



Formulario 2027

(Lista de medicamentos cubiertos o
"Lista de medicamentos")

**ATENCIÓN: ESTE DOCUMENTO CONTIENE
INFORMACIÓN SOBRE LOS MEDICAMENTOS
QUE CUBRIMOS EN ESTE PLAN**

Archivo de formulario aprobado por el
HPMS, número de ID de entrega: 27184
Versión número: 6

Este formulario se actualizó con fecha 01/01/2027. Para obtener información más reciente o si tiene otras preguntas, comuníquese con AmeriHealth Caritas VIP Care Choice (HMO D-SNP) al **1-833-467-3302** (los usuarios de TTY deben llamar al **711**), de 8 a.m. a 8 p.m., de lunes a viernes, del 1.º de abril al 30 de septiembre, y del 1.º de octubre al 31 de marzo, de 8 a.m. a 8 p.m., los siete días de la semana, o visite www.amerihealthcaritasvipcare.com/de. El formulario puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.

Formulario 2027 de AmeriHealth Caritas VIP Care Choice (HMO D-SNP) (Lista de medicamentos cubiertos o "Lista de medicamentos")

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Nota para los miembros actuales: Este formulario cambió desde el año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que usted toma.

Cuando esta Lista de medicamentos (formulario) dice “nosotros”, “nos” o “nuestro”, se refiere a AmeriHealth Caritas VIP Care Choice. Cuando se refiere a “plan” o “nuestro plan”, significa AmeriHealth Caritas VIP Care Choice.

Este documento incluye una Lista de medicamentos (formulario) de nuestro plan y está actualizado con fecha 01/01/2027. Para obtener una Lista de medicamentos actualizada (formulario), comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en la que actualizamos la Lista de medicamentos (formulario) por última vez, aparece en la portada y la contraportada.

Por lo general, deberá usar las farmacias de la red para acceder a sus beneficios de medicamentos bajo receta. Es posible que los beneficios, el formulario, la red de farmacias y/o los copagos/coseguros cambien el 1.º de enero de 2027, y en algunas ocasiones durante el año.

¿Qué es el formulario de AmeriHealth Caritas VIP Care Choice?

En este documento, usamos los términos Lista de medicamentos y formulario con el mismo significado. Un formulario es una lista de los medicamentos cubiertos seleccionados por AmeriHealth Caritas VIP Care Choice mediante consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. Por lo general, AmeriHealth Caritas VIP Care Choice cubrirá los medicamentos mencionados en nuestro formulario siempre que el medicamento sea médicamente necesario, la receta médica se surta en una farmacia de la red de AmeriHealth Caritas VIP Care Choice y se respeten otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas médicas, consulte su Evidencia de cobertura.

¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1.º de enero, pero AmeriHealth Caritas VIP Care Choice puede agregar o eliminar medicamentos del formulario durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos cumplir con las normas de Medicare al realizar estos cambios. Las actualizaciones al formulario se publican mensualmente en nuestro sitio web aquí:

www.amerihealthcaritasvipcare.com/de.

Cambios que le pueden afectar a usted este año: en los casos siguientes, se verá afectado por los cambios en la cobertura durante el año:

- **Sustitución inmediata de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Es posible que eliminemos de inmediato un medicamento de nuestro formulario si lo reemplazamos por una nueva versión que



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aparece en un nivel de costo compartido igual o inferior y con iguales o menos restricciones. Cuando incorporamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero pasarlo inmediatamente a un nivel diferente de costo compartido o añadir nuevas restricciones.

Podemos realizar estos cambios inmediatos solo si añadimos una nueva versión genérica de un medicamento de marca o si añadimos ciertas versiones biosimilares nuevas de un producto biológico original que ya estaba en el formulario (por ejemplo, añadir un biosimilar intercambiable que una farmacia puede sustituir por un producto biológico original sin necesidad de una nueva receta).

Si actualmente usted toma el medicamento de marca o producto biológico original, es posible que no le avisemos de antemano que realizaremos ese cambio inmediato, pero luego le brindaremos la información con los cambios específicos que realizamos.

Si realizamos dicho cambio, usted o el profesional que receta el medicamento pueden solicitarnos que hagamos una excepción y continuemos cubriendo el medicamento que se está cambiando. Para obtener más información, consulte la sección siguiente titulada "¿Cómo solicito una excepción al formulario de AmeriHealth Caritas VIP Care Choice?".

Algunos de estos tipos de medicamentos podrían ser nuevos para usted. Para obtener más información, consulte la sección titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?".

- **Medicamentos retirados del mercado.** Si un fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (FDA) determina que el medicamento debe retirarse por motivos de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro formulario y posteriormente notificarlo al miembro que lo toma.
- **Otros cambios.** Es posible que realicemos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos retirar un medicamento de marca del formulario al añadir un equivalente genérico, o retirar un producto biológico original al añadir un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o moverlo a un nivel de costo compartido diferente, o ambas cosas. Es posible que realicemos cambios basados en nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario, añadimos autorización previa, límites en la cantidad y/o restricciones de terapia escalonada en un medicamento, o movemos un medicamento a un nivel de costo compartido más alto, debemos notificar el cambio a los miembros afectados al menos 30 días antes de que el cambio sea efectivo. Asimismo, cuando un miembro solicita una renovación del medicamento, puede recibir un suministro de 30 días del medicamento y una notificación del cambio.



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Si realizamos estos otros cambios, usted o su médico pueden solicitarnos que hagamos una excepción para usted y continuemos cubriendo el medicamento que ha estado tomando. El aviso que le brindemos también incluirá la información sobre los pasos a seguir para pedir una excepción. También puede encontrar información en la sección que aparece más adelante llamada "¿Cómo solicito una excepción al formulario de AmeriHealth Caritas VIP Care Choice?".

Cambios que lo afectarán si actualmente está tomando el medicamento. Por lo general, si usted toma un medicamento incluido en nuestro formulario 2027 que estaba cubierto a principio de año, no interrumpiremos ni reduciremos la cobertura del medicamento durante el año 2027 excepto en los casos ya mencionados. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los toman por el resto del año de cobertura. Usted no recibirá una notificación directa este año sobre cambios que no le afectan. Sin embargo, el 1.º de enero del próximo año, esos cambios podrían afectarlo y es importante revisar el formulario del nuevo año de beneficios por cualquier cambio que pueda ocurrir en los medicamentos.

El formulario adjunto está actualizado con fecha 01/01/2027. Para obtener información actualizada sobre los medicamentos cubiertos por AmeriHealth Caritas VIP Care Choice comuníquese con nosotros. Nuestra información de contacto aparece en la portada y la contraportada. Si nuestra *lista de medicamentos* cambia, recibirá una carta nuestra informándole del cambio. También cambiaremos la *lista de medicamentos* en nuestro sitio web con la *lista de medicamentos actualizada* que muestra el cambio.

¿Cómo uso el formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

Afección

El formulario comienza en la página 10. Los medicamentos en este formulario se agrupan en categorías según el tipo de afecciones que tratan. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se incluyen en la categoría "Agentes cardiovasculares". Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 10. Luego, busque su medicamento debajo del nombre de la categoría.

Listado por orden alfabético

Si no está seguro de la categoría en que debe buscar, busque su medicamento en el Índice que comienza en la página 80. El Índice menciona todos los medicamentos incluidos en este documento por orden alfabético. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Consulte el Índice y busque su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.



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¿Qué son los medicamentos genéricos?

AmeriHealth Caritas VIP Care Choice cubre tanto medicamentos de marca como genéricos. Un medicamento genérico está aprobado por la FDA e indica que tiene el mismo principio activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien que los de marca y suelen ser más baratos. Existen sustitutos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos suelen poder sustituir a los de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, podría referirse a un medicamento o a un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos típicos, en lugar de contar con un genérico, tienen alternativas que se denominan biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las legislaciones estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una receta nueva, al igual que los medicamentos genéricos pueden sustituirse por los de marca.

Para más información sobre los tipos de medicamentos, consulte la Evidencia de cobertura, capítulo 5, "La Lista de medicamentos indica qué medicamentos de la Parte D están cubiertos".

¿Existen restricciones en mi cobertura?

Es posible que algunos medicamentos cubiertos tengan requisitos adicionales o límites en la cobertura. Estos son algunos de los requisitos o límites:

- **Autorización previa:** AmeriHealth Caritas VIP Care Choice requiere que usted o el profesional que receta el medicamento obtengan la autorización previa para ciertos medicamentos. Esto significa que usted necesitará conseguir la aprobación de AmeriHealth Caritas VIP Care Choice antes de surtir sus recetas médicas. Es posible que AmeriHealth Caritas VIP Care Choice no cubra los medicamentos si usted no obtiene esta aprobación.
- **Límites en la cantidad:** Para ciertos medicamentos, AmeriHealth Caritas VIP Care Choice limita la cantidad del medicamento que cubrirá AmeriHealth Caritas VIP Care Choice. Por ejemplo, AmeriHealth Caritas VIP Care Choice permite 30 tabletas cada 30 días de suministro de una receta de montelukast. Esto puede agregarse a un suministro estándar de un mes o de tres meses.



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Formulario actualizado por última vez el 01/01/2027

- **Terapia escalonada:** En algunos casos, AmeriHealth Caritas VIP Care Choice requiere que usted pruebe primero ciertos medicamentos para tratar su afección para que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el B tratan su afección, es posible que AmeriHealth Caritas VIP Care Choice no cubra el medicamento B a menos que pruebe primero el A. Si el medicamento A no funciona para usted, AmeriHealth Caritas VIP Care Choice entonces cubrirá el medicamento B.

Para averiguar si su medicamento tiene algún otro límite o requisito, puede consultar el formulario que comienza en la página 10. También puede obtener más información sobre las restricciones que se aplican a determinados medicamentos cubiertos a través de nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario por última vez, aparece en la portada y la contraportada.

Puede pedir a AmeriHealth Caritas VIP Care Choice que haga una excepción a estas restricciones o límites o solicitar una lista de otros medicamentos similares que podrían tratar su afección. Consulte la sección, “¿Cómo solicito una excepción al formulario de AmeriHealth Caritas VIP Care Choice?” en la página 7 para obtener información sobre cómo solicitar una excepción.

¿Qué son los Medicamentos de venta libre (OTC)?

Los medicamentos de venta libre (OTC) son medicamentos sin receta que normalmente no están cubiertos por un Plan de medicamentos bajo receta de Medicare.

¿Qué pasa si mi medicamento no está en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios al Miembro y preguntar si su medicamento está cubierto.

Si se entera que AmeriHealth Caritas VIP Care Choice no cubre su medicamento, tiene dos opciones:

- Puede pedir a Servicios al Miembro una lista de medicamentos similares que estén cubiertos por AmeriHealth Caritas VIP Care Choice. Cuando reciba la lista, muéstrasela a su médico y pídale que le recete un medicamento similar que sí esté cubierto por AmeriHealth Caritas VIP Care Choice.
- Puede solicitar a AmeriHealth Caritas VIP Care Choice que haga una excepción para cubrir su medicamento. Vea a continuación la información sobre cómo solicitar una excepción.



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¿Cómo solicito una excepción al formulario de AmeriHealth Caritas VIP Care Choice?

Puede pedir a AmeriHealth Caritas VIP Care Choice que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, aunque no esté en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá solicitarnos que brindemos el medicamento a un nivel de costo compartido menor.
- Puede solicitarnos que le eximamos de una restricción de cobertura, por ejemplo, la autorización previa, la terapia escalonada o un límite de cantidad para su medicamento. Por ejemplo, para ciertos medicamentos, AmeriHealth Caritas VIP Care Choice limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite en la cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido menor a menos que el medicamento se encuentre en el nivel de medicamentos de especialidad. Si se aprueba, esto reducirá el monto que debe pagar por su medicamento.

Por lo general, AmeriHealth Caritas VIP Care Choice solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, los medicamentos con menor costo compartido o la aplicación de la restricción no serían tan eficaces para usted y/o le causarían efectos adversos.

Usted o el profesional que le receta el medicamento deben comunicarse con nosotros para solicitar una excepción al formulario o una nueva asignación de nivel, incluida una excepción a una restricción de cobertura. ***Cuando solicita una excepción, el profesional que receta el medicamento deberá explicar las razones médicas por las que necesita la excepción.*** Por lo general, debemos tomar una decisión dentro de las 72 horas de haber recibido la declaración de respaldo del profesional que receta el medicamento. Puede solicitar una decisión acelerada (rápida) si cree, y nosotros estamos de acuerdo, que su salud podría verse gravemente afectada por esperar hasta 72 horas para obtener una decisión. Si estamos de acuerdo, o si el profesional que le receta el medicamento solicita una decisión rápida, debemos darle una respuesta a más tardar 24 horas después de recibir la declaración de respaldo del profesional que le receta el medicamento.

¿Qué puedo hacer si mi medicamento no está en el formulario o tiene una restricción?

Como miembro nuevo o continuo de nuestro plan, es posible que esté tomando medicamentos que no estén incluidos en nuestro formulario. O quizás esté tomando un medicamento que esté incluido en nuestro formulario, pero que tiene una



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Formulario actualizado por última vez el 01/01/2027

restricción de cobertura, como una autorización previa. Debe hablar con el profesional que le receta el medicamento sobre la posibilidad de solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubrimos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan el curso de acción correcto para usted, podemos cubrir su medicamento en determinados casos durante los primeros 90 días en que usted es miembro de nuestro plan.

Para cada uno de sus medicamentos que no estén en nuestro formulario o que tengan una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta médica indica menos días, permitiremos recargas para brindar un suministro máximo de 30 días de medicación. Si no se aprueba la cobertura, después de su primer suministro de 30 días, no pagaremos estos medicamentos, incluso si usted ha sido miembro del plan durante menos de 90 días.

Si usted reside en un centro médico de cuidado a largo plazo y necesita un medicamento que no se encuentra en nuestro formulario o su capacidad para obtenerlo es limitada, pero tiene más de 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras solicita la excepción al formulario.

Un cambio del Nivel de atención sucede cuando usted cambia de un hospital a un centro médico de atención a largo plazo o de un hospital a su hogar. Si hace un cambio de Nivel de atención, es posible que pueda recibir un suministro temporal de un medicamento que no esté en el formulario (un medicamento que no esté en la Lista de medicamentos) o un medicamento que tenga normas especiales de cobertura.

Si un miembro tiene más de un cambio de nivel de atención en un mes, la farmacia deberá llamar a nuestro plan para solicitar una extensión de la política de transición.

Para obtener más información

Para obtener información más detallada sobre su cobertura de farmacia de AmeriHealth Caritas VIP Care Choice, consulte su Evidencia de cobertura y otros materiales del plan.

Si tiene alguna pregunta sobre AmeriHealth Caritas VIP Care Choice, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario por última vez, aparece en la portada y la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos bajo receta de Medicare, comuníquese con Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. También puede visitar <https://www.medicare.gov>.



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Formulario actualizado por última vez el 01/01/2027

Formulario de AmeriHealth Caritas VIP Care Choice

El formulario que comienza en la siguiente página brinda información sobre la cobertura de los medicamentos que cubre AmeriHealth Caritas VIP Care Choice. Si tiene dificultades para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 80.

La primera columna del cuadro indica el nombre de los medicamentos. Los medicamentos de marca están escritos en mayúscula (p. ej., SYNTHROID) y los medicamentos genéricos están escritos en letra cursiva minúscula (p. ej., *levothyroxine*).

La información en la columna de Requisitos/Límites le indica si AmeriHealth Caritas VIP Care Choice tiene algún requisito especial para la cobertura de su medicamento.

Lista de abreviaturas

B/D: este medicamento con receta tiene un requisito administrativo de autorización previa de la Parte B frente a la Parte D. Este medicamento puede estar cubierto según la Parte B o D de Medicare según las circunstancias. Es posible que deba presentarse información que describa el uso y el ámbito del medicamento para tomar una decisión.

QL: límite de cantidad. Para ciertos medicamentos, AmeriHealth Caritas VIP Care Choice limita la cantidad del medicamento que cubrirá el plan. Por ejemplo, nuestro plan brinda nueve comprimidos por receta médica para 30 días de una receta de sumatriptan succinate.

ST: terapia escalonada. En algunos casos, AmeriHealth Caritas VIP Care Choice requiere que usted pruebe primero ciertos medicamentos para tratar su afección para que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el B tratan su afección, es posible que AmeriHealth Caritas VIP Care Choice no cubra el medicamento B a menos que pruebe primero el A. Si el medicamento A no funciona para usted, AmeriHealth Caritas VIP Care Choice entonces cubrirá el medicamento B.

ST NSO: Terapia escalonada solo para el inicio del tratamiento. En algunos casos, AmeriHealth Caritas VIP Care Choice requiere que usted pruebe primero ciertos medicamentos para tratar su afección antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el B tratan su afección, es posible que AmeriHealth Caritas VIP Care Choice no cubra el medicamento B a menos que pruebe primero el A. Si el medicamento A no funciona para usted, AmeriHealth Caritas VIP Care Choice entonces cubrirá el medicamento B.

PA: autorización previa. AmeriHealth Caritas VIP Care Choice requiere que usted o su médico obtengan la autorización previa para ciertos medicamentos. Esto significa que usted necesitará conseguir la aprobación de AmeriHealth Caritas VIP Care Choice para poder surtir sus recetas médicas. Es posible que AmeriHealth Caritas VIP Care Choice no cubra los medicamentos si usted no obtiene esta aprobación.



Si tiene alguna pregunta, llame a AmeriHealth VIP Care Choice al **1-833-467-3302 (TTY 711)**, de 8 a.m. a 8 p.m., de lunes a viernes, del 1.º de abril al 30 de septiembre, y del 1.º de octubre al 31 de marzo, de 8 a.m. a 8 p.m., los siete días de la semana. **Para obtener más información,** visite www.amerhealthcaritasvipcare.com/de.

Formulario actualizado por última vez el 01/01/2027

PA NSO: Autorización previa solo para el inicio del tratamiento. AmeriHealth Caritas VIP Care Choice requiere que usted o su médico obtengan la autorización previa para ciertos medicamentos. Esto significa que usted necesitará conseguir la aprobación de AmeriHealth Caritas VIP Care Choice para poder surtir sus recetas médicas. Es posible que AmeriHealth Caritas VIP Care Choice no cubra los medicamentos si usted no obtiene esta aprobación.

NDS: Este medicamento está limitado a un suministro de 30 días.

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Todas las personas representadas son modelos.



Si tiene alguna pregunta, llame a AmeriHealth VIP Care Choice al **1-833-467-3302 (TTY 711)**, de 8 a.m. a 8 p.m., de lunes a viernes, del 1.º de abril al 30 de septiembre, y del 1.º de octubre al 31 de marzo, de 8 a.m. a 8 p.m., los siete días de la semana. **Para obtener más información,** visite www.amerhealthcaritasvipcare.com/de.

