



AmeriHealth Caritas™

VIP Care®

2025 Formulary

(List of Covered Drugs or "Drug List")

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

HPMS Approved Formulary File
Submission ID: 00025399

This formulary was updated on 05/27/2025. For more recent information or other questions, please contact AmeriHealth Caritas VIP Care Member Services at **1-866-533-5490** (TTY users should call **711**), 8 a.m. – 8 p.m., Monday through Friday, from April 1 to September 30, and from October 1 to March 31, 8 a.m. – 8 p.m., seven days a week, or visit **www.amerihealthcaritasvipcare.com/pa**. The formulary may change at any time. You will receive notice when necessary.

AmeriHealth Caritas VIP Care (HMO-SNP) 2025 Formulary (List of Covered Drugs or "Drug List")

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

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means Vista Health Plan, Inc. When it refers to “plan” or “our plan,” it means AmeriHealth Caritas VIP Care.

This document includes a Drug List (formulary) for our plan, which is current as of 06/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the AmeriHealth Caritas VIP Care formulary?

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but AmeriHealth Caritas VIP Care may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.amerithealthcaritasvipcare.com/pa.

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

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

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

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

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 06/01/2025. To get updated information about the drugs covered by AmeriHealth Caritas VIP Care, please contact us. Our contact information appears on the front and back cover pages.

The formulary is updated monthly throughout the year, and the list of drugs may change. If there are negative changes to the formulary outside of routine maintenance updates, such as removing a drug from our formulary or adding prior authorization, quantity limits, and/or step therapy restrictions to a drug our plan will mail you a written notice.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 114. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** AmeriHealth Caritas VIP Care requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from AmeriHealth Caritas VIP Care before you fill your prescriptions. If you don't get approval, AmeriHealth Caritas VIP Care may not cover the drug.
- **Quantity Limits:** For certain drugs, AmeriHealth Caritas VIP Care limits the amount of the drug that AmeriHealth Caritas VIP Care will cover. For example, AmeriHealth Caritas VIP Care allows 30 tablets per 30 day supply of a prescription for digoxin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, AmeriHealth Caritas VIP Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AmeriHealth Caritas VIP Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AmeriHealth Caritas VIP Care will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

If you learn that AmeriHealth Caritas VIP Care does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by AmeriHealth Caritas VIP Care. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by AmeriHealth Caritas VIP Care.
- You can ask AmeriHealth Caritas VIP Care to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the AmeriHealth Caritas VIP Care Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, AmeriHealth Caritas VIP Care limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, AmeriHealth Caritas VIP Care will only approve your request for an exception if the alternative drugs included on the plan's formulary, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Members who have a change in level of care (setting) will be allowed up to a one-time 30-day transition supply per drug. For example, members who:

- Enter long-term care (LTC) facilities from hospitals are sometimes accompanied by a discharge list of medications from the hospital formulary, with very short-term planning taken into account (often under 8 hours).
- Are discharged from a hospital to home.
- End their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary.
- End a long-term care facility stay and return to the community.

If a member has more than one change in level of care in a month, the pharmacy will have to call our plan to request an extension of the transition policy.

For more information

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

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

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

AmeriHealth Caritas VIP Care's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by AmeriHealth Caritas VIP Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 114.

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

The information in the Requirements/Limits column tells you if AmeriHealth Caritas VIP Care has any special requirements for coverage of your drug.

List of Abbreviations

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

QL: Quantity Limit. For certain drugs, AmeriHealth Caritas VIP Care limits the amount of the drug that the plan will cover. For example, our plan provides 9 tablets per 30 days of a prescription for sumatriptan succinate.

ST: Step Therapy. In some cases, AmeriHealth Caritas VIP Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AmeriHealth Caritas VIP Care may not cover drug B unless you try Drug A first. If Drug A does not work for you, AmeriHealth Caritas VIP Care will then cover Drug B.

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

MME: This indicates an additional quantity limit on drugs in the opioid class, which is based on the morphine milligram equivalent (MME). MME is used to determine and monitor safe dosing and duration of therapy. If the amount of opioids prescribed is above the limit, but is needed, the prescriber can request the plan cover additional quantity.

NMO: This Prescription cannot be filled by the mail order pharmacy. Please review your Pharmacy Directory for more information about which pharmacies offer mail order service. For more information consult your Pharmacy Directory or call our Member Services department.

Part D Prescription Drugs

\$0 deductible

Part D Prescription Drugs (Standard Retail Cost-Sharing)	
One-month supply, two-month supply, and three-month supply	\$0 copay

Part B Drugs

Certain medications are covered under Part B, such as oral anti-cancer drugs or an injectable drug administered by a doctor. \$0 cost-sharing for Part B chemotherapy drugs and other Part B drugs.

Diabetic Supplies

Roche is the preferred diabetic supply manufacturer for AmeriHealth Caritas VIP Care. Any diabetic products not manufactured by Roche will require a prior authorization.

Day Supply Limits

Pharmacy Type	Max Days Supply
Retail	1-30 days = 1 month supply 31-60 days = 2 month supply 61-100 days = 3 month supply
Mail Order	61-100 days = 3 month supply
Long-Term Care	0-31 days = 1 month supply Other day supply allowed = 14-day supply
Out of Network	1-30 days = 1 month supply

2025 1 Tier Standard - AmeriHealth Caritas VIP Care

2025 Member Formulary

Formulary ID 25399

CURRENT AS OF 6/1/2025

Drug Name	Drug Tier	Requirements/Limits
Analgesics - Treatment Of Pain		
Analgesics		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PA
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	PA; MME
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	PA
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	PA; MME
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA
<i>nalbuphine hcl injection solution 10 mg/ml</i>	1	
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	1	QL (30 EA per 30 days)
<i>diclofenac epolamine external patch 1.3 %</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium external gel 1 %</i>	1	QL (1000 GM per 28 days)
<i>diclofenac sodium external gel 3 %</i>	1	
<i>diclofenac sodium external solution 1.5 %</i>	1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ec-naproxen oral tablet delayed release 375 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	QL (20 EA per 30 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
Opioid Analgesics, Long-acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	1	PA; MME; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	MME; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	1	MME; QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	1	MME; QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	1	PA; MME; QL (120 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	1	MME; QL (180 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	1	PA; MME
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	MME; QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg</i>	1	PA; MME; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	1	PA; MME; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	1	PA; MME; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	1	PA; MME; QL (60 EA per 30 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	1	MME; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	MME; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	MME; QL (5 ML per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MME
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; MME; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	MME; QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	1	MME; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	MME; QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MME
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	MME; QL (600 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	MME; QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	MME
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	1	MME
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	MME; QL (120 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	MME; QL (1200 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	MME; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	1	MME; QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MME; QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	MME
<i>tramadol hcl oral tablet 100 mg</i>	1	MME; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	MME; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	MME; QL (240 EA per 30 days)
Anesthetics - Local Treatment Of Pain		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	1	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	1	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
<i>ZTLIDO EXTERNAL PATCH 1.8 %</i>	1	PA; QL (90 EA per 30 days)
Anti-Addiction/ Substance Abuse Treatment Agents		
Opioid Dependence		
<i>lofexidine hcl oral tablet 0.18 mg</i>	1	PA; QL (224 EA per 14 days)
Anti-Addiction/Substance Abuse Treatment Agents - Treatment Of Substance Abuse Disorders		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (60 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	1	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	1	
REXTOVY NASAL LIQUID 4 MG/0.25ML	1	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
NICOTROL INHALATION INHALER 10 MG	1	
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	QL (56 EA per 28 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	1	QL (56 EA per 28 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	QL (56 EA per 28 days)
Antibacterials - Treatment Of Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	1	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	1	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	1	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gm</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	1	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	1	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	1	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	1	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	1	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 100 gm, 2 gm, 5 gm, 500 mg, 750 mg</i>	1	
<i>vancomycin hcl oral capsule 125 mg</i>	1	QL (40 EA per 10 days)
<i>vancomycin hcl oral capsule 250 mg</i>	1	QL (80 EA per 10 days)
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML	1	
Beta-lactam, Cephalosporins		

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cefazolin sodium injection solution prefilled syringe 3 gm/30ml</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	1	
<i>cefazolin sodium intravenous solution prefilled syringe 1 gm/10ml, 2 gm/10ml, 2 gm/20ml</i>	1	
<i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>	1	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	1	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	1	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	1	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefprozil proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	1	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	PA
Beta-lactam, Penicillins		

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
<i>naftillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/100ml</i>	1	
<i>naftillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>naftillin sodium intravenous solution reconstituted 2 gm</i>	1	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	1	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	
<i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>	1	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	
<i>azithromycin oral packet 1 gm</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	1	PA; QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	1	PA; QL (20 EA per 10 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	
<i>erythrocin stearate oral tablet 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
Anticonvulsants - Treatment Of Seizures		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	1	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	1	PA; QL (180 EA per 30 days)
DIACOMIT ORAL PACKET 250 MG	1	PA; QL (360 EA per 30 days)
DIACOMIT ORAL PACKET 500 MG	1	PA; QL (180 EA per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA
EPRONTIA ORAL SOLUTION 25 MG/ML	1	PA; QL (480 ML per 30 days)
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	1	ST; QL (30 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 2 MG	1	ST; QL (60 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	1	ST; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	1	ST; QL (360 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	1	ST; QL (180 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	1	ST; QL (120 EA per 30 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	1	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	1	ST; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	ST; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 25 MG	1	ST

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	1	ST; QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>methsuximide oral capsule 300 mg</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	1	PA; QL (10 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	1	PA; QL (10 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	PA
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 ML per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	ST; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	1	PA; QL (10 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML, 7.5 MG/0.1ML	1	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 2 X 10 MG/0.1ML	1	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	1	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	1	PA; QL (180 EA per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML	1	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA; QL (1100 ML per 30 days)
Sodium Channel Agents		
APTOM ORAL TABLET 200 MG, 400 MG	1	QL (30 EA per 30 days)
APTOM ORAL TABLET 600 MG, 800 MG	1	QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	1	
<i>epitol oral tablet 200 mg</i>	1	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	1	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA; QL (240 EA per 30 days)
ZONISADE ORAL SUSPENSION 100 MG/5ML	1	ST; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
Antidementia Agents - Management Of Dementia		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet 1 mg</i>	1	
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	1	
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	QL (30 EA per 30 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL (30 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	1	
Antidepressants - Treatment Of Depression		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	1	PA; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; QL (14 EA per 14 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	1	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	1	QL (60 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	ST
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	1	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
Tricyclics		

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; QL (90 EA per 30 days)
<i>amitriptyline hcl oral tablet 150 mg</i>	1	PA; QL (60 EA per 30 days)
<i>amoxapine oral tablet 100 mg</i>	1	PA; QL (180 EA per 30 days)
<i>amoxapine oral tablet 150 mg</i>	1	PA; QL (120 EA per 30 days)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	1	PA; QL (90 EA per 30 days)
<i>clomipramine hcl oral capsule 25 mg</i>	1	PA; QL (60 EA per 30 days)
<i>clomipramine hcl oral capsule 50 mg</i>	1	PA; QL (150 EA per 30 days)
<i>clomipramine hcl oral capsule 75 mg</i>	1	PA; QL (90 EA per 30 days)
<i>desipramine hcl oral tablet 10 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (60 EA per 30 days)
<i>desipramine hcl oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	PA; QL (450 ML per 30 days)
<i>imipramine hcl oral tablet 10 mg</i>	1	PA; QL (90 EA per 30 days)
<i>imipramine hcl oral tablet 25 mg, 50 mg</i>	1	PA; QL (180 EA per 30 days)
<i>imipramine pamoate oral capsule 100 mg</i>	1	PA; QL (90 EA per 30 days)
<i>imipramine pamoate oral capsule 125 mg, 150 mg, 75 mg</i>	1	PA; QL (60 EA per 30 days)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	QL (120 EA per 30 days)
<i>nortriptyline hcl oral capsule 50 mg</i>	1	QL (90 EA per 30 days)
<i>nortriptyline hcl oral capsule 75 mg</i>	1	QL (60 EA per 30 days)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	QL (2250 ML per 30 days)
<i>protriptyline hcl oral tablet 10 mg</i>	1	QL (180 EA per 30 days)
<i>protriptyline hcl oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>trimipramine maleate oral capsule 100 mg</i>	1	QL (60 EA per 30 days)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	1	QL (120 EA per 30 days)
Antiemetics - Treatment Of Vomiting Or Nausea		
Antiemetics, Other		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	QL (3600 ML per 30 days)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	1	QL (180 EA per 30 days)
<i>promethazine hcl oral tablet 50 mg</i>	1	QL (30 EA per 30 days)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	QL (180 EA per 30 days)
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	PA
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	PA
<i>promethegan rectal suppository 50 mg</i>	1	QL (30 EA per 30 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	QL (10 EA per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral 80 & 125 mg</i>	1	B/D
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	1	B/D
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	1	B/D
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	B/D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	B/D
Antifungals - Treatment Of Fungal Or Yeast Infections		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	B/D

