

2026 9 Tier Standard - AmeriHealth Caritas VIP Care MI (HMO-DSNP)

2026 Member Formulary

Formulary ID 26326

CURRENT AS OF 1/1/2026

Drug Name	Drug Tier	Requirements/Limits
Analgesics - Treatment Of Pain		
Analgesics		
<i>8 hr arthritis pain relief oral tablet extended release 650 mg</i>	9	
<i>acetaminophen childrens oral liquid 160 mg/5ml</i>	9	
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	9	
<i>acetaminophen extra strength oral liquid 1000 mg/30ml, 500 mg/15ml</i>	9	
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	9	
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	9	
<i>acetaminophen oral suspension 650 mg/20.3ml, 80 mg/2.5ml</i>	9	
<i>apap childrens oral suspension 160 mg/5ml</i>	9	
<i>apap extra strength oral tablet 500 mg</i>	9	
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	2	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	PA
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	2	PA; MME
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	2	PA
<i>butalbital-apap-caffeine oral solution 50-325-40 mg/15ml</i>	2	PA
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	PA
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	2	PA; MME
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	PA

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>childrens acetaminophen oral suspension 160 mg/5ml</i>	9	
CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE 80 MG	9	
<i>childrens non-aspirin oral suspension 160 mg/5ml</i>	9	
<i>childrens pain reliever oral tablet chewable 80 mg</i>	9	
<i>childrens silapap oral liquid 160 mg/5ml</i>	9	
<i>curanol oral liquid 160 mg/5ml</i>	9	
<i>cvs childs non-aspirin oral tablet chewable 80 mg</i>	9	
<i>cvs infants pain relief drops oral suspension 160 mg/5ml</i>	9	
<i>cvs non-aspirin childrens oral tablet chewable 80 mg</i>	9	
<i>cvs pain & fever infants oral suspension 160 mg/5ml</i>	9	
<i>ed-apap oral liquid 160 mg/5ml</i>	9	
<i>eq acetaminophen oral tablet 325 mg</i>	9	
<i>eql acetaminophen oral tablet 325 mg</i>	9	
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG	9	
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG	9	
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG	9	
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG	9	
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG	9	
<i>ft arthritis pain reliever oral tablet extended release 650 mg</i>	9	
<i>ft pain reliever adults rectal suppository 650 mg</i>	9	
<i>gnp pain & fever infants oral suspension 160 mg/5ml</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>goodsense arthritis pain oral tablet extended release 650 mg</i>	9	
<i>goodsense pain & fever infants oral suspension 160 mg/5ml</i>	9	
<i>hm pain relief oral tablet extended release 650 mg</i>	9	
<i>liquid acetaminophen oral liquid 160 mg/5ml</i>	9	
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML	9	
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG	9	
<i>mapap oral capsule 500 mg</i>	9	
<i>mapap oral liquid 160 mg/5ml</i>	9	
MAX RELIEF JR CHILD PAIN/FEVER ORAL SUSPENSION 160 MG/5ML	9	
MEDI-TABS EXTRA STRENGTH ORAL TABLET 500 MG	9	
<i>meijer aspirin free oral tablet 325 mg, 500 mg</i>	9	
<i>nalbuphine hcl injection solution 10 mg/ml</i>	2	MME
<i>pain & fever kids oral suspension 160 mg/5ml</i>	9	
<i>pain and fever relief kids oral liquid 160 mg/5ml</i>	9	PA
<i>pain relief extra strength oral capsule 500 mg</i>	9	
PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML	9	
PANADOL EXTRA ORAL TABLET 500-65 MG	9	
PANADOL EXTRA STRENGTH ORAL TABLET 500 MG	9	
PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML	9	
PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML	9	
PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION 160 MG/5ML	9	
PEDIACARE INFANTS ORAL SUSPENSION 160 MG/5ML	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>qc 8 hour arthritis pain oral tablet extended release 650 mg</i>	9	
<i>ra childrens fever/pain oral suspension 160 mg/5ml</i>	9	
<i>ra tension headache oral tablet 500-65 mg</i>	9	
<i>sb non-aspirin oral tablet chewable 80 mg</i>	9	
<i>sb pain reliever childrens oral suspension 160 mg/5ml</i>	9	
<i>sm pain relief extra strength oral tablet 500 mg</i>	9	
<i>tension headache oral tablet 500-65 mg</i>	9	
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG	9	
Nonsteroidal Anti-inflammatory Drugs		
<i>acetaminophen-ibuprofen oral tablet 250-125 mg</i>	9	PA
ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG	9	
ADVIL ORAL CAPSULE 200 MG	9	
ALEVE ORAL CAPSULE 220 MG	9	
ALEVE ORAL TABLET 220 MG	9	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	1	QL (30 EA per 30 days)
CHILDRENS ADVIL ORAL SUSPENSION 100 MG/5ML	9	
<i>childrens ibuprofen oral suspension 200 mg/10ml</i>	9	
CHILDRENS MEDI-PROFEN ORAL SUSPENSION 100 MG/5ML	9	
CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML	9	
<i>diclofenac epolamine external patch 1.3 %</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 GM per 28 days)
<i>diclofenac sodium external gel 3 %</i>	2	
<i>diclofenac sodium external solution 1.5 %</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>eq naproxen sodium oral capsule 220 mg</i>	9	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
FLANAX ORAL TABLET 220 MG	9	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ft naproxen sodium oral capsule 220 mg</i>	9	
<i>gnp diclofenac sodium external gel 1 %</i>	9	
<i>gnp dual action pain reliever oral tablet 125-250 mg</i>	9	PA
<i>goodsense arthritis pain external gel 1 %</i>	9	
<i>goodsense dual action oral tablet 125-250 mg</i>	9	PA
<i>goodsense ibuprofen childrens oral tablet chewable 100 mg</i>	9	
<i>hy-vee all day relief oral tablet 220 mg</i>	9	
HYVEE IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML	9	
IBU ORAL TABLET 400 MG	1	
IBU ORAL TABLET 600 MG	1	QL (150 EA per 30 days)
IBU ORAL TABLET 800 MG	1	QL (120 EA per 30 days)
<i>ibu-200 oral tablet 200 mg</i>	9	
<i>ibuprofen 100 junior strength oral tablet chewable 100 mg</i>	9	
<i>ibuprofen childrens oral suspension 200 mg/10ml</i>	9	
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	9	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral suspension 200 mg/10ml</i>	9	
<i>ibuprofen oral tablet 400 mg</i>	1	QL (240 EA per 30 days)
<i>ibuprofen oral tablet 600 mg</i>	1	QL (150 EA per 30 days)
<i>ibuprofen oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
<i>ibuprofen oral tablet chewable 100 mg</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin er oral capsule extended release 75 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>ketorolac tromethamine oral tablet 10 mg</i>	2	QL (20 EA per 30 days)
<i>kls ibuprofen ib oral tablet 200 mg</i>	9	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	2	
MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG	9	
MEDI-PROFEN ORAL CAPSULE 200 MG	9	
MEDI-PROFEN ORAL SUSPENSION 40 MG/ML	9	
MEDI-PROFEN ORAL TABLET 200 MG	9	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>mm ibuprofen oral tablet 200 mg</i>	9	
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG	9	
MOTRIN IB ORAL TABLET 200 MG	9	
MOTRIN INFANTS DROPS ORAL SUSPENSION 50 MG/1.25ML	9	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen dr oral tablet delayed release 500 mg</i>	3	
<i>naproxen oral suspension 125 mg/5ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg</i>	3	
<i>naproxen oral tablet delayed release 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
PAMPRIN ALL DAY RELIEF MAX ST ORAL TABLET 220 MG	9	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
PROPRINAL ORAL CAPSULE 200 MG	9	
<i>qc naproxen sodium oral capsule 220 mg</i>	9	
<i>sb infants ibuprofen oral suspension 50 mg/1.25ml</i>	9	
<i>sm ibuprofen oral capsule 200 mg</i>	9	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
WAL-PROFEN ORAL TABLET 200 MG	9	
Opioid Analgesics, Long-acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	2	PA; MME; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	MME; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 62.5 mcg/hr, 87.5 mcg/hr</i>	4	MME; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	2	MME; QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	2	MME; QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	2	PA; MME; QL (120 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	2	MME; QL (180 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	2	PA; MME
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	MME; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	4	PA; MME; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	4	PA; MME; QL (60 EA per 30 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	MME; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	MME; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	2	MME; QL (5 ML per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	2	MME; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	MME; QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	MME; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	2	MME; QL (240 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MME; QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	2	MME; QL (600 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	MME; QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	2	MME
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	MME; QL (300 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	MME; QL (120 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	2	MME; QL (1200 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	MME; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	2	MME; QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MME; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	2	MME; QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	2	MME
<i>tramadol hcl oral tablet 50 mg</i>	2	MME; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	MME; QL (240 EA per 30 days)
Anesthetics - Local Treatment Of Pain		
Local Anesthetics		
ANECREAM EXTERNAL CREAM 4 %	9	
ASPERFLEX LIDOCAINE EXTERNAL CREAM 4 %	9	
<i>lidocaine external cream 4 %</i>	9	
<i>lidocaine external ointment 5 %</i>	2	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	
<i>lidocaine pain relief max st external patch 4 %</i>	9	QL (30 EA per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	
LMX 4 EXTERNAL CREAM 4 %	9	
<i>ultra lido external cream 4 %</i>	9	
ZTLIDO EXTERNAL PATCH 1.8 %	4	PA; QL (90 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
Anti-Addiction/Substance Abuse Treatment Agents - Treatment Of Substance Abuse Disorders		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	QL (1 EA per 28 days)
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	2	QL (150 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	QL (120 EA per 30 days)
<i>lofexidine hcl oral tablet 0.18 mg</i>	5	PA; QL (224 EA per 14 days)
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	6	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
Opioid Reversal Agents		
<i>ft naloxone hcl nasal liquid 4 mg/0.1ml</i>	9	
<i>gnp naloxone hcl nasal liquid 4 mg/0.1ml</i>	9	
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	6	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	6	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	6	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	3	
Smoking Cessation Agents		

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
<i>eq nicotine mouth/throat gum 4 mg</i>	9	
<i>eq nicotine polacrilex mouth/throat gum 4 mg</i>	9	
<i>goodsense nicotine mouth/throat lozenge 2 mg</i>	9	QL (600 EA per 30 days)
<i>goodsense nicotine policrilex mouth/throat gum 4 mg</i>	9	QL (720 EA per 30 days)
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	9	
KLS QUIT2 MOUTH/THROAT GUM 2 MG	9	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	9	
KLS QUIT4 MOUTH/THROAT GUM 4 MG	9	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	9	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	9	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG	9	
NICORETTE MOUTH/THROAT GUM 2 MG, 4 MG	9	
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG	9	
NICORETTE STARTER KIT MOUTH/THROAT GUM 2 MG, 4 MG	9	
NICOTROL INHALATION INHALER 10 MG	4	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr</i>	9	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	2	QL (56 EA per 28 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	2	QL (56 EA per 28 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	2	QL (56 EA per 28 days)
Antibacterials - Treatment Of Bacterial Infections		

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	4	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	2	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	2	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	2	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml</i>	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	2	
<i>daptomycin intravenous solution reconstituted 350 mg</i>	2	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	4	
<i>fosfomycin tromethamine oral packet 3 gm</i>	2	QL (6 EA per 180 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	2	
<i>linezolid intravenous solution 600 mg/300ml</i>	2	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	
<i>linezolid oral tablet 600 mg</i>	2	
<i>methenamine hippurate oral tablet 1 gm</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral capsule 375 mg</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	4	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	2	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	4	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	2	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	2	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg, 750 mg</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl oral capsule 125 mg</i>	2	QL (40 EA per 10 days)
<i>vancomycin hcl oral capsule 250 mg</i>	2	QL (80 EA per 10 days)
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML	4	
Beta-lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	2	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil oral tablet 1 gm</i>	2	
<i>cefazolin sodium injection solution prefilled syringe 3 gm/30ml</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	2	
<i>cefazolin sodium intravenous solution prefilled syringe 2 gm/10ml</i>	2	
<i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>	2	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	2	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i>	2	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	2	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	2	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	2	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	2	
<i>cefixime oral capsule 400 mg</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	2	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	4	

Last Updated 10/15/2025

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

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

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	2	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	2	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	2	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	2	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>	2	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	QL (136 ML per 10 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
DIFICID ORAL TABLET 200 MG	5	QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>fidaxomicin oral tablet 200 mg</i>	5	QL (20 EA per 10 days)
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	2	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 25 mg/ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	2	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	2	
<i>moxifloxacin hcl oral tablet 400 mg</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	
Anticonvulsants - Treatment Of Seizures		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	5	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (180 EA per 30 days)
DIACOMIT ORAL PACKET 250 MG	5	PA; QL (360 EA per 30 days)
DIACOMIT ORAL PACKET 500 MG	5	PA; QL (180 EA per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA
<i>felbamate oral suspension 600 mg/5ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; QL (720 ML per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	5	ST; QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	4	ST; QL (60 EA per 30 days)
ROWEEPRA ORAL TABLET 500 MG	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	ST; QL (360 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4	ST; QL (180 EA per 30 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	2	
<i>topiramate oral solution 25 mg/ml</i>	2	PA; QL (480 ML per 30 days)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	4	ST; QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>methsuximide oral capsule 300 mg</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	2	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	PA; QL (10 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	PA
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 ML per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	ST; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	ST; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	4	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	4	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	5	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA; QL (180 EA per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML	5	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; QL (1100 ML per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
Sodium Channel Agents		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	2	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	2	QL (30 EA per 30 days)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	2	QL (60 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	2	QL (120 EA per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	5	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	2	PA; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	2	PA; QL (240 EA per 30 days)
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	ST; QL (900 ML per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Antidementia Agents - Management Of Dementia		
Antidementia Agents, Other		
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	4	
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	2	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	QL (30 EA per 30 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	2	QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	1	
Antidepressants - Treatment Of Depression		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	5	PA; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (14 EA per 14 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	2	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	QL (60 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST; QL (28 EA per 180 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	2	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	4	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	PA
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	PA
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	2	PA
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	PA
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	PA

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA
<i>imipramine pamoate oral capsule 100 mg</i>	2	PA; QL (90 EA per 30 days)
<i>imipramine pamoate oral capsule 125 mg, 150 mg, 75 mg</i>	2	PA; QL (60 EA per 30 days)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	2	
<i>trimipramine maleate oral capsule 100 mg</i>	2	QL (60 EA per 30 days)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	2	QL (120 EA per 30 days)
Antiemetics - Treatment Of Vomiting Or Nausea		
Antiemetics, Other		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	QL (3600 ML per 30 days)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	QL (180 EA per 30 days)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	4	QL (30 EA per 30 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	2	QL (10 EA per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	2	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	2	B/D

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	B/D; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	4	B/D
<i>granisetron hcl oral tablet 1 mg</i>	2	B/D
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	B/D
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	B/D

