


June  
2026

# FORMULARY

IEHP DualChoice (HMO D-SNP) Plan



**IE**  **HP**  
**DualChoice**

For more recent information or other questions, contact us at **1-877-273-IEHP (4347)**, TTY users should call **1-800-718-4347**, 8am-8pm (PST), 7 days a week, including holidays. Or visit **[www.iehp.org](http://www.iehp.org)**.

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN**  
This formulary was updated on 05/21/2026. Formulary ID 00026319 Version #14

# IEHP DualChoice (HMO D-SNP) | 2026 List of Covered Drugs (Formulary)

## Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs and non-drug products and items are covered by IEHP DualChoice, a Medicare Medi-Cal Plan. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by IEHP DualChoice. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

## Table of Contents

A. Disclaimers .....	3
B. Frequently Asked Questions (FAQ).....	10
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “ <i>Drug List</i> ” for short.).....	10
B2. Does the <i>Drug List</i> ever change?.....	11
B3. What happens when there is a change to the <i>Drug List</i> ? .....	11
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	13
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug? .....	13
B6. What happens if IEHP DualChoice changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?.....	13
B7. How can I find a drug on the <i>Drug List</i> ? .....	14
B8. What if the drug I want to take is not on the <i>Drug List</i> ? .....	14
B9. What if I am a new IEHP DualChoice member and can’t find my drug on the <i>Drug List</i> or have a problem getting my drug?.....	14
B10. Can I ask for an exception to cover my drug? .....	16
B11. How can I ask for an exception? .....	16



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

*Last updated 05/21/2026*

B12. How long does it take to get an exception? .....	16
B13. What are generic drugs? .....	17
B14. What are original biological products and how are they related to biosimilars?.....	17
B15. Does IEHP DualChoice cover non-drug OTC products? .....	17
B16. Does IEHP DualChoice cover long-term supplies of prescriptions?.....	17
B17. Can I get prescriptions delivered to my home from my local pharmacy? .....	17
B18. What's my copay? .....	18
C. Overview of the <i>List of Covered Drugs</i> .....	18
C1. List of Drugs by Medical Condition .....	19
D. Index of Covered Drugs.....	160



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

*Last updated 05/21/2026*

---

## A. Disclaimers

This is a list of drugs that members can get in IEHP DualChoice.

- ❖ IEHP DualChoice (HMO D-SNP) is an HMO Plan with a Medicare contract. Enrollment in IEHP DualChoice (HMO D-SNP) depends on contract renewal.
- ❖ You can always check IEHP DualChoice's up-to-date *List of Covered Drugs* online at [www.iehp.org](http://www.iehp.org) or by calling 1-877-273-IEHP (4347). This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call the numbers in the footer of this document. The call is free.
- ❖ *This document is available for free in Spanish, Chinese, and Vietnamese.*

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

***ATTENTION: If you need help in your language, call 1-877-273-IEHP(4347) (TTY: 1-800-718-4347). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-273 IEHP (4347) (TTY: 1-800-718-4347). These services are free of charge.***

### **العربية (Arabic)**

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل على الرقم  
**(4347) 1-877-273-IEHP (TTY: 1-800-718-4347)**. تتوفر أيضًا  
المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل  
والخط الكبير. اتصل على الرقم **(4347) 1-877-273-IEHP**  
**(TTY: 1-800-718-4347)**. هذه الخدمات مجانية.



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Last updated 05/21/2026

**Հայերեն (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-877-273-IEHP (4347)** հեռախոսահամարով (**TTY` 1-800-718-4347**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: **Զանգահարեք 1-877-273-IEHP (4347)** հեռախոսահամարով (**TTY` 1-800-718-4347**): Այդ ծառայություններն անվճար են:

**ខ្មែរ (Cambodian)**

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជា ឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬ ឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

*Last updated 05/21/2026*

## 中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**。这些服务都是免费的。

## فارسی (Farsi)

توجه: اگر میخواید به زبان خود کمک دریافت کنید، با **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** تماس بگیرید. این خدمات رایگان ارائه می شوند.

## हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है त **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** पर कॉल करें। ये सेवाएं निः शुल्क हैं।



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. For more information, visit [www.iehp.org](http://www.iehp.org).

Last updated 05/21/2026

## Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Cov kev pab cuam no yog pab dawb xwb.

## 日本語 (Japanese)

注意日本語での対応が必要な場合は **1-877-273-IEHP (4347) (TTY:1-800-718-4347)**へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**へお電話ください。これらのサービスは無料で提供しています。

## 한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.



---

If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. For more information, visit [www.iehp.org](http://www.iehp.org).

Last updated 05/21/2026

## ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**.

ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມ. ໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**.

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

## Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**.

Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluc mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzaih bun longc. Douc waac daaih lorx **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

## ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. For more information, visit [www.iehp.org](http://www.iehp.org).

Last updated 05/21/2026

## **Русский (Russian)**

**ВНИМАНИЕ!** Если вам нужна помощь на вашем родном языке, звоните по номеру **1-877-273-IEHP (4347) (линия ТТУ: 1-800-718-4347)**. Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-877-273-IEHP (4347) (линия ТТУ: 1-800-718-4347)**. Такие услуги предоставляются бесплатно.

## **Español (Spanish)**

**ATENCIÓN:** si necesita ayuda en su idioma, llame al **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Estos servicios son gratuitos.

## **Tagalog (Filipino)**

**ATENSIYON:** Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Libre ang mga serbisyong ito.



---

**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

*Last updated 05/21/2026*

## ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-877-273-IEHP (4347)**

**(TTY: 1-800-718-4347)** นอกจากนี้

ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ

สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ

ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่

กรุณาโทรศัพท์ไปที่หมายเลข **1-877-273-IEHP (4347)**

**(TTY: 1-800-718-4347)** ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

## українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-877-273-IEHP (4347)**

**(TTY: 1-800-718-4347)**. Люди з обмеженими

можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом.

Телефонуйте на номер **1-877-273-IEHP (4347)** **(TTY: 1-800-718-4347)**. Ці послуги безкоштовні.

## Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-877-273-IEHP (4347)** **(TTY: 1-800-718-4347)**.

Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-877-273-IEHP (4347)** **(TTY: 1-800-718-4347)**. Các dịch vụ này đều miễn phí.



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. For more information, visit [www.iehp.org](http://www.iehp.org).

Last updated 05/21/2026

- ❖ To make a standing request to receive materials in languages other than English or alternate format, or to make changes to a standing request, please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. IEHP DualChoice will keep your information as a standing request for future mailings and communications, so you do not need to make a separate request each time.
- ❖ Once a standing request is made to receive materials in languages other than English or an alternate format, all future mailings and communications will be received in this format, unless the Member requests a change.
- ❖ To request a change to materials received in alternative languages or formats, please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The Member portal can also be used to modify standing requests.

---

## B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *Drug List* that starts in **Section C** are the drugs covered by IEHP DualChoice (HMO D-SNP). The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

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

- IEHP DualChoice will cover all medically necessary drugs on the *Drug List* if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - IEHP DualChoice agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a IEHP DualChoice network pharmacy.



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

*Last updated 05/21/2026*

- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at [www.iehp.org](http://www.iehp.org) or call Member Services at the numbers in the footer of this document.

## **B2. Does the *Drug List* ever change?**

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

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

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

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

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

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

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

- You can always check IEHP DualChoice's up-to-date *Drug List* online at [www.iehp.org](http://www.iehp.org). Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the numbers in the footer of this document to check the current *Drug List*.

## **B3. What happens when there is a change to the *Drug List*?**

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

*Last updated 05/21/2026*

your cost for the new drug will stay the same or be lower. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
- We can make these changes only if the drug we're adding:
  - is a new generic version of a brand name drug, or
  - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
  - Some of these drug types may be new to you. For more information, refer to **Section B14**.
- You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. Please contact the providing doctor after you receive a letter.

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

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

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 31-day supply of the drug after you ask for a refill.

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



---

**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Last updated 05/21/2026

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

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

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

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from IEHP DualChoice before you fill your prescription. Prior authorization is different from a referral. IEHP DualChoice may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes IEHP DualChoice limits the amount of a drug you can get.
- **Step therapy:** Sometimes IEHP DualChoice requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

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

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

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

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

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

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

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

There are two ways to find a drug:

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

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in the index that begins on page 160. Look in the index and find your drug. Next to your drug, you will see the page number where you can find the coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

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

### **B8. What if the drug I want to take is not on the *Drug List*?**

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

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

### **B9. What if I am a new IEHP DualChoice member and can’t find my drug on the *Drug List* or have a problem getting my drug?**

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you’re a member of IEHP DualChoice. This will give you time to talk to your doctor or other prescriber. They can help you decide if there’s a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we’ll allow multiple refills to provide up to a maximum of 31 days of medication.

We’ll cover a 31-day supply of your drug if:



---

**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

*Last updated 05/21/2026*

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

If you're taking a drug that IEHP DualChoice doesn't consider to be a Part D drug, and the drug isn't on the *Drug List*, and you have a problem getting the drug, it may be covered through Medi-Cal Rx. If a Part D excluded drug requires an exception, and you have an emergency, Medi-Cal Rx will allow no less than 72-hour supply of the drug. Please visit the Medi-Cal Rx website ([www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal BIC when getting prescriptions through Medi-Cal Rx.

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

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new IEHP DualChoice member.
- This is in addition to the temporary supply during the first 90 days you're a member of IEHP DualChoice.
- As a new member in our plan or continuing member who was affected by a formulary change from one year to the next, you may be taking drugs that are not on our formulary. Or, you may be taking drugs that are on our formulary that are hard for you to get. For example, you may need our approval before you can get your drug. Either way, talk to your doctor. He or she can help you choose the right course of action. This could be changing to a drug we do cover or seeking a formulary exception so that we will cover the drug. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.
- For each of your drugs that is not on our formulary or is hard for you to get, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.
- If you are a resident of a long-term care facility, we will cover your prescription refill until we have provided you with a 31-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days of your membership. If you need a drug that is not on our




---

**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

*Last updated 05/21/2026*

formulary or it is hard for you to get, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you ask for a formulary exception.

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

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

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

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

### **B11. How can I ask for an exception?**

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section G1** of the *Member Handbook* to learn more about exceptions..

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

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. For information or instructions about how and where IEHP DualChoice members **can send** their statement, please contact IEHP DualChoice Member Services..

<b>CALL</b>	1-877-273-IEHP (4347) 8am-8pm (PST), 7 days a week, including holidays.
<b>TTY</b>	1-800-718-4347. This call is free.
<b>FAX</b>	(909) 890-5877
<b>WRITE</b>	IEHP DualChoice P.O. Box 1800 Rancho Cucamonga, CA 91729-1800
<b>EMAIL</b>	MemberServices@iehp.org

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



---

**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

*Last updated 05/21/2026*

### **B13. What are generic drugs?**

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

IEHP DualChoice covers both brand name drugs and generic drugs.

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

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

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

### **B15. Does IEHP DualChoice cover non-drug OTC products?**

IEHP DualChoice covers some non-drug OTC products when they're written as prescriptions by your provider.

Examples of non-drug OTC products include alcohol pads.

You can read the IEHP DualChoice *Drug List* to find out what non-drug OTC products are covered.

### **B16. Does IEHP DualChoice cover long-term supplies of prescriptions?**

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered drugs. A 100-day supply has the same copay as a one-month supply.

### **B17. Can I get prescriptions delivered to my home from my local pharmacy?**

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



---

**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

## B18. What's my copay?

IEHP DualChoice members have copays for prescription and non-drug products if the member follows the plan's rules. Refer to question B15 for more information about non-drug products.

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

- Tier 1 drugs are preferred generic drugs. You pay \$0.00 for drugs on this tier.
- Tier 2 through 5 drugs may be generic or brand drugs. The copay amount is from \$0.00 to \$5.10 for generic drugs and \$0.00 to \$12.65 for brand drugs. Copay varies depending on the amount of "Extra Help" you receive.
- Tier 6 drugs are select care drugs. These drugs are maintenance drugs that are needed to manage chronic conditions (such as diabetes). You pay \$0.00 for drugs on this tier.

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

---

## C. Overview of the *List of Covered Drugs*

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

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

### Appeals Under Part D

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



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Last updated 05/21/2026

## C1. List of Drugs by Medical Condition

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

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

**AGE:** Age Limit. For certain drugs, IEHP DualChoice requires a Prior Authorization if over the specific age limit.

**LA:** Limited Access. This drug is only available at certain pharmacies.

**NDS:** Non-Extended Day Supply. This is a drug that is dispensed up to a 31-day supply.

**PA:** Prior Authorization. IEHP DualChoice requires you or your physician to get approval from us first before filling a certain drug. This extra step is called “prior authorization.” If you don’t get approval, IEHP DualChoice may not cover the drug.

**PA NSO:** Prior Authorization for New Starts Only. IEHP DualChoice requires you or your physician to get approval from us first before filing a certain drug if you have not taken this drug before. If you don’t get approval, IEHP DualChoice may not cover the drug.

**PA BvD:** Part B vs D Prior Authorization. This is a drug that has a special “PA” requirement. It may be covered under one or two benefit programs: 1) Medicare Part B, and/or 2) Medicare Part D. This depends on many factors. Your physician may need to give us more details about the use and setting of the drug.

**QL:** Quantity Limit. For Certain drugs, IEHP DualChoice limits the amount of the drug that it will cover. This may be in addition to a standard one month or three-month supply.

**ST:** Step Therapy. In some cases, IEHP DualChoice requires you to first try certain drugs to treat your medical condition. This is the process before we will cover another drug for that condition. For example, either Drug A or Drug B may treat your medical condition. IEHP DualChoice may not cover Drug B unless you try Drug A first. If Drug A does not work for you, IEHP DualChoice will then cover Drug B.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *atorvastatin oral tablet 10 mg*), brand name drugs are capitalized (for example, ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML). The information in the “Necessary actions, restrictions, or limits on use” column tells you if IEHP DualChoice has any rules for covering your drug.



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

*Last updated 05/21/2026*

## 2026 Dosage Form Abbreviations

Dosage Form Abbreviation	Definition
hr or h	hour
act	activated
admix	admixture
aero	aerosol
admin	administration
ampul	ampule
app	applicator
appl	applicator
auto	automatic
cap	capsule
chew	chewable
CT	count
comb	combo
del	delayed
disinteg	disintegrating
disintegrat	disintegrating
dose	dosage
DR	delayed release
EC	Enteric-Coated
emolnt	emollient
ENFit	enteral feeding connector
er	extended release
ER	extended release
ext	extended
extnd	extended
extend	extended
gast	gastric
HFA	hydrofluoroalkane
hi	high
IR	immediate release
liqd	liquid
loz	lozenge
lo	low
lozeng	lozenge
mini lozenge	miniature lozenge
misc	miscellaneous
MP	Metered Pump



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

*Last updated 05/21/2026*

muco	mucous
pak	packet
pack	packet
PCA	Patient Controlled Administration
pell	pellet
pk	package
Powdr	powder
pt	patient
recon	reconstituted
rel	release
releas	release
soln	solution
sprink	sprinkle
sprinkl	sprinkle
susp	suspension
suspen	suspension
syring	syringe
tab	tablet
TD	transdermal
var	variable
w/	with



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

*Last updated 05/21/2026*

## Table of Contents

<b>Analgesics</b> .....	24
<b>Anesthetics</b> .....	26
<b>Anti-Addiction/Substance Abuse Treatment Agents</b> .....	26
<b>Antianxiety Agents</b> .....	27
<b>Antibacterials</b> .....	28
<b>Anticancer Agents</b> .....	32
<b>Anticonvulsants</b> .....	44
<b>Antidementia Agents</b> .....	48
<b>Antidepressants</b> .....	49
<b>Antidiabetic Agents</b> .....	51
<b>Antifungals</b> .....	55
<b>Antigout Agents</b> .....	57
<b>Antihistamines</b> .....	57
<b>Anti-Infectives (Skin And Mucous Membrane)</b> .....	57
<b>Antimigraine Agents</b> .....	57
<b>Antimycobacterials</b> .....	58
<b>Antinausea Agents</b> .....	58
<b>Antiparasite Agents</b> .....	59
<b>Antiparkinsonian Agents</b> .....	60
<b>Antipsychotic Agents</b> .....	60
<b>Antivirals (Systemic)</b> .....	66
<b>Blood Products/Modifiers/Volume Expanders</b> .....	70
<b>Caloric Agents</b> .....	72
<b>Cardiovascular Agents</b> .....	73
<b>Central Nervous System Agents</b> .....	80