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	1	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	1	PA
<i>clotrimazole external cream 1 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole external solution 1 %</i>	1	QL (30 ML per 28 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	1	QL (150 EA per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	1	PA
<i>econazole nitrate external cream 1 %</i>	1	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL (120 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>miconazole sodium intravenous solution reconstituted 100 mg, 50 mg</i>	1	
<i>miconazole sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 150-0.9 mg/150ml-%, 50-0.9 mg/50ml-%</i>	1	
<i>nystatin external cream 100000 unit/gm</i>	1	QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	1	QL (30 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	1	QL (180 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole intravenous solution 300 mg/16.7ml</i>	1	
<i>posaconazole oral suspension 40 mg/ml</i>	1	PA; QL (630 ML per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i>	1	PA; QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
Antigout Agents - Treatment Or Prevention Of Gouty Arthritis		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
<i>probenecid oral tablet 500 mg</i>	1	
Antimigraine Agents - Treatment Of Migraine Headaches		
Antimigraine Agents		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	1	PA; QL (16 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT	1	PA; QL (8 EA per 30 days)
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	PA
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 ML per 28 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; QL (2 ML per 28 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; QL (30 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>sumatriptan nasal solution 20 mg/act</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	1	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 EA per 28 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	1	QL (9 ML per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	1	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	1	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1	QL (6 ML per 30 days)
Antimyasthenic Agents - Treatment Of Myasthenia		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
Antimycobacterials - Treatment For Infections By Tuberculosis-Type Organisms		
Antimycobacterials, Other		

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii.
Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	1	PA
PRIFTIN ORAL TABLET 150 MG	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA
TRECTOR ORAL TABLET 250 MG	1	
Antineoplastics - Treatment Of Cancer		
Alkylating Agents		
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	1	PA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	
LEUKERAN ORAL TABLET 2 MG	1	PA
MATULANE ORAL CAPSULE 50 MG	1	
VALCHLOR EXTERNAL GEL 0.016 %	1	PA
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	1	PA; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	1	PA; QL (60 EA per 30 days)
<i>abirtega oral tablet 250 mg</i>	1	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	
ERLEADA ORAL TABLET 240 MG	1	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA; QL (120 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG	1	PA
<i>nilutamide oral tablet 150 mg</i>	1	PA
NUBEQA ORAL TABLET 300 MG	1	PA; QL (120 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL CAPSULE 40 MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	1	PA; QL (120 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (56 EA per 28 days)
Antiestrogens/Modifiers		
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	1	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	1	PA
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
<i>hydroxyurea oral capsule 500 mg</i>	1	
INQOVI ORAL TABLET 35-100 MG	1	PA; QL (5 EA per 28 days)
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	1	PA
<i>mercaptopurine oral tablet 50 mg</i>	1	
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA; QL (14 EA per 28 days)
SIKLOS ORAL TABLET 100 MG, 1000 MG	1	
TABLOID ORAL TABLET 40 MG	1	PA
XROMI ORAL SOLUTION 100 MG/ML	1	
Antineoplastics, Other		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA; QL (60 EA per 30 days)
<i>azacitidine injection suspension reconstituted 100 mg</i>	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	1	PA
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML	1	PA
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA; QL (120 EA per 30 days)
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	1	PA
GOMEKLI ORAL TABLET SOLUBLE 1 MG	1	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA; QL (30 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	1	PA; QL (240 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; QL (49 EA per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; QL (91 EA per 28 days)
KRAZATI ORAL TABLET 200 MG	1	PA; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	1	PA
LONSURF ORAL TABLET 15-6.14 MG, 20- 8.19 MG	1	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	1	PA
LYSODREN ORAL TABLET 500 MG	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA; QL (30 EA per 30 days)
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML	1	PA
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	1	PA
REZLIDHIA ORAL CAPSULE 150 MG	1	PA; QL (60 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA; QL (8 EA per 28 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii.
Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	1	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML	1	PA
TIBSOVO ORAL TABLET 250 MG	1	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	1	
VORANIGO ORAL TABLET 10 MG, 40 MG	1	PA
WELIREG ORAL TABLET 40 MG	1	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	1	PA; QL (16 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	1	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	1	
<i>letrozole oral tablet 2.5 mg</i>	1	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	1	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA; QL (30 EA per 180 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
AUGTYRO ORAL CAPSULE 160 MG	1	PA; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	1	PA
BOSULIF ORAL CAPSULE 100 MG	1	PA; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA; QL (360 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA; QL (63 EA per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	1	PA
DAURISMO ORAL TABLET 100 MG	1	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	1	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg</i>	1	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	1	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	1	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	1	PA; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	1	PA; QL (30 EA per 30 days)
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA; QL (300 ML per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	1	PA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG, 9 MG	1	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	1	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; QL (120 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	1	PA; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	1	PA
ODOMZO ORAL CAPSULE 200 MG	1	PA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA
OGSIVEO ORAL TABLET 50 MG	1	PA; QL (180 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	1	PA
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	1	PA
<i>pazopanib hcl oral tablet 200 mg</i>	1	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA
QINLOCK ORAL TABLET 50 MG	1	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA; QL (120 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	1	PA
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	1	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	1	PA; QL (224 EA per 28 days)
SCSEMBLIX ORAL TABLET 100 MG	1	PA
SCSEMBLIX ORAL TABLET 20 MG	1	PA; QL (60 EA per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	1	PA; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	1	PA; QL (840 EA per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; QL (30 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii.
Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA
TEPMETKO ORAL TABLET 225 MG	1	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA; QL (64 EA per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	1	PA; QL (64 EA per 28 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	1	PA; QL (21 EA per 21 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	1	PA; QL (42 EA per 21 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	1	PA; QL (42 EA per 21 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	1	PA; QL (63 EA per 21 days)
TUKYSA ORAL TABLET 150 MG	1	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	1	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; QL (28 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA; QL (60 EA per 30 days)
VIJOICE ORAL PACKET 50 MG	1	PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	1	PA; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	1	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA; QL (30 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
VONJO ORAL CAPSULE 100 MG	1	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	1	PA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	1	PA; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	1	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA; QL (90 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1 %</i>	1	PA
<i>bexarotene oral capsule 75 mg</i>	1	PA
PANRETIN EXTERNAL GEL 0.1 %	1	PA
<i>tretinoin oral capsule 10 mg</i>	1	PA
Treatment Adjuncts		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>mesna oral tablet 400 mg</i>	1	
MESNEX ORAL TABLET 400 MG	1	
Antiparasitics - Treatment Of Infections From Parasites		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL (20 EA per 30 days)
<i>praziquantel oral tablet 600 mg</i>	1	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; QL (84 EA per 28 days)
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	1	PA
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; QL (90 EA per 30 days)
<i>quinine sulfate oral capsule 324 mg</i>	1	
Antiparkinson Agents - Treatment Of Parkinson's Disease		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	PA
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	PA
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	1	PA; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	1	PA; QL (30 EA per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	1	ST

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	1	PA
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	1	PA; QL (90 ML per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	1	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
Antipsychotics - Treatment Of Behavioral And Emotional Disorders		
1st Generation/Typical		

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 10 mg/5ml, 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	1	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	1	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	1	PA; QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	1	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	1	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	1	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	1	PA; QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	PA; QL (30 EA per 30 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	PA; QL (0.75 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	PA; QL (1 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	PA; QL (1.5 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	1	PA; QL (2.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	PA; QL (0.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	PA
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	1	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	1	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 ML per 28 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	1	QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	1	QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	1	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	1	QL (2.63 ML per 84 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	1	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	QL (90 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	1	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	1	PA; QL (30 EA per 30 days)

Last Updated 5/27/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA; QL (30 EA per 30 days)
RISPERIDONE MICROSPHERES ER INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	1	QL (120 EA per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	1	PA
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	PA; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	1	PA; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	1	PA; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	1	PA; QL (0.42 ML per 56 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	1	PA; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	1	PA; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	1	PA; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	1	PA; QL (0.21 ML per 28 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	1	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	1	PA; QL (1 EA per 28 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	1	
<i>clozapine oral tablet dispersible 150 mg</i>	1	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	1	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	QL (540 ML per 30 days)
Antispasticity Agents - Treatment Of Muscle Spasms		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii.
Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
Antivirals - Treatment Of Infections By Viruses		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY ORAL TABLET 200 MG	1	PA
PREVYMIS ORAL PACKET 120 MG, 20 MG	1	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	
<i>lamivudine oral solution 10 mg/ml</i>	1	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA
VIREAD ORAL POWDER 40 MG/GM	1	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	QL (30 EA per 30 days)
Anti-hepatitis C (HCV) Agents		
MAVYRET ORAL PACKET 50-20 MG	1	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET 100-40 MG	1	PA; QL (90 EA per 30 days)
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; QL (28 EA per 28 days)
Antitherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>trifluridine ophthalmic solution 1 %</i>	1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ISENTRESS HD ORAL TABLET 600 MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	1	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	QL (180 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	1	QL (120 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	1	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	QL (180 EA per 30 days)
VOCABRIA ORAL TABLET 30 MG	1	QL (30 EA per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
EDURANT ORAL TABLET 25 MG	1	QL (30 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	1	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	1	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	1	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	1	QL (60 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	1	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL (60 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	1	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	1	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 EA per 30 days)
Anti-HIV Agents, Other		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	1	QL (52 ML per 365 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	1	QL (42 ML per 365 days)
COMPLERA ORAL TABLET 200-25-300 MG	1	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	1	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	1	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	QL (30 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	1	QL (30 EA per 30 days)

Last Updated 5/27/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	1	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	1	QL (30 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	1	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	1	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	1	QL (120 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET 300 MG	1	QL (10 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	1	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	1	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	1	QL (6 ML per 365 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	1	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	1	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250 MG	1	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	1	QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	1	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	1	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	QL (390 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	1	QL (360 EA per 30 days)

Last Updated 5/27/2025

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL SUSPENSION 100 MG/ML	1	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	1	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	1	QL (300 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	1	
<i>ritonavir oral tablet 100 mg</i>	1	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	1	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	1	QL (120 EA per 30 days)
Anti-influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (84 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (42 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	QL (540 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	1	QL (60 EA per 180 days)
<i>rimantadine hcl oral tablet 100 mg</i>	1	
Antiviral, Coronavirus Agents		
<i>paxlovid (150/100) oral tablet therapy pack 10 x 150 mg & 10 x 100mg</i>	1	QL (20 EA per 5 days)
<i>paxlovid (300/100) oral tablet therapy pack 20 x 150 mg & 10 x 100mg</i>	1	QL (30 EA per 5 days)
<i>paxlovid oral tablet therapy pack 6 x 150 mg & 5 x 100mg</i>	1	QL (11 EA per 5 days)
Antivirals		
LAGEVRIO ORAL CAPSULE 200 MG	1	QL (40 EA per 5 days)
Anxiolytics - Treatment Of Anxiety Or Nervousness		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA
Benzodiazepines		
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)

Last Updated 5/27/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	1	QL (90 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)

Bipolar Agents - Treatment For Bipolar Illnesses

Mood Stabilizers

EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	1	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	

Blood Glucose Regulators - Control Of Diabetes

Antidiabetic Agents

<i>acarbose oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	1	QL (30 EA per 30 days)

Last Updated 5/27/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	1	QL (90 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	1	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	1	QL (60 EA per 30 days)

Last Updated 5/27/2025

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Drug Name	Drug Tier	Requirements/Limits
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	1	QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	1	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	1	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	1	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	1	PA; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	1	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	1	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	1	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	1	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	1	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	1	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	1	PA; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	1	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	1	QL (60 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	1	QL (4 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	1	QL (4 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	1	QL (4 EA per 30 days)
<i>glucagon emergency injection kit 1 mg</i>	1	QL (4 EA per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	1	QL (4 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>mifepristone oral tablet 300 mg</i>	1	PA; QL (120 EA per 30 days)
Insulins		
<i>gauze pad 2"x2"</i>	1	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	1	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	1	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	1	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	1	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	1	
<i>insulin aspart injection solution 100 unit/ml</i>	1	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	1	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	1	
<i>insulin lispro injection solution 100 unit/ml</i>	1	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	1	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	1	
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 27g x 5/8" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 31g x 6mm 0.5 ml, u-100 1 ml</i>	1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	1	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	1	
OMNIPOD 5 DEXG7G6 PODS GEN 5	1	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	1	
OMNIPOD 5 G7 PODS (GEN 5)	1	
OMNIPOD 5 LIBRE2 PLUS G6 KIT	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 LIBRE2 PLUS G6 PODS	1	
OMNIPOD DASH INTRO (GEN 4) KIT	1	
OMNIPOD DASH PDM (GEN 4) KIT	1	
OMNIPOD DASH PODS (GEN 4)	1	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	1	
<i>pen needles 29g x 12.7mm , 29g x 12mm , 29g x 4mm , 30g x 5 mm , 30g x 8 mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	1	
SOLQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	QL (30 ML per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	
V-GO 20 KIT 20 UNIT/24HR	1	
V-GO 30 KIT 30 UNIT/24HR	1	
V-GO 40 KIT 40 UNIT/24HR	1	
Blood Products And Modifiers - Prevention Of Clotting And Increasing Blood Cell Production		
Anticoagulants		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	1	PA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	1	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (74 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) injection solution</i> 10000 unit/ml, 5000 unit/ml	1	
<i>heparin sodium (porcine) pf injection solution</i> 1000 unit/ml	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>rivaroxaban oral tablet 2.5 mg</i>	1	QL (60 EA per 30 days)
<i>warfarin sodium 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 ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	QL (51 EA per 30 days)
Blood Products and Modifiers, Other		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	1	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	1	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	1	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	1	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	1	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	1	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
PIASKY INJECTION SOLUTION 340 MG/2ML	1	PA
PROCRT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA
PROMACTA ORAL PACKET 12.5 MG	1	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	1	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	1	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	1	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	1	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	1	PA
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
TAVNEOS ORAL CAPSULE 10 MG	1	PA
<i>tranexamic acid oral tablet 650 mg</i>	1	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
XOLREMDI ORAL CAPSULE 100 MG	1	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	PA
DOPTLET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	1	PA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	1	
Cardiovascular Agents - Treatment Of Conditions Affecting The Heart And Blood Vessels		
Alpha-adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg</i>	1	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg</i>	1	QL (60 EA per 30 days)
<i>guanfacine hcl oral tablet 2 mg</i>	1	QL (30 EA per 30 days)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 2 mg</i>	1	QL (90 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii.
Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg</i>	1	QL (60 EA per 30 days)
<i>terazosin hcl oral capsule 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	1	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	QL (30 EA per 30 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 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>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 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	
Antiarrhythmics		

