> .....	169
<i>chlorpromazine</i> .....	64	81	COPIKTRA.....	20
<i>chlorthalidone</i> .....	89	CLINIMIX E 8%-D10W	CORLANOR.....	87
<i>cholestyramine (with sugar)</i>	90	SULFITEFREE.....	COSENTYX.....	180, 193
<i>cholestyramine light</i> .....	90	81	COSENTYX (2 SYRINGES)..	179
<i>ciclopirox</i> .....	54	CLINIMIX E 8%-D14W	COSENTYX PEN (2 PENS) .	180
<i>cilostazol</i> .....	80	SULFITEFREE.....	COSENTYX UNOREADY PEN	
CIMDUO.....	71	81	.....	180
<i>cimetidine hcl</i> .....	168	<i>clobazam</i> .....	COTELLIC.....	20
CIMZIA.....	179	38	CREON.....	162
CIMZIA POWDER FOR		<i>clobetasol</i> .....	<i>cromolyn</i> .....	163, 169, 201
RECONST.....	179	110	<i>cryelle (28)</i> .....	99
<i>cinacalcet</i> .....	192	<i>clobetasol-emollient</i> .....	CURAD GAUZE PAD.....	122
CINQAIR.....	201	110	CURITY ALCOHOL SWABS	122
<i>ciprofloxacin hcl</i> .....	16, 164	<i>clomipramine</i> .....	CURITY GAUZE.....	122, 123
<i>ciprofloxacin in 5 % dextrose</i>		45	<i>cyclafem 1/35 (28)</i> .....	99
.....	16	<i>clonazepam</i> .....	<i>cyclafem 7/7/7 (28)</i> .....	99
<i>ciprofloxacin-dexamethasone</i>		8, 9	<i>cyclobenzaprine</i> .....	202
.....	164	<i>clonidine</i> .....	<i>cyclophosphamide</i> .....	20, 21
<i>citalopram</i> .....	44, 45	81	<i>cyclosporine</i> .....	166, 180
<i>clarithromycin</i> .....	13	<i>clonidine hcl</i> .....	<i>cyclosporine modified</i> .....	180
CLENPIQ.....	170	81	<i>cyred eq</i> .....	99
CLICKFINE PEN NEEDLE.....	119	<i>clonidine hcl</i> .....		
<i>clindamycin hcl</i> .....	10	81		
		<i>clonidine hcl</i> .....		
		81		
		<i>clopidogrel</i> .....		
		80		
		<i>clorazepate dipotassium</i> .....		
		9		
		<i>clotrimazole</i> .....		
		54		
		<i>clotrimazole-betamethasone</i>		
		.....		
		54		
		<i>clozapine</i> .....		
		64		
		<i>c-nate dha</i> .....		
		204		
		COARTEM.....		
		60		
		COBENFY.....		
		64		
		COBENFY STARTER PACK..		
		65		
		<i>colchicine</i> .....		
		56		
		<i>colesevelam</i> .....		
		90		
		<i>colestipol</i> .....		
		90		
		<i>colistin (colistimethate na)</i> ..		
		11		
		COMBIVENT RESPIMAT.....		
		200		

<b>D</b>		
<i>d5 % and 0.9 % sodium chloride</i> .....	196	
<i>d5 %-0.45 % sodium chloride</i> .....	196	
<i>dabigatran etexilate</i> .....	78	
<i>dalfampridine</i> .....	94	
<i>danazol</i> .....	173	
<i>dantrolene</i> .....	202	
DANYELZA .....	21	
DANZITEN .....	21	
<i>dapsone</i> .....	58	
DAPTACEL (DTAP PEDIATRIC) (PF) .....	186	
<i>daptomycin</i> .....	11	
<i>darunavir</i> .....	71	
<i>dasatinib</i> .....	21	
<i>dasetta 1/35 (28)</i> .....	99	
<i>dasetta 7/7/7 (28)</i> .....	99	
DATROWAY .....	21	
DAURISMO .....	21	
<i>deblitane</i> .....	99	
<i>decitabine</i> .....	21	
<i>deferasirox</i> .....	172	
DELSTRIGO .....	71	
<i>demeclocycline</i> .....	17	
DENGVAXIA (PF).....	186	
<i>denta 5000 plus</i> .....	107	
<i>dentagel</i> .....	107	
DEPO-SUBQ PROVERA 104 .....	177	
DERMACEA.....	123	
DERMACEA NON-WOVEN .....	123	
<i>dermacinrx lidocan</i> .....	7	
DESCOVY.....	71	
<i>desipramine</i> .....	45	
<i>desmopressin</i> .....	176	
<i>desog-e.estradiol/e.estradiol</i> .....	99	
<i>desogestrel-ethinyl estradiol</i> .....	99	
<i>desvenlafaxine succinate</i> ....	45	
<i>dexamethasone</i> .....	174, 175	
<i>dexamethasone sodium phosphate</i> .....	166, 175	
<i>dextroamphetamine-amphetamine</i> .....	94	
<i>dextrose 5 % in water (d5w)</i>	81	
DIACOMIT .....	38	
<i>diazepam</i> .....	9, 38	
<i>diazepam intensol</i> .....	9	
<i>diazoxide</i> .....	193	
<i>diclofenac potassium</i> .....	5	
<i>diclofenac sodium</i> .....	5, 166	
<i>diclofenac-misoprostol</i> .....	6	
<i>dicloxacillin</i> .....	15	
<i>dicyclomine</i> .....	169	
<i>didanosine</i> .....	71	
DIFICID .....	13	
<i>difluprednate</i> .....	166	
<i>digoxin</i> .....	87	
<i>dihydroergotamine</i> .....	57	
<i>diltiazem hcl</i> .....	86	
<i>dilt-xr</i> .....	86	
<i>dimethyl fumarate</i> .....	94, 95	
<i>diphenoxylate-atropine</i> .....	169	
<i>dipyridamole</i> .....	80	
<i>disulfiram</i> .....	8	
<i>divalproex</i> .....	38	
<i>dofetilide</i> .....	84	
<i>dolishale</i> .....	99	
<i>donepezil</i> .....	43	
<i>dorzolamide</i> .....	195	
<i>dorzolamide-timolol</i> .....	195	
DOVATO.....	71	
<i>doxazosin</i> .....	81	
<i>doxepin</i> .....	45	
<i>doxorubicin, peg-liposomal</i> .....	21	
<i>doxy-100</i> .....	17	
<i>doxycycline hyclate</i> .....	17	
<i>doxycycline monohydrate</i> ....	17	
DRIZALMA SPRINKLE .....	45	
<i>dronabinol</i> .....	59	
DROPLET INSULIN SYR(HALF UNIT) .....	123	
DROPLET INSULIN SYRINGE .....	123, 124	
DROPLET MICRON PEN NEEDLE.....	124	
DROPLET PEN NEEDLE ....	124, 125	
DROPSAFE ALCOHOL PREP PADS .....	125	
DROPSAFE INSULIN SYRINGE .....	125	
DROPSAFE PEN NEEDLE ..	126	
<i>droxidopa</i> .....	81	
DUAVEE .....	173	
<i>duloxetine</i> .....	45	
DUPIXENT PEN .....	180	
DUPIXENT SYRINGE.....	180	
<i>dutasteride</i> .....	172	
<b>E</b>		
EASY COMFORT ALCOHOL PAD.....	127	
EASY COMFORT INSULIN SYRINGE.....	126, 127	