<b>Contraceptives</b> .....	82
<b>Dental And Oral Agents</b> .....	88
<b>Dermatological Agents</b> .....	88
<b>Devices</b> .....	91
<b>Enzyme Cofactors/Chaperones</b> .....	129
<b>Enzyme Replacement/Modifiers</b> .....	129
<b>Eye, Ear, Nose, Throat Agents</b> .....	130
<b>Gastrointestinal Agents</b> .....	133
<b>Genitourinary Agents</b> .....	135
<b>Heavy Metal Antagonists</b> .....	136
<b>Hormonal Agents, Stimulant/Replacement/Modifying</b> .....	136
<b>Immunological Agents</b> .....	139
<b>Inflammatory Bowel Disease Agents</b> .....	149
<b>Metabolic Bone Disease Agents</b> .....	150
<b>Miscellaneous Therapeutic Agents</b> .....	150
<b>Ophthalmic Agents</b> .....	151
<b>Replacement Preparations</b> .....	152
<b>Respiratory Tract Agents</b> .....	153
<b>Skeletal Muscle Relaxants</b> .....	156
<b>Sleep Disorder Agents</b> .....	156
<b>Vasodilating Agents</b> .....	157
<b>Vitamins And Minerals</b> .....	157

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Analgesics, Miscellaneous</b>		
<i>acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml</i>	1	NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	NDS; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	NDS; QL (180 per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	NDS; QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	PA; NDS; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	4	PA; NDS; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	PA; NDS; QL (180 per 30 days); AGE (Max 64 Years)
<i>endocet oral tablet 10-325 mg</i>	2	NDS; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	2	NDS; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	NDS; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	NDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	2	NDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	NDS; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	2	NDS; QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	2	NDS; QL (180 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	NDS; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	NDS; QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; NDS; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	NDS; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	NDS; QL (180 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
MORPHINE ORAL TABLET 30 MG	4	NDS; QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 60 mg</i>	2	NDS; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	2	NDS; QL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	4	NDS; QL (60 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	2	NDS; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	NDS; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	NDS; QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	NDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	NDS; QL (300 per 30 days)
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	4	PA; NDS; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	NDS; QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	NDS
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	2	NDS
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	2	NDS; QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	2	NDS; QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	5	PA; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	2	NDS
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 400 mg</i>	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	1	



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg</i>	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	PA; NDS; AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>	2	PA; NDS; QL (20 per 30 days); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	NDS
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	NDS
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>dermacinrx lidocan 5% patch outer</i>	2	PA; NDS; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i>	2	NDS; QL (30 per 30 days)
<i>lidocaine 2% viscous soln</i>	2	NDS
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	NDS; QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	2	NDS; QL (30 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i>	2	PA; NDS; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; NDS; QL (240 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	NDS
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; NDS; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch, medicated 5 %</i>	2	PA; NDS; QL (90 per 30 days)
<i>tridacaine ii topical adhesive patch, medicated 5 %</i>	2	PA; NDS; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	3	PA; NDS; QL (90 per 30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	NDS
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	4	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	NDS
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	NDS; QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	NDS
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	2	NDS
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	2	NDS; QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	2	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	NDS; QL (240 per 180 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	2	NDS; QL (336 per 365 days)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	2	NDS
<b>Antianxiety Agents</b>		
<b>Benzodiazepines</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	NDS; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	NDS; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	NDS; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	4	NDS; QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	NDS; QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	NDS
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	NDS; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	NDS; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	NDS; QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i>	2	NDS; QL (150 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i>	1	NDS; QL (2 per 30 days)
<i>lorazepam injection solution 2 mg/ml</i>	1	NDS; QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i>	4	NDS; QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	NDS; QL (2 per 30 days)



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	NDS; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	NDS; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	NDS; QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	NDS; QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	2	NDS; QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	2	NDS; QL (120 per 30 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin injection solution 500 mg/2 ml</i>	2	NDS
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA; NDS; QL (235.2 per 28 days)
<i>gentamicin injection solution 40 mg/ml</i>	2	NDS
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	NDS
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	2	NDS
<i>neomycin oral tablet 500 mg</i>	2	NDS
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	PA BvD; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	NDS
<b>Antibacterials, Miscellaneous</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	NDS
<i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml</i>	2	NDS
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	5	NDS
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	5	NDS
<i>fosfomycin tromethamine oral packet 3 gram</i>	2	NDS
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	2	NDS
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	5	NDS
<i>linezolid oral tablet 600 mg</i>	2	NDS
<i>methenamine hippurate oral tablet 1 gram</i>	2	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	NDS
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	NDS
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	NDS; QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	NDS; QL (60 per 30 days)
<i>trimethoprim oral tablet 100 mg</i>	2	NDS
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	NDS
<i>vancomycin oral capsule 125 mg</i>	2	NDS; QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i>	2	NDS; QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; QL (90 per 30 days)
<b>Cephalosporins</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	NDS
<i>cefadroxil oral capsule 500 mg</i>	2	NDS
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	NDS
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	NDS
<i>cefazolin intravenous recon soln 10 gram</i>	2	NDS
<i>cefdinir oral capsule 300 mg</i>	2	NDS
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	NDS
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	NDS
<i>cefixime oral capsule 400 mg</i>	4	NDS
<i>cefixime oral tablet 400 mg</i>	4	NDS
<i>cefepime intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	NDS
<i>cefepime oral tablet 100 mg, 200 mg</i>	4	NDS
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	NDS
<i>ceftaroline fosamil intravenous recon soln 400 mg, 600 mg</i>	5	NDS
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	2	NDS
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	NDS
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	NDS
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	NDS



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	NDS
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	NDS
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	NDS
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	2	NDS
<b>Macrolides</b>		
<i>azithromycin intravenous recon soln 500 mg</i>	2	NDS
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	NDS
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	NDS
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	NDS
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	NDS
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	4	NDS
<i>erythromycin oral tablet 250 mg, 500 mg</i>	4	NDS
<i>fidaxomicin oral tablet 200 mg</i>	5	NDS; QL (20 per 10 days)
<b>Miscellaneous B-Lactam Antibiotics</b>		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	2	NDS
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i>	2	NDS
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	2	NDS
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	NDS
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	NDS
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	NDS
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	NDS
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	NDS
<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>	2	NDS
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	4	NDS
<i>ampicillin oral capsule 500 mg</i>	2	NDS
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	NDS
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	2	NDS
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	NDS
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	NDS
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	NDS
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	4	NDS
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	2	NDS
<i>penicillin g potassium injection recon soln 20 million unit</i>	2	NDS
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	NDS
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	NDS
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	NDS
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	NDS
<b>Quinolones</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	NDS
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	NDS
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	NDS
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	NDS
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	NDS
<i>moxifloxacin 400 mg/250 ml bag suv, p/f, inner</i>	2	NDS
<i>moxifloxacin oral tablet 400 mg</i>	2	NDS



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	2	NDS
<b>Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	2	NDS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	NDS
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	NDS
<b>Tetracyclines</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	4	NDS
<i>doxy-100 intravenous recon soln 100 mg</i>	2	NDS
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	2	NDS
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	NDS
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	NDS
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	NDS
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	NDS
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	NDS
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	NDS
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	NDS
<i>tigecycline intravenous recon soln 50 mg</i>	2	NDS
<b>Anticancer Agents</b>		
<b>Anticancer Agents</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	5	PA NSO; NDS; QL (120 per 30 days)
<i>abiraterone, submicronized oral tablet 125 mg</i>	5	PA NSO; NDS; QL (120 per 30 days)
<i>abirtega oral tablet 250 mg</i>	2	PA NSO; QL (120 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	PA BvD; NDS
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i>	2	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA NSO; NDS; QL (1.6 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
AUGTYRO ORAL CAPSULE 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG	5	PA NSO; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	5	PA NSO; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i>	5	NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i>	5	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i>	5	PA NSO; NDS
<i>bexarotene topical gel 1 %</i>	5	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i>	2	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	5	PA NSO; NDS; QL (75 per 28 days)
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	NDS
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	4	PA NSO
<i>bortezomib injection recon soln 3.5 mg</i>	5	PA NSO; NDS
BORUZU INJECTION SOLUTION 2.5 MG/ML	4	PA NSO; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
BRUKINSA ORAL TABLET 160 MG	5	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. For more information, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	4	PA NSO
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i>	5	PA BvD; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	PA BvD; ST; NDS
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	5	PA NSO; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i>	5	PA NSO; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i>	5	NDS
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	5	PA BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	5	PA NSO; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	5	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	5	PA NSO; NDS
ENSACOVE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (270 per 30 days)
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	NDS
<i>etoposide intravenous solution 20 mg/ml</i>	2	NDS
EULEXIN ORAL CAPSULE 125 MG	5	NDS
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	5	PA NSO; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg</i>	5	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet 5 mg, 7.5 mg</i>	5	PA NSO; NDS; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	5	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i>	2	
FAKZYNJA ORAL TABLET 200 MG	5	PA NSO; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD; NDS
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD; NDS
<i>flutamide oral capsule 125 mg</i>	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NDS; QL (21 per 28 days)



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	5	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PA NSO; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	5	PA NSO; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS; QL (5 per 21 days)
HERNEXEOS ORAL TABLET 60 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>hydroxyurea oral capsule 500 mg</i>	2	
HYRNUO ORAL TABLET 10 MG	5	PA NSO; NDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i>	2	NDS
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	NDS
<i>imatinib oral tablet 100 mg</i>	2	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	5	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA NSO; NDS; QL (280 per 28 days)
INLEXZO INTRAVESICAL IMPLANT 225 MG	5	PA BvD; NDS
INLURIYO ORAL TABLET 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML	5	PA NSO; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (30 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	5	PA NSO; NDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	5	PA NSO; NDS; QL (390 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i>	5	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA NSO; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i>	2	
LEUKERAN ORAL TABLET 2 MG	5	NDS
<i>leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	4	PA NSO; NDS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA NSO
<i>lomustine oral capsule 10 mg</i>	2	NDS
<i>lomustine oral capsule 100 mg, 40 mg</i>	5	NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA NSO; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NDS
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	5	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA NSO; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA NSO; NDS
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	5	PA NSO; NDS; QL (15 per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (40 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA NSO; NDS; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>mercaptopurine oral suspension 20 mg/ml</i>	5	NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	NDS
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	NDS
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	NDS
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MODEYSO ORAL CAPSULE 125 MG	5	PA NSO; NDS; QL (20 per 28 days)
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA NSO; NDS; QL (112 per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA NSO; NDS; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	5	NDS



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i>	5	PA BvD; NDS
<i>pazopanib oral tablet 200 mg</i>	5	PA NSO; NDS; QL (120 per 30 days)
<i>pazopanib oral tablet 400 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i>	5	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	5	PA NSO; NDS; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA NSO; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RYBREVANT 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	5	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA NSO; NDS
SCSEMBLIX ORAL TABLET 100 MG	5	PA NSO; NDS; QL (120 per 30 days)



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
SCSEMBLIX ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS
<i>sorafenib oral tablet 200 mg</i>	5	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG	5	NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NDS; QL (900 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	NDS
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i>	2	NDS
<i>toremifene oral tablet 60 mg</i>	5	NDS
<i>torpenz oral tablet 10 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA NSO; NDS; QL (30 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	4	PA NSO; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG, 3.75 MG	4	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	NDS
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	5	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	5	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO; NDS
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NDS; QL (20 per 28 days)
<b>Anticonvulsants</b>		
<b>Anticonvulsants</b>		
<i>brivaracetam intravenous solution 50 mg/5 ml</i>	5	NDS; QL (80 per 30 days)
<i>brivaracetam oral solution 10 mg/ml</i>	2	QL (600 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	5	NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	5	NDS; QL (80 per 30 days)
<i>carbamazepine 100 mg/5 ml cup outer 100 mg/5 ml (5 ml)</i>	2	
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>	2	NDS
<i>diazepam rectal kit 2.5 mg</i>	4	NDS
DILANTIN ORAL CAPSULE 30 MG	4	
<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	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	5	ST; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG	5	ST; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>epitol oral tablet 200 mg</i>	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	5	ST; NDS; QL (30 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	5	ST; NDS; QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	2	NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i>	2	NDS; QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i>	2	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	QL (60 per 30 days)
<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>	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	2	NDS
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet for suspension 250 mg</i>	2	ST
<i>levetiracetam oral tablet for suspension 500 mg</i>	4	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	NDS; QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	NDS; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>perampanel oral suspension 0.5 mg/ml</i>	5	ST; NDS; QL (680 per 28 days)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	5	ST; NDS; QL (30 per 30 days)
<i>perampanel oral tablet 2 mg</i>	2	ST; QL (30 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	5	ST; NDS; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	PA NSO; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA NSO; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	NDS
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	NDS
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	QL (900 per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	ST; NDS
<i>rufinamide oral tablet 200 mg</i>	2	ST
<i>rufinamide oral tablet 400 mg</i>	5	ST; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML	4	PA NSO
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg</i>	2	



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral solution 25 mg/ml</i>	2	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	NDS
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	NDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	4	NDS
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	NDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NDS; QL (1080 per 30 days)
<b>Antidementia Agents</b>		
<b>Antidementia Agents</b>		
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i>	2	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	2	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	2	QL (30 per 30 days)
<b>Antidepressants</b>		
<b>Antidepressants</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	PA NSO; AGE (Max 64 Years)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	PA NSO; AGE (Max 64 Years)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	4	PA NSO; AGE (Max 64 Years)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	PA NSO; AGE (Max 64 Years)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	PA NSO; AGE (Max 64 Years)
<i>doxepin oral concentrate 10 mg/ml</i>	2	PA NSO; AGE (Max 64 Years)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	5	PA NSO; NDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	5	PA NSO; NDS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; NDS
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA NSO; AGE (Max 64 Years)
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	4	PA NSO; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA NSO; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	4	PA NSO; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	PA NSO; AGE (Max 64 Years)
<i>phenelzine oral tablet 15 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	
RALDESY ORAL SOLUTION 10 MG/ML	5	PA NSO; NDS; QL (1200 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg</i>	4	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NDS; QL (14 per 14 days)
<b>Antidiabetic Agents</b>		
<b>Antidiabetic Agents, Miscellaneous</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>dapagliflozin oral tablet 10 mg, 5 mg</i>	6	QL (30 per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg</i>	6	QL (30 per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg</i>	6	QL (60 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	6	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	6	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	6	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	6	QL (30 per 30 days)



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	6	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	6	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	6	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	6	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	6	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	6	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i>	4	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin oral tablet 750 mg, 850 mg</i>	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i>	5	PA; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	3	PA; NDS; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 per 30 days)
OZEMPIC ORAL TABLET 1.5 MG	3	PA; NDS; QL (30 per 30 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	3	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 3 MG	3	PA; NDS; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 4 MG, 7 MG, 9 MG	3	PA; QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	6	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	6	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	6	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	6	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	6	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	6	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	6	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	6	QL (60 per 30 days)
<b>Insulins</b>		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	QL (24 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	3	QL (30 per 28 days)



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	3	QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	3	QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	3	QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	3	QL (40 per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	3	QL (30 per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	3	QL (40 per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	3	ST; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL (15 per 28 days)
<b>Sulfonylureas</b>		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	PA; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	PA; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	PA; AGE (Max 64 Years)
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD; NDS
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD; NDS
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	5	PA BvD; NDS



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciclopirox topical cream 0.77 %</i>	2	NDS; QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i>	2	NDS; QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	4	NDS; QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	NDS
<i>clotrimazole topical cream 1 %</i>	2	NDS
<i>clotrimazole topical solution 1 %</i>	2	NDS
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	NDS; QL (90 per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5	PA; NDS
<i>econazole nitrate topical cream 1 %</i>	2	NDS; QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	NDS
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	NDS
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	NDS
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	NDS
<i>griseofulvin microsize oral tablet 500 mg</i>	4	NDS
<i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>	4	NDS
<i>itraconazole oral capsule 100 mg</i>	2	NDS
<i>ketoconazole oral tablet 200 mg</i>	2	NDS
<i>ketoconazole topical cream 2 %</i>	2	NDS; QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	NDS; QL (360 per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	2	NDS
<i>miconazole-3 vaginal suppository 200 mg</i>	2	NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	2	NDS; QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	NDS
<i>nystatin oral tablet 500,000 unit</i>	2	NDS
<i>nystatin topical cream 100,000 unit/gram</i>	2	NDS; QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	NDS; QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i>	2	NDS; QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	NDS
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>nystop topical powder 100,000 unit/gram</i>	2	NDS; QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	5	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	NDS
<i>voriconazole intravenous recon soln 200 mg</i>	5	PA BvD; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	5	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	NDS
<b>Antigout Agents</b>		
<b>Antigout Agents, Other</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	2	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	4	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
<b>Antihistamines</b>		
<b>Antihistamines</b>		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA; NDS; AGE (Max 64 Years)
<i>levocetirizine oral tablet 5 mg</i>	1	
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	4	NDS
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	4	NDS
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	NDS
<i>terconazole vaginal suppository 80 mg</i>	4	NDS
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	5	ST; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. For more information, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; NDS; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	NDS; QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; NDS; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	NDS; QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	2	NDS; QL (18 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer, suv</i>	2	NDS; QL (4 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	2	NDS; QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	2	NDS; QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	2	NDS; QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	4	NDS; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	NDS; QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; NDS; QL (16 per 30 days)
<b>Antimycobacterials</b>		
<b>Antimycobacterials</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	NDS
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	NDS
PRIFTIN ORAL TABLET 150 MG	4	NDS
<i>pyrazinamide oral tablet 500 mg</i>	2	NDS
<i>rifabutin oral capsule 150 mg</i>	4	NDS
<i>rifampin intravenous recon soln 600 mg</i>	2	NDS
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	NDS
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECTOR ORAL TABLET 250 MG	4	NDS
<b>Antinausea Agents</b>		
<b>Antinausea Agents</b>		
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; NDS; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA BvD; NDS; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	2	PA BvD; NDS; QL (4 per 28 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	2	PA BvD; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>compro rectal suppository 25 mg</i>	2	NDS
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; NDS; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	NDS
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD; NDS
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD; NDS
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	NDS
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	NDS
<i>prochlorperazine rectal suppository 25 mg</i>	2	NDS
<i>promethazine injection solution 25 mg/ml</i>	2	PA; NDS; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA; NDS; AGE (Max 64 Years)
<i>promethazine rectal suppository 25 mg</i>	2	PA; NDS; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	2	PA; NDS; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	4	NDS; QL (10 per 30 days)
<b>Antiparasite Agents</b>		
<b>Antiparasite Agents</b>		
<i>albendazole oral tablet 200 mg</i>	2	NDS
<i>atovaquone oral suspension 750 mg/5 ml</i>	2	NDS
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	2	NDS
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	NDS
COARTEM ORAL TABLET 20-120 MG	4	NDS
<i>hydroxychloroquine oral tablet 100 mg</i>	2	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	2	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg, 400 mg</i>	2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg, 6 mg</i>	2	NDS
<i>mefloquine oral tablet 250 mg</i>	2	NDS
<i>nitazoxanide oral tablet 500 mg</i>	5	NDS; QL (60 per 30 days)
<i>pentamidine inhalation recon soln 300 mg</i>	2	PA BvD
<i>pentamidine injection recon soln 300 mg</i>	2	NDS
<i>praziquantel oral tablet 600 mg</i>	2	NDS
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	NDS
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i>	2	PA; NDS