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	PA
<i>nimodipine oral capsule 30 mg</i>	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz 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>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 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>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	1	QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML	1	PA; QL (450 ML per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	1	QL (150 ML per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	1	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	1	PA; QL (60 EA per 30 days)
KERENDIA ORAL TABLET 10 MG, 20 MG	1	PA; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LODOCO ORAL TABLET 0.5 MG	1	PA; QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	PA
NEXLETOL ORAL TABLET 180 MG	1	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	1	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz 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	QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	1	QL (30 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 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	QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	1	PA
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	1	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	1	PA; QL (3 ML per 28 days)
Diuretics, Loop		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 35 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gm/dose</i>	1	
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gm/dose</i>	1	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
<i>colestipol hcl oral granules 5 gm</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-rosuvastatin oral tablet 10-5 mg</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 0.5 gm</i>	1	QL (240 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	1	QL (120 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	QL (60 EA per 30 days)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	1	PA
<i>prevalite oral packet 4 gm</i>	1	
<i>prevalite oral powder 4 gm/dose</i>	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	
<i>nitroglycerin rectal ointment 0.4 %</i>	1	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents - Treatment Of Disorders Of The Brain And Spinal Column		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	1	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	QL (120 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
Central Nervous System, Other		
AQNEURSA ORAL PACKET 1 GM	1	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; QL (60 EA per 30 days)
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG	1	PA; QL (70 EA per 28 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	1	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	1	PA
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	PA; QL (56 EA per 28 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	1	PA; QL (56 EA per 28 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	1	PA; QL (240 ML per 30 days)
EVRYSDI ORAL TABLET 5 MG	1	PA; QL (30 EA per 30 days)
FIRDAPSE ORAL TABLET 10 MG	1	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	1	PA; QL (28 EA per 180 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; QL (60 EA per 30 days)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	1	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	1	PA
<i>riluzole oral tablet 50 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA; QL (120 EA per 30 days)
VEOZAH ORAL TABLET 45 MG	1	PA
Fibromyalgia Agents		
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	1	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	ST; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	ST; QL (55 EA per 180 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	1	PA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; QL (14 EA per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	PA; QL (14 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	1	PA
<i>fingolimod hcl oral capsule 0.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; QL (12 ML per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; QL (30 ML per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	1	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	1	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	1	PA; QL (12 EA per 180 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	1	PA; QL (7 EA per 180 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	1	PA; QL (20 ML per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	1	PA; QL (23 ML per 180 days)
PONVORY ORAL TABLET 20 MG	1	PA; QL (30 EA per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	1	PA; QL (14 EA per 180 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	1	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	1	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	1	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	1	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	1	PA; QL (30 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	PA; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	1	PA; QL (7 EA per 180 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	1	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	1	PA; QL (28 EA per 180 days)
Dental And Oral Agents - Treatment Of Mouth And Gum Disorders		
Dental and Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
Dermatological Agents - Treatment Of Skin Conditions		
Acne and Rosacea Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>tazarotene external cream 0.05 %</i>	1	
<i>tazarotene external cream 0.1 %</i>	1	QL (60 GM per 30 days)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
Dermatitis and Pruritus Agents		
<i>alclometasone dipropionate external cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	QL (60 GM per 30 days)
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	QL (120 GM per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	QL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	1	QL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	1	QL (120 GM per 30 days)
<i>clobetasol prop emollient base external cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	1	QL (50 ML per 30 days)
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	1	
<i>doxepin hcl external cream 5 %</i>	1	PA; QL (90 GM per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	1	PA
FLAC OTIC OIL 0.01 %	1	
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	QL (118.28 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	1	QL (60 GM per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	1	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	1	QL (60 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	QL (118.28 ML per 30 days)

Last Updated 5/27/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	1	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	1	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	QL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	1	QL (50 GM per 30 days)
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
HYFTOR EXTERNAL GEL 0.2 %	1	PA
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>pimecrolimus external cream 1 %</i>	1	ST
<i>prednicarbate external ointment 0.1 %</i>	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	ST
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external cream 0.1 %</i>	1	QL (454 GM per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	1	
Dermatological Agents, Other		
<i>alcohol pad , 70 %</i>	1	
<i>alcohol sheet , 70 %</i>	1	
<i>calcipotriene external cream 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	1	QL (120 ML per 30 days)
<i>calcitriol external ointment 3 mcg/gm</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	QL (60 ML per 28 days)
<i>fluorouracil external cream 0.5 %</i>	1	PA
<i>fluorouracil external cream 5 %</i>	1	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	1	QL (10 ML per 30 days)
<i>imiquimod external cream 5 %</i>	1	QL (24 EA per 30 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	QL (60 GM per 28 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	QL (60 GM per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	1	PA; QL (55 EA per 180 days)
<i>podofilox external solution 0.5 %</i>	1	
REGRANEX EXTERNAL GEL 0.01 %	1	PA; QL (15 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	QL (180 GM per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
Pediculicides/Scabicides		

Last Updated 5/27/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>malathion external lotion 0.5 %</i>	1	QL (59 ML per 30 days)
<i>permethrin external cream 5 %</i>	1	QL (60 GM per 30 days)
Topical Anti-infectives		
<i>acyclovir external cream 5 %</i>	1	QL (30 GM per 30 days)
<i>acyclovir external ointment 5 %</i>	1	QL (30 GM per 30 days)
<i>ciclopirox external solution 8 %</i>	1	QL (6.6 ML per 28 days)
<i>ciclopirox olamine external cream 0.77 %</i>	1	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	1	QL (60 ML per 30 days)
<i>clindamycin phos (once-daily) external gel 1 %</i>	1	QL (120 ML per 30 days)
<i>clindamycin phos (twice-daily) external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	1	QL (60 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	1	QL (60 EA per 30 days)
<i>ery external pad 2 %</i>	1	QL (60 EA per 30 days)
<i>erythromycin external gel 2 %</i>	1	QL (60 GM per 30 days)
<i>erythromycin external solution 2 %</i>	1	QL (60 ML per 30 days)
<i>gentamicin sulfate external cream 0.1 %</i>	1	QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	QL (30 GM per 30 days)
<i>metronidazole external cream 0.75 %</i>	1	QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	1	QL (45 GM per 30 days)
<i>metronidazole external gel 1 %</i>	1	QL (60 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	1	QL (59 ML per 30 days)
<i>mupirocin external ointment 2 %</i>	1	QL (44 GM per 30 days)
<i>penciclovir external cream 1 %</i>	1	QL (5 GM per 30 days)
Electrolytes/Minerals/ Metals/ Vitamins - Products That Supplement Or Replace Electrolytes, Minerals, Metals Or Vitamins		
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet soluble 200 mg</i>	1	PA
ISOLYTE-S INTRAVENOUS SOLUTION	1	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	1	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
<i>klor-con m10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m15 oral tablet extended release 15 meq</i>	1	
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	
KLOR-CON ORAL PACKET 20 MEQ	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>sodium chloride (pf) injection solution 0.9 %</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	
Electrolyte/Mineral/Metal Modifiers		
CUVRIOR ORAL TABLET 300 MG	1	PA
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	1	PA

Last Updated 5/27/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillamine oral tablet 250 mg</i>	1	PA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA
<i>trientine hcl oral capsule 250 mg</i>	1	PA
Electrolytes/Minerals/Metals/Vitamins		
<i>clinisol sf intravenous solution 15 %</i>	1	B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	B/D
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	
<i>levocarnitine oral solution 1 gm/10ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	1	
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	B/D
<i>plenamine intravenous solution 15 %</i>	1	B/D
<i>prenatal oral tablet 27-1 mg</i>	1	
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	QL (360 EA per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>sevelamer carbonate oral packet 0.8 gm</i>	1	QL (270 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	1	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	QL (540 EA per 30 days)
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>	1	
<i>sps (sodium polystyrene sulf) rectal suspension 30 gm/120ml</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	1	QL (30 EA per 30 days)
VELTASSA ORAL PACKET 8.4 GM	1	QL (90 EA per 30 days)
Vitamins		
<i>trinatal rx 1 oral tablet 60-1 mg</i>	1	
Gastrointestinal Agents - Treatment Of Stomach And Intestinal Conditions		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>gavilyte-c oral solution reconstituted 240 gm</i>	1	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL (60 EA per 30 days)
MOVANTI ^K ORAL TABLET 12.5 MG, 25 MG	1	QL (30 EA per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
RELISTOR ORAL TABLET 150 MG	1	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	1	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	1	PA; QL (12 ML per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	PA
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl oral capsule 2 mg</i>	1	
XERMELO ORAL TABLET 250 MG	1	PA
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
Gastrointestinal Agents, Other		
CHENODAL ORAL TABLET 250 MG	1	PA
GATTEX SUBCUTANEOUS KIT 5 MG	1	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	1	PA
OALIVA ORAL TABLET 10 MG, 5 MG	1	PA; QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VOWST ORAL CAPSULE	1	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	1	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg</i>	1	QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole oral capsule delayed release 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	QL (60 EA per 30 days)
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment - Products That Replace, Modify, Or Treat Genetic Or Enzyme Disorders		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	1	PA
<i>betaine oral powder</i>	1	
CERDELGA ORAL CAPSULE 84 MG	1	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	1	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA
<i>dichlorphenamide oral tablet 50 mg</i>	1	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	1	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	1	PA
GALAFOLD ORAL CAPSULE 123 MG	1	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	1	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	1	PA
<i>l-glutamine oral packet 5 gm</i>	1	PA
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	PA
<i>miglustat oral capsule 100 mg</i>	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	1	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	1	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	1	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	1	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	1	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	1	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	1	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	1	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	1	
Genitourinary Agents - Treatment Of Urinary Tract And Prostate Conditions		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	ST; QL (30 EA per 30 days)
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	1	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	1	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	QL (30 EA per 30 days)

Last Updated 5/27/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1	QL (30 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	1	PA
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
ELMIRON ORAL CAPSULE 100 MG	1	
FILSPARI ORAL TABLET 200 MG, 400 MG	1	PA
<i>tiopronin oral tablet 100 mg</i>	1	PA
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	1	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) - Treatment Of Conditions Requiring Steroids		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
ACTHAR INJECTION GEL 80 UNIT/ML	1	PA
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	1	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	1	PA
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) - Treatment Of Pituitary Gland Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	1	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	1	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	1	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii.
Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	1	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	1	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	1	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	1	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	1	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	1	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	1	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) - For The Replacement Or Modification Of Sex Hormones		
Anabolic Steroids		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
<i>testosterone cypionate injection solution 200 mg/ml</i>	1	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>	1	PA; QL (180 ML per 30 days)
Estrogens		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	PA; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	PA; QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	1	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	PA
PREMARIN VAGINAL CREAM 0.625 MG/GM	1	
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	1	QL (8 EA per 28 days)
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>introvale oral tablet 0.15-0.03 mg</i>	1	
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	1	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	1	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	
<i>lutra oral tablet 0.1-20 mg-mcg</i>	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	1	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>ocella oral tablet 3-0.03 mg</i>	1	
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	
PREMPHASE ORAL TABLET 0.625-5 MG	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	1	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
Progestins		
<i>camila oral tablet 0.35 mg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	1	
<i>errin oral tablet 0.35 mg</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml, 800 mg/20ml</i>	1	PA
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	PA
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone oral tablet 0.35 mg</i>	1	
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
Selective Estrogen Receptor Modifying Agents		

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii.
Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
DUAVEE ORAL TABLET 0.45-20 MG	1	
<i>raloxifene hcl oral tablet 60 mg</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) - Treatment Of Thyroid Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>levothyroxine sodium 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	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
SYNTHROID 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	1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
Hormonal Agents, Suppressant (Pituitary) - Treatment Of Or Modification Of Pituitary Hormone Secretion		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG	1	PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	1	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	1	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	1	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	1	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
<i>octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg</i>	1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
ORGOVYX ORAL TABLET 120 MG	1	PA; QL (30 EA per 28 days)
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	1	PA
ORLISSA ORAL TABLET 150 MG, 200 MG	1	PA
RECORLEV ORAL TABLET 150 MG	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA
SYNAREL NASAL SOLUTION 2 MG/ML	1	PA
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA
Hormonal Agents, Suppressant (Thyroid) - Treatment For Overactive Thyroid		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
Immunological Agents - Medications That Alter The Immune System Including Vaccinations		
Angioedema Agents		
BERINERT INTRAVENOUS KIT 500 UNIT	1	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	1	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	1	PA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	1	PA; QL (20 EA per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; QL (27 ML per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	1	PA
Immunoglobulins		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	1	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	1	B/D

