

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

Table of Contents

ANTI - INFECTIVES.....	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	13
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH.....	26
AUTONOMIC & CNS DRUGS, NEUROLOGY.....	49
CARDIOVASCULAR, HYPERTENSION & LIPIDS.....	50
DERMATOLOGICALS/TOPICAL THERAPY.....	59
DIAGNOSTICS & MISCELLANEOUS AGENTS.....	66
EAR, NOSE & THROAT MEDICATIONS.....	68
ENDOCRINE/DIABETES	69
GASTROENTEROLOGY	82
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	86
MUSCULOSKELETAL & RHEUMATOLOGY.....	93
OBSTETRICS & GYNECOLOGY.....	97
OPHTHALMOLOGY	105
RESPIRATORY, ALLERGY, COUGH & COLD.....	110
UROLOGICALS.....	114
VITAMINS, HEMATINICS & ELECTROLYTES	115
Index	119

List of Abbreviations

1: Generic

2: Preferred Brand

3: Non Preferred Brand

4: Specialty

MB: Medical Benefit. These drugs are covered through the medical benefit. Prior authorization may apply. Refer to the WellSense website.

ACA: Affordable Care Act.

DS: Day Supply. These are drugs that are limited to 30-day supply on your plan

HCV: Hepatitis C. For members in Bronze 6500, Silver Zero, Silver Zero Core 1, Silver Zero Core 2, and Silver Zero Core 3 these drugs are covered at the Tier 2 co-insurance.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

SP: Specialty. This is a specialty drug. You may be required to fill this medication at a designated pharmacy.

ST: Step Therapy. In some cases, the Plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	MB	
<i>amphotericin b injection recon soln 50 mg</i>	MB	
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	MB	
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	MB	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	2	PA; QL (4.2 per 1 day)
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	2	PA; QL (20 per 1 day)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	2	PA; QL (3.1 per 1 day)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	2	PA; QL (10 per 1 day)
<i>voriconazole oral tablet 200 mg</i>	2	PA; QL (2 per 1 day)
<i>voriconazole oral tablet 50 mg</i>	2	PA; QL (6 per 1 day)
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	2	
<i>abacavir oral tablet 300 mg</i>	2	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	DS
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir oral tablet 10 mg</i>	4	DS
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	MB	DS; ACA; QL (0.11 per 1 day)
APTIVUS ORAL CAPSULE 250 MG	4	DS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	4	DS
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	DS
<i>darunavir oral tablet 600 mg</i>	4	DS; QL (2 per 1 day)
<i>darunavir oral tablet 800 mg</i>	4	DS; QL (1 per 1 day)

Drug Name	Tier	Requirements / Limits
DESCOVY ORAL TABLET 120-15 MG	4	PA; DS; QL (1 per 1 day)
DESCOVY ORAL TABLET 200-25 MG	4	PA; DS; ACA; QL (1 per 1 day)
DOVATO ORAL TABLET 50-300 MG	4	DS; QL (1 per 1 day)
EDURANT ORAL TABLET 25 MG	4	PA; DS; QL (1 per 1 day)
<i>efavirenz oral tablet 600 mg</i>	4	DS
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	QL (1 per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	4	DS
<i>emtricitabine oral capsule 200 mg</i>	4	DS
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	DS; QL (1 per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	4	DS; ACA; QL (1 per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	DS
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	DS
<i>etravirine oral tablet 100 mg</i>	4	PA; DS; QL (4 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>etravirine oral tablet 200 mg</i>	4	PA; DS; QL (1 per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	4	DS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>foscarnet intravenous solution 24 mg/ml</i>	MB	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	MB	
GENVOYA ORAL TABLET 150-150-200-10 MG	4	DS; QL (1 per 1 day)
INTELENCE ORAL TABLET 25 MG	4	PA; DS; QL (16 per 1 day)
ISENTRESS ORAL TABLET 400 MG	4	DS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	4	DS
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	3	QL (40 per 180 days)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	DS
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	PA; SP; HCV; DS

Drug Name	Tier	Requirements / Limits
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	4	DS
<i>maraviroc oral tablet 150 mg, 300 mg</i>	4	DS
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	2	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG	3	QL (30 per 180 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	4	DS
PREZISTA ORAL TABLET 150 MG, 75 MG	4	DS
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	MB	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	
<i>ribavirin oral capsule 200 mg</i>	2	SP; DS
<i>ribavirin oral tablet 200 mg</i>	2	SP; DS
<i>rilpivirine hcl oral tablet 25 mg</i>	1	PA; DS; QL (1 per 1 day)
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	4	DS
SOFOSBUVIR- VELPATASVIR ORAL TABLET 400-100 MG	3	PA; SP; HCV; DS
STRIBILD ORAL TABLET 150-150- 200-300 MG	4	DS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	DS
TIVICAY ORAL TABLET 50 MG	4	DS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	QL (12 per 1 day)
TRIUMEQ ORAL TABLET 600-50- 300 MG	4	DS; QL (1 per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	DS; QL (6 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
<i>valganciclovir oral recon soln 50 mg/ml</i>	4	
<i>valganciclovir oral tablet 450 mg</i>	4	DS
VEMLIDY ORAL TABLET 25 MG	4	QL (1 per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	DS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	DS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	DS
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 10 mg/ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	MB	
<i>cefactor oral capsule 250 mg, 500 mg</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	MB	
<i>cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml</i>	MB	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 2 GRAM/10 ML	MB	
<i>cefazolin injection recon soln 1 gram, 100 gram, 3 gram, 300 gram, 500 mg</i>	MB	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	MB	
<i>cefdinir oral capsule 300 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftaroline fosamil intravenous recon soln 400 mg, 600 mg</i>	MB	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	MB	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	MB	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	MB	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 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	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
<i>e.e.s. 400 oral tablet 400 mg</i>	2	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
<i>fidaxomicin oral tablet 200 mg</i>	2	PA; QL (2 per 1 day)
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	2	PA; QL (4 per 1 day)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	MB	
<i>atovaquone oral suspension 750 mg/5 ml</i>	2	
<i>atovaquone- proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	3	
<i>cycloserine oral capsule 250 mg</i>	2	
<i>dalbavancin intravenous solution 500 mg</i>	MB	
DALVANCE INTRAVENOUS SOLUTION 500 MG	MB	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ertapenem injection recon soln 1 gram</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 80 mg/100 ml, 80 mg/50 ml</i>	MB	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	MB	
<i>gentamicin injection solution 40 mg/ml</i>	MB	

Drug Name	Tier	Requirements / Limits
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	MB	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>isoniazid injection solution 100 mg/ml</i>	MB	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL (9 per 90 days)
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	MB	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	2	PA; QL (30 per 1 day)
<i>linezolid oral tablet 600 mg</i>	2	PA; QL (0.94 per 1 day)
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram, 2 gram, 500 mg</i>	MB	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	MB	
<i>metronidazole oral capsule 375 mg</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	2	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	MB	
<i>pentamidine inhalation recon soln 300 mg</i>	2	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	MB	
<i>praziquantel oral tablet 600 mg</i>	2	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	3	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	3	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>quinine sulfate oral capsule 324 mg</i>	2	PA; QL (6 per 1 day)
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
<i>rifapentine oral tablet 150 mg</i>	3	

Drug Name	Tier	Requirements / Limits
SIRTURO ORAL TABLET 100 MG, 20 MG	4	DS
<i>tigecycline intravenous recon soln 50 mg</i>	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	SP; DS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	MB	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (3 per 1 day)
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	MB	
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<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, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	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 2 gram</i>	MB	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	MB	

Drug Name	Tier	Requirements / Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	MB	
<i>penicillin g sodium injection recon soln 5 million unit</i>	MB	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	MB	
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 40.5 gram</i>	MB	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 4.5 GRAM/100 ML	MB	

QUINOLONES

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	MB	
<i>ofloxacin oral tablet 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
TETRACYCLINES		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 50 mg</i>	1	QL (2 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	1	PA; QL (2 per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	QL (2 per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	QL (1 per 1 day)
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i>	2	QL (1 per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	QL (20 per 1 day)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	QL (2 per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	1	QL (1 per 1 day)
MINOCIN INTRAVENOUS RECON SOLN 100 MG	MB	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 75 mg</i>	1	QL (2 per 1 day)
<i>minocycline oral tablet 50 mg</i>	1	QL (4 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	2	PA; QL (1 per 1 day)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	

URINARY TRACT AGENTS

CONTEPO INTRAVENOUS RECON SOLN 6 GRAM	MB	
<i>fosfomycin tromethamine oral packet 3 gram</i>	3	
<i>methenamine hippurate oral tablet 1 gram</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	

VANCOMYCIN

VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	MB	
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Drug Name	Tier	Requirements / Limits
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 2 gram/500 ml</i>	MB	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1.75 GRAM/250 ML	MB	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1.25 GRAM/250 ML, 1.5 GRAM/250 ML	MB	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	2	PA
VIBATIV INTRAVENOUS RECON SOLN 750 MG	MB	

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

AUKELSO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS; QL (0.25 per 1 day)
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS; QL (0.25 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS
BOMYNTRA SUBCUTANEOUS SYRINGE 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	MB	SP; DS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	MB	SP; DS
ETHYOL INTRAVENOUS RECON SOLN 500 MG	MB	SP; DS
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	MB	SP; DS
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	MB	
<i>leucovorin calcium injection solution 10 mg/ml</i>	MB	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	MB	
<i>mesna intravenous solution 100 mg/ml</i>	MB	

Drug Name	Tier	Requirements / Limits
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	MB	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS
VYKOURA INJECTION SOLUTION 10 MG/ML	MB	
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS; QL (0.25 per 1 day)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS; QL (0.25 per 1 day)
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS; QL (0.25 per 1 day)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABECMA INTRAVENOUS SUSPENSION 300X10EXP6 TO 510X10EXP6 CELL	MB	DS
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; SP; DS
<i>abirtega oral tablet 250 mg</i>	4	PA; SP; DS

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	MB	SP; DS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	MB	SP; DS
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	MB	SP; DS
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG	MB	SP; DS
<i>anastrozole oral tablet 1 mg</i>	2	
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	MB	SP; DS
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	MB	SP; DS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	MB	SP; DS
AVGEMSI INTRAVENOUS SOLUTION 1 GRAM/26.3 ML (38 MG/ML), 2 GRAM/52.6 ML (38 MG/ML)	MB	SP; DS
AVOPEF INTRAVENOUS SOLUTION 20 MG/ML	MB	SP; DS

Drug Name	Tier	Requirements / Limits
<i>azacitidine injection recon soln 100 mg</i>	MB	SP; DS
<i>azathioprine oral tablet 50 mg</i>	2	
<i>azathioprine sodium injection recon soln 100 mg</i>	MB	
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	MB	SP; DS
BEIZRAY INTRAVENOUS SOLUTION 20 MG/ML (1 ML)	MB	SP; DS
BEIZRAY- ALBUMIN INTRAVENOUS SOLUTION 20 MG/ML	MB	SP; DS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	MB	SP; DS
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i>	MB	SP; DS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	MB	SP; DS
<i>bexarotene oral capsule 75 mg</i>	4	PA; SP; DS
<i>bexarotene topical gel 1 %</i>	4	PA; SP; DS
<i>bicalutamide oral tablet 50 mg</i>	2	SP; DS; QL (1 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
BICNU INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	MB	SP; DS
BLINCYTO INTRAVENOUS KIT 35 MCG	MB	SP; DS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	MB	SP; DS
<i>bortezomib injection recon soln 3.5 mg</i>	MB	SP; DS
BORTEZOMIB INTRAVENOUS SOLUTION 2.5 MG/ML	MB	SP; DS
BORUZU INJECTION SOLUTION 2.5 MG/ML	MB	SP; DS
BOSULIF ORAL TABLET 100 MG	4	PA; SP; DS; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; SP; DS; QL (1 per 1 day)
<i>bosutinib oral tablet 100 mg</i>	4	SP; DS; QL (3 per 1 day)
<i>bosutinib oral tablet 400 mg, 500 mg</i>	4	SP; DS; QL (1 per 1 day)
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	MB	SP; DS

Drug Name	Tier	Requirements / Limits
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML	MB	SP; DS
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	PA; SP; DS
CAPRELSA ORAL TABLET 100 MG	4	PA; DS; QL (1 per 1 day)
CAPRELSA ORAL TABLET 300 MG	4	PA; DS; QL (2 per 1 day)
<i>carboplatin intravenous solution 10 mg/ml</i>	MB	SP; DS
<i>carmustine intravenous recon soln 100 mg</i>	MB	SP; DS
<i>cisplatin intravenous solution 1 mg/ml</i>	MB	SP; DS
<i>cladribine intravenous solution 10 mg/10 ml</i>	MB	SP; DS
CLIGAVYX INTRAMUSCULA R SYRINGE 250 MG/5 ML	MB	SP; DS
<i>clofarabine intravenous solution 1 mg/ml</i>	MB	SP; DS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; SP; DS

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram</i>	MB	SP; DS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	SP; DS
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	4	DS
<i>cyclosporine modified oral solution 100 mg/ml</i>	4	DS
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	DS
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	MB	SP; DS
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	MB	SP; DS
<i>cytarabine injection solution 20 mg/ml</i>	MB	SP; DS
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	MB	SP; DS
<i>dactinomycin intravenous recon soln 0.5 mg</i>	MB	SP; DS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	MB	SP; DS

Drug Name	Tier	Requirements / Limits
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	MB	SP; DS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	MB	SP; DS
<i>dasatinib oral tablet 100 mg, 140 mg, 80 mg</i>	4	PA; SP; DS; QL (1 per 1 day)
<i>dasatinib oral tablet 20 mg, 50 mg, 70 mg</i>	4	PA; SP; DS; QL (2 per 1 day)
<i>daunorubicin intravenous solution 5 mg/ml</i>	MB	SP; DS
<i>decitabine intravenous recon soln 50 mg</i>	MB	SP; DS
DECNUPAZ INTRAVENOUS RECON SOLN 2 MG	MB	SP; DS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	MB	SP; DS

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML)	MB	SP; DS
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	MB	SP; DS
<i>doxorubicin intravenous recon soln 50 mg</i>	MB	SP; DS
<i>doxorubicin intravenous solution 10 mg/5 ml</i>	MB	SP; DS
<i>doxorubicin, peg- liposomal intravenous suspension 2 mg/ml</i>	MB	SP; DS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	SP; DS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	MB	SP; DS
ELLENC INTRAVENOUS SOLUTION 200 MG/100 ML	MB	SP; DS
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	MB	DS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	MB	SP; DS

Drug Name	Tier	Requirements / Limits
ENHERTU INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
<i>epirubicin intravenous solution 200 mg/100 ml</i>	MB	SP; DS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	4	PA; SP; DS
<i>eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)</i>	MB	SP; DS
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; SP; DS
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; SP; DS; QL (1 per 1 day)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
<i>etoposide intravenous solution 20 mg/ml</i>	MB	SP; DS
<i>etoposide oral capsule 50 mg</i>	4	SP; DS
EVDI INTRAVENOUS SOLUTION 1 MG/20 ML (0.05 MG/ML)	MB	DS
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; SP; DS; QL (1 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	4	PA; SP; DS
<i>exemestane oral tablet 25 mg</i>	2	SP; DS; QL (2 per 1 day)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	MB	SP; DS
FAVLYXA INTRAVENOUS SOLUTION 2.5 GRAM/100 ML, 250 MG/10 ML	MB	SP; DS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	4	PA; SP; DS
<i>floxuridine injection recon soln 0.5 gram</i>	MB	SP; DS
<i>fludarabine intravenous recon soln 50 mg</i>	MB	SP; DS
<i>fludarabine intravenous solution 50 mg/2 ml</i>	MB	SP; DS
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	MB	SP; DS
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	MB	SP; DS

Drug Name	Tier	Requirements / Limits
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	MB	SP; DS
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	MB	SP; DS
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	MB	SP; DS
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	DS
GILOTRIF ORAL TABLET 20 MG	4	PA; SP; DS; QL (1 per 1 day)
GILOTRIF ORAL TABLET 30 MG, 40 MG	4	PA; SP; DS
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA; SP; DS
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	MB	SP; DS
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG	MB	DS
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	PA; SP; DS
<i>hydroxyurea oral capsule 500 mg</i>	2	DS

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
IBRANCE ORAL CAPSULE 125 MG	4	PA; SP; DS; QL (1 per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; SP; DS; QL (1 per 1 day)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; DS
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	MB	SP; DS
<i>idarubicin intravenous solution 1 mg/ml</i>	MB	SP; DS
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	MB	SP; DS
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	MB	SP; DS
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	MB	SP; DS
<i>imatinib oral tablet 100 mg</i>	4	PA; SP; DS; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	4	PA; SP; DS; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; SP; DS; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; SP; DS; QL (1 per 1 day)

Drug Name	Tier	Requirements / Limits
IMBRUVICA ORAL TABLET 140 MG	4	PA; SP; DS; QL (3 per 1 day)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	4	PA; SP; DS; QL (1 per 1 day)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	MB	SP; DS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	MB	SP; DS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	MB	DS
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; SP; DS
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	MB	SP; DS
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	MB	SP; DS
IVRA INTRAVENOUS SOLUTION 90 MG/ML	MB	SP; DS

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	MB	SP; DS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; SP; DS; QL (2 per 1 day)
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	MB	DS
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5 ML (DILUTE 10 MG/ML)	MB	SP; DS
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	MB	SP; DS
<i>kemoplast intravenous solution 1 mg/ml</i>	MB	SP; DS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	MB	SP; DS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	MB	DS
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10 ⁶ TO 2.5X10 ⁸ CELL	MB	DS
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	MB	SP; DS

Drug Name	Tier	Requirements / Limits
KYXATA INTRAVENOUS SOLUTION 10 MG/ML	MB	SP; DS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	4	PA; SP; DS; QL (0.02 per 1 day)
<i>lapatinib oral tablet 250 mg</i>	4	PA; SP; DS; QL (5 per 1 day)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; SP; DS; QL (1 per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	2	
LEUKERAN ORAL TABLET 2 MG	4	SP; DS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; SP; DS
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	MB	SP; DS
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	MB	SP; DS
LYMPHIR INTRAVENOUS RECON SOLN 300 MCG	MB	DS
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML, 20 MG/ML	MB	DS

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; SP; DS; QL (4 per 1 day)
LYSODREN ORAL TABLET 500 MG	4	DS
MATULANE ORAL CAPSULE 50 MG	4	DS
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; SP; DS
<i>melfhalan hcl intravenous recon soln 50 mg</i>	MB	SP; DS
<i>mercaptopurine oral tablet 50 mg</i>	2	SP; DS
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	MB	SP; DS
<i>methotrexate sodium injection solution 25 mg/ml</i>	MB	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	MB	SP; DS
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	MB	SP; DS

Drug Name	Tier	Requirements / Limits
<i>mycophenolate mofetil oral capsule 250 mg</i>	4	DS
<i>mycophenolate mofetil oral tablet 500 mg</i>	4	DS
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	4	DS
MYLERAN ORAL TABLET 2 MG	4	SP; DS
<i>nelarabine intravenous solution 5 mg/ml</i>	MB	SP; DS
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	4	PA; SP; DS
<i>nilutamide oral tablet 150 mg</i>	4	SP; DS
NIPENT INTRAVENOUS RECON SOLN 10 MG	MB	SP; DS
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	MB	SP; DS
<i>octreotide, microsphe res intramuscular suspension, extended rel recon 10 mg, 30 mg</i>	4	PA; SP; DS; QL (0.036 per 1 day)
<i>octreotide, microsphe res intramuscular suspension, extended rel recon 20 mg</i>	4	PA; SP; DS; QL (0.071 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	MB	SP; DS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	MB	SP; DS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	MB	SP; DS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	MB	SP; DS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	MB	SP; DS
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	MB	SP; DS
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	MB	SP; DS
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	MB	SP; DS
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i>	MB	SP; DS