Antifungals - Treatment Of Fungal Or Yeast Infections

Antifungals

<i>3 day vaginal vaginal cream 2 %</i>	9	
<i>7 day vaginal vaginal cream 2 %</i>	9	
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	2	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	B/D
<i>athletes foot external cream 1 %</i>	9	
<i>athletes foot external solution 1 %</i>	9	
AZOLEN TINCTURE EXTERNAL SOLUTION 2 %	9	
<i>casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	4	PA
<i>clotrimazole external cream 1 %</i>	2	QL (45 GM per 28 days)
<i>clotrimazole external solution 1 %</i>	2	QL (30 ML per 28 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	2	QL (150 EA per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5	PA
<i>cvs athletes foot (tolnaftate) external cream 1 %</i>	9	
<i>cvs miconazole 1 combo pack vaginal kit 1200 & 2 mg & %</i>	9	
<i>cvs tioconazole 1 vaginal ointment 6.5 %</i>	9	
DESENEX EXTERNAL CREAM 1 %	9	
<i>econazole nitrate external cream 1 %</i>	2	
<i>eq athletes foot (tolnaftate) external cream 1 %</i>	9	
<i>eq miconazole 1 vaginal kit 1200 & 2 mg & %</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>eq tioconazole 1 vaginal ointment 6.5 %</i>	9	
<i>eql athletes foot external cream 1 %</i>	9	
<i>eql miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	9	
<i>eql tioconazole-1 vaginal ointment 6.5 %</i>	9	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	PA
<i>ft 7 day vaginal vaginal cream 1 %</i>	9	
<i>ft tioconazole-1 vaginal ointment 6.5 %</i>	9	
<i>fungi-guard external cream 1 %</i>	9	
<i>gnp miconazole 1 vaginal kit 1200 & 2 mg & %</i>	9	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	QL (120 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	2	
<i>ketoconazole external cream 2 %</i>	2	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	2	
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	1	QL (180 GM per 30 days)
LOTRIMIN AF EXTERNAL CREAM 1 %	9	PA
LOTRIMIN AF JOCK ITCH EXTERNAL CREAM 1 %	9	
<i>micaderm external cream 2 %</i>	9	
<i>micafungin sodium intravenous solution reconstituted 100 mg</i>	4	
<i>micafungin sodium intravenous solution reconstituted 50 mg</i>	2	
<i>micafungin sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 150-0.9 mg/150ml-%, 50-0.9 mg/50ml-%</i>	2	
<i>miconazole 1 vaginal kit 1200 & 2 mg & %</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>miconazole nitrate combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	9	
<i>miconazole nitrate external solution 2 %</i>	9	
<i>miconi-al external solution 2 %</i>	9	
MICOTRIN AC EXTERNAL CREAM 1 %	9	PA
MONISTAT 1 COMBO PACK VAGINAL KIT 1200 & 2 MG & %	9	
MONISTAT 1 DAY OR NIGHT VAGINAL KIT 1200 & 2 MG & %	9	
MONISTAT 1-DAY VAGINAL OINTMENT 6.5 %	9	
MONISTAT 7 SIMPLY CURE VAGINAL CREAM 2 %	9	
MYCOZYL AC EXTERNAL CREAM 1 %	9	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	QL (180 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	1	QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	1	QL (30 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	1	QL (180 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet 500000 unit</i>	2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	QL (180 GM per 30 days)
<i>posaconazole intravenous solution 300 mg/16.7ml</i>	2	
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA; QL (630 ML per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i>	2	PA; QL (96 EA per 30 days)
<i>pro-ex antifungal external cream 1 %</i>	9	
<i>qc antifungal (tolnaftate) external cream 1 %</i>	9	
<i>ra foot care (tolnaftate) external cream 1 %</i>	9	
<i>ra tioconazole 1 vaginal ointment 6.5 %</i>	9	
<i>sb anti-fungal external cream 1 %</i>	9	
<i>sb clotrimazole foot external cream 1 %</i>	9	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
TINACTIN EXTERNAL CREAM 1 %	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
TINEACIDE EXTERNAL CREAM 2 %	9	
<i>tioconazole-1 vaginal ointment 6.5 %</i>	9	
<i>tm-clotrimazole external cream 1 %</i>	9	
<i>tolnaftate antifungal external cream 1 %</i>	9	
VAGISTAT-3 VAGINAL KIT 200 & 2 MG-% (9GM)	9	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	4	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	PA
Antigout Agents - Treatment Or Prevention Of Gouty Arthritis		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST
<i>probenecid oral tablet 500 mg</i>	2	
Antimigraine Agents - Treatment Of Migraine Headaches		
Antimigraine Agents		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	PA; QL (16 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT	5	PA; QL (8 EA per 30 days)
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	PA
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 ML per 28 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 28 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	QL (9 EA per 28 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	QL (36 EA per 28 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	QL (36 EA per 28 days)
<i>sumatriptan nasal solution 20 mg/act</i>	2	QL (18 EA per 28 days)
<i>sumatriptan nasal solution 5 mg/act</i>	2	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (18 EA per 28 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	2	QL (9 ML per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	2	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	2	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	2	QL (8 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (9 EA per 28 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	QL (9 EA per 28 days)
Antimyasthenic Agents - Treatment Of Myasthenia		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	2	
<i>pyridostigmine bromide er oral tablet extended release 24 hour 105 mg</i>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
Antimycobacterials - Treatment For Infections By Tuberculosis-Type Organisms		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	4	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>pretomanid oral tablet 200 mg</i>	4	PA
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA
Antineoplastics - Treatment Of Cancer		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	B/D
GLEOSTINE ORAL CAPSULE 10 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5	
LEUKERAN ORAL TABLET 2 MG	5	PA
MATULANE ORAL CAPSULE 50 MG	5	
VALCHLOR EXTERNAL GEL 0.016 %	5	PA
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	2	PA; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA; QL (60 EA per 30 days)
ABIRTEGA ORAL TABLET 250 MG	4	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG	5	PA
<i>nilutamide oral tablet 150 mg</i>	5	PA

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
NUBEQA ORAL TABLET 300 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	5	PA; QL (120 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
THALOMID ORAL CAPSULE 50 MG	5	PA; QL (240 EA per 30 days)
Antiestrogens/Modifiers		
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	2	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	5	PA
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>hydroxyurea oral capsule 500 mg</i>	2	
INQOVI ORAL TABLET 35-100 MG	5	PA; QL (5 EA per 28 days)
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	5	PA
<i>mercaptopurine oral tablet 50 mg</i>	2	
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; QL (14 EA per 28 days)
SIKLOS ORAL TABLET 100 MG, 1000 MG	4	
TABLOID ORAL TABLET 40 MG	4	PA
XROMI ORAL SOLUTION 100 MG/ML	4	
Antineoplastics, Other		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA; QL (60 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	5	PA; QL (66 EA per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA; QL (120 EA per 30 days)
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	5	PA
GOMEKLI ORAL TABLET SOLUBLE 1 MG	5	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; QL (30 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA; QL (240 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; QL (91 EA per 28 days)
KRAZATI ORAL TABLET 200 MG	5	PA; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	5	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	5	PA
LYSODREN ORAL TABLET 500 MG	5	
MODEYSO ORAL CAPSULE 125 MG	5	PA; QL (20 EA per 28 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	5	PA
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; QL (60 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA; QL (8 EA per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	5	PA
TIBSOVO ORAL TABLET 250 MG	5	PA
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
WELIREG ORAL TABLET 40 MG	5	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (16 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	2	
<i>letrozole oral tablet 2.5 mg</i>	1	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	5	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; QL (30 EA per 180 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (360 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; QL (120 EA per 30 days)
BRUKINSA ORAL TABLET 160 MG	5	PA; QL (60 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; QL (30 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; QL (63 EA per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	5	PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 EA per 30 days)
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	5	PA; QL (30 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg</i>	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	5	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	5	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
HERNEXEOS ORAL TABLET 60 MG	5	PA; QL (90 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	2	PA; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	2	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	5	PA; QL (30 EA per 30 days)
<i>imkeldi oral solution 80 mg/ml</i>	5	PA; QL (300 ML per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG, 9 MG	5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; QL (90 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; QL (120 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA
<i>nilotinib d-tartrate oral capsule 150 mg, 200 mg</i>	5	PA; QL (112 EA per 28 days)
<i>nilotinib d-tartrate oral capsule 50 mg</i>	5	PA; QL (120 EA per 30 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA; QL (112 EA per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA
QINLOCK ORAL TABLET 50 MG	5	PA; QL (90 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA; QL (180 EA per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA; QL (120 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA; QL (224 EA per 28 days)
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA; QL (840 EA per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
TAZVERIK ORAL TABLET 200 MG	5	PA
TEPMETKO ORAL TABLET 225 MG	5	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; QL (64 EA per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	5	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (28 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; QL (60 EA per 30 days)
VIJOICE ORAL PACKET 50 MG	5	PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; QL (90 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; QL (90 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA
<i>bexarotene oral capsule 75 mg</i>	5	PA
PANRETIN EXTERNAL GEL 0.1 %	5	PA
<i>tretinoin oral capsule 10 mg</i>	5	PA
Treatment Adjuncts		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>mesna oral tablet 400 mg</i>	2	
Antiparasitics - Treatment Of Infections From Parasites		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	2	
<i>ivermectin oral tablet 3 mg</i>	1	QL (20 EA per 30 days)
<i>praziquantel oral tablet 600 mg</i>	2	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	2	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; QL (84 EA per 28 days)
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	4	QL (12 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	2	B/D

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; QL (90 EA per 30 days)
<i>quinine sulfate oral capsule 324 mg</i>	2	
Antiparkinson Agents - Treatment Of Parkinson's Disease		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	5	PA; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	5	PA; QL (30 EA per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	ST
Dopamine Agonists		
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	5	PA; QL (90 ML per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	2	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
Antipsychotics - Treatment Of Behavioral And Emotional Disorders		
1st Generation/Typical		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	3	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	3	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	3	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	3	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	PA; QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	PA; QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	PA; QL (30 EA per 30 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	PA; QL (0.75 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	PA; QL (1 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	PA; QL (1.5 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	5	PA; QL (2.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	PA; QL (0.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA; QL (8 EA per 180 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	4	PA; QL (12 EA per 180 days)
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	4	PA; QL (8 EA per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	3	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	3	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	3	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	3	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	3	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 ML per 28 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	3	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	3	QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	3	QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	3	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	3	QL (2.63 ML per 84 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	2	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	QL (90 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	2	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	2	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	5	PA; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	2	QL (30 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (30 EA per 30 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	2	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	QL (360 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	2	QL (120 EA per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	PA; QL (2 EA per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	PA; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	PA; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	PA; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	PA; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	PA; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	PA; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	PA; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	PA; QL (0.21 ML per 28 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA; QL (30 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	2	QL (6 EA per 3 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	2	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	2	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 150 mg</i>	2	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	2	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	2	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	QL (600 ML per 30 days)
Antispasticity Agents - Treatment Of Muscle Spasms		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
Antivirals - Treatment Of Infections By Viruses		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY ORAL TABLET 200 MG	5	PA
PREVYMIS ORAL PACKET 120 MG, 20 MG	5	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	
<i>valganciclovir hcl oral tablet 450 mg</i>	2	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml, 300 mg/30ml</i>	2	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	2	QL (30 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	PA; QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
Anti-hepatitis C (HCV) Agents		
MAVYRET ORAL PACKET 50-20 MG	5	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (90 EA per 30 days)
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QL (28 EA per 28 days)
Antitherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>trifluridine ophthalmic solution 1 %</i>	2	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ISENTRESS HD ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	4	QL (180 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	QL (180 EA per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
EDURANT ORAL TABLET 25 MG	5	QL (30 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	4	QL (180 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	2	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	2	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	2	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	2	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	2	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	QL (60 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	2	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (90 EA per 30 days)
Anti-HIV Agents, Other		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	QL (30 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	5	QL (52 ML per 365 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	5	QL (42 ML per 365 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600- 200-300 mg</i>	2	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400- 300-300 mg, 600-300-300 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25- 300 mg</i>	5	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)
<i>maraviroc oral tablet 150 mg</i>	5	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	5	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	5	QL (30 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	3	QL (1840 ML per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET 300 MG	5	QL (10 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	5	QL (6 ML per 365 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>trimeq pd oral tablet soluble 60-5-30 mg</i>	2	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	2	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	2	QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	2	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	2	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	QL (120 EA per 30 days)
KALETRA ORAL SOLUTION 400-100 MG/5ML	4	QL (390 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	2	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	2	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	4	
<i>ritonavir oral tablet 100 mg</i>	2	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
Anti-influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	QL (84 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	QL (1080 ML per 84 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 EA per 180 days)
<i>rimantadine hcl oral tablet 100 mg</i>	2	
Antiviral, Coronavirus Agents		
LAGEVRIO ORAL CAPSULE 200 MG	3	QL (40 EA per 5 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	3	QL (20 EA per 5 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	3	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	3	QL (30 EA per 5 days)
Anxiolytics - Treatment Of Anxiety Or Nervousness		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	QL (360 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	QL (120 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
Bipolar Agents - Treatment For Bipolar Illnesses		

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
Mood Stabilizers		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	4	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	2	
Blood Glucose Regulators - Control Of Diabetes		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	QL (180 EA per 30 days)
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	6	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	6	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 EA per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	6	QL (90 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	6	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	6	QL (60 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	6	QL (120 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	6	QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	2	PA; QL (9 ML per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	6	QL (150 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	6	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	6	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	6	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	6	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	6	QL (30 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	6	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5	QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5	QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	QL (4 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	QL (4 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	2	
<i>glucagon emergency injection kit 1 mg</i>	3	QL (4 EA per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml</i>	3	QL (4 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120 EA per 30 days)
Insulins		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP INJECTION SOLUTION 100 UNIT/ML	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
<i>gauze pad 2"x2"</i>	1	
GAUZE PAD 2"X2"	1	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	3	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	2	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	2	
<i>insulin aspart injection solution 100 unit/ml</i>	2	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	2	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	2	
<i>insulin lispro injection solution 100 unit/ml</i>	2	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	2	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	2	
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	1	
INSULIN SYRINGE 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G 0.3 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML	1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD DASH INTRO (GEN 4) KIT	3	
OMNIPOD DASH PDM (GEN 4) KIT	3	
OMNIPOD DASH PODS (GEN 4)	3	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	3	
PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	1	
<i>pen needles 29g x 4mm , 30g x 5 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	1	
SOLQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
V-GO 20 KIT 20 UNIT/24HR	3	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
V-GO 30 KIT 30 UNIT/24HR	3	
V-GO 40 KIT 40 UNIT/24HR	3	
Blood Products And Modifiers - Prevention Of Clotting And Increasing Blood Cell Production		
Anticoagulants		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	4	PA
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	2	QL (60 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	2	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	2	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	2	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	QL (900 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (102 EA per 365 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
Blood Products and Modifiers, Other		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	2	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	2	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA
<i>eltrombopag olamine oral packet 12.5 mg</i>	5	PA; QL (360 EA per 30 days)
<i>eltrombopag olamine oral packet 25 mg</i>	5	PA; QL (180 EA per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	5	PA; QL (30 EA per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	5	PA; QL (60 EA per 30 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	4	PA
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
PROCRT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
TAVNEOS ORAL CAPSULE 10 MG	5	PA
<i>tranexamic acid oral tablet 650 mg</i>	2	
XOLREMDI ORAL CAPSULE 100 MG	5	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA
Platelet Modifying Agents		
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	9	QL (30 EA per 30 days)
<i>aspirin rectal suppository 300 mg</i>	9	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG	9	
BRILINTA ORAL TABLET 90 MG	4	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	PA
DOPTLET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5	PA
ECOTRIN ARTHRTIS PAIN ORAL TABLET DELAYED RELEASE 325 MG	9	
ECOTRIN ORAL TABLET DELAYED RELEASE 325 MG	9	
<i>ft aspirin oral tablet chewable 81 mg</i>	9	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	9	QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years)
<i>genuine aspirin oral tablet 325 mg</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>gnp aspirin oral tablet 325 mg</i>	9	QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years)
<i>gnp aspirin oral tablet delayed release 325 mg</i>	9	QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years)
<i>goodsense aspirin adults oral tablet 325 mg</i>	9	QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years)
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	9	
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG	9	
MEDIQUE ASPIRIN ORAL TABLET 325 MG	9	
<i>meijer aspirin ec oral tablet delayed release 325 mg</i>	9	
<i>mm aspirin oral tablet delayed release 81 mg</i>	9	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	9	QL (30 EA per 30 days)
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	9	
<i>ra pain relief aspirin oral tablet 325 mg</i>	9	
<i>sb aspirin ec oral tablet delayed release 325 mg</i>	9	
<i>sm aspirin ec low strength oral tablet delayed release 81 mg</i>	9	
<i>sm aspirin tri-buffered oral tablet 325 mg</i>	9	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	2	

Cardiovascular Agents - Treatment Of Conditions Affecting The Heart And Blood Vessels

Alpha-adrenergic Agonists

<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg</i>	2	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	2	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	

Alpha-adrenergic Blocking Agents

<i>doxazosin mesylate oral tablet 1 mg, 4 mg</i>	1	QL (30 EA per 30 days)
--	---	------------------------