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	NDS
<b>Antiparkinsonian Agents</b>		
<b>Antiparkinsonian Agents</b>		
<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	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 25-100 mg, 25-250 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	2	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NDS
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	5	PA; NDS; QL (600 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	4	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	4	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	PA; AGE (Max 64 Years)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	5	PA; NDS; QL (560 per 28 days)
<b>Antipsychotic Agents</b>		
<b>Antipsychotic Agents</b>		

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NDS; QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NDS; QL (1 per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	4	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine 25 mg/ml amp 25's,outer</i>	2	PA NSO; NDS; AGE (Max 64 Years)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	NDS
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	2	PA NSO; AGE (Max 64 Years)



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	PA NSO; AGE (Max 64 Years)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	PA NSO; AGE (Max 64 Years)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	4	PA NSO; ST; QL (90 per 30 days); AGE (Max 64 Years)
<i>clozapine oral tablet, disintegrating 150 mg</i>	4	PA NSO; ST; QL (180 per 30 days); AGE (Max 64 Years)
<i>clozapine oral tablet, disintegrating 200 mg</i>	4	PA NSO; ST; QL (120 per 30 days); AGE (Max 64 Years)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	PA NSO; ST; NDS; QL (60 per 30 days); AGE (Max 64 Years)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	PA NSO; ST; NDS; AGE (Max 64 Years)
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	5	NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	4	ST; NDS
FANAPT TITRATION PACK B ORAL TABLETS, DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	4	ST; NDS
FANAPT TITRATION PACK C ORAL TABLETS, DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	4	ST; NDS
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	NDS
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	NDS
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	NDS
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone oral tablet 120 mg</i>	4	QL (30 per 30 days)
<i>lurasidone oral tablet 20 mg, 40 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	2	QL (60 per 30 days)



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NDS; QL (30 per 30 days); AGE (Max 64 Years)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	5	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	2	NDS; QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	PA NSO; AGE (Max 64 Years)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	PA NSO; AGE (Max 64 Years)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	5	ST; NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	PA NSO; AGE (Max 64 Years)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	5	NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>prochlorperazine 10 mg/2 ml vl inner 10 mg/2 ml (5 mg/ml)</i>	2	NDS
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
<i>quetiapine oral tablet 150 mg</i>	2	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	NDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	2	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	5	NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	5	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	5	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	5	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	5	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	5	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	5	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML	5	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	PA NSO; ST; NDS; QL (540 per 30 days); AGE (Max 64 Years)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST; NDS



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	2	NDS; QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
<b>Antivirals (Systemic)</b>		
<b>Antiretrovirals</b>		
<i>abacavir oral solution 20 mg/ml</i>	2	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	
APTIVUS ORAL CAPSULE 250 MG	5	NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml), 600 mg/3 ml (200 mg/ml)</i>	5	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NDS
<i>darunavir oral tablet 600 mg</i>	2	
<i>darunavir oral tablet 800 mg</i>	5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	5	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	2	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	NDS
<i>emtricitabine oral capsule 200 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i>	5	NDS
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i>	5	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
<i>fosamprenavir oral tablet 700 mg</i>	5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NDS
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	4	QL (480 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	2	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PIFELTRO ORAL TABLET 100 MG	5	NDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS
PREZISTA ORAL TABLET 150 MG	5	NDS
PREZISTA ORAL TABLET 75 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	NDS
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
<i>rilpivirine hcl oral tablet 25 mg</i>	5	NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NDS
<i>ritonavir oral tablet 100 mg</i>	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	5	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	ST; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	4	NDS
<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	
<b>Antivirals, Miscellaneous</b>		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NDS
<i>oseltamivir oral capsule 30 mg</i>	2	NDS; QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	2	NDS; QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i>	2	NDS; QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	NDS; QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	NDS; QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	NDS; QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	NDS; QL (30 per 5 days)



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	NDS; QL (60 per 180 days)
<b>Hcv Antivirals</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
<b>Interferons</b>		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
<b>Nucleosides And Nucleotides</b>		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD; NDS
<i>adefovir oral tablet 10 mg</i>	2	NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	NDS
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	2	
<i>valganciclovir oral recon soln 50 mg/ml</i>	5	NDS
<i>valganciclovir oral tablet 450 mg</i>	2	
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	3	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	NDS
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	NDS; QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	NDS; QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	NDS; QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	NDS; QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	NDS; QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	NDS; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	NDS; QL (18 per 30 days)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	NDS
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>	2	QL (600 per 30 days)
<i>rivaroxaban oral tablet 2.5 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	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	NDS
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	3	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	ST; QL (60 per 30 days)
<b>Blood Formation Modifiers</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; NDS; QL (60 per 30 days)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. For more information, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>eltrombopag olamine oral powder in packet 12.5 mg</i>	5	PA; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral powder in packet 25 mg</i>	5	PA; NDS; QL (180 per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg</i>	5	PA; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral tablet 25 mg</i>	5	PA; NDS; QL (30 per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	5	PA; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NDS; QL (20 per 30 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
<b>Hematologic Agents, Miscellaneous</b>		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	
<b>Platelet-Aggregation Inhibitors</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
BRILINTA ORAL TABLET 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	PA; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	2	
<b>Caloric Agents</b>		
<b>Caloric Agents</b>		

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD; NDS
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD; NDS
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD; NDS
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD; NDS
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD; NDS
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	NDS
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD; NDS
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agents</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>droxidopa oral capsule 100 mg</i>	2	PA; QL (180 per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	NDS
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16- 12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 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>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	2	QL (60 per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<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	
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
<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>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<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>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	
<b>Antiarrhythmic Agents</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 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	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<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>	2	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i>	4	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<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	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
<b>Calcium-Channel Blocking Agents</b>		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	4	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<b>Cardiovascular Agents, Miscellaneous</b>		
<b>CORLANOR ORAL SOLUTION 5 MG/5 ML</b>	4	QL (600 per 30 days)
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	NDS
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	3	NDS; QL (4 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	NDS; QL (4 per 30 days)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	3	QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i>	5	NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	2	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
<b>Dihydropyridines</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<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>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiaizid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 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	
<b>Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	1	NDS
<i>furosemide injection syringe 10 mg/ml</i>	1	NDS



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; NDS; QL (120 per 30 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg</i>	5	PA; NDS; QL (120 per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i>	5	PA; NDS; QL (56 per 28 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	5	PA; NDS; QL (120 per 30 days)
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<b>Dyslipidemics</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder 4 gram</i>	2	
<i>cholestyramine (with sugar) oral powder in packet 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>	4	
<i>colesevelam oral tablet 625 mg</i>	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	2	
<i>icosapent ethyl oral capsule 0.5 gram</i>	2	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i>	2	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
NEXLETOL ORAL TABLET 180 MG	3	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	ST; QL (30 per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr 750 mg</i>	4	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 per 30 days)
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. For more information, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; QL (30 per 30 days)
<b>Vasodilators</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<b>Central Nervous System Agents</b>		
<b>Central Nervous System Agents</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	2	PA; QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	2	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	2	PA; NDS
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	5	PA; NDS; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	3	PA; NDS
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
<i>riluzole oral tablet 50 mg</i>	2	
<i>tetrabenazine oral tablet 12.5 mg</i>	2	PA; QL (112 per 28 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
<b>Contraceptives</b>		
<b>Contraceptives</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	2	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	2	
<i>apri oral tablet 0.15-0.03 mg</i>	2	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	2	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>ayuna oral tablet 0.15-0.03 mg</i>	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>camila oral tablet 0.35 mg</i>	2	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>deblitane oral tablet 0.35 mg</i>	2	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	2	
<i>dolishale oral tablet 90-20 mcg (28)</i>	2	
<i>elimest oral tablet 0.3-30 mg-mcg</i>	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	2	QL (1 per 28 days)
<i>emzahh oral tablet 0.35 mg</i>	2	



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	4	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	
<i>errin oral tablet 0.35 mg</i>	2	
<i>estarylla oral tablet 0.25-0.035 mg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	2	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	2	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	2	
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	4	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	4	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	4	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	3	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>lyleq oral tablet 0.35 mg</i>	2	
<i>lyza oral tablet 0.35 mg</i>	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>mili oral tablet 0.25-0.035 mg</i>	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	4	
<i>mono-linyah oral tablet 0.25-0.035 mg</i>	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	NDS
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	2	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<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>	2	
<i>norlyda oral tablet 0.35 mg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	2	
<i>orquidea oral tablet 0.35 mg</i>	2	
<i>pimtrex (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	2	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	4	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>	4	



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>vylibra oral tablet 0.25-0.035 mg</i>	2	
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	2	QL (3 per 28 days)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	2	
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>cevimeline oral capsule 30 mg</i>	4	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	NDS
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	NDS
<i>pilocarpine hcl oral tablet 5 mg</i>	2	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	4	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	NDS
<b>Dermatological Agents</b>		
<b>Dermatological Agents, Other</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	NDS
<i>acyclovir topical ointment 5 %</i>	4	NDS; QL (30 per 30 days)
<i>ammonium lactate topical cream 12 %</i>	2	NDS
<i>ammonium lactate topical lotion 12 %</i>	2	NDS
<i>calcipotriene scalp solution 0.005 %</i>	2	NDS; QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	2	NDS; QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	NDS; QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i>	2	NDS
<i>fluorouracil topical solution 2 %</i>	2	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil topical solution 5 %</i>	4	NDS
<i>imiquimod topical cream in packet 5 %</i>	2	NDS; QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	5	ST; NDS; QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (60 per 28 days)
<i>podofilox topical solution 0.5 %</i>	2	NDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	NDS; QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	NDS
<b>Dermatological Antibacterials</b>		
<i>clindamycin phosphate topical solution 1 %</i>	2	NDS; QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	2	NDS
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	4	NDS
<i>erythromycin with ethanol topical solution 2 %</i>	2	NDS
<i>gentamicin topical cream 0.1 %</i>	2	NDS; QL (90 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	NDS; QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i>	2	NDS
<i>metronidazole topical gel 0.75 %</i>	2	NDS
<i>metronidazole topical gel 1 %</i>	4	NDS
<i>mupirocin topical ointment 2 %</i>	1	NDS; QL (220 per 30 days)
<i>rosadan topical cream 0.75 %</i>	2	NDS
<i>selenium sulfide topical lotion 2.5 %</i>	2	NDS
<i>silver sulfadiazine topical cream 1 %</i>	2	NDS
<i>ssd topical cream 1 %</i>	4	NDS
<b>Dermatological Anti-Inflammatory Agents</b>		
<i>ala-cort topical cream 1 %</i>	2	NDS
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	NDS
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	NDS
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	NDS
<i>betamethasone valerate topical cream 0.1 %</i>	2	NDS
<i>betamethasone valerate topical lotion 0.1 %</i>	2	NDS
<i>betamethasone valerate topical ointment 0.1 %</i>	2	NDS



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone, augmented topical cream 0.05 %</i>	2	NDS
<i>betamethasone, augmented topical gel 0.05 %</i>	2	NDS
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	NDS
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	NDS
<i>clobetasol scalp solution 0.05 %</i>	2	NDS
<i>clobetasol topical cream 0.05 %</i>	2	NDS
<i>clobetasol topical gel 0.05 %</i>	4	NDS
<i>clobetasol topical lotion 0.05 %</i>	4	NDS
<i>clobetasol topical ointment 0.05 %</i>	2	NDS
<i>clobetasol topical shampoo 0.05 %</i>	2	NDS
<i>clobetasol-emollient topical cream 0.05 %</i>	2	NDS
<i>clobetasol-emollient topical foam 0.05 %</i>	4	NDS
EUCRISA TOPICAL OINTMENT 2 %	3	NDS
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	NDS
<i>fluocinolone topical ointment 0.025 %</i>	2	NDS
<i>fluocinonide topical cream 0.05 %</i>	2	NDS
<i>fluocinonide topical gel 0.05 %</i>	2	NDS
<i>fluocinonide topical ointment 0.05 %</i>	2	NDS
<i>fluocinonide topical solution 0.05 %</i>	2	NDS
<i>fluticasone propionate topical cream 0.05 %</i>	2	NDS
<i>halobetasol propionate topical cream 0.05 %</i>	2	NDS
<i>halobetasol propionate topical ointment 0.05 %</i>	2	NDS
<i>hydrocortisone 2.5% cream</i>	2	NDS
<i>hydrocortisone topical cream 1 %</i>	2	NDS
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	NDS
<i>hydrocortisone topical lotion 2.5 %</i>	2	NDS
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	NDS
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	NDS
<i>mometasone topical cream 0.1 %</i>	2	NDS
<i>mometasone topical ointment 0.1 %</i>	2	NDS
<i>mometasone topical solution 0.1 %</i>	2	NDS
<i>pimecrolimus topical cream 1 %</i>	4	NDS; QL (100 per 30 days)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	NDS
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	NDS
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	NDS; QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	NDS
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	NDS
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	NDS
<b>Dermatological Retinoids</b>		
<i>adapalene topical cream 0.1 %</i>	4	NDS
ALTRENO TOPICAL LOTION 0.05 %	4	PA; NDS
<i>tazarotene topical cream 0.1 %</i>	2	NDS
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA; NDS
<b>Scabicides And Pediculicides</b>		
<i>malathion topical lotion 0.5 %</i>	4	NDS
<i>permethrin topical cream 5 %</i>	2	NDS; QL (60 per 30 days)
<b>Devices</b>		
<b>Devices</b>		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	2	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	2	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	2	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	2	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	2	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	2	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	2	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	PA; ST
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	2	PA; ST
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	2	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	2	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	2	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	2	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	PA; ST; NDS
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	1	PA; ST; NDS
ALCOHOL WIPES TOPICAL PADS, MEDICATED	1	PA; ST; NDS
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	2	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	2	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	PA; ST
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

*Last updated 05/21/2026*

Drug Name	Drug Tier	Requirements/Limits
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	2	PA; ST
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	PA; ST
AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	2	PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	2	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	2	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	2	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	2	PA; ST
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	2	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
BD SINGLE USE SWAB	1	PA; ST; NDS
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	2	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	2	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	2	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	2	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	2	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	2	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	1	PA; ST; NDS
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	2	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	2	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	2	PA; ST
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	2	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

*Last updated 05/21/2026*

Drug Name	Drug Tier	Requirements/Limits
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	2	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	2	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	1	PA; ST; NDS
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	2	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	2	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	2	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"	2	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	2	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	2	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	2	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	2	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	2	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	2	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	2	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	2	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	2	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	2	PA; ST
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