Drug Name	Tier	Requirements / Limits
<i>pazopanib oral tablet 200 mg</i>	4	PA; SP; DS
PAZOPANIB ORAL TABLET 400 MG	4	PA; SP; DS; QL (2 per 1 day)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i>	MB	SP; DS
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 25 MG/ML	MB	SP; DS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	MB	SP; DS
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	MB	SP; DS
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	MB	SP; DS
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	MB	SP; DS
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	4	PA; SP; DS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; SP; DS

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)</i>	MB	SP; DS
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	MB	SP; DS
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	MB	SP; DS
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	MB	SP; DS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	MB	SP; DS
<i>sirolimus oral solution 1 mg/ml</i>	4	DS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	DS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 90 MG/0.3 ML	4	PA; SP; DS; QL (0.02 per 1 day)

Drug Name	Tier	Requirements / Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	4	PA; SP; DS; QL (0.01 per 1 day)
<i>sorafenib oral tablet 200 mg</i>	4	PA; SP; DS
STIVARGA ORAL TABLET 40 MG	4	PA; SP; DS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; SP; DS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	MB	SP; DS
TABLOID ORAL TABLET 40 MG	4	SP; DS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	4	DS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; SP; DS
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TECELRA INTRAVENOUS SUSPENSION 1.62X10EXP9 TO 10X10EXP9 CELL	MB	DS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	MB	SP; DS

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
TEMODAR INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA; SP; DS
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	MB	SP; DS
TEPADINA INJECTION SOLUTION 200 MG, 400 MG	MB	SP; DS
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; SP; DS; QL (1 per 1 day)
<i>thiotepa injection recon soln 15 mg</i>	MB	SP; DS
<i>topotecan intravenous recon soln 4 mg</i>	MB	SP; DS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	MB	SP; DS
<i>toremifene oral tablet 60 mg</i>	4	SP; DS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	MB	SP; DS
TRELSTAR INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N 11.25 MG, 22.5 MG, 3.75 MG	MB	DS

Drug Name	Tier	Requirements / Limits
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	2	SP; DS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	MB	SP; DS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	MB	DS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	MB	SP; DS
VELCADE INJECTION RECON SOLN 3.5 MG	MB	SP; DS
VIDAZA INJECTION RECON SOLN 100 MG	MB	SP; DS
<i>vinblastine intravenous solution 1 mg/ml</i>	MB	SP; DS
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	MB	SP; DS
<i>vincristine intravenous solution 1 mg/ml</i>	MB	SP; DS
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	MB	SP; DS

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; SP; DS
XTANDI ORAL CAPSULE 40 MG	4	PA; SP; DS; QL (4 per 1 day)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	MB	SP; DS
YESCARTA INTRAVENOUS SUSPENSION	MB	DS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	MB	DS
yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; SP; DS
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	MB	SP; DS
ZELBORAF ORAL TABLET 240 MG	4	PA; SP; DS
ZOLINZA ORAL CAPSULE 100 MG	4	PA; SP; DS
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; SP; DS

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

Drug Name	Tier	Requirements / Limits
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	QL (2 per 1 day)
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
<i>ethosuximide oral capsule 250 mg</i>	1	

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	2	QL (30 per 1 day)
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	QL (6 per 1 day)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	QL (6 per 1 day)
<i>gabapentin oral capsule 300 mg</i>	2	QL (9 per 1 day)
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2	QL (72 per 1 day)
<i>gabapentin oral tablet 600 mg</i>	2	QL (6 per 1 day)
<i>gabapentin oral tablet 800 mg</i>	2	QL (4 per 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	2	QL (40 per 1 day)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	2	QL (2 per 1 day)
<i>lacosamide oral tablet 50 mg</i>	2	QL (4 per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet 1,000 mg</i>	2	QL (3 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	2	QL (6 per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	2	QL (4 per 1 day)
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
<i>methsuximide oral capsule 300 mg</i>	2	QL (4 per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	2	QL (2 per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	2	QL (4 per 1 day)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<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	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (3 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (2 per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	2	QL (30 per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	2	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	2	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>vigabatrin oral powder in packet 500 mg</i>	4	SP; DS; QL (6 per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	4	SP; DS; QL (6 per 1 day)
<i>vigadrone oral powder in packet 500 mg</i>	4	DS; QL (6 per 1 day)
<i>vigadrone oral tablet 500 mg</i>	4	DS; QL (6 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	QL (6 per 1 day)
ANTIPARKINSONISM AGENTS		
<i>APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML</i>	4	PA; SP; DS; QL (2 per 1 day)
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	4	PA; SP; DS; QL (2 per 1 day)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	QL (8 per 1 day)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	QL (3 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	2	QL (1 per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 5 mg</i>	1	QL (4 per 1 day)
<i>ropinirole oral tablet 1 mg, 2 mg</i>	1	QL (3 per 1 day)
<i>ropinirole oral tablet 3 mg, 4 mg</i>	1	QL (6 per 1 day)
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	QL (1 per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	2	QL (2 per 1 day)
<i>selegiline hcl oral tablet 5 mg</i>	2	QL (2 per 1 day)
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	ST; QL (0.2 per 1 day)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	2	ST; QL (0.29 per 1 day)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	2	QL (0.2 per 1 day)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; SP; DS; QL (0.08 per 1 day)

Drug Name	Tier	Requirements / Limits
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; SP; DS; QL (0.08 per 1 day)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; SP; DS; QL (0.11 per 1 day)
ERGOMAR SUBLINGUAL TABLET 2 MG	3	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>frovatriptan oral tablet 2.5 mg</i>	2	ST; QL (0.3 per 1 day)
<i>migergot rectal suppository 2-100 mg</i>	2	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (0.3 per 1 day)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (0.3 per 1 day)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (0.3 per 1 day)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.3 per 1 day)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	2	QL (0.1 per 1 day)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QL (0.1 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (0.2 per 1 day)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (0.2 per 1 day)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ANTICHOLIUM INTRAVENOUS SOLUTION 0.4 MG/ML	MB	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; SP; DS; QL (2 per 1 day)
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	2	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine oral solution 4 mg/ml</i>	2	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	PA; QL (2 per 1 day)
ISEMBYLD INTRAVENOUS SOLUTION 50 MG/ML	MB	SP; DS

Drug Name	Tier	Requirements / Limits
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML	MB	DS
<i>memantine oral solution 2 mg/ml</i>	2	
<i>memantine oral tablet 10 mg, 5 mg</i>	2	
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	2	
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	MB	DS
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	MB	SP; DS
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (2 per 1 day)
TYRUKO INTRAVENOUS SOLUTION 300 MG/15 ML	MB	SP; DS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	MB	SP; DS
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
BLOXIVERZ INTRAVENOUS SYRINGE 5 MG/5 ML (1 MG/ML)	MB	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
BRIDION INTRAVENOUS SOLUTION 100 MG/ML	MB	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	QL (84 per 68 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cisatracurium intravenous solution 2 mg/ml</i>	MB	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	ST; QL (4 per 1 day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NEOSTIGMINE METHYLSULFAT E INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	MB	
<i>neostigmine methylsulfate intravenous syringe 5 mg/5 ml (1 mg/ml)</i>	MB	

Drug Name	Tier	Requirements / Limits
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
SUGAMMADEX IN STERILE WATER INTRAVENOUS SYRINGE 100 MG/2 ML (50 MG/ML), 150 MG/3 ML (50 MG/ML), 200 MG/4 ML (50 MG/ML), 50 MG/5 ML (10 MG/ML)	MB	
<i>sugammadex intravenous solution 100 mg/ml</i>	MB	
<i>sugammadex intravenous syringe 100 mg/ml, 200 mg/2 ml</i>	MB	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA; QL (30 per 1 day)
<i>acetaminophen- codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	PA; QL (6 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA; QL (6 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	MB	SP; DS
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	MB	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	MB	
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	QL (3 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	QL (6 per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	2	PA; QL (6 per 1 day)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA; QL (6 per 1 day)
DEMEROL (PF) INJECTION SYRINGE 25 MG/ML, 50 MG/ML	MB	QL (99 per 99 days)
DEMEROL INJECTION SOLUTION 50 MG/ML	MB	QL (99 per 99 days)
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	MB	QL (99 per 99 days)
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	MB	QL (99 per 99 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (6 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 2-0.0625 mcg/ml-%</i>	MB	QL (99 per 99 days)
<i>fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>	MB	QL (99 per 99 days)
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 4 MCG/ML- 0.125 %	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf) injection syringe 100 mcg/2 ml (50 mcg/ml), 50 mcg/ml</i>	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF) INJECTION SYRINGE 25 MCG/0.5 ML	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALG ESIA SOLN 1,500 MCG/30 ML (50 MCG/ML)	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf) intravenous prefilled pump reservoir 2,500 mcg/50 ml (50 mcg/ml)</i>	MB	QL (99 per 99 days)

Drug Name	Tier	Requirements / Limits
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syringe 1,000 mcg/20 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)</i>	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 1,250 MCG/25 ML (50 MCG/ML), 1,500 MCG/30 ML (50 MCG/ML), 2,750 MCG/55 ML (50 MCG/ML)	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML)	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR 10 MCG/ML	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syringe 1,250 mcg/25 ml</i>	MB	QL (99 per 99 days)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF)-0.9%NACL INJECTION SOLUTION 25 MCG/ML	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,000 MCG/20 ML (50 MCG/ML), 1,000 MCG/50 ML (20 MCG/ML), 500 MCG/50 ML (10 MCG/ML)	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)</i>	MB	QL (99 per 99 days)
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 10 mcg/ml, 20 mcg/ml, 5 mcg/ml, 50 mcg/ml</i>	MB	QL (99 per 99 days)

Drug Name	Tier	Requirements / Limits
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 50 mcg/5 ml (10 mcg/ml)</i>	MB	QL (99 per 99 days)
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 100 MCG/10 ML (10 MCG/ML), 20 MCG/2 ML (10 MCG/ML), 250 MCG/5 ML (50 MCG/ML), 50 MCG/ML	MB	QL (99 per 99 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	2	PA; QL (0.34 per 1 day)
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR 2 MCG/ML-0.1 %	MB	QL (99 per 99 days)
<i>fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%</i>	MB	QL (99 per 99 days)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	2	PA; QL (2 per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (90 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL (6 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	1	QL (8 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (5 per 1 day)
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	MB	QL (99 per 99 days)
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	MB	QL (99 per 99 days)

Drug Name	Tier	Requirements / Limits
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	MB	QL (99 per 99 days)
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	MB	QL (99 per 99 days)
<i>hydromorphone (pf) injection syringe 0.2 mg/ml, 0.5 mg/0.5 ml, 1 mg/ml</i>	MB	QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	MB	QL (99 per 99 days)
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	MB	QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	MB	QL (99 per 99 days)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/50 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	MB	QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 25 MG/25 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	MB	QL (99 per 99 days)
<i>hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 1 mg/ml</i>	MB	QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.5 MG/ML	MB	QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML	MB	QL (99 per 99 days)

Drug Name	Tier	Requirements / Limits
<i>hydromorphone injection solution 2 mg/ml</i>	MB	QL (99 per 99 days)
HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	MB	QL (99 per 99 days)
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	MB	QL (99 per 99 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	1	QL (24 per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	1	QL (8 per 1 day)
<i>hydromorphone oral tablet 4 mg, 8 mg</i>	1	QL (4 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	2	PA; QL (1 per 1 day)
HYDROMORPHONE (PF)-NACL, ISO-OSM INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/ML	MB	QL (99 per 99 days)
<i>hydromorphone(pf)-nacl, iso-osm injection syringe 2 mg/10 ml (0.2 mg/ml)</i>	MB	QL (99 per 99 days)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
HYDROMORPHO NE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	MB	QL (99 per 99 days)
<i>hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syring 6 mg/30 ml (0.2 mg/ml)</i>	MB	QL (99 per 99 days)
HYDROMORPHO NE(PF)-NACL,ISO-OSM INTRAVENOUS SOLUTION 0.5 MG/ML	MB	QL (99 per 99 days)
<i>hydromorphone(pf)-nacl,iso-osm intravenous solution 1 mg/ml</i>	MB	QL (99 per 99 days)
HYDROMORPHO NE(PF)-NACL,ISO-OSM INTRAVENOUS SYRINGE 0.4 MG/2 ML (0.2 MG/ML)	MB	QL (99 per 99 days)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	MB	QL (99 per 99 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	2	PA; QL (6 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	MB	QL (99 per 99 days)
<i>meperidine oral solution 50 mg/5 ml</i>	1	QL (99 per 99 days)
<i>meperidine oral tablet 50 mg</i>	1	QL (6 per 1 day)
METHADONE IN 0.9 % SOD.CHLORID INTRAVENOUS SYRINGE 1 MG/ML (1 ML), 5 MG/5 ML	MB	QL (99 per 99 days)
<i>methadone intravenous syringe 10 mg/ml</i>	MB	QL (99 per 99 days)
<i>methadone oral concentrate 10 mg/ml</i>	1	PA; QL (2 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (10 per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (20 per 1 day)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (2 per 1 day)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (4 per 1 day)
<i>methadone oral tablet,soluble 40 mg</i>	1	PA; QL (1 per 1 day)
<i>methadose oral tablet,soluble 40 mg</i>	1	PA; QL (1 per 1 day)
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	MB	QL (99 per 99 days)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	MB	QL (99 per 99 days)
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALG ESIA SOLN 30 MG/30 ML (1 MG/ML)	MB	QL (99 per 99 days)
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML), 250 MG/50 ML (5 MG/ML), 50 MG/50 ML (1 MG/ML)	MB	QL (99 per 99 days)
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML), 25 MG/25 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	MB	QL (99 per 99 days)
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	MB	QL (99 per 99 days)

Drug Name	Tier	Requirements / Limits
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	MB	QL (99 per 99 days)
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	MB	QL (99 per 99 days)
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	MB	QL (99 per 99 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	MB	QL (99 per 99 days)
MORPHINE (PF) INTRAVENOUS SYRINGE 1 MG/2 ML	MB	QL (99 per 99 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (6 per 1 day)
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	MB	QL (99 per 99 days)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	MB	QL (99 per 99 days)
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	MB	QL (99 per 99 days)
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML	MB	QL (99 per 99 days)
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	MB	QL (99 per 99 days)
MORPHINE INJECTION SYRINGE 2 MG/ML	MB	QL (99 per 99 days)
<i>morphine injection syringe 4 mg/ml</i>	MB	QL (99 per 99 days)
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML	MB	QL (99 per 99 days)
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	MB	QL (99 per 99 days)

Drug Name	Tier	Requirements / Limits
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	MB	QL (99 per 99 days)
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	MB	QL (99 per 99 days)
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	MB	QL (99 per 99 days)
<i>morphine oral solution 10 mg/5 ml (2 mg/ml)</i>	1	QL (30 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (99 per 99 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	1	QL (6 per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg, 30 mg, 60 mg</i>	2	PA; QL (2 per 1 day)
<i>morphine oral tablet extended release 15 mg</i>	2	PA; QL (3 per 1 day)
<i>oxycodone oral capsule 5 mg</i>	2	QL (6 per 1 day)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	QL (6 per 1 day)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (30 per 1 day)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (6 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 20 MG	2	PA; QL (2 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg</i>	1	QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (8 per 1 day)
<i>oxymorphone oral tablet 10 mg</i>	2	QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	2	QL (6 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	2	PA; QL (2 per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	MB	SP; DS
<i>tencon oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC

Drug Name	Tier	Requirements / Limits
<i>aspirin childrens oral tablet, chewable 81 mg</i>	1	ACA; OTC
<i>aspirin oral tablet, chewable 81 mg</i>	1	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 per 1 day)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	MB	QL (99 per 99 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	QL (5 per 23 days)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	ST; QL (2 per 1 day)
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	2	ST; QL (2 per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical gel 1 %</i>	2	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	1	QL (1 per 1 day)
<i>fenoprofen oral tablet 600 mg</i>	1	QL (4 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>flurbiprofen oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>ibu oral tablet 600 mg, 800 mg</i>	1	QL (4 per 1 day)
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	QL (4 per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule, extended release 75 mg</i>	1	QL (2 per 1 day)
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	QL (1 per 1 day)
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	MB	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	MB	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	MB	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	MB	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 23 days)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	QL (6 per 90 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	QL (4 per 1 day)
<i>mefenamic acid oral capsule 250 mg</i>	1	QL (29 per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	MB	QL (99 per 99 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	QL (6 per 68 days)
<i>naloxone injection syringe 0.4 mg/ml</i>	2	QL (6 per 68 days)
<i>naloxone injection syringe 1 mg/ml</i>	2	QL (12 per 68 days)
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	2	OTC; QL (6 per 68 days)
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral tablet 250 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg</i>	1	QL (4 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>naproxen sodium oral tablet 550 mg</i>	1	QL (2 per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	2	QL (99 per 99 days)
<i>oxaprozin oral tablet 600 mg</i>	1	QL (2 per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	QL (6 per 1 day)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	PA; QL (8 per 1 day)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	PA; QL (1 per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	2	PA; QL (1 per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	PA; QL (8 per 1 day)
XIFYRM INTRAVENOUS SOLUTION 30 MG/ML	MB	DS

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
PSYCHOTHERAPEUTIC DRUGS		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (3 per 1 day)
<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	
<i>amphetamine sulfate oral tablet 10 mg</i>	2	QL (6 per 1 day)
<i>amphetamine sulfate oral tablet 5 mg</i>	2	QL (3 per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>	2	PA
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	PA
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (2 per 1 day)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	2	PA

Drug Name	Tier	Requirements / Limits
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	PA
<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>	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	PA
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	PA; QL (6 per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	PA

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	2	PA
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL (1 per 1 day)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	PA; QL (1 per 1 day)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 5 mg</i>	1	PA; QL (2 per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	1	PA; QL (6 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	1	PA; QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	1	PA; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	2	PA; QL (60 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	PA; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<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	
<i>doxepin oral tablet 3 mg, 6 mg</i>	2	ST; QL (1 per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	QL (30 per 30 days)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	QL (1 per 1 day)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	QL (1 per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL (1 per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; QL (2 per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)- 2MG(2)- 4MG(2)- 6MG(2)	3	PA; QL (1 per 720 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)- 2MG(2)- 6 MG(2)-8 MG(2)	2	QL (1 per 720 days)

Drug Name	Tier	Requirements / Limits
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	2	QL (1 per 720 days)
<i>fluoxetine hcl 10 mg tablet</i>	2	QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (1 per 1 day)
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	2	QL (1 per 1 day)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	MB	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	MB	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	PA
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	PA
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	PA
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	PA
<i>haloperidol lactate injection solution 5 mg/ml</i>	MB	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	2	PA; QL (1 per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	PA; QL (1 per 1 day)
<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, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	PA; QL (4 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	2	PA; QL (2 per 1 day)
MARPLAN ORAL TABLET 10 MG	3	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>	1	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i>	1	PA; QL (2 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	PA; QL (30 per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	PA; QL (60 per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	PA
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	PA; QL (3 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	1	PA; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	1	PA; QL (2 per 1 day)
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML)	MB	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML	MB	
MIDAZOLAM IN NACL, ISO-OSMOTIC INTRAVENOUS SOLUTION 1 MG/ML	MB	
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML	MB	
<i>midazolam oral syrup 2 mg/ml</i>	1	QL (10 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	PA; QL (1 per 1 day)
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>nefazodone oral tablet 200 mg</i>	1	QL (3 per 1 day)
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	PA
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	PA
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i>	2	PA; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (2 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	PA
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	PA
<i>procentra oral solution 5 mg/5 ml</i>	2	PA; QL (60 per 1 day)
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	PA
QUETIAPINE ORAL TABLET 150 MG	1	PA
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	2	PA; QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	2	PA; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	2	PA; QL (3 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	2	PA; QL (4 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	2	PA; QL (2 per 1 day)
<i>ramelteon oral tablet 8 mg</i>	2	ST; QL (2 per 1 day)
<i>risperidone oral solution 1 mg/ml</i>	1	PA