Formulario actualizado por última vez el 01/01/2027

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Analgesics</i>		
JOURNAVX TABLET 50MG	4	QL(30 EA per 90 days)
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule 100mg, 200mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	2	
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	3	
<i>diclofenac sodium topical solution 1.5%</i>	4	QL(300 ML per 30 days); PA
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>etodolac capsule 200mg, 300mg</i>	3	
<i>etodolac tablet 400mg, 500mg</i>	3	
<i>flurbiprofen tablet 100mg, 50mg</i>	2	
<i>ibuprofen suspension 100mg/5ml</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er capsule extended release 75mg</i>	3	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>ketorolac tromethamine +rfd injection 30mg/ml</i>	4	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml, 60mg/2ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	4	QL(20 EA per 30 days)
<i>meloxicam tablet 15mg, 7.5mg</i>	1	
<i>nabumetone tablet 500mg, 750mg</i>	2	
<i>naproxen dr tablet delayed release 375mg</i>	2	
<i>naproxen dr tablet delayed release 500mg</i>	4	
<i>naproxen sodium tablet 275mg, 550mg</i>	3	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tablet 600mg</i>	3	
<i>piroxicam capsule 10mg, 20mg</i>	3	
<i>sulindac tablet 150mg, 200mg</i>	2	
<i>Opioid Analgesics, Long-acting</i>		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl solution 5mg/5ml</i>	3	NDS
<i>methadone hcl tablet 10mg, 5mg</i>	2	NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride intensol concentrate 10mg/ml</i>	3	NDS
<i>methadone hydrochloride concentrate 10mg/ml</i>	3	NDS
<i>methadone hydrochloride solution 10mg/5ml</i>	3	NDS
<i>morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg</i>	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 36MG, 9MG	3	NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	3	NDS
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	2	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	3	NDS
<i>morphine sulfate tablet 15mg, 30mg</i>	3	NDS
<i>oxycodone hydrochloride solution 5mg/5ml</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	1	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	
<i>disulfiram tablet 250mg, 500mg</i>	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hydrochloride tablet 50mg</i>	2	
VIVITROL INJECTION 380MG	5	NDS
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg</i>	2	
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	3	
Opioid Reversal Agents		
KLOXXADO LIQUID 8MG/0.1ML	4	
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
OPVEE SOLUTION 2.7MG/0.1ML	3	
REXTOVY LIQUID 4MG/0.25ML	4	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS SOLUTION 10MG/ML	4	QL(360 ML per 365 days)
<i>varenicline starting month tablet therapy pack 0</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate continuing month tablet 1mg</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
ARIKAYCE SUSPENSION 590MG/8.4ML	5	QL(235.2 ML per 28 days); PA; NDS
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	3	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
HUMATIN CAPSULE 250MG	5	NDS
<i>neomycin sulfate tablet 500mg</i>	2	
<i>streptomycin sulfate injection 1gm</i>	5	QL(60 EA per 30 days); NDS
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm, 2gm</i>	4	
<i>clindacin etz pledgets swab 1%</i>	3	QL(69 EA per 30 days)
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	QL(69 EA per 30 days)
<i>colistimethate sodium injection 150mg</i>	4	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	4	
<i>daptomycin injection 350mg, 500mg</i>	4	
<i>fosfomycin tromethamine packet 3gm</i>	4	
IMPAVIDO CAPSULE 50MG	5	NDS
<i>linezolid injection 600mg/300ml</i>	4	
<i>linezolid suspension reconstituted 100mg/5ml</i>	5	QL(1800 ML per 28 days); NDS
<i>linezolid tablet 600mg</i>	4	QL(56 EA per 28 days)
<i>methenamine hippurate tablet 1gm</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	
<i>nitrofurantoin monohydrate capsule 100mg</i>	2	
SIVEXTRO INJECTION 200MG	5	QL(6 EA per 30 days); NDS
SIVEXTRO TABLET 200MG	5	QL(6 EA per 30 days); NDS
<i>tigecycline injection 50mg</i>	4	
<i>tinidazole tablet 250mg, 500mg</i>	4	
<i>trimethoprim tablet 100mg</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	3	
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	3	
Beta-lactam, Cephalosporins		
<i>cefaclor capsule 250mg, 500mg</i>	2	
<i>cefaclor suspension reconstituted 250mg/5ml</i>	4	
<i>cefadroxil capsule 500mg</i>	2	
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	2	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefazolin injection 2gm, 3gm</i>	4	
<i>cefdinir capsule 300mg</i>	2	
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	4	
CEFEPIME/DEXTROSE INJECTION 2GM/50ML; 5%	4	
<i>cefepime/dextrose injection 1gm/50ml; 5%</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm</i>	4	
<i>cefixime capsule 400mg</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	3	
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	4	
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	3	
<i>cefprozil tablet 250mg, 500mg</i>	2	
<i>ceftaroline fosamil injection 400mg, 600mg</i>	5	NDS
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet 250mg, 500mg</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	3	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	
TAZICEF INJECTION 6GM	3	
<i>tazicef injection 1gm, 2gm</i>	3	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin/potassium clavulanate tablet chewable 200mg; 28.5mg, 400mg; 57mg</i>	2	
<i>amoxicillin capsule 250mg, 500mg</i>	1	
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>amoxicillin tablet 500mg, 875mg</i>	1	
<i>ampicillin sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	3	
<i>ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	3	
<i>naftcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium injection 5000000unit</i>	5	NDS
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium tablet 250mg, 500mg</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem sodium injection 1gm</i>	4	
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	3	
<i>meropenem injection 1gm, 2gm, 500mg</i>	3	
Macrolides		
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	2	
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	1	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	4	
<i>clarithromycin tablet 250mg, 500mg</i>	2	
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
<i>fidaxomicin tablet 200mg</i>	5	QL(20 EA per 10 days); NDS
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%</i>	3	
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tablet 500mg</i>	5	NDS
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	1	
Tetracyclines		
<i>demeclocycline hcl tablet 150mg, 300mg</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 150mg, 75mg</i>	3	
<i>doxycycline suspension reconstituted 25mg/5ml</i>	4	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
<i>brivaracetam solution 10mg/ml</i>	4	QL(600 ML per 30 days); PA NSO
<i>brivaracetam tablet 10mg</i>	4	PA NSO
<i>brivaracetam tablet 100mg, 25mg, 50mg, 75mg</i>	4	QL(60 EA per 30 days); PA NSO
EPIDIOLEX SOLUTION 100MG/ML	5	PA NSO; NDS
<i>felbamate suspension 600mg/5ml</i>	4	
<i>felbamate tablet 400mg, 600mg</i>	4	
FINTEPLA SOLUTION 2.2MG/ML	5	QL(360 ML per 30 days); PA NSO; NDS
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	4	
<i>lamotrigine starter kit/blue kit 25mg</i>	4	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	4	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	2	
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	1	
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	3	
<i>levetiracetam solution 100mg/ml</i>	2	
<i>levetiracetam tablet disintegrating soluble 250mg</i>	4	
<i>levetiracetam tablet disintegrating soluble 500mg</i>	4	QL(60 EA per 30 days)
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	2	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days)
<i>perampanel suspension 0.5mg/ml</i>	5	NDS
<i>perampanel tablet 10mg, 12mg, 2mg, 4mg, 6mg, 8mg</i>	4	QL(30 EA per 30 days)
<i>roweepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>subvenite starter kit/blue kit 25mg</i>	4	
<i>subvenite starter kit/green kit 0</i>	4	
<i>subvenite starter kit/orange kit 0</i>	4	
SUBVENITE SUSPENSION 10MG/ML	4	
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	1	
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	3	
<i>topiramate solution 25mg/ml</i>	4	
<i>topiramate tablet 100mg, 200mg, 25mg, 50mg</i>	1	
<i>valproic acid capsule 250mg</i>	2	
<i>valproic acid solution 250mg/5ml</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide capsule 250mg</i>	3	
<i>ethosuximide solution 250mg/5ml</i>	3	
<i>methsuximide capsule 300mg</i>	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam suspension 2.5mg/ml</i>	4	QL(480 ML per 30 days)
<i>clobazam tablet 10mg, 20mg</i>	4	QL(60 EA per 30 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT CAPSULE 250MG, 500MG	5	PA NSO; NDS
DIACOMIT PACKET 250MG, 500MG	5	PA NSO; NDS
<i>diazepam gel 2.5mg, 20mg</i>	4	
<i>diazepam gel 10mg</i>	4	QL(5 EA per 30 days)
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	2	
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	2	
<i>gabapentin capsule 400mg</i>	1	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin capsule 200mg</i>	5	PA NSO
<i>gabapentin solution 250mg/5ml</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution 20mg/ml</i>	4	QL(900 ML per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>primidone tablet 125mg, 250mg, 50mg</i>	2	
SYMPAZAN FILM 5MG	4	QL(60 EA per 30 days)
SYMPAZAN FILM 10MG, 20MG	5	NDS
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days); NDS
<i>vigabatrin packet 500mg</i>	5	PA NSO; NDS
<i>vigabatrin tablet 500mg</i>	5	QL(180 EA per 30 days); PA NSO; NDS
<i>vigadrone packet 500mg</i>	5	PA NSO; NDS
<i>vigadrone tablet 500mg</i>	5	QL(180 EA per 30 days); PA NSO; NDS
VIGAFYDE SOLUTION 100MG/ML	5	PA NSO; NDS
ZTALMY SUSPENSION 50MG/ML	5	PA NSO; NDS
Sodium Channel Agents		
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg</i>	3	
<i>carbamazepine suspension 100mg/5ml</i>	3	
<i>carbamazepine tablet chewable 100mg, 200mg</i>	2	
<i>carbamazepine tablet 200mg</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>eslicarbazepine acetate tablet 400mg</i>	4	
<i>eslicarbazepine acetate tablet 200mg</i>	4	QL(30 EA per 30 days)
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	4	QL(60 EA per 30 days)
<i>lacosamide solution 10mg/ml</i>	4	
<i>lacosamide tablet 100mg, 150mg, 200mg, 50mg</i>	4	
<i>oxcarbazepine suspension 300mg/5ml</i>	4	
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	2	
PHENYTEK CAPSULE 200MG, 300MG	2	
<i>phenytoin infatabs tablet chewable 50mg</i>	2	
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	2	
<i>phenytoin suspension 125mg/5ml</i>	2	
<i>phenytoin tablet chewable 50mg</i>	2	
<i>rufinamide suspension 40mg/ml</i>	5	NDS
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	NDS
XCOPRI TABLET THERAPY PACK 0	4	QL(56 EA per 365 days); PA NSO; (14 X 12.5 MG & 14 X 25 MG)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; NDS; 150 MG & 200 MG TABS (350 MG DAILY DOSE)
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA NSO; NDS; (14 X 150 MG & 14 X 200 MG)
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA NSO; NDS; 100 MG & 150 MG TABS (250 MG DAILY DOSE)
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 365 days); PA NSO; NDS; (14 X 50 MG & 14 X 100 MG)
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL(30 EA per 30 days); PA NSO; NDS
XCOPRI TABLET 150MG, 200MG	5	QL(60 EA per 30 days); PA NSO; NDS
ZONISADE SUSPENSION 100MG/5ML	4	ST NSO
<i>zonisamide capsule 100mg, 25mg, 50mg</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
LEQEMBI IQLIK INJECTION 250MG/1.25ML	5	QL(10 ML per 28 days); PA
LEQEMBI IQLIK INJECTION 360MG/1.8ML	5	QL(7.2 ML per 28 days); PA; NDS
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	4	
<i>galantamine hydrobromide solution 4mg/ml</i>	4	
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	4	
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	4	
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak tablet 0</i>	2	
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet 10mg, 5mg</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 0; 0	4	QL(102 EA per 365 days)
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	4	QL(60 EA per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 100mg</i>	2	QL(120 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	QL(180 EA per 30 days)
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	QL(30 EA per 30 days); ST NSO; NDS
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG, 36.3MG, 54.5MG, 72.6MG	5	QL(30 EA per 30 days); ST NSO; NDS
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	3	
<i>mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg</i>	2	
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	5	PA NSO; NDS
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	5	PA NSO; NDS
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO; NDS
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO; NDS
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL(30 EA per 30 days); ST NSO; NDS
MARPLAN TABLET 10MG	4	
<i>phenelzine sulfate tablet 15mg</i>	3	
<i>tranylcypromine sulfate tablet 10mg</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide solution 10mg/5ml</i>	4	QL(600 ML per 30 days)
<i>citalopram hydrobromide tablet 10mg, 20mg, 40mg</i>	1	QL(30 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 120mg, 80mg, 90mg</i>	2	QL(30 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hydrochloride dr capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate solution 5mg/5ml</i>	3	
<i>escitalopram oxalate tablet 10mg, 20mg, 5mg</i>	1	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL(56 EA per 365 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	4	QL(30 EA per 30 days); ST NSO
<i>fluoxetine hydrochloride capsule 10mg, 20mg, 40mg</i>	1	
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	4	
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	2	
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
RALDESY SOLUTION 10MG/ML	4	
<i>sertraline hcl concentrate 20mg/ml</i>	3	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX TABLET 10MG, 20MG, 5MG	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg</i>	2	
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	3	
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	4	
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	4	
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate 10mg/ml</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution 10mg/5ml</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline hcl tablet 10mg, 5mg</i>	4	
<i>trimipramine maleate capsule 100mg, 25mg, 50mg</i>	4	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro suppository 25mg</i>	4	
<i>meclizine hcl tablet 12.5mg, 25mg</i>	4	
<i>meclizine hydrochloride tablet 25mg</i>	4	
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg</i>	4	PA
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	3	PA
<i>promethazine hydrochloride suppository 25mg</i>	4	PA
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	2	PA
<i>promethegan suppository 12.5mg, 25mg</i>	4	PA
<i>scopolamine patch 72 hour 1mg/3days</i>	4	
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant capsule therapy pack 0</i>	4	QL(6 EA per 30 days); B/D; (THERAPY PACK 80 & 125 MG)
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	5	QL(2 EA per 30 days); B/D; NDS
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution 4mg/5ml</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	1	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
<i>amphotericin b liposome injection 50mg</i>	5	B/D; NDS
<i>amphotericin b injection 50mg</i>	4	B/D
<i>caspofungin acetate injection 50mg, 70mg</i>	4	
<i>clotrimazole cream 1%</i>	2	QL(90 GM per 30 days)
<i>clotrimazole solution 1%</i>	2	QL(60 ML per 30 days)
<i>clotrimazole troche 10mg</i>	3	
CRESEMBA CAPSULE 74.5MG	5	QL(175 EA per 30 days); PA; NDS
CRESEMBA CAPSULE 186MG	5	QL(70 EA per 30 days); PA; NDS
<i>econazole nitrate cream 1%</i>	2	QL(85 GM per 30 days)
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	3	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	3	
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	2	
<i>flucytosine capsule 250mg, 500mg</i>	5	NDS
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	
<i>griseofulvin microsize tablet 500mg</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole capsule 100mg</i>	4	PA
JUBLIA SOLUTION 10%	5	NDS
<i>ketoconazole cream 2%</i>	2	QL(90 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	2	QL(120 ML per 30 days)
<i>ketoconazole tablet 200mg</i>	2	
<i>klayesta powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>micafungin injection 100mg, 50mg</i>	4	
<i>nyamyc powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	QL(60 GM per 30 days)
<i>nystatin ointment 100000unit/gm</i>	2	QL(60 GM per 30 days)
<i>nystatin powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>nystatin suspension 100000unit/ml</i>	2	
<i>nystatin tablet 500000unit</i>	3	
<i>nystop powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>posaconazole dr tablet delayed release 100mg</i>	5	QL(93 EA per 30 days); PA; NDS
<i>posaconazole suspension 40mg/ml</i>	5	QL(600 ML per 30 days); PA; NDS
<i>terbinafine hcl tablet 250mg</i>	2	QL(84 EA per 180 days)
<i>terconazole cream 0.4%, 0.8%</i>	3	
<i>voriconazole injection 200mg</i>	4	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	5	QL(600 ML per 30 days); NDS
<i>voriconazole tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>voriconazole tablet 50mg</i>	4	QL(480 EA per 30 days)
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	
<i>febuxostat tablet 40mg, 80mg</i>	4	
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	2	
<i>probenecid tablet 500mg</i>	2	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA; NDS
NURTEC TABLET DISINTEGRATING 75MG	5	QL(18 EA per 30 days); PA; NDS
UBRELVY TABLET 100MG, 50MG	5	QL(16 EA per 30 days); PA; NDS
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution 4mg/ml</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	3	QL(40 EA per 28 days)
<i>Prophylactic</i>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	3	QL(9 EA per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	2	QL(18 EA per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet 100mg, 25mg, 50mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan solution 20mg/act, 5mg/act</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet 2.5mg, 5mg</i>	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide tablet 60mg</i>	2	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	5	PA; NDS
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	3	
PRETOMANID TABLET 200MG	4	
<i>rifabutin capsule 150mg</i>	4	
<i>Antituberculars</i>		
<i>cycloserine capsule 250mg</i>	5	NDS
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	2	
ISONIAZID INJECTION 100MG/ML	4	
<i>isoniazid syrup 50mg/5ml</i>	4	
<i>isoniazid tablet 100mg, 300mg</i>	1	
<i>pyrazinamide tablet 500mg</i>	3	
<i>rifampin capsule 150mg, 300mg</i>	3	
<i>rifampin injection 600mg</i>	4	
<i>rifapentine tablet 150mg</i>	4	
SIRTURO TABLET 100MG, 20MG	5	NDS
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule 25mg, 50mg</i>	3	B/D
LEUKERAN TABLET 2MG	5	NDS
<i>lomustine capsule 100mg, 10mg, 40mg</i>	4	
MATULANE CAPSULE 50MG	5	NDS
VALCHLOR GEL 0.016%	5	QL(60 GM per 30 days); PA NSO; NDS
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	4	PA NSO
<i>abiraterone acetate tablet 500mg</i>	5	PA NSO; NDS
<i>abirtega tablet 250mg</i>	4	PA NSO
<i>bicalutamide tablet 50mg</i>	2	
ERLEADA TABLET 240MG, 60MG	5	PA NSO; NDS
EULEXIN CAPSULE 125MG	4	
<i>nilutamide tablet 150mg</i>	5	NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
NUBEQA TABLET 300MG	5	PA NSO; NDS
XTANDI CAPSULE 40MG	5	PA NSO; NDS
XTANDI TABLET 40MG, 80MG	5	PA NSO; NDS
YONSA TABLET 125MG	5	PA NSO; NDS
Antiangiogenic Agents		
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	QL(30 EA per 30 days); PA NSO; NDS
<i>pomalidomide capsule 1mg, 2mg, 3mg, 4mg</i>	5	QL(30 EA per 30 days); PA NSO; NDS
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	5	QL(30 EA per 30 days); PA NSO; NDS
THALOMID CAPSULE 50MG	5	PA NSO; NDS
THALOMID CAPSULE 100MG	5	QL(112 EA per 28 days); PA NSO; NDS
Antiestrogens/Modifiers		
INLURIYO TABLET 200MG	5	PA NSO; NDS
ORSERDU TABLET 345MG	5	QL(30 EA per 30 days); PA NSO; NDS
ORSERDU TABLET 86MG	5	QL(90 EA per 30 days); PA NSO; NDS
SOLTAMOX SOLUTION 10MG/5ML	5	NDS
<i>tamoxifen citrate tablet 10mg, 20mg</i>	2	
<i>toremifene citrate tablet 60mg</i>	4	
VEPPANU TABLET 200MG	5	PA NSO; NDS
VEPPANU TABLET 100MG	5	QL(30 EA per 30 days); PA NSO; NDS
Antimetabolites		
DROXIA CAPSULE 200MG, 300MG, 400MG	3	
<i>hydroxyurea capsule 500mg</i>	2	
<i>mercaptopurine suspension 2000mg/100ml</i>	5	NDS
<i>mercaptopurine tablet 50mg</i>	3	
TABLOID TABLET 40MG	5	NDS
Antineoplastics, Other		
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	PA NSO; NDS
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO; NDS
INREBIC CAPSULE 100MG	5	PA NSO; NDS
ITOVEBI TABLET 9MG	5	PA NSO; NDS
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA NSO; NDS
IWILFIN TABLET 192MG	5	PA NSO; NDS
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO; NDS
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO; NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
KOMZIFTI CAPSULE 200MG	5	PA NSO; NDS
LAZCLUZE TABLET 240MG	5	PA NSO; NDS
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO; NDS
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	3	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA NSO; NDS
LYSODREN TABLET 500MG	5	NDS
MODEYSO CAPSULE 125MG	5	PA NSO; NDS
OGSIVEO TABLET 100MG, 50MG	5	PA NSO; NDS
OGSIVEO TABLET 150MG	5	QL(60 EA per 30 days); PA NSO; NDS
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	PA NSO; NDS
OJEMDA TABLET 100MG	5	PA NSO; NDS
ONUREG TABLET 200MG, 300MG	5	PA NSO; NDS
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA NSO; NDS
REVUFORJ TABLET 110MG, 160MG, 25MG	5	PA NSO; NDS
VONJO CAPSULE 100MG	5	PA NSO; NDS
ZENBEXUS CAPSULE 0.75MG, 1MG	5	PA NSO
ZOLINZA CAPSULE 100MG	5	PA NSO; NDS
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet 1mg</i>	1	
<i>exemestane tablet 25mg</i>	4	
<i>letrozole tablet 2.5mg</i>	2	
<i>Enzyme Inhibitors</i>		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	PA NSO; NDS
<i>topotecan hcl injection 4mg</i>	5	NDS
<i>topotecan hydrochloride injection 4mg/4ml</i>	5	NDS
<i>Molecular Target Inhibitors</i>		
ALECENSA CAPSULE 150MG	5	PA NSO; NDS
ALUNBRIG TABLET THERAPY PACK 0	5	QL(60 EA per 365 days); PA NSO; NDS
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO; NDS
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO; NDS
AUGTYRO CAPSULE 160MG, 40MG	5	PA NSO; NDS
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA NSO; NDS
BALVERSA TABLET 3MG, 4MG, 5MG	5	PA NSO; NDS
BOSULIF CAPSULE 100MG, 50MG	5	PA NSO; NDS
BOSULIF TABLET 100MG, 500MG	5	PA NSO; NDS
<i>bosutinib tablet 100mg, 400mg, 500mg</i>	5	PA NSO; NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAPSULE 75MG	5	PA NSO; NDS
BRUKINSA CAPSULE 80MG	5	PA NSO; NDS
BRUKINSA TABLET 160MG	5	PA NSO; NDS
CABOMETYX TABLET 20MG, 60MG	5	QL(30 EA per 30 days); PA NSO; NDS
CABOMETYX TABLET 40MG	5	QL(60 EA per 30 days); PA NSO; NDS
CALQUENCE TABLET 100MG	5	PA NSO; NDS
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA NSO; NDS
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO; NDS
CAVHANZA TABLET DISINTEGRATING 60MG, 80MG	5	PA NSO; NDS
COMETRIQ KIT 0, 20MG	5	PA NSO; NDS
COPIKTRA CAPSULE 15MG, 25MG	5	PA NSO; NDS
COTELLIC TABLET 20MG	5	PA NSO; NDS
DANZITEN TABLET 71MG, 95MG	5	PA NSO; NDS
<i>dasatinib tablet 100mg, 140mg, 70mg</i>	5	QL(30 EA per 30 days); PA NSO; NDS
<i>dasatinib tablet 80mg</i>	5	QL(60 EA per 30 days); PA NSO; NDS
<i>dasatinib tablet 20mg, 50mg</i>	5	QL(90 EA per 30 days); PA NSO; NDS
DAURISMO TABLET 100MG, 25MG	5	PA NSO; NDS
ENSACOVE CAPSULE 100MG, 25MG	5	PA NSO; NDS
ERIVEDGE CAPSULE 150MG	5	PA NSO; NDS
<i>erlotinib hydrochloride tablet 100mg, 150mg, 25mg</i>	4	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA NSO; NDS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO; NDS
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	PA NSO; NDS
FRUZAQLA CAPSULE 5MG	5	QL(21 EA per 28 days); PA NSO; NDS
FRUZAQLA CAPSULE 1MG	5	QL(84 EA per 28 days); PA NSO; NDS
GAVRETO CAPSULE 100MG	5	PA NSO; NDS
<i>gefitinib tablet 250mg</i>	5	PA NSO; NDS
GILOTRIF TABLET 20MG, 30MG, 40MG	5	QL(30 EA per 30 days); PA NSO; NDS
GOMEKLI CAPSULE 1MG, 2MG	5	PA NSO; NDS
GOMEKLI TABLET SOLUBLE 1MG	5	PA NSO; NDS
HERNEXEOS TABLET 60MG	5	PA NSO; NDS
HYRNUO TABLET 10MG	5	PA NSO; NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO; NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
IBTROZI CAPSULE 200MG	5	PA NSO; NDS
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA NSO; NDS
IDHIFA TABLET 100MG, 50MG	5	QL(30 EA per 30 days); PA NSO; NDS
<i>imatinib mesylate tablet 100mg</i>	3	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA NSO; NDS
IMBRUVICA CAPSULE 70MG	5	QL(28 EA per 28 days); PA NSO; NDS
IMBRUVICA SUSPENSION 70MG/ML	5	QL(240 ML per 30 days); PA NSO; NDS
IMBRUVICA TABLET 140MG, 280MG, 420MG	5	QL(28 EA per 28 days); PA NSO; NDS
IMKELDI SOLUTION 80MG/ML	5	PA NSO; NDS
INLYTA TABLET 5MG	5	QL(120 EA per 30 days); PA NSO; NDS
INLYTA TABLET 1MG	5	QL(180 EA per 30 days); PA NSO; NDS
INQOVI TABLET 100MG; 35MG	5	PA NSO; NDS
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	5	QL(30 EA per 30 days); PA NSO; NDS
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	QL(60 EA per 30 days); PA NSO; NDS
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO; NDS
JAYPIRCA TABLET 100MG	5	QL(90 EA per 30 days); PA NSO; NDS
JIDEYTRO TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
JIDEYTRO TABLET 25MG	5	QL(90 EA per 30 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	QL(21 EA per 21 days); PA NSO; NDS
KISQALI TABLET THERAPY PACK 200MG	5	QL(42 EA per 21 days); PA NSO; NDS
KISQALI TABLET THERAPY PACK 200MG	5	QL(63 EA per 21 days); PA NSO; NDS
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	5	PA NSO; NDS
KOSELUGO CAPSULE 10MG, 25MG	5	PA NSO; NDS
KRAZATI TABLET 200MG	5	PA NSO; NDS
<i>lapatinib ditosylate tablet 250mg</i>	5	PA NSO; NDS
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO; NDS
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO; NDS
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO; NDS
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO; NDS
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO; NDS
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO; NDS
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO; NDS
LIFYORLI CAPSULE THERAPY PACK 0	5	PA NSO; NDS
LORBRENA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO; NDS
LORBRENA TABLET 25MG	5	QL(90 EA per 30 days); PA NSO; NDS
LUMAKRAS TABLET 120MG, 240MG, 320MG	5	PA NSO; NDS
LYNPARZA TABLET 100MG, 150MG	5	QL(120 EA per 30 days); PA NSO; NDS
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; NDS; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; NDS; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; NDS; 20 MG DAILY DOSE
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA NSO; NDS
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA NSO; NDS
MEKINIST TABLET 0.5MG	5	QL(90 EA per 30 days); PA NSO; NDS
MEKTOVI TABLET 15MG	5	PA NSO; NDS
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA NSO; NDS
<i>nilotinib hydrochloride capsule 200mg</i>	5	QL(112 EA per 28 days); PA NSO; NDS
<i>nilotinib hydrochloride capsule 150mg</i>	5	QL(140 EA per 28 days); PA NSO; NDS
<i>nilotinib hydrochloride capsule 50mg</i>	5	QL(420 EA per 30 days); PA NSO; NDS
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA NSO; NDS
ODOMZO CAPSULE 200MG	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
OJJAARA TABLET 100MG, 150MG, 200MG	5	QL(30 EA per 30 days); PA NSO; NDS
<i>pazopanib hydrochloride tablet 200mg, 400mg</i>	5	PA NSO; NDS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	QL(30 EA per 30 days); PA NSO; NDS
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA NSO; NDS
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA NSO; NDS
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA NSO; NDS
QINLOCK TABLET 50MG	5	PA NSO; NDS
RETEVMO TABLET 120MG, 160MG, 80MG	5	QL(60 EA per 30 days); PA NSO; NDS
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO; NDS
REZLIDHIA CAPSULE 150MG	5	PA NSO; NDS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	PA NSO; NDS
ROZLYTREK CAPSULE 100MG	5	QL(150 EA per 30 days); PA NSO; NDS
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA NSO; NDS
ROZLYTREK PACKET 50MG	5	PA NSO; NDS
RUBRACA TABLET 250MG, 300MG	5	PA NSO; NDS
RUBRACA TABLET 200MG	5	QL(120 EA per 30 days); PA NSO; NDS
RYDAPT CAPSULE 25MG	5	PA NSO; NDS
SCSEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO; NDS
SCSEMBLIX TABLET 40MG	5	QL(240 EA per 30 days); PA NSO; NDS
SCSEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO; NDS
<i>sorafenib tosylate tablet 200mg</i>	5	PA NSO; NDS