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJECTION SOLUTION 1 GM/10ML	1	B/D
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	1	B/D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	1	B/D
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	1	B/D
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	1	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	1	PA; QL (3.6 ML per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA; QL (8 ML per 28 days)
CABLIVI INJECTION KIT 11 MG	1	PA
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	1	PA; QL (30 EA per 30 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	1	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	1	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	1	PA; QL (2 ML per 28 days)
FABHALTA ORAL CAPSULE 200 MG	1	PA; QL (60 EA per 30 days)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA; QL (2 ML per 28 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	1	PA; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	1	PA; QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA
LITFULO ORAL CAPSULE 50 MG	1	PA; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	1	PA; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	PA; QL (4 EA per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	1	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	1	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	1	PA; QL (2.8 ML per 28 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	1	PA; QL (30 EA per 30 days)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	1	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	1	PA; QL (60 ML per 365 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA; QL (2 ML per 28 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	1	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA; QL (2 ML per 28 days)
SOTYKTU ORAL TABLET 6 MG	1	PA; QL (30 EA per 30 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; QL (104 ML per 180 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	1	PA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	1	PA; QL (0.75 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	1	PA; QL (1.5 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	1	PA; QL (3 ML per 28 days)
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML	1	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	1	PA
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; QL (480 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	1	PA; QL (30 EA per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	1	PA; QL (16.072 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	1	PA; QL (22.68 ML per 28 days)
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA; QL (2 ML per 28 days)
Immunosuppressants		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	1	B/D
<i>azathioprine oral tablet 50 mg</i>	1	B/D
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA; QL (3 EA per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	1	PA; QL (2 EA per 28 days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA; QL (3 EA per 28 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	1	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii.
Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf oral solution 100 mg/ml</i>	1	B/D
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	1	PA; QL (4 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	1	PA; QL (6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	1	PA; QL (4 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	1	PA; QL (6 ML per 28 days)
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA; QL (6 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	1	PA; QL (6 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	1	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	1	PA; QL (4 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	1	PA; QL (6 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA; QL (3 EA per 180 days)
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA; QL (4 EA per 180 days)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; QL (3 EA per 180 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	1	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	B/D
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	B/D
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	B/D
REZUROCK ORAL TABLET 200 MG	1	PA; QL (30 EA per 30 days)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	B/D
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	1	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	1	PA
<i>sirolimus oral solution 1 mg/ml</i>	1	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	1	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5- 18.5 LF-MCG/0.5	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	1	B/D
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	B/D
ERVEBO INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOL INJECTION INJECTABLE	1	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii.
Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	B/D
ROTARIX ORAL SUSPENSION	1	
ROTATEQ ORAL SOLUTION	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii.
Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	QL (2 EA per 999 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	B/D
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	1	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	
VAXELIS INTRAMUSCULAR SUSPENSION	1	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	1	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	1	
Inflammatory Bowel Disease Agents - Treatment Of Ulcerative Colitis Or Crohn's Disease		
Aminosalicylates		

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide disodium oral capsule 750 mg</i>	1	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	
<i>mesalamine-cleanser rectal kit 4 gm</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	QL (30 EA per 30 days)
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	QL (90 EA per 30 days)
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
Metabolic Bone Disease Agents - Treatment Of Bone Diseases Including Osteoporosis		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	1	QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML, 600 MCG/2.4ML, 620 MCG/2.48ML	1	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR 3120 MCG/1.56ML	1	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	1	PA
Ophthalmic Agents - Treatment Of Eye Conditions		
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	1	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	QL (60 EA per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	1	PA
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	1	PA
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	1	PA
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
Ophthalmic Anti-Infectives		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
NATACYN OPHTHALMIC SUSPENSION 5 %	1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
Ophthalmic Anti-inflammatories		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	ST
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	1	ST

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	1	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1- 0.2 %	1	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	
Otic Agents - Treatment Of Ear Conditions		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3- 0.1 %</i>	1	QL (7.5 ML per 7 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5- 10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5- 10000-1</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
Respiratory Tract/ Pulmonary Agents - Treatment Of Breathing Conditions		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	1	QL (60 ML per 30 days)
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	PA
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	PA
<i>hydroxyzine hcl oral tablet 10 mg</i>	1	
<i>hydroxyzine hcl oral tablet 25 mg, 50 mg</i>	1	PA
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	QL (3600 ML per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii.
Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	B/D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	B/D; QL (60 ML per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	1	QL (60 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	1	QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	1	QL (120 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	1	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	1	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	1	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	QL (34 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	1	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	1	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	QL (90 EA per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	1	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	QL (2 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	B/D; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	1	PA; QL (56 EA per 28 days)
BRONCHITOL INHALATION CAPSULE 40 MG	1	PA
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA; QL (84 ML per 56 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	1	PA; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 5.8 MG	1	PA
KALYDECO ORAL TABLET 150 MG	1	PA; QL (56 EA per 28 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; QL (112 EA per 28 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	1	B/D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	1	PA; QL (56 EA per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1	B/D
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	B/D; QL (280 ML per 56 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	1	PA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	1	PA; QL (56 EA per 28 days)
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	B/D
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; QL (30 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; QL (720 ML per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; QL (60 EA per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML	1	PA; QL (300 ML per 30 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG	1	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	1	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	1	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	1	PA
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	1	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	1	PA; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	B/D
ADVAIR HFA INHALATION AEROSOL 115- 21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	1	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	1	QL (10.7 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	1	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	1	QL (10.7 GM per 30 days)
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	1	QL (10.2 GM per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	QL (8 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	1	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	1	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	1	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	1	PA; QL (8 ML per 28 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	1	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	1	PA; QL (1 ML per 28 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	1	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	B/D
<i>montelukast sodium oral packet 4 mg</i>	1	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	1	PA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA; QL (3 EA per 28 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	QL (4 GM per 30 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	1	QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA; QL (8 EA per 28 days)
Skeletal Muscle Relaxants - Treatment Of Muscle Tightness		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	PA; QL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA; QL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	PA; QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	1	PA; QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA
Sleep Disorder Agents - Treatment Of Insomnia		
Sleep Promoting Agents		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	PA; QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	1	PA; QL (158 ML per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1	QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	1	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	1	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	1	PA

Last Updated 5/27/2025

You can find information on what the symbols and abbreviations in this table mean by going to page viii. Medications that are contained within a compound may require prior authorization.

Index

A

<i>abacavir sulfate</i>	43	ALUNBRIG	28	ARANESP (ALBUMIN FREE)	55
<i>abacavir sulfate-lamivudine</i> ..	44	<i>alyacen 1/35</i>	85	ARCALYST	93
ABELCET	21	<i>alyacen 7/7/7</i>	85	AREXVY	98
ABILIFY ASIMTUFI	37	ALYFTREK	108	ARIKAYCE	5
ABILIFY MAINTENA	37	<i>amantadine hcl</i>	35	<i>aripiprazole</i>	37
<i>abiraterone acetate</i>	25	<i>ambrisentan</i>	109	ARISTADA	38
<i>abirtega</i>	25	<i>amikacin sulfate</i>	5	ARISTADA INITIO	38
ABRYSVO	98	<i>amiloride hcl</i>	63	<i>armodafinil</i>	113
<i>acamprosate calcium</i>	4	<i>amiloride-hydrochlorothiazide</i>	61	ARNUITY ELLIPTA	107
<i>acarbose</i>	47	<i>aminocaproic acid</i>	55	<i>asenapine maleate</i>	38
<i>acebutolol hcl</i>	59	<i>amiodarone hcl</i>	59	<i>aspirin-dipyridamole er</i>	57
<i>acetaminophen-codeine</i>	3	<i>amitriptyline hcl</i>	20	ASTAGRAF XL	96
<i>acetazolamide</i>	61	<i>amlodipine besy-benazepril hcl</i>	61	<i>atazanavir sulfate</i>	45
<i>acetazolamide er</i>	105	<i>amlodipine besylate</i>	60	<i>atenolol</i>	59
<i>acetic acid</i>	106	<i>amlodipine besylate-valsartan</i> ..	61	<i>atenolol-chlorthalidone</i>	61
<i>acetylcysteine</i>	110	<i>amlodipine-atorvastatin</i>	61	<i>atomoxetine hcl</i>	66
<i>acitretin</i>	71	<i>amlodipine-olmesartan</i>	61	<i>atorvastatin calcium</i>	64
ACTEMRA	93	<i>amlodipine-valsartan-hctz</i>	61	<i>atovaquone</i>	34
ACTEMRA ACTPEN	93	<i>ammonium lactate</i>	71	<i>atovaquone-proguanil hcl</i>	34
ACTHAR	83	<i>amnestem</i>	71	<i>atropine sulfate</i>	103
ACTHAR GEL	82	<i>amoxapine</i>	20	ATROVENT HFA	107
ACTHIB	98	<i>amoxicillin</i>	10	<i>aubra eq</i>	85
ACTIMMUNE	96	<i>amoxicillin-pot clavulanate</i> ...	10	AUGTYRO	29
<i>acyclovir</i>	42, 75	<i>amoxicillin-pot clavulanate er</i> ..	10	<i>aurovela fe 1/20</i>	85
<i>acyclovir sodium</i>	43	<i>amphetamine-dextroamphet er</i>	66	AUSTEDO	67
ADACEL	98	<i>amphetamine-</i> <i>dextroamphetamine</i>	66	AUSTEDO PATIENT TITRATION KIT	67
<i>adapalene-benzoyl peroxide</i> ..	71	<i>amphotericin b</i>	22	AUSTEDO XR	68
<i>adefovir dipivoxil</i>	42	<i>amphotericin b liposome</i>	22	AUSTEDO XR PATIENT TITRATION	68
ADEMPAS	109	<i>ampicillin</i>	10	AUVELITY	18
ADVAIR HFA	110	<i>ampicillin sodium</i>	10	<i>aviane</i>	85
AIMOVIG	23	<i>ampicillin-sulbactam sodium</i> .	10	AYVAKIT	29
AKEEGA	26	<i>anagrelide hcl</i>	55	<i>azacitidine</i>	26
<i>ak-poly-bac</i>	104	<i>anastrozole</i>	28	<i>azathioprine</i>	96
<i>albendazole</i>	34	ANORO ELLIPTA	110	<i>azelastine hcl</i>	104, 106
<i>albuterol sulfate</i>	108	APOKYN	36	<i>azithromycin</i>	11
<i>albuterol sulfate hfa</i>	108	<i>apomorphine hcl</i>	36	<i>aztreonam</i>	6
<i>alclometasone dipropionate</i> ...	71	<i>apraclonidine hcl</i>	105	B	
<i>alcohol</i>	74	<i>aprepitant</i>	21	<i>bacitracin</i>	104
ALECENSA	28	<i>apri</i>	85	<i>bacitracin-polymyxin b</i>	104
<i>alendronate sodium</i>	102	APTOM	16	<i>baclofen</i>	41
<i>alfuzosin hcl er</i>	82	APTIVUS	45	BAFIERTAM	69
<i>aliskiren fumarate</i>	61	AQNEURSA	67	<i>balsalazide disodium</i>	102
<i>allopurinol</i>	23	ARALAST NP	80	BALVERSA	29
<i>alosetron hcl</i>	78	<i>aranelle</i>	85	<i>balziva</i>	85
<i>alprazolam</i>	46, 47			BAQSIMI ONE PACK	50
<i>alprazolam intensol</i>	46				
<i>altavera</i>	85				

BAQSIMI TWO PACK	50	<i>budesonide</i>	102, 107	<i>carvedilol</i>	59
BARACLUDE	42	<i>budesonide er</i>	102	<i>caspofungin acetate</i>	22
BCG VACCINE	98	BUDESONIDE-		CAYSTON	108
<i>benazepril hcl</i>	58	FORMOTEROL		<i>cefaclor</i>	8
<i>benazepril-hydrochlorothiazide</i>		FUMARATE	110	<i>cefaclor er</i>	8
.....	61	<i>bumetanide</i>	63	<i>cefadroxil</i>	8
<i>bendamustine hcl</i>	25	<i>buprenorphine</i>	2	<i>cefazolin sodium</i>	8
BENLYSTA	93	<i>buprenorphine hcl</i>	4	<i>cefazolin sodium-dextrose</i>	8
<i>benztropine mesylate</i>	35	<i>buprenorphine hcl-naloxone hcl</i>		<i>cefdinir</i>	8
BERINERT	92		4, 5	<i>cefepime hcl</i>	8
BESREMI	27	<i>bupropion hcl</i>	18	<i>cefepime-dextrose</i>	8
<i>betaine</i>	80	<i>bupropion hcl er (smoking det)</i>	5	<i>cefixime</i>	8
<i>betamethasone dipropionate</i> ..	72	<i>bupropion hcl er (sr)</i>	18	<i>cefotaxime sodium</i>	8
<i>betamethasone dipropionate aug</i>		<i>bupropion hcl er (xl)</i>	18	<i>cefoxitin sodium</i>	8
.....	71, 72	<i>buspirone hcl</i>	46	<i>cefoxitin sodium-dextrose</i>	8
<i>betamethasone valerate</i>	72	<i>butalbital-acetaminophen</i>	1	<i>cefpodoxime proxetil</i>	9
BETASERON	69	<i>butalbital-apap-caff-cod</i>	1	<i>cefpodoxime proxetil</i>	9
<i>betaxolol hcl</i>	59, 105	<i>butalbital-apap-caffeine</i>	1	<i>ceftazidime</i>	9
<i>bethanechol chloride</i>	82	<i>butalbital-asa-caff-codeine</i>	1	<i>ceftazidime and dextrose</i>	9
BEVESPI AEROSPHERE ...	110	<i>butalbital-aspirin-caffeine</i>	1	<i>ceftriaxone sodium</i>	9
<i>bexarotene</i>	34	<i>butorphanol tartrate</i>	3	<i>ceftriaxone sodium in dextrose</i>	9
BEXSERO	98	C		<i>ceftriaxone sodium-dextrose</i>	9
BEYFORTUS	99	CABENUVA	44	<i>cefuroxime axetil</i>	9
<i>bicalutamide</i>	25	<i>cabergoline</i>	90	<i>cefuroxime sodium</i>	9
BICILLIN L-A	10	CABLIVI	93	<i>celecoxib</i>	1
BIKTARVY	44	CABOMETYX	29	<i>cephalexin</i>	9
<i>bisoprolol fumarate</i>	59	<i>calcipotriene</i>	74	CEPROTIN	54
<i>bisoprolol-hydrochlorothiazide</i>		<i>calcitonin (salmon)</i>	103	CERDELGA	80
.....	61	<i>calcitriol</i>	74, 103	<i>cetirizine hcl</i>	106
<i>blisovi fe 1.5/30</i>	85	<i>calcium acetate (phos binder)</i>	77	<i>cevimeline hcl</i>	70
<i>blisovi fe 1/20</i>	86	CALQUENCE	29	CHENODAL	79
BOOSTRIX	99	CAMCEVI	91	<i>chlorhexidine gluconate</i>	71
BORUZU	27	<i>camila</i>	89	<i>chloroquine phosphate</i>	35
<i>bosentan</i>	109	CAMZYOS	61	<i>chlorpromazine hcl</i>	20
BOSULIF	29	<i>candesartan cilexetil</i>	58	<i>chlorthalidone</i>	63
BRAFTOVI	29	<i>candesartan cilexetil-hctz</i>	61	<i>chlorzoxazone</i>	112
BREO ELLIPTA	110	CAPLYTA	38	CHOLBAM	80
BREZTRI AEROSPHERE ..	110	CAPRELSA	29	<i>cholestyramine</i>	64
<i>briellyn</i>	86	<i>captropril</i>	58	<i>cholestyramine light</i>	64
BRILINTA	57	<i>carbamazepine</i>	16	CIBINQO	93
<i>brimonidine tartrate</i>	105	<i>carbamazepine er</i>	16	<i>ciclopirox</i>	75
<i>brimonidine tartrate-timolol</i>	103	<i>carbidopa</i>	36	<i>ciclopirox olamine</i>	75
<i>brinzolamide</i>	105	<i>carbidopa-levodopa</i>	36	<i>cilostazol</i>	57
BRIVIACT	13	<i>carbidopa-levodopa er</i>	36	CIMDUO	44
<i>bromfenac sodium</i>	103	<i>carbidopa-levodopa-entacapone</i>		<i>cimetidine</i>	79
<i>bromfenac sodium (once-daily)</i>			35	CIMZIA	96
.....	103	<i>carglumic acid</i>	75	CIMZIA (2 SYRINGE)	96
<i>bromocriptine mesylate</i>	36	<i>carisoprodol</i>	112	CIMZIA-STARTER	96
BRONCHITOL	108	<i>carteolol hcl</i>	105	<i>cinacalcet hcl</i>	103
BRUKINSA	29	<i>cartia xt</i>	60	CINRYZE	92