EASY COMFORT PEN	ELIGARD (3 MONTH).....	21	ENTRESTO SPRINKLE .....	82
NEEDLES.....	ELIGARD (4 MONTH).....	21	<i>enulose</i> .....	169
EASY COMFORT SAFETY PEN	ELIGARD (6 MONTH).....	21	EPCLUSA.....	76
NEEDLE .....	<i>elinest</i> .....	99	EPIDIOLEX.....	38
EASY GLIDE INSULIN	ELIQUIS .....	78	<i>epinastine</i> .....	163
SYRINGE.....	ELIQUIS DVT-PE TREAT 30D		<i>epinephrine</i> .....	87
EASY GLIDE PEN NEEDLE..	START .....	78	<i>epitol</i> .....	39
EASY TOUCH.....	ELREXFIO .....	22	EPIVIR HBV .....	72
129, 130	<i>eluryng</i> .....	99	EPKINLY .....	22
EASY TOUCH ALCOHOL PREP	EMBRACE PEN NEEDLE ....	131	<i>eplerenone</i> .....	92
PADS.....	EMCYT .....	22	EPRONTIA.....	39
128	EMGALITY PEN.....	57	ERBITUX.....	22
EASY TOUCH FLIPLOCK	EMGALITY SYRINGE .....	57	<i>ergoloid</i> .....	43
INSULIN.....	<i>emoquette</i> .....	99	ERIVEDGE.....	22
129	EMSAM .....	45	ERLEADA .....	22
EASY TOUCH FLIPLOCK	<i>emtricitabine</i> .....	72	<i>erlotinib</i> .....	22
SYRINGE.....	<i>emtricitabine-tenofovir (tdf)</i>	72	<i>errin</i> .....	100
128	EMTRIVA.....	72	<i>ertapenem</i> .....	14
EASY TOUCH INSULIN	<i>emzahn</i> .....	99	<i>erythromycin</i> .....	13, 164
SAFETY SYR.....	<i>enalapril maleate</i> .....	83	<i>erythromycin ethylsuccinate</i>	13
128	<i>enalapril-hydrochlorothiazide</i>		<i>erythromycin with ethanol</i>	109
EASY TOUCH INSULIN	.....	83	ERZOFRI.....	65
SYRINGE.....	ENBREL.....	180	<i>escitalopram oxalate</i> .....	45
128, 129, 130	ENBREL MINI .....	180	<i>esomeprazole magnesium</i>	168
EASY TOUCH LUER LOCK	ENBREL SURECLICK.....	181	<i>estarylla</i> .....	100
INSULIN.....	<i>endocet</i> .....	3	<i>estradiol</i> .....	173, 174
129	ENGERIX-B (PF).....	186	<i>estradiol-norethindrone acet</i>	
EASY TOUCH PEN NEEDLE	.....	186	.....	174
.....	ENGERIX-B PEDIATRIC (PF)		<i>eszopiclone</i> .....	203
129	.....	186	<i>ethambutol</i> .....	58
EASY TOUCH SAFETY PEN	<i>enilloring</i> .....	99	<i>ethosuximide</i> .....	39
NEEDLE .....	<i>enoxaparin</i> .....	78	<i>ethynodiol diac-eth estradiol</i>	
130	<i>enpresse</i> .....	100	.....	100
EASY TOUCH SHEATHLOCK	<i>enskyce</i> .....	100	<i>etodolac</i> .....	6
INSULIN.....	<i>entacapone</i> .....	62	<i>etonogestrel-ethinyl estradiol</i>	
128, 129	<i>entecavir</i> .....	77	.....	100
EASY TOUCH UNI-SLIP .....	ENTRESTO.....	82		
130				
<i>econazole nitrate</i> .....				
54				
EDURANT .....				
71				
<i>efavirenz</i> .....				
72				
<i>efavirenz-emtricitabin-tenofov</i>				
.....				
72				
<i>efavirenz-lamivu-tenofov</i>				
<i>disop</i> .....				
72				
ELAHERE .....				
21				
ELIGARD.....				
21				

ETOPOPHOS .....	22	FIASP PENFILL U-100		<i>fondaparinux</i> .....	78
<i>etoposide</i> .....	22	INSULIN.....	50	<i>fosamprenavir</i> .....	72
<i>etravirine</i> .....	72	FIASP U-100 INSULIN.....	51	<i>fosinopril</i> .....	83
EUCRISA.....	110	<i>finasteride</i> .....	172	<i>fosinopril-hydrochlorothiazide</i>	
<i>everolimus (antineoplastic)</i> .	22	<i>fin golimod</i> .....	95	.....	83
<i>everolimus</i>		FINTEPLA .....	39	<i>fosphenytoin</i> .....	39
( <i>immunosuppressive</i> ).....	181	FIRMAGON KIT W DILUENT		FOTIVDA.....	23
EVOTAZ.....	72	SYRINGE.....	23	FREESTYLE PRECISION.....	131,
<i>exemestane</i> .....	23	<i>flavoxate</i> .....	171	132	
EXTENCILLINE.....	15	<i>flecainide</i> .....	84	FRUZAQLA.....	23
EYSUVIS.....	166	<i>floxuridine</i> .....	23	<i>fulvestrant</i> .....	23
<i>ezetimibe</i> .....	90	<i>fluconazole</i> .....	54	<i>furosemide</i> .....	89
<i>ezetimibe-simvastatin</i> ....	90, 91	<i>fluconazole in nacl (iso-osm)</i>		FUZEON.....	72
<b>F</b>		.....	54	FYARRO .....	23
<i>falmina (28)</i> .....	100	<i>flucytosine</i> .....	55	FYCOMPA .....	39
<i>famciclovir</i> .....	77	<i>fludrocortisone</i> .....	175	<b>G</b>	
<i>famotidine</i> .....	168	<i>flunisolide</i> .....	167	<i>gabapentin</i> .....	39
FANAPT .....	65	<i>fluocinolone</i> .....	110	<i>galantamine</i> .....	43, 44
FARXIGA.....	48	<i>fluocinolone acetonide oil</i> .	167	<i>gallifrey</i> .....	178
FASENRA .....	201	<i>fluocinonide</i> .....	110, 111	GAMUNEX-C.....	181
FASENRA PEN.....	201	<i>fluoride (sodium)</i> .....	107	GARDASIL 9 (PF).....	186
<i>febuxostat</i> .....	56	<i>fluorometholone</i> .....	167	GAUZE PAD.....	132
<i>feirza</i> .....	100	<i>fluorouracil</i> .....	23, 108	<i>gavilyte-c</i> .....	170
<i>felbamate</i> .....	39	<i>fluoxetine</i> .....	46	<i>gavilyte-g</i> .....	170
<i>felodipine</i> .....	88	<i>fluphenazine decanoate</i> .....	65	<i>gavilyte-n</i> .....	170
<i>femynor</i> .....	100	<i>fluphenazine hcl</i> .....	65	GAVRETO .....	23
<i>fenofibrate</i> .....	91	<i>flurbiprofen</i> .....	6	<i>gefitinib</i> .....	23
<i>fenofibrate micronized</i> .....	91	<i>flurbiprofen sodium</i> .....	167	<i>gemfibrozil</i> .....	91
<i>fenofibrate nanocrystallized</i>	91	<i>flutamide</i> .....	23	<i>generlac</i> .....	169
<i>fentanyl</i> .....	4	<i>fluticasone propionate</i> .....	111,	<i>gengraf</i> .....	181
<i>fentanyl citrate</i> .....	3, 4	167, 198		<i>gentak</i> .....	164
<i>fesoterodine</i> .....	171	<i>fluticasone propion-salmeterol</i>		<i>gentamicin</i> .....	10, 109, 164
FETZIMA.....	45, 46	.....	198	<i>gentamicin sulfate (ped) (pf)</i>	
FIASP FLEXTOUCH U-100		<i>fluvastatin</i> .....	91	.....	10
INSULIN.....	50	<i>flvoxamine</i> .....	46	<i>gentamicin sulfate (pf)</i> .....	10
		<i>folivane-ob</i> .....	204	GENVOYA .....	72