<i>sorafenib tablet 200mg</i>	5	PA NSO; NDS
STIVARGA TABLET 40MG	5	PA NSO; NDS
<i>sunitinib malate capsule 12.5mg, 25mg, 50mg</i>	5	QL(28 EA per 28 days); PA NSO; NDS
<i>sunitinib malate capsule 37.5mg</i>	5	QL(56 EA per 28 days); PA NSO; NDS
TABRECTA TABLET 150MG, 200MG	5	QL(120 EA per 30 days); PA NSO; NDS
TAFINLAR CAPSULE 50MG, 75MG	5	PA NSO; NDS
TAFINLAR TABLET SOLUBLE 10MG	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
TAGRISSO TABLET 80MG	5	PA NSO; NDS
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA NSO; NDS
TALZENNA CAPSULE 0.1MG, 1MG	5	PA NSO; NDS
TALZENNA CAPSULE 0.35MG, 0.5MG, 0.75MG	5	QL(30 EA per 30 days); PA NSO; NDS
TALZENNA CAPSULE 0.25MG	5	QL(90 EA per 30 days); PA NSO; NDS
TAZVERIK TABLET 200MG	5	PA NSO; NDS
TEPMETKO TABLET 225MG	5	PA NSO; NDS
TIBSOVO TABLET 250MG	5	PA NSO; NDS
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	PA NSO; NDS
TRUQAP TABLET 160MG, 200MG	5	PA NSO; NDS
TUKYSA TABLET 150MG, 50MG	5	PA NSO; NDS
TURALIO CAPSULE 125MG	5	PA NSO; NDS
VANFLYTA TABLET 17.7MG, 26.5MG	5	PA NSO; NDS
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	QL(84 EA per 365 days); PA NSO; NDS
VENCLEXTA TABLET 10MG	4	PA NSO
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO; NDS
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	QL(56 EA per 28 days); PA NSO; NDS
VITRAKVI CAPSULE 100MG	5	QL(120 EA per 30 days); PA NSO; NDS
VITRAKVI CAPSULE 25MG	5	QL(180 EA per 30 days); PA NSO; NDS
VITRAKVI SOLUTION 20MG/ML	5	QL(600 ML per 30 days); PA NSO; NDS
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	PA NSO; NDS
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	5	PA NSO; NDS
XALKORI CAPSULE 200MG, 250MG	5	PA NSO; NDS
XOSPATA TABLET 40MG	5	PA NSO; NDS
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO; NDS
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO; NDS
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	5	PA NSO; NDS
<i>yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL(30 EA per 30 days); PA NSO
ZEJULA TABLET 100MG, 200MG, 300MG	5	QL(30 EA per 30 days); PA NSO; NDS
ZELBORAF TABLET 240MG	5	PA NSO; NDS
ZYDELIG TABLET 100MG, 150MG	5	PA NSO; NDS
ZYKADIA TABLET 150MG	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
Monoclonal Antibodies/Antibody-Drug Conjugates		
TEVIMBRA INJECTION 100MG/10ML, 150MG/15ML	5	PA NSO; NDS
Retinoids		
<i>bexarotene capsule 75mg</i>	5	PA NSO; NDS
<i>bexarotene gel 1%</i>	5	QL(60 GM per 30 days); PA NSO; NDS
PANRETIN GEL 0.1%	5	QL(120 GM per 30 days); NDS
<i>tretinoin capsule 10mg</i>	5	NDS
Treatment Adjuncts		
MESNA TABLET 400MG	3	
VORANIGO TABLET 40MG	5	QL(30 EA per 30 days); PA NSO; NDS
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO; NDS
Antiparasitics		
Anthelmintics		
<i>albendazole tablet 200mg</i>	4	
<i>ivermectin tablet 3mg, 6mg</i>	3	PA
<i>praziquantel tablet 600mg</i>	4	
Antiprotozoals		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	4	
<i>atovaquone suspension 750mg/5ml</i>	4	QL(300 ML per 30 days)
<i>benznidazole tablet 100mg, 12.5mg</i>	3	
<i>chloroquine phosphate tablet 250mg, 500mg</i>	3	
COARTEM TABLET 20MG; 120MG	4	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	
<i>mefloquine hydrochloride tablet 250mg</i>	2	
<i>nitazoxanide tablet 500mg</i>	5	QL(60 EA per 30 days); NDS
<i>pentamidine isethionate injection 300mg</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	3	B/D
<i>primaquine phosphate tablet 26.3mg</i>	3	
<i>pyrimethamine tablet 25mg</i>	5	PA; NDS
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	2	
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	4	
Antiparkinson Agents, Other		
<i>entacapone tablet 200mg</i>	3	
Dopamine Agonists		
<i>bromocriptine mesylate capsule 5mg</i>	4	
<i>bromocriptine mesylate tablet 2.5mg</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	2	
<i>ropinirole er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	3	
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	4	
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	
<i>carbidopa tablet 25mg</i>	4	
INBRIJA CAPSULE 42MG	5	PA; NDS
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	4	
<i>selegiline hcl capsule 5mg</i>	3	
<i>selegiline hcl tablet 5mg</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	4	
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	
<i>fluphenazine decanoate injection 25mg/ml</i>	4	
<i>fluphenazine hcl concentrate 5mg/ml</i>	4	
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	4	
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	3	
<i>haloperidol lactate injection 5mg/ml</i>	2	
<i>haloperidol concentrate 2mg/ml</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	2	
<i>molindone hydrochloride tablet 10mg, 25mg, 5mg</i>	4	
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	3	
<i>pimozide tablet 1mg, 2mg</i>	4	
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
2nd Generation/Atypical		
ABILIFY MAINTENA INJECTION 300MG, 400MG	5	QL(1 EA per 30 days); NDS
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole solution 1mg/ml</i>	4	QL(750 ML per 30 days)
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	2	QL(30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	NDS
ARISTADA INJECTION 441MG/1.6ML	5	QL(1.6 ML per 30 days); NDS
ARISTADA INJECTION 662MG/2.4ML	5	QL(2.4 ML per 30 days); NDS
ARISTADA INJECTION 882MG/3.2ML	5	QL(3.2 ML per 30 days); NDS
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 60 days); NDS
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	4	QL(60 EA per 30 days)
BYSANTI TITRATION PACK A TABLET THERAPY PACK 0	4	QL(16 EA per 365 days); ST NSO
BYSANTI TITRATION PACK B TABLET THERAPY PACK 0	4	QL(24 EA per 365 days); ST NSO
BYSANTI TITRATION PACK C TABLET THERAPY PACK 0	4	QL(16 EA per 365 days); ST NSO
BYSANTI TABLET 1MG	5	QL(180 EA per 30 days); ST NSO; NDS
BYSANTI TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST NSO; NDS
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); PA NSO; NDS
FANAPT TITRATION PACK A TABLET 0	4	QL(16 EA per 365 days); ST NSO
FANAPT TITRATION PACK B TABLET 0	4	QL(24 EA per 365 days); ST NSO
FANAPT TITRATION PACK C TABLET 0	4	QL(16 EA per 365 days); ST NSO
FANAPT TABLET 2MG	4	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 10MG, 12MG, 1MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST NSO; NDS
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL(5 ML per 180 days); ST NSO; NDS
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	ST NSO; NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL(0.25 ML per 30 days)
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL(0.5 ML per 30 days); NDS
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL(0.75 ML per 30 days); NDS
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL(1 ML per 30 days); NDS
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL(1.5 ML per 30 days); NDS
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL(0.88 ML per 84 days); NDS
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL(1.32 ML per 84 days); NDS
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL(1.75 ML per 84 days); NDS
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL(2.63 ML per 84 days); NDS
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL(30 EA per 30 days); ST NSO; NDS
NUPLAZID CAPSULE 34MG	5	QL(30 EA per 30 days); PA NSO; NDS
NUPLAZID TABLET 10MG	5	QL(30 EA per 30 days); PA NSO; NDS
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	3	QL(30 EA per 30 days)
<i>olanzapine injection 10mg</i>	4	
<i>olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	2	QL(30 EA per 30 days)
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA NSO; NDS
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA NSO; NDS
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
PERSERIS INJECTION 90MG	5	NDS
PERSERIS INJECTION 120MG	5	QL(1 EA per 30 days); NDS
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	QL(30 EA per 30 days); NDS
<i>risperidone er injection 37.5mg</i>	4	
<i>risperidone er injection 12.5mg, 25mg</i>	4	QL(2 EA per 28 days)
<i>risperidone er injection 50mg</i>	5	QL(2 EA per 28 days); NDS
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	QL(60 EA per 30 days)
<i>risperidone solution 1mg/ml</i>	2	QL(240 ML per 30 days)
<i>risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	1	QL(60 EA per 30 days)
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL(30 EA per 30 days); ST NSO; NDS
UZEDY INJECTION 200MG/0.56ML, 250MG/0.7ML, 75MG/0.21ML	5	NDS
UZEDY INJECTION 50MG/0.14ML	5	QL(0.14 ML per 30 days); NDS
UZEDY INJECTION 100MG/0.28ML	5	QL(0.28 ML per 30 days); NDS
UZEDY INJECTION 125MG/0.35ML	5	QL(0.35 ML per 30 days); NDS
UZEDY INJECTION 150MG/0.42ML	5	QL(0.42 ML per 60 days); NDS
VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	3	QL(30 EA per 30 days)
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	3	QL(60 EA per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone mesylate injection 20mg</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	NDS
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	5	QL(540 ML per 30 days); NDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY TABLET 200MG	5	QL(360 EA per 30 days); NDS
PREVYMIS PACKET 120MG, 20MG	5	QL(120 EA per 30 days); NDS
PREVYMIS TABLET 240MG, 480MG	5	QL(28 EA per 28 days); NDS
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	5	QL(1080 ML per 30 days); NDS
<i>valganciclovir tablet 450mg</i>	3	QL(120 EA per 30 days)
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tablet 10mg</i>	4	QL(30 EA per 30 days)
BARACLUDE SOLUTION 0.05MG/ML	5	QL(600 ML per 30 days); NDS
<i>entecavir tablet 0.5mg, 1mg</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	QL(30 EA per 30 days)
Anti-hepatitis C (HCV) Agents		
MAVYRET PACKET 50MG; 20MG	5	QL(560 EA per 365 days); PA; NDS
MAVYRET TABLET 100MG; 40MG	5	QL(336 EA per 365 days); PA; NDS
<i>ribavirin tablet 200mg</i>	3	
<i>sofosbuvir/velpatasvir tablet 400mg; 100mg</i>	5	QL(84 EA per 365 days); PA; NDS
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA; NDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL(30 EA per 30 days); NDS
CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	5	NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
DOVATO TABLET 50MG; 300MG	5	QL(30 EA per 30 days); NDS
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days); NDS
ISENTRESS HD TABLET 600MG	5	QL(60 EA per 30 days); NDS
ISENTRESS PACKET 100MG	5	QL(60 EA per 30 days); NDS
ISENTRESS TABLET CHEWABLE 25MG	3	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(180 EA per 30 days); NDS
ISENTRESS TABLET 400MG	5	QL(60 EA per 30 days); NDS
JULUCA TABLET 50MG; 25MG	5	QL(30 EA per 30 days); NDS
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	QL(30 EA per 30 days); NDS
TIVICAY PD TABLET SOLUBLE 5MG	4	QL(180 EA per 30 days)
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days); NDS
VOCABRIA TABLET 30MG	5	NDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	QL(30 EA per 30 days); NDS
EDURANT PED TABLET SOLUBLE 2.5MG	5	QL(180 EA per 30 days); NDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	3	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days); NDS
<i>efavirenz tablet 600mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	5	QL(30 EA per 30 days); NDS
<i>etravirine tablet 100mg</i>	4	QL(60 EA per 30 days)
<i>etravirine tablet 200mg</i>	5	QL(60 EA per 30 days); NDS
IDVYNZO TABLET 100MG; 0.25MG	5	QL(30 EA per 30 days); NDS
INTELENCE TABLET 25MG	4	QL(120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	QL(30 EA per 30 days)
<i>nevirapine suspension 50mg/5ml</i>	3	QL(1200 ML per 30 days)
<i>nevirapine tablet 200mg</i>	2	QL(60 EA per 30 days)
PIFELTRO TABLET 100MG	5	QL(30 EA per 30 days); NDS
<i>rilpivirine hydrochloride tablet 25mg</i>	5	QL(30 EA per 30 days); NDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	QL(30 EA per 30 days)
<i>abacavir solution 20mg/ml</i>	4	QL(960 ML per 30 days)
<i>abacavir tablet 300mg</i>	3	QL(60 EA per 30 days)
CIMDUO TABLET 300MG; 300MG	5	QL(30 EA per 30 days); NDS
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine capsule 200mg</i>	4	QL(30 EA per 30 days)
EMTRIVA SOLUTION 10MG/ML	4	QL(850 ML per 30 days)
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	3	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	QL(960 ML per 30 days)
<i>lamivudine tablet 150mg</i>	2	QL(60 EA per 30 days)
<i>lamivudine tablet 300mg</i>	3	QL(30 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	5	QL(30 EA per 30 days); NDS
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	QL(30 EA per 30 days)
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	5	QL(180 EA per 30 days); NDS
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL(30 EA per 30 days); NDS
VIREAD POWDER 40MG/GM	5	QL(240 GM per 30 days); NDS
VIREAD TABLET 150MG, 200MG, 250MG	5	QL(30 EA per 30 days); NDS
<i>zidovudine capsule 100mg</i>	3	QL(180 EA per 30 days)
<i>zidovudine syrup 50mg/5ml</i>	3	QL(1920 ML per 30 days)
<i>zidovudine tablet 300mg</i>	3	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
<i>maraviroc tablet 300mg</i>	5	QL(120 EA per 30 days); NDS
<i>maraviroc tablet 150mg</i>	5	QL(60 EA per 30 days); NDS
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	QL(60 EA per 30 days); NDS
SELZENTRY SOLUTION 20MG/ML	5	NDS
SUNLENCA INJECTION 463.5MG/1.5ML	5	NDS
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days); NDS; (5 X 300 MG Pack)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days); NDS; (4 X 300 MG Pack)
SUNLENCA TABLET 300MG	5	QL(24 EA per 168 days); NDS
TYBOST TABLET 150MG	3	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	QL(120 EA per 30 days); NDS
<i>atazanavir sulfate capsule 300mg</i>	4	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	4	
<i>atazanavir capsule 200mg</i>	4	QL(60 EA per 30 days)
<i>darunavir tablet 800mg</i>	4	QL(30 EA per 30 days)
<i>darunavir tablet 600mg</i>	4	QL(60 EA per 30 days)
EVOTAZ TABLET 300MG; 150MG	5	QL(30 EA per 30 days); NDS
<i>fosamprenavir calcium tablet 700mg</i>	5	QL(120 EA per 30 days); NDS
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	QL(480 ML per 30 days)
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	4	QL(120 EA per 30 days)
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	QL(240 EA per 30 days)
NORVIR PACKET 100MG	4	QL(360 EA per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	5	QL(30 EA per 30 days); NDS
PREZISTA SUSPENSION 100MG/ML	5	QL(400 ML per 30 days); NDS
PREZISTA TABLET 75MG	4	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	5	QL(180 EA per 30 days); NDS
REYATAZ PACKET 50MG	5	QL(180 EA per 30 days); NDS
<i>ritonavir tablet 100mg</i>	3	QL(360 EA per 30 days)
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days); NDS
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days); NDS
VIRACEPT TABLET 250MG	5	QL(300 EA per 30 days); NDS
Anti-influenza Agents		
<i>amantadine hcl capsule 100mg</i>	2	
<i>amantadine hcl solution 50mg/5ml</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	2	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	2	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	2	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	QL(1 EA per 30 days)
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet 125mg, 250mg</i>	3	QL(60 EA per 30 days)
<i>famciclovir tablet 500mg</i>	3	QL(90 EA per 30 days)
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	3	QL(120 EA per 30 days)
VYJUVEK GEL 0	5	PA; NDS
Antiviral, Coronavirus Agents		
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(11 EA per 5 days); (300mg-100mg Day 1; 150mg-100mg Days 2-5 Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); (150mg-100mg Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak)
XOCOVA TABLET 125MG	3	QL(7 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg</i>	1	
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>diazepam intensol concentrate 5mg/ml</i>	2	
<i>diazepam concentrate 5mg/ml</i>	2	
<i>diazepam solution 5mg/5ml</i>	2	QL(1200 ML per 30 days)
<i>diazepam tablet 10mg</i>	2	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>lorazepam intensol concentrate 2mg/ml</i>	3	QL(150 ML per 30 days)
<i>lorazepam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
Bipolar Agents		
<i>Bipolar Agents, Other</i>		
IGALMI FILM 120MCG, 180MCG	4	PA NSO
<i>Mood Stabilizers</i>		
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	2	
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	1	
<i>lithium carbonate tablet 300mg</i>	1	
<i>lithium solution 8meq/5ml</i>	3	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	2	
<i>dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 1000mg, 10mg; 500mg, 5mg; 500mg</i>	3	QL(30 EA per 30 days)
<i>dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 5mg; 1000mg</i>	3	QL(60 EA per 30 days)
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	1	
<i>glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	1	
<i>glipizide xl tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	1	
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	1	
<i>glipizide tablet 10mg, 2.5mg, 5mg</i>	1	
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	3	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	3	
JANUVIA TABLET 100MG, 25MG, 50MG	3	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg</i>	2	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg, 60mg</i>	1	
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC TABLET 4MG, 9MG	3	QL(30 EA per 30 days); PA
OZEMPIC TABLET 1.5MG	3	QL(60 EA per 365 days); PA
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide tablet 0.5mg, 1mg, 2mg</i>	1	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	QL(15 ML per 24 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 12.5MG; 1000MG, 5MG; 500MG	3	
SYNJARDY TABLET 12.5MG; 500MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
TRADJENTA TABLET 5MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 5MG; 500MG	3	QL(30 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
<i>diazoxide suspension 50mg/ml</i>	5	NDS
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 1MG/0.2ML	3	
Insulins		
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
HUMULIN N INJECTION 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	
HUMULIN R INJECTION 100UNIT/ML	3	
<i>insulin lispro injection 100unit/ml</i>	3	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
LANTUS INJECTION 100UNIT/ML	3	
LYUMJEV KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
LYUMJEV INJECTION 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN N RELION INJECTION 100UNIT/ML	3	
NOVOLIN N INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN R RELION INJECTION 100UNIT/ML	3	
NOVOLIN R INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	
NOVOLOG RELION INJECTION 100UNIT/ML	3	
NOVOLOG INJECTION 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	3	
TRESIBA INJECTION 100UNIT/ML	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate capsule 110mg, 150mg, 75mg</i>	4	QL(60 EA per 30 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL(148 EA per 365 days)
ELIQUIS CAPSULE SPRINKLE 0.15MG	3	QL(84 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(140 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(420 EA per 28 days); PACK 3 X 0.5 MG (1.5 MG)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(560 EA per 28 days); PACK 4 X 0.5 MG (2 MG)
ELIQUIS TABLET 5MG	3	
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
<i>enoxaparin sodium injection 300mg/3ml</i>	4	
<i>enoxaparin sodium injection 30mg/0.3ml</i>	4	QL(18 ML per 30 days)
<i>enoxaparin sodium injection 40mg/0.4ml</i>	4	QL(24 ML per 30 days)
<i>enoxaparin sodium injection 60mg/0.6ml</i>	4	QL(36 ML per 30 days)
<i>enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml</i>	4	QL(48 ML per 30 days)
<i>enoxaparin sodium injection 100mg/ml, 150mg/ml</i>	4	QL(60 ML per 30 days)
<i>fondaparinux sodium injection 5mg/0.4ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	QL(15 ML per 30 days)
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	4	QL(18 ML per 30 days)
<i>fondaparinux sodium injection 10mg/0.8ml</i>	5	QL(24 ML per 30 days); NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NDS
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
<i>rivaroxaban suspension reconstituted 1mg/ml</i>	4	QL(600 ML per 30 days)
<i>rivaroxaban tablet 2.5mg</i>	4	QL(360 EA per 30 days)
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG	3	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	3	
<i>eltrombopag olamine packet 12.5mg, 25mg</i>	5	QL(180 EA per 30 days); PA; NDS
<i>eltrombopag olamine tablet 12.5mg, 25mg</i>	5	QL(30 EA per 30 days); PA; NDS
<i>eltrombopag olamine tablet 50mg, 75mg</i>	5	QL(60 EA per 30 days); PA; NDS
LEUKINE INJECTION 250MCG	5	PA; NDS
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA; NDS
NEULASTA INJECTION 4MG/0.4ML	5	PA; NDS
NEULASTA INJECTION 6MG/0.6ML	5	QL(1.2 ML per 28 days); PA; NDS
PROCRT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA; NDS
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA; NDS
UDENYCA ONBODY INJECTION 6MG/0.6ML	5	PA; NDS
UDENYCA INJECTION 6MG/0.6ML	5	QL(1.2 ML per 28 days); PA; NDS
XOLREMDI CAPSULE 100MG	5	QL(120 EA per 30 days); PA; NDS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	NDS
Hemostasis Agents		
<i>tranexamic acid tablet 650mg</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	4	
<i>aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg</i>	4	
CABLIVI INJECTION 11MG	5	QL(30 EA per 30 days); PA; NDS
<i>cilostazol tablet 100mg, 50mg</i>	2	
<i>clopidogrel tablet 75mg</i>	1	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel tablet 300mg</i>	2	
DOPTelet TABLET 20MG	5	QL(90 EA per 30 days); PA; NDS
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	2	
<i>ticagrelor tablet 60mg, 90mg</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tablet 0.05mg, 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	4	
<i>droxidopa capsule 100mg</i>	4	QL(90 EA per 30 days); PA
<i>droxidopa capsule 200mg, 300mg</i>	5	QL(180 EA per 30 days); PA; NDS
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	4	
METHYLDOPA TABLET 250MG, 500MG	4	
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>azilsartan medoxomil tablet 40mg, 80mg</i>	4	
<i>candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg</i>	1	
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	1	
<i>losartan potassium tablet 100mg, 25mg, 50mg</i>	1	
<i>olmesartan medoxomil tablet 20mg, 40mg, 5mg</i>	1	
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	1	
<i>valsartan tablet 160mg, 320mg, 40mg, 80mg</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	2	
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	2	
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	2	
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<i>digoxin solution 0.05mg/ml</i>	4	
<i>digoxin tablet 125mcg, 250mcg</i>	2	
<i>digox tablet 125mcg, 250mcg</i>	2	
<i>disopyramide phosphate capsule 100mg, 150mg</i>	3	
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	2	
<i>mexiletine hydrochloride capsule 150mg</i>	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hydrochloride capsule 200mg, 250mg</i>	4	
MULTAQ TABLET 400MG	3	
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG	3	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	2	
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	4	
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate tablet 200mg, 300mg</i>	4	
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	2	
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	2	
<i>atenolol tablet 100mg, 25mg, 50mg</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate tablet 10mg, 2.5mg, 5mg</i>	2	
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg</i>	3	
<i>pindolol tablet 10mg, 5mg</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	1	
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	2	
<i>nimodipine capsule 30mg</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg</i>	4	
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>verapamil hcl er capsule extended release 24 hour 120mg, 180mg, 240mg</i>	3	
<i>verapamil hcl er tablet extended release 120mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg</i>	3	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	2	
<i>verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg</i>	3	
<i>verapamil hydrochloride tablet 120mg, 40mg, 80mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren tablet 150mg, 300mg</i>	2	
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	2	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	1	
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	1	
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg</i>	1	
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	2	
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	1	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
FILSPARI TABLET 200MG	5	QL(30 EA per 30 days); PA; NDS
FILSPARI TABLET 400MG	5	QL(60 EA per 30 days); PA; NDS
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	2	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	4	
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	4	QL(60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	
<i>metyrosine capsule 250mg</i>	5	PA; NDS
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	1	
<i>pentoxifylline er tablet extended release 400mg</i>	2	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	3	
<i>sacubitril/valsartan tablet 24mg; 26mg</i>	3	QL(180 EA per 30 days)
<i>sacubitril/valsartan tablet 49mg; 51mg, 97mg; 103mg</i>	3	QL(60 EA per 30 days)
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	2	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg</i>	1	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	1	
VYNDAMAX CAPSULE 61MG	5	QL(30 EA per 30 days); PA; NDS
Diuretics, Loop		
<i>bumetanide injection 0.25mg/ml</i>	2	
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	2	
<i>furosemide injection 10mg/ml</i>	2	
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	1	
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	
<i>toremide tablet 100mg, 10mg, 20mg, 5mg</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet 5mg</i>	1	
<i>triamterene capsule 100mg, 50mg</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule 12.5mg</i>	1	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tablet 1.25mg, 2.5mg</i>	1	
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	2	
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	3	
<i>gemfibrozil tablet 600mg</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	1	
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	4	
<i>fluvastatin capsule 20mg, 40mg</i>	4	
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	1	
<i>pitavastatin calcium tablet 1mg, 2mg, 4mg</i>	4	
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	1	
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	1	
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light packet 4gm</i>	4	
<i>cholestyramine light powder 4gm/dose</i>	4	
<i>cholestyramine packet 4gm</i>	3	
<i>cholestyramine powder 4gm/dose</i>	3	
<i>colesevelam hydrochloride tablet 625mg</i>	4	
<i>colestipol hydrochloride tablet 1gm</i>	3	
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	2	
<i>ezetimibe tablet 10mg</i>	2	
<i>icosapent ethyl capsule 0.5gm, 1gm</i>	4	
NEXLETOL TABLET 180MG	4	QL(30 EA per 30 days); PA
NEXLIZET TABLET 180MG; 10MG	4	QL(30 EA per 30 days); PA
<i>niacin er tablet extended release 1000mg, 500mg, 750mg</i>	3	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	3	
PRALUENT INJECTION 150MG/ML, 75MG/ML	3	QL(2 ML per 28 days); PA
<i>prevalite packet 4gm</i>	4	
<i>prevalite powder 4gm/dose</i>	4	
REPATHA SURECLICK INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
REPATHA INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
TRYNGOLZA INJECTION 50MG/0.8ML, 80MG/0.8ML	5	QL(0.8 ML per 28 days); PA; NDS
Mineralocorticoid Receptor Antagonists		
<i>eplerenone tablet 25mg, 50mg</i>	4	
KERENDIA TABLET 10MG, 20MG, 40MG	4	QL(30 EA per 30 days); PA
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
<i>dapagliflozin tablet 10mg, 5mg</i>	3	QL(30 EA per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
FARXIGA TABLET 10MG, 5MG	3	QL(30 EA per 30 days); ST
JARDIANCE TABLET 10MG, 25MG	3	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	1	
<i>isosorbide mononitrate tablet 10mg, 20mg</i>	2	
NITRO-BID OINTMENT 2%	4	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	
<i>nitroglycerin transdermal ointment 2%</i>	4	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO TABLET 10MG, 2.5MG, 5MG	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	
<i>minoxidil tablet 10mg, 2.5mg</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(90 EA per 30 days); tablet 10mg
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	3	QL(90 EA per 30 days); tablet 12.5mg
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(90 EA per 30 days); tablet 15mg
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	3	QL(90 EA per 30 days); tablet 20mg
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days); tablet 30mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(90 EA per 30 days); tablet 5mg
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	3	QL(90 EA per 30 days); tablet 7.5mg