<i>ciprofloxacin hcl</i>	12, 104	COMETRIQ (60 MG DAILY DOSE)	29	DESCOVY	44
<i>ciprofloxacin in d5w</i>	12	COMPLERA	44	<i>desipramine hcl</i>	20
<i>ciprofloxacin-dexamethasone</i>	106	constulose	78	<i>desmopressin ace spray refrig</i>	83
<i>citalopram hydrobromide</i>	18	COPIKTRA	29	<i>desmopressin acetate</i>	83
<i>claravis</i>	71	CORLANOR.....	61	<i>desmopressin acetate spray</i>	83
<i>clarithromycin</i>	11	CORTROPHIN	83	<i>desogestrel-ethinyl estradiol</i> ..	86
<i>clarithromycin er</i>	11	CORTROPHIN GEL.....	83	<i>desonide</i>	72
<i>clindamycin hcl</i>	6	COSENTYX.....	93	<i>desoximetasone</i>	72
<i>clindamycin palmitate hcl</i>	6	COSENTYX (300 MG DOSE)	93	<i>desvenlafaxine succinate er</i>	18
<i>clindamycin phos (once-daily)</i>	75	COSENTYX SENSOREADY (300 MG).....	93	<i>dexamethasone</i>	83, 102
<i>clindamycin phos (twice-daily)</i>	75	COSENTYX SENSOREADY PEN	93	<i>dexamethasone intensol</i>	102
<i>clindamycin phos-benzoyl perox</i>	71	COSENTYX UNOREADY ...	94	<i>dexamethasone sodium phosphate</i>	102, 105
<i>clindamycin phosphate</i>	6, 75	COTELLIC.....	29	<i>dexmethylphenidate hcl</i>	66
<i>clindamycin phosphate in d5w</i> ..	6	CREON	80	<i>dexmethylphenidate hcl er</i>	66
<i>clindamycin phosphate in nacl</i>	6	CRESEMBA	22	<i>dextroamphetamine sulfate</i>	66
<i>clinisol sf</i>	77	<i>cromolyn sodium</i>	104, 109	<i>dextroamphetamine sulfate er</i> ..	66
<i>clobazam</i>	15	<i>cryselle-28</i>	86	<i>dextrose</i>	77
<i>clobetasol prop emollient base</i>	72	CRYSVITA	94	<i>dextrose-sodium chloride</i>	77
<i>clobetasol propionate</i>	72	CUVRIOR.....	76	DIACOMIT	13
<i>clobetasol propionate e</i>	72	<i>cyclobenzaprine hcl</i>	112	<i>diazepam</i>	15, 47
<i>clomipramine hcl</i>	20	<i>cyclophosphamide</i>	25	<i>diazepam intensol</i>	47
<i>clonazepam</i>	47	<i>cyclosporine</i>	96, 103	<i>diazoxide</i>	50
<i>clonidine</i>	57	<i>cyclosporine modified</i>	96	<i>dichlorphenamide</i>	80
<i>clonidine hcl</i>	57	<i>cyproheptadine hcl</i>	106	<i>diclofenac epolamine</i>	1
<i>clonidine hcl er</i>	66	<i>cyred eq</i>	86	<i>diclofenac potassium</i>	1
<i>clopidogrel bisulfate</i>	57	CYSTAGON	80	<i>diclofenac sodium</i>	1, 105
<i>clorazepate dipotassium</i>	47	CYSTARAN	104	<i>diclofenac sodium er</i>	1
<i>clotrimazole</i>	22	D		<i>dicloxacillin sodium</i>	10
<i>clotrimazole-betamethasone</i>	74	<i>dalfampridine er</i>	69	<i>dicyclomine hcl</i>	79
<i>clozapine</i>	41	<i>danazol</i>	84	DIFICID	11
COARTEM	35	<i>dantrolene sodium</i>	41	<i>diflunisal</i>	1
COBENFY	68	DANZITEN.....	27	<i>difluprednate</i>	105
COBENFY STARTER PACK	68	<i>dapsone</i>	25	<i>digoxin</i>	61, 62
<i>colchicine</i>	23	DAPTACEL	99	<i>dihydroergotamine mesylate</i> ..	23
<i>colchicine-probenecid</i>	23	<i>daptomycin</i>	6	DILANTIN	16
<i>colesevelam hcl</i>	64	<i>darifenacin hydrobromide er</i> ..	81	<i>diltiazem hcl</i>	60
<i>colestipol hcl</i>	64	<i>darunavir</i>	45	<i>diltiazem hcl er</i>	60
<i>colistimethate sodium (cba)</i>	6	<i>dasatinib</i>	29	<i>diltiazem hcl er beads</i>	60
COMBIPATCH.....	86	DAURISMO.....	29	<i>diltiazem hcl er coated beads</i> ..	60
COMBIVENT RESPIMAT ..	111	<i>deblitane</i>	89	<i>dilt-xr</i>	60
COMETRIQ (100 MG DAILY DOSE)	29	<i>deferasirox</i>	76	<i>dimethyl fumarate</i>	69
COMETRIQ (140 MG DAILY DOSE)	29	<i>deferasirox granules</i>	76	<i>dimethyl fumarate starter pack</i>	69
		<i>deferiprone</i>	76	<i>diphenoxylate-atropine</i>	78
		DELSTRIGO.....	44	<i>dipyridamole</i>	57
		DEPO-SUBQ PROVERA ..	104	<i>disopyramide phosphate</i>	59
			89	<i>disulfiram</i>	4
				<i>divalproex sodium</i>	13
				<i>divalproex sodium er</i>	13

<i>dofetilide</i>	59	ENBREL MINI	96	<i>etravirine</i>	43
<i>donepezil hcl</i>	17	ENBREL SURECLICK	96	EUCRISA	72
DOPTELET.....	57	<i>endocet</i>	3	EULEXIN.....	25
<i>dorzolamide hcl</i>	105	ENGERIX-B	99	EUTHYROX	90
<i>dorzolamide hcl-timolol mal</i> 104		<i>enoxaparin sodium</i>	54	<i>everolimus</i>	29, 96
<i>dorzolamide hcl-timolol mal pf</i>		<i>enpresse-28</i>	86	EVOTAZ	44
.....	104	<i>enskyce</i>	86	EVRYSDI.....	68
DOVATO	44	<i>entacapone</i>	35	<i>exemestane</i>	28
<i>doxazosin mesylate</i>	57	<i>entecavir</i>	42	<i>ezetimibe</i>	64
<i>doxepin hcl</i>	20, 72, 112	ENTRESTO.....	62	<i>ezetimibe-rosuvastatin</i>	64
<i>doxercalciferol</i>	103	ENTYVIO PEN.....	94	<i>ezetimibe-simvastatin</i>	64
<i>doxy 100</i>	12	<i>enulose</i>	78	F	
<i>doxycycline hyclate</i>	13	ENVARBUS XR	96	FABHALTA.....	94
<i>doxycycline monohydrate</i>	13	EPIDIOLEX	13	FABRAZYME	80
DRIZALMA SPRINKLE.....	68	<i>epinephrine</i>	108	<i>falmina</i>	86
<i>dronabinol</i>	21	<i>epitol</i>	16	<i>famciclovir</i>	43
<i>drospirenone-ethinyl estradiol</i> 86		EPIVIR HBV.....	42	<i>famotidine</i>	79
DROXIA	26	<i>eplerenone</i>	63	FANAPT.....	38
<i>droxidopa</i>	57	EPOGEN	55	FANAPT TITRATION PACK	
DUAVEE	90	EPRONTIA	13		38
<i>duloxetine hcl</i>	68	EQUETRO	47	FARXIGA	47
DUPIXENT.....	111	<i>ergoloid mesylates</i>	17	FASENRA.....	111
<i>dutasteride</i>	82	<i>ergotamine-caffeine</i>	23	FASENRA PEN	111
E		ERIVEDGE	29	<i>febuxostat</i>	23
<i>ec-naproxen</i>	1	ERLEADA	25	<i>felbamate</i>	13
<i>econazole nitrate</i>	22	<i>erlotinib hcl</i>	29	<i>felodipine er</i>	60
EDURANT.....	43	<i>errin</i>	89	<i>fenofibrate</i>	64
<i>efavirenz</i>	43	<i>ertapenem sodium</i>	11	<i>fenofibrate micronized</i>	63
<i>efavirenz-emtricitab-tenofo df</i> 44		ERVEBO	99	<i>fenofibric acid</i>	64
<i>efavirenz-lamivudine-tenofovir</i>		<i>ery</i>	75	<i>fentanyl</i>	2
.....	44	ERYTHROCIN		<i>fentanyl citrate</i>	3
EGRIFTA SV	83	LACTOBIONATE	12	<i>fesoterodine fumarate er</i>	81
ELAPRASE.....	80	<i>erythrocin stearate</i>	12	FETZIMA.....	19
ELIGARD	91	<i>erythromycin</i>	75, 104	FETZIMA TITRATION	19
ELIQUIS	54	<i>erythromycin base</i>	12	FILSPARI.....	82
ELIQUIS DVT/PE STARTER		<i>erythromycin ethylsuccinate</i> ...12		<i>finasteride</i>	82
PACK	54	ERZOFRI	38	<i>finolimid hcl</i>	69
ELMIRON.....	82	<i>escitalopram oxalate</i>	19	FINTEPLA	13
<i>eluryng</i>	86	<i>esomeprazole magnesium</i>	79	FIRDAPSE	68
EMEND.....	21	<i>estarylla</i>	86	FIRMAGON.....	91
EMGALITY	24	<i>estradiol</i>	85	FIRMAGON (240 MG DOSE)	
EMGALITY (300 MG DOSE)		<i>estradiol valerate</i>	85		91
.....	24	<i>estradiol-norethindrone acet</i> ..86		FLAC	72
EMSAM	18	<i>eszopiclone</i>	112	<i>flecainide acetate</i>	59
<i>emtricitabine</i>	44	<i>ethambutol hcl</i>	25	<i>fluconazole</i>	22
<i>emtricitabine-tenofovir df</i>	44	<i>ethosuximide</i>	15	<i>fluconazole in sodium chloride</i>	
EMTRIVA.....	44	<i>ethynodiol diac-eth estradiol</i> ..86			22
<i>enalapril maleate</i>	58	<i>etodolac</i>	1, 2	<i>flucytosine</i>	22
<i>enalapril-hydrochlorothiazide</i> 62		<i>etodolac er</i>	1	<i>fludrocortisone acetate</i>	83
ENBREL	96	<i>etonogestrel-ethinyl estradiol</i> ..86		<i>flunisolide</i>	107