GILOTRIF.....	23	HEALTHWISE INSULIN		<i>hydrocortisone</i> ....	111, 175, 191
<i>glatiramer</i> .....	95	SYRINGE.....	132	<i>hydrocortisone valerate</i> ....	111
<i>glatopa</i> .....	95	HEALTHWISE PEN NEEDLE		<i>hydrocortisone-acetic acid</i>	164
GLEOSTINE.....	23	.....	132, 133	<i>hydromorphone</i> .....	4
<i>glimepiride</i> .....	53	HEALTHY ACCENTS UNIFINE		<i>hydroxychloroquine</i> .....	60, 61
<i>glipizide</i> .....	53	PENTIP .....	133	<i>hydroxyurea</i> .....	24
<i>glipizide-metformin</i> .....	53	<i>heather</i> .....	100	<i>hydroxyzine hcl</i> .....	56
<i>glutamine (sickle cell)</i> .....	193	<i>heparin (porcine)</i> .....	78	<i>hydroxyzine pamoate</i> .....	193
<i>glyburide</i> .....	53	HEPLISAV-B (PF).....	187	<b>I</b>	
<i>glyburide micronized</i> .....	53	HERCEPTIN HYLECTA .....	24	<i>ibandronate</i> .....	192
<i>glyburide-metformin</i> .....	53	HERZUMA.....	24	IBRANCE.....	24
<i>glycopyrrolate</i> .....	169	HIBERIX (PF) .....	187	<i>ibu</i> .....	6
<i>glydo</i> .....	7	HUMIRA.....	181	<i>ibuprofen</i> .....	6
GLYXAMBI.....	48	HUMIRA PEN .....	181	<i>icatibant</i> .....	88
GOMEKLI .....	24	HUMIRA PEN CROHNS-UC-		<i>iclevia</i> .....	100
<i>griseofulvin microsize</i> .....	55	HS START.....	181	ICLUSIG .....	24
<i>griseofulvin ultramicrosize</i> ..	55	HUMIRA PEN PSOR-UEVITS-		<i>icosapent ethyl</i> .....	91
<i>guanfacine</i> .....	81, 95	ADOL HS.....	181	IDHIFA .....	24
GVOKE .....	193	HUMIRA(CF).....	182	<i>ifosfamide</i> .....	24
GVOKE HYPOPEN 2-PACK	193	HUMIRA(CF) PEDI CROHNS		ILEVRO .....	167
GVOKE PFS 1-PACK SYRINGE		STARTER.....	181	<i>imatinib</i> .....	24
.....	193	HUMIRA(CF) PEN .....	182	IMBRUVICA .....	24, 25
GVOKE PFS 2-PACK SYRINGE		HUMIRA(CF) PEN CROHNS-		IMDELLTRA.....	25
.....	193	UC-HS .....	181	<i>imipenem-cilastatin</i> .....	14
<b>H</b>		HUMIRA(CF) PEN PEDIATRIC		<i>imipramine hcl</i> .....	46
HAEGARDA.....	79	UC.....	181	<i>imiquimod</i> .....	108
<i>hailey 24 fe</i> .....	100	HUMIRA(CF) PEN PSOR-UV-		IMJUDO .....	25
<i>hailey fe 1.5/30 (28)</i> .....	100	ADOL HS.....	182	IMKELDI .....	25
<i>hailey fe 1/20 (28)</i> .....	100	HUMULIN R U-500 (CONC)		IMOVAX RABIES VACCINE	
<i>halobetasol propionate</i> .....	111	INSULIN.....	51	(PF).....	187
<i>haloette</i> .....	100	HUMULIN R U-500 (CONC)		IMPAVIDO .....	61
<i>haloperidol</i> .....	66	KWIKPEN.....	51	<i>incassia</i> .....	101
<i>haloperidol decanoate</i> ...	65, 66	<i>hydralazine</i> .....	88	INCONTROL ALCOHOL PADS	
<i>haloperidol lactate</i> .....	66	<i>hydrochlorothiazide</i> .....	89	.....	133
HARVONI.....	76	<i>hydrocodone-acetaminophen</i>		INCONTROL PEN NEEDLE	133
HAVRIX (PF).....	186	.....	4	INCRELEX .....	176

<i>indapamide</i> .....	89	<i>ipratropium bromide</i> .....	163, 200	<i>junel 1.5/30 (21)</i> .....	101
<i>indomethacin</i> .....	6	<i>ipratropium-albuterol</i> .....	200	<i>junel 1/20 (21)</i> .....	101
INFANRIX (DTAP) (PF).....	187	<i>irbesartan</i> .....	82	<i>junel fe 1.5/30 (28)</i> .....	101
<i>infliximab</i> .....	182	<i>irbesartan-</i>		<i>junel fe 1/20 (28)</i> .....	101
INGREZZA.....	95	<i>hydrochlorothiazide</i> .....	82	<i>junel fe 24</i> .....	101
INGREZZA INITIATION		ISENTRESS.....	72, 73	JYLAMVO.....	26
PK(TARDIV).....	95	ISENTRESS HD.....	72	JYNNEOS (PF).....	187
INGREZZA SPRINKLE.....	95	<i>isibloom</i> .....	101	<b>K</b>	
INLYTA.....	25	<i>isoniazid</i> .....	58	KALYDECO.....	201
INPEN (FOR HUMALOG)		ISOPROPYL ALCOHOL.....	108	<i>kariva (28)</i> .....	101
BLUE.....	133	<i>isosorbide dinitrate</i> .....	92, 93	<i>kelnor 1/35 (28)</i> .....	101
INPEN (NOVOLOG OR FIASP)		<i>isosorbide mononitrate</i> .....	93	<i>kelnor 1/50 (28)</i> .....	101
BLUE.....	133	ITOVEBI.....	25	KERENDIA.....	92
INQOVI.....	25	<i>itraconazole</i> .....	55	KESIMPTA PEN.....	95
INREBIC.....	25	IV PREP WIPES.....	135	<i>ketoconazole</i> .....	55
<i>insulin asp prt-insulin aspart</i>		<i>ivabradine</i> .....	88	<i>ketorolac</i> .....	6, 167
.....	51	<i>ivermectin</i> .....	61	KEYTRUDA.....	26
<i>insulin aspart u-100</i> .....	51	IWILFIN.....	25	KIMMTRAK.....	26
INSULIN SYR/NDL U100 HALF		IXCHIQ (PF).....	187	KINERET.....	182
MARK.....	133	IXIARO (PF).....	187	KINRIX (PF).....	187
INSULIN SYRINGE.....	116	<b>J</b>		<i>kionex (with sorbitol)</i> .....	169
INSULIN SYRINGE		JAKAFI.....	25	KISQALI.....	26
MICROFINE.....	116	<i>jantoven</i> .....	78	KISQALI FEMARA CO-PACK26	
INSULIN SYRINGE		JANUMET.....	48	KLISYRI.....	108
NEEDLELESS.....	116	JANUMET XR.....	48	<i>klor-con m10</i> .....	196
INSULIN SYRINGE-NEEDLE U-		JANUVIA.....	48	<i>klor-con m15</i> .....	196
100.114, 131, 134, 135, 143,		JARDIANCE.....	48	<i>klor-con m20</i> .....	196
148, 152, 153		<i>javygtor</i> .....	162	KLOXXADO.....	8
INSUPEN PEN NEEDLE.....	135	JAYPIRCA.....	25	KOSELUGO.....	26
INTELENCE.....	72	JEMPERLI.....	25	<i>kosher prenatal plus iron...</i>	204
INTRON A.....	77	<i>jencycla</i> .....	101	KRAZATI.....	26
INVEGA HAFYERA.....	66	JENTADUETO.....	48	<i>kurvelo (28)</i> .....	101
INVEGA SUSTENNA.....	66	JENTADUETO XR.....	48	KYLEENA.....	101
INVEGA TRINZA.....	67	<i>jolessa</i> .....	101	KYNMOBI.....	62
INVELTYS.....	167	<i>juleber</i> .....	101	<b>L</b>	
IPOL.....	187	JULUCA.....	73	<i>labetalol</i> .....	85