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate tablet 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	4	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	3	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	3	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg</i>	3	
<i>methylphenidate hydrochloride er (dif) tablet extended release 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er (dif) tablet extended release 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er (osm) tablet extended release 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	2	QL(90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; NDS; (12mg & 18mg & 24mg & 30mg Pack)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	5	QL(30 EA per 30 days); PA; NDS
AUSTEDO TABLET 12MG, 6MG, 9MG	5	QL(120 EA per 30 days); PA; NDS
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL(112 EA per 365 days); PA NSO; NDS
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA NSO; NDS
<i>dextromethorphan hydrobromide/quinidine sulfate capsule 20mg; 10mg</i>	5	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	5	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 40MG	5	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; NDS
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA; NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA; NDS
<i>riluzole tablet 50mg</i>	4	
<i>tetrabenazine tablet 12.5mg</i>	4	QL(90 EA per 30 days); PA
<i>tetrabenazine tablet 25mg</i>	5	QL(120 EA per 30 days); PA; NDS
VEOZAH TABLET 45MG	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
<i>milnacipran hydrochloride titration pack miscellaneous 0</i>	3	QL(110 EA per 365 days)
<i>milnacipran hydrochloride tablet 100mg, 12.5mg, 25mg, 50mg</i>	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	QL(110 EA per 365 days)
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	3	QL(60 EA per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA; NDS
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA; NDS
BETASERON INJECTION 0.3MG	5	QL(15 EA per 30 days); PA; NDS
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack capsule delayed release therapy pack 0</i>	4	QL(120 EA per 365 days); PA
<i>dimethyl fumarate capsule delayed release 120mg, 240mg</i>	4	QL(60 EA per 30 days); PA
<i>fingolimod hydrochloride capsule 0.5mg</i>	5	QL(30 EA per 30 days); PA; NDS
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA; NDS
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA; NDS
KESIMPTA INJECTION 20MG/0.4ML	5	QL(0.4 ML per 28 days); PA; NDS
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA; (7 tablet Starter Pack)
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(24 EA per 365 days); PA; (12 tablet Starter Pack)
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA; NDS
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA; NDS
VUMERITY CAPSULE DELAYED RELEASE 231MG	5	QL(120 EA per 30 days); PA; NDS
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0	5	QL(14 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; NDS; (28 Capsules Pack)
ZEPOSIA CAPSULE 0.92MG	5	QL(30 EA per 30 days); PA; NDS
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate solution 0.12%</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>lidocaine hydrochloride viscous solution 2%</i>	2	
<i>lidocaine viscous solution 2%</i>	2	
<i>periogard solution 0.12%</i>	1	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste paste 0.1%</i>	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	4	
<i>amnesteem capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>azelaic acid gel 15%</i>	4	QL(100 GM per 30 days)
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	2	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
FINACEA FOAM 15%	3	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>tazarotene cream 0.1%</i>	4	QL(60 GM per 30 days)
<i>tretinoin cream 0.025%</i>	3	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>Dermatitis and Pruritus Agents</i>		
ADBRY INJECTION 150MG/ML	5	QL(6 ML per 28 days); PA; NDS
ADBRY INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA; NDS
<i>ala-cort cream 1%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	2	
<i>alclometasone dipropionate ointment 0.05%</i>	2	
<i>ammonium lactate cream 12%</i>	2	
<i>ammonium lactate lotion 12%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	3	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate ointment 0.05%</i>	4	
<i>betamethasone valerate cream 0.1%</i>	3	
<i>betamethasone valerate lotion 0.1%</i>	3	
<i>betamethasone valerate ointment 0.1%</i>	2	
<i>clobetasol propionate e cream 0.05%</i>	2	QL(120 GM per 30 days)
<i>clobetasol propionate cream 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	2	
<i>clobetasol propionate gel 0.05%</i>	3	
<i>clobetasol propionate ointment 0.05%</i>	2	QL(120 GM per 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	4	
<i>clobetasol propionate solution 0.05%</i>	3	
<i>desonide cream 0.05%</i>	3	
<i>desonide ointment 0.05%</i>	2	QL(120 GM per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone cream 0.25%</i>	3	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EBGLYSS INJECTION 250MG/2ML	5	PA; NDS
EUCRISA OINTMENT 2%	4	PA
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	3	QL(120 GM per 30 days)
<i>fluocinolone acetonide ointment 0.025%</i>	3	QL(120 GM per 30 days)
<i>fluocinolone acetonide solution 0.01%</i>	3	QL(60 ML per 30 days)
<i>fluocinonide cream 0.1%</i>	2	QL(120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	2	QL(60 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	2	QL(60 GM per 30 days)
<i>fluocinonide ointment 0.05%</i>	2	QL(60 GM per 30 days)
<i>fluocinonide solution 0.05%</i>	2	QL(60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	3	
<i>halobetasol propionate ointment 0.05%</i>	4	
<i>hydrocortisone valerate cream 0.2%</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>hydrocortisone ointment 1%</i>	2	QL(100 GM per 30 days)
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus cream 1%</i>	4	QL(100 GM per 30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	5	QL(4 ML per 28 days); PA; NDS
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL(100 GM per 30 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide ointment 0.5%</i>	2	
<i>triderm cream 0.5%</i>	2	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene cream 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene ointment 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene solution 0.005%</i>	3	QL(60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	QL(90 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	2	QL(40 GM per 30 days)
<i>fluorouracil solution 2%, 5%</i>	3	
<i>imiquimod cream 5%</i>	3	QL(48 EA per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	2	
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	2	
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	5	QL(30 EA per 30 days); PA; NDS
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA; NDS
<i>podofilox solution 0.5%</i>	3	
SANTYL OINTMENT 250UNIT/GM	4	QL(180 GM per 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cream 1%</i>	2	
<i>urea lotion 40%</i>	4	
<i>Pediculicides/Scabicides</i>		
<i>malathion lotion 0.5%</i>	4	QL(59 ML per 30 days)
<i>permethrin cream 5%</i>	3	QL(60 GM per 30 days)
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	4	QL(60 GM per 30 days)
<i>ciclodan solution 8%</i>	2	QL(13.2 ML per 30 days); PA
<i>ciclopirox nail lacquer solution 8%</i>	2	QL(13.2 ML per 30 days); PA
<i>ciclopirox olamine cream 0.77%</i>	2	QL(90 GM per 30 days)
<i>ciclopirox gel 0.77%</i>	2	QL(100 GM per 30 days)
<i>ciclopirox shampoo 1%</i>	3	QL(120 ML per 30 days)
<i>ciclopirox suspension 0.77%</i>	3	QL(120 ML per 30 days)
<i>clindamycin phosphate lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate topical solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery pad 2%</i>	3	QL(60 EA per 30 days)
<i>erythromycin gel 2%</i>	3	QL(60 GM per 30 days)
<i>erythromycin solution 2%</i>	2	QL(60 ML per 30 days)
<i>mupirocin cream 2%</i>	4	
<i>mupirocin ointment 2%</i>	2	QL(110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 405mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid tablet soluble 200mg</i>	5	NDS
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	4	
<i>dextrose 5% injection 5%</i>	2	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	
<i>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	2	
<i>klor-con m20 tablet extended release 20meq</i>	2	
<i>klor-con packet 20meq</i>	4	
<i>magnesium sulfate injection 50%</i>	3	
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	2	
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride packet 20meq</i>	4	
<i>potassium chloride oral solution 10%, 20%</i>	4	
<i>potassium citrate er tablet extended release 1080mg, 15meq, 540mg</i>	4	
<i>sodium chloride 0.45% injection 0.45%</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
Electrolyte/Mineral/Metal Modifiers		

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
CHEMET CAPSULE 100MG	5	NDS
<i>deferasirox packet 180mg, 360mg, 90mg</i>	5	PA; NDS
<i>deferasirox tablet soluble 125mg, 250mg</i>	4	PA
<i>deferasirox tablet soluble 500mg</i>	5	PA; NDS
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 180mg, 360mg</i>	4	PA
<i>penicillamine tablet 250mg</i>	5	NDS
<i>tolvaptan tablet 15mg, 30mg</i>	5	QL(120 EA per 30 days); PA; NDS; (Generic for Jynarque)
<i>trientine hydrochloride capsule 250mg, 500mg</i>	5	PA; NDS
Phosphate Binders		
<i>calcium acetate capsule 667mg</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer hydrochloride tablet 400mg, 800mg</i>	4	
VELPHORO TABLET CHEWABLE 500MG	5	NDS
Potassium Binders		
<i>kionex suspension 15gm/60ml</i>	3	
LOKELMA PACKET 10GM, 5GM	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	3	
SPS SUSPENSION 15GM/60ML	3	
VELTASSA PACKET 1GM	4	QL(120 EA per 30 days)
VELTASSA PACKET 16.8GM, 25.2GM, 8.4GM	4	QL(30 EA per 30 days)
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	
<i>generlac solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	3	QL(30 EA per 30 days)
<i>lubiprostone capsule 24mcg, 8mcg</i>	4	QL(60 EA per 30 days)
MOVANTIK TABLET 12.5MG, 25MG	3	QL(30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	QL(120 EA per 30 days); PA
<i>alosetron hydrochloride tablet 1mg</i>	5	QL(60 EA per 30 days); PA; NDS
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	3	
<i>loperamide hydrochloride capsule 2mg</i>	2	
XERMELO TABLET 250MG	5	QL(90 EA per 30 days); PA; NDS
Antispasmodics, Gastrointestinal		