<i>fluocinolone acetonide</i>	72	<i>gefitinib</i>	30	HUMALOG JUNIOR	
<i>fluocinolone acetonide body</i> ...	72	<i>gemfibrozil</i>	64	KWIKPEN.....	51
<i>fluocinolone acetonide scalp</i> ..	72	<i>generlac</i>	78	HUMALOG KWIKPEN	51
<i>fluocinonide</i>	73	<i>gengraf</i>	96, 97	HUMALOG MIX 50/50	
<i>fluocinonide emulsified base</i> ..	73	GENOTROPIN	83	KWIKPEN.....	51
<i>fluorometholone</i>	105	GENOTROPIN MINIQUEICK	83	HUMALOG MIX 75/25.....	51
<i>fluorouracil</i>	74	<i>gentamicin in saline</i>	6	HUMALOG MIX 75/25	
<i>fluoxetine hcl</i>	19	<i>gentamicin sulfate</i>	6, 75, 104	KWIKPEN.....	51
<i>fluphenazine decanoate</i>	37	GENVOYA	44	HUMATROPE	83
<i>fluphenazine hcl</i>	37	GILOTRIF	30	HUMIRA (1 PEN).....	97
<i>flurbiprofen</i>	2	GLASSIA	80	HUMIRA (2 PEN).....	97
<i>flurbiprofen sodium</i>	105	<i>glatiramer acetate</i>	69	HUMIRA (2 SYRINGE).....	97
<i>fluticasone propionate</i>	73, 107	<i>glatopa</i>	69	HUMIRA-CD/UC/HS	
<i>fluticasone propionate diskus</i>		GLEOSTINE	25	STARTER	97
.....	107	<i>glimepiride</i>	48	HUMIRA-PED>/=40KG UC	
<i>fluticasone propionate hfa</i>	107	<i>glipizide</i>	48	STARTER	97
<i>fluticasone-salmeterol</i>	111	<i>glipizide er</i>	48	HUMIRA-PSORIASIS/UVEIT	
<i>fluvoxamine maleate</i>	19	<i>glipizide xl</i>	48	STARTER	97
<i>fondaparinux sodium</i>	54	<i>glipizide-metformin hcl</i>	48	HUMULIN 70/30	51
<i>formoterol fumarate</i>	108	GLUCAGEN HYPOKIT	50	HUMULIN 70/30 KWIKPEN	51
<i>fosamprenavir calcium</i>	45	<i>glucagon emergency</i>	50	HUMULIN N	51
<i>fosinopril sodium</i>	58	<i>glyburide</i>	48	HUMULIN N KWIKPEN	51
<i>fosinopril sodium-hctz</i>	62	<i>glyburide micronized</i>	48	HUMULIN R.....	51
FOTIVDA	30	<i>glyburide-metformin</i>	48	HUMULIN R U-500	
FRUZAQLA.....	30	<i>glycopyrrolate</i>	79	(CONCENTRATED)	51
FULPHILA.....	55	GLYXAMBI	48	HUMULIN R U-500	
<i>fulvestrant</i>	26	GOCOVRI.....	35	KWIKPEN.....	51
<i>furosemide</i>	63	GOMEKLI.....	27	<i>hydralazine hcl</i>	65
FUZEON	44	<i>granisetron hcl</i>	21	<i>hydrochlorothiazide</i>	63
<i>fyavolv</i>	86	<i>griseofulvin microsize</i>	22	<i>hydrocodone-acetaminophen</i> ...	3
FYCOMPA.....	13, 14	<i>guanfacine hcl</i>	57	<i>hydrocodone-ibuprofen</i>	3
FYLNETRA	55	<i>guanfacine hcl er</i>	66, 67	<i>hydrocortisone</i>	73, 83, 102
G		H		<i>hydrocortisone (perianal)</i>	73
<i>gabapentin</i>	15	HADLIMA	97	<i>hydrocortisone butyr lipo base</i>	
GALAFOLD	80	HADLIMA PUSHTOUCH	97		73
<i>galantamine hydrobromide</i>	17	HAEGARDA.....	92	<i>hydrocortisone butyrate</i>	73
<i>galantamine hydrobromide er</i>	17	<i>hailey 24 fe</i>	86	<i>hydrocortisone sod suc (pf)</i>	83
GAMMAGARD.....	92	<i>hailey fe 1.5/30</i>	86	<i>hydrocortisone valerate</i>	73
GAMMAGARD S/D LESS IGA		<i>halobetasol propionate</i>	73	<i>hydrocortisone-acetic acid</i> ...	106
.....	92	<i>haloperidol</i>	37	<i>hydromorphone hcl</i>	3
GAMMAKED.....	93	<i>haloperidol decanoate</i>	37	<i>hydromorphone hcl pf</i>	3
GAMMAPLEX	93	<i>haloperidol lactate</i>	37	<i>hydroxychloroquine sulfate</i>	35
GAMUNEX-C	93	HAVRIX	99	<i>hydroxyurea</i>	26
GARDASIL 9.....	99	<i>heparin sodium (porcine)</i>	55	<i>hydroxyzine hcl</i>	106
GATTEX.....	79	<i>heparin sodium (porcine) pf</i> ...	55	<i>hydroxyzine pamoate</i>	46
<i>gauze</i>	51	HEPLISAV-B.....	99	HYFTOR	73
<i>gavilyte-c</i>	78	HETLIOZ LQ.....	112	I	
<i>gavilyte-g</i>	78	HIBERIX.....	99	<i>ibandronate sodium</i>	103
<i>gavilyte-n with flavor pack</i>	78	HUMALOG.....	51	IBRANCE.....	30
GAVRETO.....	30			<i>ibu</i>	2

<i>ibuprofen</i>	2	<i>isibloom</i>	86	KINERET	94
<i>icatibant acetate</i>	92	ISOLYTE-P IN D5W	77	KINRIX	100
ICLUSIG	30	ISOLYTE-S.....	75	KISQALI (200 MG DOSE)....	30
<i>icosapent ethyl</i>	64	ISOLYTE-S PH 7.4.....	75	KISQALI (400 MG DOSE)....	30
IDHIFA	27	<i>isoniazid</i>	25	KISQALI (600 MG DOSE)....	30
ILARIS	94	<i>isosorb dinitrate-hydralazine</i> .	65	KISQALI FEMARA (200 MG	
ILUMYA	94	<i>isosorbide dinitrate</i>	65	DOSE)	27
<i>imatinib mesylate</i>	30	<i>isosorbide mononitrate</i>	65	KISQALI FEMARA (400 MG	
IMBRUVICA	30	<i>isosorbide mononitrate er</i>	65	DOSE)	27
<i>imipenem-cilastatin</i>	11	<i>isotretinoin</i>	71	KISQALI FEMARA (600 MG	
<i>imipramine hcl</i>	20	<i>isradipine</i>	60	DOSE)	27
<i>imipramine pamoate</i>	20	ITOVEBI	30	KLOR-CON	76
<i>imiquimod</i>	74	<i>itraconazole</i>	22	KLOR-CON 10	76
IMKELDI	30	<i>ivabradine hcl</i>	62	<i>klor-con m10</i>	76
IMOVAX RABIES	99	<i>ivermectin</i>	34	<i>klor-con m15</i>	76
IMPAVIDO	35	IWILFIN.....	27	<i>klor-con m20</i>	76
<i>incassia</i>	89	IXCHIQ	99	KLOXXADO	5
INCRELEX	84	IXIARO	99	KOSELUGO.....	30
INCRUSE ELLIPTA.....	107	J		KRAZATI.....	27
<i>indapamide</i>	63	JAKAFI	30	<i>kurvelo</i>	87
<i>indomethacin</i>	2	<i>jantoven</i>	55	KYLEENA	87
<i>indomethacin er</i>	2	JANUMET	48	L	
INFANRIX.....	99	JANUMET XR.....	48	<i>labetalol hcl</i>	59
INGREZZA.....	68	JANUVIA.....	49	<i>lacosamide</i>	16
INLYTA	30	JARDIANCE.....	49	<i>lactulose</i>	78
INQOVI.....	26	JAYPIRCA.....	30	<i>lactulose encephalopathy</i>	78
INREBIC.....	30	JENTADUETO	49	LAGEVRIO.....	46
<i>insulin asp prot & asp flexpen</i>	51	JENTADUETO XR.....	49	<i>lamivudine</i>	42
<i>insulin aspart</i>	52	<i>jinteli</i>	86	<i>lamivudine-zidovudine</i>	44
<i>insulin aspart flexpen</i>	52	<i>juleber</i>	86	<i>lamotrigine</i>	14
<i>insulin aspart prot & aspart</i> ...	52	JULUCA.....	44	<i>lamotrigine er</i>	14
<i>insulin lispro</i>	52	<i>junel 1.5/30</i>	86	<i>lamotrigine starter kit-blue</i>	14
<i>insulin lispro (1 unit dial)</i>	52	<i>junel 1/20</i>	86	<i>lansoprazole</i>	79
<i>insulin lispro junior kwikpen</i> ..	52	<i>junel fe 1.5/30</i>	86	<i>lanthanum carbonate</i>	77
<i>insulin lispro prot & lispro</i>	52	<i>junel fe 1/20</i>	86	LANTUS	52
<i>insulin syringe</i>	52	JUXTAPID.....	64	LANTUS SOLOSTAR.....	52
INTELENCE.....	43	JYLAMVO.....	27	<i>lapatinib ditosylate</i>	31
INTRALIPID	77	JYNNEOS	99	<i>larin 1.5/30</i>	87
<i>introvale</i>	86	K		<i>larin 1/20</i>	87
INVEGA HAFYERA.....	38	KALYDECO	108	<i>larin fe 1.5/30</i>	87
INVEGA SUSTENNA.....	38, 39	KANUMA	80	<i>larin fe 1/20</i>	87
INVEGA TRINZA	39	<i>kariva</i>	86	<i>latanoprost</i>	106
IPOL	99	<i>kcl in dextrose-nacl</i>	75	LAZCLUZE	27
<i>ipratropium bromide</i>	107	<i>kelnor 1/35</i>	86	<i>leflunomide</i>	97
<i>ipratropium-albuterol</i>	111	<i>kelnor 1/50</i>	86	<i>lenalidomide</i>	26
<i>irbesartan</i>	58	KERENDIA.....	62	LENVIMA (10 MG DAILY	
<i>irbesartan-hydrochlorothiazide</i>		KESIMPTA.....	69	DOSE)	31
.....	62	<i>ketoconazole</i>	22	LENVIMA (12 MG DAILY	
ISENTRESS	43	<i>ketorolac tromethamine</i>	2, 105	DOSE)	31
ISENTRESS HD	43	KEVZARA.....	94		

LENVIMA (14 MG DAILY DOSE)	31	LITFULO	94	marlissa	87
LENVIMA (18 MG DAILY DOSE)	31	lithium.....	47	MARPLAN.....	18
LENVIMA (20 MG DAILY DOSE)	31	lithium carbonate	47	MATULANE.....	25
LENVIMA (24 MG DAILY DOSE)	31	lithium carbonate er	47	MAVENCLAD (10 TABS)....	69
LENVIMA (4 MG DAILY DOSE)	31	LIVMARLI	79	MAVENCLAD (4 TABS)....	69
LENVIMA (8 MG DAILY DOSE)	31	LIVTENCITY	42	MAVENCLAD (5 TABS)....	69
lessina	87	LODOCO	62	MAVENCLAD (6 TABS)....	69
letrozole	28	lofexidine hcl	4	MAVENCLAD (7 TABS)....	69
leucovorin calcium	34	LOKELMA	77	MAVENCLAD (8 TABS)....	69
LEUKERAN	25	LONSURF.....	27	MAVENCLAD (9 TABS)....	69
LEUKINE.....	55	loperamide hcl	79	MAVYRET	42
leuprolide acetate	91	lopinavir-ritonavir	45	MAYZENT.....	70
leuprolide acetate (3 month) ..	91	lorazepam	47	MAYZENT STARTER PACK	70
levabuterol hcl	108	lorazepam intensol	47	meclizine hcl	21
levetiracetam	14	LORBRENA	31	meclofenamate sodium	2
levetiracetam er	14	losartan potassium	58	medroxyprogesterone acetate ..	89
levobunolol hcl	105	losartan potassium-hctz.....	62	mefloquine hcl	35
levocarnitine	77	lovastatin	64	megestrol acetate.....	89
levocarnitine sf	77	low-ogestrel	87	MEKINIST	31
levocetirizine dihydrochloride ..	106	loxapine succinate	37	MEKTOVI.....	31
levofloxacin	12	lubiprostone	78	meloxicam	2
levofloxacin in d5w.....	12	LUMAKRAS.....	27	memantine hcl.....	18
levonest.....	87	LUMIGAN	106	memantine hcl er	17
levonorgest-eth estrad 91-day ..	87	LUMIZYME	80	memantine hcl-donepezil hcl ..	17
levonorgestrel-ethinyl estrad ..	87	LUPKYNIS	97	MENACTRA.....	100
levonorg-eth estrad triphasic ..	87	LUPRON DEPOT (1-MONTH)	91	MENEST	85
levora 0.15/30 (28)	87	LUPRON DEPOT (3-MONTH)	91	MENQUADFI	100
LEVO-T	90	LUPRON DEPOT (4-MONTH)	91	MENVEO	100
levothyroxine sodium.....	90	LUPRON DEPOT (6-MONTH)	91	mercaptopurine.....	26
LEVOXYL	90	lurasidone hcl	39	meropenem	11
l-glutamine	80	lutra	87	meropenem-sodium chloride ..	11
LIBERVANT	15	LUTRATE DEPOT	91	mesalamine	102
lidocaine	4	LYBALVI	39	mesalamine er	102
lidocaine hcl	4	LYNPARZA.....	31	mesalamine-cleanser	102
lidocaine viscous hcl	4	LYSODREN.....	27	mesna	34
lidocaine-prilocaine	4	LYTGOBI (12 MG DAILY DOSE)	31	MESNEX.....	34
LILETTA (52 MG)	87	LYTGOBI (16 MG DAILY DOSE)	31	metaxalone.....	112
linezolid	6	LYTGOBI (20 MG DAILY DOSE)	31	metformin hcl.....	49
linezolid in sodium chloride	6	lyza.....	89	metformin hcl er	49
LINZESS.....	78	M		methadone hcl.....	2
liothyronine sodium.....	90	magnesium sulfate	76	methazolamide	105
lisinopril	58	malathion.....	75	methenamine hippurate	6
lisinopril-hydrochlorothiazide ..	62	maraviroc	45	methimazole	92