*Last updated 05/21/2026*

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	2	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	2	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	2	PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	2	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	2	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	2	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	2	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	2	PA; ST
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	2	PA; ST
CURAD GAUZE PADS 2" X 2" 2 X 2 "	1	PA; ST; NDS
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	1	PA; ST; NDS
CURITY GAUZE PADS 2 X 2 "	1	PA; ST; NDS
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	PA; ST; NDS
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	1	PA; ST; NDS
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	PA; ST; NDS
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	PA; ST; NDS
DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2"	2	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	2	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM OUTER 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	2	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	2	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64"	2	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2"	2	PA; ST
DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64"	2	PA; ST
DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16	2	PA; ST
DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64"	2	PA; ST
DROPLET INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	2	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	2	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"	2	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	2	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	2	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	2	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	2	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	1	PA; ST; NDS
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	2	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	2	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	2	PA; ST
DROPSAFE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	2	PA; ST
DROPSAFE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	2	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	2	PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	2	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	2	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	2	PA; ST
EASY COMFORT ALCOHOL 70% PAD	1	PA; ST; NDS
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16"	2	PA; ST
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"	2	PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"	2	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	2	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	2	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	2	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16	2	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	2	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	2	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	2	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	2	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	1	PA; ST; NDS
EASY TOUCH AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4"	2	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

*Last updated 05/21/2026*

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH FLIPILOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INS 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	2	PA; ST
EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	2	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH LUER LOK INSUL 1 ML	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	2	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	2	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	2	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	2	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	2	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	2	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	2	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	2	PA; ST
EASYLIFE ALCOHOL 70% PADS	1	PA; ST; NDS
EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2"	2	PA; ST
EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32"	2	PA; ST
EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

*Last updated 05/21/2026*

Drug Name	Drug Tier	Requirements/Limits
EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16"	2	PA; ST
EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4"	2	PA; ST
EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16"	2	PA; ST
EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32"	2	PA; ST
EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16"	2	PA; ST
EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4"	2	PA; ST
EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16"	2	PA; ST
EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"	2	PA; ST
EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	2	PA; ST
EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32"	2	PA; ST
EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	2	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	2	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	2	PA; ST
EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	2	PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	2	PA; ST
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	PA; ST
FT STERILE PADS 2" X 2" 2 X 2 "	1	PA; ST; NDS
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	PA; ST; NDS
GAUZE PADS 2"X2" STRL 2 X 2 "	1	PA; ST; NDS
GNP ALCOHOL SWAB STERILE, TWO PLY	1	PA; ST; NDS
GNP CLICKFINE 31G X 1/4" NDL 6MM, UNIVERSAL 31 GAUGE X 1/4"	2	PA; ST
GNP CLICKFINE 31G X 5/16" NDL 8MM, UNIVERSAL 31 GAUGE X 5/16"	2	PA; ST
GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
GNP PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	2	PA; ST
GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	2	PA; ST
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 30 GAUGE	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	2	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	2	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	2	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	2	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	2	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	2	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	2	PA; ST
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"	2	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	1	PA; ST; NDS
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	2	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	2	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	2	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	2	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	
INSULIN 1 ML SYRINGE 1 ML 29 GAUGE X 7/16"	2	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 29 , 1/2 ML 30 GAUGE	2	PA; ST
INSULIN 3/10 ML SYRINGE 0.3 ML 30	2	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	2	PA; ST
INSULIN SYR 0.5 ML 28G 12.7MM (OTC) 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	2	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	2	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	2	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	2	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	2	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	2	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	2	PA; ST
INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE 1 ML 28G 12.7MM (OTC) 1 ML 28 GAUGE X 1/2"	2	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	2	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	2	PA; ST
INSULIN SYRINGE 1 ML 31GX5/16" SHORT NEEDLE, THIN II (OTC) 1 ML 31 GAUGE X 5/16"	2	PA; ST
INSULIN SYRINGE NEEDLELESS SYRINGE 1 ML	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	PA; ST
INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"	2	PA; ST; NDS
INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	2	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	2	PA; ST
IV ANTISEPTIC WIPES	1	PA; ST; NDS
KENDALL ALCOHOL 70% PREP PAD	1	PA; ST; NDS
LISCO SPONGES 100/BAG 2 X 2 "	1	PA; ST; NDS
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	2	PA; ST
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	2	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	2	PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16"	2	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	PA; ST
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	2	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	2	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	PA; ST
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	2	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	2	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

*Last updated 05/21/2026*

Drug Name	Drug Tier	Requirements/Limits
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	2	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	2	PA; ST
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	2	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	2	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	2	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	2	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	2	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	2	PA; ST
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	2	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	2	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	2	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	2	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	2	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	2	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	2	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	2	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	2	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	2	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	2	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	2	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
NOVOFINE 30 NEEDLE	2	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	2	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	2	PA; ST
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	2	PA; ST
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	NDS; QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	NDS; QL (1 per 365 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	NDS; QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	2	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	2	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	2	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	2	PA; ST
PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4"	2	PA; ST
PEN NEEDLE 6MM 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	2	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	2	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	2	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	2	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	2	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	2	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	2	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	2	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	2	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	2	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	2	PA; ST
PREFPLS INS SYR 1 ML 30GX5/16" (OTC) 1 ML 30 GAUGE X 5/16	2	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	2	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	PA; ST
PRO COMFORT ALCOHOL 70% PADS	1	PA; ST; NDS
PRO COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	2	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	2	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	2	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	2	PA; ST
PRO-COMFORT ALCOHOL 70% PADS	1	PA; ST; NDS
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

*Last updated 05/21/2026*

Drug Name	Drug Tier	Requirements/Limits
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
PURE COMFORT ALCOHOL 70% PADS	1	PA; ST; NDS
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	2	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	2	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	2	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	2	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	2	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	2	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	2	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	2	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	2	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	2	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	2	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	2	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	2	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
NEEDLES, INSULIN DISP., SAFETY	2	PA; ST
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	PA; ST
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	2	PA; ST
SURE COMFORT ALCOHOL PREP PADS	1	PA; ST; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	2	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	2	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	2	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	2	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	2	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	2	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	2	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	2	PA; ST
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	2	PA; ST
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	2	PA; ST
SURE-PREP ALCOHOL PREP PADS	1	PA; ST; NDS
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	2	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	2	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	2	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16"	2	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	2	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	2	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	2	PA; ST
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	2	PA; ST
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

*Last updated 05/21/2026*

Drug Name	Drug Tier	Requirements/Limits
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	2	PA; ST
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	2	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8"	2	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	2	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8"	2	PA; ST
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	2	PA; ST
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	1	PA; ST; NDS
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	2	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	2	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	2	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	2	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	2	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	2	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	2	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	2	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	1	PA; ST; NDS
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

*Last updated 05/21/2026*

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	2	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	2	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	2	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64"	2	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	2	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	2	PA; ST
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	2	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	2	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	2	PA; ST
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	2	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
ULTICARE INS SYR 0.5 ML 30G 8MM (OTC) 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	2	PA; ST
ULTICARE INS SYR 0.5 ML 31G 8MM (OTC) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	2	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	2	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	2	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	2	PA; ST
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	2	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

*Last updated 05/21/2026*

Drug Name	Drug Tier	Requirements/Limits
ULTICARE SAFETY 0.5 ML 29GX1/2 (RX) 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	2	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	2	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	2	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	2	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	2	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	2	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	2	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	2	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	2	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	2	PA; ST
ULTILET ALCOHOL STERL SWAB	1	PA; ST; NDS



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	PA; ST
ULTILET PEN NEEDLE 29 GAUGE	2	PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	2	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	2	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	2	PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	2	PA; ST
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	2	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	2	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

*Last updated 05/21/2026*

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	2	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16"	2	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16"	2	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	2	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	2	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	2	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"	2	PA; ST



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	2	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	2	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	2	PA; ST
ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	2	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64"	2	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	2	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	2	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	2	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

*Last updated 05/21/2026*

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



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	2	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	2	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	2	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

*Last updated 05/21/2026*

Drug Name	Drug Tier	Requirements/Limits
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	2	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	2	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	2	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	2	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	2	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	2	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	2	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	PA; ST; NDS
V-GO 20 DEVICE	3	QL (30 per 30 days)
V-GO 30 DEVICE	3	QL (30 per 30 days)
V-GO 40 DEVICE	3	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	1	PA; ST; NDS
<b>Enzyme Cofactors/Chaperones</b>		
<b>Enzyme Cofactors/Chaperones</b>		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	5	PA; NDS; QL (90 per 30 days)
<b>Enzyme Replacement/Modifiers</b>		
<b>Enzyme Replacement/Modifiers</b>		



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. For more information, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
<i>javygtor oral tablet,soluble 100 mg</i>	5	PA; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NDS
<i>sapropterin oral tablet,soluble 100 mg</i>	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
<b>Eye, Ear, Nose, Throat Agents</b>		
<b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	2	QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	NDS
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	NDS
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	4	NDS
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	NDS; QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	3	NDS; QL (12 per 28 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	2	NDS
<b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>		

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid otic (ear) solution 2 %</i>	2	NDS
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	NDS
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	NDS
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	NDS
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	NDS
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	NDS; QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	NDS; QL (3.5 per 4 days)
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	NDS
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	NDS
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	NDS
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	NDS
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	NDS
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	NDS
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	NDS
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	NDS
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	NDS
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	NDS
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	NDS
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	NDS
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	NDS
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	NDS
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	NDS



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	NDS
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	NDS
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	NDS
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	NDS
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	NDS
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	NDS
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	NDS
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	NDS
<i>tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %</i>	2	NDS
<i>trifluridine ophthalmic (eye) drops 1 %</i>	4	NDS
XDEMVI OPTHALMIC (EYE) DROPS 0.25 %	5	PA; NDS; QL (10 per 42 days)
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	4	NDS
ZYLET OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	NDS
<b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>		
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %</i>	2	NDS
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	2	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	NDS
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	NDS
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	4	NDS
EYSUVIS OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	NDS; QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	4	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2	NDS
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	2	NDS
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	NDS
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	NDS; QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	2	NDS; QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	NDS; QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	NDS; QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	4	NDS; QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	2	ST; NDS
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	4	NDS; QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	4	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	4	NDS
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
<b>Gastrointestinal Agents</b>		
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	4	NDS
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	4	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	4	ST; QL (60 per 30 days)
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	QL (30 per 30 days)



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole oral capsule, delayed release (dr/ec)</i> 30 mg	2	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>omeprazole oral capsule, delayed release (dr/ec)</i> 10 mg, 20 mg, 40 mg	1	
<i>pantoprazole oral tablet, delayed release (dr/ec)</i> 20 mg	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i> 40 mg	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i> 20 mg	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i>	2	
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	PA; NDS
<b>Gastrointestinal Agents, Other</b>		
<i>carglumic acid oral tablet, dispersible 200 mg</i>	5	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i>	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	2	NDS
<i>dicyclomine oral capsule 10 mg</i>	2	PA; AGE (Max 64 Years)
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	PA; AGE (Max 64 Years)
<i>dicyclomine oral tablet 20 mg</i>	2	PA; AGE (Max 64 Years)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	PA; NDS; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i>	2	
<i>generlac oral solution 10 gram/15 ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>kionex oral suspension 15 gram/60 ml</i>	2	NDS
<i>lactulose oral solution 10 gram/15 ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
<i>loperamide oral capsule 2 mg</i>	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	NDS
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	NDS
MOVANTI ORAL TABLET 12.5 MG, 25 MG	3	NDS; QL (30 per 30 days)
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	2	NDS
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	2	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	NDS
<i>ursodiol oral capsule 200 mg, 400 mg</i>	5	NDS
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (84 per 28 days)
<b>Laxatives</b>		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	NDS
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	NDS
<i>gavilyte-n oral recon soln 420 gram</i>	2	NDS
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	NDS
<i>peg-electrolyte soln oral recon soln 420 gram</i>	2	NDS
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)</i>	2	NDS
<b>Phosphate Binders</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	2	
<i>sevelamer carbonate oral tablet 800 mg</i>	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	2	
<i>flavoxate oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	
<i>tropium oral tablet 20 mg</i>	2	
<b>Genitourinary Agents, Miscellaneous</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	2	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	2	PA
<i>penicillamine oral tablet 250 mg</i>	5	PA; NDS
<i>trientine oral capsule 250 mg</i>	5	PA; NDS; QL (240 per 30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying</b>		
<b>Androgens</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	NDS
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	2	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; NDS; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PA; QL (300 per 30 days)
<b>Estrogens And Antiestrogens</b>		
<i>abigale oral tablet 1-0.5 mg</i>	2	PA; AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	2	
<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>	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	4	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	PA; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i>	2	PA; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/0.625MG-5MG(14)	3	PA; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i>	2	
<i>yuvafem vaginal tablet 10 mcg</i>	4	QL (18 per 28 days)
<b>Glucocorticoids/Mineralocorticoids</b>		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	NDS
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	NDS
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	NDS
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	2	NDS
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	NDS
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	NDS
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD; NDS
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD; NDS



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	PA BvD; NDS
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD; NDS
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; NDS
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	NDS
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	NDS
<b>Pituitary</b>		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NDS
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	5	NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS
ORLISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORLISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS
<b>Progestins</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i>	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	PA NSO; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
<b>Thyroid And Antithyroid Agents</b>		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; NDS
<b>Immunological Agents</b>		
<b>Immunological Agents</b>		
<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml</i>	5	PA; NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. For more information, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml</i>	5	PA; NDS
<i>adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml</i>	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	4	PA BvD
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	5	PA BvD; NDS
<i>azathioprine oral tablet 50 mg</i>	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	2	PA BvD; NDS
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	2	PA BvD
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	2	PA BvD
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA; NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA; NDS



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
HADLIMA(CF) PUSH TOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	5	PA; NDS
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; NDS
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
<i>infliximab intravenous recon soln 100 mg</i>	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	2	PA BvD; NDS
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	4	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NDS
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	5	PA; NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	5	PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD; NDS
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	ST
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i>	2	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NDS
<i>tacrolimus intravenous solution 5 mg/ml</i>	2	PA BvD; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NDS; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	5	PA; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	5	PA; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
<i>ustekinumab-aauz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml</i>	3	PA
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; NDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS
<b>Vaccines</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	NDS; \$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	NDS
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	NDS; \$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	NDS; \$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	NDS; \$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	NDS; \$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	NDS; \$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	NDS; \$0 copay



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	NDS; \$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	NDS
DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	NDS; QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; NDS; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; NDS; \$0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; NDS; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	NDS; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	NDS; \$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	NDS; \$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	NDS
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD; NDS; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	NDS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD; NDS; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	NDS
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	NDS; \$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	NDS; \$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	NDS; \$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	NDS
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	NDS; \$0 copay

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	NDS; \$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	NDS; \$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	NDS; \$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	NDS; \$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	NDS
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	NDS
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	NDS; \$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	3	NDS; \$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	NDS; \$0 copay
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	3	NDS
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	3	NDS
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	NDS
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-20MCG-5LF- 62 DU/0.5 ML	3	NDS
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	NDS; \$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	NDS



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	NDS
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	NDS
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD; NDS; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; NDS; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; NDS; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	NDS
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	NDS
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	NDS
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	NDS; \$0 copay; QL (2 per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	NDS; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	NDS; \$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	NDS; \$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	NDS; \$0 copay
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	NDS
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	NDS
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	NDS; \$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	NDS; \$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	NDS; \$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	NDS; \$0 copay

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

*Last updated 05/21/2026*

Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	NDS; \$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	NDS
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	NDS; \$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	NDS
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	NDS; \$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	NDS; \$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X10EXP9 CF UNIT	3	NDS; \$0 copay
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	3	NDS; \$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	NDS; \$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	NDS; \$0 copay

### Inflammatory Bowel Disease Agents

#### Inflammatory Bowel Disease Agents

<i>alosetron oral tablet 0.5 mg</i>	2	NDS
<i>alosetron oral tablet 1 mg</i>	5	NDS
<i>balsalazide oral capsule 750 mg</i>	2	NDS
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	4	NDS
<i>budesonide rectal foam 2 mg/actuation</i>	2	NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	2	NDS
<i>mesalamine oral capsule, extended release 500 mg</i>	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	4	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	4	QL (120 per 30 days)



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	4	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	4	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	2	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	2	QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	5	NDS; QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	5	PA; NDS; QL (2.24 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	NDS
<i>betaine oral powder 1 gram/scoop</i>	5	PA; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>diazoxide oral suspension 50 mg/ml</i>	5	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	3	NDS
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	5	PA; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	NDS
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	NDS
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	NDS
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA; NDS; AGE (Max 64 Years)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	NDS
<i>mesna oral tablet 400 mg</i>	5	NDS
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	2	NDS; QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
THALOMID ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (224 per 28 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	5	PA; NDS; QL (12 per 30 days)
<b>Ophthalmic Agents</b>		
<b>Antiglaucoma Agents</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	NDS
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	2	



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	4	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
<b>Replacement Preparations</b>		
<b>Replacement Preparations</b>		
<i>d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution</i>	2	NDS
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	NDS
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	NDS
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	4	NDS
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	2	NDS
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	NDS
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	NDS
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	NDS
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	NDS
<b>Respiratory Tract Agents</b>		
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	QL (60 per 30 days)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	4	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	2	PA BvD; QL (120 per 30 days)



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	4	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	4	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	4	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	4	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	
<b>Bronchodilators</b>		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	4	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation</i>	2	QL (25.8 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	4	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	2	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD; NDS
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
JASCAYD ORAL TABLET 18 MG, 9 MG	5	PA; NDS; QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
<i>nintedanib oral capsule 100 mg, 150 mg</i>	5	PA; NDS; QL (60 per 30 days)



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	5	PA BvD; NDS
<i>roflumilast oral tablet 250 mcg</i>	2	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i>	2	QL (30 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NDS; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 90 MG (45 MG X 2)	5	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; NDS; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	PA; NDS; AGE (Max 64 Years)
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	
<b>Sleep Disorder Agents</b>		

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<b>Sleep Disorder Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	NDS; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	NDS; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	NDS; QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	NDS; QL (30 per 30 days)
<b>Vasodilating Agents</b>		
<b>Vasodilating Agents</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	2	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	2	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	5	PA; NDS
<b>Vitamins And Minerals</b>		
<b>Vitamins And Minerals</b>		
<i>bal-care dha combo pack 27-1-430 mg</i>	1	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	1	
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	1	
<i>completenate tablet chew 29 mg iron- 1 mg</i>	1	
<i>folivane-ob capsule 85-1 mg</i>	1	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	1	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	1	



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>m-natal plus tablet 27 mg iron- 1 mg</i>	1	
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	1	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
<i>newgen tablet 32-1,000 mg-mcg</i>	1	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	1	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	1	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>	1	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	
<i>pnv-omega softgel 28-1-300 mg</i>	1	
<i>pr natal 400 combo pack 29-1-400 mg</i>	1	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	1	
<i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
<i>prenatabs fa tablet 29-1 mg</i>	1	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal-u capsule 106.5-1 mg</i>	1	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	1	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 19.