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochloride capsule 140mg; 125mg; 125mg</i>	4	
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG, 600MCG	5	PA; NDS
BYLVAY CAPSULE 1200MCG, 400MCG	5	PA; NDS
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
CTEXLI TABLET 250MG	5	PA; NDS
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>metoclopramide hcl solution 5mg/5ml</i>	2	
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	1	
<i>nitroglycerin rectal ointment 0.4%</i>	4	QL(30 GM per 30 days)
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
SUTAB TABLET 225MG; 188MG; 1479MG	3	
TALICIA CAPSULE DELAYED RELEASE 250MG; 10MG; 12.5MG	4	
<i>ursodiol capsule 300mg</i>	4	
<i>ursodiol tablet 250mg, 500mg</i>	3	
VOWST CAPSULE 0	5	QL(12 EA per 3 days); PA; NDS
XIFAXAN TABLET 200MG, 550MG	3	QL(90 EA per 30 days); PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted 40mg/5ml</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine capsule 150mg, 300mg</i>	4	
Protectants		
<i>misoprostol tablet 100mcg, 200mcg</i>	3	
<i>sucralfate tablet 1gm</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	2	QL(60 EA per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole capsule delayed release 15mg, 30mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium tablet delayed release 20mg</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine anhydrous powder 0</i>	5	NDS
CHOLBAM CAPSULE 250MG, 50MG	5	PA; NDS
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON CAPSULE 150MG, 50MG	4	
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	5	QL(240 ML per 30 days); PA; NDS
FABRAZYME INJECTION 35MG, 5MG	5	PA; NDS
<i>l-glutamine packet 5gm</i>	5	PA; NDS
<i>miglustat capsule 100mg</i>	5	QL(90 EA per 30 days); PA; NDS
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	5	NDS
ONPATTRO INJECTION 10MG/5ML	5	PA; NDS
PROLASTIN-C INJECTION 1000MG/20ML	5	PA; NDS
PYRUKYND TAPER PACK TABLET THERAPY PACK 0, 5MG	5	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA; NDS
REVCovi INJECTION 2.4MG/1.5ML	5	PA; NDS
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	5	PA; NDS
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA; NDS
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	NDS
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	5	PA; NDS
SUCRAID SOLUTION 8500UNIT/ML	5	PA; NDS
WELIREG TABLET 40MG	5	PA NSO; NDS
<i>yargesa capsule 100mg</i>	5	QL(90 EA per 30 days); PA; NDS
ZELVYSIA PACKET 100MG	5	PA; NDS
<i>zelvysia packet 500mg</i>	5	PA; NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	4	
GEMTESA TABLET 75MG	4	QL(30 EA per 30 days)
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	QL(300 ML per 30 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL(30 EA per 30 days)
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg</i>	2	
<i>oxybutynin chloride solution 5mg/5ml</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate tablet 10mg, 5mg</i>	2	
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	3	
<i>tolterodine tartrate tablet 1mg, 2mg</i>	3	
<i>tropium chloride er capsule extended release 24 hour 60mg</i>	4	
<i>tropium chloride tablet 20mg</i>	3	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	QL(30 EA per 30 days)
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	2	
<i>dutasteride capsule 0.5mg</i>	2	
<i>finasteride tablet 5mg</i>	1	
<i>silodosin capsule 4mg, 8mg</i>	4	QL(30 EA per 30 days)
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride capsule 0.4mg</i>	1	QL(60 EA per 30 days)
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25% solution 0.25%</i>	1	
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	2	
ELMIRON CAPSULE 100MG	4	QL(90 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	5	NDS
<i>deflazacort suspension 22.75mg/ml</i>	5	PA; NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>deflazacort tablet 18mg, 30mg, 36mg, 6mg</i>	5	PA; NDS
<i>dexamethasone elixir 0.5mg/5ml</i>	3	
<i>dexamethasone solution 0.5mg/5ml</i>	2	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet 0.1mg</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>jaythari suspension 22.75mg/ml</i>	5	PA; NDS
<i>jaythari tablet 18mg, 30mg, 36mg, 6mg</i>	5	PA; NDS
<i>kymbee suspension 22.75mg/ml</i>	5	PA; NDS
<i>kymbee tablet 18mg, 30mg, 36mg, 6mg</i>	5	PA; NDS
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml</i>	4	
<i>prednisolone solution 15mg/5ml</i>	3	
<i>prednisone tablet therapy pack 10mg, 5mg</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>pyquvi suspension 22.75mg/ml</i>	5	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	3	
GENOTROPIN MINIQUEL INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUEL INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; NDS
GENOTROPIN INJECTION 12MG, 5MG	5	PA; NDS
INCRELEX INJECTION 40MG/4ML	5	PA; NDS
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA; NDS
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule 100mg, 200mg, 50mg</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	QL(10 ML per 28 days); PA
<i>testosterone enanthate injection 200mg/ml</i>	3	QL(5 ML per 28 days); PA
<i>testosterone pump gel 20.25mg/act</i>	3	QL(150 GM per 30 days); PA
<i>testosterone pump gel 12.5mg/act</i>	4	QL(300 GM per 30 days); PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	QL(150 GM per 30 days); PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	QL(300 GM per 30 days); PA
<i>Estrogens</i>		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	4	
<i>abigale tablet 1mg; 0.5mg</i>	4	
<i>afirmelle tablet 20mcg; 0.1mg</i>	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>altavera tablet 30mcg; 0.15mg</i>	3	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	3	
<i>alyacen 7/7/7 tablet 35mcg; 0</i>	3	
<i>amethyst tablet 20mcg; 90mcg</i>	3	
<i>ashlyna tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>aubra eq tablet 20mcg; 0.1mg</i>	3	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	3	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>aviane tablet 20mcg; 0.1mg</i>	3	
<i>ayuna tablet 0.03mg; 0.15mg</i>	3	
<i>azurette tablet 0; 0</i>	3	
<i>balziva tablet 35mcg; 0.4mg</i>	3	
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>briellyn tablet 35mcg; 0.4mg</i>	3	
<i>camrese lo tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>camrese tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>chateal eq tablet 30mcg; 0.15mg</i>	3	
<i>climara pro patch weekly 0.045mg/day; 0.015mg/day</i>	4	QL(4 EA per 28 days)
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	4	QL(30 EA per 30 days)
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	3	
<i>cryselle tablet 30mcg; 0.3mg</i>	3	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	3	
<i>dasetta 7/7/7 tablet 35mcg; 0</i>	3	
<i>daysee tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>delyla tablet 20mcg; 0.1mg</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale tablet 20mcg; 90mcg</i>	3	
DOTTI PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	4	QL(8 EA per 28 days)
<i>elinest tablet 30mcg; 0.3mg</i>	3	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	QL(1 EA per 28 days)
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	4	QL(1 EA per 28 days)
<i>enpresse-28 tablet 0; 0</i>	3	
<i>estarylla tablet 35mcg; 0.25mg</i>	3	
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	4	
<i>estradiol cream 0.1mg/gm</i>	2	
<i>estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	QL(8 EA per 28 days)
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	3	QL(4 EA per 28 days)
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	2	
<i>estradiol vaginal tablet 10mcg</i>	4	
ESTRING RING 7.5MCG/24HR	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg</i>	3	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	3	QL(1 EA per 28 days)
<i>falmina tablet 20mcg; 0.1mg</i>	3	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
FYAVOLV TABLET 2.5MCG; 0.5MG, 5MCG; 1MG	4	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>iclevia tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>introvale tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>jaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>jinteli tablet 5mcg; 1mg</i>	4	
<i>jolessa tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>junel 1/20 tablet 20mcg; 1mg</i>	3	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>kariva tablet 0; 0</i>	3	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	3	
<i>kurvelo tablet 0.03mg; 0.15mg</i>	3	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>larin 1/20 tablet 20mcg; 1mg</i>	3	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>lessina tablet 20mcg; 0.1mg</i>	3	
<i>levonest tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL(91 EA per 91 days)
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	3	
<i>lojaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>luizza 1/20 tablet 20mcg; 1mg</i>	3	
<i>luteria tablet 20mcg; 0.1mg</i>	3	
<i>lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	QL(8 EA per 28 days)
<i>marlissa tablet 0.03mg; 0.15mg</i>	3	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	3	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>mili tablet 35mcg; 0.25mg</i>	3	
<i>mimvey tablet 1mg; 0.5mg</i>	4	
<i>mono-linyah tablet 35mcg; 0.25mg</i>	3	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	3	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	4	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg</i>	3	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	3	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	
<i>nortrel 7/7/7 tablet 35mcg; 0</i>	3	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	3	
<i>nylia 7/7/7 tablet 35mcg; 0</i>	3	
<i>philith tablet 35mcg; 0.4mg</i>	3	
<i>pimtrea tablet 0; 0</i>	3	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	3	
PREMARIN CREAM 0.625MG/GM	4	
PREMPHASE TABLET 0.625MG; 5MG	4	QL(28 EA per 28 days)
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	4	QL(28 EA per 28 days)
<i>setlakin tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>simliya tablet 0; 0</i>	3	
<i>simpesse tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	3	
<i>sronyx tablet 20mcg; 0.1mg</i>	3	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	3	
<i>tri-estarylla tablet 0; 0</i>	3	
<i>tri-linyah tablet 0; 0</i>	3	
<i>tri-mili tablet 0; 0</i>	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec tablet 0; 0</i>	3	
<i>tri-vylibra tablet 0; 0</i>	3	
<i>turqoz tablet 30mcg; 0.3mg</i>	3	
VALTYA 1/35 TABLET 35MCG; 1MG	3	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	3	
<i>vienva tablet 20mcg; 0.1mg</i>	3	
<i>vioarele tablet 0; 0</i>	3	
<i>volnea tablet 0; 0</i>	3	
<i>vyfemla tablet 35mcg; 0.4mg</i>	3	
<i>vylibra tablet 35mcg; 0.25mg</i>	3	
<i>wera tablet 35mcg; 0.5mg</i>	3	
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>yuvafem tablet 10mcg</i>	4	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	4	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	3	
Progestins		
<i>camila tablet 0.35mg</i>	2	
<i>deblitane tablet 0.35mg</i>	2	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	QL(0.65 ML per 90 days)
<i>emzahh tablet 0.35mg</i>	2	
<i>errin tablet 0.35mg</i>	2	
<i>gallifrey tablet 5mg</i>	2	
<i>heather tablet 0.35mg</i>	2	
<i>incassia tablet 0.35mg</i>	2	
<i>jencycla tablet 0.35mg</i>	2	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	
<i>lyleq tablet 0.35mg</i>	2	
<i>lyza tablet 0.35mg</i>	2	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	
<i>megestrol acetate suspension 40mg/ml</i>	3	
<i>megestrol acetate suspension 625mg/5ml</i>	4	
<i>megestrol acetate tablet 20mg, 40mg</i>	2	
<i>meleya tablet 0.35mg</i>	2	
NEXPLANON INJECTION 68MG	3	
<i>nora-be tablet 0.35mg</i>	2	
<i>norethindrone acetate tablet 5mg</i>	2	
<i>norethindrone tablet 0.35mg</i>	2	
<i>norlyroc tablet 0.35mg</i>	2	
<i>orquidea tablet 0.35mg</i>	2	
<i>progesterone capsule 100mg, 200mg</i>	2	
<i>sharobel tablet 0.35mg</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABLET 60MG	3	QL(30 EA per 30 days); PA

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hydrochloride tablet 60mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
LEVO-T TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	2	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	2	
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL(30 EA per 30 days); PA; NDS
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
UNITHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline tablet 0.5mg</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO; NDS
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	5	QL(1 EA per 28 days); PA NSO; NDS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	5	QL(1 EA per 84 days); PA NSO; NDS
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL(1 EA per 112 days); PA NSO; NDS
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL(1 EA per 168 days); PA NSO; NDS
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	5	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	5	QL(1 EA per 84 days); PA; NDS
<i>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA; NDS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA; NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
ORGOVYX TABLET 120MG	5	PA NSO; NDS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL(60 ML per 30 days); PA; NDS
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	QL(30 EA per 30 days); PA; NDS
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
TRELSTAR MIXJECT INJECTION 22.5MG	5	QL(1 EA per 168 days); PA NSO; NDS
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet 50mg</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE INJECTION 500UNIT	5	PA; NDS
icatibant acetate injection 30mg/3ml	5	QL(36 ML per 30 days); PA; NDS
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA; NDS
GAMASTAN INJECTION 0	3	PA
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA; NDS
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA; NDS
<i>Immunological Agents, Other</i>		
AVTOZMA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	5	PA
AVTOZMA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
BENLYSTA INJECTION 200MG/ML	5	PA; NDS
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY INJECTION 300MG/2ML	5	QL(10 ML per 28 days); PA; NDS
COSENTYX INJECTION 125MG/5ML	5	PA; NDS
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA; NDS
EBGLYSS INJECTION 250MG/2ML	5	PA; NDS
EMPAVELI INJECTION 1080MG/20ML	5	PA; NDS
ENTYVIO PEN INJECTION 108MG/0.68ML	5	QL(1.36 ML per 28 days); PA; NDS
KINERET INJECTION 100MG/0.67ML	5	PA; NDS
ORENCIA CLICKJECT INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA; NDS
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA; NDS
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA; NDS
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 0	5	QL(82 EA per 365 days); PA; NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA; NDS
RINVOQ LQ SOLUTION 1MG/ML	5	QL(360 ML per 30 days); PA; NDS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA; NDS
SKYRIZI PEN INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 55MG/0.37ML	5	QL(0.37 ML per 28 days); PA; NDS
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA; NDS
SKYRIZI INJECTION 600MG/10ML	5	QL(60 ML per 365 days); PA; NDS
STARJEMZA INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA
STARJEMZA INJECTION 130MG/26ML	4	QL(104 ML per 365 days); PA
STEQEYMA INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA
STEQEYMA INJECTION 130MG/26ML	4	QL(104 ML per 365 days); PA
TAVNEOS CAPSULE 10MG	5	QL(180 EA per 30 days); PA; NDS
<i>tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg</i>	5	QL(30 EA per 30 days); PA; NDS
<i>tofacitinib citrate solution 1mg/ml</i>	5	QL(300 ML per 30 days); PA; NDS
<i>tofacitinib citrate tablet 10mg, 5mg</i>	5	QL(60 EA per 30 days); PA; NDS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	5	QL(4 ML per 28 days); PA; NDS
TREMFYA PEN INJECTION 100MG/ML	5	QL(2 ML per 56 days); PA; NDS
TREMFYA INJECTION 200MG/20ML	5	PA; NDS
TREMFYA INJECTION 100MG/ML	5	QL(2 ML per 56 days); PA; NDS
TREMFYA INJECTION 200MG/2ML	5	QL(4 ML per 28 days); PA; NDS
TYENNE INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA; NDS
VEOPOZ INJECTION 400MG/2ML	5	PA; NDS
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	5	QL(20 ML per 28 days); PA; NDS
XOLAIR INJECTION 75MG/0.5ML	5	QL(1 ML per 28 days); PA; NDS
XOLAIR INJECTION 150MG	5	QL(8 EA per 28 days); PA; NDS
XOLAIR INJECTION 150MG/ML, 300MG/2ML	5	QL(8 ML per 28 days); PA; NDS
YESINTEK INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA
YESINTEK INJECTION 130MG/26ML	4	QL(104 ML per 365 days); PA
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA NSO; NDS
BESREMI PEN INJECTION 500MCG/0.5ML	5	PA NSO; NDS
BESREMI INJECTION 500MCG/ML	5	PA NSO; NDS
PEGASYS INJECTION 180MCG/ML	5	QL(4 ML per 28 days); PA; NDS
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA; NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; NDS
<i>adalimumab-aaty cd/uc/hs starter injection 80mg/0.8ml</i>	5	QL(3 EA per 28 days); PA; NDS
ADALIMUMAB-ADBIM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-FKJP INJECTION 20MG/0.4ML	5	QL(2 EA per 28 days); PA; NDS
ADALIMUMAB-FKJP INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NDS
<i>azathioprine tablet 50mg</i>	2	B/D
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	4	B/D
<i>cyclosporine modified solution 100mg/ml</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
ENBREL MINI INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA; NDS
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA; NDS
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA; NDS
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D; NDS
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg</i>	4	B/D
<i>everolimus tablet 1mg</i>	5	B/D; NDS
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
INFLIXIMAB INJECTION 100MG	5	PA; NDS
JYLAMVO SOLUTION 2MG/ML	4	PA NSO
<i>leflunomide tablet 10mg, 20mg</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate sodium tablet 2.5mg</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule 250mg</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	5	B/D; NDS
<i>mycophenolate mofetil tablet 500mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA; NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS INJECTION 180MCG/0.5ML	5	QL(2 ML per 28 days); PA; NDS
PROGRAF PACKET 0.2MG, 1MG	4	B/D
REZUROCK TABLET 200MG	5	QL(60 EA per 30 days); PA; NDS
<i>sirolimus solution 1mg/ml</i>	4	B/D
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	4	B/D
<i>tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP SOLUTION 2.5MG/ML	4	PA NSO
ZYMFENTRA 2-PEN INJECTION 120MG/ML	5	QL(2 EA per 28 days); PA; NDS
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	5	QL(2 EA per 28 days); PA; NDS
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	1	QL(1 EA per 252 days)
ACTHIB INJECTION 0	1	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJECTION 120MCG/0.5ML	1	QL(1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	1	
BEXSERO INJECTION 0.5ML	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENG VAXIA INJECTION 0	3	
ENGRIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440UNIT/ML	1	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D
HIBERIX INJECTION 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION 0	1	
IXIARO INJECTION 0	1	
JYNNEOS INJECTION 0.5ML	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJECTION 0; 0; 0	1	
MENQUADFI INJECTION 0.5ML	1	
MENVEO INJECTION 0	1	
MRESVIA INJECTION 50MCG/0.5ML	1	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
PEDVAXHIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA INJECTION 0; 0	1	
PENMENVY INJECTION 0; 0	1	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PRIORIX INJECTION 0; 0; 0	1	
PROQUAD INJECTION 0; 0; 0; 0	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
RABAVERT INJECTION 0	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION 0	3	
ROTATEQ SOLUTION 0	3	
SHINGRIX INJECTION 50MCG/0.5ML	1	QL(2 EA per 999 days); (vial)
<i>shingrix injection 50mcg/0.5ml</i>	1	(syringe)
TENIVAC INJECTION 2LFU; 5LFU	1	
TICOVAC INJECTION 2.4MCG/0.5ML	1	
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
VAQTA INJECTION 50UNIT/ML	1	
VAQTA INJECTION 25UNIT/0.5ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	1	
VAXCHORA SUSPENSION RECONSTITUTED 0	1	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
VIMKUNYA INJECTION 40MCG/0.8ML	1	
VIVOTIF CAPSULE DELAYED RELEASE 0	1	QL(4 EA per 999 days)
YF-VAX INJECTION 0	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium capsule 750mg</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	QL(120 EA per 30 days)
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	4	QL(120 EA per 30 days)
<i>mesalamine er capsule extended release 500mg</i>	4	QL(240 EA per 30 days)
<i>mesalamine enema 4gm</i>	4	QL(1800 ML per 30 days)
<i>mesalamine kit 4gm</i>	5	NDS
<i>mesalamine suppository 1000mg</i>	4	QL(30 EA per 30 days)
SFROWASA ENEMA 4GM/60ML	5	NDS
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
Glucocorticoids		
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	NDS
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone cream 2.5%</i>	2	QL(300 GM per 30 days)
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc cream 2.5%</i>	2	QL(300 GM per 30 days)
TARPEYO CAPSULE DELAYED RELEASE 4MG	5	QL(120 EA per 30 days); PA; NDS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium tablet 10mg, 35mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL(4 EA per 28 days)
BONSITY INJECTION 560MCG/2.24ML	5	QL(2.24 ML per 28 days); PA; NDS
<i>calcitonin-salmon solution 200unit/act</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>cinacalcet hydrochloride tablet 30mg, 60mg, 90mg</i>	4	
<i>ibandronate sodium tablet 150mg</i>	2	QL(1 EA per 28 days)
JUBBONTI INJECTION 60MG/ML	4	QL(2 ML per 365 days)
OSENVELT INJECTION 120MG/1.7ML	5	PA; NDS
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	4	
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	5	QL(60 EA per 30 days); NDS
<i>risedronate sodium tablet 5mg</i>	4	
<i>risedronate sodium tablet 150mg</i>	4	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
<i>stoboclo injection 60mg/ml</i>	4	QL(2 ML per 365 days)
<i>teriparatide injection 560mcg/2.24ml</i>	5	QL(2.24 ML per 28 days); PA; NDS
TYMLOS INJECTION 3120MCG/1.56ML	5	QL(1.56 ML per 30 days); PA; NDS
WYOST INJECTION 120MG/1.7ML	5	PA; NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PAD 70%	3	
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	
ELLA TABLET 30MG	3	
INSULIN SYRINGES, NEEDLES MISCELLANEOUS	2	QL(200 EA per 30 days)
KYGEVVI PACKET 2GM; 2GM	5	PA; NDS
<i>levocarnitine solution 1gm/10ml</i>	4	
<i>levocarnitine tablet 330mg</i>	4	
NUTRILIPID INJECTION 20GM/100ML	4	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE INTRO KIT KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE PODS MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL(1 EA per 365 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	3	QL(30 EA per 30 days)
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA; NDS
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA; NDS
SKYCLARYS CAPSULE 50MG	5	QL(90 EA per 30 days); PA; NDS
<i>sodium chloride 0.9% solution 0.9%</i>	2	
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	3	QL(2 ML per 28 days); PA
WEGOVY INJECTION 1.7MG/0.75ML, 2.4MG/0.75ML	3	QL(3 ML per 28 days); PA
WEGOVY TABLET 25MG, 4MG, 9MG	3	QL(30 EA per 30 days); PA
WEGOVY TABLET 1.5MG	3	QL(60 EA per 365 days); PA
ZOKINVY CAPSULE 50MG, 75MG	5	QL(120 EA per 30 days); PA; NDS
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	2	
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	3	
COMBIGAN SOLUTION 0.2%; 0.5%	3	
<i>cyclosporine emulsion 0.05%</i>	3	QL(60 EA per 30 days)
CYSTARAN SOLUTION 0.44%	5	QL(60 ML per 28 days); NDS
<i>dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	2	
<i>loteprednol etabonate/tobramycin suspension 0.5%; 0.3%</i>	4	
MIEBO SOLUTION 1.338GM/ML	4	QL(12 ML per 30 days)
<i>neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	1	
RESTASIS MULTIDOSE EMULSION 0.05%	3	QL(5.5 ML per 25 days)
RESTASIS EMULSION 0.05%	3	QL(60 EA per 30 days)
ROCKLATAN SOLUTION 0.005%; 0.02%	3	QL(2.5 ML per 25 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA SUSPENSION 0.2%; 1%	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	
TOBRADEX OINTMENT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	4	
TYRVAYA SOLUTION 0.03MG/ACT	4	QL(8.4 ML per 30 days)
XIIDRA SOLUTION 5%	4	QL(60 EA per 30 days)
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	2	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin ointment 500unit/gm</i>	4	QL(7 GM per 28 days)
BESIVANCE SUSPENSION 0.6%	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin solution 0.5%</i>	4	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%	3	
<i>levofloxacin ophthalmic solution 1.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	
NATACYN SUSPENSION 5%	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium solution 10%</i>	2	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine solution 1%</i>	4	
XDEMVIY SOLUTION 0.25%	5	QL(10 ML per 42 days); NDS
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution 0.1%</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
FLAREX SUSPENSION 0.1%	3	
<i>fluorometholone suspension 0.1%</i>	3	
<i>flurbiprofen sodium solution 0.03%</i>	2	
ILEVRO SUSPENSION 0.3%	3	QL(4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
<i>loteprednol etabonate gel 0.5%</i>	4	QL(20 GM per 365 days)
<i>prednisolone acetate suspension 1%</i>	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl solution 1%</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	3	
<i>acetazolamide tablet 125mg, 250mg</i>	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide suspension 1%</i>	4	
<i>dorzolamide hydrochloride solution 2%</i>	2	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
RHOPRESSA SOLUTION 0.02%	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost solution 0.005%</i>	1	
LUMIGAN SOLUTION 0.01%	3	QL(2.5 ML per 25 days)
<i>travoprost solution 0.004%</i>	4	QL(2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid solution 2%</i>	2	
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	4	
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>ofloxacin otic solution 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL(30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	4	QL(50 ML per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate suspension 50mcg/act</i>	1	QL(16 GM per 30 days)
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
QVAR REDHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	3	QL(21.2 GM per 30 days)
Antihistamines		
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	
<i>cyproheptadine hydrochloride tablet 4mg</i>	4	
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	PA
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	PA
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	PA
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	4	PA
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	QL(30 EA per 30 days)
Antileukotrienes		
<i>montelukast sodium packet 4mg</i>	2	
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>montelukast sodium tablet 10mg</i>	1	QL(30 EA per 30 days)
<i>zafirlukast tablet 10mg, 20mg</i>	4	QL(60 EA per 30 days)
Bronchodilators, Anticholinergic		
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL(30 EA per 30 days)
<i>ipratropium bromide hfa aerosol solution 17mcg/act</i>	4	QL(25.8 GM per 30 days)
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL(30 ML per 28 days)
<i>ipratropium bromide inhalation solution 0.02%</i>	2	QL(312.5 ML per 30 days); B/D
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL(45 ML per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	QL(4 GM per 30 days)
<i>tiotropium bromide capsule 18mcg</i>	4	QL(30 EA per 30 days)
YUPELRI NEBULIZATION SOLUTION 175MCG/3ML	5	QL(90 ML per 30 days); B/D; NDS
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days); (6.7 GM Pack Size)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days); (8.5 GM Pack Size)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days); (18 GM Pack Size)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(4 EA per 30 days)

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa aerosol 45mcg/act</i>	3	QL(30 GM per 30 days)
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL(2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	QL(84 ML per 28 days); PA; NDS
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA; NDS
KALYDECO TABLET 150MG	5	QL(60 EA per 30 days); PA; NDS
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	5	QL(112 EA per 28 days); PA; NDS
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA; NDS
TOBI PODHALER CAPSULE 28MG	5	QL(224 EA per 56 days); NDS
<i>tobramycin nebulization solution 300mg/5ml</i>	5	QL(280 ML per 28 days); B/D; NDS
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG, 50MG; 0; 25MG	5	QL(84 EA per 28 days); PA; NDS
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast tablet 500mcg</i>	4	QL(30 EA per 30 days); PA
<i>roflumilast tablet 250mcg</i>	4	QL(56 EA per 365 days); PA
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL(90 EA per 30 days); PA; NDS
<i>alyq tablet 20mg</i>	4	QL(60 EA per 30 days); PA
<i>ambrisentan tablet 10mg, 5mg</i>	5	QL(30 EA per 30 days); PA; NDS
<i>macitentan tablet 10mg</i>	5	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(504 EA per 365 days); PA; NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA; NDS
<i>sildenafil citrate tablet 20mg</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
WINREVAIR INJECTION 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA; NDS
Pulmonary Fibrosis Agents		
<i>nintedanib esylate capsule 100mg, 150mg</i>	5	QL(60 EA per 30 days); PA; NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
OFEV CAPSULE 100MG, 150MG	5	QL(60 EA per 30 days); PA; NDS
<i>pirfenidone capsule 267mg</i>	5	QL(270 EA per 30 days); PA; NDS
<i>pirfenidone tablet 534mg</i>	5	PA; NDS
<i>pirfenidone tablet 267mg</i>	5	QL(270 EA per 30 days); PA; NDS
<i>pirfenidone tablet 801mg</i>	5	QL(90 EA per 30 days); PA; NDS
Respiratory Tract Agents, Other		
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL(24 GM per 30 days)
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	3	QL(32.1 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
<i>breynga aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	3	QL(10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(23.6 GM per 28 days)
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4	QL(10.3 GM per 30 days)
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN INJECTION 30MG/ML	5	QL(1 ML per 28 days); PA; NDS
FASENRA INJECTION 10MG/0.5ML	4	QL(0.5 ML per 28 days); PA
FASENRA INJECTION 30MG/ML	5	QL(1 ML per 28 days); PA; NDS
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA; NDS
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA; NDS
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA; NDS