Drug Name	Tier	Requirements / Limits
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	PA
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 2 mg, 4 mg</i>	2	PA; QL (2 per 1 day)
<i>risperidone oral tablet, disintegrating 1 mg, 3 mg</i>	2	PA; QL (60 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	QL (1 per 1 day)
<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	PA
<i>tranlycypromine oral tablet 10 mg</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	QL (1 per 1 day)
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	PA

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	QL (1 per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	1	QL (6 per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg, 75 mg, 150 mg, 225 mg</i>	1	QL (30 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (1 per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 60 mg</i>	2	PA; QL (60 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	2	PA; QL (2 per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	2	QL (1 per 1 day)

Drug Name	Tier	Requirements / Limits
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	MB	SP; DS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	3	PA; SP; DS; QL (60 per 720 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	3	PA; SP; DS; QL (2 per 1 day)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; SP; DS; QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; SP; DS; QL (0.43 per 1 day)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; SP; DS; QL (1 per 1 day)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; SP; DS; QL (0.43 per 1 day)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	MB	SP; DS
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	MB	SP; DS; QL (0.12 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	MB	SP; DS
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; SP; DS; QL (0.4 per 1 day)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; SP; DS; QL (0.4 per 1 day)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; DS; QL (1 per 274 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; SP; DS; QL (0.4 per 1 day)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; DS; QL (1 per 274 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; DS; QL (0.22 per 1 day)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; DS; QL (0.22 per 1 day)

Drug Name	Tier	Requirements / Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; DS; QL (1 per 720 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; DS; QL (1 per 720 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; SP; DS; QL (1 per 1 day)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	MB	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)</i>	MB	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
MULTAQ ORAL TABLET 400 MG	3	
NEXTERONE INTRAVENOUS SOLUTION 360 MG/200 ML (1.8 MG/ML)	MB	
<i>pacerone oral tablet 200 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	2	
<i>amiloride oral tablet 5 mg</i>	2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	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>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	1	QL (1 per 1 day)
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</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>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i>	2	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>phenoxybenzamine oral capsule 10 mg</i>	2	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	2	
<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	

Drug Name	Tier	Requirements / Limits
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
CARDIAC GLYCOSIDES		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	2	
COAGULATION THERAPY		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	2	
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	MB	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	QL (74 per 365 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL (2 per 1 day)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i>	4	PA; SP; DS
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	DS
FESILTY INTRAVENOUS RECON SOLN 1 GRAM	MB	SP; DS

Drug Name	Tier	Requirements / Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	DS
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	4	DS
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	DS
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML	MB	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	MB	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	MB	
<i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml</i>	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	MB	
KENGREAL INTRAVENOUS RECON SOLN 50 MG	MB	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	MB	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP; DS
<i>rivaroxaban oral tablet 2.5 mg</i>	2	QL (2 per 1 day)
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	2	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	3	QL (51 per 365 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	QL (2 per 1 day)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	
<i>cholestyramine light oral powder 4 gram</i>	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i>	2	
<i>colesevelam oral tablet 625 mg</i>	2	
<i>colestipol oral granules 5 gram</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>fenofibrate micronized oral capsule 130 mg</i>	1	QL (1 per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	ACA
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	2	ACA
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	1	ST; QL (2 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>niacin oral tablet extended release 24 hr 500 mg</i>	1	ST; QL (1 per 1 day)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	QL (4 per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	4	PA; SP; DS; QL (3 per 23 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	PA; SP; DS; QL (3 per 23 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	2	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	PA; QL (1 per 1 day)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML	MB	

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	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>nitro-bid transdermal ointment 2 %</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal ointment 2 %</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg</i>	2	SP; DS; QL (1 per 1 day)
<i>acitretin oral capsule 25 mg</i>	2	SP; DS; QL (2 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>calcipotriene scalp solution 0.005 %</i>	2	
<i>calcipotriene topical cream 0.005 %</i>	1	QL (4 per 1 day)
<i>calcipotriene topical ointment 0.005 %</i>	2	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	2	
<i>calcitriol topical ointment 3 mcg/gram</i>	1	QL (28.6 per 1 day)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; DS; QL (0.29 per 1 day)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; SP; DS; QL (0.29 per 1 day)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; SP; DS; QL (0.29 per 1 day)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; DS; QL (0.29 per 1 day)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; SP; DS; QL (0.08 per 1 day)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; SP; DS; QL (0.08 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>selenium sulfide topical lotion 2.5 %</i>	1	
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	MB	SP; DS; QL (1.86 per 1 day)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	4	PA; SP; DS; QL (1.86 per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP; DS; QL (0.01 per 1 day)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; SP; DS; QL (0.01 per 1 day)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; SP; DS; QL (0.02 per 1 day)
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL (100 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; SP; DS; QL (0.09 per 1 day)

Drug Name	Tier	Requirements / Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; SP; DS; QL (0.15 per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; SP; DS; QL (0.09 per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP; DS; QL (0.15 per 1 day)
<i>fluorouracil topical cream 5 %</i>	1	PA; SP; DS; QL (40 per 365 days)
<i>fluorouracil topical solution 2 %, 5 %</i>	1	PA; SP; DS; QL (10 per 365 days)
<i>imiquimod topical cream in packet 5 %</i>	2	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	2	
<i>pimecrolimus topical cream 1 %</i>	2	PA; QL (1 per 1 day)
<i>podofilox topical solution 0.5 %</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	PA; QL (1 per 1 day)
THERAPY FOR ACNE		
<i>adapalene topical cream 0.1 %</i>	1	PA; QL (1.5 per 1 day)
<i>adapalene topical gel 0.3 %</i>	1	PA; QL (1.5 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>adapalene topical gel with pump 0.3 %</i>	1	PA; QL (1.5 per 1 day)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	2	PA
<i>amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA
<i>azelaic acid topical gel 15 %</i>	2	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA
<i>clindacin etz topical swab 1 %</i>	3	QL (2 per 1 day)
<i>clindacin p topical swab 1 %</i>	3	QL (2 per 1 day)
<i>clindacin topical foam 1 %</i>	1	QL (3.34 per 1 day)
<i>clindamycin phosphate topical foam 1 %</i>	1	QL (3.34 per 1 day)
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	QL (2 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1	QL (1.5 per 1 day)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	QL (1.67 per 1 day)
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	QL (1.67 per 1 day)
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	2	QL (2 per 1 day)
<i>dapsone topical gel 5 %</i>	2	ST; QL (3 per 1 day)
<i>ery pads topical swab 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
<i>ivermectin topical cream 1 %</i>	3	QL (1.5 per 1 day)
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	QL (1.5 per 1 day)
<i>metronidazole topical gel 1 %</i>	1	QL (2 per 1 day)
<i>metronidazole topical gel with pump 1 %</i>	1	QL (2 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>metronidazole topical lotion 0.75 %</i>	1	QL (2 per 1 day)
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	2	QL (1.5 per 1 day)
<i>tazarotene topical cream 0.1 %</i>	2	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; QL (1.5 per 1 day)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA
TOPICAL ANESTHETICS		
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml)</i>	MB	
<i>bupivacaine hcl injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)</i>	MB	
<i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	MB	
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)	MB	

Drug Name	Tier	Requirements / Limits
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	MB	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	MB	
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	QL (10 per 1 day)
<i>lidocaine topical ointment 5 %</i>	1	QL (50 per 23 days)
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000</i>	MB	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i>	MB	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL (1 per 1 day)
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	QL (1 per 1 day)
XARACOLL IMPLANT IMPLANT 100 MG	MB	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	MB	

TOPICAL ANTIBACTERIALS

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>mupirocin topical ointment 2 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	QL (4 per 1 day)
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	QL (4 per 1 day)
<i>econazole nitrate topical cream 1 %</i>	1	
ERTACZO TOPICAL CREAM 2 %	3	ST; QL (2 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i>	2	QL (3.34 per 1 day)
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>ketodan topical foam 2 %</i>	2	QL (3.34 per 1 day)
<i>klayesta topical powder 100,000 unit/gram</i>	1	
<i>naftifine topical cream 1 %</i>	2	ST; QL (3 per 1 day)
<i>naftifine topical cream 2 %</i>	2	ST; QL (2 per 1 day)
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL (4 per 1 day)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>oxiconazole topical cream 1 %</i>	2	ST; QL (3 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
OXISTAT TOPICAL LOTION 1 %	3	ST; QL (3 per 1 day)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment 5 %</i>	1	QL (1 per 23 days)
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	QL (45 per 23 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	QL (60 per 23 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	QL (45 per 23 days)
<i>betamethasone dp aug 0.05% oin augmented</i>	1	QL (50 per 23 days)
<i>betamethasone valerate topical cream 0.1 %</i>	1	QL (45 per 23 days)
<i>betamethasone valerate topical foam 0.12 %</i>	1	QL (100 per 23 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	1	QL (60 per 23 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	1	QL (45 per 23 days)

Drug Name	Tier	Requirements / Limits
<i>betamethasone, augmented topical cream 0.05 %</i>	1	QL (50 per 23 days)
<i>betamethasone, augmented topical gel 0.05 %</i>	1	QL (50 per 23 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	QL (60 per 23 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	1	QL (1.67 per 1 day)
<i>clobetasol topical cream 0.05 %</i>	1	QL (2 per 1 day)
<i>clobetasol topical foam 0.05 %</i>	1	QL (3.34 per 1 day)
<i>clobetasol topical gel 0.05 %</i>	1	QL (2 per 1 day)
<i>clobetasol topical lotion 0.05 %</i>	1	QL (3.94 per 1 day)
<i>clobetasol topical ointment 0.05 %</i>	1	QL (2 per 1 day)
<i>clobetasol topical shampoo 0.05 %</i>	1	QL (3.94 per 1 day)
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL (2 per 1 day)
<i>clobetasol-emollient topical foam 0.05 %</i>	1	QL (3.34 per 1 day)
<i>clocortolone pivalate topical cream 0.1 %</i>	2	QL (3 per 1 day)
<i>desonide topical cream 0.05 %</i>	1	QL (2 per 1 day)
<i>desonide topical lotion 0.05 %</i>	1	QL (3.94 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>desonide topical ointment 0.05 %</i>	1	QL (2 per 1 day)
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	QL (3.34 per 1 day)
<i>desoximetasone topical gel 0.05 %</i>	1	QL (2 per 1 day)
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	QL (3.34 per 1 day)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	QL (4 per 1 day)
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	QL (3 per 1 day)
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	1	QL (4 per 1 day)
<i>fluocinonide topical gel 0.05 %</i>	1	QL (2 per 1 day)
<i>fluocinonide topical ointment 0.05 %</i>	1	QL (2 per 1 day)
<i>fluocinonide topical solution 0.05 %</i>	1	QL (2 per 1 day)
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL (2 per 1 day)
<i>flurandrenolide topical cream 0.05 %</i>	2	

Drug Name	Tier	Requirements / Limits
<i>flurandrenolide topical lotion 0.05 %</i>	2	QL (4 per 1 day)
<i>flurandrenolide topical ointment 0.05 %</i>	2	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	QL (4 per 1 day)
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	2	QL (2 per 1 day)
<i>halobetasol propionate topical cream 0.05 %</i>	1	QL (1.67 per 1 day)
<i>halobetasol propionate topical ointment 0.05 %</i>	1	QL (1.67 per 1 day)
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL (2 per 1 day)
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	2	QL (3.94 per 1 day)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	PA
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	QL (2 per 1 day)
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	QL (2 per 1 day)
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	QL (2 per 1 day)
<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>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	2	
<i>triderm topical cream 0.5 %</i>	1	
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	PA; QL (1 per 1 day)
TOPICAL SCABICIDES / PEDICULICIDES		

Drug Name	Tier	Requirements / Limits
<i>crotan topical lotion 10 %</i>	2	QL (2 per 1 day)
<i>malathion topical lotion 0.5 %</i>	1	QL (4 per 1 day)
<i>permethrin topical cream 5 %</i>	1	
<i>pruradik topical lotion 10 %</i>	1	QL (2 per 1 day)
<i>spinosad topical suspension 0.9 %</i>	1	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>methylene blue (antidote) intravenous solution 5 mg/ml</i>	MB	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
AMMONUL INTRAVENOUS SOLUTION 10-10 %	MB	
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	MB	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	MB	SP; DS

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	PA; SP; DS
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	MB	
<i>cevimeline oral capsule 30 mg</i>	2	
CHEMET ORAL CAPSULE 100 MG	3	
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA; SP; DS
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)	MB	SP; DS
HYLENEX INJECTION SOLUTION 150 UNIT/ML	MB	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine intravenous solution 200 mg/ml</i>	MB	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	2	
LOARGYS INJECTION SOLUTION 5 MG/ML	MB	DS

Drug Name	Tier	Requirements / Limits
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
PASATRU INTRAVENOUS SOLUTION 60 MG/ML	MB	DS
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML)	MB	
<i>riluzole oral tablet 50 mg</i>	4	SP; DS
<i>risedronate oral tablet 30 mg</i>	2	
<i>sodium benzoate-sod phenylacet intravenous solution 10-10 %</i>	MB	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA; DS
<i>trientine oral capsule 250 mg</i>	4	PA; SP; DS
YARTEMLEA INTRAVENOUS SOLUTION 370 MG/2 ML (185 MG/ML)	MB	SP; DS
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>nicorette buccal gum 4 mg</i>	1	ACA; OTC
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	3	OTC
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	3	OTC
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	ACA; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	3	ACA; OTC
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	ACA
<i>quit 2 buccal gum 2 mg</i>	1	ACA; OTC
<i>quit 2 buccal lozenge 2 mg</i>	1	ACA; OTC
<i>quit 4 buccal gum 4 mg</i>	1	ACA; OTC

Drug Name	Tier	Requirements / Limits
<i>quit 4 buccal lozenge 4 mg</i>	1	ACA; OTC
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	ACA; OTC
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	2	ACA; QL (2 per 1 day)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	2	ACA; QL (1 per 274 days)

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
<i>kourzeq dental paste 0.1 %</i>	1	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
<i>CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %</i>	3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
<i>ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML</i>	3	
<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	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 250 MG/2 ML, 500 MG/4 ML	MB	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK GUIDE GLUCOSE METER	MB	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	MB	OTC

Drug Name	Tier	Requirements / Limits
ADVANCED ALL-IN-ONE METER KIT	MB	OTC
ADVANCED GLUCOSE METER	MB	OTC
ADVOCATE REDI-CODE PLUS	MB	OTC
AGAMATRIX JAZZ WIRELESS 2 MNTR KIT	MB	OTC
AGAMATRIX PRESTO SYSTEM	MB	OTC
ASSURE PLATINUM GLUCOSE METER	MB	OTC
ASSURE PRISM MULTI METER	MB	OTC
ASSURE TITANIUM GLUCOSE SYSTEM	MB	
BIONIME RIGHTEST GM300 SYSTEM KIT	MB	OTC
BIOTEL CARE BGM-4 METER	MB	OTC
BLOOD-GLUCOSE METER	MB	OTC
BLULINK DIABETIC TEST BUNDLE KIT	MB	OTC
BLULINK GLUCOSE MONITOR SYSTEM	MB	OTC
CARESENS N	MB	OTC
CARESENS N FELIZ GLUCOSE METER	MB	OTC

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
CARESENS N VOICE	MB	OTC
CARESENS S FIT BT GLUCOSE MTR	MB	OTC
CARESENS S FIT GLUCOSE METER	MB	OTC
CARETOUCH GLUCOSE MONITORING KIT	MB	OTC
CLEVER CHEK BLOOD GLUCOSE	MB	OTC
CLEVER CHOICE GLUCOSE MONITOR	MB	OTC
CLEVER CHOICE MICRO	MB	OTC
CLEVER CHOICE PRO	MB	OTC
CLEVER CHOICE TALK GLUCOSE SYS	MB	OTC
CONTOUR NEXT EZ METER	MB	OTC
CONTOUR NEXT GEN METER KIT	MB	OTC
CONTOUR NEXT METER	MB	OTC
CONTOUR NEXT ONE METER	MB	OTC
CONTOUR PLUS BLUE METER	MB	OTC
DEXCOM G6 RECEIVER	MB	QL (1 per 274 days)
DEXCOM G6 SENSOR DEVICE	MB	QL (3 per 23 days)

Drug Name	Tier	Requirements / Limits
DEXCOM G6 TRANSMITTER DEVICE	MB	QL (1 per 69 days)
DEXCOM G7 15 DAY SENSOR DEVICE	MB	
DEXCOM G7 RECEIVER	MB	
DEXCOM G7 SENSOR DEVICE	MB	
DIATRUE PLUS BLOOD GLUCOSE MET	MB	OTC
EASY STEP BLOOD GLUCOSE METER	MB	OTC
EASY TOUCH BLULINK GLUC SYST	MB	OTC
EASY TOUCH GLUCOSE MONITOR	MB	OTC
EASY TOUCH HEALTHPRO SYSTEM KIT	MB	OTC; QL (1 per 274 days)
EASY TRAK II BLOOD GLUCOSE MTR	MB	OTC
EASYMAX NG KIT	MB	OTC
EASYMAX T1 KIT	MB	OTC
EASYMAX V SPEAKING GLUCOSE SYS	MB	OTC
ELEMENT COMPACT GLUCOSE METER	MB	OTC

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
ELEMENT COMPACT V GLUCOSE MTR	MB	OTC
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	MB	OTC
EMBRACE BLOOD GLUCOSE SYSTEM	MB	OTC
EMBRACE PRO GLUCOSE METER	MB	OTC
EMBRACE TALK BLOOD GLUCOSE SYS KIT	MB	OTC
EMBRACE WAVE PLUS GLUCOSE MTR	MB	OTC
EVENCARE G2	MB	OTC
EVENCARE G3 GLUCOSE METER KIT	MB	OTC
EVENCARE MINI MONITOR SYSTEM	MB	OTC
EVOLUTION BLOOD GLUCOSE METER KIT	MB	OTC
EZ SMART PLUS SYSTEM KIT	MB	OTC
EZ SMART SYSTEM KIT	MB	OTC
FONDCIRCLE BLOOD GLUCOSE MONTR KIT	MB	OTC
FORA G20 KIT	MB	OTC
FORA G30A	MB	OTC

Drug Name	Tier	Requirements / Limits
FORA GD50 BLOOD GLUCOSE SYSTEM	MB	OTC
FORA PREMIUM V10 GLUCOSE METER	MB	OTC
FORA TEST N'GO VOICE METER	MB	OTC
FORA TN'G VOICE METER	MB	OTC
FORA V12 BLOOD GLUCOSE SYSTEM	MB	OTC
FORACARE GD20 GLUCOSE METER	MB	OTC
FORACARE GD40B GLUCOSE METER	MB	OTC
FREESTYLE FREEDOM KIT	MB	OTC; QL (1 per 274 days)
FREESTYLE FREEDOM LITE KIT	MB	OTC; QL (1 per 274 days)
FREESTYLE INSULINX	MB	OTC
FREESTYLE INSULINX STRIP	2	OTC; QL (6.67 per 1 day)
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC; QL (6.67 per 1 day)
FREESTYLE LIBRE 14 DAY READER	MB	QL (1 per 274 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	MB	QL (2 per 23 days)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	MB	QL (2 per 23 days)
FREESTYLE LIBRE 2 READER	MB	QL (1 per 274 days)
FREESTYLE LIBRE 2 SENSOR KIT	MB	QL (2 per 23 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	MB	QL (2 per 23 days)
FREESTYLE LIBRE 3 READER	MB	QL (1 per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	MB	QL (2 per 21 days)
FREESTYLE LITE METER KIT	MB	OTC; QL (1 per 274 days)
FREESTYLE LITE STRIPS STRIP	2	OTC; QL (6.67 per 1 day)
FREESTYLE PRECISION NEO METER	MB	OTC; QL (1 per 274 days)
FREESTYLE PRECISION NEO STRIPS STRIP	2	OTC; QL (6.67 per 1 day)
FREESTYLE TEST STRIP	2	OTC; QL (6.67 per 1 day)
GE100 BLOOD GLUCOSE SYSTEM KIT	MB	OTC
GE333 BLOOD GLUCOSE SYSTEM	MB	OTC
GLUCO NAVII GLUCOSE MONITOR KIT	MB	OTC