Last updated 05/21/2026

Drug Name	Drug Tier	Requirements/Limits
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>taron-c dha capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron- 1.2 mg-55 mg-265 mg</i>	1	
<i>virt-c dha oral capsule 35-1-200 mg</i>	1	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	1	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	1	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	1	
<i>vitafol nano oral tablet 18 mg iron- 1 mg</i>	1	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	1	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg- 260 mg</i>	1	
<i>vp-pnv-dha oral capsule 28 mg iron- 1 mg-200 mg</i>	1	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus softgel 28-1-300 mg</i>	1	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	



**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).

## D. Index of Covered Drugs

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

<b>1</b>		
1ST TIER UNIFINE PENTIPS91		
1ST TIER UNIFINE PENTIPS PLUS.....	91	
<b>A</b>		
abacavir.....	66	
abacavir-lamivudine.....	66	
ABELCET.....	55	
abigale.....	136	
ABILIFY ASIMTUFII.....	61	
ABILIFY MAINTENA.....	61	
abiraterone.....	32	
abiraterone, submicronized32		
abirtega.....	32	
ABRYSVO (PF).....	145	
acamprostate.....	26	
acarbose.....	51	
acebutolol.....	75	
acetaminophen-codeine..	24	
acetazolamide.....	151	
acetazolamide sodium..	151	
acetic acid.....	131	
acetylcysteine.....	155	
acitretin.....	88	
ACTHIB (PF).....	145	
ACTIMMUNE.....	150	
acyclovir.....	70, 88	
acyclovir sodium.....	70	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)145		
adalimumab-aaty ...	139, 140	
adalimumab-aaty(cf) ai crohns		
.....	140	
adapalene.....	91	
adefovir.....	70	
ADEMPAS.....	157	
adrucil.....	32	
ADVAIR HFA.....	153	
ADVOCATE PEN NEEDLE92		
ADVOCATE SYRINGES91, 92		
afirmelle.....	82	
AIMOVIG AUTOINJECTOR57		
AIRSUPRA.....	153, 154	
AKEEGA.....	32	
ak-poly-bac.....	131	
ala-cort.....	89	
albendazole.....	59	
albuterol sulfate.....	154	
ALCOHOL PADS.....	92	
ALCOHOL PREP PADS	109	
ALCOHOL PREP SWABS92		
ALCOHOL SWABS.....	106	
ALCOHOL WIPES.....	92	
ALECENSA.....	32	
alendronate.....	150	
alfuzosin.....	136	
aliskiren.....	79	
allopurinol.....	57	
alosectron.....	149	
alprazolam.....	27	
altavera (28).....	82	
ALTRENO.....	91	
ALUNBRIG.....	32	
ALVAIZ.....	71	
alyacen 1/35 (28).....	82	
alyacen 7/7/7 (28).....	83	
ALYFTREK.....	155	
alyq.....	157	
amantadine hcl.....	60	
amethyst (28).....	83	
amikacin.....	28	
amiloride.....	77	
amiloride-hydrochlorothiazide	77	
amiodarone.....	75	
amitriptyline.....	49	
amlodipine.....	77	
amlodipine-atorvastatin ...	78	
amlodipine-benazepril.....	77	
amlodipine-olmesartan ...	77	
amlodipine-valsartan.....	77	
amlodipine-valsartan-hcthiamid		
.....	77	
ammonium lactate.....	88	
amoxapine.....	49	
amoxicil-clarithromy-lansopraz		
.....	133	
amoxicillin.....	30	
amoxicillin-pot clavulanate30,		
31		
amphotericin b.....	55	
amphotericin b liposome .	55	
ampicillin.....	31	
ampicillin sodium.....	31	
ampicillin-sulbactam.....	31	
anagrelide.....	72	
anastrozole.....	32	
ANKTIVA.....	32	
ANORO ELLIPTA.....	154	
aprepitant.....	58	
apri.....	83	
APTIVUS.....	66	
AQINJECT PEN NEEDLE92		
ARCALYST.....	140	
AREXVY (PF).....	145	
ARIKAYCE.....	28	
aripiprazole.....	61	
ARISTADA.....	61	
ARISTADA INITIO.....	61	
armodafinil.....	157	
ARNUIITY ELLIPTA.....	153	
asenapine maleate.....	61	
aspirin-dipyridamole.....	72	
ASSURE ID DUO PRO SFTY		
PEN NDL.....	92	
ASSURE ID DUO-SHIELD92		
ASSURE ID INSULIN SAFETY		
.....	92, 93	
ASSURE ID PEN NEEDLE92,		
93		
ASSURE ID PRO PEN		
NEEDLE.....	93	
ASTAGRAF XL.....	140	
atazanavir.....	66	
atenolol.....	75	
atenolol-chlorthalidone....	75	
atomoxetine.....	80	

atorvastatin.....	78	BD INSULIN SYRINGE ULTRA-FINE .....	93	blisovi fe 1.5/30 (28).....	83
atovaquone.....	59	BD LO-DOSE ULTRA-FINE93		blisovi fe 1/20 (28).....	83
atovaquone-proguanil .....	59	BD NANO 2ND GEN PEN		BOOSTRIX TDAP. 145, 146	
atropine.....	130	NEEDLE .....	93	BORDERED GAUZE .....	94
ATROVENT HFA .....	154	BD SAFETYGLIDE INSULIN		bortezomib .....	33
aubra eq .....	83	SYRINGE .....	93, 94	BORUZU.....	33
AUGTYRO.....	33	BD SAFETYGLIDE SYRINGE		bosentan.....	157
aurovela 1.5/30 (21).....	83	.....	94	BOSULIF .....	33
aurovela 1/20 (21).....	83	BD ULTRA-FINE MICRO PEN		BRAFTOVI.....	33
aurovela 24 fe.....	83	NEEDLE .....	94	BREO ELLIPTA .....	153
aurovela fe 1.5/30 (28)....	83	BD ULTRA-FINE MINI PEN		breyana.....	153
aurovela fe 1-20 (28).....	83	NEEDLE .....	94	BREZTRI AEROSPHERE154	
AUSTEDO .....	80	BD ULTRA-FINE NANO PEN		BRILINTA.....	72
AUSTEDO XR .....	80	NEEDLE .....	94	brimonidine .....	151
AUSTEDO XR TITRATION		BD ULTRA-FINE ORIG PEN		brimonidine-timolol.....	152
KT(WK1-4).....	80	NEEDLE .....	94	brinzolamide .....	152
AUTOSHIELD DUO PEN		BD ULTRA-FINE SHORT PEN		brivaracetam .....	44, 45
NEEDLE.....	93	NEEDLE .....	94	BRIVIACT .....	45
AUVELITY .....	49	BD VEO INSULIN SYR (HALF		bromfenac.....	132
aviane .....	83	UNIT).....	94	bromocriptine .....	60
AVMAPKI.....	33	BD VEO INSULIN SYRINGE UF		BRONCHITOL .....	155
AVMAPKI-FAKZYNJA .....	33	.....	94	BRUKINSA .....	33
AVONEX.....	80	BELSOMRA .....	157	budesonide .....	149, 153
AXTLE .....	33	benazepril.....	74	budesonide-formoterol ..	154
ayuna.....	83	benazepril-hydrochlorothiazide		bumetanide .....	77
AYVAKIT .....	33	.....	74	buprenorphine.....	24
azacitidine.....	33	bendamustine.....	33	buprenorphine hcl .....	26
azathioprine .....	140	BENDAMUSTINE.....	33	buprenorphine-naloxone .	26
azathioprine sodium.....	140	BENDEKA .....	33	bupropion hcl .....	49
azelastine .....	130	BENLYSTA .....	140	bupropion hcl (smoking deter)	27
azithromycin .....	30	benztropine .....	60	buspirone .....	150
aztreonam.....	30	BESREMI .....	140	butalbital-acetaminop-caf-cod	24
azurette (28).....	83	betaine .....	150	butalbital-acetaminophen-caff	24
<b>B</b>		betamethasone dipropionate .	89	<b>C</b>	
bacitracin .....	131	betamethasone valerate ..	89	CABENUVA .....	66
bacitracin-polymyxin b ..	131	betamethasone, augmented	90	cabergoline .....	60
baclofen.....	156	BETASERON .....	80	CABOMETYX .....	33
bal-care dha.....	157	betaxolol.....	151	cabotegravir.....	66
bal-care dha essential...	157	bethanechol chloride .....	135	calcipotriene.....	88
balsalazide.....	149	bexarotene .....	33	calcitonin (salmon) .....	150
BALVERSA.....	33	BEXSERO.....	145	calcitriol.....	150
BAQSIMI.....	150	bicalutamide .....	33	calcium acetate(phosphat bind)	
BCG VACCINE, LIVE (PF)145		BICILLIN L-A .....	31	.....	135
BD ALCOHOL SWABS...	94	BIKTARVY .....	66	CALQUENCE.....	34
BD AUTOSHIELD DUO PEN		bisoprolol fumarate.....	75	CALQUENCE	
NEEDLE.....	93	bisoprolol-hydrochlorothiazide	75	(ACALABRUTINIB MAL)33	
BD ECLIPSE LUER-LOK	93	BIZENGRI .....	33	CAMCEVI (6 MONTH) ....	34
BD INSULIN SYRINGE...	93	bleomycin.....	33	camila .....	83
BD INSULIN SYRINGE (HALF		blisovi 24 fe .....	83	candesartan .....	73
UNIT) .....	93				

candesartan-hydrochlorothiazid .....	73	CIMZIA POWDER FOR RECONST .....	140	COMFORT EZ PEN NEEDLES .....	96
CAPLYTA .....	61	CIMZIA STARTER KIT ..	140	COMFORT EZ PRO SAFETY PEN NDL.....	96
CAPRELSA .....	34	cinacalcet .....	150	COMFORT TOUCH PEN NEEDLE.....	97, 98
captopril.....	74	ciprofloxacin hcl.....	31, 131	completenate .....	157
carbamazepine .....	45	ciprofloxacin in 5 % dextrose .	31	compro.....	59
carbidopa-levodopa .....	60	ciprofloxacin-dexamethasone .....	131	conjugated estrogens....	137
CAREFINE PEN NEEDLE94, 95		citalopram.....	49	constulose.....	134
CARETOUCH ALCOHOL PREP PAD .....	95	clarithromycin .....	30	COPIKTRA .....	34
CARETOUCH INSULIN SYRINGE.....	95	CLICKFINE PEN NEEDLE95, 106		CORLANOR .....	76
CARETOUCH PEN NEEDLE. 95		clindamycin hcl.....	28	CORTROPHIN GEL.....	138
carglumic acid.....	134	clindamycin phosphate28, 57, 89		COSENTYX .....	140
carteolol.....	152	clindamycin-benzoyl peroxide	89	COSENTYX (2 SYRINGES)140	
cartia xt.....	76	CLINIMIX 6%-D5W (SULFITE-FREE).....	73	COSENTYX PEN (2 PENS)140	
carvedilol .....	75	CLINIMIX 8%-D10W(SULFITE-FREE).....	73	COSENTYX UNOREADY PEN .....	140
CAYSTON .....	30	CLINIMIX 8%-D14W(SULFITE-FREE).....	73	COTELLIC .....	34
cefaclor.....	29	CLINIMIX E 8%-D10W SULFITEFREE .....	73	CREON.....	130
cefadroxil .....	29	CLINIMIX E 8%-D14W SULFITEFREE .....	73	CRESEMBA.....	56
cefazolin .....	29	clobazam.....	45	cromolyn .....	130, 134, 155
cefdinir.....	29	clobetasol.....	90	cryselle (28) .....	83
cefepime.....	29	clobetasol-emollient.....	90	CURAD GAUZE PAD.....	98
cefixime .....	29	clomipramine .....	49	CURITY ALCOHOL SWABS. 98	
cefoxitin .....	29	clonazepam.....	27	CURITY GAUZE .....	98
cefepoxime .....	29	clonidine .....	73	cyclobenzaprine .....	156
cefprozil.....	29	clonidine hcl .....	73	cyclophosphamide .....	34
ceftaroline fosamil.....	29	clopidogrel.....	72	cyclosporine.....	132, 140
ceftazidime .....	29	clorazepate dipotassium..	27	cyclosporine modified....	140
ceftriaxone .....	29	clotrimazole .....	56	CYLTEZO(CF) .....	141
cefuroxime axetil.....	29	clotrimazole-betamethasone	56	CYLTEZO(CF) PEN.....	141
cefuroxime sodium....	29, 30	clozapine .....	62	CYLTEZO(CF) PEN CROHN'S-UC-HS.....	141
celecoxib.....	25	c-nate dha .....	157	CYLTEZO(CF) PEN PSORIASIS-UV.....	141
cephalexin .....	30	COARTEM .....	59	cyred eq.....	83
cevimeline.....	88	COBENFY.....	62	<b>D</b>	
chateal eq (28).....	83	COBENFY STARTER PACK. 62		d5 % (d-glucose)-0.9 % sodchl r .....	152
chlordiazepoxide hcl .....	27	colchicine .....	57	d5 % and 0.9 % sodium chloride .....	152
chlorhexidine gluconate ..	88	colesevelam .....	78	d5 %-0.45 % sodium chloride .....	152
chloroquine phosphate....	59	colestipol .....	78	dabigatran etexilate.....	71
chlorpromazine .....	61, 62	colistin (colistimethate na)28		dalfampridine .....	80
chlorthalidone .....	77	COMBIVENT RESPIMAT154		danazol .....	136
cholestyramine (with sugar)78		COMETRIQ .....	34	dantrolene.....	156
cholestyramine light .....	78	COMFORT EZ INSULIN SYRINGE .....	95, 96, 97	DANYELZA.....	34
ciclopirox.....	56			DANZITEN.....	34
cilostazol.....	72				
CIMDUO.....	66				
cimetidine hcl.....	133				
CIMZIA .....	140				