Last Updated: 01/01/2027

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Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	QL(90 EA per 30 days); PA
<i>methocarbamol tablet 500mg, 750mg</i>	2	
<i>orphenadrine citrate er tablet extended release 12 hour 100mg</i>	3	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 1mg, 2mg, 3mg</i>	4	QL(30 EA per 30 days)
<i>ramelteon tablet 8mg</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	4	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>zolpidem tartrate er tablet extended release 12.5mg, 6.25mg</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet 10mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	4	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	4	QL(60 EA per 30 days); PA
<i>modafinil tablet 100mg, 200mg</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate solution 500mg/ml</i>	5	QL(540 ML per 30 days); PA; NDS

Last Updated: 01/01/2027

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

Index of Drugs

Drug Name	Page #
<i>abacavir</i>	37
<i>abacavir sulfate/lamivudine</i>	37
<i>abigale</i>	61
<i>abigale lo</i>	61
ABILIFY MAINTENA.....	34
<i>abiraterone acetate</i>	24
<i>abirtega</i>	24
ABRYSVO.....	70
<i>acamprosate calcium dr</i>	11
<i>acarbose</i>	40
<i>acebutolol hydrochloride</i>	46
<i>acetaminophen/codeine</i>	11
<i>acetazolamide</i>	75
<i>acetazolamide er</i>	75
<i>acetic acid</i>	75
<i>acetic acid 0.25%</i>	60
<i>acitretin</i>	53
ACTHIB.....	70
ACTIMMUNE	68
<i>acyclovir</i>	39
<i>acyclovir</i>	55
<i>acyclovir sodium</i>	39
ADACEL.....	70
ADALIMUMAB-AATY 1-PEN KIT.....	68
ADALIMUMAB-AATY 2-PEN KIT.....	69
ADALIMUMAB-AATY 2-SYRINGE.....	69
<i>adalimumab-aaty cd/uc/hs starter</i>	69
ADALIMUMAB-ADBM	69
ADALIMUMAB-FKJP.....	69
ADBRY	53
<i>adefovir dipivoxil</i>	36
ADEMPAS.....	77
ADVAIR HFA	78
<i>afirmelle</i>	61
AIMOVIG	23
AIRSUPRA	78
AKEEGA	25
<i>ala-cort</i>	53
<i>albendazole</i>	32
<i>albuterol sulfate</i>	76
<i>albuterol sulfate hfa</i>	76
<i>alclometasone dipropionate</i>	53
ALCOHOL PREP PADS.....	72
ALECENSA.....	26

Drug Name	Page #
<i>alendronate sodium</i>	72
<i>alfuzosin hcl er</i>	60
<i>aliskiren</i>	47
<i>allopurinol</i>	23
<i>alosetron hydrochloride</i>	57
<i>alprazolam</i>	39
<i>altavera</i>	62
ALUNBRIG.....	26
<i>alyacen 1/35</i>	62
<i>alyacen 7/7/7</i>	62
<i>alyq</i>	77
<i>amantadine hcl</i>	39
<i>ambrisentan</i>	77
<i>amethyst</i>	62
<i>amikacin sulfate</i>	12
<i>amiloride hcl</i>	48
<i>amiloride/hydrochlorothiazide</i>	47
AMINOSYN II	55
AMINOSYN-PF	56
<i>amiodarone hydrochloride</i>	45
<i>amitriptyline hcl</i>	21
<i>amitriptyline hydrochloride</i>	21
<i>amlodipine besylate</i>	46
<i>amlodipine besylate/benazepril hydrochloride</i>	47
<i>amlodipine besylate/valsartan</i>	47
<i>amlodipine/olmesartan medoxomil</i>	47
<i>ammonium lactate</i>	53
<i>amnestem</i>	53
<i>amoxapine</i>	21
<i>amoxicillin</i>	14
<i>amoxicillin/clavulanate potassium</i>	14
<i>amoxicillin/clavulanate potassium er</i>	14
<i>amoxicillin/potassium clavulanate</i>	14
<i>amphetamine/dextroamphetamine</i>	50
<i>amphotericin b</i>	22
<i>amphotericin b liposome</i>	22
<i>ampicillin</i>	14
<i>ampicillin sodium</i>	14
<i>ampicillin/sulbactam</i>	14
<i>ampicillin-sulbactam</i>	14
<i>anagrelide hydrochloride</i>	44
<i>anastrozole</i>	26
ANORO ELLIPTA	78
<i>aprepitant</i>	22
APTIVUS.....	38
AREXVY.....	70
<i>arformoterol tartrate</i>	76

Last Updated: 01/01/2027

Drug Name	Page #
ARIKAYCE	12
<i>aripiprazole</i>	34
<i>aripiprazole odt</i>	34
ARISTADA	34
ARISTADA INITIO	34
<i>armodafinil</i>	79
ARNUITY ELLIPTA	75
<i>asenapine maleate sl</i>	34
<i>ashlyna</i>	62
ASMANEX HFA	75
ASMANEX TWISTHALER 120 METERED	75
DOSES	
ASMANEX TWISTHALER 14 METERED	75
DOSES	
ASMANEX TWISTHALER 30 METERED	75
DOSES	
ASMANEX TWISTHALER 60 METERED	75
DOSES	
<i>aspirin/dipyridamole</i>	44
<i>aspirin/dipyridamole er</i>	44
<i>atazanavir</i>	38
<i>atazanavir sulfate</i>	38
<i>atenolol</i>	46
<i>atenolol/chlorthalidone</i>	47
<i>atomoxetine</i>	51
<i>atomoxetine hydrochloride</i>	51
<i>atorvastatin calcium</i>	49
<i>atovaquone</i>	32
<i>atovaquone/proguanil hcl</i>	32
<i>atovaquone/proguanil hydrochloride</i>	32
<i>atropine sulfate</i>	73
<i>aubra eq</i>	62
AUGMENTIN	14
AUGTYRO	26
<i>aurovela 1.5/30</i>	62
<i>aurovela 1/20</i>	62
<i>aurovela fe 1.5/30</i>	62
<i>aurovela fe 1/20</i>	62
AUSTEDO	51
AUSTEDO XR	51
AUSTEDO XR PATIENT TITRATION KIT	51
AUVELITY	19
AUVELITY TITRATION PACK	19
<i>aviane</i>	62
AVMAPKI FAKZYNJA CO-PACK	26
AVONEX	52
AVONEX PEN	52

Drug Name	Page #
AVTOZMA	67
<i>ayuna</i>	62
AYVAKIT	26
<i>azathioprine</i>	69
<i>azelaic acid</i>	53
<i>azelastine hcl</i>	74
<i>azelastine hydrochloride</i>	76
<i>azilsartan medoxomil</i>	45
<i>azithromycin</i>	15
<i>aztreonam</i>	12
<i>azurette</i>	62
<i>bacitracin</i>	74
<i>bacitracin/polymyxin b</i>	73
<i>baclofen</i>	36
<i>balsalazide disodium</i>	71
BALVERSA	26
<i>balziva</i>	62
BAQSIMI ONE PACK	41
BAQSIMI TWO PACK	41
BARACLUDE	36
<i>bcg vaccine</i>	70
BELSOMRA	79
<i>benazepril hydrochloride</i>	45
<i>benazepril hydrochloride/hydrochlorothiazide</i>	47
BENLYSTA	67
<i>benznidazole</i>	32
<i>benztropine mesylate</i>	32
BESIVANCE	74
BESREMI	68
BESREMI PEN	68
<i>betaine anhydrous</i>	59
<i>betamethasone dipropionate</i>	53
<i>betamethasone dipropionate augmented</i>	53
<i>betamethasone valerate</i>	53
BETASERON	52
<i>betaxolol hcl</i>	46
<i>betaxolol hcl</i>	74
<i>bethanechol chloride</i>	60
<i>bexarotene</i>	32
BEXSERO	70
<i>bicalutamide</i>	24
BICILLIN L-A	15
BIKTARVY	36
<i>bismuth subcitrate</i>	58
<i>pot/metronidazole/tetracycline hydrochlo</i>	
<i>bisoprolol fumarate</i>	46
<i>bisoprolol fumarate/hydrochlorothiazide</i>	47

Last Updated: 01/01/2027

Drug Name	Page #
BIVIGAM	67
<i>blisovi fe 1.5/30</i>	62
<i>blisovi fe 1/20</i>	62
BONSITY	72
BOOSTRIX	70
BOSULIF	26
<i>bosutinib</i>	26
BRAFTOVI	27
BREO ELLIPTA	78
<i>brey-na</i>	78
BREZTRI AEROSPHERE	78
<i>briellyn</i>	62
BRIMONIDINE TARTRATE	75
<i>brimonidine tartrate/timolol maleate</i>	73
<i>brinzolamide</i>	75
<i>brivaracetam</i>	16
<i>bromfenac sodium</i>	74
<i>bromocriptine mesylate</i>	32
BRUKINSA	27
<i>budesonide</i>	72
<i>budesonide</i>	75
<i>budesonide er</i>	72
<i>budesonide/formoterol fumarate dihydrate</i>	78
<i>bumetanide</i>	48
<i>buprenorphine</i>	10
<i>buprenorphine hcl</i>	12
<i>buprenorphine hcl/naloxone hcl</i>	12
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	12
<i>bupropion hydrochloride</i>	20
<i>bupropion hydrochloride er (sr)</i>	12
<i>bupropion hydrochloride er (sr)</i>	20
<i>bupropion hydrochloride er (xl)</i>	20
<i>buspirone hcl</i>	39
<i>buspirone hydrochloride</i>	39
<i>butalbital/acetaminophen/caffeine</i>	51
BYLVAY	58
BYLVAY (PELLETS)	58
BYSANTI	34
BYSANTI TITRATION PACK A	34
BYSANTI TITRATION PACK B	34
BYSANTI TITRATION PACK C	34
CABENUVA	36
<i>cabergoline</i>	66
CABLIVI	44
CABOMETYX	27
<i>calcipotriene</i>	54

Drug Name	Page #
<i>calcitonin-salmon</i>	72
<i>calcitriol</i>	72
<i>calcium acetate</i>	57
CALQUENCE	27
<i>camila</i>	65
<i>camrese</i>	62
<i>camrese lo</i>	62
<i>candesartan cilexetil</i>	45
<i>candesartan cilexetil/hydrochlorothiazide</i>	47
CAPLYTA	34
CAPRELSA	27
<i>captopril</i>	45
<i>captopril/hydrochlorothiazide</i>	47
<i>carbamazepine</i>	18
<i>carbamazepine er</i>	18
<i>carbidopa</i>	33
<i>carbidopa/levodopa</i>	33
<i>carbidopa/levodopa er</i>	33
<i>carbidopa/levodopa odt</i>	33
<i>carglumic acid</i>	56
<i>carteolol hcl</i>	74
<i>cartia xt</i>	46
<i>carvedilol</i>	46
<i>caspofungin acetate</i>	22
CAVHANZA	27
CAYSTON	77
<i>cefaclor</i>	13
<i>cefadroxil</i>	13
CEFAZOLIN	13
<i>cefazolin sodium</i>	13
<i>cefdinir</i>	13
<i>cefepime</i>	14
<i>cefepime hydrochloride</i>	13
CEFEPIME/DEXTROSE	13
<i>cefixime</i>	14
<i>cefotaxime sodium</i>	14
<i>cefotetan</i>	14
<i>cefoxitin sodium</i>	14
<i>cefpodoxime proxetil</i>	14
<i>cefprozil</i>	14
<i>ceftaroline fosamil</i>	14
<i>ceftazidime</i>	14
<i>ceftriaxone sodium</i>	14
<i>cefuroxime axetil</i>	14
<i>cefuroxime sodium</i>	14
<i>celecoxib</i>	10
<i>cephalexin</i>	14

Last Updated: 01/01/2027

Drug Name	Page #
<i>cetirizine hydrochloride</i>	76
<i>chateal eq</i>	62
CHEMET	57
<i>chlorhexidine gluconate</i>	52
<i>chloroquine phosphate</i>	32
<i>chlorpromazine hydrochloride</i>	33
<i>chlorthalidone</i>	48
CHOLBAM	59
<i>cholestyramine</i>	49
<i>cholestyramine light</i>	49
<i>ciclodan</i>	55
<i>ciclopirox</i>	55
<i>ciclopirox nail lacquer</i>	55
<i>ciclopirox olamine</i>	55
<i>cilostazol</i>	44
CIMDUO	37
<i>cinacalcet hydrochloride</i>	72
CINRYZE	67
<i>ciprofloxacin hcl</i>	15
<i>ciprofloxacin hydrochloride</i>	15
<i>ciprofloxacin hydrochloride</i>	74
<i>ciprofloxacin i.v.-in d5w</i>	15
<i>ciprofloxacin/dexamethasone</i>	75
<i>cisplatin</i>	24
<i>citalopram hydrobromide</i>	20
<i>claravis</i>	53
<i>clarithromycin</i>	15
<i>clarithromycin er</i>	15
CLENPIQ	58
<i>climara pro</i>	62
<i>clindacin etz pledgets</i>	12
<i>clindamycin hcl</i>	12
<i>clindamycin hydrochloride</i>	12
<i>clindamycin palmitate hydrochloride</i>	12
<i>clindamycin phosphate</i>	12
<i>clindamycin phosphate</i>	55
<i>clindamycin phosphate/benzoyl peroxide</i>	53
<i>clobazam</i>	17
<i>clobetasol propionate</i>	53
<i>clobetasol propionate e</i>	53
<i>clomipramine hydrochloride</i>	21
<i>clonazepam</i>	17
<i>clonazepam odt</i>	17
<i>clonidine</i>	45
<i>clonidine hydrochloride</i>	45
<i>clopidogrel</i>	44
<i>clorazepate dipotassium</i>	39

Drug Name	Page #
<i>clotrimazole</i>	22
<i>clotrimazole/betamethasone dipropionate</i>	54
<i>clozapine</i>	36
<i>clozapine odt</i>	36
COARTEM	32
COBENFY	51
COBENFY STARTER PACK	51
<i>colchicine</i>	23
<i>colesevelam hydrochloride</i>	49
<i>colestipol hydrochloride</i>	49
<i>colistimethate sodium</i>	13
COMBIGAN	73
COMBIVENT RESPIMAT	78
COMETRIQ	27
<i>compro</i>	22
<i>conjugated estrogens</i>	62
<i>constulose</i>	57
COPIKTRA	27
<i>cortisone acetate</i>	60
COSENTYX	67
COSENTYX SENSOREADY PEN	67
COSENTYX UNOREADY	67
COTELLIC	27
CREON	59
CRESEMBA	22
<i>cromolyn sodium</i>	59
<i>cromolyn sodium</i>	74
<i>cromolyn sodium</i>	77
<i>cryselle</i>	62
<i>cryselle-28</i>	62
CTEXLI	58
CURITY GAUZE PADS 2"X2" 12 PLY	72
<i>cyclobenzaprine hydrochloride</i>	79
<i>cyclophosphamide</i>	24
<i>cycloserine</i>	24
<i>cyclosporine</i>	69
<i>cyclosporine</i>	73
<i>cyclosporine modified</i>	69
<i>cyproheptadine hydrochloride</i>	76
CYSTAGON	59
CYSTARAN	73
<i>dabigatran etexilate</i>	43
<i>dalfampridine er</i>	52
<i>danazol</i>	61
<i>dantrolene sodium</i>	36
DANZITEN	27
<i>dapagliflozin</i>	49

Last Updated: 01/01/2027

Drug Name	Page #
<i>dapagliflozin/metformin hydrochloride er</i>	40
<i>dapsone</i>	24
DAPTACEL	70
<i>daptomycin</i>	13
DAPTOMYCIN/SODIUM CHLORIDE	13
<i>darunavir</i>	38
<i>dasatinib</i>	27
<i>dasetta 1/35</i>	62
<i>dasetta 7/7/7</i>	62
DAURISMO.....	27
<i>daysee</i>	62
<i>deblitane</i>	65
<i>deferasirox</i>	57
<i>deflazacort</i>	60
DELSTRIGO.....	37
<i>delyla</i>	62
<i>demeclocycline hcl</i>	16
DENGXAXIA.....	70
DEPO-SUBQ PROVERA 104.....	65
DESCOVY.....	37
<i>desipramine hydrochloride</i>	21
<i>desmopressin acetate</i>	61
<i>desogestrel/ethinyl estradiol</i>	62
<i>desonide</i>	53
<i>desoximetasone</i>	54
<i>desvenlafaxine er</i>	20
<i>dexamethasone</i>	61
<i>dexamethasone sodium phosphate</i>	74
<i>dexmethylphenidate hcl</i>	51
<i>dexmethylphenidate hydrochloride</i>	51
<i>dextroamphetamine sulfate</i>	51
<i>dextromethorphan hydrobromide/quinidine sulfate</i>	51
<i>dextrose 5%</i>	56
<i>dextrose 5%/sodium chloride 0.45%</i>	56
<i>dextrose 5%/sodium chloride 0.9%</i>	56
DIACOMIT.....	17
<i>diazepam</i>	17
<i>diazepam</i>	40
<i>diazepam intensol</i>	40
<i>diazoxide</i>	41
<i>diclofenac potassium</i>	10
<i>diclofenac sodium</i>	10
<i>diclofenac sodium</i>	54
<i>diclofenac sodium</i>	74
<i>diclofenac sodium dr</i>	10
<i>diclofenac sodium er</i>	10

Drug Name	Page #
<i>dicloxacillin sodium</i>	15
<i>dicyclomine hydrochloride</i>	58
<i>digox</i>	45
<i>digoxin</i>	45
<i>dihydroergotamine mesylate</i>	23
DILANTIN	18
<i>diltiazem hcl</i>	47
<i>diltiazem hcl er</i>	46
<i>diltiazem hydrochloride</i>	47
<i>diltiazem hydrochloride er</i>	47
<i>dilt-xr</i>	46
<i>dimethyl fumarate</i>	52
<i>dimethyl fumarate starterpack</i>	52
<i>diphenhydramine hydrochloride</i>	76
<i>diphenoxylate hydrochloride/atropine sulfate</i> ..	57
<i>disopyramide phosphate</i>	45
<i>disulfiram</i>	11
<i>divalproex sodium dr</i>	17
<i>divalproex sodium er</i>	17
<i>dofetilide</i>	45
<i>dolishale</i>	62
<i>donepezil hcl</i>	19
<i>donepezil hydrochloride</i>	19
DOPTLET	45
<i>dorzolamide hcl/timolol maleate</i>	73
<i>dorzolamide hydrochloride</i>	75
<i>dorzolamide hydrochloride/timolol maleate pf</i>	73
DOTTI.....	62
DOVATO.....	37
<i>doxazosin mesylate</i>	60
<i>doxepin hcl</i>	21
<i>doxepin hydrochloride</i>	21
<i>doxycycline</i>	16
<i>doxycycline hyclate</i>	16
<i>doxycycline hyclate</i>	52
<i>doxycycline monohydrate</i>	16
DRIZALMA SPRINKLE	20
<i>dronabinol</i>	22
DROXIA	25
<i>droxidopa</i>	45
DULERA	78
<i>duloxetine hydrochloride dr</i>	20
DUPIXENT.....	67
<i>dutasteride</i>	60
EBGLYSS.....	54
EBGLYSS.....	67
<i>ec-naproxen</i>	10

Last Updated: 01/01/2027

Drug Name	Page #
<i>econazole nitrate</i>	22
EDURANT PED	37
<i>efavirenz</i>	37
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	37
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	37
<i>effer-k</i>	56
<i>elinest</i>	62
ELIQUIS	43
ELIQUIS STARTER PACK	43
ELLA	72
ELMIRON	60
<i>eltrombopag olamine</i>	44
<i>eluryng</i>	62
EMGALITY	23
EMPAVELI	67
EMSAM	20
<i>emtricitabine</i>	38
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	37
<i>emtricitabine/tenofovir disoproxil</i>	38
<i>emtricitabine/tenofovir disoproxil fumarate</i>	37
EMTRIVA	38
<i>emzahh</i>	65
<i>enalapril maleate</i>	45
<i>enalapril maleate/hydrochlorothiazide</i>	47
ENBREL	69
ENBREL MINI	69
ENBREL SURECLICK	69
<i>endocet</i>	11
ENGERIX-B	70
<i>enilloring</i>	62
<i>enoxaparin sodium</i>	43
<i>enpresse-28</i>	62
ENSACOVE	27
<i>entacapone</i>	32
<i>entecavir</i>	36
ENTYVIO PEN	67
<i>enulose</i>	57
ENVARUS XR	69
EPIDIOLEX	16
<i>epinephrine</i>	76
<i>eplerenone</i>	49
<i>ergotamine tartrate/caffeine</i>	23
ERIVEDGE	27
ERLEADA	24