Drug Name	Tier	Requirements / Limits
GLUCOCARD 01 METER KIT	MB	OTC
GLUCOCARD EXPRESSION	MB	OTC
GLUCOCARD SHINE CONNEX METER	MB	OTC
GLUCOCARD SHINE EXPRESS METER	MB	OTC
GLUCOCARD SHINE METER	MB	OTC
GLUCOCARD SHINE XL METER	MB	OTC
GLUCOCARD VITAL KIT	MB	OTC
GLUCOCOM BLOOD GLUCOSE KIT	MB	OTC
GM100 KIT	MB	OTC
GUARDIAN 4 GLUCOSE SENSOR DEVICE	MB	
GUARDIAN 4 TRANSMITTER DEVICE	MB	
GUARDIAN SENSOR 3 DEVICE	MB	
HEALTHPRO GLUCOSE MONITOR	MB	OTC
IHEALTH GLUCO PLUS METER KIT	MB	OTC
INFINITY STARTER KIT KIT	MB	OTC
MICRODOT BLOOD GLUCOSE SYSTEM	MB	OTC

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
MINIMED APP MANAGER	MB	
MINIMED INSTINCT SENSOR DEVICE	MB	
MYGLUCOHEALTH KIT	MB	OTC
ON CALL EXPRESS METER KIT	MB	OTC
ONETOUCH ULTRA2 METER	MB	OTC
ONETOUCH VERIO FLEX METER	MB	OTC
ONETOUCH VERIO REFLECT METER	MB	OTC
PHARMACIST CHOICE GLUCOSE SYS	MB	OTC
PIP BLOOD GLUCOSE MONITOR	MB	OTC
PRECISION XTRA MONITOR	MB	OTC
PREMIER BLU GLUCOSE METER	MB	OTC
PREMIER CLASSIC GLUCOSE METER	MB	OTC
PREMIER COMPACT GLUCOSE METER KIT	MB	OTC
PREMIER VOICE GLUCOSE METER	MB	OTC

Drug Name	Tier	Requirements / Limits
PREMIUM BLOOD GLUCOSE MONITOR	MB	OTC
PREMIUM V10	MB	OTC
PRO VOICE V9 GLUCOSE MONITOR	MB	OTC
PRODIGY AUTOCODE METER KIT	MB	OTC
PRODIGY AUTOCODE MONITOR SYST	MB	OTC
PRODIGY POCKET METER KIT	MB	OTC
PRODIGY VOICE GLUCOSE METER KIT	MB	OTC
QUINTET BLOOD GLUCOSE METER	MB	OTC
REFUAH PLUS GLUCOSE MONITOR KIT	MB	OTC
RELION ALL-IN-ONE METER KIT	MB	OTC
RELION CONFIRM KIT	MB	OTC
RELION MICRO GLUCOSE MONITOR KIT	MB	OTC
RELION PRIME METER	MB	OTC
REVEAL BLOOD GLUCOSE METER KIT	MB	OTC
RIGHTEST GM550 SYSTEM KIT	MB	OTC

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
RIGHTTEST GT333 GLUCOSE METER	MB	OTC
SIMPLERA SENSOR DEVICE	MB	
SIMPLERA SYNC SENSOR DEVICE	MB	
SMART BLUETOOTH GLUCOSE MONITR KIT	MB	OTC
SMART SENSE MONITORING SYSTEM	MB	OTC
SMARTEST EJECT KIT	MB	OTC
SMARTEST PERSONA STARTER KIT	MB	OTC
SMARTEST PRONTO STARTER KIT	MB	OTC
SMARTEST PROTEGE KIT	MB	OTC
SOLUS V2 AUDIBLE METER	MB	OTC
SOLUS V2 AUDIBLE METER KIT	MB	OTC
SURE-TEST EASYPLUS MINI METER	MB	OTC
TEST N'GO BLOOD GLUCOSE SYSTEM	MB	OTC
TRUE METRIX AIR GLUCOSE METER	MB	OTC
TRUE METRIX GLUCOSE METER	MB	OTC

Drug Name	Tier	Requirements / Limits
TRUE METRIX GO GLUCOSE METER	MB	OTC
TRUENESS BLOOD GLUCOSE MONITOR	MB	OTC
TRUERESULT BLOOD GLUCOSE SYSTM KIT	MB	OTC
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	MB	OTC
TRUETRACK SMART SYSTEM KIT	MB	OTC
ULTIMA MONITOR	MB	OTC
ULTRATRAK GLUCOSE METER	MB	OTC
ULTRATRAK ULTIMATE	MB	OTC
VIVAGUARD INO GLUCOSE METER	MB	OTC
VIVAGUARD INO SMART GLUC METER	MB	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML		M F
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	1	
GLUCOSE ELEVATING AGENTS		
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG		2
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD MICROTAINER LANCET 30 GAUGE		3 (C 7 (C ; (C I (€ . 8 F e r 1 c a y)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	3	QL (6.67 per 1 day)

Drug Name	Tier	Requirements / Limits
LANCETS 33 GAUGE	3	OTC; QL (6.8 per 1 day)
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	3	QL (6.67 per 1 day)
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML		2
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL (1 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	

Drug Name	Tier	Requirements / Limits
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (1 per 1 day)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (1 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (1 per 1 day)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (1 per 1 day)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	QL (1 per 1 day)
NOVOLOG MIX 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (1 per 1 day)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (1 per 1 day)
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL (1 per 1 day)

Drug Name	Tier	Requirements / Limits
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (1 per 1 day)
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	QL (1 per 1 day)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML		MS EF ; I S
AVLAYAH INTRAVENOUS RECON SOLN 150 MG	MB	DS
<i>cabergoline oral tablet 0.5 mg</i>	1	

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	PA
<i>calcitriol oral solution 1 mcg/ml</i>	2	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA; SP; DS
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	PA; SP; DS; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	4	PA; SP; DS; QL (4 per 1 day)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	1	PA
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	MB	SP; DS

Drug Name	Tier	Requirements / Limits
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	MB	SP; DS
<i>javygtor oral tablet, soluble 100 mg</i>	4	PA; SP; DS
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	MB	SP; DS
LUMVOA INTRAVENOUS SOLUTION 50 MG/ML	MB	SP; DS
<i>miglustat oral capsule 100 mg</i>	4	PA; SP; DS; QL (3 per 1 day)
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; SP; DS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	MB	SP; DS
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	MB	SP; DS
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	PA
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA; SP; DS

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	4	PA; SP; DS
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	2	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	2	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram)	2	PA
tolvaptan (polycystic kidney dis) oral tablet 15 mg, 30 mg	4	PA; SP; DS
tolvaptan oral tablet 15 mg	4	PA; SP; DS; QL (1 per 1 day)
tolvaptan oral tablet 30 mg	4	PA; SP; DS; QL (2 per 1 day)
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML	MB	

Drug Name	Tier	Requirements / Limits
vasopressin intravenous solution 20 unit/ml	MB	
zoledronic acid intravenous solution 4 mg/5 ml	MB	SP; DS
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	MB	SP; DS
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg		1
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	1	ST; QL (1 per 1 day)
CYCLOSET ORAL TABLET 0.8 MG	3	
dapagliflozin oral tablet 10 mg, 5 mg	2	ST; QL (1 per 1 day)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg	2	ST; QL (1 per 1 day)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg	2	ST; QL (1 per 1 day)
glimepiride oral tablet 1 mg	1	QL (8 per 1 day)
glimepiride oral tablet 2 mg	1	QL (4 per 1 day)

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>glimepiride oral tablet 4 mg</i>	1	QL (2 per 1 day)
<i>glipizide oral tablet 10 mg</i>	1	QL (4 per 1 day)
GLIPIZIDE ORAL TABLET 15 MG	2	
GLIPIZIDE ORAL TABLET 2.5 MG	1	
<i>glipizide oral tablet 5 mg</i>	1	QL (8 per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (2 per 1 day)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (8 per 1 day)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (4 per 1 day)
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide oral tablet 1.25 mg</i>	1	QL (16 per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	1	QL (8 per 1 day)
<i>glyburide oral tablet 5 mg</i>	1	QL (4 per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (8 per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (4 per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL (1 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	2	PA; QL (0.3 per 1 day)
<i>metformin oral tablet 1,000 mg</i>	1	QL (2.5 per 1 day)
<i>metformin oral tablet 500 mg</i>	1	QL (5 per 1 day)
<i>metformin oral tablet 850 mg</i>	1	QL (3 per 1 day)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (4 per 1 day)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (3 per 1 day)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA; QL (1 per 1 day)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (0.108 per 1 day)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	ST
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg</i>	2	ST

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>sitagliptin phosphate oral tablet, er multiphase 24 hr 100-1,000 mg, 50-1,000 mg, 50-500 mg</i>	2	ST
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i>	2	ST
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 (0.08 per 1 day)

THYROID HORMONES

<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>levoxyl 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>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>atropine intravenous solution 0.4 mg/ml, 1 mg/ml</i>		NE
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml), 0.8 mg/2 ml (0.4 mg/ml)</i>	MB	
ATROPINE INTRAVENOUS SYRINGE 0.4 MG/ML	MB	
<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 liquid 2.5-0.025 mg/5 ml</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>glycopyrrolate intravenous syringe 1 mg/5 ml (0.2 mg/ml)</i>	MB	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG	3	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	MB	
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	2	PA; QL (2 per 1 day)
APONVIE INTRAVENOUS EMULSION 32 MG/4.4 ML (7.2 MG/ML)	MB	SP; DS
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	2	QL (0.15 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	2	QL (0.15 per 1 day)
AVSOLA INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
<i>balsalazide oral capsule 750 mg</i>	1	
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML), 5 MG/2 ML (2.5 MG/ML)	MB	
<i>betaine oral powder 1 gram/scoop</i>	4	DS
<i>budesonide oral capsule, delayed, extended release 3 mg</i>	2	
CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML)	MB	SP; DS
<i>citroma oral solution</i>	1	ACA; OTC
<i>constulose oral solution 10 gram/15 ml</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	3	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	
<i>droperidol injection solution 2.5 mg/ml</i>	MB	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	3	ACA; OTC
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	MB	SP; DS; QL (1 per 42 days)
<i>enulose oral solution 10 gram/15 ml</i>	1	
FOCINVEZ INTRAVENOUS SOLUTION 150 MG/50 ML (3 MG/ML)	MB	SP; DS
<i>fosaprepitant intravenous recon soln 150 mg</i>	MB	SP; DS
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>gavilyte-n oral recon soln 420 gram</i>	1	ACA
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	2	QL (0.86 per 1 day)
<i>hydrocortisone acetate topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	

Drug Name	Tier	Requirements / Limits
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
INFLIXIMAB INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	1	ACA; OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	2	
<i>mesalamine rectal enema 4 gram/60 ml</i>	2	QL (60 per 1 day)
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	2	QL (1 per 1 day)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	3	ACA; OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	3	ACA; OTC
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	QL (3.34 per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	QL (9 per 30 days)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	QL (0.3 per 1 day)
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	MB	SP; DS
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	MB	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	ACA

Drug Name	Tier	Requirements / Limits
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	QL (3 per 30 days)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	MB	
REMICADE INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	ACA

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	3	ST; QL (1 per 1 day)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	MB	SP; DS
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	MB	SP; DS
ULCER THERAPY		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>		1
<i>dexlansoprazole oral capsule, biphase delayed release 30 mg, 60 mg</i>	2	ST; QL (1 per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; QL (1 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL (1 per 1 day)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	2	QL (1 per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	QL (1 per 1 day)
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	

IMMUNOLOG Y, VACCINES & BIOTECHNO LOGY

BIOTECHNOLOGY DRUGS

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP; DS; QL (4 per 21 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; SP; DS; QL (4 per 21 days)

Drug Name	Tier	Requirements / Limits
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	MB	DS
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4 ML	4	SP; DS; QL (2 per 21 days)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; SP; DS; QL (0.05 per 1 day)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; SP; DS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; SP; DS
PROCRT 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, 40,000 UNIT/ML	4	PA; SP; DS; QL (0.43 per 1 day)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	MB	SP; DS

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	MB	DS
GROWTH HORMONES		
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; SP; DS; QL (1 per 1 day)
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; SP; DS; QL (1 per 1 day)

Drug Name	Tier	Requirements / Limits
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	MB	SP; DS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	SP; DS; QL (4 per 21 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	SP; DS; QL (2 per 21 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	ACA
ADACEL(TDAP ADOLESN/ADULT (PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	ACA
ADACEL(TDAP ADOLESN/ADULT (PF) INTRAMUSCULAR SYRINGE 2 LF- (2.5-5-3-5 MCG)- 5LF/0.5 ML	3	ACA

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	PA; ACA
BEXSERO INTRAMUSCULAR SYRINGE 50-50- 50-25 MCG/0.5 ML	2	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	ACA
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	MB	SP; DS
COMIRNATY 2026-2027(5- 11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	2	ACA
COMIRNATY 2026-27 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	2	ACA
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	MB	SP; DS
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	3	ACA

Drug Name	Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	ACA
FLUAD 2026-2027 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLUARIX 2026- 2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLUBLOK 2026- 2027 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	1	ACA
FLUCELVAX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
FLULAVAL 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	ACA
FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	ACA
FLUZONE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLUZONE 2026-2027 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLUZONE HIGH-DOSE 2026-27 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	ACA

Drug Name	Tier	Requirements / Limits
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	ACA
HEPAGAM B INJECTION SOLUTION GREATER THAN 312 UNIT/ML (5 ML)	MB	SP; DS
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	ACA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	4	PA; SP; DS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	ACA
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	3	ACA
MFLUSIVA 2026-2027 (PF) INTRAMUSCULAR SYRINGE 37.5 MCG (12.5 MCG X 3)/0.38ML	1	ACA

Drug Name	Tier	Requirements / Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	ACA
MNEXSPIKE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	2	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	PA; ACA
NUVAXOVID 2026-2027 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	ACA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	ACA
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	2	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	3	ACA

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	2	PA; ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	PA; ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	3	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	3	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	

Drug Name	Tier	Requirements / Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	ACA
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	ACA
SPIKEVAX 2026-2027(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	ACA
SPIKEVAX 2026-27 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	2	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	ACA

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	PA; ACA
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT	2	PA

Drug Name	Tier	Requirements / Limits
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	4	PA; SP; DS
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg</i>		100 mg
<i>allopurinol oral tablet 300 mg</i>	1	QL (2 per 1 day)
<i>colchicine oral capsule 0.6 mg</i>	2	ST; QL (2 per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	2	QL (2 per 1 day)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST; QL (1 per 1 day)
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50 ML, 8 MG/ML	MB	SP; DS
<i>probenecid oral tablet 500 mg</i>	1	

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	1	
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS
BOSAYA SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS; QL (2 per 274 days)
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS
ENOBY SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS; QL (2 per 274 days)

Drug Name	Tier	Requirements / Limits
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG-5,600 UNIT	3	QL (0.15 per 1 day)
<i>ibandronate oral tablet 150 mg</i>	1	
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS; QL (2 per 274 days)
OSPOMYV SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS; QL (2 per 274 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS; QL (2 per 274 days)
<i>raloxifene oral tablet 60 mg</i>	1	
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	4	SP; DS; QL (0.09 per 1 day)
OTHER RHEUMATOLOGICALS		

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; SP; DS; QL (0.08 per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	MB	SP; DS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; SP; DS; QL (0.13 per 1 day)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; SP; DS; QL (0.08 per 1 day)

Drug Name	Tier	Requirements / Limits
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; SP; DS; QL (0.08 per 1 day)
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; SP; DS; QL (0.08 per 1 day)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; DS; QL (0.08 per 1 day)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; SP; DS; QL (0.08 per 1 day)
AVTOZMA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	MB	SP; DS
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	MB	SP; DS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; SP; DS; QL (0.15 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; SP; DS; QL (0.15 per 1 day)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; SP; DS; QL (0.15 per 1 day)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; SP; DS; QL (0.15 per 1 day)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
<i>milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)</i>	1	QL (55 per 720 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	MB	PA; SP; DS; QL (4 per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; SP; DS; QL (4 per 21 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; SP; DS; QL (4 per 21 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; SP; DS; QL (0.08 per 1 day)

Drug Name	Tier	Requirements / Limits
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; SP; DS; QL (0.1 per 1 day)
OTEZLA ORAL TABLET 20 MG, 30 MG	4	PA; SP; DS; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; SP; DS; QL (55 per 720 days)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	4	PA; SP; DS; QL (41 per 720 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	4	PA; SP; DS; QL (1 per 1 day)
<i>penicillamine oral tablet 250 mg</i>	4	PA; SP; DS; QL (8 per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (2 per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)- 25 MG(8)-50 MG(42)	3	QL (1 per 720 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; DS; QL (0.04 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; SP; DS; QL (0.02 per 1 day)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; DS; QL (0.04 per 1 day)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; SP; DS; QL (0.02 per 1 day)

OBSTETRICS & GYNECOLOG Y

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		
FC2 FEMALE CONDOM	3	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	3	ACA

ESTROGENS & PROGESTINS

Drug Name	Tier	Requirements / Limits
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG		
<i>camila oral tablet 0.35 mg</i>	1	ACA
<i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	2	
<i>deblitane oral tablet 0.35 mg</i>	1	ACA
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>errin oral tablet 0.35 mg</i>	1	ACA
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	ACA
<i>incassia oral tablet 0.35 mg</i>	1	ACA
<i>jencycla oral tablet 0.35 mg</i>	1	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	ACA
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	ACA

Drug Name	Tier	Requirements / Limits
<i>medroxyprogesteron e intramuscular suspension 150 mg/ml</i>	1	ACA; QL (1 per 68 days)
<i>medroxyprogesteron e intramuscular syringe 150 mg/ml</i>	1	ACA; QL (1 per 68 days)
<i>medroxyprogesteron e oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA
<i>tulana oral tablet 0.35 mg</i>	1	ACA
<i>yuvafem vaginal tablet 10 mcg</i>	2	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>		1
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>terconazole vaginal suppository 80 mg</i>	1	QL (6 per 23 days)
<i>tranexamic acid oral tablet 650 mg</i>	1	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	3	ACA; OTC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>		1 / C /
<i>after pill oral tablet 1.5 mg</i>	1	ACA; OTC
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	ACA

Drug Name	Tier	Requirements / Limits
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	ACA

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>cyred oral tablet 0.15-0.03 mg</i>	1	ACA
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	ACA
<i>econtra ez oral tablet 1.5 mg</i>	1	ACA; OTC
<i>econtra one-step oral tablet 1.5 mg</i>	1	ACA; OTC
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	ACA
ELLA ORAL TABLET 30 MG	3	ACA

Drug Name	Tier	Requirements / Limits
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	ACA
<i>estarylla oral tablet 0.25-0.035 mg</i>	1	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>introvale oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	ACA
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	1	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA

Drug Name	Tier	Requirements / Limits
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	1	ACA; OTC
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	ACA

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>luter (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA

Drug Name	Tier	Requirements / Limits
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>mili oral tablet 0.25-0.035 mg</i>	1	ACA
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	1	ACA
<i>my choice oral tablet 1.5 mg</i>	1	ACA; OTC
<i>my way oral tablet 1.5 mg</i>	1	ACA; OTC
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>new day oral tablet 1.5 mg</i>	1	ACA; OTC
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	1	ACA

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	ACA
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	1	ACA; OTC
<i>option-2 oral tablet 1.5 mg</i>	1	ACA; OTC
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA

Drug Name	Tier	Requirements / Limits
<i>rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	1	ACA
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>tri-lo-estarylla oral tablet</i> 0.18/0.215/0.25 mg-0.025 mg	1	ACA
<i>tri-lo-marzia oral tablet</i> 0.18/0.215/0.25 mg-0.025 mg	1	ACA
<i>tri-lo-mili oral tablet</i> 0.18/0.215/0.25 mg-0.025 mg	1	ACA
<i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-0.025 mg	1	ACA
<i>tri-mili oral tablet</i> 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-0.025 mg	1	ACA
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
<i>turqoz (28) oral tablet</i> 0.3-30 mg-mcg	1	ACA
<i>tydemy oral tablet</i> 3-0.03-0.451 mg (21) (7)	1	ACA
<i>velivet triphasic regimen (28) oral tablet</i> 0.1/.125/.15-25 mg-mcg	1	ACA

Drug Name	Tier	Requirements / Limits
<i>vestura (28) oral tablet</i> 3-0.02 mg	1	ACA
<i>vienva oral tablet</i> 0.1-20 mg-mcg	1	ACA
<i>viorele (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
<i>volnea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
<i>vyfemla (28) oral tablet</i> 0.4-35 mg-mcg	1	ACA
<i>vylibra oral tablet</i> 0.25-0.035 mg	1	ACA
<i>wera (28) oral tablet</i> 0.5-35 mg-mcg	1	ACA
<i>wymzya fe oral tablet, chewable</i> 0.4mg-35mcg(21) and 75 mg (7)	1	ACA
<i>xarah fe oral tablet</i> 1-20(5)/1-30(7) /1mg-35mcg (9)	1	ACA
<i>zarah oral tablet</i> 3-0.03 mg	1	ACA
<i>zovia 1-35 (28) oral tablet</i> 1-35 mg-mcg	1	ACA
<i>zumandimine (28) oral tablet</i> 3-0.03 mg	1	ACA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	

Drug Name	Tier	Requirements / Limits
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>		1
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>		1
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol ophthalmic (eye) drops 0.5 %</i>	1	QL (0.67 per 1 day)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	5
CYCLOPLEGIC MYDRIATICS		
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	2	ST; QL (0.34 per 1 day)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; QL (60 per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
EPIOXA OPHTHALMIC (EYE) KIT 0.239-0.177 %	MB	DS

Drug Name	Tier	Requirements / Limits
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML	MB	SP; DS
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	MB	SP; DS
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	MB	SP; DS
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %	MB	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	MB	SP; DS
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML	MB	SP; DS
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	PA; QL (60 per 23 days)
ZERVATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>		2
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5%</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>		1
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.01 %, 0.03 %</i>		1
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	2	

Drug Name	Tier	Requirements / Limits
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	QL (0.5 per 1 day)
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>		1
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
<i>tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %</i>	2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>		1
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	

Drug Name	Tier	Requirements / Limits
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	MB	SP; DS
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %</i>	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
STERIOD-SULFONAMIDE COMBINATION S		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>		1
SULFONAMIDE S		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>		1
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>		1
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>		1
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	QL (1 per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg</i>	1	QL (1 per 1 day)
<i>desloratadine oral tablet, disintegrating 5 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	

Drug Name	Tier	Requirements / Limits
<i>epinephrine injection solution 1 mg/ml</i>	MB	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	MB	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>		1
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
<i>promethazine-dm oral solution 6.25-15 mg/5 ml</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	
<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, 5 mg/ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>alyq oral tablet 20 mg</i>	4	PA; SP; DS; QL (2 per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; SP; DS; QL (1 per 1 day)

Drug Name	Tier	Requirements / Limits
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	2	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	4	PA; SP; DS; QL (0.34 per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; SP; DS; QL (2 per 1 day)
<i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	QL (120 per 30 days)

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	ST
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 250 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL (1 per 23 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION	2	
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	

Drug Name	Tier	Requirements / Limits
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	1	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION , 230-21 MCG/ACTUATION , 45-21 MCG/ACTUATION	1	QL (1 per 23 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	1	
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	QL (1 per 1 day)
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>nintedanib oral capsule 100 mg, 150 mg</i>	4	PA; SP; DS; QL (2 per 1 day)
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; SP; DS; QL (2 per 1 day)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	3	ST; QL (1 per 23 days)

Drug Name	Tier	Requirements / Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION , 90 MCG/ACTUATION	2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	SP; DS; QL (5 per 1 day)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	2	PA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; SP; DS; QL (3 per 1 day)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	3	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<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>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	QL (2 per 1 day)
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	2	PA; QL (4 per 1 day)

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	1
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Drug Name	Tier	Requirements / Limits
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	2	ST; QL (1 per 1 day)
<i>flavoxate oral tablet 100 mg</i>	1	
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	2	ST
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 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>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	2	ST
<i>trospium oral tablet 20 mg</i>	1	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>		1
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; SP; DS; QL (1 per 1 day)
<i>tamsulosin oral capsule 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
MISCELLANEOUS UROLOGICALS		
ELMIRON ORAL CAPSULE 100 MG	3	(3 F e r l c a y)
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	MB	SP; DS
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	

Drug Name	Tier	Requirements / Limits
VITAMINS, HEMATINICS & ELECTROLYTES		
BLOOD DERIVATIVES		
ALBUMINEX 5 % INTRAVENOUS SOLUTION 5 %		ME
<i>alburx (human) 25 % intravenous parenteral solution 25 %</i>	MB	
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>		2
<i>calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml</i>	MB	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	

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Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	2	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	MB	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	2	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	2	

Drug Name	Tier	Requirements / Limits
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	2	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
<i>electrolyte-148 intravenous parenteral solution</i>		ME
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	MB	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	MB	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	MB	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	MB	
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>		1A (A ; (T (

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	1	ACA; OTC
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	1	ACA; OTC
<i>classic prenatal oral tablet 28 mg iron-800 mcg</i>	2	ACA; OTC
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>dialyvite 800 oral tablet 0.8 mg</i>	1	ACA; OTC
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>ergocalciferol 1.25 mg capsule</i>	1	PA
<i>ferric carboxymaltose intravenous solution 100 mg iron/2 ml, 50 mg iron/ml</i>	MB	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA; OTC
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	1	ACA; OTC
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	1	ACA; OTC
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML	MB	
<i>iron sucrose intravenous solution 100 mg iron/5 ml, 200 mg iron/10 ml, 50 mg iron/2.5 ml</i>	MB	
<i>kobee oral tablet 0.4 mg</i>	1	ACA; OTC
<i>ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA; OTC
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	1	ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg</i>	1	ACA; OTC
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg</i>	1	ACA; OTC

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

Effective as of 01/01/2027

Drug Name	Tier	Requirements / Limits
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	2	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg</i>	2	ACA; OTC
<i>prenatal multivitamins oral tablet 28 mg iron- 800 mcg</i>	2	ACA; OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	2	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	2	ACA; OTC
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	2	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	2	ACA; OTC
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	2	ACA; OTC

Drug Name	Tier	Requirements / Limits
<i>prenatal-u oral capsule 106.5-1 mg</i>	2	
<i>rena-vite oral tablet 0.8 mg</i>	1	ACA; OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	1	ACA; OTC
<i>super quintis oral tablet 0.4 mg</i>	1	ACA; OTC
<i>taron-c dha oral capsule 35-1-200 mg</i>	2	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA; OTC
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	MB	

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

Effective as of 01/01/2027

Index

A

<i>abacavir</i>	3
<i>abacavir-lamivudine</i>	4
ABECMA.....	14
<i>abiraterone</i>	14
<i>abirtega</i>	14
ABRAXANE.....	15
<i>acamprosate</i>	66
<i>acarbose</i>	80
ACCU-CHEK GUIDE	
GLUCOSE METER.....	70
ACCU-CHEK GUIDE ME	
GLUCOSE MTR.....	70
<i>acebutolol</i>	51
<i>acetaminophen-codeine</i>	31
<i>acetazolamide</i>	106
<i>acetic acid</i>	69
<i>acetylcysteine</i>	109
<i>acitretin</i>	59
ACTEMRA.....	94
ACTEMRA ACTPEN.....	93
ACTHIB (PF).....	88
ACTIMMUNE.....	87
<i>acyclovir</i>	4, 64
ADACEL(TDAP	
ADOLESN/ADULT)(PF).....	88
ADALIMUMAB-AATY.....	94
ADALIMUMAB-AATY(CF)	
AI CROHNS.....	94
ADALIMUMAB-FKJP.....	94
<i>adapalene</i>	60, 61
<i>adapalene-benzoyl peroxide</i>	61
ADCETRIS.....	15
<i>adefovir</i>	4
<i>adrucil</i>	15
<i>adult aspirin regimen</i>	40
ADVANCED ALL-IN-ONE	
METER.....	70
ADVANCED GLUCOSE	
METER.....	70
ADVOCATE REDI-CODE	
PLUS.....	70
<i>afirmelle</i>	98
<i>after pill</i>	98
AGAMATRIX JAZZ	
WIRELESS 2 MNTR.....	70

AGAMATRIX PRESTO

SYSTEM.....	70
AKYNZEO	
(FOSNETUPITANT).....	83
<i>albendazole</i>	8
ALBUMINEX 5 %.....	114
<i>alburx (human) 25 %</i>	114
<i>albuterol sulfate</i>	109
<i>alclometasone</i>	64
ALDURAZYME.....	78
<i>alendronate</i>	93
ALFERON N.....	87
<i>alfuzosin</i>	113
<i>aliskiren</i>	51
ALKERAN (AS HCL).....	15
<i>allopurinol</i>	92
<i>almotriptan malate</i>	29
ALOGLIPTIN.....	80
<i>alosetron</i>	83
<i>alprazolam</i>	43
<i>altavera (28)</i>	98
<i>alyacen 1/35 (28)</i>	98
<i>alyacen 7/7/7 (28)</i>	98
<i>alyq</i>	110
<i>amantadine hcl</i>	4
AMBISOME.....	3
<i>ambrisentan</i>	110
<i>amethia</i>	98
<i>amethyst (28)</i>	98
<i>amikacin</i>	8
<i>amiloride</i>	51
<i>amiodarone</i>	50
<i>amitriptyline</i>	43
<i>amlodipine</i>	51
<i>amlodipine-atorvastatin</i>	57
<i>amlodipine-benazepril</i>	51
<i>ammonium lactate</i>	60
AMMONUL.....	66
<i>amnestem</i>	61
<i>amoxapine</i>	43
<i>amoxicillin</i>	10, 11
<i>amoxicillin-pot clavulanate</i>	11
AMPHADASE.....	66
<i>amphetamine sulfate</i>	43
<i>amphotericin b</i>	3
<i>amphotericin b liposome</i>	3
<i>ampicillin</i>	11

<i>ampicillin sodium</i>	11
<i>anagrelide</i>	66
<i>anastrozole</i>	15
ANTICHOLIUM.....	30
APOKYN.....	28
<i>apomorphine</i>	28
APONVIE.....	83
<i>apraclonidine</i>	108
<i>aprepitant</i>	83
APRETUDE.....	4
<i>apri</i>	98
APTIVUS.....	4
ARALAST NP.....	66
<i>aranelle (28)</i>	98
ARANESP (IN	
POLYSORBATE).....	86, 87
AREXVY (PF).....	88
<i>arformoterol</i>	110
<i>aripiprazole</i>	43
<i>armodafinil</i>	43
ARRANON.....	15
<i>arsenic trioxide</i>	15
<i>ascomp with codeine</i>	32
<i>asenapine maleate</i>	43
<i>ashlyna</i>	98
ASMANEX TWISTHALER	
.....	110
<i>aspirin</i>	40
<i>aspirin childrens</i>	40
<i>aspirin-dipyridamole</i>	55
ASSURE PLATINUM	
GLUCOSE METER.....	70
ASSURE PRISM MULTI	
METER.....	70
ASSURE TITANIUM	
GLUCOSE SYSTEM.....	70
<i>atazanavir</i>	4
<i>atenolol</i>	51
<i>atenolol-chlorthalidone</i>	51
<i>atomoxetine</i>	43
<i>atorvastatin</i>	57
<i>atovaquone</i>	8
<i>atovaquone-proguanil</i>	8
<i>atropine</i>	82
ATROPINE.....	82
<i>aubra</i>	98
<i>aubra eq</i>	98

AUKELSO	13	<i>bendamustine</i>	15	BOTOX	88
<i>aurovela 1.5/30 (21)</i>	98	BENDEKA.....	15	<i>breyana</i>	110
<i>aurovela 1/20 (21)</i>	98	BENLYSTA	94	BRIDION	31
<i>aurovela 24 fe</i>	98	<i>benzonatate</i>	109	<i>briellyn</i>	99
<i>aurovela fe 1.5/30 (28)</i>	98	<i>benztropine</i>	28	<i>brimonidine</i>	108
<i>aurovela fe 1-20 (28)</i>	99	<i>bepotastine besilate</i>	105	<i>brimonidine-timolol</i>	107
AVASTIN	15	BERINERT	110	<i>brinzolamide</i>	107
AVGEMSI.....	15	<i>betaine</i>	83	BRIUMVI.....	49
<i>aviane</i>	99	<i>betamethasone dipropionate</i> 64		BRIXADI	32
AVLAYAH	78	<i>betamethasone valerate</i>	64	<i>bromfenac</i>	106
AVOPEF	15	<i>betamethasone, augmented</i> ..64		<i>bromocriptine</i>	28
AVSOLA.....	83	<i>betaxolol</i>	51, 105	<i>brompheniramine-pseudoeph-</i>	
AVTOZMA.....	94	<i>bethanechol chloride</i>	113	<i>dm</i>	109
AVYCAZ	6	<i>bexarotene</i>	15	<i>budesonide</i>	83, 110
<i>ayuna</i>	99	BEXSERO.....	88	<i>budesonide-formoterol</i>	110
<i>azacitidine</i>	15	<i>bicalutamide</i>	15	<i>bumetanide</i>	51
AZASITE	104	BICNU.....	16	<i>bupivacaine (pf)</i>	62
<i>azathioprine</i>	15	BIJUVA.....	96	<i>bupivacaine hcl</i>	62
<i>azathioprine sodium</i>	15	BILDYOS.....	93	<i>bupivacaine-epinephrine (pf)</i> 62	
<i>azelaic acid</i>	61	BILPREVDA.....	13	<i>buprenorphine hcl</i>	32
<i>azelastine</i>	68, 105	<i>bimatoprost</i>	106	<i>buprenorphine-naloxone</i>	40
<i>azelastine-fluticasone</i>	110	BIONIME RIGHTEST		<i>bupropion hcl</i>	43
<i>azithromycin</i>	8	GM300 SYSTEM.....	70	<i>bupropion hcl (smoking deter)</i>	
<i>azurette (28)</i>	99	BIOTEL CARE BGM-4		.....	67
B		METER	70	<i>buspirone</i>	43
<i>b complex 1 (with folic acid)</i>		<i>bisoprolol fumarate</i>	51	BUSULFEX	16
.....	115	<i>bisoprolol-hydrochlorothiazide</i>		<i>butalbital-acetaminop-caf-cod</i>	
<i>b complex-vitamin c-folic acid</i>		.....	51	.....	32
.....	115	<i>bleomycin</i>	16	<i>butalbital-acetaminophen</i>	32
<i>bacitracin</i>	104	BLINCYTO.....	16	<i>butalbital-acetaminophen-caff</i>	
<i>bacitracin-polymyxin b</i>	104	<i>blisovi 24 fe</i>	99	.....	32
<i>baclofen</i>	30	<i>blisovi fe 1.5/30 (28)</i>	99	<i>butalbital-aspirin-caffeine</i>	32
<i>balsalazide</i>	83	<i>blisovi fe 1/20 (28)</i>	99	<i>butorphanol</i>	40
<i>balziva (28)</i>	99	BLOOD-GLUCOSE METER		C	
BARACLUDE	4	.....	70	<i>cabergoline</i>	78
BARHEMSYS	83	BLOXIVERZ	30	<i>calcipotriene</i>	59
BAVENCIO	15	BLULINK DIABETIC TEST		<i>calcipotriene-betamethasone</i> 59	
<i>bayer low dose aspirin</i>	40	BUNDLE.....	70	<i>calcitonin (salmon)</i>	78
<i>b-complex with vitamin c</i>	115	BLULINK GLUCOSE		<i>calcitriol</i>	59, 78
BD MICROTAINER		MONITOR SYSTEM.....	70	<i>calcium acetate(phosphat bind)</i>	
LANCET	76	BOMYNTRA	14	.....	114
BD SPECIALTY USE		BOOSTRIX TDAP.....	88	<i>calcium gluc in nacl, iso-osm</i>	
NEEDLES	76	<i>bortezomib</i>	16	.....	114
BEIZRAY	15	BORTEZOMIB.....	16	<i>camila</i>	96
BEIZRAY-ALBUMIN.....	15	BORUZU.....	16	CAMPTOSAR.....	16
BELEODAQ	15	BOSAYA.....	93	<i>camrese</i>	99
<i>benazepril</i>	51	<i>bosentan</i>	110	<i>camrese lo</i>	99
<i>benazepril-hydrochlorothiazide</i>		BOSULIF	16	<i>candesartan</i>	51
.....	51	<i>bosutinib</i>	16		

<i>candesartan-</i>	<i>chateal eq (28)</i> 99	<i>clindamycin phosphate</i> ...61, 97
<i>hydrochlorothiazid</i> 52	CHEMET.....67	<i>clindamycin-benzoyl peroxide</i>
<i>capecitabine</i> 16	<i>chlordiazepoxide hcl</i> 43	61
CAPRELSA 16	<i>chlorhexidine gluconate</i> 68	<i>clindamycin-tretinoin</i> 61
<i>captopril</i> 52	<i>chloroquine phosphate</i> 8	<i>clobetasol</i> 64
<i>captopril-hydrochlorothiazide</i>	<i>chlorpromazine</i> 43	<i>clobetasol-emollient</i> 64
.....52	<i>chlorthalidone</i> 52	<i>clocortolone pivalate</i> 64
<i>carbamazepine</i> 26	<i>chlorzoxazone</i> 31	<i>clofarabine</i> 16
<i>carbidopa</i> 28	<i>cholestyramine (with sugar)</i> .57	<i>clomipramine</i> 43
<i>carbidopa-levodopa</i> 28	<i>cholestyramine light</i> 57	<i>clonazepam</i> 26
<i>carbinoxamine maleate</i> 108	CHORIONIC	<i>clonidine hcl</i> 43, 52
<i>carboplatin</i> 16	GONADOTROPIN,	<i>clopidogrel</i> 56
CARESENS N.....70	HUMAN.....79	<i>clotrimazole</i> 3, 63
CARESENS N FELIZ	<i>ciclopirox</i> 63	<i>clotrimazole-betamethasone</i> .63
GLUCOSE METER.....70	<i>ciclopirox-ure-camph-menth-</i>	<i>clozapine</i> 43, 44
CARESENS N VOICE 71	<i>euc</i> 63	COARTEM.....9
CARESENS S FIT BT	<i>cilostazol</i> 56	<i>codeine sulfate</i> 32
GLUCOSE MTR.....71	<i>cimetidine</i> 86	<i>codeine-butalbital-asa-caff</i> ...32
CARESENS S FIT GLUCOSE	<i>cinacalcet</i> 79	<i>codeine-guaifenesin</i> 109
METER 71	CINVANTI.....83	<i>colchicine</i> 92, 93
CARETOUCH GLUCOSE	CIPRO HC.....69	<i>colesevelam</i> 57
MONITORING 71	<i>ciprofloxacin hcl</i> 12, 69, 104	<i>colestipol</i> 57, 58
<i>carglumic acid</i> 67	<i>ciprofloxacin-dexamethasone</i>	COMETRIQ 16
<i>carisoprodol</i> 31	69	COMIRNATY 2026-2027(5-
<i>carmustine</i> 16	<i>ciprofloxacin-hydrocortisone</i>	11Y)(PF).....88
CARNITOR 67	69	COMIRNATY 2026-27 (12Y
<i>carteolol</i> 105	<i>cisatracurium</i> 31	UP)(PF).....88
<i>cartia xt</i> 52	<i>cisplatin</i> 16	CONEXXENCE 93
<i>carvedilol</i> 52	<i>citalopram</i> 43	<i>conjugated estrogens</i> 96
CAYA CONTOURED.....96	<i>citroma</i> 83	<i>constulose</i> 83
<i>caziant (28)</i> 99	<i>cladribine</i> 16	CONTEPO.....13
<i>cefaclor</i> 6, 7	<i>claravis</i> 61	CONTOUR NEXT EZ
<i>cefadroxil</i> 7	<i>clarithromycin</i> 8	METER.....71
<i>cefazolin</i> 7	<i>classic prenatal</i> 115	CONTOUR NEXT GEN
CEFAZOLIN.....7	<i>clemastine</i> 108	METER.....71
<i>cefazolin in dextrose (iso-os)</i> .7	CLEVER CHEK BLOOD	CONTOUR NEXT METER.71
<i>cefazolin in sterile water</i> 7	GLUCOSE.....71	CONTOUR NEXT ONE
CEFAZOLIN IN STERILE	CLEVER CHOICE	METER.....71
WATER.....7	GLUCOSE MONITOR....71	CONTOUR PLUS BLUE
<i>cefdinir</i> 7	CLEVER CHOICE MICRO 71	METER.....71
<i>cefixime</i> 7	CLEVER CHOICE PRO.....71	CORTISPORIN-TC 69
<i>cefpodoxime</i> 7	CLEVER CHOICE TALK	COSENTYX.....59
<i>cefprozil</i> 7	GLUCOSE SYS 71	COSENTYX (2 SYRINGES)
<i>ceftaroline fosamil</i> 7	CLIGAVYX 16	59
<i>cefuroxime axetil</i> 7	<i>clindacin</i> 61	COSENTYX PEN 59
<i>celecoxib</i> 41	<i>clindacin etz</i> 61	COSENTYX PEN (2 PENS)59
<i>cephalexin</i> 7	<i>clindacin p</i> 61	COSENTYX UNOREADY
<i>cevimeline</i> 67	<i>clindamycin hcl</i> 9	PEN.....59
<i>charlotte 24 fe</i> 99	<i>clindamycin pediatric</i> 9	<i>cromolyn</i> 105, 110