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate oral tablet 2 mg</i>	1	QL (90 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	5	PA
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL (60 EA per 30 days)
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	6	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	6	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	6	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	6	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	6	QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	6	QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	6	QL (30 EA per 30 days)
<i>telmisartan oral tablet 80 mg</i>	6	QL (60 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	6	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	6	QL (30 EA per 30 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	6	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	6	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	6	
Antiarrhythmics		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	2	
disopyramide phosphate oral capsule 100 mg, 150 mg	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	2	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	2	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	2	
MULTAQ ORAL TABLET 400 MG	4	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	2	
quinidine gluconate er oral tablet extended release 324 mg	2	
quinidine sulfate oral tablet 200 mg, 300 mg	2	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
betaxolol hcl oral tablet 10 mg, 20 mg	2	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	PA
<i>nimodipine oral capsule 30 mg</i>	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	6	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	6	QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; QL (30 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	6	QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	6	QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML	4	PA; QL (450 ML per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	2	QL (150 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	6	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	3	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	6	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	6	QL (30 EA per 30 days)
<i>ivabradine hcl oral tablet 5 mg</i>	2	PA; QL (90 EA per 30 days)
<i>ivabradine hcl oral tablet 7.5 mg</i>	2	PA; QL (60 EA per 30 days)
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	
LODOCO ORAL TABLET 0.5 MG	4	PA; QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	6	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metyrosine oral capsule 250 mg</i>	5	PA
NEXLETOL ORAL TABLET 180 MG	3	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	6	QL (30 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	2	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	6	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	6	QL (60 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	5	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	5	PA; QL (3 ML per 28 days)
Diuretics, Loop		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	2	
<i>cholestyramine light oral powder 4 gm/dose</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>cholestyramine oral powder 4 gm/dose</i>	2	
<i>colesevelam hcl oral packet 3.75 gm</i>	2	
<i>colesevelam hcl oral tablet 625 mg</i>	2	
<i>colestipol hcl oral granules 5 gm</i>	2	
<i>colestipol hcl oral packet 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	1	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	6	QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 0.5 gm</i>	2	QL (240 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	2	QL (120 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	QL (60 EA per 30 days)
<i>niacin er oral capsule extended release 500 mg</i>	9	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	
PREVALITE ORAL PACKET 4 GM	2	
PREVALITE ORAL POWDER 4 GM/DOSE	2	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL (2 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (2 ML per 28 days)
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin rectal ointment 0.4 %</i>	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	2	
Central Nervous System Agents - Treatment Of Disorders Of The Brain And Spinal Column		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	2	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	2	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	2	QL (120 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	2	QL (120 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	2	QL (120 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	2	QL (90 EA per 30 days)
Central Nervous System, Other		
AQNEURSA ORAL PACKET 1 GM	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	5	PA; QL (120 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (28 EA per 28 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	PA; QL (56 EA per 28 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	5	PA; QL (56 EA per 180 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; QL (240 ML per 30 days)
EVRYSDI ORAL TABLET 5 MG	5	PA; QL (30 EA per 30 days)
FIRDAPSE ORAL TABLET 10 MG	5	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5	PA; QL (28 EA per 180 days)
<i>liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml</i>	9	PA; QL (15 ML per 30 days); AL (Min 12 Years and Max 999 Years)
NUEDEXTA ORAL CAPSULE 20-10 MG	5	PA; QL (60 EA per 30 days)
<i>phentermine hcl oral tablet 8 mg</i>	9	PA; AL (Min 17 Years and Max 999 Years)
<i>phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	9	PA; AL (Min 12 Years and Max 999 Years)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	5	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	5	PA
<i>riluzole oral tablet 50 mg</i>	2	
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (120 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine oral tablet 25 mg	5	PA; QL (120 EA per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA
Fibromyalgia Agents		
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	ST; QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	ST; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	4	ST; QL (55 EA per 180 days)
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	5	PA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; QL (14 EA per 28 days)
dalfampridine er oral tablet extended release 12 hour 10 mg	2	PA; QL (60 EA per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg	2	PA; QL (56 EA per 28 days)
dimethyl fumarate oral capsule delayed release 240 mg	2	PA; QL (60 EA per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	2	PA; QL (120 EA per 180 days)
fingolimod hcl oral capsule 0.5 mg	4	PA; QL (30 EA per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	5	PA; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	5	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; QL (12 EA per 180 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; QL (7 EA per 180 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	5	PA; QL (20 ML per 180 days)
PONVORY ORAL TABLET 20 MG	5	PA; QL (30 EA per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	5	PA; QL (14 EA per 180 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	5	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	5	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	5	PA; QL (30 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	2	PA; QL (30 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	5	PA; QL (7 EA per 180 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	5	PA; QL (28 EA per 180 days)
Dental And Oral Agents - Treatment Of Mouth And Gum Disorders		
Dental and Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	2	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	
Dermatological Agents - Treatment Of Skin Conditions		
Acne and Rosacea Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	PA
<i>acne medication 10 external lotion 10 %</i>	9	
<i>acne medication 2.5 external gel 2.5 %</i>	9	
<i>adapalene external cream 0.1 %</i>	9	
<i>adapalene external gel 0.3 %</i>	2	
<i>adapalene treatment external gel 0.1 %</i>	9	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	
<i>benzoyl peroxide external gel 2.5 %</i>	9	
<i>benzoyl peroxide external liquid 10 %</i>	9	
<i>bp wash external liquid 5 %</i>	9	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	2	
<i>cvs advanced 3-in-1 cleanser external liquid 5 %</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
DIFFERIN CLEANSER EXTERNAL LIQUID 5 %	9	
DIFFERIN EXTERNAL CREAM 0.1 %	9	
DIFFERIN EXTERNAL GEL 0.3 %	9	
DIFFERIN EXTERNAL LOTION 0.1 %	9	
FABIOR EXTERNAL FOAM 0.1 %	9	
<i>gnp adapalene external gel 0.1 %</i>	9	QL (45 GM per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>tazarotene external cream 0.05 %, 0.1 %</i>	2	QL (60 GM per 30 days)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	2	QL (100 GM per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	2	QL (45 GM per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	
Dermatitis and Pruritus Agents		
<i>alclometasone dipropionate external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
AQUAPHOR ITCH RELIEF CHILDREN EXTERNAL OINTMENT 1 %	9	
AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM 1 %	9	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	2	QL (120 GM per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	2	QL (120 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	2	QL (50 ML per 30 days)
CORTIZONE-10 INTENSIVE MOISTURE EXTERNAL CREAM 1 %	9	
CORTIZONE-10 OVERNIGHT EXTERNAL CREAM 1 %	9	
CORTIZONE-10 SENSITIVE SKIN EXTERNAL CREAM 1 %	9	
CORTIZONE-10 SOOTHING ALOE EXTERNAL CREAM 1 %	9	
CORTIZONE-10 ULTRA SOOTHING EXTERNAL CREAM 1 %	9	
CORTIZONE-10 WATER RESISTANT EXTERNAL OINTMENT 1 %	9	
<i>cvs hydrocortisone anti-itch external cream 0.5 %</i>	9	
<i>desonide external cream 0.05 %</i>	2	
<i>desonide external lotion 0.05 %</i>	2	
<i>desonide external ointment 0.05 %</i>	2	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	2	
<i>desoximetasone external gel 0.05 %</i>	2	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	2	
<i>doxepin hcl external cream 5 %</i>	2	PA; QL (90 GM per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	4	PA
<i>fluocinolone acetonide body external oil 0.01 %</i>	2	QL (118.28 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	2	QL (60 GM per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	2	QL (120 GM per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	2	QL (60 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	2	QL (118.28 ML per 30 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	2	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	2	
<i>fluticasone propionate external lotion 0.05 %</i>	2	
<i>fluticasone propionate external ointment 0.005 %</i>	2	
<i>goodsense anti-itch max str external cream 1 %</i>	9	
<i>goodsense anti-itch maximum st external ointment 1 %</i>	9	
<i>halobetasol propionate external cream 0.05 %</i>	2	QL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	2	QL (50 GM per 30 days)
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	2	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	
<i>hydrocortisone butyrate external solution 0.1 %</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone max st/12 moist external cream 1 %</i>	9	
<i>hydrocortisone plus external cream 1 %</i>	9	
<i>hydrocortisone valerate external cream 0.2 %</i>	2	
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	
HYFTOR EXTERNAL GEL 0.2 %	5	PA
<i>instacort 5 external cream 0.5 %</i>	9	
MEDI-FIRST HYDROCORTISONE EXTERNAL CREAM 1 %	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
<i>pimecrolimus external cream 1 %</i>	2	ST
<i>qc hydrocortisone max st external cream 1 %</i>	9	
<i>sb hydrocortisone max st external ointment 1 %</i>	9	
<i>selenium sulfide external lotion 2.5 %</i>	2	
<i>sm hydrocortisone external cream 0.5 %</i>	9	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	ST
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external cream 0.1 %</i>	2	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	2	
Dermatological Agents, Other		
<i>alcohol pad</i>	9	QL (200 EA per 30 days)
<i>alcohol pad , 70 %</i>	1	
ALCOHOL PAD 70 %	1	
<i>alcohol sheet , 70 %</i>	1	
<i>calcipotriene external cream 0.005 %</i>	2	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	2	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	2	QL (120 ML per 30 days)
<i>calcitriol external ointment 3 mcg/gm</i>	2	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	QL (60 ML per 28 days)
<i>fluorouracil external cream 5 %</i>	2	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	2	QL (10 ML per 30 days)
<i>imiquimod external cream 5 %</i>	2	QL (24 EA per 30 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	QL (60 GM per 28 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	QL (60 GM per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	5	PA; QL (55 EA per 180 days)
<i>podofilox external solution 0.5 %</i>	2	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	3	QL (180 GM per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>tretinoin external gel 0.05 %</i>	9	
<i>tretinoin microsphere pump external gel 0.08 %</i>	9	
Pediculicides/Scabicides		
<i>gnp lice killing external shampoo 0.33-4 %</i>	9	QL (59 ML per 30 days)
<i>goodsense lice killing external liquid 1 %</i>	9	QL (59 ML per 30 days)
<i>goodsense lice killing max str external shampoo 0.33-4 %</i>	9	
<i>lice killing shampoo max str external shampoo 0.33-4 %</i>	9	QL (59 ML per 30 days)
<i>malathion external lotion 0.5 %</i>	2	QL (59 ML per 30 days)
<i>permethrin external cream 5 %</i>	2	QL (60 GM per 30 days)
<i>ra lice treatment external liquid 1 %</i>	9	
<i>sb lice treatment external liquid 1 %</i>	9	
<i>sm lice treatment external liquid 1 %</i>	9	QL (59 ML per 30 days)
Topical Anti-infectives		
<i>acyclovir external cream 5 %</i>	2	QL (30 GM per 30 days)
<i>acyclovir external ointment 5 %</i>	2	QL (30 GM per 30 days)
BETADINE EXTERNAL SOLUTION 10 %	9	
<i>ciclopirox external solution 8 %</i>	2	QL (6.6 ML per 28 days)
<i>ciclopirox olamine external cream 0.77 %</i>	2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	2	QL (60 ML per 30 days)
<i>clindamycin phos (once-daily) external gel 1 %</i>	2	QL (120 ML per 30 days)
<i>clindamycin phos (twice-daily) external gel 1 %</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate external lotion 1 %</i>	2	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	2	QL (60 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	2	QL (60 EA per 30 days)
<i>cvs povidone-iodine external solution 10 %</i>	9	
<i>eq first aid antiseptic external solution 10 %</i>	9	
<i>eq povidone-iodine external solution 10 %</i>	9	
<i>ery external pad 2 %</i>	2	QL (60 EA per 30 days)
<i>erythromycin external gel 2 %</i>	2	QL (60 GM per 30 days)
<i>erythromycin external solution 2 %</i>	2	QL (60 ML per 30 days)
<i>first aid antibiotic external ointment 3.5-500-10000</i>	9	
<i>first aid antiseptic external ointment 10 %</i>	9	
<i>ft povidone-iodine external solution 10 %</i>	9	
<i>gentamicin sulfate external cream 0.1 %</i>	1	QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	QL (30 GM per 30 days)
<i>gnp povidone-iodine external solution 10 %</i>	9	
<i>goodsense first aid antibiotic external ointment</i>	9	
LANABIOTIC EXTERNAL OINTMENT 5-500-10000	9	
<i>meijer triple antibiotic external ointment 3.5-400-5000</i>	9	
<i>metronidazole external cream 0.75 %</i>	2	QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	2	QL (45 GM per 30 days)
<i>metronidazole external gel 1 %</i>	2	QL (60 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	2	QL (59 ML per 30 days)
<i>mupirocin external ointment 2 %</i>	2	QL (44 GM per 30 days)
NEOSPORIN ORIGINAL EXTERNAL OINTMENT , 3.5-400-5000	9	
<i>penciclovir external cream 1 %</i>	2	QL (5 GM per 30 days)
<i>povidone-iodine external solution 10 %</i>	9	
<i>qc povidone iodine external solution 10 %</i>	9	
<i>qc triple antibiotic external ointment 3.5-400-5000</i>	9	
<i>ra antiseptic external solution 10 %</i>	9	
<i>sb povidone-iodine external solution 10 %</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>sb triple antibiotic external ointment 3.5-400-5000</i>	9	
SCRUB CARE POVIDONE-IODINE EXTERNAL SOLUTION 10 %	9	
<i>sm povidone-iodine external solution 10 %</i>	9	
<i>triple antibiotic external ointment 3.5-400-5000 mg-unit</i>	9	
Electrolytes/Minerals/ Metals/ Vitamins - Products That Supplement Or Replace Electrolytes, Minerals, Metals Or Vitamins		
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA
<i>chromic chloride intravenous solution 40 mcg/10ml</i>	9	
<i>cupric chloride intravenous solution 0.4 mg/ml</i>	9	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	3	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	3	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
KLOR-CON ORAL PACKET 20 MEQ	3	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	3	
K-PHOS ORAL TABLET 500 MG	9	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	9	
<i>magnesium oxide oral tablet 400 mg</i>	9	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	9	
<i>manganese chloride intravenous solution 0.1 mg/ml</i>	9	
MAOX ORAL TABLET 420 MG	9	
OSTEOPRIME PLUS ORAL TABLET	9	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	9	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	9	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG	9	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	
PRO-CAL ORAL TABLET	9	
SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG	9	
<i>sodium chloride (pf) injection solution 0.9 %</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	
ULTRA BONEUP ORAL TABLET	9	
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	9	
Electrolyte/Mineral/Metal Modifiers		
CUVRIOR ORAL TABLET 300 MG	5	PA