<i>lacosamide</i> .....	39	<i>levonorgest-eth.estradiol-iron</i> .....	102	LOQTORZI.....	27
<i>lactulose</i> .....	169	<i>levonorgestrel-ethinyl estrad</i> .....	102	<i>lorazepam</i> .....	9
<i>lamivudine</i> .....	73	<i>levonorg-eth estrad triphasic</i> .....	102	<i>lorazepam intensol</i> .....	9
<i>lamivudine-zidovudine</i> .....	73	<i>levora-28</i> .....	102	LORBRENA.....	27
<i>lamotrigine</i> .....	40	<i>levothyroxine</i> .....	178	<i>losartan</i> .....	82
<i>lanreotide</i> .....	176	LEXIVA .....	73	<i>losartan-hydrochlorothiazide</i> .....	82
<i>lansoprazole</i> .....	168	LIBERVANT.....	40	LOTEMAX.....	167
LANTUS SOLOSTAR U-100 INSULIN.....	51	<i>lidocaine</i> .....	7	LOTEMAX SM .....	167
LANTUS U-100 INSULIN.....	51	<i>lidocaine hcl</i> .....	7	<i>loteprednol etabonate</i> .....	167
<i>lapatinib</i> .....	26	<i>lidocaine viscous</i> .....	7	<i>lovastatin</i> .....	91
<i>larin 1.5/30 (21)</i> .....	101	<i>lidocaine-prilocaine</i> .....	7	<i>low-ogestrel (28)</i> .....	103
<i>larin 1/20 (21)</i> .....	102	<i>lidocan iii</i> .....	7	<i>loxapine succinate</i> .....	67
<i>larin 24 fe</i> .....	102	LILETTA.....	102	<i>lubiprostone</i> .....	170
<i>larin fe 1.5/30 (28)</i> .....	102	<i>lillow (28)</i> .....	103	LUMAKRAS .....	27
<i>larin fe 1/20 (28)</i> .....	102	<i>linezolid</i> .....	11	LUMIGAN .....	195
<i>larissia</i> .....	102	<i>linezolid in dextrose 5%</i> .....	11	LUNSUMIO .....	28
<i>latanoprost</i> .....	195	LINZESS.....	169	LUPRON DEPOT .....	28, 176
LAZCLUZE.....	26	<i>liothyronine</i> .....	178	LUPRON DEPOT (3 MONTH) .....	28, 176
<i>leflunomide</i> .....	182	LISCO .....	135	LUPRON DEPOT (4 MONTH) .....	28
<i>lenalidomide</i> .....	27	<i>lisinopril</i> .....	84	LUPRON DEPOT (6 MONTH) .....	28
LENTOCILIN S .....	15	<i>lisinopril-hydrochlorothiazide</i> .....	84	LUPRON DEPOT-PED .....	176
LENVIMA .....	27	LITE TOUCH INSULIN PEN NEEDLES .....	135, 136	LUPRON DEPOT-PED (3 MONTH) .....	176
<i>lessina</i> .....	102	LITE TOUCH INSULIN SYRINGE.....	136, 137	<i>lurasidone</i> .....	67
<i>letrozole</i> .....	27	<i>lithium carbonate</i> .....	95	<i>lutera (28)</i> .....	103
<i>leucovorin calcium</i> .....	193	<i>lithium citrate</i> .....	96	LYBALVI.....	67
LEUKERAN.....	27	LIVTENCITY .....	75	<i>lyleq</i> .....	103
<i>leuprolide</i> .....	27	LOKELMA .....	169	LYNPARZA .....	28
<i>leuprolide (3 month)</i> .....	27	LONSURF.....	27	LYSODREN.....	28
<i>levetiracetam</i> .....	40	<i>loperamide</i> .....	169	LYTGOBI.....	28
<i>levobunolol</i> .....	195	<i>lopinavir-ritonavir</i> .....	73	<i>lyza</i> .....	103
<i>levocetirizine</i> .....	56				
<i>levofloxacin</i> .....	16				
<i>levofloxacin in d5w</i> .....	16				
<i>levonest (28)</i> .....	102				

<b>M</b>		
MAGELLAN INSULIN SAFETY SYRNG.....	137	
MAGELLAN SYRINGE.....	137	
<i>magnesium sulfate</i> .....	196	
<i>malathion</i> .....	112	
<i>maraviroc</i> .....	73	
MARGENZA .....	28	
<i>marlissa (28)</i> .....	103	
<i>marnatal-f</i> .....	204	
MARPLAN.....	46	
MATULANE.....	28	
MAVENCLAD (10 TABLET PACK).....	96	
MAVENCLAD (4 TABLET PACK).....	96	
MAVENCLAD (5 TABLET PACK).....	96	
MAVENCLAD (6 TABLET PACK).....	96	
MAVENCLAD (7 TABLET PACK).....	96	
MAVENCLAD (8 TABLET PACK).....	96	
MAVENCLAD (9 TABLET PACK).....	96	
MAXICOMFORT II PEN NEEDLE .....	137	
MAXICOMFORT INSULIN SYRINGE .....	137	
MAXI-COMFORT INSULIN SYRINGE .....	137	
MAXI-COMFORT INSULIN SYRINGE .....	137	
MAXICOMFORT SAFETY PEN NEEDLE .....	137	
MAYZENT .....	96	
MAYZENT STARTER(FOR 1MG MAINT) .....	96	
MAYZENT STARTER(FOR 2MG MAINT) .....	96	
<i>meclizine</i> .....	59	
<i>medroxyprogesterone</i> .....	178	
<i>mefloquine</i> .....	61	
<i>megestrol</i> .....	28, 178	
MEKINIST .....	28	
MEKTOVI .....	29	
<i>meloxicam</i> .....	6	
<i>memantine</i> .....	44	
MENACTRA (PF).....	187	
MENQUADFI (PF) .....	187	
MENVEO A-C-Y-W-135-DIP (PF) .....	187	
<i>mercaptopurine</i> .....	29	
<i>meropenem</i> .....	14	
<i>mesalamine</i> .....	191	
<i>mesna</i> .....	194	
<i>metformin</i> .....	48, 49	
<i>methadone</i> .....	4	
<i>methazolamide</i> .....	195	
<i>methenamine hippurate</i> .....	11	
<i>methimazole</i> .....	178	
<i>methocarbamol</i> .....	203	
<i>methotrexate sodium</i> .....	29	
<i>methotrexate sodium (pf)</i> .....	29	
<i>methoxsalen</i> .....	108	
<i>methsuximide</i> .....	40	
<i>methylphenidate hcl</i> .....	96	
<i>methylprednisolone</i> .....	175	
<i>methylprednisolone acetate</i> .....	175	
<i>metoclopramide hcl</i> .....	170	
<i>metolazone</i> .....	89	
<i>metoprolol succinate</i> .....	85	
<i>metoprolol tartrate</i> .....	85	
<i>metronidazole</i> .....	11, 57, 109	
<i>metronidazole in nacl (iso-os)</i> .....	11	
<i>metyrosine</i> .....	88	
<i>micafungin</i> .....	55	
<i>miconazole-3</i> .....	55	
MICRODOT INSULIN PEN NEEDLE.....	137, 138	
MICRODOT READYGARD PEN NEEDLE.....	138	
<i>microgestin 1.5/30 (21)</i> .....	103	
<i>microgestin 1/20 (21)</i> .....	103	
<i>microgestin 24 fe</i> .....	103	
<i>microgestin fe 1.5/30 (28)</i> .	103	
<i>microgestin fe 1/20 (28)</i> ....	103	
<i>midodrine</i> .....	82	
<i>mifepristone</i> .....	49	
<i>mili</i> .....	103	
<i>mimvey</i> .....	174	
MINI ULTRA-THIN II .....	138	
<i>minitran</i> .....	93	
<i>minocycline</i> .....	17	
<i>minoxidil</i> .....	93	
MIPLYFFA.....	162	
MIRENA .....	103	
<i>mirtazapine</i> .....	46	
<i>misoprostol</i> .....	168	
<i>mitoxantrone</i> .....	29	
M-M-R II (PF).....	188	
<i>m-natal plus</i> .....	204	
<i>modafinil</i> .....	203	
<i>moexipril</i> .....	84	
<i>molindone</i> .....	67	