dapagliflozin.....	51	dihydroergotamine.....	57	EASY GLIDE INSULIN	
dapagliflozin-metformin...	51	DILANTIN.....	45	SYRINGE.....	102
dapsone.....	58	diltiazem hcl .....	76	EASY GLIDE PEN NEEDLE	102
DAPTACEL (DTAP		dilt-xr .....	76	EASY TOUCH.....	104
PEDIATRIC) (PF).....	146	dimethyl fumarate.....	81	EASY TOUCH ALCOHOL	
daptomycin .....	28	diphenoxylate-atropine ..	134	PREP PADS.....	102
darunavir.....	66	dipyridamole.....	72	EASY TOUCH AUTORETRACT	
dasatinib .....	34	disulfiram.....	27	SYRINGE.....	102, 103
dasetta 1/35 (28).....	83	divalproex.....	45	EASY TOUCH FLIPLOCK	
dasetta 7/7/7 (28).....	83	dofetilide.....	75	INSULIN.....	103
DATROWAY.....	34	dolishale.....	83	EASY TOUCH FLIPLOCK	
DAURISMO .....	34	donepezil.....	48	SYRINGE.....	103
deblitane.....	83	dorzolamide.....	152	EASY TOUCH INSULIN	
decitabine .....	34	dorzolamide-timolol .....	152	SAFETY SYR.....	102
deferasirox.....	136	DOVATO.....	66	EASY TOUCH INSULIN	
DELSTRIGO.....	66	doxazosin.....	73	SYRINGE..	102, 103, 104
demeclocycline .....	32	doxepin.....	49	EASY TOUCH LUER LOCK	
DENGVAXIA (PF).....	146	doxorubicin, peg-liposomal	34	INSULIN.....	103
denta 5000 plus .....	88	doxy-100 .....	32	EASY TOUCH PEN NEEDLE	
dentagel.....	88	doxycycline hyclate .....	32	.....	104
DEPO-SUBQ PROVERA	104	doxycycline monohydrate	32	EASY TOUCH SAFETY PEN	
.....	139	DRIZALMA SPRINKLE	49, 50	NEEDLE.....	104, 105
DERMACEA .....	98	dronabinol .....	59	EASY TOUCH SHEATHLOCK	
DERMACEA NON-WOVEN	98	DROPLET INSULIN SYR(HALF		INSULIN.....	103
dermacinrx lidocan.....	26	UNIT).....	98, 99	EASY TOUCH UNI-SLIP	104
DESCOVY .....	66	DROPLET INSULIN SYRINGE		EASYLIFE ALCOHOL PADS	
desipramine .....	49	.....	98, 99	.....	104
desmopressin .....	138	DROPLET MICRON PEN		EASYLIFE INSULIN PEN	
desog-e.estradiol/e.estradiol	83	NEEDLE .....	99	NEEDLE.....	104, 105
desogestrel-ethinyl estradiol	83	DROPLET PEN NEEDLE	99,	EASYLIFE INSULIN SYRINGE	
desvenlafaxine succinate	49	100		.....	105
dexamethasone .....	137	DROPSAFE ALCOHOL PREP		EASYLIFE SAFETY PEN	
dexamethasone sodium		PADS.....	100	NEEDLE.....	105
phosphate .....	132, 137	DROPSAFE INSULIN		econazole nitrate.....	56
dextroamphetamine-		SYRINGE .....	100	EDURANT .....	66
amphetamine .....	81	DROPSAFE PEN NEEDLE	100	EDURANT PED .....	66
dextrose 5 % in water (d5w)	73	droxidopa .....	73	efavirenz .....	67
DIACOMIT.....	45	duloxetine.....	50	efavirenz-emtricitabin-tenofov	67
diazepam.....	27, 45	DUPIXENT PEN.....	141	efavirenz-lamivu-tenofov disop	
diazepam intensol.....	27	DUPIXENT SYRINGE ...	141	.....	67
diazoxide .....	150	dutasteride .....	136	ELAHERE.....	34
diclofenac epolamine .....	25	<b>E</b>		ELEPSIA XR.....	45
diclofenac potassium .....	25	EASY COMFORT ALCOHOL		ELIGARD.....	34
diclofenac sodium ....	25, 132	PAD.....	101	ELIGARD (3 MONTH).....	34
diclofenac-misoprostol ....	25	EASY COMFORT INSULIN		ELIGARD (4 MONTH).....	34
dicloxacillin .....	31	SYRINGE .....	101, 102	ELIGARD (6 MONTH).....	34
dicyclomine.....	134	EASY COMFORT PEN		elinest .....	83
didanosine .....	66	NEEDLES.....	101, 102	ELIQUIS.....	71
difluprednate.....	132	EASY COMFORT SAFETY		ELIQUIS DVT-PE TREAT 30D	
digoxin .....	76	PEN NEEDLE ....	100, 101	START .....	71

ELREXFIO.....	35	erythromycin.....	30, 131	felodipine .....	77
eltrombopag olamine .....	72	erythromycin ethylsuccinate	30	femynor.....	84
eluryng.....	83	erythromycin with ethanol	89	fenofibrate.....	79
EMBRACE PEN NEEDLE	105,	ERZOFRI .....	62	fenofibrate micronized.....	79
106		escitalopram oxalate.....	50	fenofibrate nanocrystallized	79
EMCYT.....	35	eslicarbazepine .....	46	fentanyl.....	24
EMGALITY PEN .....	57	esomeprazole magnesium	133	fentanyl citrate.....	24
EMGALITY SYRINGE.....	58	estarylla.....	84	fesoterodine .....	135
EMRELIS.....	35	estradiol.....	137	FETZIMA .....	50
EMSAM .....	50	estradiol-norethindrone acet	137	FIASP FLEXTOUCH U-100	
emtricitabine .....	67	eszopiclone .....	157	INSULIN.....	53
emtricitabine-tenofovir (tdf)	67	ethambutol .....	58	FIASP PENFILL U-100	
emtricitabine-tenofovir (tdf)	67	ethosuximide .....	46	INSULIN.....	53
EMTRIVA.....	67	ethynodiol diac-eth estradiol	84	FIASP PUMPCART.....	53
emzahn.....	83	etodolac.....	25	FIASP U-100 INSULIN...	53
enalapril maleate .....	74	etonogestrel-ethinyl estradiol.	84	fidaxomicin.....	30
enalapril-hydrochlorothiazide	74	ETOPOPHOS.....	35	finasteride .....	136
ENBREL .....	141	etoposide.....	35	fingolimod .....	81
ENBREL MINI.....	141	etravirine .....	67	FINTEPLA.....	46
ENBREL SURECLICK..	141	EUCRISA .....	90	FIRMAGON KIT W DILUENT	
endocet.....	24	EULEXIN.....	35	SYRINGE.....	35
ENGERIX-B (PF).....	146	everolimus (antineoplastic)	35	flavoxate .....	135
ENGERIX-B PEDIATRIC (PF)		everolimus		flecainide.....	75
.....	146	(immunosuppressive). 141		floxuridine .....	35
enilloring .....	84	EVOTAZ.....	67	fluconazole.....	56
enoxaparin.....	71	EXEL INSULIN.....	106	fluconazole in nacl (iso-osm).	56
enpresse.....	84	exemestane.....	35	flucytosine.....	56
ENSACOVE.....	35	EXTENCILLINE.....	31	fludrocortisone .....	137
enskyce .....	84	EXXUA.....	50	flunisolide.....	132
entacapone.....	60	EYSUVIS.....	132	fluocinolone.....	90
entecavir.....	70	ezetimibe.....	78	fluocinolone acetone oil	132
ENTRESTO .....	73	ezetimibe-simvastatin .....	79	fluocinonide.....	90
ENTRESTO SPRINKLE..	73	<b>F</b>		fluoride (sodium) .....	88
enulose.....	134	FAKZYNJA.....	35	fluorometholone .....	132
EPCLUSA.....	70	falmina (28) .....	84	fluorouracil .....	35, 88, 89
EPIDIOLEX.....	45	famciclovir .....	70	fluoxetine .....	50
epinastine .....	130	famotidine.....	133	fluphenazine decanoate..	62
epinephrine.....	76, 77	FANAPT.....	62	fluphenazine hcl.....	62, 63
epitol.....	45	FANAPT TITRATION PACK A		flurbiprofen.....	25
EPIVIR HBV .....	67	.....	62	flurbiprofen sodium .....	132
EPKINLY .....	35	FANAPT TITRATION PACK B		flutamide .....	35
eplerenone.....	79	.....	62	fluticasone propionate	90, 133,
EPRONTIA .....	45	FANAPT TITRATION PACK C		154	
ERBITUX.....	35	.....	62	fluticasone propion-salmeterol	
ergoloid.....	48	FARXIGA .....	51	.....	154
ERIVEDGE.....	35	FASENRA .....	155	fluvastatin.....	79
ERLEADA.....	35	FASENRA PEN.....	155	fluvoxamine.....	50
erlotinib .....	35	febuxostat.....	57	folivane-ob .....	157
errin .....	84	feirza .....	84	fondaparinux.....	71
ertapenem .....	30	felbamate .....	46	fosamprenavir .....	67

fosfomycin tromethamine	28	griseofulvin ultramicrosize	56	HUMIRA(CF) PEN PSOR-UV-ADOL HS	142
fosinopril	74	guanfacine	73, 81	HUMULIN R U-500 (CONC) INSULIN	53
fosinopril-hydrochlorothiazide	74	GVOKE	151	HUMULIN R U-500 (CONC) KWIKPEN	53
fosphenytoin	46	GVOKE HYPOPEN 2-PACK	151	hydralazine	77
FOTIVDA	35	GVOKE PFS 1-PACK SYRINGE	151	hydrochlorothiazide	78
FREESTYLE PRECISION	106	<b>H</b>		hydrocodone-acetaminophen	24
FRUZAQLA	36	HADLIMA	141	hydrocortisone	90, 137, 149
fulvestrant	36	HADLIMA PUSH TOUCH	141	hydrocortisone valerate	90
furosemide	77, 78	HADLIMA(CF)	142	hydrocortisone-acetic acid	131
FUZEON	67	HADLIMA(CF) PUSH TOUCH	142	hydromorphone	24
FYARRO	36	HAEGARDA	72	hydroxychloroquine	59
FYCOMPA	46	hailey 24 fe	84	hydroxyurea	36
<b>G</b>		hailey fe 1.5/30 (28)	84	hydroxyzine hcl	57
gabapentin	46	hailey fe 1/20 (28)	84	hydroxyzine pamoate	151
galantamine	49	halobetasol propionate	90	HYRNUO	36
gallifrey	139	haloette	84	<b>I</b>	
GAMUNEX-C	141	haloperidol	63	ibandronate	150
GARDASIL 9 (PF)	146	haloperidol decanoate	63	IBRANCE	36
GAUZE BANDAGE	106	haloperidol lactate	63	IBTROZI	36
GAUZE PAD	106	HARVONI	70	ibu	25
gavilyte-c	135	HAVRIX (PF)	146	ibuprofen	26
gavilyte-g	135	HEALTHWISE INSULIN SYRINGE	107	icatibant	77
gavilyte-n	135	HEALTHWISE PEN NEEDLE	107	iclevia	84
GAVRETO	36	HEALTHY ACCENTS UNIFINE PENTIP	107	ICLUSIG	36
gefitinib	36	heather	84	icosapent ethyl	79
gemfibrozil	79	heparin (porcine)	71	IDHIFA	36
generlac	134	HEPLISAV-B (PF)	146	ifosfamide	36
gengraf	141	HERCEPTIN HYLECTA	36	ILEVRO	133
gentak	131	HERNEXEOS	36	imatinib	36
gentamicin	28, 89, 131	HIBERIX (PF)	146	IMBRUVICA	36
gentamicin sulfate (ped) (pf)	28	HUMIRA	142	IMDELLTRA	36
gentamicin sulfate (pf)	28	HUMIRA PEN	142	imipenem-cilastatin	30
GENVOYA	67	HUMIRA PEN CROHNS-UC-HS START	142	imipramine hcl	50
GILOTRIF	36	HUMIRA PEN PSOR-UEVITS-ADOL HS	142	imiquimod	89
glatiramer	81	HUMIRA(CF)	142	IMJUDO	36
glatopa	81	HUMIRA(CF) PEDI CROHNS STARTER	142	IMKELDI	37
glimepiride	55	HUMIRA(CF) PEN	142	IMOVAX RABIES VACCINE (PF)	146
glipizide	55	HUMIRA(CF) PEN CROHNS-UC-HS	142	IMPAVIDO	59
glipizide-metformin	55	HUMIRA(CF) PEN PEDIATRIC UC	142	incassia	84
glucagon emergency kit (human)	151			INCONTROL ALCOHOL PADS	107
glutamine (sickle cell)	151			INCONTROL PEN NEEDLE	107, 108
glyburide	55			INCRELEX	138
glyburide micronized	55			indapamide	78
glyburide-metformin	55			indomethacin	26
glycopyrrolate	134				
glydo	26				
GLYXAMBI	51				
GOMEKLI	36				
griseofulvin microsize	56				

INFANRIX (DTAP) (PF) 146	irbesartan ..... 73	ketorolac ..... 26, 133
infliximab ..... 142	irbesartan-hydrochlorothiazide ..... 74	KEYTRUDA ..... 37
INGREZZA ..... 81	ISENTRESS ..... 67	KEYTRUDA QLEX ..... 37
INGREZZA INITIATION PK(TARDIV) ..... 81	ISENTRESS HD ..... 67	KIMMTRAK ..... 37
INGREZZA SPRINKLE... 81	isibloom ..... 84	KINERET ..... 142
INLEXZO ..... 37	isoniazid ..... 58	KINRIX (PF) ..... 146
INLURIYO ..... 37	isosorbide dinitrate ..... 80	kionex ..... 134
INLYTA ..... 37	isosorbide mononitrate .... 80	KISQALI ..... 37
INPEN (FOR HUMALOG) BLUE ..... 108	ITOVEBI ..... 37	KISQALI FEMARA CO-PACK 37
INPEN (FOR HUMALOG) GREY ..... 108	itraconazole ..... 56	KLISYRI (250 MG) ..... 89
INPEN (FOR HUMALOG) PINK ..... 108	IV PREP WIPES ..... 109	klor-con m10 ..... 152
INPEN (NOVOLOG OR FIASP) BLUE ..... 108	ivabradine ..... 77	klor-con m15 ..... 152
INPEN (NOVOLOG OR FIASP) GREY ..... 108	ivermectin ..... 59	klor-con m20 ..... 152
INPEN (NOVOLOG OR FIASP) PINK ..... 108	IWILFIN ..... 37	KLOXXADO ..... 27
INQOVI ..... 37	IXIARO (PF) ..... 146	KOMZIFTI ..... 37
INREBIC ..... 37	<b>J</b>	KOSELUGO ..... 37, 38
insulin asp prt-insulin aspart53, 54	JAKAFI ..... 37	kosher prenatal plus iron157
insulin aspart u-100 ..... 54	jantoven ..... 71	KRAZATI ..... 38
insulin glargine-yfgn ..... 54	JANUMET ..... 51	kurvelo (28) ..... 85
insulin lispro ..... 54	JANUMET XR ..... 51, 52	KYLEENA ..... 85
INSULIN SYR/NDL U100 HALF MARK ..... 108	JANUVIA ..... 52	KYNMOBI ..... 60
INSULIN SYRINGE MICROFINE ..... 93	JARDIANCE ..... 52	<b>L</b>
INSULIN SYRINGE NEEDLELESS ..... 109	JASCAYD ..... 155	labetalol ..... 75
INSULIN SYRINGE-NEEDLE U- 100106, 108, 109, 114, 115, 118, 122, 123	javygtor ..... 130	lacosamide ..... 46
INSULIN U-500 SYRINGE- NEEDLE ..... 109	JAYPIRCA ..... 37	lactulose ..... 134
INSUPEN PEN NEEDLE109	JEMPERLI ..... 37	lamivudine ..... 67
INTELENCE ..... 67	jencycla ..... 84	lamivudine-zidovudine .... 67
INTRON A ..... 70	JENTADUETO ..... 52	lamotrigine ..... 46
INVEGA HAFYERA ..... 63	JENTADUETO XR ..... 52	lanreotide ..... 138
INVEGA SUSTENNA ..... 63	jolessa ..... 84	lansoprazole ..... 133, 134
INVEGA TRINZA ..... 63	juleber ..... 84	LANTUS SOLOSTAR U-100 INSULIN ..... 54
INVELTYS ..... 133	JULUCA ..... 67	LANTUS U-100 INSULIN 54
IPOL ..... 146	junel 1.5/30 (21) ..... 84	lapatinib ..... 38
ipratropium bromide130, 154, 155	junel 1/20 (21) ..... 84	larin 1.5/30 (21) ..... 85
ipratropium-albuterol ..... 155	junel fe 1.5/30 (28) ..... 84	larin 1/20 (21) ..... 85
	junel fe 1/20 (28) ..... 84	larin 24 fe ..... 85
	junel fe 24 ..... 84	larin fe 1.5/30 (28) ..... 85
	JYLAMVO ..... 37	larin fe 1/20 (28) ..... 85
	JYNARQUE ..... 78	larissia ..... 85
	JYNNEOS (PF) ..... 146	latanoprost ..... 152
	<b>K</b>	LAZCLUZE ..... 38
	KALETRA ..... 67	leflunomide ..... 142
	KALYDECO ..... 155	lenalidomide ..... 38
	kariva (28) ..... 84	LENTOCILIN S ..... 31
	kelnor 1/35 (28) ..... 84	LENVIMA ..... 38
	kelnor 1/50 (28) ..... 85	lessina ..... 85
	KERENDIA ..... 80	letrozole ..... 38
	KESIMPTA PEN ..... 81	leucovorin calcium ..... 151
	ketoconazole ..... 56	LEUKERAN ..... 38