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	5	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	2	PA
<i>deferasirox oral tablet soluble 125 mg</i>	2	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	5	PA
<i>penicillamine oral tablet 250 mg</i>	5	PA
<i>tolvaptan oral tablet 15 mg, 15 mg tolvaptan (hyponatremia), 30 mg, 30 mg tolvaptan (hyponatremia)</i>	5	PA
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	5	PA; QL (56 EA per 28 days)
<i>trientine hcl oral capsule 250 mg</i>	5	PA
Electrolytes/Minerals/Metals/Vitamins		
<i>a thru z advanced adult oral tablet</i>	9	
<i>a thru z advanced oral tablet</i>	9	
<i>a thru z high potency oral tablet</i>	9	
<i>a thru z select advanced oral tablet</i>	9	
<i>a thru z select ultimate women oral tablet</i>	9	
<i>a thru z ultimate mens oral tablet</i>	9	
<i>abc complete adult oral tablet</i>	9	
<i>abc complete mens oral tablet</i>	9	
<i>abc complete senior 50+ oral tablet</i>	9	
<i>abc complete senior mens 50+ oral tablet</i>	9	
<i>abc complete senior womens 50+ oral tablet</i>	9	
<i>abc complete womens oral tablet</i>	9	
<i>activite oral tablet 1 mg</i>	9	
<i>alive daily energy oral tablet</i>	9	
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET	9	
ALIVE ENERGY 50+ ORAL TABLET	9	
ALIVE MENS 50+ ORAL TABLET	9	
ALIVE MENS COMPLETE MULTI ORAL TABLET	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
ALIVE ONCE DAILY WOMENS ORAL TABLET	9	
ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET	9	
ALIVE WOMENS 50+ COMPLETE MV ORAL TABLET	9	
ALIVE WOMENS ENERGY ORAL TABLET	9	
ALPHA BETIC ORAL TABLET	9	
<i>antioxidant a/c/e/selenium oral tablet</i>	9	
<i>antioxidant formula oral tablet</i>	9	
<i>antioxidant vitamins oral tablet</i>	9	
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	9	
<i>aqueous vitamin e oral solution 15 mg/0.67ml</i>	9	
AZO HORMONAL HEALTH CYCLE CARE ORAL TABLET	9	
AZO HORMONAL HEALTH HAPPY CYCL ORAL TABLET	9	
BACMIN ORAL TABLET	9	
<i>basic am oral tablet</i>	9	
<i>basic pm oral tablet</i>	9	
<i>b-complex/b-12 oral tablet</i>	9	
<i>biocel oral tablet</i>	9	
BONEUP VEGETARIAN ORAL TABLET	9	
<i>bp vit 3 oral capsule 1 mg</i>	9	
<i>b-plex plus oral tablet</i>	9	
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	9	
<i>calcium + d3 oral tablet 250-3 mg-mcg</i>	9	
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg, 600-10 mg-mcg</i>	9	
<i>centavite a-z complete-mineral oral tablet</i>	9	
<i>centravites 50 plus oral tablet</i>	9	
<i>centravites adults oral tablet</i>	9	
<i>centravites oral tablet</i>	9	
CENTRUM CARDIO ORAL TABLET	9	
CENTRUM MEN ORAL TABLET	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
CENTRUM MINIS ADULTS 50+ ORAL TABLET	9	
CENTRUM MINIS MEN 50+ ORAL TABLET	9	
CENTRUM MINIS WOMEN 50+ ORAL TABLET	9	
CENTRUM SILVER ORAL TABLET	9	
CENTRUM SPECIALIST HEART ORAL TABLET	9	
CENTRUM SPECIALIST IMMUNE ORAL TABLET	9	
CENTRUM SPECIALIST VISION ORAL TABLET	9	
<i>century mature oral tablet</i>	9	
<i>century oral tablet</i>	9	
CEROVITE SENIOR ORAL TABLET	9	
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET	9	
<i>classic prenatal oral tablet 28-0.8 mg</i>	9	QL (30 EA per 30 days); AL (Min 12 Years and Max 55 Years)
CLINISOL SF INTRAVENOUS SOLUTION 15 %	4	B/D
<i>companion oral tablet</i>	9	
COMPETE ORAL TABLET	9	
CORVITA ORAL TABLET	9	
<i>cvs daily multiple for men oral tablet</i>	9	
<i>cvs daily multiple women 50+ oral tablet</i>	9	
<i>cvs eye health & lutein oral tablet</i>	9	
<i>cvs one daily mens 50+ adv oral tablet</i>	9	
<i>cvs one daily mens formula oral tablet</i>	9	
<i>cvs one daily womens 50+ adv oral tablet</i>	9	
<i>cvs one daily womens formula oral tablet</i>	9	
<i>cvs spectravite men oral tablet</i>	9	
<i>cvs spectravite senior oral tablet</i>	9	
<i>cvs womens active daily oral tablet</i>	9	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	9	
<i>daily betic oral tablet</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>daily combo multi vitamins oral tablet</i>	9	
<i>daily multiple vitamins/min oral tablet</i>	9	
<i>daily-vite oral tablet</i>	9	
<i>dayavite oral tablet</i>	9	
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	9	
DERMACINRX MULTITAM ORAL TABLET	9	
DERMACINRX RIBOTIN-E ORAL TABLET	9	
DERMACINRX ZINTREXYL-C ORAL TABLET	9	
DERMAVITE ORAL TABLET	9	
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
<i>diabetes health formula oral tablet</i>	9	
DIALYVITE 3000 ORAL TABLET 3 MG	9	
DIALYVITE 5000 ORAL TABLET 5 MG	9	
DIALYVITE 800 ORAL TABLET 0.8 MG	9	
DIALYVITE 800 PLUS D ORAL WAFER 800 MCG	9	
<i>dialyvite 800/ultra d oral tablet</i>	9	
DIALYVITE 800/ZINC ORAL TABLET 0.8 MG	9	
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	9	
DIALYVITE ORAL TABLET	9	
DIALYVITE SUPREME D ORAL TABLET	9	
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)	9	
DIALYVITE VITAMIN D3 MAX ORAL TABLET 1.25 MG (50000 UT)	9	
DIALYVITE/ZINC ORAL TABLET	9	
DIATROL ORAL TABLET	9	
DODEX INJECTION SOLUTION 1000 MCG/ML	9	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT)	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
ENLYTE ORAL CAPSULE	9	
<i>eq one daily mens 50+ oral tablet</i>	9	
<i>eq one daily mens health oral tablet</i>	9	
EQ ONE DAILY WOMENS 50+ ORAL TABLET	9	
<i>eq one daily womens health oral tablet</i>	9	
<i>eql century mature adults 50+ oral tablet</i>	9	
<i>eql century mature men 50+ oral tablet</i>	9	
<i>eql century mature oral tablet</i>	9	
<i>eql century mature women 50+ oral tablet</i>	9	
<i>eql century mens oral tablet</i>	9	
<i>eql century oral tablet</i>	9	
<i>eql century womens oral tablet</i>	9	
<i>eql one daily mens 50+ advance oral tablet</i>	9	
<i>eql one daily mens health oral tablet</i>	9	
<i>eql one daily mens oral tablet</i>	9	
<i>eql one daily womens 50+ adv oral tablet</i>	9	
<i>eql vision formula oral tablet</i>	9	
<i>essential balance oral tablet</i>	9	
ESTROVEN MENOPAUSE SUPPLEMENT ORAL TABLET	9	
<i>eye health + lutein oral tablet</i>	9	
<i>eye multivitamin/sodium oral tablet</i>	9	
EYE-VITES ORAL TABLET	9	
FERATE ORAL TABLET 240 (27 FE) MG	9	
<i>ferrous sulfate oral solution 300 mg/6.8ml</i>	9	AL (Max 12 Years)
<i>fe-vite iron oral solution 75 (15 fe) mg/ml</i>	9	
FITNESS TABS FOR MEN AM/PM ORAL TABLET	9	
FITNESS TABS FOR WOMEN AM/PM ORAL TABLET	9	
FLORAFOL FE PEDIATRIC ORAL SOLUTION 0.25-7 MG/ML	9	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	9	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	9	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG	9	
FLOTREX ORAL TABLET CHEWABLE 1 MG	9	QL (30 EA per 30 days); AL (Max 12 Years)
<i>folamax oral tablet</i>	9	
<i>folbee oral tablet 2.5-25-1 mg</i>	9	
FOLBIC ORAL TABLET 2.5-25-2 MG	9	
<i>folic acid injection solution 5 mg/ml</i>	9	
FOLIFLEX ORAL TABLET	9	
<i>folika-bc oral tablet 1 mg</i>	9	
FOLITIN-Z ORAL TABLET	9	
FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG	9	
FOLTRATE ORAL TABLET 500-1 MCG-MG	9	
FOSTEUM PLUS ORAL CAPSULE	9	
<i>freedavite oral tablet</i>	9	
GENICIN VITA-S ORAL TABLET 1 MG	9	
<i>geri-freeda senior formula oral tablet</i>	9	
<i>gerivite complete oral tablet</i>	9	
<i>gnp century mature women's 50+ oral tablet</i>	9	
<i>gnp hair/skin/nails oral tablet</i>	9	
<i>gnp healthy eyes oral tablet</i>	9	
<i>gnp one daily mens/lycopene oral tablet</i>	9	
<i>gnp one daily womens 50+ oral tablet</i>	9	
<i>gnp one daily womens oral tablet</i>	9	
<i>hair skin & nails advanced oral tablet</i>	9	
<i>hair skin & nails oral tablet</i>	9	
<i>hair skin and nails formula oral tablet</i>	9	
<i>hair/skin/nails oral tablet</i>	9	
<i>head care proactive health oral tablet</i>	9	
<i>healthy eyes oral tablet</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>hi-kovite 2-part formula oral tablet</i>	9	
<i>hm complete men oral tablet</i>	9	
<i>hm womens 50+ advanced daily oral tablet</i>	9	
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	9	
<i>hylazinc oral tablet</i>	9	
ICAPS AREDS FORMULA ORAL TABLET	9	
ICAPS MV ORAL TABLET	9	
INFUVITE ADULT INTRAVENOUS INJECTABLE	9	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	B/D
<i>iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml</i>	9	
<i>iron infant & toddler oral solution 75 (15 fe) mg/ml</i>	9	
<i>iron infant/toddler oral solution 75 (15 fe) mg/ml</i>	9	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
<i>i-vite oral tablet</i>	9	
<i>keyfolic oral tablet</i>	9	
KEYLOSA ORAL TABLET	9	
<i>kp adults daily formula oral tablet</i>	9	
<i>kp mens 50+ daily formula oral tablet</i>	9	
<i>kp mens daily formula oral tablet</i>	9	
KP VISION FORMULA ORAL TABLET	9	
KP VISION FORMULA/LUTEIN ORAL TABLET	9	
<i>kp womens 50+ daily formula oral tablet</i>	9	
<i>kp womens daily formula oral tablet</i>	9	
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET	9	
<i>levocarnitine oral solution 1 gm/10ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	2	
<i>liver detox oral tablet</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>lormate oral capsule</i>	9	
<i>lutein-zeaxanthin oral tablet</i>	9	
LYSIPLEX PLUS ORAL TABLET	9	
MACUVITE EYE CARE ORAL TABLET	9	
MACUVITE ORAL TABLET	9	
MACUVITE/LUTEIN ORAL TABLET	9	
<i>maximum daily green oral tablet</i>	9	
<i>mega multi for women oral tablet</i>	9	
<i>megavite fruits & veggies oral tablet</i>	9	
<i>meijer advanced formula oral tablet</i>	9	
<i>mens 50+ multivitamin oral tablet</i>	9	
MENS LIFE PACK ORAL TABLET	9	
<i>mens multivitamin oral tablet</i>	9	
MTX SUPPORT ORAL TABLET	9	
<i>multi for her 50+ oral tablet</i>	9	
<i>multi for her oral tablet</i>	9	
<i>multi for him 50+ oral tablet</i>	9	
MULTI FOR HIM ORAL TABLET	9	
<i>multi vitamin/minerals oral tablet</i>	9	
<i>multiple vit/minerals/no iron oral tablet</i>	9	
<i>multiple vitamins/womens oral tablet</i>	9	
MULTITOL-M ORAL TABLET	9	
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>	9	QL (60 ML per 30 days); AL (Max 12 Years)
<i>multivitamin adult (minerals) oral tablet</i>	9	
<i>multivitamin adults oral tablet</i>	9	
<i>multivitamin men oral tablet</i>	9	
<i>multi-vitamin monocaps oral tablet</i>	9	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	9	
<i>multivitamin womens 50+ adv oral tablet</i>	9	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	9	QL (60 ML per 30 days); AL (Max 12 Years)
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	9	QL (60 ML per 30 days); AL (Max 12 Years)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>multi-vitamin/minerals oral tablet</i>	9	
<i>multivitamin/zinc stress oral tablet</i>	9	
<i>multivitamin-minerals oral tablet</i>	9	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	9	
<i>myamulti oral tablet</i>	9	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	9	
<i>nat-rul theravite-m oral tablet</i>	9	
<i>natrul-vites oral tablet</i>	9	
<i>neovite oral tablet</i>	9	
NEPHPLEX RX ORAL TABLET	9	
NEPHRONEX ORAL TABLET	9	
NEPHRO-VITE ORAL TABLET 0.8 MG	9	
NICADAN ORAL TABLET	9	
NICAZEL FORTE ORAL TABLET	9	
NICAZEL ORAL TABLET	9	
NIVA-FOL ORAL TABLET 2.5-25-2 MG	9	
<i>no iron mult vitamin-minerals oral tablet</i>	9	
NU-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG	9	
NUTRICAP ORAL TABLET	9	
NUTRIFAC ZX ORAL TABLET	9	
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	B/D
<i>ocular vitamins oral tablet</i>	9	
<i>ocutabs oral tablet</i>	9	
<i>ocutabs-lutein oral tablet</i>	9	
OCUVITE EXTRA ORAL TABLET	9	
OCUVITE EYE + MULTI ORAL TABLET	9	
OCUVITE-LUTEIN ORAL TABLET	9	
ONCOVITE ORAL TABLET	9	
<i>one daily 50 plus oral tablet</i>	9	
<i>one daily calcium/iron oral tablet</i>	9	
<i>one daily complete for men oral tablet</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>one daily complete oral tablet</i>	9	
<i>one daily for women 50+ adv oral tablet</i>	9	
<i>one daily for women oral tablet</i>	9	
<i>one daily healthy weight adv oral tablet</i>	9	
<i>one daily healthy weight oral tablet</i>	9	
<i>one daily maximum oral tablet</i>	9	
<i>one daily men formula w/o iron oral tablet</i>	9	
<i>one daily mens 50+ multivit oral tablet</i>	9	
<i>one daily mens 50+/lycopene oral tablet</i>	9	
<i>one daily mens oral tablet</i>	9	
<i>one daily multivit/iron-free oral tablet</i>	9	
<i>one daily multivitamin men oral tablet</i>	9	
<i>one daily multivitamin women oral tablet</i>	9	
<i>one daily womens 50 plus oral tablet</i>	9	
<i>one daily womens 50+ oral tablet</i>	9	
<i>one daily womens oral tablet</i>	9	
<i>one daily/minerals oral tablet</i>	9	
ONE-A-DAY ENERGY ORAL TABLET	9	
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET	9	
ONE-A-DAY MENS (MINERALS) ORAL TABLET	9	
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET	9	
ONE-A-DAY MENS 50+ ORAL TABLET	9	
ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET	9	
ONE-A-DAY MENS PRO EDGE ORAL TABLET	9	
ONE-A-DAY PROACTIVE 65+ ORAL TABLET	9	
ONE-A-DAY WEIGHT SMART ADVANCE ORAL TABLET	9	
ONE-A-DAY WOMENS 50 PLUS ORAL TABLET	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY WOMENS 50+ ADVANTAGE ORAL TABLET	9	
ONE-A-DAY WOMENS 50+ ORAL TABLET	9	
ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET	9	
ONE-A-DAY WOMENS MIND & BODY ORAL TABLET	9	
ONE-A-DAY WOMENS ORAL TABLET	9	
ONE-A-DAY WOMENS PETITES ORAL TABLET	9	
<i>one-daily multi-vit/mineral oral tablet</i>	9	
<i>onevite oral tablet</i>	9	
<i>optic-vites oral tablet</i>	9	
<i>optic-vites with lutein oral tablet</i>	9	
<i>optimum pms oral tablet</i>	9	
OPTIVITE P.M.T. ORAL TABLET	9	
OPURITY B12/FOLIC ACID ORAL TABLET 1000-200 MCG	9	
OPURITY ORAL TABLET	9	
OSTEOPRIME ULTRA ORAL TABLET	9	
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	9	
<i>oyster shell calcium oral tablet 1250 (500 ca) mg</i>	9	
<i>parvlex oral tablet</i>	9	
<i>pc pediatric iron drops oral solution 75 (15 fe) mg/ml</i>	9	
PHYTOMULTI ORAL TABLET	9	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	9	
PLENAMINE INTRAVENOUS SOLUTION 15 %	4	B/D
<i>pnv 27-ca/fe/fa oral tablet 60-1 mg</i>	2	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	9	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG	9	
<i>poly-vitamin/fluoride oral solution 0.5 mg/ml</i>	9	
<i>prenatal oral tablet 27-1 mg</i>	2	
PRESERVISION AREDS ORAL TABLET	9	
PROCERV HP ORAL TABLET	9	
<i>profola oral tablet</i>	9	
PROLEEVA ORAL CAPSULE	9	
PRORENAL + D ORAL TABLET	9	
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE	9	
PROSIGHT ORAL TABLET	9	
PROVIT ORAL TABLET	9	
<i>pyridoxine hcl injection solution 100 mg/ml</i>	9	
<i>qc daily multivit/multimineral oral tablet</i>	9	
<i>qc hair skin & nails oral tablet</i>	9	
<i>qc multi-vite 50 & over oral tablet</i>	9	
<i>qc multi-vite oral tablet</i>	9	
<i>qc therin-m oral tablet</i>	9	
<i>qc womens daily multivitamin oral tablet</i>	9	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG	9	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML	9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	9	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	9	
<i>quin b strong oral tablet</i>	9	
<i>quintabs-m oral tablet</i>	9	
<i>ra central-vite mens mature oral tablet</i>	9	
<i>ra one daily maximum oral tablet</i>	9	
<i>ra one daily mens 50+ w/vit d3 oral tablet</i>	9	
<i>ra one daily mens multi oral tablet</i>	9	
<i>ra one daily mens/vit d-3 oral tablet</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	9	
<i>rayavit oral tablet</i>	9	
RENAPLEX ORAL TABLET	9	
RENAPLEX-D ORAL TABLET	9	
<i>rena-vite rx oral tablet 1 mg</i>	9	
<i>reno caps oral capsule 1 mg</i>	9	
RHEUMATE ORAL CAPSULE	9	
<i>sentry senior/lutein oral tablet</i>	9	
SIDEROL ORAL TABLET	9	
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 750 MG	9	
SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG	9	
<i>sm antioxidant vitamins oral tablet</i>	9	
<i>sm complete advanced formula oral tablet</i>	9	
<i>sm daily diet support oral tablet</i>	9	
<i>sm hair/skin/nails oral tablet</i>	9	
<i>sm one daily mens oral tablet</i>	9	
<i>sm one daily womens oral tablet</i>	9	
<i>sm opti-vitamins oral tablet</i>	9	
<i>solo oral tablet</i>	9	
SOLUVITA WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	9	
<i>stress b complex/antioxid/zinc oral tablet</i>	9	
STRESSTABS ADVANCED ORAL TABLET	9	
STROVITE ONE ORAL TABLET	9	
<i>super aytinal 50 plus oral tablet</i>	9	
<i>super aytinal oral tablet</i>	9	
<i>super multiple oral tablet</i>	9	
<i>super vita-mins oral tablet</i>	9	
<i>superior mens multi oral tablet</i>	9	
<i>superior womens multi oral tablet</i>	9	
SYSTANE ICAPS AREDS2 ORAL TABLET	9	
TALIVA ORAL CAPSULE 1 MG	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
THERA ORAL TABLET	9	
<i>thera vital m oral tablet</i>	9	