<i>crotan</i>	66	DESCOVY	4	<i>disopyramide phosphate</i>	50
<i>cryselle (28)</i>	99	<i>desipramine</i>	44	<i>disulfiram</i>	67
<i>cyanocobalamin (vitamin b-12)</i>	115	<i>desloratadine</i>	108	<i>divalproex</i>	26
<i>cyclobenzaprine</i>	31	<i>desmopressin</i>	79	<i>docetaxel</i>	17
<i>cyclophosphamide</i>	17	<i>desog-e.estradiol/e.estradiol</i>	99	DOCIVYX	18
<i>cycloserine</i>	9	<i>desonide</i>	64, 65	<i>dofetilide</i>	50
CYCLOSET	80	<i>desoximetasone</i>	65	<i>dolishale</i>	99
<i>cyclosporine</i>	17, 105	<i>desvenlafaxine succinate</i>	44	<i>donepezil</i>	30
<i>cyclosporine modified</i>	17	<i>dexamethasone</i>	69	<i>dorzolamide</i>	107
<i>cyproheptadine</i>	108	<i>dexamethasone sodium</i> <i>phosphate</i>	107	<i>dorzolamide-timolol</i>	107
CYRAMZA	17	DEXCOM G6 RECEIVER ..	71	<i>dotti</i>	96
<i>cyred</i>	99	DEXCOM G6 SENSOR	71	DOVATO	4
<i>cyred eq</i>	99	DEXCOM G6 TRANSMITTER	71	<i>doxazosin</i>	52
<i>cytarabine</i>	17	DEXCOM G7 15 DAY SENSOR	71	<i>doxepin</i>	44
<i>cytarabine (pf)</i>	17	DEXCOM G7 RECEIVER ..	71	<i>doxercalciferol</i>	79
CYTOGAM	88	DEXCOM G7 SENSOR	71	DOXIL	18
D		<i>dexlansoprazole</i>	86	<i>doxorubicin</i>	18
<i>dacarbazine</i>	17	<i>dexmethyphenidate</i>	44	<i>doxorubicin, peg-liposomal</i> ..	18
<i>dactinomycin</i>	17	<i>dextrazoxane hcl</i>	14	<i>doxycycline hyclate</i>	12
<i>dalbavancin</i>	9	<i>dextroamphetamine sulfate</i> ..	44	<i>doxycycline monohydrate</i>	12
<i>dalfampridine</i>	30	<i>dextroamphetamine-</i> <i>amphetamine</i>	44	<i>dronabinol</i>	83
DALVANCE	9	<i>dialyvite 800</i>	115	<i>droperidol</i>	83
<i>danazol</i>	79	DIATRUE PLUS BLOOD GLUCOSE MET	71	<i>drospirenone-e.estradiol-lm,fa</i>	99
<i>dantrolene</i>	31	<i>diazepam</i>	44	<i>drospirenone-ethinyl estradiol</i>	99
DANYELZA	17	<i>diazepam intensol</i>	44	DROXIA	18
<i>dapagliflozin</i>	80	DICLOFENAC EPOLAMINE	41	<i>dulcolax (magnesium</i> <i>hydroxide)</i>	83
<i>dapagliflozin-metformin</i>	80	<i>diclofenac potassium</i>	41	<i>duloxetine</i>	44
<i>dapsone</i>	9, 61	<i>diclofenac sodium</i> ..	41, 60, 106	DUPIXENT PEN	60
DAPTACEL (DTAP PEDIATRIC) (PF)	88	<i>dicloxacin</i>	11	DUPIXENT SYRINGE	60
<i>darifenacin</i>	113	<i>dicyclomine</i>	82	<i>duramorph (pf)</i>	32
<i>darunavir</i>	4	<i>diflunisal</i>	41	<i>dutasteride</i>	113
DARZALEX	17	<i>difluprednate</i>	108	E	
DARZALEX FASPRO	17	<i>digoxin</i>	55	<i>e.e.s. 400</i>	8
<i>dasatinib</i>	17	<i>dihydroergotamine</i>	29	EASY STEP BLOOD GLUCOSE METER	71
<i>dasetta 1/35 (28)</i>	99	DILANTIN	26	EASY TOUCH BLULINK GLUC SYST	71
<i>dasetta 7/7/7 (28)</i>	99	DILAUDID (PF)	32	EASY TOUCH GLUCOSE MONITOR	71
<i>daunorubicin</i>	17	<i>diltiazem</i>	52	EASY TOUCH HEALTHPRO SYSTEM	71
<i>daysee</i>	99	<i>dilt-xr</i>	52	EASY TRAK II BLOOD GLUCOSE MTR	71
<i>deblitane</i>	96	<i>dimethyl fumarate</i>	49	EASYMAX NG	71
<i>decitabine</i>	17	DIPENTUM	83	EASYMAX T1	71
DECNUPAZ	17	<i>diphenhydramine hcl</i>	108		
<i>deferiprone</i>	67	<i>diphenoxylate-atropine</i>	82		
DEFITELIO	56	<i>dipyridamole</i>	56		
<i>demeclocycline</i>	12				
DEMEROL	32				
DEMEROL (PF)	32				
DEPO-TESTOSTERONE	79				

EASYMAX V SPEAKING		
GLUCOSE SYS	71	
<i>econazole nitrate</i>	63	
<i>econtra ez</i>	100	
<i>econtra one-step</i>	100	
<i>ecotrin low strength</i>	41	
EDURANT	4	
<i>efavirenz</i>	4	
<i>efavirenz-emtricitabin-tenofov4</i>		
<i>efavirenz-lamivu-tenofov disop</i>	4	
ELAHERE	18	
ELAPRASE	79	
<i>electrolyte-148</i>	115	
ELELYSO	79	
ELEMENT COMPACT		
GLUCOSE METER	71	
ELEMENT COMPACT V		
GLUCOSE MTR	72	
ELEMENT PLUS BLOOD		
GLUCOSE KIT	72	
<i>eletriptan</i>	29	
<i>elimest</i>	100	
ELIQUIS	56	
ELIQUIS DVT-PE TREAT		
30D START	56	
ELITEK	14	
ELLA	100	
ELLENCE	18	
ELMIRON	113	
<i>eltrombopag olamine</i>	56	
<i>eluryng</i>	97	
ELZONRIS	18	
EMBRACE BLOOD		
GLUCOSE SYSTEM	72	
EMBRACE PRO GLUCOSE		
METER	72	
EMBRACE TALK BLOOD		
GLUCOSE SYS	72	
EMBRACE WAVE PLUS		
GLUCOSE MTR	72	
EMGALITY PEN	29	
EMGALITY SYRINGE	29	
EMPLICITI	18	
EMSAM	45	
<i>emtricitabine</i>	4	
<i>emtricitabine-tenofovir (tdf)</i> ...	4	
EMTRIVA	4	
<i>enalapril maleate</i>	52	
<i>enalapril-hydrochlorothiazide</i>	52	
ENBREL	94	
ENBREL MINI	94	
ENBREL SURECLICK	94	
<i>endocet</i>	32	
ENERGIX-B (PF)	88	
ENERGIX-B PEDIATRIC		
(PF)	89	
ENHERTU	18	
<i>enilloring</i>	97	
ENOBY	93	
<i>enoxaparin</i>	56	
<i>enpresse</i>	100	
<i>enskyce</i>	100	
<i>entacapone</i>	28	
<i>entecavir</i>	4	
ENTYVIO	84	
<i>enulose</i>	84	
<i>epinastine</i>	106	
<i>epinephrine</i>	109	
EPINEPHRINE	109	
EPIOXA	106	
<i>epirubicin</i>	18	
<i>eplerenone</i>	52	
ERAXIS(WATER DILUENT)		
.....	3	
ERBITUX	18	
<i>ergocalciferol (vitamin d2)</i> .	115	
<i>ergoloid</i>	45	
ERGOMAR	29	
<i>ergotamine-caffeine</i>	29	
<i>eribulin</i>	18	
ERIVEDGE	18	
<i>erlotinib</i>	18	
<i>errin</i>	96	
ERTACZO	63	
<i>ertapenem</i>	9	
<i>ery pads</i>	61	
<i>ery-tab</i>	8	
<i>erythrocine (as stearate)</i>	8	
<i>erythromycin</i>	8, 104	
<i>erythromycin ethylsuccinate</i> ...	8	
<i>erythromycin with ethanol</i> ...	61	
<i>erythromycin-benzoyl peroxide</i>	61	
<i>escitalopram oxalate</i>	45	
<i>esomeprazole magnesium</i>	86	
<i>estarylla</i>	100	
<i>estazolam</i>	45	
<i>estradiol</i>	96	
ESTRING	96	
<i>eszopiclone</i>	45	
<i>ethacrynic acid</i>	52	
<i>ethambutol</i>	9	
<i>ethosuximide</i>	26, 27	
ETHYOL	14	
<i>etodolac</i>	41	
<i>etonogestrel-ethinyl estradiol</i>	97	
ETOPOPHOS	18	
<i>etoposide</i>	18	
<i>etravirine</i>	4, 5	
EVDI	18	
EVENCARE G2	72	
EVENCARE G3 GLUCOSE		
METER	72	
EVENCARE MINI		
MONITOR SYSTEM	72	
<i>everolimus (antineoplastic)</i> .	18, 19	
EVOLUTION BLOOD		
GLUCOSE METER	72	
EVOTAZ	5	
<i>exemestane</i>	19	
EXPAREL (PF)	62	
EYLEA	106	
EYLEA HD	106	
EZ SMART PLUS SYSTEM		
.....	72	
EZ SMART SYSTEM	72	
<i>ezetimibe</i>	58	
F		
<i>falmina (28)</i>	100	
<i>famciclovir</i>	5	
<i>famotidine</i>	86	
FANAPT	45	
FANAPT TITRATION PACK		
A	45	
FANAPT TITRATION PACK		
B	45	
FANAPT TITRATION PACK		
C	45	
FASLODEX	19	
FAVLYXA	19	
FC2 FEMALE CONDOM ...	96	
<i>febuxostat</i>	93	
<i>feirza</i>	100	

<i>felbamate</i>	27	FLUMIST HOME 2026-2027	89	FORACARE GD20 GLUCOSE METER	72
<i>felodipine</i>	52	<i>flunisolide</i>	110	FORACARE GD40B GLUCOSE METER	72
FEMCAP	96	<i>fluocinolone</i>	65	<i>formoterol fumarate</i>	111
<i>fenofibrate</i>	58	<i>fluocinolone acetonide oil</i>	69	FOSAMAX PLUS D	93
<i>fenofibrate micronized</i>	58	<i>fluocinolone and shower cap</i> 65		<i>fosaprepitant</i>	84
<i>fenofibrate nanocrystallized</i>	58	<i>fluocinonide</i>	65	<i>foscarnet</i>	5
<i>fenofibric acid</i>	58	<i>fluocinonide-e</i>	65	FOSCAVIR	5
<i>fenofibric acid (choline)</i>	58	<i>fluoride (sodium)</i>	115	<i>fosfomycin tromethamine</i>	13
<i>fenopropfen</i>	41	<i>fluorometholone</i>	108	<i>fosinopril</i>	52
<i>fentanyl</i>	34	<i>fluorouracil</i>	19, 60	<i>fosinopril-hydrochlorothiazide</i>	53
<i>fentanyl (pf)-bupivacaine-nacl</i>	33	<i>fluoxetine</i>	45	FRAGMIN	56
FENTANYL (PF)- BUPIVACAINE-NACL... 33		<i>fluphenazine decanoate</i>	45	FREESTYLE FREEDOM... 72	
<i>fentanyl citrate (pf)</i>	33	<i>fluphenazine hcl</i>	45	FREESTYLE FREEDOM LITE	72
FENTANYL CITRATE (PF)	33	<i>flurandrenolide</i>	65	FREESTYLE INSULINX ... 72	
<i>fentanyl citrate (pf)-0.9%nacl</i>	33, 34	<i>flurbiprofen</i>	41	FREESTYLE INSULINX TEST STRIPS	72
FENTANYL CITRATE (PF)- 0.9%NACL	33, 34	<i>flurbiprofen sodium</i>	106	FREESTYLE LIBRE 14 DAY READER	72
<i>fentanyl-ropivacaine-nacl (pf)</i>	34	<i>fluticasone propionate</i> .. 65, 111		FREESTYLE LIBRE 14 DAY SENSOR	72
FENTANYL- ROPIVACAINE-NACL (PF)	34	FLUTICASONE PROPIONATE	110, 111	FREESTYLE LIBRE 2 PLUS SENSOR	73
<i>ferric carboxymaltose</i>	115	<i>fluticasone propion-salmeterol</i>	111	FREESTYLE LIBRE 2 READER	73
FESILTY	56	FLUTICASONE PROPION- SALMETEROL	111	FREESTYLE LIBRE 2 SENSOR	73
<i>fesoterodine</i>	113	<i>fluvastatin</i>	58	FREESTYLE LIBRE 3 PLUS SENSOR	73
<i>fidaxomicin</i>	8	<i>fluvoxamine</i>	45	FREESTYLE LIBRE 3 READER	73
<i>finasteride</i>	113	FLUZONE 2026-2027	89	FREESTYLE LIBRE 3 SENSOR	73
<i>finzala</i>	100	FLUZONE 2026-2027 (PF) ..	89	FREESTYLE LITE METER 73	
FIRMAGON KIT W DILUENT SYRINGE	19	FLUZONE HIGH-DOSE 2026-27 (PF)	89	FREESTYLE LITE STRIPS 73	
<i>flavoxate</i>	113	FOCINVEZ	84	FREESTYLE PRECISION NEO METER	73
<i>flecainide</i>	50	<i>folic acid</i>	115	FREESTYLE PRECISION NEO STRIPS	73
<i>floxuridine</i>	19	FOLOTYN	19	FREESTYLE TEST	73
FLUAD 2026-2027 (65 YR UP)(PF)	89	<i>foltabs 800</i>	115	<i>frovatriptan</i>	29
FLUARIX 2026-2027 (PF) ..	89	<i>fondaparinux</i>	56	<i>full spectrum b-vitamin c</i>	115
FLUBLOK 2026-2027 (PF) ..	89	FONDCIRCLE BLOOD GLUCOSE MONTR	72	<i>furosemide</i>	53
FLUCELVAX 2026-2027 (PF)	89	FORA G20	72	<i>fyavolv</i>	96
<i>fluconazole</i>	3	FORA G30A	72	G <i>g tussin ac</i>	109
<i>fludarabine</i>	19	FORA GD50 BLOOD GLUCOSE SYSTEM	72		
<i>fludrocortisone</i>	69	FORA PREMIUM V10 GLUCOSE METER	72		
FLULAVAL 2026-2027 (PF)	89	FORA TEST N'GO VOICE METER	72		
FLUMIST 2026-2027	89	FORA TN'G VOICE METER	72		
		FORA V12 BLOOD GLUCOSE SYSTEM	72		

<i>gabapentin</i>	27	GLUCOCARD SHINE XL		HUMALOG KWIKPEN	
<i>galantamine</i>	30	METER	73	INSULIN	76
GARDASIL 9 (PF)	89	GLUCOCARD VITAL	73	HUMALOG MIX 50-50	
<i>gavilyte-c</i>	84	GLUCOCOM BLOOD		KWIKPEN.....	76
<i>gavilyte-g</i>	84	GLUCOSE.....	73	HUMALOG MIX 75-25	
<i>gavilyte-n</i>	84	<i>glyburide</i>	81	KWIKPEN.....	76
GAZYVA.....	19	<i>glyburide-metformin</i>	81	HUMALOG MIX 75-25(U-	
GE100 BLOOD GLUCOSE		<i>glycopyrrolate</i>	83	100)INSULN	76
SYSTEM.....	73	GM100.....	73	HUMALOG U-100 INSULIN	
GE333 BLOOD GLUCOSE		<i>granisetron hcl</i>	84	.....	76
SYSTEM.....	73	<i>griseofulvin microsize</i>	3	HUMULIN 70/30 U-100	
<i>gemcitabine</i>	19	<i>griseofulvin ultramicrosize</i>	3	INSULIN	76
<i>gemfibrozil</i>	58	<i>guanfacine</i>	46, 53	HUMULIN 70/30 U-100	
<i>gemmily</i>	100	GUARDIAN 4 GLUCOSE		KWIKPEN.....	77
<i>generlac</i>	84	SENSOR.....	73	HUMULIN N NPH INSULIN	
<i>gengraf</i>	19	GUARDIAN 4		KWIKPEN.....	77
<i>gentamicin</i>	9, 104	TRANSMITTER	73	HUMULIN N NPH U-100	
<i>gentamicin in nacl (iso-osm)</i> ..	9	GUARDIAN SENSOR 3	73	INSULIN	77
GENTAMICIN IN NACL		GYNAZOLE-1	97	HUMULIN R REGULAR U-	
(ISO-OSM).....	9	H		100 INSULN	77
<i>gentamicin sulfate (ped) (pf)</i> ..	9	<i>hailey</i>	100	HUMULIN R U-500 (CONC)	
GENVOYA	5	<i>hailey 24 fe</i>	100	KWIKPEN.....	77
GIAPREZA	58	<i>hailey fe 1.5/30 (28)</i>	100	HYCANTIN.....	19
GILOTRIF.....	19	<i>hailey fe 1/20 (28)</i>	100	<i>hydralazine</i>	53
GLASSIA	67	HALAVEN.....	19	<i>hydrochlorothiazide</i>	53
<i>glatiramer</i>	49	<i>halcinonide</i>	65	<i>hydrocodone bitartrate</i>	35
<i>glatopa</i>	49	<i>halobetasol propionate</i>	65	<i>hydrocodone-acetaminophen</i>	35
GLEOSTINE.....	19	<i>haloperidol</i>	46	<i>hydrocodone-</i>	
<i>glimepiride</i>	80	<i>haloperidol lactate</i>	46	<i>chlorpheniramine</i>	109
<i>glipizide</i>	80, 81	HAVRIX (PF)	89	<i>hydrocodone-ibuprofen</i>	35
GLIPIZIDE.....	81	HEALTHPRO GLUCOSE		<i>hydrocortisone</i>	65, 66, 69, 84
<i>glipizide-metformin</i>	81	MONITOR	73	<i>hydrocortisone acetate</i>	84
GLUCAGON (HCL)		<i>heather</i>	96	<i>hydrocortisone butyrate</i>	65
EMERGENCY KIT	76	HEPAGAM B.....	90	<i>hydrocortisone valerate</i>	66
<i>glucagon emergency kit</i>		<i>heparin (porcine)</i>	57	<i>hydrocortisone-acetic acid</i> ...	69
(human)	76	HEPARIN (PORCINE) IN		<i>hydrocortisone-pramoxine</i> ...	84
GLUCAGON HCL	75	0.9% NACL.....	56	<i>hydromorphone</i>	36
GLUCO NAVII GLUCOSE		<i>heparin (porcine) in 5 % dex</i>	56	HYDROMORPHONE	36
MONITOR	73	<i>heparin (porcine) in nacl (pf)</i>		<i>hydromorphone (pf)</i>	35
GLUCOCARD 01 METER .	73	.....	57	HYDROMORPHONE (PF) .	35
GLUCOCARD EXPRESSION		<i>heparin(porcine) in 0.45% nacl</i>		HYDROMORPHONE (PF) IN	
.....	73	.....	57	WATER.....	35
GLUCOCARD SHINE		HEPLISAV-B (PF).....	90	<i>hydromorphone (pf)-0.9 %</i>	
CONNEX METER.....	73	HEPZATO (50 MM		<i>nacl</i>	35, 36
GLUCOCARD SHINE		CATHETER).....	19	HYDROMORPHONE (PF)-	
EXPRESS METER	73	HIBERIX (PF).....	90	0.9 % NACL.....	35, 36
GLUCOCARD SHINE		HORIZANT.....	30	<i>hydromorphone(pf)-nacl,iso-</i>	
METER	73	HUMALOG JUNIOR		<i>osm</i>	36, 37
		KWIKPEN U-100	76		