<i>mometasone</i> .....	111, 167	<i>nafcilin</i> .....	15	<i>nilutamide</i> .....	29
MONOJECT INSULIN SAFETY		<i>naloxone</i> .....	8	NINLARO.....	29
SYRINGE .....	139	<i>naltrexone</i> .....	8	<i>nitazoxanide</i> .....	61
MONOJECT INSULIN		<i>naproxen</i> .....	6	<i>nitisinone</i> .....	162
SYRINGE .....	138, 139	<i>naratriptan</i> .....	57	<i>nitrofurantoin macrocrystal</i>	11
MONOJECT SYRINGE .....	138	NATACYN.....	164	<i>nitrofurantoin monohyd/m-</i>	
MONOJECT ULTRA		<i>nateglinide</i> .....	49	<i>cryst</i> .....	11
COMFORT INSULIN .....	155	NATPARA .....	192	<i>nitroglycerin</i> .....	93, 194
<i>mono-lynyah</i> .....	103	NAYZILAM .....	40	<i>niva-plus</i> .....	205
<i>montelukast</i> .....	199	<i>nebivolol</i> .....	85	NIVESTYM.....	79
<i>morphine</i> .....	4	<i>nefazodone</i> .....	46	NORDITROPIN FLEXPRO ..	177
MORPHINE .....	4	<i>neomycin</i> .....	10	<i>norelgestromin-ethin.estradiol</i>	
<i>morphine concentrate</i> .....	4	<i>neomycin-bacitracin-poly-hc</i>		.....	104
MOUNJARO .....	49	.....	164	<i>norethindrone (contraceptive)</i>	
MOVANTIK .....	170	<i>neomycin-bacitracin-</i>		.....	104
<i>moxifloxacin</i> .....	16, 164	<i>polymyxin</i> .....	164	<i>norethindrone acetate</i> .....	178
<i>moxifloxacin-sod.ace,sul-</i>		<i>neomycin-polymyxin b-</i>		<i>norethindrone-e.estradiol-iron</i>	
<i>water</i> .....	16	<i>dexameth</i> .....	164, 165	.....	104
<i>moxifloxacin-sod.chloride(iso)</i>		<i>neomycin-polymyxin-</i>		<i>norgestimate-ethinyl estradiol</i>	
.....	16	<i>gramicidin</i> .....	165	.....	104
MRESVIA (PF).....	188	<i>neomycin-polymyxin-hc</i> ....	165	<i>norlyda</i> .....	104
MULTAQ .....	84	<i>neo-polycin</i> .....	165	<i>nortrel 1/35 (21)</i> .....	104
<i>mupirocin</i> .....	109	<i>neo-polycin hc</i> .....	165	<i>nortrel 1/35 (28)</i> .....	104
MVASI.....	29	NERLYNX.....	29	<i>nortrel 7/7/7 (28)</i> .....	104
<i>mycophenolate mofetil</i> .....	182	<i>neuac</i> .....	109	<i>nortriptyline</i> .....	46
<i>mycophenolate mofetil (hcl)</i>		NEULASTA ONPRO .....	79	NORVIR.....	73
.....	182	<i>nevirapine</i> .....	73	NOVOFINE 30 .....	139
<i>mycophenolate sodium</i> .....	182	<i>newgen</i> .....	205	NOVOFINE 32 .....	139
<i>mynatal</i> .....	204	NEXLETOL .....	91	NOVOFINE PLUS.....	140
<i>mynatal advance</i> .....	204	NEXLIZET .....	91	NOVOLIN 70/30 U-100	
<i>mynatal plus</i> .....	205	NEXPLANON.....	103	INSULIN .....	51
<i>mynatal-z</i> .....	205	<i>niacin</i> .....	91	NOVOLIN 70-30 FLEXPEN U-	
<i>mynate 90 plus</i> .....	205	<i>niacor</i> .....	91	100 .....	52
MYRBETRIQ .....	171	NICOTROL NS .....	8	NOVOLIN N FLEXPEN .....	52
<b>N</b>		<i>nifedipine</i> .....	89	NOVOLIN N NPH U-100	
<i>nabumetone</i> .....	6	NIKTIMVO.....	182	INSULIN .....	52

NOVOLIN R FLEXPEN .....	52	<i>olmesartan-</i>	ORFADIN.....	162
NOVOLIN R REGULAR U100		<i>hydrochlorothiazide</i> .....	ORGOVYX .....	177
INSULIN.....	52	<i>olopatadine</i> .....	ORLISSA.....	177
NOVOTWIST .....	140	<i>omega-3 acid ethyl esters</i> ...	ORKAMBI .....	202
NUBEQA.....	29	<i>omeprazole</i> .....	ORSERDU .....	30
NUCALA .....	201	OMNIPOD 5 (G6/LIBRE 2	<i>oseltamivir</i> .....	76
NULOJIX.....	182	PLUS) .....	OTEZLA .....	183
NUPLAZID .....	67	OMNIPOD 5 G6-G7 INTRO	OTEZLA STARTER.....	183
NURTEC ODT .....	57	KT(GEN5) .....	<i>oxandrolone</i> .....	173
<i>nyamyc</i> .....	55	OMNIPOD 5 G6-G7 PODS	<i>oxcarbazepine</i> .....	40
<i>nylia 1/35 (28)</i> .....	104	(GEN 5) .....	<i>oxybutynin chloride</i> .....	172
<i>nylia 7/7/7 (28)</i> .....	104	OMNIPOD 5	<i>oxycodone</i> .....	4
<i>nymyo</i> .....	104	INTRO(G6/LIBRE2PLUS) 140	<i>oxycodone-acetaminophen</i> ...	5
<i>nystatin</i> .....	55	OMNIPOD CLASSIC PDM	OZEMPIC .....	49
<i>nystatin-triamcinolone</i> .....	55	KIT(GEN 3).....	<b>P</b>	
<i>nystop</i> .....	55	OMNIPOD CLASSIC PODS	<i>pacerone</i> .....	84
NYVEPRIA.....	79	(GEN 3) .....	<i>paclitaxel protein-bound</i> .....	30
<b>O</b>		OMNIPOD DASH INTRO KIT	<i>paliperidone</i> .....	68
<i>obstetrix dha</i> .....	205	(GEN 4) .....	PANRETIN .....	108
<i>obstetrix dha prenatal duo</i>	205	OMNIPOD DASH PDM KIT	<i>pantoprazole</i> .....	168
<i>o-cal prenatal</i> .....	205	(GEN 4) .....	<i>paricalcitol</i> .....	192
OCREVUS.....	96	OMNIPOD DASH PODS (GEN	<i>paromomycin</i> .....	61
OCREVUS ZUNOVO .....	97	4).....	<i>paroxetine hcl</i> .....	46
<i>octreotide acetate</i> .....	177	ONAPGO .....	PAXLOVID .....	76
ODEFSEY .....	74	<i>ondansetron</i> .....	<i>pazopanib</i> .....	30
ODOMZO .....	29	<i>ondansetron hcl</i> .....	PEDIARIX (PF) .....	188
OFEV.....	202	ONTRUZANT.....	PEDVAX HIB (PF).....	188
<i>ofloxacin</i> .....	165	ONUREG .....	<i>peg 3350-electrolytes</i> .....	171
OGIVRI .....	29	OPDIVO.....	PEGASYS.....	77
OGSIVEO.....	29	OPDIVO QVANTIG.....	<i>peg-electrolyte soln</i> .....	171
OJEMDA.....	29, 30	OPDUALAG.....	PEMAZYRE .....	30
OJJAARA .....	30	OPSUMIT .....	<i>pemetrexed</i> .....	31
<i>olanzapine</i> .....	67	ORENCIA .....	<i>pemetrexed disodium</i> .....	30
<i>olmesartan</i> .....	82	ORENCIA (WITH MALTOSE)	PEMRYDI RTU.....	31
<i>olmesartan-amlodipin-</i>		.....	PEN NEEDLE.....	131, 140, 141,
<i>hcthiazid</i> .....	82	ORENCIA CLICKJECT.....	143	