<i>thera vital-m oral tablet</i>	9	
<i>therabasic-m oral tablet</i>	9	
THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET	9	
THERAGRAN-M ADVANCED ORAL TABLET	9	
THERAGRAN-M ORAL TABLET	9	
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET	9	
THERAGRAN-M PREMIER ORAL TABLET	9	
<i>therapeutic formula/hematinics oral tablet</i>	9	
<i>therapeutic-m oral tablet</i>	9	
<i>thera-tabs m oral tablet</i>	9	
THERATRUM COMPLETE 50 PLUS ORAL TABLET	9	
THERATRUM COMPLETE ORAL TABLET	9	
<i>thera-vite max-m oral tablet</i>	9	
<i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i>	9	
THRIVE FOR LIFE WOMENS ORAL TABLET	9	
<i>tm-daily vite oral tablet</i>	9	
<i>tm-vite rx oral tablet 1 mg</i>	9	
TOBAKIENT ORAL CAPSULE	9	
<i>triphrocaps oral capsule 1 mg</i>	9	
<i>tri-vite/fluoride oral solution 0.25 mg/ml</i>	9	QL (60 ML per 30 days); AL (Max 12 Years)
<i>tronvite oral tablet 1 mg</i>	9	
<i>true ferrous sulfate oral tablet delayed release 324 mg</i>	9	
<i>true folic acid oral tablet 1 mg</i>	9	
<i>true oyster shell calcium oral tablet 1250 (500 ca) mg</i>	9	
<i>true vitamin d3 oral capsule 1.25 mg (50000 ut), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>true vitamin d3 oral tablet 125 mcg (5000 ut)</i>	9	
<i>true vitamin e oral capsule 450 mg</i>	9	
<i>t-vites oral tablet</i>	9	
UDAMIN SP ORAL TABLET	9	
<i>ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	9	
<i>ultra freeda oral tablet</i>	9	
<i>ultra freeda/iron oral tablet</i>	9	
ULTRACHOICE ADV FORMULA MATURE ORAL TABLET	9	
ULTRACHOICE ADVANCED FORMULA ORAL TABLET	9	
VENEXA FE ORAL TABLET	9	
VENEXA ORAL TABLET	9	
VENTRIXYL FE ORAL TABLET	9	
VENTRIXYL ORAL TABLET	9	
<i>vision formula/lutein oral tablet</i>	9	
<i>vision vitamins oral tablet</i>	9	
<i>vita hair oral tablet</i>	9	
VITA S FORTE ORAL TABLET	9	
<i>vitabasic complete oral tablet</i>	9	
<i>vitabasic senior oral tablet</i>	9	
VITACEL ORAL TABLET	9	
VITAL-D RX ORAL TABLET 1 MG	9	
VITAMEZ ORAL CAPSULE 1 MG	9	
<i>vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml</i>	9	
<i>vitamin b complex w/b-12 oral tablet</i>	9	
<i>vitamin b12-folic acid oral tablet 500-400 mcg</i>	9	
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	9	
<i>vitamin e oral capsule 450 mg (1000 ut)</i>	9	
<i>vitamin e oral solution 15 mg/0.67ml</i>	9	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	9	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	9	QL (60 ML per 30 days); AL (Max 12 Years)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>vitamins a-d-e/selenium oral tablet</i>	9	
VITAROCA PLUS ORAL TABLET	9	
VITASANA ORAL TABLET	9	
<i>vitasure oral tablet 1 mg</i>	9	
VITEYES CLASSIC MULTIVITAMIN ORAL TABLET	9	
VITEYES OPTIC NERVE SUPPORT ORAL TABLET	9	
VITRAMYN ORAL TABLET	9	
VITRANOL FE ORAL TABLET	9	
VITRANOL ORAL TABLET	9	
VITREXATE FE ORAL TABLET	9	
VITREXATE ORAL TABLET	9	
VITREXYL + IRON ORAL TABLET	9	
VITREXYL ORAL TABLET	9	
<i>well vitamin d3 oral capsule 50 mcg (2000 ut)</i>	9	
<i>wellfola oral tablet</i>	9	
<i>wescaps oral capsule 1 mg</i>	9	
<i>westab max oral tablet 2.5-25-2 mg</i>	9	
<i>westab one oral tablet 2.5-25-1 mg</i>	9	
<i>womens 50+ multi vitamin oral tablet</i>	9	
<i>womens daily formula oral tablet</i>	9	
WOMENS LIFE PACK ORAL TABLET	9	
<i>womens multivitamin oral tablet</i>	9	
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	B/D; QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	2	B/D; QL (360 EA per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	2	B/D
<i>sevelamer carbonate oral packet 0.8 gm</i>	2	B/D; QL (270 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	2	B/D; QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	2	B/D; QL (540 EA per 30 days)
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	3	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate oral powder</i>	2	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	2	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	2	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	5	QL (30 EA per 30 days)
VELTASSA ORAL PACKET 8.4 GM	5	QL (90 EA per 30 days)
Vitamins		
<i>trinatal rx 1 oral tablet 60-1 mg</i>	2	
Gastrointestinal Agents - Treatment Of Stomach And Intestinal Conditions		
Anti-Constipation Agents		
BEELITH ORAL TABLET 362-20 MG	9	
<i>bisacodyl oral tablet delayed release 5 mg</i>	9	
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG	9	
COLACE CLEAR ORAL CAPSULE 50 MG	9	
<i>constulose oral solution 10 gm/15ml</i>	2	
<i>cvs c-lax laxative oral tablet delayed release 5 mg</i>	9	
<i>cvs enema disposable rectal enema 19-7 gm/118ml</i>	9	
CVS PURELAX ORAL PACKET 17 GM	9	
<i>cvs stool softener oral capsule 240 mg</i>	9	
<i>docusate mini rectal enema 283 mg/5ml</i>	9	
DOK ORAL TABLET 100 MG	9	
DULCOLAX RECTAL SUPPOSITORY 10 MG	9	
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG	9	
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG	9	
<i>enulose oral solution 10 gm/15ml</i>	2	
<i>eq enema rectal enema 19-7 gm/118ml</i>	9	
<i>eq laxative oral packet 17 gm</i>	9	
<i>eq laxative oral tablet delayed release 5 mg</i>	9	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
FLEET ENEMA RECTAL ENEMA , 7-19 GM/118ML	9	
FLEET OIL RECTAL ENEMA	9	
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML	9	
FLEET STIMULANT ORAL TABLET DELAYED RELEASE 5 MG	9	
FLEET STOOL SOFTENER ORAL CAPSULE 100 MG	9	
<i>gavilax oral packet 17 gm</i>	9	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	2	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
GLYCOLAX ORAL POWDER 17 GM/SCOOP	9	
GNP CLEARLAX ORAL PACKET 17 GM	9	
<i>gnp stool softener oral capsule 240 mg, 250 mg</i>	9	
<i>goodsense enema rectal enema 7-19 gm/118ml</i>	9	
<i>goodsense womens laxative oral tablet delayed release 5 mg</i>	9	
HEALTHYLAX ORAL PACKET 17 GM	9	
<i>hm enema mineral oil rectal enema</i>	9	
<i>kls stool softener oral capsule 100 mg</i>	9	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	2	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	2	
<i>laxative rectal suppository 10 mg</i>	9	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (60 EA per 30 days)
<i>milk of magnesia oral suspension 2400 mg/30ml</i>	9	
MIRALAX MIX-IN PAX ORAL PACKET 17 GM	9	
<i>mm stool softener laxative oral capsule 100 mg</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>mm stool softener oral capsule 100 mg</i>	9	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5ML	9	
<i>peg 3350 oral packet 17 gm</i>	9	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	
PHILLIPS STOOL SOFTENER ORAL CAPSULE 100 MG	9	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	9	
PROCTOZONE-B RECTAL SUPPOSITORY 10 MG	9	
<i>qc docusate calcium oral capsule 240 mg</i>	9	
<i>qc gentle laxative oral tablet delayed release 5 mg</i>	9	
<i>qc gentle laxative womens oral tablet delayed release 5 mg</i>	9	
<i>qc laxative oral tablet delayed release 5 mg</i>	9	
<i>qc stool softener oral capsule 250 mg</i>	9	
<i>ra col-rite oral capsule 100 mg, 250 mg</i>	9	
<i>ra fast relief laxative rectal suppository 10 mg</i>	9	
RELISTOR ORAL TABLET 150 MG	4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	PA; QL (12 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	5	PA; QL (12 ML per 30 days)
<i>sb bisacodyl laxative ec oral tablet delayed release 5 mg</i>	9	
<i>sb docusate sodium oral capsule 100 mg</i>	9	
<i>sb gentle lax-women oral tablet delayed release 5 mg</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>sb laxative rectal suppository 10 mg</i>	9	
<i>sb stool softener oral capsule 240 mg</i>	9	
<i>senexon-s oral tablet 8.6-50 mg</i>	9	
<i>senna oral liquid 8.8 mg/5ml</i>	9	
<i>senna-time oral tablet 8.6 mg</i>	9	
<i>senna-time s oral tablet 8.6-50 mg</i>	9	
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG	9	
SENOKOT ORAL TABLET 8.6 MG	9	
SENOKOT S ORAL TABLET 8.6-50 MG	9	
<i>silace oral liquid 150 mg/15ml</i>	9	
<i>sm docusate calcium oral capsule 240 mg</i>	9	
<i>sm laxative rectal suppository 10 mg</i>	9	
<i>sm stool softener oral capsule 250 mg</i>	9	
SMOOTH LAX ORAL PACKET 17 GM	9	
<i>stool softener oral capsule 240 mg</i>	9	
<i>stool softener oral liquid 50 mg/5ml</i>	9	
SURFAK ORAL CAPSULE 240 MG	9	
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG	9	
TRULANCE ORAL TABLET 3 MG	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	2	QL (60 EA per 30 days)
<i>alosetron hcl oral tablet 1 mg</i>	4	QL (60 EA per 30 days)
<i>anti-diarrheal oral solution 1 mg/7.5ml</i>	9	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	PA
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	PA
<i>eq loperamide hcl oral solution 1 mg/7.5ml</i>	9	
<i>gnp anti-diarrheal oral tablet 2 mg</i>	9	
<i>gnp loperamide hcl oral solution 1 mg/7.5ml</i>	9	
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	9	
<i>goodsense stomach relief oral suspension 1050 mg/30ml</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>hm anti-diarrheal oral solution 1 mg/7.5ml</i>	9	
IMODIUM A-D ORAL CAPSULE 2 MG	9	
IMODIUM A-D ORAL SOLUTION 1 MG/7.5ML	9	
IMODIUM A-D ORAL TABLET 2 MG	9	
<i>loperamide hcl oral capsule 2 mg</i>	2	
<i>loperamide hcl oral tablet 2 mg</i>	9	
<i>medi-bismuth oral tablet chewable 262 mg</i>	9	
<i>meijer anti-diarrheal oral tablet 2 mg</i>	9	
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	9	
<i>qc stomach relief oral tablet 262 mg</i>	9	
<i>qc stomach relief ultra oral suspension 525 mg/15ml</i>	9	
<i>sb anti-diarrhea oral tablet 2 mg</i>	9	
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML	9	
SOOTHE ORAL SUSPENSION 525 MG/30ML	9	
<i>stomach relief oral suspension 527 mg/30ml</i>	9	
<i>stomach relief plus oral suspension 525 mg/15ml</i>	9	
XERMELO ORAL TABLET 250 MG	5	PA; QL (84 EA per 28 days)
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
Gastrointestinal Agents, Other		
ACID GONE ORAL SUSPENSION 95-358 MG/15ML	9	
<i>acid reducer complete oral tablet chewable 10-800-165 mg</i>	9	
ALKA-SELTZER HEARTBURN ORAL TABLET CHEWABLE 750 MG	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG	9	
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml, 2400-2400-240 mg/30ml</i>	9	
<i>antacid & antigas oral suspension 200-200-20 mg/5ml, 2400-2400-240 mg/30ml</i>	9	
<i>antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	9	
<i>antacid extra strength oral suspension 400-400-40 mg/5ml</i>	9	
<i>antacid i oral suspension 200-200-20 mg/5ml</i>	9	
<i>antacid iii oral suspension 400-400-40 mg/5ml</i>	9	
<i>antacid maximum oral tablet chewable 1000 mg</i>	9	
<i>antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	9	
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	9	
<i>antacid/simethicone ds oral suspension 400-400-40 mg/5ml</i>	9	
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG	9	
CHENODAL ORAL TABLET 250 MG	5	PA
<i>comfort gel antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	9	
<i>comfort gel oral suspension 200-200-20 mg/5ml</i>	9	
<i>cvs antacid oral tablet chewable 750 mg</i>	9	
<i>cvs heartburn relief ex st oral suspension 254-237.5 mg/5ml</i>	9	
<i>eq antacid extra strength oral tablet chewable 750 mg</i>	9	
<i>eq antacid ultra strength oral tablet chewable 1000 mg</i>	9	
<i>eq antacid ultra strength oral tablet chewable 1000 mg</i>	9	
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA
GAVISCON EXTRA RELIEF FORMULA ORAL SUSPENSION 508-475 MG/10ML	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5ML	9	
<i>geri-lanta oral suspension 1200-1200-120 mg/30ml</i>	9	
<i>gnp antacid extra strength oral tablet chewable 750 mg</i>	9	
<i>goodsense antacid & gas relief oral suspension 400-400-40 mg/10ml</i>	9	
<i>goodsense antacid extra str oral tablet chewable 750 mg</i>	9	
<i>goodsense antacid oral tablet chewable 1000 mg</i>	9	
GOODSENSE ANTACID SUPERCHEWS ORAL TABLET CHEWABLE 750 MG	9	
<i>heartburn relief ex st oral suspension 254-237.5 mg/5ml</i>	9	
<i>hm antacid extra strength oral tablet chewable 750 mg</i>	9	
<i>hm antacid oral suspension 200-200-20 mg/5ml</i>	9	
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	5	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	5	PA
LOMAIRA ORAL TABLET 8 MG	9	PA; AL (Min 17 Years and Max 999 Years)
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML	9	
<i>mag-al oral liquid 200-200 mg/5ml</i>	9	
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	9	
<i>mag-al plus xs oral liquid 400-400-40 mg/5ml</i>	9	
<i>magnesium-aluminum-simethicone oral suspension 200-200-20 mg/5ml, 2400-2400-240 mg/30ml</i>	9	
<i>meijer antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	9	
OICALIVA ORAL TABLET 10 MG, 5 MG	5	PA; QL (30 EA per 30 days)
<i>orlistat oral capsule 120 mg</i>	9	PA; QL (90 EA per 30 days); AL (Min 12 Years and Max 999 Years)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>qc antacid ultra strength oral tablet chewable 1000 mg</i>	9	
<i>qc antacid/anti-gas oral suspension 400-400-40 mg/10ml</i>	9	
<i>qc pink bismuth oral suspension 262 mg/15ml, 525 mg/15ml</i>	9	
<i>qc pink bismuth oral tablet 262 mg</i>	9	
<i>ra acid reducer plus antacid oral tablet chewable 10-800-165 mg</i>	9	
<i>ra antacid ultra strength oral tablet chewable 1000 mg</i>	9	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	9	PA; QL (15 ML per 30 days); AL (Min 12 Years and Max 999 Years)
<i>sb bismuth oral tablet 262 mg</i>	9	
<i>simethicone oral suspension 40 mg/0.6ml</i>	9	
<i>sm antacid oral suspension 400-400-40 mg/10ml</i>	9	
<i>sm smooth antacid ex st oral tablet chewable 750 mg</i>	9	
<i>stomach relief extra strength oral suspension 525 mg/15ml</i>	9	
<i>true magnesium oxide oral tablet 400 mg</i>	9	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	4	PA; QL (112 EA per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 EA per 30 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	4	PA; QL (112 EA per 14 days)
VOWST ORAL CAPSULE	5	PA
<i>well magnesium oxide oral tablet 400 (240 mg) mg</i>	9	
Histamine2 (H2) Receptor Antagonists		
<i>acid control maximum strength oral tablet 20 mg</i>	9	
<i>acid controller max st oral tablet 20 mg</i>	9	
<i>acid controller oral tablet 10 mg</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>cvs acid controller max st oral tablet 20 mg</i>	9	
<i>cvs acid controller oral tablet 10 mg</i>	9	
<i>cvs dual action complete oral tablet chewable 10-800-165 mg</i>	9	
DUO FUSION ORAL TABLET CHEWABLE 10-800-165 MG	9	
<i>eq acid reducer complete oral tablet chewable 10-800-165 mg</i>	9	
<i>eql dual action complete oral tablet chewable 10-800-165 mg</i>	9	
<i>eql heartburn prevention oral tablet 10 mg, 20 mg</i>	9	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine orig st oral tablet 10 mg</i>	9	
<i>ft acid reducer oral tablet 10 mg</i>	9	
<i>gnp acid reducer max st oral tablet 20 mg</i>	9	
<i>goodsense dual action complete oral tablet chewable 10-800-165 mg</i>	9	
<i>heartburn relief max st oral tablet 20 mg</i>	9	
<i>heartburn relief oral tablet 10 mg</i>	9	
<i>kls acid controller complete oral tablet chewable 10-800-165 mg</i>	9	
<i>kls acid controller max st oral tablet 20 mg</i>	9	
MM ACID-PEP MAXIMUM STRENGTH ORAL TABLET 20 MG	9	
PEPCID AC MAXIMUM STRENGTH ORAL TABLET 20 MG	9	
PEPCID AC ORAL TABLET 10 MG	9	
PEPCID COMPLETE ORAL TABLET CHEWABLE 10-800-165 MG	9	
<i>qc acid controller max st oral tablet 20 mg</i>	9	
<i>qc acid controller oral tablet 10 mg</i>	9	
<i>qc famotidine acid reducer oral tablet 10 mg, 20 mg</i>	9	
<i>ra dual action complete oral tablet chewable 10-800-165 mg</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>sb acid controller max st oral tablet 20 mg</i>	9	
<i>sb acid controller oral tablet 10 mg</i>	9	
<i>sb acid reducer oral tablet 10 mg</i>	9	
ZANTAC 360 MAX ST ORAL TABLET 20 MG	9	
ZANTAC 360 ORAL TABLET 10 MG	9	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>sucralfate oral tablet 1 gm</i>	1	
Proton Pump Inhibitors		
<i>eq lansoprazole oral capsule delayed release 15 mg</i>	9	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>gnp omeprazole oral capsule delayed release 20.6 (20 base) mg</i>	9	PA
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG	9	PA
<i>kls lansoprazole oral capsule delayed release 15 mg</i>	9	
<i>kls omeprazole oral tablet delayed release 20 mg</i>	9	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>qc lansoprazole oral capsule delayed release 15 mg</i>	9	
<i>qc omeprazole oral tablet delayed release 20 mg</i>	9	
<i>sb omeprazole oral tablet delayed release 20 mg</i>	9	
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment - Products That Replace, Modify, Or Treat Genetic Or Enzyme Disorders		