HYDROMORPHONE(PF)- NACL,ISO-OSM.....	36, 37	<i>ipratropium bromide</i>	68, 111	KEPIVANCE	14
<i>hydroxychloroquine</i>	9	<i>ipratropium-albuterol</i>	111	<i>ketoconazole</i>	3, 63
<i>hydroxyurea</i>	19	<i>irbesartan</i>	53	<i>ketodan</i>	63
<i>hydroxyzine hcl</i>	109	<i>irbesartan-hydrochlorothiazide</i>	53	<i>ketoprofen</i>	41
<i>hydroxyzine pamoate</i>	109	<i>irinotecan</i>	20	<i>ketorolac</i>	41, 106
HYLENEX.....	67	<i>iron sucrose</i>	116	KEYTRUDA	21
HYQVIA	90	ISEMBYLD.....	30	KIMMTRAK.....	21
I		ISENTRESS	5	KIMYRSA.....	9
<i>ibandronate</i>	93	<i>isibloom</i>	100	KINRIX (PF)	90
IBRANCE	20	ISOLYTE S PH 7.4.....	115	<i>klayesta</i>	63
<i>ibu</i>	41	ISOLYTE-S.....	115	<i>klor-con 10</i>	114
<i>ibuprofen</i>	41	<i>isoniazid</i>	9	<i>klor-con 8</i>	114
<i>iclevia</i>	100	<i>isosorbide dinitrate</i>	59	<i>klor-con m10</i>	114
ICLUSIG	20	<i>isosorbide mononitrate</i>	59	<i>klor-con m15</i>	114
IDAMYCIN PFS.....	20	<i>isradipine</i>	53	<i>klor-con m20</i>	114
<i>idarubicin</i>	20	ISTODAX	20	KLOXXADO	42
IFEX.....	20	<i>itraconazole</i>	3	<i>kobee</i>	116
<i>ifosfamide</i>	20	<i>ivermectin</i>	9, 61	<i>kourzeq</i>	68
IHEALTH GLUCO PLUS METER	73	IVRA	20	KRYSTEXXA.....	93
ILUVIEN.....	108	IXEMPRA	21	<i>kurvelo (28)</i>	101
<i>imatinib</i>	20	IXIARO (PF).....	90	KYMRIAH.....	21
IMBRUVICA.....	20	J		KYPROLIS.....	21
IMFINZI.....	20	<i>jaimiess</i>	100	KYXATA	21
<i>imipramine hcl</i>	46	JAKAFI	21	L	
<i>imiquimod</i>	60	JARDIANCE.....	81	<i>labetalol</i>	53
IMJUDO.....	20	<i>jasmiel (28)</i>	100	<i>lacosamide</i>	27
IMLYGIC.....	20	<i>javygtor</i>	79	<i>lactulose</i>	84
IMOVAX RABIES VACCINE (PF).....	90	JELMYTO.....	21	LAGEVRIO (EUA).....	5
<i>incassia</i>	96	<i>jencycla</i>	96	<i>lamivudine</i>	5
<i>indapamide</i>	53	JEVTANA	21	<i>lamivudine-zidovudine</i>	5
<i>indomethacin</i>	41	<i>jinteli</i>	96	<i>lamotrigine</i>	27
INFANRIX (DTAP) (PF)	90	<i>jolessa</i>	100	LANCETS	76
INFINITY STARTER KIT ..	73	<i>joyeaux</i>	100	<i>lanreotide</i>	21
INFLECTRA.....	84	JUBBONTI.....	93	<i>lanthanum</i>	114
INFLIXIMAB	84	<i>juleber</i>	100	LANTUS SOLOSTAR U-100 INSULIN	77
INFUMORPH P/F.....	37	<i>junel 1.5/30 (21)</i>	100	LANTUS U-100 INSULIN ..	77
INJECTAFER	116	<i>junel 1/20 (21)</i>	100	<i>lapatinib</i>	21
INLYTA	20	<i>junel fe 1.5/30 (28)</i>	100	<i>larin 1.5/30 (21)</i>	101
INSULIN LISPRO	77	<i>junel fe 1/20 (28)</i>	100	<i>larin 1/20 (21)</i>	101
INSULIN LISPRO PROTAMIN-LISPRO	77	<i>junel fe 24</i>	101	<i>larin 24 fe</i>	101
INSULIN SYRINGE- NEEDLE U-100	75, 76	K		<i>larin fe 1.5/30 (28)</i>	101
INTELENCE	5	KADCYLA	21	<i>larin fe 1/20 (28)</i>	101
<i>introvale</i>	100	<i>kaitlib fe</i>	101	<i>latanoprost</i>	107
IPOL	90	<i>kalliga</i>	101	LEDIPASVIR-SOFOSBUVIR	5
		<i>kariva (28)</i>	101	<i>leflunomide</i>	94
		<i>kelnor 1/35 (28)</i>	101	LEMTRADA.....	49
		<i>kemoplat</i>	21	<i>lenalidomide</i>	21
		KENGREAL	57		

LEQEMBI	30	LOTEMAX	108	<i>meropenem</i>	9
<i>lessina</i>	101	<i>loteprednol etabonate</i>	108	MEROPENEM-0.9% SODIUM CHLORIDE	9
<i>letrozole</i>	21	<i>lovastatin</i>	58	<i>mesalamine</i>	84
<i>leucovorin calcium</i>	14	<i>low-ogestrel (28)</i>	101	<i>mesalamine with cleansing</i> wipe	84
LEUKERAN	21	<i>loxapine succinate</i>	46	<i>mesna</i>	14
<i>leuprolide</i>	21	<i>lo-zumandimine (28)</i>	101	MESNEX	14
<i>levallbuterol hcl</i>	111	<i>lubiprostone</i>	84	<i>metaxalone</i>	31
LEVALBUTEROL TARTRATE	111	<i>ludent fluoride</i>	116	<i>metformin</i>	81
<i>levetiracetam</i>	27	LUMIGAN	107	<i>methadone</i>	37
<i>levobunolol</i>	105	LUMIZYME	79	METHADONE IN 0.9 % SOD.CHLORID	37
<i>levocarnitine</i>	67	LUMVOA	79	<i>methadose</i>	37
<i>levocarnitine (with sugar)</i>	67	LUNSUMIO	21	<i>methazolamide</i>	106
<i>levofloxacin</i>	12	LUNSUMIO VELO	21	<i>methenamine hippurate</i>	13
<i>levoleucovorin calcium</i>	14	<i>lurasidone</i>	46	<i>methimazole</i>	70
<i>levonest (28)</i>	101	<i>luter (28)</i>	101	<i>methocarbamol</i>	31
<i>levonorgestrel</i>	101	<i>lyleq</i>	96	<i>methotrexate sodium</i>	22
<i>levonorgestrel-ethinyl estrad</i>	101	<i>lyllana</i>	97	<i>methotrexate sodium (pf)</i>	22
<i>levonorg-eth estrad triphasic</i>	101	LYMPHIR	21	<i>methoxsalen</i>	60
<i>levorphanol tartrate</i>	37	LYNOZYFIC	21	<i>methscopolamine</i>	83
<i>levo-t</i>	82	LYNPARZA	22	<i>methsuximide</i>	27
<i>levothyroxine</i>	82	LYSODREN	22	<i>methyldopa</i>	53
LEVOTHYROXINE	82	<i>lyza</i>	97	<i>methylene blue (antidote)</i>	66
<i>levoxyl</i>	82	M		<i>methylphenidate hcl</i>	46, 47
<i>lidocaine</i>	62	<i>magnesium citrate</i>	84	<i>methylprednisolone</i>	69
<i>lidocaine (pf)</i>	50, 62	<i>malathion</i>	66	<i>metoclopramide hcl</i>	84
<i>lidocaine hcl</i>	62	<i>maraviroc</i>	5	<i>metolazone</i>	53
<i>lidocaine-epinephrine</i>	62	<i>marlissa (28)</i>	101	<i>metoprolol succinate</i>	53
<i>lidocaine-epinephrine (pf)</i>	62	MARPLAN	46	<i>metoprolol ta-hydrochlorothiaz</i>	53
<i>lidocaine-prilocaine</i>	62	MATULANE	22	<i>metoprolol tartrate</i>	54
<i>linezolid</i>	9	<i>matzim la</i>	53	<i>metronidazole</i> .9, 10, 61, 62, 97	
<i>liothyronine</i>	82	<i>maxi-tuss ac</i>	109	<i>mexiletine</i>	50
<i>liraglutide</i>	81	<i>meclizine</i>	84	MFLUSIVA 2026-2027 (PF)	90
<i>lisdexamfetamine</i>	46	<i>meclofenamate</i>	42	<i>mibelas 24 fe</i>	101
<i>lisinopril</i>	53	<i>medroxyprogesterone</i>	97	<i>miconazole-3</i>	98
<i>lisinopril-hydrochlorothiazide</i>	53	<i>mefenamic acid</i>	42	MICRODOT BLOOD GLUCOSE SYSTEM	73
<i>lithium carbonate</i>	46	<i>mefloquine</i>	9	<i>microgestin 1.5/30 (21)</i>	101
<i>lithium citrate</i>	46	<i>megestrol</i>	22	<i>microgestin 1/20 (21)</i>	101
LOARGYS	67	MEKINIST	22	<i>microgestin fe 1.5/30 (28)</i> ...	102
<i>lojaimiess</i>	101	<i>meloxicam</i>	42	<i>microgestin fe 1/20 (28)</i>	102
<i>lopinavir-ritonavir</i>	5	<i>melphalan hcl</i>	22	<i>midazolam</i>	47
<i>lorazepam</i>	46	<i>memantine</i>	30	MIDAZOLAM (PF) IN 0.9 % NACL	47
<i>loryna (28)</i>	101	MEMANTINE	30		
<i>losartan</i>	53	MENQUADFI (PF)	90		
<i>losartan-hydrochlorothiazide</i>	53	MENVEO A-C-Y-W-135-DIP (PF)	90		
		<i>meperidine</i>	37		
		<i>meperidine (pf)</i>	37		
		<i>meprobamate</i>	31		
		<i>mercaptopurine</i>	22		

MIDAZOLAM IN 0.9 % SOD CHLORID	47	MORPHINE IN 0.9 % SODIUM CHLOR.....	38, 39	NEUPOGEN.....	87
MIDAZOLAM IN NACL, ISO-OSMOTIC	47	MOTOFEN.....	83	NEVANAC.....	106
MIDAZOLAM IN NACL,ISO- OSMO(PF)	47	MOXIFLOXACIN.....	104	<i>nevirapine</i>	5
<i>midodrine</i>	67	MOXIFLOXACIN- SOD.ACE,SUL-WATER.12		<i>new day</i>	102
<i>migergot</i>	29	MRESVIA (PF).....	91	NEXTERONE	51
<i>miglustat</i>	79	MULTAQ.....	50	<i>niacin</i>	58
<i>mili</i>	102	<i>multi-vitamin with fluoride</i> .116		<i>nicardipine</i>	54
<i>milk of magnesia</i>	85	<i>mupirocin</i>	63	<i>nicorette</i>	68
<i>milk of magnesia concentrated</i>	85	<i>mvc-fluoride</i>	116	NICORETTE.....	68
<i>milnacipran</i>	94	<i>my choice</i>	102	<i>nicotine</i>	68
<i>mimvey</i>	97	<i>my way</i>	102	<i>nicotine (polacrilex)</i>	68
MINIMED APP MANAGER	74	MYALEPT	79	NICOTROL NS.....	68
MINIMED INSTINCT SENSOR	74	<i>mycophenolate mofetil</i>	22	<i>nifedipine</i>	54
MINOCIN	12	<i>mycophenolate sodium</i>	22	<i>nikki (28)</i>	102
<i>minocycline</i>	12, 13	MYGLUCOHEALTH.....	74	<i>nilotinib hcl</i>	22
<i>minoxidil</i>	54	MYLERAN	22	<i>nilutamide</i>	22
<i>mirabegron</i>	113	N		<i>nimodipine</i>	54
MIRCERA.....	87	<i>nabumetone</i>	42	<i>nintedanib</i>	112
<i>mirtazapine</i>	47	<i>nadolol</i>	54	NIPENT	22
<i>misoprostol</i>	86	<i>nafcillin in dextrose iso-osm</i> .11		<i>nisoldipine</i>	54
MITIGO (PF)	37	<i>naftifine</i>	63	<i>nitazoxanide</i>	10
<i>mitomycin</i>	22	NAGLAZYME.....	79	<i>nitro-bid</i>	59
<i>mitoxantrone</i>	22	<i>nalbuphine</i>	42	<i>nitrofurantoin macrocrystal</i> .13	
M-M-R II (PF).....	90	<i>naloxone</i>	42	<i>nitrofurantoin monohyd/m-</i> <i>cryst</i>	13
MNEXSPIKE 2026-2027 (PF)	90	<i>naltrexone</i>	42	<i>nitroglycerin</i>	59, 85
<i>modafinil</i>	47	<i>naproxen</i>	42	<i>nizatidine</i>	86
<i>moexipril</i>	54	<i>naproxen sodium</i>	42	<i>nora-be</i>	97
<i>mometasone</i>	66	<i>naratriptan</i>	29	<i>norelgestromin-ethin.estradiol</i>	98
<i>mono-lynyah</i>	102	NATACYN	104	<i>norethindrone (contraceptive)</i>	97
<i>montelukast</i>	111, 112	<i>nebivolol</i>	54	<i>norethindrone acetate</i>	97
<i>morphine</i>	39	<i>necon 0.5/35 (28)</i>	102	<i>norethindrone ac-eth estradiol</i>	97, 102
MORPHINE.....	39	<i>nefazodone</i>	47	<i>norethindrone-e.estradiol-iron</i>	102
<i>morphine (pf)</i>	38	<i>nelarabine</i>	22	<i>norgestimate-ethinyl estradiol</i>	102
MORPHINE (PF).....	38	<i>neomycin</i>	10	NORMOSOL-R.....	114
<i>morphine (pf) in 0.9 % sod chl</i>	38	<i>neomycin-bacitracin-poly-hc</i>	107	NORMOSOL-R PH 7.4.....	115
MORPHINE (PF) IN 0.9 % SOD CHL.....	38	<i>neomycin-bacitracin-</i> <i>polymyxin</i>	105	<i>nortrel 0.5/35 (28)</i>	102
<i>morphine concentrate</i>	38	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	107	<i>nortrel 1/35 (21)</i>	102
<i>morphine in 0.9 % sodium</i> <i>chlor</i>	39	<i>neomycin-polymyxin-</i> <i>gramicidin</i>	105	<i>nortrel 1/35 (28)</i>	102
		<i>neomycin-polymyxin-hc</i> 69, 107		<i>nortrel 7/7/7 (28)</i>	102
		<i>neostigmine methylsulfate</i>	31	<i>nortriptyline</i>	47
		NEOSTIGMINE		NOVOLIN 70-30 FLEXPEN U-100.....	77
		METHYLSULFATE.....	31	NOVOLIN N FLEXPEN	77
		NEULASTA.....	87		

NOVOLIN R FLEXPEN	77	<i>opcicon one-step</i>	102	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	85
NOVOLOG FLEXPEN U-100 INSULIN	77	OPDIVO	23	PEGASYS	88
NOVOLOG MIX 70-30 U-100 INSULN	78	OPDIVO QVANTIG.....	23	<i>peg-electrolyte soln</i>	85
NOVOLOG MIX 70- 30FLEXPEN U-100	78	OPDUALAG	23	<i>pemetrexed disodium</i>	23
NOVOLOG PENFILL U-100 INSULIN	78	<i>option-2</i>	102	PEMETREXED DISODIUM	23
NOVOLOG U-100 INSULIN ASPART	78	ORBACTIV.....	10	PEMRYDI RTU	23
NUCYNTA	42	ORENCIA	95	PEN NEEDLE	76
NULIBRY	30	ORENCIA (WITH MALTOSE).....	95	PENBRAYA (PF)	91
NUVAXOVID 2026-2027 (PF).....	91	ORENCIA CLICKJECT	95	<i>penicillamine</i>	95
<i>nylia 1/35 (28)</i>	102	<i>orphenadrine citrate</i>	31	PENICILLIN G POT IN DEXTROSE	11
<i>nylia 7/7/7 (28)</i>	102	<i>oseltamivir</i>	5	<i>penicillin g sodium</i>	11
<i>nystatin</i>	3, 63	OSENVELT	14	<i>penicillin v potassium</i>	11
<i>nystatin-triamcinolone</i>	63	OSPOMYV	93	PENMENVY MEN A-B-C-W- Y (PF)	91
<i>nystop</i>	63	OTEZLA	95	PENTACEL (PF).....	91
O		OTEZLA STARTER.....	95	<i>pentamidine</i>	10
<i>ocella</i>	102	OTEZLA XR.....	95	<i>pentazocine-naloxone</i>	42
OCREVUS	49	OTEZLA XR INITIATION	95	<i>pentoxifylline</i>	57
OCREVUS ZUNOVO	49	<i>oxaliplatin</i>	23	<i>perindopril erbumine</i>	54
<i>octreotide acetate</i>	22	<i>oxaprozin</i>	42	<i>perio gard</i>	68
<i>octreotide,microspheres</i>	22	<i>oxcarbazepine</i>	27	PERJETA	23
OFEV	112	<i>oxiconazole</i>	63	<i>permethrin</i>	66
<i>ofloxacin</i>	12, 69, 105	OXISTAT	64	<i>perphenazine</i>	48
<i>olanzapine</i>	47	OXLUMO	113	PHARMACIST CHOICE GLUCOSE SYS	74
<i>olmesartan</i>	54	<i>oxybutynin chloride</i>	113	<i>phenelzine</i>	48
<i>olopatadine</i>	68	<i>oxycodone</i>	39	<i>phenobarbital</i>	27
<i>omega-3 acid ethyl esters</i>	58	OXYCODONE.....	40	<i>phenoxybenzamine</i>	54
<i>omeprazole</i>	86	<i>oxycodone-acetaminophen</i>	40	<i>phenytoin</i>	27
OMIDRIA	106	<i>oxymorphone</i>	40	<i>phenytoin sodium extended</i>	27
OMNARIS	112	OZEMPIC	81	PHESGO.....	23
OMNITROPE.....	87	P		<i>philit</i>	102
ON CALL EXPRESS METER	74	<i>pacerone</i>	51	PHOSPHOLINE IODIDE	105
ONCASPAR	23	<i>paclitaxel</i>	23	PHOTOFRIN.....	23
<i>ondansetron</i>	85	<i>paclitaxel protein-bound</i>	23	<i>pilocarpine hcl</i>	69, 105
<i>ondansetron hcl</i>	85	<i>paliperidone</i>	47	<i>pimecrolimus</i>	60
ONETOUCH ULTRA2 METER	74	<i>palonosetron</i>	85	<i>pimozide</i>	48
ONETOUCH VERIO FLEX METER	74	<i>pamidronate</i>	79	<i>pimtrea (28)</i>	102
ONETOUCH VERIO REFLECT METER.....	74	<i>pantoprazole</i>	86	<i>pioglitazone</i>	81
ONIVYDE.....	23	<i>paricalcitol</i>	79	PIP BLOOD GLUCOSE MONITOR	74
ONPATRO.....	30	<i>paroex oral rinse</i>	68	<i>piperacillin-tazobactam</i>	11
		<i>paroxetine hcl</i>	47	PIPERACILLIN- TAZOBACTAM	11
		PASATRU.....	67	<i>piroxicam</i>	42
		PAXLOVID.....	5	PLASMA-LYTE A	115
		<i>pazopanib</i>	23		
		PAZOPANIB.....	23		
		PEDIARIX (PF)	91		
		PEDMARK	67		
		PEDVAX HIB (PF).....	91		
		<i>peg 3350-electrolytes</i>	85		