PEN NEEDLE, DIABETIC.....	122,	PIP PEN NEEDLE .....	141	PREMPHASE.....	174
138, 140, 141, 143		<i>piperacillin-tazobactam</i> .....	16	PREMPRO.....	174
PEN NEEDLE, DIABETIC,		PIQRAY .....	31	<i>prena1 true</i> .....	205
SAFETY .....	144	<i>pirfenidone</i> .....	202	<i>prenaissance</i> .....	206
PENBRAYA (PF) .....	188	<i>pirmella</i> .....	105	<i>prenaissance plus</i> .....	206
PENBRAYA MENACWY		<i>pitavastatin calcium</i> .....	91	<i>prenatabs fa</i> .....	206
COMPONENT(PF) .....	188	PLEGRIDY .....	97	<i>prenatal 19</i> .....	206
PENBRAYA MENB		<i>pnv 29-1</i> .....	205	<i>prenatal 19 (with docusate)</i>	
COMPONENT (PF).....	188	<i>pnv-dha + docusate</i> .....	205	.....	206
<i>penicillamine</i> .....	172	<i>pnv-omega</i> .....	205	<i>prenatal low iron</i> .....	206
<i>penicillin g potassium</i> .....	15	<i>podofilox</i> .....	108	<i>prenatal plus</i> .....	206
<i>penicillin g procaine</i> .....	15	<i>polycin</i> .....	165	<i>prenatal plus (calcium carb)</i>	
<i>penicillin v potassium</i> ....	15, 16	<i>polymyxin b sulf-trimethoprim</i>		.....	205
PENTACEL (PF).....	188	.....	165	<i>prenatal vitamin plus low iron</i>	
<i>pentamidine</i> .....	61	POMALYST.....	31	.....	206
PENTIPS PEN NEEDLE.....	141	<i>portia 28</i> .....	105	<i>prenatal-u</i> .....	206
<i>pentoxifylline</i> .....	80	<i>posaconazole</i> .....	56	<i>preplus</i> .....	206
<i>perindopril erbumine</i> .....	84	<i>potassium chloride</i> .....	196, 197	<i>pretab</i> .....	206
<i>perlogard</i> .....	107	<i>potassium citrate</i> .....	197	<i>prevalite</i> .....	92
<i>permethrin</i> .....	112	<i>pr natal 400</i> .....	205	PREVENT DROPSAFE PEN	
<i>perphenazine</i> .....	68	<i>pr natal 400 ec</i> .....	205	NEEDLE.....	141
<i>perphenazine-amitriptyline</i>	47	<i>pr natal 430</i> .....	205	<i>previfem</i> .....	105
PERSERIS.....	68	<i>pr natal 430 ec</i> .....	205	PREVYMIS .....	76
<i>phenelzine</i> .....	47	<i>pramipexole</i> .....	62	PREZCOBIX.....	74
<i>phenobarbital</i> .....	40	<i>prasugrel hcl</i> .....	80	PREZISTA.....	74
PHENYTEK.....	40	<i>pravastatin</i> .....	92	PRIFTIN .....	59
<i>phenytoin</i> .....	41	<i>praziquantel</i> .....	61	PRIMAQUINE.....	61
<i>phenytoin sodium</i> .....	41	<i>prazosin</i> .....	82	<i>primidone</i> .....	41
<i>phenytoin sodium extended</i>	41	<i>prednisolone</i> .....	175	PRIORIX (PF).....	188
PIFELTRO .....	74	<i>prednisolone acetate</i> .....	167	PRO COMFORT ALCOHOL	
<i>pilocarpine hcl</i> .....	107, 195	<i>prednisolone sodium</i>		PADS .....	142
<i>pimecrolimus</i> .....	111	<i>phosphate</i> .....	175	PRO COMFORT INSULIN	
<i>pimozide</i> .....	68	<i>prednisone</i> .....	175	SYRINGE.....	141, 142
<i>pimtrea (28)</i> .....	105	<i>pregabalin</i> .....	41	PRO COMFORT PEN NEEDLE	
<i>pioglitazone</i> .....	49	PREHEVBRIO (PF) .....	188	.....	142
<i>pioglitazone-metformin</i> .....	49	PREMARIN .....	174	<i>probenecid</i> .....	56

<i>probenecid-colchicine</i> .....	56	<i>quetiapine</i> .....	68	<i>rilpivirine</i> .....	74
PROCALAMINE 3% .....	81	<i>quinapril</i> .....	84	<i>riluzole</i> .....	97
<i>prochlorperazine</i> .....	60	<i>quinapril-hydrochlorothiazide</i>		RINVOQ .....	183
<i>prochlorperazine edisylate</i> .	59,	.....	84	RINVOQ LQ .....	183
68		<i>quinidine sulfate</i> .....	85	<i>risperidone</i> .....	68, 69
<i>prochlorperazine maleate</i> ...	60	<i>quinine sulfate</i> .....	61	<i>risperidone microspheres</i> .....	68
<i>procto-med hc</i> .....	111	QULIPTA .....	57	<i>ritonavir</i> .....	74
<i>proctosol hc</i> .....	111	<b>R</b>		RITUXAN HYCELA .....	32
<i>proctozone-hc</i> .....	111	RABAVERT (PF) .....	189	<i>rivastigmine</i> .....	44
PRODIGY INSULIN SYRINGE		<i>rabeprazole</i> .....	169	<i>rivastigmine tartrate</i> .....	44
.....	142	<i>raloxifene</i> .....	174	<i>rizatriptan</i> .....	57, 58
<i>progesterone micronized</i> ...	178	<i>ramipril</i> .....	84	<i>r-natal ob</i> .....	206
PROGRAF .....	183	<i>ranolazine</i> .....	88	ROCKLATAN .....	195
PROLIA .....	192	<i>rasagiline</i> .....	62	<i>roflumilast</i> .....	202
PROMACTA .....	79, 80	RASUVO (PF) .....	183	<i>ropinirole</i> .....	62
<i>promethazine</i> .....	60	RAYALDEE .....	192	<i>rosadan</i> .....	109
<i>promethegan</i> .....	60	<i>reclipsen (28)</i> .....	105	<i>rosuvastatin</i> .....	92
<i>propafenone</i> .....	84, 85	RECOMBIVAX HB (PF) .....	189	ROTARIX .....	189
<i>propranolol</i> .....	85, 86	RELENZA DISKHALER .....	76	ROTATEQ VACCINE .....	189
<i>propylthiouracil</i> .....	178	<i>repaglinide</i> .....	49	ROZLYTREK .....	32
PROQUAD (PF) .....	189	REPATHA PUSHTRONEX .....	92	RUBRACA .....	32
<i>protriptyline</i> .....	47	REPATHA SURECLICK .....	92	<i>rufinamide</i> .....	41
PULMOZYME .....	162	REPATHA SYRINGE .....	92	RUKOBIA .....	74
PURE COMFORT ALCOHOL		RETACRIT .....	80	RUXIENCE .....	32
PADS .....	143	RETEVMO .....	31	RYBELSUS .....	49
PURE COMFORT PEN NEEDLE		RETROVIR .....	74	RYBREVANT .....	32
.....	143	REVUFORJ .....	31	RYDAPT .....	32
PURE COMFORT SAFETY PEN		REXULTI .....	68	RYKINDO .....	69
NEEDLE .....	142	REYATAZ .....	74	RYTELO .....	32
PURIXAN .....	31	REZLIDHIA .....	31	<b>S</b>	
<i>pyrazinamide</i> .....	59	REZUROCK .....	183	SAFESNAP INSULIN SYRINGE	
<i>pyridostigmine bromide</i> .....	194	RHOPRESSA .....	195	.....	144
<i>pyrimethamine</i> .....	61	RIABNI .....	31	SAFETY PEN NEEDLE .....	144
<b>Q</b>		<i>ribavirin</i> .....	77	SANTYL .....	108
QINLOCK .....	31	<i>rifabutin</i> .....	59	<i>sapropterin</i> .....	162
QUADRACEL (PF) .....	189	<i>rifampin</i> .....	59	SAVELLA .....	97