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5	PA
<i>betaine oral powder</i>	5	
CERDELGA ORAL CAPSULE 84 MG	5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000- 114000 UNIT, 6000-19000 UNIT	3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
GALAFOLD ORAL CAPSULE 123 MG	5	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	5	PA
GLASSIA INTRAVENOUS SOLUTION 4 GM/200ML, 5 GM/250ML	4	PA
<i>l-glutamine oral packet 5 gm</i>	5	PA
<i>miglustat oral capsule 100 mg</i>	5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	5	PA
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	5	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	5	PA

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	
Genitourinary Agents - Treatment Of Urinary Tract And Prostate Conditions		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	2	ST; QL (30 EA per 30 days)
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	2	QL (30 EA per 30 days)
GEMTESA ORAL TABLET 75 MG	3	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1	QL (30 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	9	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	2	ST; QL (30 EA per 30 days)
<i>trospium chloride oral tablet 20 mg</i>	2	QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	2	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	QL (30 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil oral tablet 5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
Genitourinary Agents, Other		
<i>aimsco lubricated</i>	9	QL (36 EA per 30 days)
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>condoms</i>	9	QL (36 EA per 30 days)
ELMIRON ORAL CAPSULE 100 MG	4	
FC2 FEMALE CONDOM	9	QL (36 EA per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA
<i>kimono</i>	9	QL (36 EA per 30 days)
KIMONO COLORS DEVICE	9	QL (36 EA per 30 days)
KIMONO MAXX-LARGE FLARE	9	QL (36 EA per 30 days)
<i>kimono micro thin</i>	9	QL (36 EA per 30 days)
<i>kimono micro thin plus</i>	9	QL (36 EA per 30 days)
<i>kimono plus</i>	9	QL (36 EA per 30 days)
<i>kimono ps</i>	9	QL (36 EA per 30 days)
<i>kimono ps plus</i>	9	QL (36 EA per 30 days)
<i>kimono sensation</i>	9	QL (36 EA per 30 days)
<i>kimono sensation plus</i>	9	QL (36 EA per 30 days)
KIMONO SPECIAL DEVICE	9	QL (36 EA per 30 days)
<i>maxx</i>	9	QL (36 EA per 30 days)
<i>maxx plus</i>	9	QL (36 EA per 30 days)
<i>premium condoms lubricated</i>	9	QL (36 EA per 30 days)
REALITY LATEX CONDOMS	9	QL (36 EA per 30 days)
<i>tiopronin oral tablet 100 mg</i>	5	PA
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	5	PA
TRUSTEX COLOR CONDOMS + LUBE	9	QL (36 EA per 30 days)
TRUSTEX LUB/RIBBED/STUDDERED	9	QL (36 EA per 30 days)
TRUSTEX LUB/SPERMICIDE EX ST	9	QL (36 EA per 30 days)
TRUSTEX LUB/SPERMICIDE XL	9	QL (36 EA per 30 days)
TRUSTEX LUBRICATED	9	QL (36 EA per 30 days)
TRUSTEX LUBRICATED EX LARGE	9	QL (36 EA per 30 days)
TRUSTEX LUBRICATED EXTRA ST	9	QL (36 EA per 30 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUBRICATED/SPERMICIDE	9	QL (36 EA per 30 days)
TRUSTEX NATURAL CONDOMS + LUBE	9	QL (36 EA per 30 days)
TRUSTEX NON-LUBRICATED	9	QL (36 EA per 30 days)
TRUSTEX RIA LUB/SPERMICIDE	9	QL (36 EA per 30 days)
TRUSTEX RIA LUBRICATED	9	QL (36 EA per 30 days)
TRUSTEX RIA NON-LUBRICATED	9	QL (36 EA per 30 days)
TRUSTEX-NONOXYNOL-9/RIB/STUD	9	QL (36 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) - Treatment Of Conditions Requiring Steroids		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	5	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	5	PA
<i>deflazacort oral suspension 22.75 mg/ml</i>	5	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	5	PA
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) - Treatment Of Pituitary Gland Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	2	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	5	PA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	4	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) - For The Replacement Or Modification Of Sex Hormones		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>methyltestosterone oral capsule 10 mg</i>	5	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>	2	PA; QL (180 ML per 30 days)
Estrogens		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 %, 0.1 mg/gm</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
YUVAFEM VAGINAL TABLET 10 MCG	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	2	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	2	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
APRI ORAL TABLET 0.15-30 MG-MCG	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
AVIANE ORAL TABLET 0.1-20 MG-MCG	2	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	QL (8 EA per 28 days)
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	2	
FALMINA ORAL TABLET 0.1-20 MG-MCG	2	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	2	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
INTROVALE ORAL TABLET 0.15-0.03 MG	2	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
JINTELI ORAL TABLET 1-5 MG-MCG	2	
JULEBER ORAL TABLET 0.15-30 MG-MCG	2	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	2	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	2	
KURVELO ORAL TABLET 0.15-30 MG-MCG	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	4	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	2	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
LESSINA ORAL TABLET 0.1-20 MG-MCG	2	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	2	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	4	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	
LUTERA ORAL TABLET 0.1-20 MG-MCG	2	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	2	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
MILI ORAL TABLET 0.25-35 MG-MCG	2	
MIMVEY ORAL TABLET 1-0.5 MG	2	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	4	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	3	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	2	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
OCELLA ORAL TABLET 3-0.03 MG	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	9	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	2	
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	2	
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	3	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	2	
SRONYX ORAL TABLET 0.1-20 MG-MCG	2	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	2	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	2	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	2	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	2	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	2	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	2	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
Progestins		
AFTERA ORAL TABLET 1.5 MG	9	
AFTERPILL ORAL TABLET 1.5 MG	9	
CAMILA ORAL TABLET 0.35 MG	2	
CURAE ORAL TABLET 1.5 MG	9	
DEBLITANE ORAL TABLET 0.35 MG	2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	9	
ERRIN ORAL TABLET 0.35 MG	2	
INCASSIA ORAL TABLET 0.35 MG	2	
LYZA ORAL TABLET 0.35 MG	2	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	2	PA
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	PA
MELEYA ORAL TABLET 0.35 MG	2	
MY CHOICE ORAL TABLET 1.5 MG	9	
NEW DAY ORAL TABLET 1.5 MG	9	
NORA-BE ORAL TABLET 0.35 MG	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	2	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	9	
OPILL ORAL TABLET 0.075 MG	9	
OPTION 2 ORAL TABLET 1.5 MG	9	
ORQUIDEA ORAL TABLET 0.35 MG	2	
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
SHAROBEL ORAL TABLET 0.35 MG	2	
TAKE ACTION ORAL TABLET 1.5 MG	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>raloxifene hcl oral tablet 60 mg</i>	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) - Treatment Of Thyroid Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	4	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
Hormonal Agents, Suppressant (Pituitary) - Treatment Of Or Modification Of Pituitary Hormone Secretion		
Hormonal Agents, Suppressant (Pituitary)		

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline oral tablet 0.5 mg</i>	2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	2	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	4	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA
<i>octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg</i>	5	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	2	
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	5	
ORGOVYX ORAL TABLET 120 MG	5	PA; QL (30 EA per 28 days)
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	5	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	5	PA
RECORLEV ORAL TABLET 150 MG	5	PA

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	PA
Hormonal Agents, Suppressant (Thyroid) - Treatment For Overactive Thyroid		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
Immunological Agents - Medications That Alter The Immune System Including Vaccinations		
Angioedema Agents		
BERINERT INTRAVENOUS KIT 500 UNIT	5	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5	PA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5	PA; QL (20 EA per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA; QL (27 ML per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA
Immunoglobulins		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	B/D

Last Updated 10/15/2025

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

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

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (10 ML per 28 days)
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	5	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	5	PA; QL (2 ML per 28 days)
FABHALTA ORAL CAPSULE 200 MG	5	PA; QL (60 EA per 30 days)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; QL (2 ML per 28 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	5	PA; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	5	PA; QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA
LEQSELVI ORAL TABLET 8 MG	5	PA; QL (60 EA per 30 days)
LITFULO ORAL CAPSULE 50 MG	5	PA; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	PA; QL (4 EA per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (2.8 ML per 28 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	5	PA; QL (4.5 ML per 28 days)
SOTYKTU ORAL TABLET 6 MG	5	PA; QL (30 EA per 30 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	5	PA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	5	PA; QL (0.75 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	5	PA; QL (1.5 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5	PA; QL (3 ML per 28 days)
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (1 ML per 28 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA; QL (4 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	5	PA; QL (4 ML per 28 days)
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA
<i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>	3	PA; QL (0.5 ML per 28 days)
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	3	PA; QL (0.5 ML per 28 days)
<i>ustekinumab subcutaneous solution prefilled syringe 90 mg/ml</i>	3	PA; QL (1 ML per 28 days)
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	3	PA; QL (0.5 ML per 28 days)
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 90 mg/ml</i>	3	PA; QL (1 ML per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; QL (480 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; QL (30 EA per 30 days)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	5	PA; QL (11.648 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	5	PA; QL (16.072 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	5	PA; QL (22.68 ML per 28 days)
Immunostimulants		

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; QL (2 ML per 28 days)
Immunosuppressants		
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	3	PA; QL (6 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i>	3	PA; QL (4 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	3	PA; QL (6 EA per 28 days)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	B/D
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	B/D
<i>azathioprine oral tablet 50 mg</i>	2	B/D
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	5	PA; QL (3 EA per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; QL (2 EA per 28 days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	5	PA; QL (3 EA per 28 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	B/D

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg</i>	2	B/D
<i>everolimus oral tablet 0.75 mg, 1 mg</i>	5	B/D
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	B/D
<i>leflunomide oral tablet 10 mg</i>	2	QL (30 EA per 30 days)
<i>leflunomide oral tablet 20 mg</i>	2	QL (42 EA per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	2	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	B/D
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	5	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	B/D
REZUROCK ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; QL (6 EA per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	PA; QL (3 EA per 28 days)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	3	PA; QL (3 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; QL (6 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	3	PA; QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	PA; QL (6 EA per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 ML per 28 days)

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
<i>sirolimus oral solution 1 mg/ml</i>	4	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	B/D
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	6	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF- MCG/0.5	6	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	6	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	6	
<i>bcg vaccine injection solution reconstituted 50 mg</i>	6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	6	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	6	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5- 18.5 LF-MCG/0.5	6	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	6	
ENFLONIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML	6	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	6	B/D

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	6	B/D
ERVEBO INTRAMUSCULAR SUSPENSION	6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	6	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	6	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	6	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	6	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	6	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	6	
IPOL INJECTION INJECTABLE	6	
IPOL INJECTION SUSPENSION	6	
IXIARO INTRAMUSCULAR SUSPENSION	6	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	6	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	6	
MENVEO INTRAMUSCULAR SOLUTION	6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
M-M-R II INJECTION SOLUTION RECONSTITUTED	6	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	6	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	6	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	
<i>penmenvy intramuscular suspension reconstituted</i>	6	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	6	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
QUADRACEL INTRAMUSCULAR SUSPENSION	6	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	6	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	6	B/D
ROTARIX ORAL SUSPENSION	6	
ROTATEQ ORAL SOLUTION	6	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	6	QL (2 EA per 999 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	6	B/D
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	6	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	6	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	6	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	6	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	6	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	6	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	6	
VAXELIS INTRAMUSCULAR SUSPENSION	6	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	6	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	6	QL (4 EA per 365 days)
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	6	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	

Inflammatory Bowel Disease Agents - Treatment Of Ulcerative Colitis Or Crohn's Disease

Aminosalicylates

<i>balsalazide disodium oral capsule 750 mg</i>	2	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	2	
<i>mesalamine oral capsule delayed release 400 mg</i>	2	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	
<i>mesalamine rectal enema 4 gm</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine rectal suppository 1000 mg</i>	2	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	4	QL (30 EA per 30 days)
<i>budesonide oral capsule delayed release particles 3 mg</i>	2	QL (90 EA per 30 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	
<i>prednisone oral solution 5 mg/5ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21)</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	
Metabolic Bone Disease Agents - Treatment Of Bone Diseases Including Osteoporosis		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	5	PA; QL (2.24 ML per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	2	QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	4	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	5	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR 3120 MCG/1.56ML	5	PA
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	5	PA