<i>methylphenidate hcl er</i>	67	<i>mycophenolate mofetil</i>	97, 98	<i>nitazoxanide</i>	35
<i>methylphenidate hcl er (cd)</i>	67	<i>mycophenolate sodium</i>	98	<i>nitisinone</i>	81
<i>methylphenidate hcl er (la)</i>	67	<i>mycophenolic acid</i>	98	NITRO-BID.....	65
<i>methylphenidate hcl er (osm)</i> .	67	MYFEMBREE	91	NITRO-DUR	65
<i>methylphenidate hcl er (xr)</i>	67	<i>myorisan</i>	71	<i>nitrofurantoin macrocrystal</i>	7
<i>methylprednisolone</i>	83	MYRBETRIQ	81	<i>nitrofurantoin monohyd macro</i> ..	7
<i>methylprednisolone acetate</i> ..	102	N		<i>nitroglycerin</i>	65
<i>methyltestosterone</i>	84	<i>nabumetone</i>	2	NIVESTYM	56
<i>metoclopramide hcl</i>	21	<i>nadolol</i>	59	<i>nora-be</i>	89
<i>metolazone</i>	63	<i>nafcillin sodium</i>	10	NORDITROPIN FLEXPEN ..	84
<i>metoprolol succinate er</i>	59	<i>nafcillin sodium in dextrose</i> ...	10	<i>norelgestromin-eth estradiol</i> ..	87
<i>metoprolol tartrate</i>	59	NAGLAZYME.....	81	<i>norethin ace-eth estrad-fe</i>	88
<i>metoprolol-hydrochlorothiazide</i>		<i>nalbuphine hcl</i>	1	<i>norethindrone</i>	89
.....	62	<i>naloxone hcl</i>	5	<i>norethindrone acetate</i>	89
<i>metronidazole</i>	7, 75	<i>naltrexone hcl</i>	5	<i>norethindrone acet-ethinyl est</i>	88
<i>metirosine</i>	62	NAMZARIC.....	17	<i>norethindrone-eth estradiol</i>	88
<i>mexiletine hcl</i>	59	<i>naproxen</i>	2	<i>norethindrone-eth estradiol</i>	88
<i>micafungin sodium</i>	22	<i>naproxen dr</i>	2	<i>norgestimate-eth estradiol</i>	88
<i>micafungin sodium-nacl</i>	22	<i>naproxen sodium</i>	2	<i>norgestim-eth estrad triphasic</i>	88
<i>microgestin 1.5/30</i>	87	NATACYN	104	NORPACE CR	59
<i>microgestin 1/20</i>	87	<i>nateglinide</i>	49	<i>nortrel 0.5/35 (28)</i>	88
<i>microgestin 24 fe</i>	87	NAYZILAM.....	15	<i>nortrel 1/35 (21)</i>	88
<i>microgestin fe 1.5/30</i>	87	<i>nebivolol hcl</i>	59	<i>nortrel 1/35 (28)</i>	88
<i>microgestin fe 1/20</i>	87	<i>necon 0.5/35 (28)</i>	87	<i>nortrel 7/7/7</i>	88
<i>midodrine hcl</i>	57	<i>nefazodone hcl</i>	19	<i>nortriptyline hcl</i>	20
<i>mifepristone</i>	51	<i>neomycin sulfate</i>	6	NORVIR.....	45
<i>miglustat</i>	80	<i>neomycin-polymyxin-dexameth</i>		NOVOLIN 70/30.....	52
<i>mili</i>	87		104	NOVOLIN 70/30 FLEXPEN	52
<i>mimvey</i>	87	<i>neomycin-polymyxin-gramicidin</i>		RELION	52
<i>minocycline hcl</i>	13		104	NOVOLIN 70/30 RELION	52
<i>minoxidil</i>	65	<i>neomycin-polymyxin-hc</i>	106	NOVOLIN N	53
MIRENA (52 MG)	87	NERLYNX.....	31	NOVOLIN N FLEXPEN	53
<i>mirtazapine</i>	18	NEULASTA	55	NOVOLIN N FLEXPEN	
<i>misoprostol</i>	79	NEULASTA ONPRO	55	RELION	52
M-M-R II.....	100	NEUPRO	36	NOVOLIN N RELION	53
<i>modafinil</i>	113	<i>nevirapine</i>	43	NOVOLIN R	53
<i>moexipril hcl</i>	58	<i>nevirapine er</i>	43	NOVOLIN R FLEXPEN.....	53
<i>molindone hcl</i>	37	NEXLETOL	62	NOVOLIN R FLEXPEN	
<i>mometasone furoate</i>	73, 107	NEXLIZET.....	62	RELION	53
<i>montelukast sodium</i>	111	NEXPLANON.....	87	NOVOLIN R RELION.....	53
<i>morphine sulfate</i>	3	NGENLA.....	84	NOVOLOG	53
<i>morphine sulfate (concentrate)</i>	3	<i>niacin er (antihyperlipidemic)</i>	65	NOVOLOG 70/30 FLEXPEN	
<i>morphine sulfate er</i>	3	NICOTROL	5	RELION	53
MOUNJARO.....	49	NICOTROL NS.....	5	NOVOLOG FLEXPEN.....	53
MOVANTIK	78	<i>nifedipine</i>	60	NOVOLOG FLEXPEN	
<i>moxifloxacin hcl</i>	12, 104	<i>nifedipine er</i>	60	RELION	53
<i>moxifloxacin hcl in nacl</i>	12	<i>nifedipine er osmotic release</i> ..	60	NOVOLOG MIX 70/30	53
MRESVIA.....	100	<i>nilutamide</i>	25	NOVOLOG MIX 70/30	
MULTAQ.....	59	<i>nimodipine</i>	60	FLEXPEN.....	53
<i>mupirocin</i>	75	NINLARO	27		

NOVOLOG MIX 70/30		
RELION	53	
NOVOLOG RELION	53	
NUBEQA	25	
NUCALA	111	
NUEDEXTA	68	
NULOJIX	98	
NUPLAZID	39	
NURTEC	23	
NUTRILIPID	77	
NUTROPIN AQ NUSPIN 10	84	
NUTROPIN AQ NUSPIN 20	84	
NUTROPIN AQ NUSPIN 5 ..	84	
nylia 1/35	88	
nylia 7/7/7	88	
nystatin	22	
nystatin-triamcinolone	74	
NYVEPRIA	56	
O		
OICALIVA	79	
ocella	88	
OCREVUS	70	
OCREVUS ZUNOVO	70	
octreotide acetate	91	
ODEFSEY	45	
ODOMZO	31	
OFEV	110	
ofloxacin	12, 104, 106	
OGSIVEO	31	
OJEMDA	32	
OJJAARA	27	
olanzapine	39	
olmesartan medoxomil	58	
olmesartan medoxomil-hctz....	62	
olmesartan-amlodipine-hctz...	62	
omega-3-acid ethyl esters.....	65	
omeprazole	79, 80	
OMNIPOD 5 DEXG7G6		
INTRO GEN 5	53	
OMNIPOD 5 DEXG7G6 PODS		
GEN 5.....	53	
OMNIPOD 5 G7 INTRO (GEN		
5).....	53	
OMNIPOD 5 G7 PODS (GEN		
5).....	53	
OMNIPOD 5 LIBRE2 PLUS		
G6.....	53	
OMNIPOD 5 LIBRE2 PLUS		
G6 PODS.....	54	
OMNIPOD DASH INTRO		
(GEN 4)	54	
OMNIPOD DASH PDM (GEN		
4).....	54	
OMNIPOD DASH PODS (GEN		
4).....	54	
OMNIPOD GO.....	54	
OMNITROPE.....	84	
ondansetron	21	
ondansetron hcl	21	
ONGENTYS	35	
ONUREG	26	
OPDIVO QVANTIG.....	27	
OPIPZA	39	
OPSUMIT	109	
OPVEE	5	
ORENCIA	94	
ORENCIA CLICKJECT	94	
ORFADIN	81	
ORGOVYX	91	
ORIAHNN.....	91	
ORILISSA	91	
ORKAMBI	109	
ORLADEYO	92	
ORSERDU	27	
oseltamivir phosphate.....	46	
OTEZLA	74	
oxacillin sodium in dextrose...	10	
oxandrolone.....	84	
oxcarbazepine.....	16	
oxcarbazepine er	16	
OXERVATE	104	
oxybutynin chloride	82	
oxybutynin chloride er	82	
oxycodone hcl	4	
oxycodone hcl er.....	3	
oxycodone-acetaminophen	4	
OXYCONTIN	3	
OZEMPIC (0.25 OR 0.5		
MG/DOSE).....	49	
OZEMPIC (1 MG/DOSE).....	49	
OZEMPIC (2 MG/DOSE).....	49	
P		
paliperidone er	40	
PANRETIN	34	
pantoprazole sodium	80	
paricalcitol	103	
paroxetine hcl	19	
paroxetine hcl er.....	19	
paxlovid	46	
paxlovid (150/100).....	46	
paxlovid (300/100).....	46	
pazopanib hcl.....	32	
PEDIARIX	100	
PEDVAX HIB	100	
peg 3350-kcl-na bicarb-nacl ..	78	
peg-3350/electrolytes	78	
PEGASYS	96	
PEMAZYRE.....	32	
pen needles	54	
PENBRAYA.....	100	
penciclovir	75	
penicillamine	77	
penicillin g pot in dextrose	10	
penicillin g procaine	11	
penicillin g sodium	11	
penicillin v potassium	11	
PENTACEL	100	
pentamidine isethionate.....	35	
pentazocine-naloxone hcl	4	
pentoxifylline er	62	
perindopril erbumine.....	58	
permethrin	75	
perphenazine.....	21	
PERSERIS	40	
phenelzine sulfate	18	
phenobarbital	15	
phenoxybenzamine hcl.....	57	
PHENYTEK	16	
phenytoin	17	
phenytoin infatabs	16	
phenytoin sodium extended....	17	
PIASKY	56	
PIFELTRO	43	
pilocarpine hcl.....	71, 105	
pimecrolimus	73	
pimozide.....	37	
pimtrea.....	88	
pindolol.....	59	
pioglitazone hcl	49	
pioglitazone hcl-metformin hcl		
.....	49	
piperacillin sod-tazobactam so		
.....	11	
PIQRAY (200 MG DAILY		
DOSE)	32	
PIQRAY (250 MG DAILY		
DOSE)	32	
PIQRAY (300 MG DAILY		
DOSE)	32	

<i>pirfenidone</i>	110	<i>prochlorperazine maleate</i>	21	REBIF REBIDOSE	
<i>piroxicam</i>	2	PROCRT	56	TITRATION PACK	70
<i>plenamine</i>	77	<i>progesterone</i>	89	REBIF TITRATION PACK...	70
<i>podofilox</i>	74	PROGRAF	98	<i>reclipsen</i>	88
<i>polymyxin b sulfate</i>	7	PROLASTIN-C	81	RECOMBIVAX HB.....	100
<i>polymyxin b-trimethoprim</i>	104	PROLIA.....	103	RECORLEV	91
POMALYST	26	PROMACTA.....	56	REGRANEX	74
PONVORY.....	70	<i>promethazine hcl</i>	21, 106	RELENZA DISKHALER	46
PONVORY STARTER PACK		<i>promethazine vc</i>	21	RELEUKO	56
.....	70	<i>promethazine-phenylephrine</i> ..	21	RELISTOR.....	78
<i>portia-28</i>	88	<i>promethegan</i>	21	<i>repaglinide</i>	49
<i>posaconazole</i>	23	<i>propafenone hcl</i>	59	REPATHA.....	65
<i>potassium chloride</i>	76	<i>propranolol hcl</i>	60	REPATHA PUSHTRONEX	
<i>potassium chloride crys er</i>	76	<i>propranolol hcl er</i>	60	SYSTEM	65
<i>potassium chloride er</i>	76	<i>propylthiouracil</i>	92	REPATHA SURECLICK	65
<i>potassium citrate er</i>	76	PROQUAD.....	100	RETACRT.....	56
PRALUENT	65	<i>protriptyline hcl</i>	20	RETEVMO.....	32
<i>pramipexole dihydrochloride</i> .36		PULMOZYME.....	109	REVLIMID.....	26
<i>pramipexole dihydrochloride er</i>		<i>pyrazinamide</i>	25	REVUFORJ	27
.....	36	<i>pyridostigmine bromide</i>	24	REXTOVY	5
<i>prasugrel hcl</i>	57	<i>pyridostigmine bromide er</i>	24	REXULTI.....	40
<i>pravastatin sodium</i>	64	<i>pyrimethamine</i>	35	REYATAZ	46
<i>praziquantel</i>	34	PYRUKYND.....	56	REZLIDHIA.....	27
<i>prazosin hcl</i>	58	PYRUKYND TAPER PACK	56	REZUROCK.....	98
<i>prednicarbate</i>	73	Q		RHOPRESSA	105
<i>prednisolone</i>	83	QINLOCK.....	32	<i>ribavirin</i>	42
<i>prednisolone acetate</i>	105	QUADRACEL	100	<i>rifabutin</i>	25
<i>prednisolone sodium phosphate</i>		<i>quetiapine fumarate</i>	40	<i>rifampin</i>	25
.....	83, 102, 105	<i>quetiapine fumarate er</i>	40	<i>riluzole</i>	68
<i>prednisone</i>	102	<i>quinapril hcl</i>	58	<i>rimantadine hcl</i>	46
<i>prednisone intensol</i>	102	<i>quinapril-hydrochlorothiazide</i>	62	RINVOQ.....	94
<i>pregabalin</i>	15	<i>quinidine gluconate er</i>	59	RINVOQ LQ	94
PREHEVBRIO.....	100	<i>quinidine sulfate</i>	59	<i>risedronate sodium</i>	103
PREMARIN	85	<i>quinine sulfate</i>	35	<i>risperidone</i>	40
PREMPHASE	88	QULIPTA.....	24	RISPERIDONE	
PREMPRO	88	QVAR REDIHALER.....	107	MICROSPHERES ER.....	40
<i>prenatal</i>	77	R		<i>ritonavir</i>	46
PRETOMANID.....	25	RABAVERT	100	<i>rivaroxaban</i>	55
<i>prevalite</i>	65	RADICAVA ORS	68	<i>rivastigmine</i>	17
PREVYMIS.....	42	RADICAVA ORS STARTER		<i>rivastigmine tartrate</i>	17
PREZCOBIX.....	45	KIT	68	<i>rizatriptan benzoate</i>	24
PREZISTA	46	RALDESY.....	19	ROCKLATAN	106
PRIFTIN.....	25	<i>raloxifene hcl</i>	90	<i>roflumilast</i>	109
<i>primaquine phosphate</i>	35	<i>ramelteon</i>	112	ROMVIMZA.....	27
PRIMAXIN IV	7	<i>ramipril</i>	58	<i>ropinirole hcl</i>	36
<i>primidone</i>	15	<i>ranolazine er</i>	62	<i>ropinirole hcl er</i>	36
PRIORIX.....	100	<i>rasagiline mesylate</i>	36	<i>rosuvastatin calcium</i>	64
PRIVIGEN	93	RAVICTI.....	81	ROTARIX	100
<i>probenecid</i>	23	REBIF.....	70	ROTATEQ	100
<i>prochlorperazine</i>	21	REBIF REBIDOSE	70	<i>roweepra</i>	14