SCEMBLIX .....	32	SKYLA.....	105	<i>streptomycin</i> .....	10
<i>scopolamine base</i> .....	60	SKYRIZI .....	184	STRIBILD .....	74
SECUADO .....	69	<i>sodium chloride 0.45 %</i> .....	197	STRIVERDI RESPIMAT.....	200
SECURESAFE INSULIN		<i>sodium chloride 0.9 %</i> .....	197	<i>subvenite</i> .....	42
SYRINGE .....	144	<i>sodium fluoride-pot nitrate</i>		<i>sucalfate</i> .....	169
SECURESAFE PEN NEEDLE	144	.....	107	<i>sulfacetamide sodium</i> .....	165
<i>select-ob</i> .....	206	<i>sodium oxybate</i> .....	203	<i>sulfacetamide-prednisolone</i>	
<i>select-ob (folic acid)</i> .....	206	<i>sodium polystyrene sulfonate</i>		.....	165
<i>selegiline hcl</i> .....	62	.....	170	<i>sulfadiazine</i> .....	16
<i>selenium sulfide</i> .....	109	<i>sodium,potassium,mag</i>		<i>sulfamethoxazole-</i>	
SELZENTRY.....	74	<i>sulfates</i> .....	171	<i>trimethoprim</i> .....	16
SEMGLEE(INSULIN		<i>solifenacin</i> .....	172	<i>sulfasalazine</i> .....	191
GLARGINE-YFGN).....	52	SOLQUA 100/33.....	52	<i>sulindac</i> .....	6
SEMGLEE(INSULIN GLARG-		SOLTAMOX.....	32	<i>sumatriptan</i> .....	58
YFGN)PEN.....	52	SOMATULINE DEPOT .....	177	<i>sumatriptan succinate</i> .....	58
<i>se-natal 19 chewable</i> .....	206	SOMAVERT .....	177	<i>sunitinib malate</i> .....	32
SEREVENT DISKUS .....	200	<i>sorafenib</i> .....	32	SUNLENCA .....	74
SEROSTIM .....	177	<i>sorine</i> .....	86	SURE COMFORT ALCOHOL	
<i>sertraline</i> .....	47	<i>sotalol</i> .....	86	PREP PADS.....	145
<i>setlakin</i> .....	105	<i>sotalol af</i> .....	86	SURE COMFORT INS. SYR. U-	
<i>sevelamer carbonate</i> .....	171	SPIRIVA RESPIMAT .....	200	100 .....	145
<i>sevelamer hcl</i> .....	171	<i>spironolactone</i> .....	89	SURE COMFORT INSULIN	
SEZABY .....	41	<i>spironolacton-</i>		SYRINGE.....	145, 146
<i>sf 5000 plus</i> .....	107	<i>hydrochlorothiaz</i> .....	89	SURE COMFORT PEN NEEDLE	
<i>sharobel</i> .....	105	SPRAVATO.....	47	.....	145, 146
SHINGRIX (PF) .....	189	<i>sprintec (28)</i> .....	105	SURE COMFORT SAFETY PEN	
SIGNIFOR.....	177	SPRITAM.....	41	NEEDLE.....	145
<i>sildenafil (pulm.hypertension)</i>		<i>sps (with sorbitol)</i> .....	170	SURE-FINE PEN NEEDLES. 146	
.....	203	<i>sronyx</i> .....	105	SURE-JECT INSULIN SYRINGE	
<i>silver sulfadiazine</i> .....	109	<i>ssd</i> .....	109	.....	146, 147
SIMBRINZA .....	195	<i>stavudine</i> .....	74	SURE-PREP ALCOHOL PREP	
<i>simliya (28)</i> .....	105	STELARA .....	184	PADS .....	147
<i>simvastatin</i> .....	92	STERILE PADS .....	145	SUTAB.....	171
<i>sirolimus</i> .....	183, 184	STIOLTO RESPIMAT .....	200	SYMPAZAN .....	42
SIRTURO .....	59	STIVARGA.....	32	SYMTOZA.....	75
SKY SAFETY PEN NEEDLE..	144	STRENSIQ.....	162	SYNJARDY.....	49

SYNJARDY XR .....	50	<i>telmisartan</i> .....	83	<i>timolol</i> .....	195
SYNRIBO .....	33	<i>telmisartan-</i>		<i>timolol maleate</i> .....	86, 195
SYRINGE WITH NEEDLE,		<i>hydrochlorothiazid</i> .....	83	<i>tinidazole</i> .....	61
SAFETY .....	144	<i>temazepam</i> .....	9, 10	<i>tiotropium bromide</i> .....	200
<b>T</b>		TEMIXYS.....	75	TIVDAK.....	34
TABLOID .....	33	TENIVAC (PF) .....	190	TIVICAY .....	75
TABRECTA .....	33	<i>tenofovir disoproxil fumarate</i>		TIVICAY PD .....	75
<i>tacrolimus</i> .....	112, 184	.....	75	<i>tizanidine</i> .....	203
<i>tadalafil</i> .....	203, 204	TEPMETKO .....	33	TOBI PODHALER .....	10
TAFINLAR .....	33	<i>terazosin</i> .....	172	<i>tobramycin</i> .....	166
<i>tafluprost (pf)</i> .....	195	<i>terbinafine hcl</i> .....	56	<i>tobramycin in 0.225 % nacl</i> 10	
TAGRISSO.....	33	<i>terconazole</i> .....	57	<i>tobramycin sulfate</i> .....	10
TALVEY .....	33	<i>teriparatide</i> .....	192	<i>tobramycin-dexamethasone</i>	
TALZENNA .....	33	TERUMO INSULIN SYRINGE		.....	166
<i>tamoxifen</i> .....	33	.....	148	<i>tolterodine</i> .....	172
<i>tamsulosin</i> .....	172	<i>testosterone</i> .....	173	TOPCARE CLICKFINE .....	149
<i>tarina 24 fe</i> .....	105	<i>testosterone cypionate</i> .....	173	TOPCARE ULTRA COMFORT	
<i>tarina fe 1-20 eq (28)</i> .....	105	<i>testosterone enanthate</i> .....	173	.....	149
<i>taron-c dha</i> .....	206	TETANUS,DIPHTHERIA TOX		<i>topiramate</i> .....	42
<i>taron-prex prenatal-dha</i> ...	206	PED(PF).....	190	<i>toposar</i> .....	34
TASIGNA.....	33	<i>tetrabenazine</i> .....	97	<i>toremifene</i> .....	34
TAVNEOS.....	184	<i>tetracycline</i> .....	18	<i>torpenz</i> .....	34
<i>tazarotene</i> .....	112	TEVIMBRA.....	33	<i>torse mide</i> .....	90
<i>tazicef</i> .....	13	THALOMID .....	194	TOUJEO MAX U-300	
<i>taztia xt</i> .....	87	<i>theophylline</i> .....	200	SOLOSTAR .....	52
TAZVERIK.....	33	THINPRO INSULIN SYRINGE		TOUJEO SOLOSTAR U-300	
TDVAX .....	189	.....	149	INSULIN .....	52
TECHLITE INSULIN SYRINGE		<i>thioridazine</i> .....	69	TRADJENTA.....	50
.....	147	<i>thiothixene</i> .....	69	<i>tramadol</i> .....	5
TECHLITE INSULN SYR(HALF		<i>tiadylt er</i> .....	87	<i>tramadol-acetaminophen</i> .....	5
UNIT) .....	147	<i>tiagabine</i> .....	42	<i>trandolapril</i> .....	84
TECHLITE PEN NEEDLE.....	148	TIBSOVO .....	33	<i>trandolapril-verapamil</i> .....	84
TECHLITE PLUS PEN NEEDLE		TICE BCG.....	34	<i>tranexamic acid</i> .....	80
.....	148	TICOVAC.....	190	<i>tranlycypromine</i> .....	47
TECVAYLI .....	33	<i>tigecycline</i> .....	18	<i>travoprost</i> .....	196
TEFLARO .....	13	<i>tilia fe</i> .....	105	TRAZIMERA.....	34