Ophthalmic Agents - Treatment Of Eye Conditions

Ophthalmic Agents, Other

ALTALUBE OPHTHALMIC OINTMENT 85-15 %	9	
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	9	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
BIOLLE GEL TEARS OPHTHALMIC GEL 1 %	9	
BIOLLE TEARS OPHTHALMIC SOLUTION 0.5 %	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	2	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	2	
<i>carboxymethylcellulose sod pf ophthalmic gel 1 %</i>	9	
<i>carboxymethylcellulose sodium ophthalmic gel 1 %</i>	9	
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	9	
<i>cvs dry-eye relief nighttime ophthalmic ointment 42.5-57.3 %</i>	9	
<i>cvs eye lubricant nighttime ophthalmic ointment 3-94 %</i>	9	
<i>cvs eye lubricant ophthalmic ointment</i>	9	
<i>cvs lubricant drops ophthalmic gel 1 %</i>	9	
<i>cvs lubricating eye/overnight ophthalmic ointment</i>	9	
<i>cvs nighttime dry-eye relief ophthalmic ointment</i>	9	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	2	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	2	ST
EQ RESTORE PM OPHTHALMIC OINTMENT	9	
EYES ALIVE OPHTHALMIC SOLUTION 0.5 %	9	
<i>for sty relief ophthalmic ointment 31.9-57.7 %</i>	9	
GENTEAL SEVERE OPHTHALMIC GEL 0.3 %	9	
GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 %	9	
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT	9	
GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 %	9	
<i>gnp lubricant eye drops (pf) ophthalmic solution 0.5 %</i>	9	
<i>gnp nighttime relief lub eye ophthalmic ointment 57.3-42.5 %</i>	9	
<i>goodsense lubricating eye drop ophthalmic solution 0.5 %</i>	9	
<i>goodsense lubricating plus pf ophthalmic solution 0.5 %</i>	9	
HYPOTEARs OPHTHALMIC OINTMENT	9	
<i>lubricant eye fast acting ophthalmic ointment</i>	9	
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	9	
<i>lubrifresh p.m. ophthalmic ointment</i>	9	
MURO 128 OPHTHALMIC OINTMENT 5 %	9	
MURO 128 OPHTHALMIC SOLUTION 5 %	9	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	5	PA
<i>qc artificial tears ophthalmic solution 0.5-0.6 %</i>	9	
REFRESH CELLUVISC OPHTHALMIC GEL 1 %	9	
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT	9	
REFRESH LIQUIGEL OPHTHALMIC GEL 1 %	9	
REFRESH PLUS OPHTHALMIC SOLUTION 0.5 %	9	
REFRESH TEARS OPHTHALMIC SOLUTION 0.5 %	9	
RETAINe PM OPHTHALMIC OINTMENT	9	
SOOTHE NIGHTTIME OPHTHALMIC OINTMENT	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
STYE OPHTHALMIC OINTMENT 31.9-57.7 %	9	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
SYSTANE NIGHT OPHTHALMIC GEL 0.3 %	9	
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT	9	
SYSTANE OPHTHALMIC GEL 0.4-0.3 %	9	
SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 %	9	
SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 %	9	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA
THERATEARS NIGHTTIME OPHTHALMIC GEL 1 %	9	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	
ULTRA FRESH PM OPHTHALMIC OINTMENT	9	
<i>ventiva tears ophthalmic solution 0.5 %</i>	9	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	5	PA
Ophthalmic Anti-allergy Agents		
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	9	
ALAWAY OPHTHALMIC SOLUTION 0.035 %	9	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cvs allergy eye drops ophthalmic solution 0.035 %</i>	9	
<i>cvs eye itch relief ophthalmic solution 0.035 %</i>	9	
<i>eq eye itch relief ophthalmic solution 0.035 %</i>	9	
LASTACFT OPHTHALMIC SOLUTION 0.25 %	9	PA
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %, 0.7 %	9	PA
<i>ra eye itch relief ophthalmic solution 0.035 %</i>	9	
<i>sm eye itch relief ophthalmic solution 0.035 %</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-Infectives		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	
NATACYN OPTHALMIC SUSPENSION 5 %	4	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
Ophthalmic Anti-inflammatory		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	2	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	2	ST
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>pilocarpine hcl ophthalmic solution 1 %, 1.25 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	ST
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	2	
Otic Agents - Treatment Of Ear Conditions		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	2	QL (7.5 ML per 7 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
<i>ofloxacin otic solution 0.3 %</i>	2	
Respiratory Tract/ Pulmonary Agents - Treatment Of Breathing Conditions		

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
Antihistamines		
ALA-HIST IR ORAL TABLET 2 MG	9	
<i>alertab oral tablet 25 mg</i>	9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML	9	
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG	9	
ALLEGRA HIVES 24HR ORAL TABLET 180 MG	9	
<i>allergy childrens oral suspension 30 mg/5ml</i>	9	
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	9	PA
<i>allergy relief cetirizine oral tablet 5 mg</i>	9	
<i>allergy relief childrens 24-hr oral solution 1 mg/ml</i>	9	
<i>allergy relief childrens oral solution 5 mg/5ml</i>	9	
<i>allergy relief oral tablet chewable 25 mg</i>	9	
<i>allergy relief/indoor/outdoor oral tablet 180 mg</i>	9	
<i>allergy-time oral tablet 4 mg</i>	9	
<i>anti-hist allergy oral tablet 25 mg</i>	9	
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	QL (60 ML per 30 days)
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	9	
BENADRYL ALLERGY ORAL TABLET 25 MG	9	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG	9	
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	9	PA
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	9	PA
<i>chlorphen oral tablet 4 mg</i>	9	
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML	9	
CLARITIN ORAL SOLUTION 5 MG/5ML	9	
CLARITIN ORAL TABLET 10 MG	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
CLARITIN REDITABS JUNIORS ORAL TABLET DISPERSIBLE 10 MG	9	
<i>complete allergy medicine oral tablet 25 mg</i>	9	
<i>curelief oral liquid 12.5 mg/5ml</i>	9	
<i>cvs allerg rel child (lorat) oral solution 5 mg/5ml</i>	9	
<i>cvs allergy relief oral tablet chewable 25 mg</i>	9	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	2	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>	2	PA
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML	9	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	9	
<i>diphenhydramine hcl oral liquid 25 mg/10ml</i>	9	PA
<i>diphenhydramine hcl oral tablet 25 mg</i>	9	
<i>ed chlorped jr oral syrup 2 mg/5ml</i>	9	
<i>eq all day allergy relief oral tablet 10 mg</i>	9	
<i>eq allerg relief child (cetir) oral solution 5 mg/5ml</i>	9	
<i>eq allerg relief child (lorat) oral solution 5 mg/5ml</i>	9	
<i>eq allergy childrens oral solution 5 mg/5ml</i>	9	
<i>eq cetirizine hcl oral tablet chewable 10 mg</i>	9	
<i>eq loratadine childrens oral tablet dispersible 10 mg</i>	9	
<i>eq loratadine oral tablet 10 mg</i>	9	
<i>eql allergy oral tablet 4 mg</i>	9	
<i>gnp fexofenadine hcl oral tablet 180 mg</i>	9	
<i>gnp loratadine oral solution 5 mg/5ml</i>	9	
<i>gnp loratadine oral tablet dispersible 10 mg</i>	9	
<i>goodsense allergy relief child oral solution 5 mg/5ml</i>	9	
<i>goodsense allergy relief oral tablet 25 mg</i>	9	
<i>goodsense loratadine oral tablet 10 mg</i>	9	
HISTEX ORAL SYRUP 2.5 MG/5ML	9	
HISTEX PD ORAL LIQUID 0.938 MG/ML	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>hm loratadine childrens oral solution 5 mg/5ml</i>	9	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	2	PA
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA
<i>kls allergy medicine oral tablet 25 mg</i>	9	
<i>kp diphenhydramine hcl oral capsule 50 mg</i>	9	
<i>kp fexofenadine hcl oral tablet 60 mg</i>	9	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	9	
<i>loratadine childrens oral tablet chewable 5 mg</i>	9	
<i>loratadine oral tablet dispersible 10 mg</i>	9	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML	9	
<i>meijer allergy relief oral tablet 10 mg</i>	9	
<i>meijer allergy relief oral tablet dispersible 10 mg</i>	9	
<i>meijer loratadine oral solution 5 mg/5ml</i>	9	
MM ALLER-BEN ORAL TABLET 25 MG	9	
<i>mm allergy relief 24 hour oral tablet 180 mg</i>	9	
NARAMIN ORAL LIQUID 12.5 MG/5ML	9	
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML	9	
PEDIAVENT ORAL SYRUP 2 MG/5ML	9	
<i>pharbedryl oral capsule 50 mg</i>	9	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	2	
<i>qc allergy relief childrens oral solution 5 mg/5ml</i>	9	
<i>qc allergy relief childrens oral syrup 1 mg/ml</i>	9	
<i>qc allergy relief oral tablet 10 mg, 25 mg, 4 mg, 60 mg</i>	9	
<i>qc allergy relief oral tablet dispersible 10 mg</i>	9	
<i>qc complete allergy medicine oral tablet 25 mg</i>	9	
<i>ra allergy oral tablet 25 mg</i>	9	
<i>ra allergy relief childrens oral solution 1 mg/ml</i>	9	
<i>ra allergy relief childrens oral syrup 5 mg/5ml</i>	9	
<i>ra loratadine oral solution 5 mg/5ml</i>	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>sb allergy medicine oral tablet 25 mg</i>	9	
<i>sb allergy relief oral tablet dispersible 10 mg</i>	9	
<i>sb cetirizine hcl childrens oral solution 1 mg/ml</i>	9	
<i>sb loratadine allergy relief oral tablet 10 mg</i>	9	
<i>sb loratadine oral solution 5 mg/5ml</i>	9	
<i>siladryl allergy oral liquid 12.5 mg/5ml</i>	9	
<i>sm allergy relief oral tablet 60 mg</i>	9	
<i>sm allergy relief oral tablet dispersible 10 mg</i>	9	
<i>sm childrens loratadine oral solution 5 mg/5ml</i>	9	
<i>sm fexofenadine hcl oral tablet 60 mg</i>	9	
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	9	
<i>sm loratadine oral solution 5 mg/5ml</i>	9	
TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE 10 MG	9	
<i>triprolidine hcl oral liquid 0.625 mg/ml</i>	9	
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	9	
WAL-DRYL ALLERGY ORAL TABLET 25 MG	9	
WAL-FEX ORAL TABLET 180 MG	9	
WAL-ITIN ALLERGY REDITABS ORAL TABLET DISPERSIBLE 10 MG	9	
WAL-ITIN ALLER-MELTS ORAL TABLET DISPERSIBLE 10 MG	9	
WAL-ITIN ORAL SOLUTION 5 MG/5ML	9	
WAL-ITIN ORAL TABLET DISPERSIBLE 10 MG	9	
WAL-VERT ORAL TABLET DISPERSIBLE 10 MG	9	
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 5 MG	9	
WAL-ZYR ORAL SOLUTION 5 MG/5ML	9	
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML, 5 MG/5ML	9	
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG	9	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
ZYRTEC ORAL TABLET CHEWABLE 10 MG	9	
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	2	B/D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	2	B/D; QL (60 ML per 30 days)
CLARISPRAY NASAL SUSPENSION 50 MCG/ACT	9	
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT	9	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	QL (50 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	2	QL (600 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	2	QL (120 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	QL (16 GM per 30 days)
<i>gnp 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	9	PA
<i>goodsense 24-hr allergy nasal nasal suspension 50 mcg/act</i>	9	PA
<i>goodsense nasal allergy spray nasal aerosol 55 mcg/act</i>	9	PA
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	QL (34 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	4	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	4	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule 18 mcg</i>	2	QL (90 EA per 90 days)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	2	QL (90 EA per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	1	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	QL (2 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (2 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	2	B/D; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; QL (56 EA per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; QL (84 EA per 28 days)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; QL (84 ML per 56 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QL (112 EA per 28 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; QL (56 EA per 28 days)
TOBI PODHALER INHALATION CAPSULE 28 MG	5	PA; QL (224 EA per 56 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	3	B/D; QL (672 ML per 84 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	3	B/D; QL (280 ML per 56 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	5	PA; QL (56 EA per 28 days)
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	B/D
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	2	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>theophylline oral solution 80 mg/15ml</i>	2	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; QL (720 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	2	PA; QL (60 EA per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML	5	PA; QL (300 ML per 30 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	5	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	5	PA
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	5	PA
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	2	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	B/D

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	2	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (8 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 28 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; QL (1 ML per 28 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	2	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	B/D
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	1	

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; QL (3 EA per 28 days)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	2	PA
<i>saline mist spray nasal solution 0.65 %</i>	9	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; QL (8 EA per 28 days)
Skeletal Muscle Relaxants - Treatment Of Muscle Tightness		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	2	PA; QL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA; QL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	PA; QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	2	PA; QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA

Last Updated 10/15/2025

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

Drug Name	Drug Tier	Requirements/Limits
Sleep Disorder Agents - Treatment Of Insomnia		
Sleep Promoting Agents		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	2	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	PA; QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; QL (158 ML per 30 days)
<i>ramelteon oral tablet 8 mg</i>	2	QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	5	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	5	PA; QL (2 ML per 28 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (60 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	5	PA

Last Updated 10/15/2025

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

Index

- 3**
 3 day vaginal26
7
 7 day vaginal26
8
 8 hr arthritis pain relief.....1
A
a thru z advanced86
a thru z advanced adult86
a thru z high potency86
a thru z select advanced86
*a thru z select ultimate women*86
a thru z ultimate mens86
abacavir sulfate49
abacavir sulfate-lamivudine ...49
abc complete adult86
abc complete mens86
abc complete senior 50+86
abc complete senior mens 50+
 86
abc complete senior womens
 50+86
abc complete womens86
 ABIGALE LO117
 ABILIFY ASIMTUFII43
 ABILIFY MAINTENA43
abiraterone acetate31
 ABIRTEGA31
 ABRYSVO132
acamprosate calcium9
acarbose53
acebutolol hcl65
acetaminophen1
acetaminophen childrens1
acetaminophen extra strength ..1
acetaminophen infants1
acetaminophen-codeine7
acetaminophen-ibuprofen4
acetazolamide67
acetazolamide er142
acetic acid142
acetylcysteine150
acid control maximum strength
 109
acid controller109
acid controller max st109
 ACID GONE106
acid reducer complete106
acitretin77
acne medication 1077
acne medication 2.577
 ACTEMRA126
 ACTEMRA ACTPEN126
 ACTHIB132
 ACTIMMUNE130
activite86
acyclovir48, 82
acyclovir sodium48
 ADACEL132
adalimumab-fkjp (2 pen)130
adalimumab-fkjp (2 syringe) 130
adapalene77
adapalene treatment77
adapalene-benzoyl peroxide ..77
adefovir dipivoxil47
 ADEMPAS150
 ADVAIR HFA151
 ADVIL4
 ADVIL LIQUI-GELS MINIS ..4
 AFTERA122
 AFTERPILL122
 AIMOVIG29
aimsco lubricated114
 AKEEGA32
 ALA-HIST IR143
 ALAWAY140
 ALAWAY CHILDRENS
 ALLERGY140
albendazole40
albuterol sulfate148
albuterol sulfate hfa148
alclometasone dipropionate ...78
alcohol81
 ALCOHOL81
 ALECENSA34
alendronate sodium136
alertab143
 ALEVE4
alfuzosin hcl er113
aliskiren fumarate67
alive daily energy86
 ALIVE DIABETIC
 MULTIVITAMIN86
 ALIVE ENERGY 50+86
 ALIVE MENS 50+86
 ALIVE MENS COMPLETE
 MULTI86
 ALIVE ONCE DAILY
 WOMENS87
 ALIVE ULTRA POTENCY
 WOMENS 50+87
 ALIVE WOMENS 50+
 COMPLETE MV87
 ALIVE WOMENS ENERGY 87
 ALKA-SELTZER
 HEARTBURN106
 ALKA-SELTZER PLUS
 ALLERGY107
 ALLEGRA ALLERGY143
 ALLEGRA ALLERGY
 CHILDRENS143
 ALLEGRA HIVES 24HR143
allergy childrens143
allergy relief143
allergy relief (cetirizine)143
allergy relief cetirizine143
allergy relief childrens143
*allergy relief childrens 24-hr*143
allergy relief/indoor/outdoor 143
allergy-time143
allopurinol29
alosetron hcl105
 ALPHA BETIC87
alprazolam52
 ALPRAZOLAM INTENSOL 52
 ALTALUBE137
 ALTAVERA117
alum & mag hydroxide-simeth
 107
 ALUNBRIG34
alyacen 1/35117
alyacen 7/7/7117
 ALYFTREK149
amantadine hcl41
ambrisentan150
amikacin sulfate11
amiloride hcl69
amiloride-hydrochlorothiazide
 67
aminocaproic acid61
amiodarone hcl65
amitriptyline hcl24