ROZLYTREK	32	SOFOSBUVIR-		TABRECTA	32
RUBRACA.....	32	VELPATASVIR.....	42	<i>tacrolimus</i>	73, 98
<i>rufinamide</i>	17	<i>solifenacin succinate</i>	82	<i>tadalafil</i>	82
RUKOBIA.....	45	SOLQUA	54	<i>tadalafil (pah)</i>	110
RYBELSUS	49	SOLTAMOX.....	26	TADLIQ	110
RYBELSUS (FORMULATION		SOMAVERT	92	TAFINLAR	32
R2).....	49	<i>sorafenib tosylate</i>	32	TAGRISSO.....	32
RYDAPT	32	<i>sotalol hcl</i>	59	TALTZ	95
RYKINDO	40	<i>sotalol hcl (af)</i>	59	TALZENNA.....	32
RYLAZE	28	SOTYKTU	95	<i>tamoxifen citrate</i>	26
S		SPIRIVA RESPIMAT.....	108	<i>tamsulosin hcl</i>	82
SANDIMMUNE	98	<i>spironolactone</i>	63	<i>tarina fe 1/20 eq.</i>	88
SANTYL	74	<i>spironolactone-hctz</i>	62	TARPEYO.....	92
<i>sapropterin dihydrochloride</i> ..	81	<i>sprintec 28</i>	88	TASCENSO ODT	70
SAVELLA.....	68	SPRITAM.....	14	TASIGNA.....	33
SAVELLA TITRATION PACK		<i>sps (sodium polystyrene sulf)</i> .	77	<i>tasimelteon</i>	112
.....	68	<i>sronyx</i>	88	TAVNEOS	56
SCSEMBLIX.....	32	STELARA	95	<i>tazarotene</i>	71
<i>scopolamine</i>	21	STIMUFEND	56	TAZICEF.....	9
SECUADO	40	STIOLTO RESPIMAT	111	TAZVERIK	33
<i>selegiline hcl</i>	36	STIVARGA.....	32	TECENTRIQ HYBREZA	28
<i>selenium sulfide</i>	73	STRENSIQ.....	81	TEFLARO	9
SELZENTRY	45	<i>streptomycin sulfate</i>	6	<i>telmisartan</i>	58
SEREVENT DISKUS	108	STRIBILD	45	<i>telmisartan-hctz</i>	62, 63
SEROSTIM	84	SUCRAID	81	<i>temazepam</i>	112
<i>sertraline hcl</i>	19	<i>sucralfate</i>	79	TENIVAC.....	101
<i>setlakin</i>	88	<i>sulfacetamide sodium</i> ...	104, 105	<i>tenofovir disoproxil fumarate</i> .	42
<i>sevelamer carbonate</i>	77	<i>sulfacetamide sodium (acne)</i> ..	12	TEPMETKO.....	33
<i>sharobel</i>	89	<i>sulfacetamide-prednisolone</i> ..	104	<i>terazosin hcl</i>	58
SHINGRIX.....	101	<i>sulfadiazine</i>	12	<i>terbinafine hcl</i>	23
SIGNIFOR	91	<i>sulfamethoxazole-trimethoprim</i>		<i>terbutaline sulfate</i>	108
SIKLOS.....	26		7, 12	<i>terconazole</i>	23
<i>sildenafil citrate</i>	109, 110	<i>sulfasalazine</i>	102	<i>teriflunomide</i>	70
SILIQ.....	94	<i>sulindac</i>	2	TERIPARATIDE	103
<i>silver sulfadiazine</i>	74	<i>sumatriptan</i>	24	<i>testosterone</i>	85
SIMBRINZA.....	106	<i>sumatriptan succinate</i>	24	<i>testosterone cypionate</i>	84
SIMPONI	98	<i>sumatriptan succinate refill</i>	24	<i>testosterone enanthate</i>	84
<i>simvastatin</i>	64	<i>sunitinib malate</i>	32	TETANUS-DIPHTHERIA	
<i>sirolimus</i>	98	SUNLENCA.....	45	TOXOIDS TD	101
SIRTURO.....	25	SYMDEKO	109	<i>tetrabenazine</i>	68
SKYLA.....	88	SYMLINPEN 120	50	<i>tetracycline hcl</i>	13
SKYRIZI	94, 95	SYMLINPEN 60	50	THALOMID.....	26
SKYRIZI PEN.....	94	SYMPAZAN	15	<i>theophylline</i>	109
SKYTROFA.....	84	SYMTUZA.....	45	<i>theophylline er</i>	109
<i>sodium chloride</i>	74, 76	SYNAREL.....	92	<i>thioridazine hcl</i>	37
<i>sodium chloride (pf)</i>	76	SYNJARDY	50	<i>thiothixene</i>	37
<i>sodium fluoride</i>	76	SYNJARDY XR.....	50	<i>tiagabine hcl</i>	15
<i>sodium oxybate</i>	113	SYNTHROID	90	TIBSOVO.....	28
<i>sodium phenylbutyrate</i>	81	T		<i>ticagrelor</i>	57
<i>sodium polystyrene sulfonate</i> .	77	TABLOID	26	TICE BCG	28

TICOVAC	101	trimethobenzamide hcl	21	valsartan-hydrochlorothiazide	63
tigecycline.....	7	trimethoprim.....	7	VALTOCO 10 MG DOSE	15
timolol maleate	60, 105	tri-mili.....	88	VALTOCO 15 MG DOSE	16
tinidazole	7	trimipramine maleate	20	VALTOCO 20 MG DOSE	16
tiopronin	82	trinatal rx 1.....	78	VALTOCO 5 MG DOSE	16
tiotropium bromide		TRINTELLIX.....	19	vancomycin hcl	7
monohydrate.....	108	tri-sprintec	88	vancomycin hcl in dextrose	7
TIVICAY	43	TRIUMEQ.....	45	vancomycin hcl in nacl	7
TIVICAY PD	43	TRIUMEQ PD.....	45	VANFLYTA.....	33
tizanidine hcl	41	trivora (28)	89	VAQTA	101
tobramycin.....	105, 109	tri-vylibra.....	89	varenicline tartrate	5
tobramycin sulfate	6	trospium chloride	82	varenicline tartrate (starter).....	5
tobramycin-dexamethasone..	104	trospium chloride er	82	varenicline tartrate(continue) ..	5
tolterodine tartrate	82	TRULICITY	50	VARIVAX.....	101
tolterodine tartrate er	82	TRUMENBA.....	101	VAXCHORA	101
tolvaptan.....	77	TRUQAP	33	VAXELIS	101
topiramate	14	TRUSELTIQ (100MG DAILY		velivet.....	89
toremifene citrate	26	DOSE)	33	VELTASSA.....	78
toremide	63	TRUSELTIQ (125MG DAILY		VEMLIDY	42
TOUJEO MAX SOLOSTAR.....	54	DOSE)	33	VENCLEXTA	33
TOUJEO SOLOSTAR	54	TRUSELTIQ (50MG DAILY		VENCLEXTA STARTING	
TRADJENTA.....	50	DOSE)	33	PACK	33
tramadol hcl	4	TRUSELTIQ (75MG DAILY		venlafaxine hcl.....	19
tramadol-acetaminophen	4	DOSE)	33	venlafaxine hcl er	19
trandolapril	58	TRUVADA	44	VENTAVIS	110
tranexamic acid.....	56	TUKYSA.....	33	VENTOLIN HFA.....	108
tranylcypromine sulfate.....	18	TURALIO	33	VEOZAH.....	68
travoprost (bak free).....	106	TWINRIX.....	101	verapamil hcl	61
trazodone hcl	19	TYBOST	45	verapamil hcl er.....	61
TRECTOR.....	25	TYMLOS.....	103	VERQUVO.....	63
TRELEGY ELLIPTA	112	TYPHIM VI	101	VERSACLOZ.....	41
TRELSTAR MIXJECT	92	TYVASO DPI		VERZENIO	33
TREMFYA.....	95	MAINTENANCE KIT	110	V-GO 20	54
TREMFYA CROHNS		TYVASO DPI TITRATION		V-GO 30	54
INDUCTION.....	95	KIT	110	V-GO 40	54
TREMFYA ONE-PRESS	95	U		VICTOZA.....	50
TREMFYA PEN	95	UBRELVY	23	vienva.....	89
tretinoin	34, 71	UDENYCA	56, 57	vigabatrin	16
triamcinolone acetonide ..	71, 73,	UDENYCA ONBODY	56	VIGAFYDE.....	16
74		UNITHROID.....	90	VIJOICE	33
triamcinolone in absorbase	74	UPTRAVI.....	110	vilazodone hcl	19
triamterene-hctz	63	UPTRAVI TITRATION	110	VIMKUNYA	101
trientine hcl	77	ursodiol.....	79	VIRACEPT.....	46
tri-estarylla.....	88	UZEDY	40, 41	VIREAD	42
trifluoperazine hcl	37	V		VITRAKVI.....	33
trifluridine	43	valacyclovir hcl	43	VIVITROL	101
trihexyphenidyl hcl	35	VALCHLOR	25	VIZIMPRO.....	33
TRIJDY XR.....	50	valganciclovir hcl	42	VOCABRIA	43
TRIKAFTA	109	valproic acid.....	14	VONJO	34
tri-legest fe.....	88	valsartan.....	58		

VORANIGO.....	28	XIGDUO XR.....	50	ZAVZPRET.....	23
<i>voriconazole</i>	23	XOLAIR.....	112	ZEJULA	34
VOSEVI	42	XOLREMDI.....	57	ZELBORAF	34
VOWST.....	79	XOSPATA.....	34	ZEMAIRA.....	81
VRAYLAR.....	41	XPOVIO (100 MG ONCE		<i>zenatane</i>	71
<i>vyfemla</i>	89	WEEKLY).....	28	ZENPEP	81
<i>vylibra</i>	89	XPOVIO (40 MG ONCE		ZEPBOUND.....	112
VYNDAMAX	63	WEEKLY).....	28	ZEPOSIA.....	70
W		XPOVIO (40 MG TWICE		ZEPOSIA 7-DAY STARTER	
<i>warfarin sodium</i>	55	WEEKLY).....	28	PACK	70
WEGOVY	63	XPOVIO (60 MG ONCE		ZEPOSIA STARTER KIT	70
WELIREG.....	28	WEEKLY).....	28	<i>zidovudine</i>	44
<i>wixela inhub</i>	112	XPOVIO (60 MG TWICE		ZIEXTENZO.....	57
X		WEEKLY).....	28	ZILBRYSQ.....	95, 96
XALKORI.....	34	XPOVIO (80 MG ONCE		<i>ziprasidone hcl</i>	41
XARELTO	55	WEEKLY).....	28	<i>ziprasidone mesylate</i>	41
XARELTO STARTER PACK		XPOVIO (80 MG TWICE		ZITHROMAX	12
.....	55	WEEKLY).....	28	ZOLINZA.....	28
XATMEP	28	XROMI.....	26	<i>zolpidem tartrate</i>	113
XCOPRI	14, 15	XTANDI.....	26	<i>zolpidem tartrate er</i>	113
XCOPRI (250 MG DAILY		<i>xulane</i>	89	ZONISADE	17
DOSE).....	14	XYWAV	113	<i>zonisamide</i>	17
XCOPRI (350 MG DAILY		Y		ZOSYN.....	7
DOSE).....	14	YF-VAX.....	101	<i>zovia 1/35 (28)</i>	89
XDEMVI	104	YONSA	26	ZTALMY	16
XELJANZ	95	YORVIPATH.....	103	ZTLIDO.....	4
XELJANZ XR.....	95	<i>yuvaferm</i>	85	ZURZUVAE.....	18
XERMELO.....	79	Z		ZYDELIG.....	34
XGEVA.....	103	<i>zafemy</i>	89	ZYKADIA.....	34
XIAFLEX.....	81	<i>zaleplon</i>	112	ZYPREXA RELPREVV	41
XIFAXAN.....	79	ZARXIO.....	57		



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