Drug Name	Page #
<i>erlotinib hydrochloride</i>	27
<i>errin</i>	65
<i>ertapenem sodium</i>	15
<i>ery</i>	55
<i>erythromycin</i>	55
<i>erythromycin</i>	74
<i>erythromycin dr</i>	15
<i>erythromycin ethylsuccinate</i>	15
<i>erythromycin/benzoyl peroxide</i>	53
<i>escitalopram oxalate</i>	21
<i>eslicarbazepine acetate</i>	18
<i>esomeprazole magnesium</i>	58
<i>estarylla</i>	62
<i>estradiol</i>	62
<i>estradiol/norethindrone acetate</i>	62
ESTRING	63
<i>eszopiclone</i>	79
<i>ethambutol hydrochloride</i>	24
<i>ethosuximide</i>	17
<i>ethynodiol diacetate/ethinyl estradiol</i>	63
<i>etodolac</i>	10
<i>etonogestrel/ethinyl estradiol</i>	63
<i>etravirine</i>	37
EUCRISA	54
EULEXIN	24
<i>everolimus</i>	27
<i>everolimus</i>	69
EVOTAZ	38
EVRYSDI	59
<i>exemestane</i>	26
EXXUA	20
EXXUA TITRATION PACK	20
<i>ezetimibe</i>	49
<i>ezetimibe/simvastatin</i>	49
FABRAZYME	59
<i>falmina</i>	63
<i>famciclovir</i>	39
<i>famotidine</i>	58
FANAPT	34
FANAPT TITRATION PACK A	34
FANAPT TITRATION PACK B	34
FANAPT TITRATION PACK C	34
FARXIGA	50
FASENRA	78
FASENRA PEN	78
<i>febuxostat</i>	23
<i>feirza 1.5/30</i>	63

Last Updated: 01/01/2027

Drug Name	Page #
<i>feirza 1/20</i>	63
<i>felbamate</i>	16
<i>felodipine er</i>	46
<i>fenofibrate</i>	49
<i>fenofibrate micronized</i>	49
<i>fenofibric acid dr</i>	49
<i>fentanyl</i>	10
<i>fesoterodine fumarate er</i>	60
FETZIMA.....	21
FETZIMA TITRATION PACK.....	21
<i>fidaxomicin</i>	15
FILSPARI.....	48
FINACEA.....	53
<i>finasteride</i>	60
<i>ingolimod hydrochloride</i>	52
FINTEPLA.....	16
FIRMAGON.....	66
FLAREX.....	74
<i>flecainide acetate</i>	45
<i>fluconazole</i>	22
<i>fluconazole in sodium chloride</i>	22
<i>flucytosine</i>	22
<i>fludrocortisone acetate</i>	61
<i>flunisolide</i>	75
<i>fluocinolone acetonide</i>	54
<i>fluocinonide</i>	54
<i>fluorometholone</i>	74
<i>fluorouracil</i>	54
<i>fluoxetine hydrochloride</i>	21
<i>fluphenazine decanoate</i>	33
<i>fluphenazine hcl</i>	33
<i>fluphenazine hydrochloride</i>	33
<i>flurbiprofen</i>	10
<i>flurbiprofen sodium</i>	74
FLUTICASONE FUROATE/VILANTEROL.....	78
ELLIPTA.....	
<i>fluticasone propionate</i>	54
<i>fluticasone propionate</i>	76
<i>fluticasone propionate/salmeterol</i>	78
<i>fluticasone propionate/salmeterol diskus</i>	78
<i>fluvastatin</i>	49
<i>fluvastatin sodium er</i>	49
<i>fluvoxamine maleate</i>	21
<i>fondaparinux sodium</i>	43
<i>fosamprenavir calcium</i>	38
<i>fosfomycin tromethamine</i>	13
<i>fosinopril sodium</i>	45

Drug Name	Page #
<i>fosinopril sodium/hydrochlorothiazide</i>	48
FOTIVDA.....	27
FRAGMIN.....	44
FRUZAQLA.....	27
<i>furosemide</i>	48
FYAVOLV.....	63
<i>gabapentin</i>	17
<i>galantamine hydrobromide</i>	19
<i>galantamine hydrobromide er</i>	19
<i>gallifrey</i>	65
GAMASTAN.....	67
<i>ganciclovir</i>	36
GARDASIL 9.....	70
<i>gatifloxacin</i>	74
<i>gavilyte-c</i>	58
<i>gavilyte-g</i>	58
<i>gavilyte-n/flavor pack</i>	58
GAVRETO.....	27
<i>gefitinib</i>	27
<i>gemfibrozil</i>	49
GEMTESA.....	60
<i>generlac</i>	57
<i>gengraf</i>	69
GENOTROPIN.....	61
GENOTROPIN MINIQUICK.....	61
<i>gentamicin sulfate</i>	12
<i>gentamicin sulfate</i>	74
<i>gentamicin sulfate pediatric</i>	12
GENVOYA.....	37
GILOTRIF.....	27
<i>glatiramer acetate</i>	52
<i>glimepiride</i>	40
<i>glipizide</i>	40
<i>glipizide er</i>	40
<i>glipizide xl</i>	40
<i>glipizide/metformin hydrochloride</i>	40
<i>glucagon emergency kit for low blood sugar</i>	41
<i>glyburide</i>	40
<i>glyburide/metformin hydrochloride</i>	40
<i>glycopyrrolate</i>	58
GLYXAMBI.....	40
GOMEKLI.....	27
<i>griseofulvin microsize</i>	22
<i>griseofulvin ultramicrosize</i>	22
<i>guanfacine hydrochloride</i>	45
<i>guanfacine hydrochloride er</i>	51
GVOKE HYPOPEN 1-PACK.....	41

Last Updated: 01/01/2027

Drug Name	Page #
GVOKE HYPOPEN 2-PACK	42
GVOKE KIT	42
GVOKE PFS	42
<i>hailey 1.5/30</i>	63
<i>hailey fe 1.5/30</i>	63
<i>hailey fe 1/20</i>	63
<i>halobetasol propionate</i>	54
<i>haloperidol</i>	33
<i>haloperidol decanoate</i>	33
<i>haloperidol lactate</i>	33
HAVRIX	70
<i>heather</i>	65
<i>heparin sodium</i>	44
HEPLISAV-B	70
HERNEXEOS	27
HIBERIX	70
HIZENTRA	67
HUMALOG	42
HUMALOG JUNIOR KWIKPEN	42
HUMALOG KWIKPEN	42
HUMALOG MIX 50/50 KWIKPEN	42
HUMALOG MIX 75/25	42
HUMALOG MIX 75/25 KWIKPEN	42
HUMATIN	12
HUMULIN 70/30	42
HUMULIN 70/30 KWIKPEN	42
HUMULIN N	42
HUMULIN N KWIKPEN	42
HUMULIN R	42
HUMULIN R U-500 (CONCENTRATED)	42
HUMULIN R U-500 KWIKPEN	42
<i>hydralazine hydrochloride</i>	50
<i>hydrochlorothiazide</i>	48
<i>hydrocodone bitartrate/acetaminophen</i>	11
<i>hydrocodone/acetaminophen</i>	11
<i>hydrocortisone</i>	54
<i>hydrocortisone</i>	61
<i>hydrocortisone</i>	72
<i>hydrocortisone valerate</i>	54
<i>hydrocortisone/acetic acid</i>	75
<i>hydromorphone hcl</i>	11
<i>hydromorphone hydrochloride</i>	11
<i>hydroxychloroquine sulfate</i>	32
<i>hydroxyurea</i>	25
<i>hydroxyzine hcl</i>	76
<i>hydroxyzine hydrochloride</i>	76
<i>hydroxyzine pamoate</i>	76

Drug Name	Page #
HYPERHEP B	67
HYRNUO	27
<i>ibandronate sodium</i>	72
IBRANCE	25
IBRANCE	27
IBTROZI	28
<i>ibu</i>	10
<i>ibuprofen</i>	10
<i>icatibant acetate</i>	67
<i>iclevia</i>	63
ICLUSIG	28
<i>icosapent ethyl</i>	49
IDHIFA	28
IDVYNZO	37
IGALMI	40
ILEVRO	74
<i>imatinib mesylate</i>	28
IMBRUVICA	28
<i>imipenem/cilastatin</i>	15
<i>imipramine hcl</i>	21
<i>imipramine hydrochloride</i>	21
<i>imiquimod</i>	54
IMKELDI	28
IMOVAX RABIES (H.D.C.V.)	70
IMPAVIDO	13
INBRIJA	33
<i>incassia</i>	65
INCRELEX	61
INCRUSE ELLIPTA	76
<i>indapamide</i>	49
<i>indomethacin</i>	10
<i>indomethacin er</i>	10
INFANRIX	70
INFLIXIMAB	69
INGREZZA	51
INLURIYO	25
INLYTA	28
INQOVI	28
INREBIC	25
<i>insulin lispro</i>	42
INSULIN SYRINGES, NEEDLES	72
INTELENCE	37
<i>introvale</i>	63
INVEGA HAFYERA	34
INVEGA SUSTENNA	34
INVEGA TRINZA	34
IPOL INACTIVATED IPV	70

Last Updated: 01/01/2027

Drug Name	Page #
<i>ipratropium bromide</i>	76
<i>ipratropium bromide hfa</i>	76
<i>ipratropium bromide/albuterol sulfate</i>	78
<i>irbesartan</i>	45
<i>irbesartan/hydrochlorothiazide</i>	48
ISENTRESS	37
ISENTRESS HD	37
ISONIAZID	24
<i>isosorbide dinitrate</i>	50
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	48
<i>isosorbide mononitrate</i>	50
<i>isosorbide mononitrate er</i>	50
<i>isotretinoin</i>	53
ISTURISA	61
ITOVEBI	25
<i>itraconazole</i>	23
<i>ivabradine hydrochloride</i>	48
<i>ivermectin</i>	32
IWILFIN	25
IXIARO	70
<i>jaimiess</i>	63
JAKAFI	28
JAKAFI XR	28
<i>jantoven</i>	44
JANUMET	40
JANUMET XR	40
JANUVIA	40
JARDIANCE	50
JAYPIRCA	28
<i>jaythari</i>	61
<i>jencycla</i>	65
JENTADUETO	40
JENTADUETO XR	40
JIDEYTRO	28
<i>jinteli</i>	63
<i>jolessa</i>	63
JOURNAVX	10
JUBBONTI	72
JUBLIA	23
JULUCA	37
<i>junel 1.5/30</i>	63
<i>junel 1/20</i>	63
<i>junel fe 1.5/30</i>	63
<i>junel fe 1/20</i>	63
JYLAMVO	69
JYNNEOS	70

Drug Name	Page #
KALETRA	38
KALYDECO	77
<i>kariva</i>	63
<i>kelnor 1/35</i>	63
KERENDIA	49
KESIMPTA	52
<i>ketoconazole</i>	23
<i>ketorolac tromethamine</i>	10
<i>ketorolac tromethamine</i>	74
<i>ketorolac tromethamine +rfd</i>	10
KINERET	67
KINRIX	70
<i>kionex</i>	57
KISQALI	28
KISQALI FEMARA 400 DOSE	25
KISQALI FEMARA 600 DOSE	25
<i>klayesta</i>	23
<i>klor-con</i>	56
<i>klor-con 10</i>	56
<i>klor-con 8</i>	56
<i>klor-con m10</i>	56
<i>klor-con m15</i>	56
<i>klor-con m20</i>	56
KLOXXADO	12
KOMZIFTI	26
KOSELUGO	28
KRAZATI	28
<i>kurvelo</i>	63
KYGEVVI	72
<i>kymbee</i>	61
<i>labetalol hydrochloride</i>	46
<i>lacosamide</i>	18
<i>lactulose</i>	57
<i>lamivudine</i>	36
<i>lamivudine</i>	38
<i>lamivudine/zidovudine</i>	38
<i>lamotrigine</i>	16
<i>lamotrigine er</i>	16
<i>lamotrigine starter kit/blue</i>	16
<i>lamotrigine starter kit/green</i>	16
<i>lamotrigine starter kit/orange</i>	16
<i>lansoprazole</i>	59
LANTUS	42
LANTUS SOLOSTAR	42
<i>lapatinib ditosylate</i>	28
<i>larin 1.5/30</i>	63
<i>larin 1/20</i>	63

Last Updated: 01/01/2027

Drug Name	Page #
<i>larin fe 1.5/30</i>	63
<i>larin fe 1/20</i>	63
<i>latanoprost</i>	75
LAZCLUZE	26
<i>leflunomide</i>	69
<i>lenalidomide</i>	25
LENVIMA 10 MG DAILY DOSE	28
LENVIMA 12MG DAILY DOSE	29
LENVIMA 14 MG DAILY DOSE	29
LENVIMA 18 MG DAILY DOSE	29
LENVIMA 20 MG DAILY DOSE	29
LENVIMA 24 MG DAILY DOSE	29
LENVIMA 4 MG DAILY DOSE	29
LENVIMA 8 MG DAILY DOSE	29
LEQEMBI IQLIK	19
<i>lessina</i>	63
<i>letrozole</i>	26
<i>leucovorin calcium</i>	26
LEUKERAN	24
LEUKINE.....	44
<i>leuprolide acetate</i>	66
<i>levalbuterol hcl</i>	77
<i>levalbuterol hydrochloride</i>	77
<i>levalbuterol tartrate hfa</i>	77
<i>levetiracetam</i>	16
<i>levetiracetam er</i>	16
<i>levobunolol hcl</i>	74
<i>levocarnitine</i>	72
<i>levocetirizine dihydrochloride</i>	76
<i>levofloxacin</i>	15
LEVOFLOXACIN	74
<i>levofloxacin in d5w</i>	15
<i>levonest</i>	63
<i>levonorgestrel and ethinyl estradiol</i>	63
<i>levonorgestrel/ethinyl estradiol</i>	63
<i>levora 0.15/30-28</i>	63
LEVO-T	66
<i>levothyroxine sodium</i>	66
LEVOXYL	66
<i>l-glutamine</i>	59
<i>lidocaine</i>	11
<i>lidocaine hydrochloride viscous</i>	52
<i>lidocaine viscous</i>	52
<i>lidocaine/prilocaine</i>	11
LIFYORLI.....	29
LILETTA	65
<i>linezolid</i>	13

Drug Name	Page #
LINZESS.....	57
<i>liomny</i>	66
<i>liothyronine sodium</i>	66
<i>lisinopril</i>	45
<i>lisinopril/hydrochlorothiazide</i>	48
<i>lithium</i>	40
<i>lithium carbonate</i>	40
<i>lithium carbonate er</i>	40
LIVTENCITY	36
<i>lojaimiess</i>	63
LOKELMA	57
<i>lomustine</i>	24
LONSURF	26
<i>loperamide hydrochloride</i>	57
<i>lopinavir/ritonavir</i>	38
<i>lorazepam</i>	40
<i>lorazepam intensol</i>	40
LORBRENA	29
<i>losartan potassium</i>	45
<i>losartan potassium/hydrochlorothiazide</i>	48
<i>loteprednol etabonate</i>	74
<i>loteprednol etabonate/tobramycin</i>	73
<i>lovastatin</i>	49
<i>low-ogestrel</i>	63
<i>loxapine</i>	33
<i>lubiprostone</i>	57
<i>luizza 1.5/30</i>	64
<i>luizza 1/20</i>	64
LUMAKRAS	29
LUMIGAN.....	75
LUPRON DEPOT (1-MONTH)	66
LUPRON DEPOT (3-MONTH)	66
LUPRON DEPOT (4-MONTH)	66
LUPRON DEPOT (6-MONTH)	66
LUPRON DEPOT-PED (1-MONTH)	66
LUPRON DEPOT-PED (3-MONTH)	66
<i>lurasidone hydrochloride</i>	34
<i>luter</i>	64
LYBALVI	35
<i>lyleq</i>	65
<i>lyllana</i>	64
LYNPARZA	29
LYSODREN	26
LYTGOBI.....	29
LYUMJEV	42
LYUMJEV KWIKPEN	42
<i>lyza</i>	65

Last Updated: 01/01/2027

Drug Name	Page #
<i>macitentan</i>	77
<i>magnesium sulfate</i>	56
<i>malathion</i>	55
<i>maraviroc</i>	38
<i>marlissa</i>	64
MARPLAN	20
MATULANE	24
<i>matzim la</i>	47
MAVYRET	36
MAYZENT	52
MAYZENT STARTER PACK	52
<i>meclizine hcl</i>	22
<i>meclizine hydrochloride</i>	22
<i>medroxyprogesterone acetate</i>	65
<i>mefloquine hydrochloride</i>	32
<i>megestrol acetate</i>	65
MEKINIST	29
MEKTOVI	29
<i>meleya</i>	65
<i>meloxicam</i>	10
<i>memantine hcl titration pak</i>	19
<i>memantine hydrochloride</i>	19
<i>memantine hydrochloride er</i>	19
MENQUADFI	70
MENVEO	70
<i>mercaptopurine</i>	25
<i>meropenem</i>	15
<i>mesalamine</i>	71
<i>mesalamine dr</i>	71
<i>mesalamine er</i>	71
MESNA	32
<i>metformin hydrochloride</i>	41
<i>metformin hydrochloride er</i>	41
<i>methadone hcl</i>	10
<i>methadone hydrochloride</i>	11
<i>methadone hydrochloride intensol</i>	11
<i>methenamine hippurate</i>	13
<i>methimazole</i>	67
<i>methocarbamol</i>	79
<i>methotrexate</i>	69
<i>methotrexate sodium</i>	69
<i>methsuximide</i>	17
METHYLDOPA	45
<i>methylphenidate hydrochloride</i>	51
<i>methylphenidate hydrochloride er</i>	51
<i>methylphenidate hydrochloride er (dif)</i>	51
<i>methylphenidate hydrochloride er (osm)</i>	51

Drug Name	Page #
<i>methylprednisolone</i>	61
<i>methylprednisolone dose pack</i>	61
<i>metoclopramide hcl</i>	58
<i>metoclopramide hydrochloride</i>	58
<i>metolazone</i>	49
<i>metoprolol succinate er</i>	46
<i>metoprolol tartrate</i>	46
<i>metronidazole</i>	13
<i>metronidazole</i>	53
<i>metronidazole vaginal</i>	13
<i>metyrosine</i>	48
<i>mexiletine hydrochloride</i>	45
<i>micafungin</i>	23
<i>microgestin 1.5/30</i>	64
<i>microgestin 1/20</i>	64
<i>microgestin fe 1.5/30</i>	64
<i>microgestin fe 1/20</i>	64
<i>midodrine hydrochloride</i>	45
MIEBO	73
<i>mifepristone</i>	66
<i>miglustat</i>	59
<i>mili</i>	64
<i>milnacipran hydrochloride</i>	52
<i>milnacipran hydrochloride titration pack</i>	52
<i>mimvey</i>	64
<i>minocycline hcl</i>	16
<i>minocycline hydrochloride</i>	16
<i>minoxidil</i>	50
<i>mirtazapine</i>	20
<i>mirtazapine odt</i>	20
<i>misoprostol</i>	58
M-M-R II	70
<i>modafinil</i>	79
MODEYSO	26
<i>moexipril hydrochloride</i>	45
<i>molindone hydrochloride</i>	33
<i>mometasone furoate</i>	54
<i>mometasone furoate</i>	76
<i>mono-lynyah</i>	64
<i>montelukast sodium</i>	76
<i>morphine sulfate</i>	11
<i>morphine sulfate er</i>	11
MOUNJARO	41
MOVANTIK	57
<i>moxifloxacin hydrochloride/sodium</i>	15
<i>hydrochloride</i>	
<i>moxifloxacin hydrochloride</i>	15

Last Updated: 01/01/2027

Drug Name	Page #
<i>moxifloxacin hydrochloride</i>	74
MRESVIA.....	70
MULTAQ.....	46
<i>mupirocin</i>	55
<i>mycophenolate mofetil</i>	69
<i>mycophenolic acid dr</i>	69
MYRBETRIQ	60
<i>nabumetone</i>	10
<i>nadolol</i>	46
<i>nafticillin sodium</i>	15
<i>naloxone hcl</i>	12
<i>naloxone hydrochloride</i>	12
<i>naltrexone hydrochloride</i>	12
<i>naproxen</i>	10
<i>naproxen dr</i>	10
<i>naproxen sodium</i>	10
<i>naratriptan hcl</i>	23
NATACYN	74
<i>nateglinide</i>	41
NAYZILAM.....	16
<i>nebivolol hydrochloride</i>	46
<i>necon 0.5/35-28</i>	64
<i>nefazodone hydrochloride</i>	21
<i>neomycin sulfate</i>	12
<i>neomycin/polymyxin/bacitracin</i>	73
<i>neomycin/polymyxin/bacitracin zinc</i>	73
<i>neomycin/polymyxin/bacitracin/hydrocortison</i> 73	
<i>e</i>	
<i>neomycin/polymyxin/dexamethasone</i>	73
<i>neomycin/polymyxin/gramicidin</i>	73
<i>neomycin/polymyxin/hc</i>	75
<i>neomycin/polymyxin/hydrocortisone</i>	75
NERLYNX.....	29
NEULASTA.....	44
NEULASTA ONPRO KIT.....	44
<i>nevirapine</i>	37
<i>nevirapine er</i>	37
NEXLETOL	49
NEXLIZET.....	49
NEXPLANON	65
<i>niacin er</i>	49
NICOTROL NS.....	12
<i>nifedipine er</i>	46
<i>nilotinib hydrochloride</i>	29
<i>nilutamide</i>	24
<i>nimodipine</i>	46
NINLARO.....	29

Drug Name	Page #
<i>nintedanib esylate</i>	77
<i>nitazoxanide</i>	32
<i>nitisinone</i>	59
NITRO-BID	50
<i>nitrofurantoin macrocrystals</i>	13
<i>nitrofurantoin monohydrate</i>	13
<i>nitrofurantoin monohydrate/macrocrystals</i>	13
<i>nitroglycerin</i>	50
<i>nitroglycerin</i>	58
<i>nitroglycerin transdermal</i>	50
<i>nizatidine</i>	58
<i>nora-be</i>	65
<i>norelgestromin/ethinyl estradiol</i>	64
<i>norethindrone</i>	65
<i>norethindrone acetate</i>	65
<i>norethindrone acetate/ethinyl estradiol</i>	64
<i>norethindrone acetate/ethinyl</i>	64
<i>estradiol/ferrous fumarate</i>	
<i>norgestimate/ethinyl estradiol</i>	64
<i>norlyroc</i>	65
<i>nortrel 0.5/35 (28)</i>	64
<i>nortrel 1/35</i>	64
<i>nortrel 7/7/7</i>	64
<i>nortriptyline hcl</i>	21
<i>nortriptyline hydrochloride</i>	21
NORVIR	38
NOVOLIN 70/30	42
NOVOLIN 70/30 FLEXPEN.....	42
NOVOLIN 70/30 FLEXPEN RELION	42
NOVOLIN 70/30 RELION.....	42
NOVOLIN N	42
NOVOLIN N FLEXPEN	42
NOVOLIN N FLEXPEN RELION	42
NOVOLIN N RELION	42
NOVOLIN R.....	43
NOVOLIN R FLEXPEN	43
NOVOLIN R FLEXPEN RELION	42
NOVOLIN R RELION	43
NOVOLOG.....	43
NOVOLOG FLEXPEN	43
NOVOLOG FLEXPEN RELION.....	43
NOVOLOG MIX 70/30.....	43
NOVOLOG MIX 70/30 PREFILLED	43
FLEXPEN	
NOVOLOG MIX 70/30 PREFILLED	43
FLEXPEN RELION	
NOVOLOG MIX 70/30 RELION	43