leuprolide.....	38	lovastatin.....	79	MAVENCLAD (7 TABLET	
leuprolide acetate (3 month)	38	low-ogestrel (28).....	85	PACK).....	82
levetiracetam.....	46	loxapine succinate.....	63	MAVENCLAD (8 TABLET	
levobunolol.....	152	lubiprostone.....	134	PACK).....	82
levocetirizine.....	57	luizza.....	85	MAVENCLAD (9 TABLET	
levofloxacin.....	31	LUMAKRAS.....	38	PACK).....	82
levofloxacin in d5w.....	31	LUMIGAN.....	152	MAXICOMFORT II PEN	
levonest (28).....	85	LUNSUMIO.....	38	NEEDLE.....	110
levonorgest-eth.estradiol-iron.	85	LUNSUMIO VELO.....	38	MAXICOMFORT INSULIN	
levonorgestrel-ethinyl estrad	85	LUPRON DEPOT....	39, 138	SYRINGE.....	110
levonorg-eth estrad triphasic	85	LUPRON DEPOT (3 MONTH)		MAXI-COMFORT INSULIN	
levora-28.....	85	.....	38, 138	SYRINGE.....	110
levothyroxine.....	139	LUPRON DEPOT (4 MONTH)		MAXI-COMFORT INSULIN	
LEXIVA.....	67	.....	38	SYRINGE.....	111
LIBERVANT.....	46	LUPRON DEPOT (6 MONTH)		MAXICOMFORT SAFETY PEN	
lidocaine.....	26	.....	39	NEEDLE.....	111
lidocaine hcl.....	26	LUPRON DEPOT-PED..	138	MAYZENT.....	82
lidocaine viscous.....	26	LUPRON DEPOT-PED (3		MAYZENT STARTER(FOR	
lidocaine-prilocaine.....	26	MONTH).....	138	1MG MAINT).....	82
lidocan iii.....	26	lurasidone.....	63	MAYZENT STARTER(FOR	
LILETTA.....	85	lutera (28).....	85	2MG MAINT).....	82
lillow (28).....	85	LUTRATE DEPOT (3 MONTH)		meclizine.....	59
linezolid.....	28	.....	39	medroxyprogesterone ...	139
linezolid in dextrose 5% ..	28	LYBALVI.....	64	mefloquine.....	59
LINZESS.....	134	lyleq.....	85	megestrol.....	39, 139
liothyronine.....	139	LYNOZYFIC.....	39	MEKINIST.....	39
LISCO.....	109	LYNPARZA.....	39	MEKTOVI.....	39
lisinopril.....	74	LYSODREN.....	39	meloxicam.....	26
lisinopril-hydrochlorothiazide	74	LYTGOBI.....	39	memantine.....	49
LITE TOUCH INSULIN PEN		lyza.....	85	MENACTRA (PF).....	146
NEEDLES.....	109, 110	<b>M</b>		MENQUADFI (PF).....	147
LITE TOUCH INSULIN		MAGELLAN INSULIN SAFETY		MENVEO A-C-Y-W-135-DIP	
SYRINGE.....	109, 110	SYRNG.....	110	(PF).....	147
lithium carbonate.....	81	MAGELLAN SYRINGE..	110	mercaptapurine.....	39
lithium citrate.....	81	magnesium sulfate.....	153	meropenem.....	30
LIVTENCITY.....	69	malathion.....	91	mesalamine.....	149
LOKELMA.....	134	maraviroc.....	68	mesna.....	151
lomustine.....	38	MARGENZA.....	39	metformin.....	52
LONSURF.....	38	marlissa (28).....	85	methadone.....	24
loperamide.....	134	marnatal-f.....	157	methazolamide.....	152
lopinavir-ritonavir.....	68	MARPLAN.....	50	methenamine hippurate ..	28
LOQTORZI.....	38	MATULANE.....	39	methimazole.....	139
lorazepam.....	27, 28	MAVENCLAD (10 TABLET		methocarbamol.....	156
lorazepam intensol.....	28	PACK).....	81	methotrexate sodium.....	39
LORBRENA.....	38	MAVENCLAD (4 TABLET		methotrexate sodium (pf)	39
losartan.....	74	PACK).....	81	methoxsalen.....	89
losartan-hydrochlorothiazide	74	MAVENCLAD (5 TABLET		methsuximide.....	46
LOTEMAX.....	133	PACK).....	82	methylphenidate hcl.....	82
LOTEMAX SM.....	133	MAVENCLAD (6 TABLET		methylprednisolone.....	137
loteprednol etabonate ...	133	PACK).....	82	methylprednisolone acetate	137

metoclopramide hcl.....	134	MORPHINE.....	24, 25	NEXLETOL.....	79
metolazone.....	78	morphine concentrate.....	24	NEXLIZET.....	79
metoprolol succinate.....	75	MOUNJARO.....	52	NEXPLANON.....	86
metoprolol ta-hydrochlorothiaz .....	75	MOVANTIK.....	134	niacin.....	79
metoprolol tartrate.....	75	moxifloxacin.....	31, 131	NICOTROL NS.....	27
metronidazole.....	29, 57, 89	moxifloxacin-sod.ace,sul-water .....	31	nifedipine.....	77
metronidazole in nacl (iso-os) 29		moxifloxacin-sod.chloride(iso) 32		NIKTIMVO.....	143
metyrosine.....	77	MRESVIA (PF).....	147	nilotinib hcl.....	39
micafungin.....	56	MULTAQ.....	75	nilutamide.....	39
miconazole-3.....	56	mupirocin.....	89	NINLARO.....	40
MICRODOT INSULIN PEN NEEDLE.....	111	mycophenolate mofetil... 142		nintedanib.....	155
MICRODOT READYGARD PEN NEEDLE.....	111	mycophenolate mofetil (hcl) 142		nitazoxanide.....	59
microgestin 1.5/30 (21) ...	85	mycophenolate sodium.. 143		nitrofurantoin macrocrystal29 .....	29
microgestin 1/20 (21).....	85	mynatal.....	158	nitrofurantoin monohyd/m-cryst .....	29
microgestin 24 fe.....	85	mynatal advance.....	158	nitroglycerin.....	80, 151
microgestin fe 1.5/30 (28) 86		mynatal plus.....	158	niva-plus.....	158
microgestin fe 1/20 (28) ..	86	mynatal-z.....	158	NIVESTYM.....	72
midodrine.....	73	mynate 90 plus.....	158	NORDITROPIN FLEXP138	
MIEBO (PF).....	130	MYRBETRIQ.....	135	norelgestromin-ethin.estradiol 86	
mifepristone.....	52	<b>N</b>		norethindrone (contraceptive) 86	
mili.....	86	nabumetone.....	26	norethindrone acetate ... 139	
mimvey.....	137	nafacillin.....	31	norethindrone-e.estradiol-iron 86	
MINI ULTRA-THIN II.....	111	naloxone.....	27	norgestimate-ethinyl estradiol 86	
minocycline.....	32	naltrexone.....	27	norlyda.....	86
minoxidil.....	80	NANO 2ND GEN PEN NEEDLE .....	112	nortrel 1/35 (21).....	86
MIPLYFFA.....	129	NANO PEN NEEDLE ... 112		nortrel 1/35 (28).....	86
MIRENA.....	86	naproxen.....	26	nortrel 7/7/7 (28).....	86
mirtazapine.....	50	naratriptan.....	58	nortriptyline.....	50
misoprostol.....	134	NATACYN.....	131	NORVIR.....	68
mitoxantrone.....	39	nateglinide.....	52	NOVOFINE 30.....	112
M-M-R II (PF).....	147	NATPARA.....	150	NOVOFINE 32.....	112
m-natal plus.....	158	NAYZILAM.....	47	NOVOFINE PLUS.....	112
modafinil.....	157	nebivolol.....	75	NOVOLIN 70/30 U-100 INSULIN.....	54
MODEYSO.....	39	nefazodone.....	50	NOVOLIN 70-30 FLEXPEN U- 100.....	54
moexipril.....	74	neomycin.....	28	NOVOLIN N FLEXPEN... 54	
molindone.....	64	neomycin-bacitracin-poly-hc131		NOVOLIN N NPH U-100 INSULIN.....	54
mometasone.....	90, 133	neomycin-bacitracin-polymyxin .....	131	NOVOLIN R FLEXPEN... 54	
MONOJECT INSULIN SAFETY SYRING.....	112	neomycin-polymyxin b- dexameth.....	131	NOVOLIN R REGULAR U100 INSULIN.....	54
MONOJECT INSULIN SYRINGE.....	111, 112	neomycin-polymyxin-gramicidin .....	131	NOVOLOG FLEXPEN U-100 INSULIN.....	54
MONOJECT SYRINGE. 111		neomycin-polymyxin-hc. 131		NOVOLOG MIX 70-30 U-100 INSULN.....	54
MONOJECT ULTRA COMFORT INSULIN. 124		neo-polycin.....	131	NOVOLOG MIX 70- 30FLEXPEN U-100 ....	54
mono-linyah.....	86	neo-polycin hc.....	131		
montelukast.....	154	NERLYNX.....	39		
morphine.....	24, 25	nevirapine.....	68		
		newgen.....	158		

NOVOLOG PENFILL U-100 INSULIN.....	55	OMNIPOD CLASSIC PODS (GEN 3) .....	113	PEDVAX HIB (PF) .....	147
NOVOLOG U-100 INSULIN ASPART.....	55	OMNIPOD DASH INTRO KIT (GEN 4) .....	113	peg 3350-electrolytes....	135
NOVOTWIST.....	112	OMNIPOD DASH PDM KIT (GEN 4) .....	113	PEGASYS.....	70
NUBEQA .....	40	OMNIPOD DASH PODS (GEN 4).....	113	peg-electrolyte soln.....	135
NUCALA.....	156	ONAPGO .....	60	PEMAZYRE .....	40
NULOJIX .....	143	ondansetron .....	59	pemetrexed disodium.....	40
NUPLAZID.....	64	ondansetron hcl.....	59	PENRYDI RTU .....	40
NURTEC ODT .....	58	ONUREG .....	40	PEN NEEDLE .....	113
nyamyc.....	56	OPDIVO .....	40	PEN NEEDLE, DIABETIC97, 106, 111, 113, 115	
nylia 1/35 (28).....	86	OPDIVO QVANTIG .....	40	PEN NEEDLE, DIABETIC, SAFETY .....	116
nylia 7/7/7 (28).....	86	OPDUALAG .....	40	PENBRAYA (PF) .....	147
nymyo.....	86	OPIPZA.....	64	PENBRAYA MENACWY COMPONENT(PF) ....	147
nystatin .....	56	OPSUMIT.....	157	PENBRAYA MENB COMPONENT (PF) ...	147
nystatin-triamcinolone .....	56	ORENCIA.....	143	penicillamine .....	136
nystop.....	57	ORENCIA (WITH MALTOSE) .....	143	penicillin g potassium.....	31
NYVEPRIA .....	72	ORENCIA CLICKJECT..	143	penicillin g procaine.....	31
<b>O</b>		ORFADIN.....	130	penicillin v potassium .....	31
obstetrix dha.....	158	ORGOVYX.....	138	PENMENVY MEN A-B-C-W-Y (PF) .....	147
obstetrix dha prenatal duo	158	ORLISSA.....	138	PENMENVY MENACWY COMPONENT(PF) ....	147
octreotide acetate .....	138	ORKAMBI.....	156	PENMENVY MENB COMPONENT (PF) ...	147
ODEFSEY .....	68	orquidea .....	86	PENTACEL (PF) .....	147
ODOMZO .....	40	ORSERDU .....	40	pentamidine .....	59
OFEV.....	156	oseltamivir.....	69	PENTIPS PEN NEEDLE113, 114	
ofloxacin .....	131, 132	OSEVELT .....	150	pentoxifylline .....	72
OGIVRI.....	40	OTEZLA .....	143	perampanel.....	47
OGSIVEO .....	40	OTEZLA STARTER.....	143	perindopril erbumine .....	74
OJEMDA.....	40	OTEZLA XR .....	143	periogard.....	88
OJJAARA .....	40	OTEZLA XR INITIATION	143	permethrin.....	91
olanzapine .....	64	oxandrolone .....	136	perphenazine .....	64
olmesartan.....	74	oxcarbazepine.....	47	perphenazine-amitriptyline	50
olmesartan-amlodipin-hcthiazid .....	74	oxybutynin chloride	135, 136	PERSERIS.....	64
olmesartan-hydrochlorothiazide .....	74	oxycodone.....	25	phenelzine .....	50
olopatadine .....	130	oxycodone-acetaminophen	25	phenobarbital .....	47
omega-3 acid ethyl esters	79	OZEMPIC.....	52	phenytoin .....	47
omeprazole.....	134	<b>P</b>		phenytoin sodium.....	47
OMNIPOD 5 (G6/LIBRE 2 PLUS) .....	112	pacerone .....	75	phenytoin sodium extended	47
OMNIPOD 5 G6-G7 INTRO KT(GEN5) .....	112	paclitaxel protein-bound ..	40	PIFELTRO .....	68
OMNIPOD 5 G6-G7 PODS (GEN 5).....	112	paliperidone.....	64	pilocarpine hcl.....	88, 152
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	112	PANRETIN .....	89	pimecrolimus.....	90
OMNIPOD CLASSIC PDM KIT(GEN 3) .....	113	pantoprazole .....	134	pimozide .....	64
		paricalcitol .....	150	pimtrea (28) .....	86
		paroxetine hcl.....	50	pioglitazone.....	52
		PAXLOVID .....	69		
		pazopanib.....	40		
		PEDIARIX (PF).....	147		

pioglitazone-metformin....	52	prevalite.....	79	pyrimethamine .....	59
PIP PEN NEEDLE .....	114	PREVENT DROPSAFE PEN		<b>Q</b>	
piperacillin-tazobactam ...	31	NEEDLE .....	114	QINLOCK.....	41
PIQRAY.....	40, 41	previfem .....	86	QUADRACEL (PF).....	148
pirfenidone.....	156	PREVYMIS.....	70	quetiapine .....	64
pirmella.....	86	PREZCOBIX .....	68	quinapril .....	75
pitavastatin calcium .....	79	PREZISTA.....	68	quinapril-hydrochlorothiazide	75
PLEGRIDY .....	82	PRIFTIN .....	58	quinidine sulfate .....	75
prn-dha + docusate .....	158	PRIMAQUINE.....	59	quinine sulfate.....	59
prn-omega.....	158	primidone .....	47	QULIPTA .....	58
podofilox .....	89	PRIORIX (PF).....	147	<b>R</b>	
polycin .....	132	PRO COMFORT ALCOHOL		RABAVERT (PF).....	148
polymyxin b sulf-trimethoprim		PADS.....	114	rabeprazole.....	134
.....	132	PRO COMFORT INSULIN		RALDESY.....	51
pomalidomide .....	41	SYRINGE .....	114	raloxifene .....	137
POMALYST .....	41	PRO COMFORT PEN NEEDLE		ramipril.....	75
portia 28.....	86	.....	114	ranolazine .....	77
posaconazole .....	57	probenecid .....	57	rasagiline .....	60
potassium chloride.....	153	probenecid-colchicine.....	57	RASUVO (PF).....	143
potassium citrate.....	153	PROCALAMINE 3%.....	73	RAYALDEE.....	150
pr natal 400.....	158	prochlorperazine.....	59	reclipsen (28).....	86
pr natal 400 ec.....	158	prochlorperazine edisylate	59,	RECOMBIVAX HB (PF)	148
pr natal 430.....	158	64		RELENZA DISKHALER ..	70
pr natal 430 ec.....	158	prochlorperazine maleate	59	repaglinide .....	52
pramipexole .....	60	PRO-COMFORT ALCOHOL		REPATHA PUSHTRONEX	79
prasugrel hcl.....	72	PADS.....	114	REPATHA SURECLICK..	79
pravastatin .....	79	procto-med hc .....	90	REPATHA SYRINGE.....	79
praziquantel.....	59	proctosol hc.....	90	RETACRIT.....	72
prazosin.....	73	proctozone-hc.....	90	RETEVMO .....	41
prednisolone .....	137	PRODIGY INSULIN SYRINGE		RETROVIR .....	68
prednisolone acetate.....	133	.....	114, 115	REVCovi.....	130
prednisolone sodium phosphate		progesterone micronized	139	REVUFORJ .....	41
.....	137, 138	PROGRAF .....	143	REXULTI.....	64
prednisone.....	138	PROLASTIN-C .....	156	REYATAZ .....	68
pregabalin.....	47	promethazine.....	59	REZDIFFRA.....	139
PREMARIN.....	137	promethegan .....	59	REZLIDHIA .....	41
PREMPHASE.....	137	propafenone .....	75	REZUROCK.....	143
PREMPRO .....	137	propranolol .....	76	RHOPRESSA .....	152
prena1 true .....	158	propylthiouracil .....	139	ribavirin .....	70
prenaissance .....	158	PROQUAD (PF) .....	147	rifabutin.....	58
prenaissance plus.....	158	protriptyline.....	51	rifampin.....	58
prenatabs fa.....	158	PULMOZYME.....	130	rilpivirine.....	68
prenatal 19.....	158	PURE COMFORT ALCOHOL		rilpivirine hcl.....	68
prenatal 19 (with docusate)	158	PADS.....	115	riluzole .....	82
prenatal plus.....	158	PURE COMFORT PEN		RINVOQ.....	143
prenatal plus (calcium carb)	158	NEEDLE .....	115	RINVOQ LQ.....	143
prenatal vitamin plus low iron		PURE COMFORT SAFETY		risperidone .....	64, 65
.....	158	PEN NEEDLE.....	115	risperidone microspheres	64
prenatal-u .....	158	pyrazinamide.....	58	ritonavir.....	68
preplus.....	158	pyridostigmine bromide .	151	RITUXAN HYCELA.....	41