PLEGRIDY	50	<i>prenatal vit no.179-iron-folic</i>	116	<i>pyrazinamide</i>	10
PLENVU	85	<i>prenatal vitamin</i>	116	<i>pyridostigmine bromide</i>	31
PNEUMOVAX-23	91	<i>prenatal vitamin with minerals</i>	116	Q	
<i>podofilox</i>	60	<i>prenatal-u</i>	116	QUADRACEL (PF)	91
<i>polymyxin b sulfate</i>	10	PRETOMANID.....	10	<i>quetiapine</i>	48
<i>polymyxin b sulf-trimethoprim</i>	105	<i>prevalite</i>	58	QUETIAPINE	48
<i>pomalidomide</i>	23	PREVNAR 20 (PF)	91	<i>quinapril</i>	54
POMALYST	23	PREZISTA	5	<i>quinapril-hydrochlorothiazide</i>	54
<i>portia 28</i>	102	PRIFTIN.....	10	<i>quinidine sulfate</i>	51
<i>posaconazole</i>	3	<i>primaquine</i>	10	<i>quinine sulfate</i>	10
<i>potassium chloride</i>	114	<i>primidone</i>	28	QUINTET BLOOD	
<i>potassium citrate</i>	113	PRIORIX (PF).....	91	GLUCOSE METER	74
<i>pralatrexate</i>	24	PRO VOICE V9 GLUCOSE		<i>quit 2</i>	68
<i>pramipexole</i>	28	MONITOR	74	<i>quit 4</i>	68
<i>prasugrel hcl</i>	57	<i>probenecid</i>	93	R	
<i>pravastatin</i>	58	<i>probenecid-colchicine</i>	93	RABAVERT (PF)	91
PRAXBIND	57	<i>procentra</i>	48	<i>rabeprazole</i>	86
<i>praziquantel</i>	10	<i>prochlorperazine maleate</i>	85	<i>raloxifene</i>	93
<i>prazosin</i>	54	PROCRIT	87	<i>ramelteon</i>	48
PRECISION XTRA		<i>procto-med hc</i>	85	<i>ramipril</i>	54
MONITOR	74	<i>proctosol hc</i>	85	<i>ranolazine</i>	59
<i>prednisolone</i>	69	<i>proctozone-hc</i>	85	RAPIVAB (PF)	5
<i>prednisolone acetate</i>	108	PRODIGY AUTOCODE		<i>rasagiline</i>	29
<i>prednisolone sodium</i>		METER	74	REBIF (WITH ALBUMIN) .50	
<i>phosphate</i>	70	PRODIGY AUTOCODE		REBIF REBIDOSE	50
<i>prednisone</i>	70	MONITOR SYST.....	74	REBIF TITRATION PACK.50	
<i>pregabalin</i>	27, 28	PRODIGY POCKET METER		REBLOZYL	87
PREMARIN	97	.....	74	<i>reclipsen (28)</i>	102
PREMIER BLU GLUCOSE		PRODIGY VOICE GLUCOSE		RECOMBIVAX HB (PF).....	91
METER	74	METER	74	REFUAH PLUS GLUCOSE	
PREMIER CLASSIC		<i>progesterone micronized</i>	97	MONITOR	74
GLUCOSE METER.....	74	PROLEUKIN	87	RELENZA DISKHALER	6
PREMIER COMPACT		PROLIA.....	93	RELION ALL-IN-ONE	
GLUCOSE METER.....	74	PROMACTA.....	57	METER.....	74
PREMIER VOICE GLUCOSE		<i>promethazine</i>	109	RELION CONFIRM	74
METER	74	<i>promethazine-dm</i>	109	RELION MICRO GLUCOSE	
PREMIUM BLOOD		<i>promethegan</i>	109	MONITOR	74
GLUCOSE MONITOR....	74	<i>propafenone</i>	51	RELION NOVOLIN 70/30 ..78	
PREMIUM V10	74	<i>proparacaine</i>	106	RELION NOVOLIN N	78
PREMPHASE	97	<i>propranolol</i>	54	RELION NOVOLIN R.....	78
PREMPRO	97	<i>propylthiouracil</i>	70	RELION PRIME METER....	74
<i>prenatal</i>	116	PROQUAD (PF).....	91	RELISTOR	85
<i>prenatal complete</i>	116	<i>protriptyline</i>	48	REMICADE	85
<i>prenatal multi-dha (algal oil)</i>	116	<i>pruradik</i>	66	<i>rena-vite</i>	116
<i>prenatal multivitamins</i>	116	PULMICORT FLEXHALER		RENFLEXIS.....	85
<i>prenatal one daily</i>	116	.....	112	<i>repaglinide</i>	81
		PULMOZYME.....	112	REPATHA SURECLICK	58
				REPATHA SYRINGE	58

REVEAL BLOOD GLUCOSE METER.....	74	<i>simpesse</i>	103	<i>spironolactone</i>	54
RIABNI.....	24	SIMPLERA SENSOR.....	75	<i>spironolacton-</i> <i>hydrochlorothiaz</i>	54
<i>ribavirin</i>	6	SIMPLERA SYNC SENSOR	75	<i>sprintec</i> (28).....	103
<i>rifabutin</i>	10	SIMPONI.....	95	<i>sps</i> (with sorbitol).....	114, 115
<i>rifampin</i>	10	<i>simvastatin</i>	58	<i>ssd</i>	60
<i>rifapentine</i>	10	<i>sirolimus</i>	24	<i>st joseph aspirin</i>	42
RIGHTEST GM550 SYSTEM	75	SIRTURO.....	10	<i>st. joseph aspirin</i>	42
RIGHTEST GT333 GLUCOSE METER.....	75	<i>sitagliptin phos-metformin</i> ...	81	STELARA.....	60
<i>rilpivirine hcl</i>	6	<i>sitagliptin phosphate</i>	82	STIVARGA.....	24
<i>riluzole</i>	67	SMART BLUETOOTH GLUCOSE MONITR.....	75	STOBOCLO.....	93
<i>rimantadine</i>	6	SMART SENSE MONITORING SYSTEM.....	75	<i>stop smoking aid</i>	68
<i>risedronate</i>	67, 93	SMARTEST EJECT.....	75	<i>stress formula with iron(sulf)</i>	116
<i>risperidone</i>	48	SMARTEST PERSONA STARTER.....	75	STRIBILD.....	6
<i>ritonavir</i>	6	SMARTEST PRONTO STARTER.....	75	SUBLOCADE.....	40
<i>rivaroxaban</i>	57	SMARTEST PROTEGE.....	75	<i>sucralfate</i>	86
<i>rivastigmine tartrate</i>	30	<i>sodium benzoate-sod</i> <i>phenylacet</i>	67	<i>sugammadex</i>	31
<i>rivelsa</i>	103	<i>sodium chloride</i>	67	SUGAMMADEX IN STERILE WATER.....	31
<i>rizatriptan</i>	29	<i>sodium chloride 3 %</i> <i>hypertonic</i>	114	<i>sulfacetamide sodium</i>	108
<i>roflumilast</i>	112	<i>sodium chloride 5 %</i> <i>hypertonic</i>	114	<i>sulfacetamide sodium (acne)</i>	63
<i>romidepsin</i>	24	<i>sodium phenylbutyrate</i>	67	<i>sulfacetamide-prednisolone</i>	108
<i>ropinirole</i>	29	<i>sodium polystyrene sulfonate</i>	114	<i>sulfadiazine</i>	12
<i>rosadan</i>	62	<i>sodium,potassium,mag sulfates</i>	85	<i>sulfamethoxazole-trimethoprim</i>	12
<i>rosuvastatin</i>	58	SOFOSBUVIR- VELPATASVIR.....	6	SULFAMYLON.....	63
<i>rosyrah</i>	103	<i>solifenacin</i>	113	<i>sulfasalazine</i>	85
ROTATEQ VACCINE.....	92	SOLU-CORTEF ACT-O- VIAL (PF).....	70	<i>sulindac</i>	42
<i>rufinamide</i>	28	SOLUS V2 AUDIBLE METER.....	75	<i>sumatriptan succinate</i>	29
RYBREVANT.....	24	SOMATULINE DEPOT.....	24	<i>sunitinib malate</i>	24
RYBREVANT FASPRO.....	24	<i>sorafenib</i>	24	SUNOSI.....	48
S		<i>sotalol</i>	51	<i>super quints</i>	116
SANTYL.....	66	<i>sotalol af</i>	51	SURE-TEST EASYPLUS MINI METER.....	75
<i>sapropterin</i>	79	SPIKEVAX 2026-2027(12Y UP)(PF).....	92	<i>syeda</i>	103
SAVELLA.....	95	SPIKEVAX 2026-27 (6M- 11Y) (PF).....	92	SYLVANT.....	24
<i>scopolamine base</i>	85	<i>spinosad</i>	66	SYNAREL.....	79
<i>selegiline hcl</i>	29	SPIRIVA RESPIMAT.....	112	T	
<i>selenium sulfide</i>	60			TABLOID.....	24
SEREVENT DISKUS.....	112			<i>tacrolimus</i>	24, 60
<i>sertraline</i>	48			<i>tadalafil</i>	113
<i>setlakin</i>	103			TAFINLAR.....	24
<i>sevelamer carbonate</i>	114			<i>tafluprost (pf)</i>	107
<i>sharobel</i>	97			<i>tamoxifen</i>	24
SHINGRIX (PF).....	92			<i>tamsulosin</i>	113
<i>sildenafil (pulm.hypertension)</i>	112			<i>tarina 24 fe</i>	103
<i>silodosin</i>	113			<i>tarina fe 1/20 (28)</i>	103
<i>silver sulfadiazine</i>	60			<i>taron-c dha</i>	116
<i>simliya</i> (28).....	103				

<i>tazarotene</i>	62	<i>tolvaptan</i>	80	<i>tri-vitamin with fluoride</i>	116
TECELRA	24	<i>tolvaptan (polycys kidney dis)</i>	80	<i>tri-vylibra</i>	103
TECENTRIQ	24	<i>topiramate</i>	28	<i>tri-vylibra lo</i>	103
TEFLARO	8	<i>topotecan</i>	25	TRODELVY	25
<i>telmisartan</i>	54	<i>toremifene</i>	25	<i>tropicamide</i>	105
<i>telmisartan-hydrochlorothiazid</i>	55	<i>torsemide</i>	55	<i>tropium</i>	113
<i>temazepam</i>	48	<i>tramadol</i>	42	TRUE METRIX AIR GLUCOSE METER	75
TEMODAR	25	<i>tramadol-acetaminophen</i>	42	TRUE METRIX GLUCOSE METER	75
<i>temozolomide</i>	25	<i>trandolapril</i>	55	TRUE METRIX GO GLUCOSE METER	75
<i>tencon</i>	40	<i>trandolapril-verapamil</i>	55	TRUENESS BLOOD GLUCOSE MONITOR	75
TENIVAC (PF)	92	<i>tranexamic acid</i>	98	TRUERESULT BLOOD GLUCOSE SYSTM	75
<i>tenofovir disoproxil fumarate</i> .	6	<i>tranylcypromine</i>	48	TRUETRACK BLOOD GLUCOSE SYSTEM	75
TEPADINA	25	<i>travoprost</i>	107	TRUETRACK SMART SYSTEM	75
<i>terazosin</i>	55	<i>trazodone</i>	48	TRULANCE	86
<i>terbinafine hcl</i>	3	TREANDA	25	TRULICITY	82
<i>terbutaline</i>	112	TRELEGY ELLIPTA	112	TRUMENBA	92
<i>terconazole</i>	98	TRELSTAR	25	<i>tulana</i>	97
<i>teriflunomide</i>	50	TRESIBA FLEXTOUCH U- 100	78	<i>turqoz (28)</i>	103
<i>teriparatide</i>	93	TRESIBA FLEXTOUCH U- 200	78	TWINRIX (PF)	92
TEST N'GO BLOOD GLUCOSE SYSTEM	75	TRESIBA U-100 INSULIN .	78	<i>tydemy</i>	104
<i>testosterone</i>	80	<i>tretinoin</i>	62	TYPHIM VI	92
<i>testosterone cypionate</i>	79	<i>tretinoin (antineoplastic)</i>	25	TYRUKO	30
<i>tetracycline</i>	13	<i>triamcinolone acetanide</i> .	66, 69	TYSABRI	30
THALOMID	25	<i>triamterene</i>	55	U	
<i>theophylline</i>	112	<i>triamterene-hydrochlorothiazid</i>	55	ULTIMA MONITOR	75
<i>thioridazine</i>	48	<i>triazolam</i>	48	ULTRATRAK GLUCOSE METER	75
<i>thiotepa</i>	25	<i>triderm</i>	66	ULTRATRAK ULTIMATE	75
<i>thiothixene</i>	48	<i>trientine</i>	67	<i>unithroid</i>	82
<i>tiadylt er</i>	55	<i>tri-estarylla</i>	103	UNITUXIN	25
<i>tiagabine</i>	28	<i>trifluoperazine</i>	48	<i>ursodiol</i>	86
<i>ticagrelor</i>	57	<i>trifluridine</i>	105	V	
<i>tigecycline</i>	10	<i>trihexyphenidyl</i>	29	VABYSMO	106
<i>tilia fe</i>	103	<i>tri-legest fe</i>	103	<i>valacyclovir</i>	6
<i>timolol</i>	105	<i>tri-linyah</i>	103	<i>valganciclovir</i>	6
<i>timolol maleate</i>	55, 105	<i>tri-lo-estarylla</i>	103	<i>valproic acid</i>	28
<i>tinidazole</i>	10	<i>tri-lo-marzia</i>	103	<i>valproic acid (as sodium salt)</i>	28
<i>tiotropium bromide</i>	112	<i>tri-lo-mili</i>	103	<i>valsartan</i>	55
TIVICAY	6	<i>tri-lo-sprintec</i>	103	<i>valsartan-hydrochlorothiazide</i>	55
TIVICAY PD	6	<i>trimethobenzamide</i>	86	<i>vancomycin</i>	13
<i>tizanidine</i>	31	<i>trimethoprim</i>	13		
TOBRADEX	107	<i>tri-mili</i>	103		
<i>tobramycin</i>	105	<i>trimipramine</i>	49		
<i>tobramycin in 0.225 % nacl</i> .	10	<i>tri-sprintec (28)</i>	103		
<i>tobramycin sulfate</i>	10	TRIUMEQ	6		
<i>tobramycin-dexamethasone</i>	107	TRIUMEQ PD	6		
<i>tobramycin-lotepred</i>	107				
<i>tolterodine</i>	113				

<i>vancomycin in 0.9 % sodium chl</i>	13	VIREAD.....	6	Y	
VANCOMYCIN IN 0.9 % SODIUM CHL.....	13	VIVAGUARD INO GLUCOSE METER.....	75	YARTEMLEA	67
VANCOMYCIN IN DEXTROSE 5 %.....	13	VIVAGUARD INO SMART GLUC METER.....	75	YERVOY	26
<i>vandazole</i>	98	VIVOTIF.....	92	YESCARTA.....	26
VAPRISOL IN 5 % DEXTROSE.....	80	<i>volnea (28)</i>	104	YESINTEK.....	60
VAQTA (PF).....	92	<i>voriconazole</i>	3	YONDELIS.....	26
<i>varenicline tartrate</i>	68	<i>vyfemla (28)</i>	104	<i>yulithira</i>	26
VARIVAX (PF).....	92	VYKOURA.....	14	<i>yuvafem</i>	97
<i>vasopressin</i>	80	W		Z	
VAXNEUVANCE (PF).....	92	<i>warfarin</i>	57	<i>zafemy</i>	98
VCF CONTRACEPTIVE FILM.....	98	<i>wera (28)</i>	104	<i>zafirlukast</i>	112
VECTIBIX.....	25	<i>wixela inhub</i>	112	<i>zaleplon</i>	49
VELCADE.....	25	<i>women's gentle laxative(bisac)</i>	86	ZALTRAP.....	26
<i>velivet triphasic regimen (28)</i>	104	<i>wymzya fe</i>	104	<i>zarah</i>	104
VEMLIDY.....	6	WYOST.....	14	ZELBORAF.....	26
<i>venlafaxine</i>	49	X		ZEMDRI.....	10
VENOFER.....	116	XALKORI.....	26	<i>zenatane</i>	62
<i>verapamil</i>	55	XARACOLL.....	62	ZERBAXA.....	8
<i>vestura (28)</i>	104	<i>xarah fe</i>	104	ZERVIAE.....	106
VIBATIV.....	13	XARELTO.....	57	<i>zidovudine</i>	6
VIDAZA.....	25	XARELTO DVT-PE TREAT 30D START.....	57	<i>zileuton</i>	113
<i>vienna</i>	104	XEOMIN.....	92	<i>ziprasidone hcl</i>	49
<i>vigabatrin</i>	28	XGEVA.....	14	ZIRGAN.....	105
<i>vigadrone</i>	28	XIFAXAN.....	10	<i>zoledronic acid</i>	80
<i>vilazodone</i>	49	XIFYRM.....	42	ZOLEDRONIC AC-MANNITOL-0.9NACL....	80
<i>vinblastine</i>	25	XIIDRA.....	106	ZOLINZA.....	26
<i>vincasar pfs</i>	25	XOFLUZA.....	6	<i>zolmitriptan</i>	30
<i>vincristine</i>	25	XTANDI.....	26	<i>zolpidem</i>	49
<i>vinorelbine</i>	25	XTRENBO.....	14	<i>zonisamide</i>	28
<i>viorele (28)</i>	104	<i>xulane</i>	98	ZOSYN IN DEXTROSE (ISO-OSM).....	11
VIRACEPT.....	6	XYLOCAINE-MPF/EPINEPHRINE.....	62	<i>zovia 1-35 (28)</i>	104
				<i>zumandimine (28)</i>	104
				ZYDELIG.....	26
				ZYLET.....	107
				ZYMFENTRA.....	86