<i>trazodone</i> .....	47	<i>tri-previfem (28)</i> .....	106	TYBOST .....	194
TRECTOR.....	59	<i>tri-sprintec (28)</i> .....	106	TYMLOS.....	192
TRELEGY ELLIPTA.....	201	TRIUMEQ.....	75	TYPHIM VI.....	190
TRELSTAR .....	34	TRIUMEQ PD.....	75	<b>U</b>	
TREMFYA .....	184, 185	<i>triveen-duo dha</i> .....	207	UBRELVY.....	58
TREMFYA PEN .....	184	<i>trivora (28)</i> .....	106	ULTICARE .....	153, 154
TRESIBA FLEXTOUCH U-100 .....	52	<i>tri-vylibra</i> .....	106	ULTICARE INSULIN SYRINGE .....	152, 153
TRESIBA FLEXTOUCH U-200 .....	53	<i>tri-vylibra lo</i> .....	106	ULTICARE INSULN SYR(HALF UNIT).....	152
TRESIBA U-100 INSULIN .....	53	TRIZIVIR .....	75	ULTICARE PEN NEEDLE .....	153
<i>tretinoin</i> .....	112	TROGARZO.....	75	ULTICARE SAFETY PEN NEEDLE.....	153
<i>tretinoin (antineoplastic)</i> .....	34	<i>trosipium</i> .....	172	ULTIGUARD SAFEPACK- INSULIN SYR .....	154
<i>tri femynor</i> .....	105	TRUE COMFORT ALCOHOL PADS.....	150	ULTIGUARD SAFEPACK-PEN NEEDLE.....	154
<i>triamcinolone acetonide</i> ...	107, 112, 176	TRUE COMFORT INSULIN SYRINGE.....	150	ULTILET ALCOHOL SWAB. 154	
<i>triamterene-</i> <i>hydrochlorothiazid</i> .....	90	TRUE COMFORT PEN NEEDLE .....	150, 151	ULTILET INSULIN SYRINGE .....	134, 154, 155
<i>triazolam</i> .....	10	TRUE COMFORT PRO ALCOHOL PADS.....	151	ULTILET PEN NEEDLE .....	155
<i>trientine</i> .....	172	TRUE COMFORT PRO INS SYRINGE.....	149, 150, 151	ULTRA CMFT INS SYR (HALF UNIT).....	132, 145
<i>tri-estarylla</i> .....	106	TRUE COMFORT SAFE INSULIN SYRG .....	150, 151	ULTRA COMFORT INSULIN SYRINGE.....	126, 132, 155
<i>trifluoperazine</i> .....	69	TRUE COMFORT SAFETY PEN NEEDLE.....	150	ULTRA FLO INSUL SYR(HALF UNIT).....	155
<i>trifluridine</i> .....	166	TRUEPLUS INSULIN.....	152	ULTRA FLO INSULIN SYRINGE .....	156
<i>trihexyphenidyl</i> .....	62	TRUEPLUS PEN NEEDLE ...	151, 152	ULTRA FLO PEN NEEDLE... 156	
TRIJARDY XR .....	50	TRULICITY.....	50	ULTRA THIN PEN NEEDLE 156	
<i>tri-legest fe</i> .....	106	TRUMENBA .....	190	ULTRACARE INSULIN SYRINGE.....	156, 157
<i>tri-linyah</i> .....	106	TRUQAP .....	34	ULTRACARE PEN NEEDLE. 157	
<i>tri-lo-estarylla</i> .....	106	TRUXIMA.....	34	ULTRA-FINE INS SYR (HALF UNIT).....	157
<i>tri-lo-marzia</i> .....	106	TUKYSA.....	34		
<i>tri-lo-mili</i> .....	106	TURALIO .....	34		
<i>tri-lo-sprintec</i> .....	106	<i>turqoz (28)</i> .....	106		
<i>trimethoprim</i> .....	11	TWINRIX (PF) .....	190		
<i>tri-mili</i> .....	106				
<i>trimipramine</i> .....	47				
TRINTELLIX.....	47				
<i>tri-nymyo</i> .....	106				

ULTRA-FINE PEN NEEDLE .	157	<i>valsartan-hydrochlorothiazide</i>		V-GO 40.....	161
ULTRA-THIN II (SHORT) INS			83	<i>vienva</i> .....	107
SYR.....	157, 158	VALTOCO .....	42	<i>vigabatrin</i> .....	42
ULTRA-THIN II (SHORT) PEN		<i>valtya</i> .....	106	<i>vigadrone</i> .....	42
NDL.....	158	<i>vancomycin</i> .....	11	<i>vigpoder</i> .....	42
ULTRA-THIN II INS PEN		VANFLYTA.....	34	<i>vilazodone</i> .....	47
NEEDLES.....	158	VANISHPOINT INSULIN		<i>vinorelbine</i> .....	35
ULTRA-THIN II INSULIN		SYRINGE.....	160	<i>viorele (28)</i> .....	107
SYRINGE .....	158	VANISHPOINT SYRINGE....	160	VIRACEPT .....	75
UNIFINE PEN NEEDLE.....	158	VAQTA (PF).....	190	VIREAD .....	75
UNIFINE PENTIPS .....	140, 158,	<i>varenicline tartrate</i> .....	8	<i>virt-c dha</i> .....	207
159		VARIVAX (PF).....	190	<i>virt-nate dha</i> .....	207
UNIFINE PENTIPS MAXFLOW		VAXCHORA VACCINE .....	191	<i>virt-pn dha</i> .....	207
.....	159	VEGZELMA.....	34	<i>virt-pn plus</i> .....	207
UNIFINE PENTIPS PLUS .....	159	VELTASSA.....	170	<i>vitafol gummies</i> .....	207
UNIFINE PENTIPS PLUS		VEMLIDY .....	75	<i>vitafol nano</i> .....	207
MAXFLOW.....	159	VENCLEXTA .....	35	<i>vitafol-ob+dha</i> .....	207
UNIFINE PROTECT .....	159	VENCLEXTA STARTING PACK		VITRAKVI .....	35
UNIFINE SAFECONTROL ..	159,	.....	35	VIZIMPRO .....	35
160		<i>venlafaxine</i> .....	47	VOCABRIA .....	75
UNIFINE SAFECONTROL PEN		VEOZAH.....	194	<i>volnea (28)</i> .....	107
NEEDLE .....	159, 160	<i>verapamil</i> .....	87	VONJO .....	35
UNIFINE ULTRA PEN NEEDLE		VERIFINE INSULIN SYRINGE		VORANIGO.....	35
.....	160	.....	160, 161	<i>voriconazole</i> .....	56
UPTRAVI.....	204	VERIFINE PEN NEEDLE .....	160,	VOSEVI .....	77
<i>ursodiol</i> .....	170	161		VOWST.....	194
UZEDY.....	69, 70	VERIFINE PLUS PEN NEEDLE		<i>vp-ch-pnv</i> .....	207
<b>V</b>		.....	161	<i>vp-pnv-dha</i> .....	207
<i>valacyclovir</i> .....	77	VERIFINE PLUS PEN NEEDLE-		VRAYLAR .....	70
VALCHLOR.....	108	SHARP.....	161	VUMERITY .....	97
<i>valganciclovir</i> .....	77	VERQUVO .....	88	VYALEV.....	63
<i>valproate sodium</i> .....	42	VERSACLOZ.....	70	<i>vylibra</i> .....	107
<i>valproic acid</i> .....	42	VERSALON.....	161	VYLOY.....	35
<i>valproic acid (as sodium salt)</i>		VERZENIO .....	35	VYZULTA .....	196
.....	42	V-GO 20.....	161	<b>W</b>	
<i>valsartan</i> .....	83	V-GO 30.....	161	<i>warfarin</i> .....	78

WEBCOL.....	161	XOSPATA.....	36	ZENPEP .....	163
WELIREG .....	35	XPOVIO .....	36	<i>zidovudine</i> .....	75
WINREVAIR.....	202	XTANDI .....	36	ZIIHERA.....	37
<i>wixela inhub</i> .....	199	<i>xulane</i> .....	107	<i>zingiber</i> .....	207
<b>X</b>		XULTOPHY 100/3.6 .....	53	<i>ziprasidone hcl</i> .....	70
XALKORI.....	35, 36	XYOSTED .....	173	<i>ziprasidone mesylate</i> .....	70
XARELTO.....	79	<b>Y</b>		ZIRABEV.....	37
XARELTO DVT-PE TREAT 30D		YERVOY.....	36	ZIRGAN .....	166
START.....	79	YF-VAX (PF) .....	191	ZOLADEx.....	37
XATMEP .....	36	YONSA.....	36	ZOLINZA.....	37
XCOPRI .....	43	<i>yuvafem</i> .....	174	<i>zolpidem</i> .....	203
XCOPRI MAINTENANCE		<b>Z</b>		ZONISADE .....	43
PACK.....	43	<i>zafemy</i> .....	107	<i>zonisamide</i> .....	43
XCOPRI TITRATION PACK...	43	<i>zafirlukast</i> .....	199	<i>zovia 1-35 (28)</i> .....	107
XDEMVY.....	166	<i>zaleplon</i> .....	203	ZTALMY .....	43
XELJANZ.....	185	<i>zatean-pn dha</i> .....	207	ZTLIDO .....	7
XELJANZ XR.....	185	<i>zatean-pn plus</i> .....	207	ZURZUVAE.....	47
XERMELO.....	170	ZEGALOGUE AUTOINJECTOR		ZYDELIG.....	37
XGEVA.....	193	.....	194	ZYKADIA.....	37
XIFAXAN .....	11	ZEGALOGUE SYRINGE.....	194	ZYLET .....	166
XIGDUO XR.....	50	ZEJULA.....	36, 37	ZYNLONTA .....	37
XIIDRA.....	167	ZELBORAF .....	37	ZYNYZ .....	37
XOLAIR .....	202	<i>zenatane</i> .....	108	ZYPREXA RELPREVV.....	70

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