Last Updated: 01/01/2027

Drug Name	Page #
NOVOLOG PENFILL	43
NOVOLOG RELION	43
NUBEQA	25
NUCALA	78
NUPLAZID	35
NURTEC	23
NUTRILIPID	72
<i>nyamyc</i>	23
<i>nylia 1/35</i>	64
<i>nylia 7/7/7</i>	64
<i>nystatin</i>	23
<i>nystatin/triamcinolone</i>	55
<i>nystatin/triamcinolone acetonide</i>	55
<i>nystop</i>	23
<i>octreotide acetate</i>	66
ODEFSEY	38
ODOMZO	29
OFEV	78
<i>ofloxacin</i>	74
<i>ofloxacin</i>	75
OGSIVEO	26
OJEMDA	26
OJJAARA	30
<i>olanzapine</i>	35
<i>olanzapine odt</i>	35
<i>olmesartan medoxomil</i>	45
<i>olmesartan medoxomil/hydrochlorothiazide</i>	48
<i>olopatadine hydrochloride</i>	74
<i>omega-3-acid ethyl esters</i>	49
<i>omeprazole</i>	59
<i>omeprazole dr</i>	59
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	72
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	72
OMNIPOD 5 LIBRE INTRO KIT	72
OMNIPOD 5 LIBRE PODS	72
OMNIPOD DASH INTRO KIT (GEN 4)	72
OMNIPOD DASH PDM KIT (GEN 4)	72
OMNIPOD DASH PODS (GEN 4)	73
<i>ondansetron hcl</i>	22
<i>ondansetron hydrochloride</i>	22
<i>ondansetron odt</i>	22
ONPATTRO	59
ONUREG	26
OPIPZA	35
OPVEE	12

Drug Name	Page #
ORENCIA	67
ORENCIA	69
ORENCIA CLICKJECT	67
ORENITRAM	77
ORENITRAM TITRATION KIT MONTH 1	77
ORENITRAM TITRATION KIT MONTH 2	77
ORENITRAM TITRATION KIT MONTH 3	77
ORGOVYX	67
ORKAMBI	77
<i>orphenadrine citrate er</i>	79
<i>orquidea</i>	65
ORSERDU	25
<i>oseltamivir phosphate</i>	39
OSENVELT	72
OSPHERA	65
OTEZLA	55
OTEZLA	68
OTEZLA XR	55
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK	67
<i>oxaprozin</i>	10
<i>oxcarbazepine</i>	18
<i>oxybutynin chloride</i>	60
<i>oxybutynin chloride er</i>	60
<i>oxycodone hydrochloride</i>	11
<i>oxycodone/acetaminophen</i>	11
OZEMPIC	41
PACERONE	46
<i>paliperidone er</i>	35
PANRETIN	32
<i>pantoprazole sodium</i>	59
<i>paricalcitol</i>	72
<i>paroxetine hcl</i>	21
<i>paroxetine hydrochloride</i>	21
PAXLOVID	39
<i>pazopanib hydrochloride</i>	30
PEDIARIX	70
PEDVAXHIB	71
<i>peg-3350/electrolytes</i>	58
<i>peg-3350/nacl/na bicarbonate/kcl</i>	58
PEGASYS	68
PEGASYS	70
PEMAZYRE	30
PENBRAYA	71
<i>penicillamine</i>	57
<i>penicillin g sodium</i>	15
<i>penicillin v potassium</i>	15

Last Updated: 01/01/2027

Drug Name	Page #
PENMENVY	71
PENTACEL	71
<i>pentamidine isethionate</i>	32
<i>pentoxifylline er</i>	48
<i>perampanel</i>	16
<i>perindopril erbumine</i>	45
<i>perio gard</i>	52
<i>permethrin</i>	55
<i>perphenazine</i>	33
PERSERIS.....	35
<i>phenelzine sulfate</i>	20
<i>phenobarbital</i>	17
PHENYTEK.....	18
<i>phenytoin</i>	18
<i>phenytoin infatabs</i>	18
<i>phenytoin sodium extended</i>	18
PHESGO	26
<i>philith</i>	64
PIFELTRO	37
<i>pilocarpine hydrochloride</i>	52
<i>pilocarpine hydrochloride</i>	75
<i>pimecrolimus</i>	54
<i>pimozide</i>	33
<i>pimtreea</i>	64
<i>pindolol</i>	46
<i>pioglitazone hcl</i>	41
<i>pioglitazone hcl/metformin hcl</i>	41
<i>pioglitazone hydrochloride</i>	41
<i>piperacillin sodium/tazobactam sodium</i>	15
PIQRAY 200MG DAILY DOSE.....	30
PIQRAY 250MG DAILY DOSE.....	30
PIQRAY 300MG DAILY DOSE.....	30
<i>pirfenidone</i>	78
<i>piroxicam</i>	10
<i>pitavastatin calcium</i>	49
PLENAMINE.....	56
<i>podofilox</i>	55
<i>polymyxin b sulfate/trimethoprim sulfate</i>	73
<i>pomalidomide</i>	25
POMALYST	25
<i>portia-28</i>	64
<i>posaconazole</i>	23
<i>posaconazole dr</i>	23
<i>potassium chloride</i>	56
<i>potassium chloride er</i>	56
<i>potassium citrate er</i>	56
PRALUENT	49

Drug Name	Page #
<i>pramipexole dihydrochloride</i>	33
<i>prasugrel hydrochloride</i>	45
<i>pravastatin sodium</i>	49
<i>praziquantel</i>	32
<i>prazosin hydrochloride</i>	45
<i>prednisolone</i>	61
<i>prednisolone acetate</i>	74
<i>prednisolone sodium phosphate</i>	61
<i>prednisone</i>	61
<i>pregabalin</i>	17
PREMARIN	64
PREMPHASE	64
PREMPRO.....	64
<i>prenatal</i>	57
PRETOMANID	24
<i>prevalite</i>	49
PREVYMIS	36
PREZCOBIX	39
PREZISTA.....	39
<i>primaquine phosphate</i>	32
<i>primidone</i>	18
PRIORIX.....	71
PRIVIGEN.....	67
PROAIR RESPICLICK	77
<i>probenecid</i>	23
<i>probenecid/colchicine</i>	23
<i>prochlorperazine</i>	22
<i>prochlorperazine maleate</i>	22
PROCRT.....	44
<i>procto-med hc</i>	72
<i>progesterone</i>	65
PROGRAF	70
PROLASTIN-C.....	59
<i>promethazine hcl</i>	22
<i>promethazine hydrochloride</i>	22
<i>promethegan</i>	22
<i>propafenone hcl</i>	46
<i>propafenone hydrochloride</i>	46
<i>propafenone hydrochloride er</i>	46
<i>propranolol hcl</i>	46
<i>propranolol hydrochloride</i>	46
<i>propranolol hydrochloride er</i>	46
<i>propylthiouracil</i>	67
PROQUAD	71
<i>protriptyline hcl</i>	22
PULMOZYME	77
<i>pyquvi</i>	61

Last Updated: 01/01/2027

Drug Name	Page #
<i>pyrazinamide</i>	24
<i>pyridostigmine bromide</i>	24
<i>pyrimethamine</i>	32
PYRUKYND.....	59
PYRUKYND TAPER PACK	59
QINLOCK.....	30
QUADRACEL	71
<i>quetiapine fumarate</i>	35
<i>quetiapine fumarate er</i>	35
<i>quinapril hydrochloride</i>	45
<i>quinapril/hydrochlorothiazide</i>	48
<i>quinidine sulfate</i>	46
<i>quinine sulfate</i>	32
QVAR REDIHALER.....	76
RABAVERT	71
<i>rabeprazole sodium</i>	59
RALDESY	21
<i>raloxifene hydrochloride</i>	66
<i>ramelteon</i>	79
<i>ramipril</i>	45
<i>ranolazine er</i>	48
<i>rasagiline mesylate</i>	33
RAYALDEE	72
RECOMBIVAX HB	71
<i>repaglinide</i>	41
REPATHA	49
REPATHA SURECLICK	49
RESTASIS	73
RESTASIS MULTIDOSE	73
RETACRIT	44
RETEVMO.....	30
REVCovi	59
REVUFORJ.....	26
REXTOVY	12
REXULTI.....	35
REYATAZ	39
REZDIFFRA	66
REZLIDHIA.....	30
REZUROCK	70
RHOPRESSA.....	75
<i>ribavirin</i>	36
<i>rifabutin</i>	24
<i>rifampin</i>	24
<i>rifapentine</i>	24
<i>rilpivirine hydrochloride</i>	37
<i>riluzole</i>	52
RINVOQ	68

Drug Name	Page #
RINVOQ LQ.....	68
<i>risedronate sodium</i>	72
<i>risperidone</i>	35
<i>risperidone er</i>	35
<i>risperidone odt</i>	35
<i>ritonavir</i>	39
<i>rivaroxaban</i>	44
<i>rivastigmine tartrate</i>	19
<i>rivastigmine transdermal system</i>	19
RIVFLOZA.....	73
<i>rizatriptan benzoate</i>	24
<i>rizatriptan benzoate odt</i>	24
ROCKLATAN.....	73
<i>roflumilast</i>	77
ROMVIMZA	30
<i>ropinirole er</i>	33
<i>ropinirole hcl</i>	33
<i>ropinirole hydrochloride</i>	33
<i>rosuvastatin calcium</i>	49
ROTARIX.....	71
ROTATEQ.....	71
<i>roweepra</i>	16
ROZLYTREK.....	30
RUBRACA	30
<i>rufinamide</i>	18
RUKOBIA	38
RYBELSUS	41
RYDAPT.....	30
<i>sacubitril/valsartan</i>	48
SANTYL.....	55
<i>sapropterin dihydrochloride</i>	59
SAVELLA	52
SAVELLA TITRATION PACK	52
SCSEMBLIX	30
<i>scopolamine</i>	22
SECUADO.....	35
<i>selegiline hcl</i>	33
<i>selenium sulfide</i>	54
SELZENTRY.....	38
SEREVENT DISKUS.....	77
<i>sertraline hcl</i>	21
<i>sertraline hydrochloride</i>	21
<i>setlakin</i>	64
<i>sevelamer hydrochloride</i>	57
SFROWASA.....	71
<i>sharobel</i>	65
SHINGRIX	71

Last Updated: 01/01/2027

Drug Name	Page #
SIGNIFOR	67
<i>sildenafil citrate</i>	77
<i>silodosin</i>	60
<i>silver sulfadiazine</i>	55
SIMBRINZA	74
<i>simliya</i>	64
<i>simpanse</i>	64
<i>simvastatin</i>	49
<i>sirolimus</i>	70
SIRTURO	24
SIVEXTRO	13
SKYCLARYS	73
SKYRIZI	68
SKYRIZI PEN.....	68
<i>sodium chloride</i>	56
<i>sodium chloride 0.45%</i>	56
<i>sodium chloride 0.9%</i>	73
<i>sodium oxybate</i>	79
<i>sodium phenylbutyrate</i>	59
<i>sodium polystyrene sulfonate</i>	57
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	58
<i>sofosbuvir/velpatasvir</i>	36
<i>solifenacin succinate</i>	60
SOLQUA 100/33	41
SOLTAMOX.....	25
SOMAVERT	67
<i>sorafenib</i>	30
<i>sorafenib tosylate</i>	30
<i>sotalol hcl</i>	46
<i>sotalol hydrochloride</i>	46
<i>sotalol hydrochloride (af)</i>	46
SPEVIGO	54
SPIRIVA RESPIMAT	76
<i>spironolactone</i>	49
<i>spironolactone/hydrochlorothiazide</i>	48
SPRAVATO 56MG DOSE.....	20
SPRAVATO 84MG DOSE.....	20
<i>sprintec 28</i>	64
SPRITAM.....	16
SPS	57
<i>sronyx</i>	64
<i>ssd</i>	55
STARJEMZA.....	68
STEQUEYMA	68
STIOLTO RESPIMAT	79
STIVARGA.....	30

Drug Name	Page #
<i>stoboclo</i>	72
STRENSIQ	59
<i>streptomycin sulfate</i>	12
STRIBILD.....	37
SUBVENITE	17
<i>subvenite starter kit/blue</i>	17
<i>subvenite starter kit/green</i>	17
<i>subvenite starter kit/orange</i>	17
SUCRAID	59
<i>sucrafate</i>	58
<i>sulfacetamide sodium</i>	74
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	74
<i>sulfadiazine</i>	15
<i>sulfamethoxazole/trimethoprim</i>	15
<i>sulfamethoxazole/trimethoprim ds</i>	15
<i>sulfasalazine</i>	71
<i>sulindac</i>	10
<i>sumatriptan</i>	24
<i>sumatriptan succinate</i>	24
<i>sunitinib malate</i>	30
SUNLENCA	38
SUTAB	58
SYMPAZAN.....	18
SYMTUZA	39
SYNJARDY.....	41
SYNJARDY XR	41
SYNTHROID	66
TABLOID	25
TABRECTA	30
<i>tacrolimus</i>	54
<i>tacrolimus</i>	70
<i>tacrolimus er</i>	70
<i>tadalafil</i>	60
<i>tadalafil</i>	77
TAFINLAR.....	30
TAGRISSO	31
TALICIA.....	58
TALZENNA	31
<i>tamoxifen citrate</i>	25
<i>tamsulosin hydrochloride</i>	60
<i>tarina fe 1/20 eq</i>	64
TARPEYO	72
TAVNEOS	68
<i>tazarotene</i>	53
TAZICEF	14
TAZVERIK.....	31

Last Updated: 01/01/2027

Drug Name	Page #
<i>telmisartan</i>	45
<i>telmisartan/hydrochlorothiazide</i>	48
<i>temazepam</i>	79
TENIVAC	71
<i>tenofovir disoproxil fumarate</i>	38
TEPMETKO.....	31
<i>terazosin hcl</i>	60
<i>terazosin hydrochloride</i>	60
<i>terbinafine hcl</i>	23
<i>terconazole</i>	23
<i>teriparatide</i>	72
<i>testosterone</i>	61
<i>testosterone cypionate</i>	61
<i>testosterone enanthate</i>	61
<i>testosterone pump</i>	61
<i>tetrabenazine</i>	52
<i>tetracycline hydrochloride</i>	16
TEVIMBRA	32
THALOMID.....	25
<i>theophylline er</i>	77
<i>thioridazine hydrochloride</i>	33
<i>thiothixene</i>	33
<i>tiadylt er</i>	47
<i>tiagabine hydrochloride</i>	18
TIBSOVO.....	31
<i>ticagrelor</i>	45
TICOVAC	71
<i>tigecycline</i>	13
<i>timolol maleate</i>	23
<i>timolol maleate</i>	75
<i>tinidazole</i>	13
<i>tiotropium bromide</i>	76
TIVICAY	37
TIVICAY PD	37
<i>tizanidine hcl</i>	36
<i>tizanidine hydrochloride</i>	36
TOBI PODHALER	77
TOBRADEX	74
<i>tobramycin</i>	74
<i>tobramycin</i>	77
<i>tobramycin sulfate</i>	12
<i>tobramycin/dexamethasone</i>	74
<i>tofacitinib citrate</i>	68
<i>tofacitinib citrate er</i>	68
<i>tolterodine tartrate</i>	60
<i>tolterodine tartrate er</i>	60
<i>tolvaptan</i>	57

Drug Name	Page #
<i>topiramate</i>	17
<i>topotecan hcl</i>	26
<i>topotecan hydrochloride</i>	26
<i>toremifene citrate</i>	25
<i>torsemide</i>	48
TOUJEO MAX SOLOSTAR	43
TOUJEO SOLOSTAR.....	43
TRADJENTA	41
<i>tramadol hydrochloride</i>	11
<i>tramadol hydrochloride/acetaminophen</i>	11
<i>trandolapril</i>	45
<i>tranexamic acid</i>	44
<i>tranylcypromine sulfate</i>	20
<i>travoprost</i>	75
<i>trazodone hydrochloride</i>	21
TRELEGY ELLIPTA	79
TRELSTAR MIXJECT	67
TREMFYA	68
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS	68
TREMFYA PEN.....	68
TRESIBA.....	43
TRESIBA FLEXTOUCH	43
<i>tretinoin</i>	32
<i>tretinoin</i>	53
<i>triamcinolone acetone</i>	54
<i>triamcinolone acetone dental paste</i>	52
<i>triamterene</i>	48
<i>triamterene/hydrochlorothiazide</i>	48
<i>triderm</i>	54
<i>trientine hydrochloride</i>	57
<i>tri-estarylla</i>	64
<i>trifluoperazine hcl</i>	33
<i>trifluoperazine hydrochloride</i>	33
<i>trifluridine</i>	74
<i>trihexyphenidyl hydrochloride</i>	32
TRIJARDY XR.....	41
TRIKAFTA.....	77
<i>tri-lynyah</i>	64
<i>trimethoprim</i>	13
<i>tri-mili</i>	64
<i>trimipramine maleate</i>	22
TRINTELLIX	21
<i>tri-sprintec</i>	65
TRIUMEQ	38
TRIUMEQ PD	38

Last Updated: 01/01/2027

Drug Name	Page #
<i>tri-vylibra</i>	65
<i>tropium chloride</i>	60
<i>tropium chloride er</i>	60
TRULICITY	41
TRUMENBA	71
TRUQAP	31
TRYNGOLZA	49
TUKYSA	31
TURALIO	31
<i>turqoz</i>	65
TWINRIX	71
TYBOST	38
TYENNE	68
TYMLOS	72
TYPHIM VI	71
TYRVAYA	74
UBRELVY	23
UDENYCA	44
UDENYCA ONBODY	44
UNITHROID	66
<i>urea</i>	55
<i>ursodiol</i>	58
UZEDY	35
<i>valacyclovir hydrochloride</i>	39
VALCHLOR	24
<i>valganciclovir</i>	36
<i>valganciclovir hydrochloride</i>	36
<i>valproic acid</i>	17
<i>valsartan</i>	45
<i>valsartan/hydrochlorothiazide</i>	48
VALTOCO 10 MG DOSE	18
VALTOCO 15 MG DOSE	18
VALTOCO 20 MG DOSE	18
VALTOCO 5 MG DOSE	18
VALTYA 1/35	65
<i>valtya 1/50</i>	65
<i>vancomycin hcl</i>	13
<i>vancomycin hydrochloride</i>	13
VANFLYTA	31
VAQTA	71
<i>varenicline starting month</i>	12
<i>varenicline tartrate</i>	12
<i>varenicline tartrate continuing month</i>	12
VARIVAX	71
VAXCHORA	71
VAXELIS	71
VELPHORO	57

Drug Name	Page #
VELTASSA	57
VENCLEXTA	31
VENCLEXTA STARTING PACK	31
<i>venlafaxine hydrochloride</i>	21
<i>venlafaxine hydrochloride er</i>	21
VEOPOZ	68
VEOZAH	52
VEPPANU	25
<i>verapamil hcl er</i>	47
<i>verapamil hcl sr</i>	47
<i>verapamil hydrochloride</i>	47
<i>verapamil hydrochloride er</i>	47
<i>verapamil hydrochloride sr</i>	47
VERQUVO	50
VERSACLOZ	36
VERZENIO	31
V-GO 20	73
V-GO 30	73
V-GO 40	73
<i>vienva</i>	65
<i>vigabatrin</i>	18
<i>vigadrone</i>	18
VIGAFYDE	18
<i>vilazodone hydrochloride</i>	21
VIMKUNYA	71
<i>viorele</i>	65
VIRACEPT	39
VIREAD	38
VITRAKVI	31
VIVITROL	12
VIVOTIF	71
VIZIMPRO	31
VOCABRIA	37
<i>volnea</i>	65
VONJO	26
VORANIGO	32
<i>voriconazole</i>	23
VOSEVI	36
VOWST	58
VRAYLAR	35
VUMERITY	52
<i>vyfemla</i>	65
VYJUVEK	39
<i>vylibra</i>	65
VYNDAMAX	48
VYVGART HYTRULO	24
VYVGART HYTRULO	68

Last Updated: 01/01/2027

Drug Name	Page #
VYZULTA	75
<i>warfarin sodium</i>	44
WEGOVY	73
WELIREG	59
<i>wera</i>	65
WINREVAIR	77
<i>wixela inhub</i>	79
WYOST	72
XALKORI	31
XARELTO	44
XATMEP	70
XCOPRI	18
XDEMVY	74
XERMELO	57
XIFAXAN	58
XIGDUO XR	41
XIIDRA	74
XOCOVA	39
XOFLUZA	39
XOLAIR	68
XOLREMDI	44
XOSPATA	31
XPOVIO	31
XPOVIO 60 MG TWICE WEEKLY	31
XPOVIO 80 MG TWICE WEEKLY	31
XTAMPZA ER	11
XTANDI	25
<i>xulane</i>	65
<i>yargesa</i>	59
YESINTEK	68
YF-VAX	71
YONSA	25
<i>yulithira</i>	31
YUPELRI	76
<i>yuvaferm</i>	65
<i>zafemy</i>	65
<i>zafirlukast</i>	76
<i>zaleplon</i>	79
ZARXIO	44
ZEJULA	31
ZELBORAF	31
ZELVYSIA	59
<i>zenatane</i>	53
ZENBEXUS	26
ZENPEP	60
ZEPOSIA	52
ZEPOSIA 7-DAY STARTER PACK	52

Drug Name	Page #
ZEPOSIA STARTER KIT	52
<i>zidovudine</i>	38
<i>ziprasidone hcl</i>	35
<i>ziprasidone mesylate</i>	36
ZIRGAN	74
ZOKINVY	73
ZOLINZA	26
<i>zolmitriptan</i>	24
<i>zolpidem tartrate</i>	79
<i>zolpidem tartrate er</i>	79
ZONISADE	19
<i>zonisamide</i>	19
<i>zovia 1/35</i>	65
ZTALMY	18
ZURZUVAE	20
ZYDELIG	31
ZYKADIA	31
ZYMFENTRA 2-PEN	70
ZYMFENTRA 2-SYRINGE	70
ZYPREXA RELPREVV	36

Last Updated: 01/01/2027



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