rivaroxaban.....	71	SEZABY.....	47	STRENSIQ.....	130
rivastigmine.....	49	sf 5000 plus.....	88	streptomycin.....	28
rivastigmine tartrate.....	49	sharobel.....	86	STRIBILD.....	68
rizatriptan.....	58	SHINGRIX (PF).....	148	STRIVERDI RESPIMAT.....	155
r-natal ob.....	158	SIGNIFOR.....	139	subvenite.....	47
ROCKLATAN.....	152	sildenafil (pulm.hypertension)	157	SUBVENITE.....	47
roflumilast.....	156	.....	157	sucralfate.....	134
ROMVIMZA.....	41	silver sulfadiazine.....	89	sulfacetamide sodium ...	132
ropinirole.....	60	SIMBRINZA.....	152	sulfacetamide-prednisolone	132
rosadan.....	89	simliya (28).....	86	sulfadiazine.....	32
rosuvastatin.....	79	SIMPLI PEN NEEDLE... ..	106	sulfamethoxazole-trimethoprim	32
ROTARIX.....	148	simvastatin.....	79	.....	32
ROTATEQ VACCINE... ..	148	sirolimus.....	144	sulfasalazine.....	150
ROZLYTREK.....	41	SIRTURO.....	58	sulindac.....	26
RUBRACA.....	41	SKY SAFETY PEN NEEDLE	116	sumatriptan.....	58
rufinamide.....	47	.....	116	sumatriptan succinate....	58
RUKOBIA.....	68	SKYLA.....	87	sunitinib malate.....	42
RYBELSUS.....	52	SKYRIZI.....	144	SUNLENCA.....	68, 69
RYBREVANT.....	41	sodium chloride 0.45 %..	153	SURE COMFORT ALCOHOL	
RYBREVANT FASPRO ..	41	sodium chloride 0.9 %... ..	153	PREP PADS.....	116
RYDAPT.....	41	sodium fluoride-pot nitrate	88	SURE COMFORT INS. SYR. U-	
RYKINDO.....	65	sodium oxybate.....	157	100.....	116
RYTELO.....	41	sodium polystyrene sulfonate	134	SURE COMFORT INSULIN	
<b>S</b>		.....	134	SYRINGE.....	116, 117
sacubitril-valsartan.....	74	sodium,potassium,mag sulfates	135	SURE COMFORT PEN	
SAFESNAP INSULIN SYRINGE		.....	135	NEEDLE.....	116, 117
.....	115, 116	solifenacin.....	136	SURE COMFORT SAFETY	
SAFETY PEN NEEDLE	116	SOLQUA 100/33.....	55	PEN NEEDLE.....	116
SANTYL.....	89	SOLTAMOX.....	42	SURE-FINE PEN NEEDLES	117
sapropterin.....	130	SOMATULINE DEPOT..	139	SURE-JECT INSULIN	
SCEMBLIX.....	41, 42	SOMAVERT.....	139	SYRINGE.....	117
scopolamine base.....	59	sorafenib.....	42	SURE-PREP ALCOHOL PREP	
SECUADO.....	65	sorine.....	76	PADS.....	117
SECURESAFE INSULIN		sotalol.....	76	SYMPAZAN.....	47
SYRINGE.....	116	sotalol af.....	76	SYMTUZA.....	69
SECURESAFE PEN NEEDLE		SPIRIVA RESPIMAT....	155	SYNJARDY.....	53
.....	116	spironolactone.....	78	SYNJARDY XR.....	53
SELARSDI.....	143, 144	spironolacton-hydrochlorothiaz	78	SYNRIBO.....	42
select-ob.....	158	.....	78	SYRINGE WITH NEEDLE,	
select-ob (folic acid).....	158	SPRAVATO.....	51	SAFETY.....	116
selegiline hcl.....	60	sprintec (28).....	87	<b>T</b>	
selenium sulfide.....	89	SPRITAM.....	47	TABLOID.....	42
SELZENTRY.....	68	sps (with sorbitol).....	135	TABRECTA.....	42
se-natal 19 chewable....	159	sronyx.....	87	tacrolimus.....	91, 144
SEREVENT DISKUS....	155	ssd.....	89	tadalafil.....	157
SEROSTIM.....	139	stavudine.....	68	TAFINLAR.....	42
sertraline.....	51	STERILE PADS.....	106	TAGRISO.....	42
setlakin.....	86	STIOLTO RESPIMAT... ..	155	TALVEY.....	42
sevelamer carbonate....	135	STIVARGA.....	42	TALZENNA.....	42
sevelamer hcl.....	135	STOBOCLO.....	150	tamoxifen.....	42

tamsulosin .....	136	TIBSOVO .....	42	TREMFYA PEN INDUCTION	
tarina 24 fe.....	87	ticagrelor .....	72	PK(2PEN).....	144
tarina fe 1-20 eq (28) .....	87	TICE BCG .....	42	tretinoin .....	91
taron-c dha .....	159	TICOVAC .....	148	tretinoin (antineoplastic) ..	43
taron-prex prenatal-dha .....	159	tigecycline .....	32	tri femynor.....	87
TASIGNA.....	42	tilia fe.....	87	triamcinolone acetoneide88, 91,	
TAVNEOS .....	144	timolol.....	152	138	
tazarotene.....	91	timolol maleate .....	76, 152	triamterene-hydrochlorothiazid	
tazicef.....	30	tinidazole .....	60	.....	78
taztia xt.....	76	tiotropium bromide.....	155	tridacaine ii.....	26
TAZVERIK.....	42	TIVDAK.....	42	trientine .....	136
TDVAX .....	148	TIVICAY.....	69	tri-estarylla .....	87
TECHLITE INSULIN SYRINGE		TIVICAY PD .....	69	trifluoperazine .....	65
.....	118	tizanidine.....	156	trifluridine .....	132
TECHLITE INSULN SYR(HALF		TOBI PODHALER .....	28	trihexyphenidyl.....	60
UNIT) .....	117, 118	tobramycin.....	132	TRIJARDY XR .....	53
TECHLITE PEN NEEDLE118		tobramycin in 0.225 % nacl28		TRIKAFTA .....	156
TECHLITE PLUS PEN NEEDLE		tobramycin sulfate .....	28	tri-legest fe .....	87
.....	118	tobramycin-dexamethasone132		tri-linyah .....	87
TECVAYLI .....	42	tobramycin-lotepred.....	132	tri-lo-estarylla .....	87
telmisartan .....	74	tolterodine .....	136	tri-lo-marzia.....	87
telmisartan-hydrochlorothiazid		tolvaptan.....	78	tri-lo-mili .....	87
.....	74	tolvaptan (polycys kidney dis) 78		tri-lo-sprintec.....	87
temazepam.....	28	TOPCARE CLICKFINE .	119	trimethoprim.....	29
TEMIXYS.....	69	TOPCARE ULTRA COMFORT		tri-mili .....	87
TENIVAC (PF).....	148	.....	119	trimipramine .....	51
tenofovir disoproxil fumarate69		topiramate .....	47, 48	TRINTELLIX .....	51
TEPMETKO.....	42	toposar .....	42	tri-nymyo.....	87
terazosin.....	136	toremifene .....	42	tri-sprintec (28).....	87
terbinafine hcl .....	57	torpenz .....	42	TRIUMEQ .....	69
terconazole .....	57	torsemide .....	78	TRIUMEQ PD .....	69
teriparatide.....	150	TOUJEO MAX U-300		trivora (28) .....	87
TERUMO INSULIN SYRINGE		SOLOSTAR.....	55	tri-vylibra .....	87
.....	118, 119	TOUJEO SOLOSTAR U-300		tri-vylibra lo .....	87
testosterone.....	136	INSULIN .....	55	TRIZIVIR.....	69
testosterone cypionate..	136	TRADJENTA .....	53	TROGARZO.....	69
testosterone enanthate .	136	tramadol .....	25	tropium.....	136
TETANUS,DIPHThERIA TOX		tramadol-acetaminophen.25		TRUE COMFORT ALCOHOL	
PED(PF).....	148	trandolapril .....	75	PADS .....	120
tetrabenazine.....	82	trandolapril-verapamil.....	75	TRUE COMFORT INSULIN	
tetracycline .....	32	tranexamic acid .....	72	SYRINGE.....	120
TEVIMBRA .....	42	tranylcypromine .....	51	TRUE COMFORT PEN	
THALOMID.....	151	travoprost .....	152	NEEDLE.....	120
theophylline .....	155	trazodone .....	51	TRUE COMFORT PRO	
THINPRO INSULIN SYRINGE		TRECTOR .....	58	ALCOHOL PADS.....	120
.....	119	TRELEGY ELLIPTA .....	155	TRUE COMFORT PRO INS	
thioridazine .....	65	TRELSTAR .....	42, 43	SYRINGE.....	119, 120
thiothixene .....	65	TREMFYA .....	144	TRUE COMFORT SAFE	
tiadylt er.....	76	TREMFYA ONE-PRESS144		INSULIN SYRG119, 120, 121	
tiagabine.....	47	TREMFYA PEN.....	144		

TRUE COMFORT SAFETY PEN NEEDLE .....	119	ULTRACARE INSULIN SYRINGE .....	125	VAQTA (PF).....	149
TRUE-COMFORT PRO PEN NEEDLE.....	121	ULTRACARE PEN NEEDLE	125	varenicline tartrate .....	27
TRUEPLUS INSULIN	121, 122	ULTRA-FINE INS SYR (HALF UNIT).....	126	VARIVAX (PF) .....	149
TRUEPLUS PEN NEEDLE	121	ULTRA-FINE INSULIN SYRINGE .....	125, 126	VAXCHORA VACCINE .	149
TRULICITY.....	53	ULTRA-FINE PEN NEEDLE	126	VELTASSA .....	135
TRUMENBA .....	148	ULTRA-THIN II (SHORT) INS SYR.....	126	VEMLIDY.....	69
TRUQAP.....	43	ULTRA-THIN II (SHORT) PEN NDL .....	127	VENCLEXTA.....	43
TRUXIMA .....	43	ULTRA-THIN II INS PEN NEEDLES.....	127	VENCLEXTA STARTING PACK .....	43
TUKYSA .....	43	ULTRA-THIN II INSULIN SYRINGE .....	126	venlafaxine.....	51
TURALIO.....	43	UNIFINE OTC PEN NEEDLE .....	127	VEOZAH.....	151
turqoz (28) .....	87	UNIFINE PEN NEEDLE	127	verapamil .....	76
TWINRIX (PF).....	148	UNIFINE PENTIPS 113, 127		VERIFINE INSULIN SYRINGE .....	128, 129
tyblume.....	87	UNIFINE PENTIPS MAXFLOW .....	127	VERIFINE PEN NEEDLE	128, 129
TYBOST .....	151	UNIFINE PENTIPS PLUS127		VERIFINE PLUS PEN NEEDLE .....	129
TYENNE.....	144	UNIFINE PENTIPS PLUS MAXFLOW.....	127	VERIFINE PLUS PEN NEEDLE-SHARP.....	129
TYENNE AUTOINJECTOR	144	UNIFINE PROTECT .....	128	VERQUVO.....	77
TYMLOS.....	150	UNIFINE SAFECONTROL PEN NEEDLE .....	128	VERSACLOZ .....	65
TYPHIM VI.....	148, 149	UNIFINE ULTRA PEN NEEDLE .....	128	VERSALON .....	129
<b>U</b>		UPTRAVI.....	157	VERZENIO .....	43
UBRELVY.....	58	ursodiol.....	135	V-GO 20.....	129
UDENYCA ONBODY.....	72	ustekinumab-aauz .....	144	V-GO 30.....	129
ULTICARE.....	122, 123	UZEDY.....	65	V-GO 40.....	129
ULTICARE INSULIN SYRINGE .....	122	<b>V</b>		vienna .....	88
ULTICARE INSULN SYR(HALF UNIT) .....	122	valacyclovir.....	70	vigabatrin .....	48
ULTICARE PEN NEEDLE	122	VALCHLOR.....	89	vigadrone .....	48
ULTICARE SAFETY PEN NEEDLE.....	122	valganciclovir.....	70	vigpoder.....	48
ULTIGUARD SAFEPACK- INSULIN SYR.....	123	valproate sodium .....	48	vilazodone.....	51
ULTIGUARD SAFEPACK-PEN NEEDLE.....	123	valproic acid .....	48	VIMKUNYA .....	149
ULTILET ALCOHOL SWAB	123	valproic acid (as sodium salt)	48	vinorelbine .....	43
ULTILET INSULIN SYRINGE .....	108, 124	valsartan.....	74	viorele (28).....	88
ULTILET PEN NEEDLE	124	valsartan-hydrochlorothiazide	74	VIRACEPT.....	69
ULTRA CMFT INS SYR (HALF UNIT) .....	106, 116	VALTOCO .....	48	VIREAD .....	69
ULTRA COMFORT INSULIN SYRINGE	100, 106, 107, 124	valtya.....	88	virt-c dha .....	159
ULTRA FLO INSUL SYR(HALF UNIT) .....	124	vancomycin .....	29	virt-nate dha.....	159
ULTRA FLO INSULIN SYRINGE.....	124, 125	VANFLYTA.....	43	virt-pn dha.....	159
ULTRA FLO PEN NEEDLE	124	VANISHPOINT INSULIN SYRINGE .....	128	vitafol gummies.....	159
ULTRA THIN PEN NEEDLE	125	VANISHPOINT SYRINGE	128	vitafol nano .....	159
				vitafol-ob+dha .....	159
				VITRAKVI .....	43
				VIVIMUSTA .....	43
				VIVOTIF.....	149
				VIZIMPRO .....	43
				VOCABRIA .....	69
				volnea (28).....	88
				VONJO .....	43

VOQUEZNA .....	134	XCOPRI TITRATION PACK48	zafirlukast.....	154
VORANIGO .....	43	XDEMZY .....	zaleplon .....	157
voriconazole .....	57	XELJANZ .....	zatean-pn dha .....	159
VOSEVI .....	70	XELJANZ XR.....	zatean-pn plus .....	159
VOWST .....	151	XERMELLO.....	ZEJULA .....	44
vp-ch-pnv.....	159	XGEVA.....	ZELBORAF .....	44
vp-pnv-dha.....	159	XIFAXAN.....	zenatane .....	89
VRAYLAR.....	65	XIGDUO XR .....	ZENPEP .....	130
VUMERITY.....	82	XIIDRA .....	zidovudine.....	69
VYALEV.....	60	XOLAIR.....	ZIIHERA.....	44
vylibra .....	88	XOSPATA .....	zingiber .....	159
VYLOY .....	43	XPOVIO .....	ziprasidone hcl.....	66
VYZULTA .....	152	XTANDI.....	ziprasidone mesylate .....	66
<b>W</b>		xulane .....	ZIRABEV .....	44
warfarin.....	71	XULTOPHY 100/3.6 .....	ZIRGAN .....	132
WEBCOL.....	129	<b>Y</b>	ZOLADEX.....	44
WELIREG.....	43	YERVOY .....	ZOLINZA.....	44
WINREVAIR.....	156	YESINTEK .....	zolpidem .....	157
wixela inhub.....	154	YF-VAX (PF) .....	ZONISADE .....	48
<b>X</b>		YONSA.....	zonisamide.....	48
XALKORI.....	43	YUFLYMA(CF) .....	zovia 1-35 (28).....	88
xarah fe.....	88	YUFLYMA(CF) AI CROHN'S-	ZTALMY.....	48
XARELTO.....	71	UC-HS .....	ZTLIDO.....	26
XARELTO DVT-PE TREAT 30D		YUFLYMA(CF)	ZURZUVAE .....	51
START .....	71	AUTOINJECTOR.....	ZYDELIG .....	44
XATMEP.....	43	YUTREPIA .....	ZYKADIA .....	44
XCOPRI.....	48	yuvafem.....	ZYLET.....	132
XCOPRI MAINTENANCE PACK		<b>Z</b>	ZYNLONTA.....	44
.....	48	zafemy.....	ZYNYZ.....	44
			ZYPREXA RELPREVV ...	66



DualChoice

## IEHP DUALCHOICE MEMBER SERVICES



**CALL: 1-877-273-IEHP (4347)**

Calls to this number are free. 8am-8pm (PST), 7 days a week, including holidays. IEHP DualChoice Member Services also has free language interpreter services available for non-English speakers.



**TTY: 1-800-718-4347**

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. 8am-8pm (PST), 7 days a week, including holidays.



**FAX: (909) 890-5877**



**MAIL:** IEHP DualChoice

P.O. Box 1800, Rancho Cucamonga, CA 91729-1800



**EMAIL:** [memberservices@iehp.org](mailto:memberservices@iehp.org)



**WEBSITE:** [iehp.org](http://iehp.org)

For more recent information or other questions, contact us at **1-877-273-IEHP (4347)**, TTY users should call **1-800-718-4347**, 8am-8pm (PST), 7 days a week, including holidays. Or visit [www.iehp.org](http://www.iehp.org).

This formulary was updated on 05/21/2026.