<i>amlodipine besy-benazepril hcl</i>	<i>aqueous vitamin d</i>	AZO HORMONAL HEALTH
.....67	<i>aqueous vitamin e</i>	HAPPY CYCL
<i>amlodipine besylate</i>	ARALAST NP	87
66	ARANELLE.....	AZOLEN TINCTURE
<i>amlodipine besylate-valsartan</i> 67	ARANESP (ALBUMIN FREE)	26
<i>amlodipine-atorvastatin</i>	61	aztreonam
67	ARCALYST.....	11
<i>amlodipine-olmesartan</i>	126	B
67	AREXVY	BAC (BUTALBITAL-
<i>amlodipine-valsartan-hctz</i>	132	ACETAMIN-CAFF)
67	ARIKAYCE	1
<i>ammonium lactate</i>	11	<i>bacitracin</i>
78	<i>aripiprazole</i>	141
AMNESTEEM	43	<i>bacitracin-polymyxin b</i>
77	ARISTADA.....	141
<i>amoxapine</i>	43	<i>baclofen</i>
24	ARISTADA INITIO.....	47
<i>amoxicillin</i>	<i>armodafinil</i>	BACMIN
15	153	87
<i>amoxicillin-pot clavulanate</i>	ARNUIITY ELLIPTA	BAFIERTAM
15	147	75
<i>amoxicillin-pot clavulanate er</i> 15	<i>artificial tears</i>	<i>balsalazide disodium</i>
<i>amphetamine-dextroamphet er</i>	137	135
.....	<i>asenapine maleate</i>	BALVERSA
72	43	34
<i>amphetamine-</i>	ASPERFLEX LIDOCAINE	BALZIVA
<i>dextroamphetamine</i>	8	118
72	<i>aspirin</i>	BAQSIMI ONE PACK
<i>amphotericin b</i>	62	55
26	<i>aspirin adult low dose</i>	BAQSIMI TWO PACK
<i>amphotericin b liposome</i>	62	55
26	<i>aspirin-dipyridamole er</i>	BARACLUDE
<i>ampicillin</i>	62	47
15	ASTAGRAF XL	<i>basic am</i>
<i>ampicillin sodium</i>	130	87
15	<i>atazanavir sulfate</i>	<i>basic pm</i>
<i>ampicillin-sulbactam sodium</i> .	51	87
15	<i>atenolol</i>	BAYER ADVANCED
<i>anagrelide hcl</i>	65	ASPIRIN REG ST
61	<i>atenolol-chlorthalidone</i>	62
<i>anastrozole</i>	67	<i>bcg vaccine</i>
34	26	132
ANECREAM	<i>atomoxetine hcl</i>	<i>b-complex/b-12</i>
8	72	87
ANORO ELLIPTA	<i>atorvastatin calcium</i>	BEELITH
151	70	102
<i>antacid & antigas</i>	<i>atovaquone</i>	BENADRYL ALLERGY
107	40	143
<i>antacid anti-gas</i>	<i>atovaquone-proguanil hcl</i>	BENADRYL ALLERGY
107	40	CHILDRENS
<i>antacid extra strength</i>	<i>atropine sulfate</i>	143
107	137	BENADRYL ALLERGY
<i>antacid i</i>	ATROVENT HFA	ULTRATABS
107	148	143
<i>antacid iii</i>	AUBRA EQ	<i>benazepril hcl</i>
107	118	64
<i>antacid maximum</i>	AUGTYRO	<i>benazepril-hydrochlorothiazide</i>
107	34	.....
<i>antacid maximum strength</i> ...	AUROVELA FE 1/20	67
107	118	BENLYSTA
<i>antacid/antigas</i>	AUSTEDO	126
107	73	<i>benzoyl peroxide</i>
<i>antacid/simethicone ds</i>	73, 74	77
107	AUSTEDO XR	<i>benztropine mesylate</i>
<i>anti-diarrheal</i>	73, 74	41
105	AUSTEDO XR PATIENT	BERINERT
<i>anti-hist allergy</i>	TITRATION	125
143	74	BESREMI
<i>antioxidant a/c/e/selenium</i>	AUVELITY	33
87	22	BETADINE
<i>antioxidant formula</i>	AVEENO ANTI-ITCH MAX	82
87	ST	<i>betaine</i>
<i>antioxidant vitamins</i>	78	112
87	AVIANE	<i>betamethasone dipropionate</i> .78,
<i>apap childrens</i>	118	79
1	AVMAPKI FAKZYNJA CO-	<i>betamethasone dipropionate aug</i>
<i>apap extra strength</i>	PACK .....	.....
1	33	78
<i>apomorphine hcl</i>	AYVAKIT	<i>betamethasone valerate</i>
41	34	79
<i>apraclonidine hcl</i>	<i>azathioprine</i>	BETASERON
142	130	75
<i>aprepitant</i>	<i>azelastine hcl</i>	<i>betaxolol hcl</i>
25	140, 143	65, 142
APRI	<i>azithromycin</i>	<i>bethanechol chloride</i>
117	16	114
APTIVUS	AZO HORMONAL HEALTH	BEVESPI AEROSPHERE ...
51	CYCLE CARE	151
AQNEURSA	87	<i>bexarotene</i>
73		40
AQUAPHOR ITCH RELIEF		
CHILDREN		
78		

BEXSERO.....	132	<i>bupropion hcl er (sr)</i>	22	<i>cefadroxil</i>	13
BEYFORTUS.....	132	<i>bupropion hcl er (xl)</i>	22, 23	<i>cefazolin sodium</i>	13
<i>bicalutamide</i>	31	<i>buspirone hcl</i>	52	<i>cefazolin sodium-dextrose</i>	13
BICILLIN L-A	15	<i>butalbital-acetaminophen</i>	1	<i>cefdinir</i>	13
BIKTARVY	49	<i>butalbital-apap-caff-cod</i>	1	<i>cefepime hcl</i>	13
<i>biocel</i>	87	<i>butalbital-apap-caffeine</i>	1	<i>cefepime-dextrose</i>	13
BIOLLE GEL TEARS	137	<i>butalbital-asa-caff-codeine</i>	1	<i>cefixime</i>	13
BIOLLE TEARS	137	<i>butalbital-aspirin-caffeine</i>	1	<i>cefotaxime sodium</i>	14
<i>bisacodyl</i>	102	<i>butorphanol tartrate</i>	7	<i>cefoxitin sodium</i>	14
<i>bisoprolol fumarate</i>	65	C		<i>cefoxitin sodium-dextrose</i>	14
<i>bisoprolol-hydrochlorothiazide</i>	67	CABENUVA.....	50	<i>cefpodoxime proxetil</i>	14
BLISOVI FE 1.5/30	118	<i>cabergoline</i>	124	<i>cefprozil</i>	14
BLISOVI FE 1/20	118	CABLIVI.....	126	<i>ceftazidime</i>	14
BONEUP VEGETARIAN	87	CABOMETYX.....	35	<i>ceftriaxone sodium</i>	14
BONSITY.....	136	<i>calcipotriene</i>	81	<i>ceftriaxone sodium in dextrose</i>	14
BOOSTRIX.....	132	<i>calcitonin (salmon)</i>	136	<i>ceftriaxone sodium-dextrose</i> ...	14
<i>bosentan</i>	150	<i>calcitriol</i>	81, 136, 137	<i>cefuroxime axetil</i>	14
BOSULIF	34, 35	<i>calcium + d3</i>	87	<i>cefuroxime sodium</i>	14
<i>bp vit 3</i>	87	<i>calcium + vitamin d3</i>	87	<i>celecoxib</i>	4
<i>bp wash</i>	77	<i>calcium acetate (phos binder)</i>	101	<i>centavite a-z complete-mineral</i>	87
<i>b-plex plus</i>	87	CAL-GEST ANTACID.....	107	<i>centravites</i>	87
BPROTECTED PEDIA IRON	87	CALQUENCE.....	35	<i>centravites 50 plus</i>	87
BRAFTOVI.....	35	CAMILA	122	<i>centravites adults</i>	87
BREO ELLIPTA	151	CAMZYOS	67	CENTRUM CARDIO	87
BREZTRI AEROSPHERE ..	151	<i>candesartan cilexetil</i>	64	CENTRUM MEN.....	87
<i>briellyn</i>	118	<i>candesartan cilexetil-hctz</i>	68	CENTRUM MINIS ADULTS 50+	88
BRILINTA	62	CAPLYTA.....	44	CENTRUM MINIS MEN 50+	88
<i>brimonidine tartrate</i>	142	CAPRELSA.....	35	CENTRUM MINIS WOMEN 50+	88
<i>brimonidine tartrate-timolol</i> 138		<i>captopril</i>	64	CENTRUM SILVER.....	88
<i>brinzolamide</i>	142	<i>carbamazepine</i>	21	CENTRUM SPECIALIST HEART.....	88
BRIVIACT	18	<i>carbamazepine er</i>	21	CENTRUM SPECIALIST IMMUNE	88
<i>bromfenac sodium</i>	138	<i>carbidopa</i>	42	CENTRUM SPECIALIST VISION.....	88
<i>bromfenac sodium (once-daily)</i>	138	<i>carbidopa-levodopa</i>	42	<i>century</i>	88
<i>bromocriptine mesylate</i>	41	<i>carbidopa-levodopa er</i>	42	<i>century mature</i>	88
BRUKINSA	35	<i>carbidopa-levodopa-entacapone</i>	41	<i>cephalexin</i>	14
<i>budesonide</i>	136, 147	<i>carboxymethylcellulose sod pf</i>	138	CEPROTIN.....	60
<i>budesonide er</i>	136	<i>carboxymethylcellulose sodium</i>	138	CERDELGA.....	112
<i>budesonide-formoterol fumarate</i>	151	<i>carglumic acid</i>	84	CEROVITE SENIOR.....	88
<i>bumetanide</i>	69	<i>carisoprodol</i>	152	CERTAVITE SENIOR/ANTIOXIDANT.88	
<i>buprenorphine</i>	7	<i>carteolol hcl</i>	141	<i>cetirizine hcl</i>	143
<i>buprenorphine hcl</i>	9	CARTIA XT	66	<i>cetirizine hcl childrens</i>	143
<i>buprenorphine hcl-naloxone hcl</i>	9	<i>carvedilol</i>	65		
<i>bupropion hcl</i>	23	<i>caspofungin acetate</i>	26		
<i>bupropion hcl er (smoking det)</i>	10	CAYSTON	149		
		<i>cefaclor</i>	13		
		<i>cefaclor er</i>	13		

<i>cevimeline hcl</i>	77	<i>clindamycin phos (twice-daily)</i>	82	CORTIZONE-10 INTENSVE MOISTURE.....	79
CHENODAL	107	<i>clindamycin phos-benzoyl perox</i>	77	CORTIZONE-10 OVERNIGHT	79
<i>childrens acetaminophen</i>	2	<i>clindamycin phosphate</i>	11, 83	CORTIZONE-10 SENSITIVE SKIN.....	79
CHILDRENS ADVIL	4	<i>clindamycin phosphate in d5w</i>	11	CORTIZONE-10 SOOTHING ALOE	79
<i>childrens ibuprofen</i>	4	<i>clindamycin phosphate in nacl</i>	11	CORTIZONE-10 ULTRA SOOTHING.....	79
CHILDRENS MEDI-PROFEN	4	CLINISOL SF	88	CORTIZONE-10 WATER RESISTANT.....	79
CHILDRENS MEDI-TABS.....	2	<i>clobazam</i>	20	CORTROPHIN.....	115
CHILDRENS MOTRIN.....	4	<i>clobetasol propionate</i>	79	CORTROPHIN GEL.....	115
<i>childrens non-aspirin</i>	2	<i>clobetasol propionate e</i>	79	CORVITA	88
<i>childrens pain reliever</i>	2	<i>clomipramine hcl</i>	24	COSENTYX.....	126, 127
<i>childrens silapap</i>	2	<i>clonazepam</i>	52	COSENTYX (300 MG DOSE)	126
<i>chlorhexidine gluconate</i>	77	<i>clonidine</i>	63	COSENTYX SENSOREADY (300 MG).....	126
<i>chloroquine phosphate</i>	40	<i>clonidine hcl</i>	63	COSENTYX SENSOREADY PEN.....	126
<i>chlorphen</i>	143	<i>clonidine hcl er</i>	72	COSENTYX UNOREADY .	127
<i>chlorpromazine hcl</i>	25	<i>clopidogrel bisulfate</i>	62	COTELLIC.....	35
<i>chlorthalidone</i>	69	<i>clorazepate dipotassium</i>	52	CREON.....	112
<i>chlorzoxazone</i>	152	<i>clotrimazole</i>	26	CRESEMBA.....	26
CHOLBAM.....	112	<i>clotrimazole-betamethasone</i> ...	81	<i>cromolyn sodium</i>	140, 149
<i>cholestyramine</i>	70	<i>clozapine</i>	47	CRYSELLE-28.....	118
<i>cholestyramine light</i>	70	COARTEM	40	CRYSVITA	127
<i>chromic chloride</i>	84	COBENFY	74	<i>cupric chloride</i>	84
CIBINQO	126	COBENFY STARTER PACK	74	CURAE.....	122
<i>ciclopirox</i>	82	COLACE 2-IN-1	102	<i>curanol</i>	2
<i>ciclopirox olamine</i>	82	COLACE CLEAR.....	102	<i>curelief</i>	144
<i>cilostazol</i>	62	<i>colchicine</i>	29	CUVRIOR	85
CIMDUO.....	49	<i>colchicine-probenecid</i>	29	<i>cvs acid controller</i>	110
<i>cimetidine</i>	110	<i>colesevelam hcl</i>	70	<i>cvs acid controller max st</i>	110
CIMZIA.....	130	<i>colestipol hcl</i>	70	<i>cvs advanced 3-in-1 cleanser</i> .	77
CIMZIA (2 SYRINGE).....	130	<i>colistimethate sodium (cba)</i> ...	11	<i>cvs allerg rel child (lorat)</i>	144
CIMZIA-STARTER.....	130	COMBIPATCH.....	118	<i>cvs allergy eye drops</i>	140
<i>cinacalcet hcl</i>	137	COMBIVENT RESPIMAT .	151	<i>cvs allergy relief</i>	144
CINRYZE.....	125	COMETRIQ (100 MG DAILY DOSE)	35	<i>cvs antacid</i>	107
<i>ciprofloxacin hcl</i>	17, 141	COMETRIQ (140 MG DAILY DOSE)	35	<i>cvs athletes foot (tolnaftate)</i> ..	26
<i>ciprofloxacin in d5w</i>	17	COMETRIQ (60 MG DAILY DOSE)	35	<i>cvs childs non-aspirin</i>	2
<i>ciprofloxacin-dexamethasone</i>	142	<i>comfort gel</i>	107	<i>cvs c-lax laxative</i>	102
<i>citalopram hydrobromide</i>	23	<i>comfort gel antacid anti-gas</i> .	107	<i>cvs daily multiple for men</i>	88
CLARAVIS	77	<i>companion</i>	88	<i>cvs daily multiple women 50+</i> ..	88
CLARISPRAY	147	COMPETE	88	<i>cvs dry-eye relief nighttime</i> ..	138
<i>clarithromycin</i>	16	<i>complete allergy medicine</i>	144	<i>cvs dual action complete</i>	110
<i>clarithromycin er</i>	16	<i>condoms</i>	114	<i>cvs enema disposable</i>	102
CLARITIN	143	<i>constulose</i>	102	<i>cvs eye health & lutein</i>	88
CLARITIN ALLERGY CHILDRENS	143	COPIKTRA.....	35		
CLARITIN REDITABS JUNIORS	144	CORLANOR.....	68		
<i>classic prenatal</i>	88				
<i>clindamycin hcl</i>	11				
<i>clindamycin palmitate hcl</i>	11				
<i>clindamycin phos (once-daily)</i>	82				

cvs eye itch relief..... 140
cvs eye lubricant..... 138
cvs eye lubricant nighttime... 138
cvs heartburn relief ex st..... 107
cvs hydrocortisone anti-itch ... 79
cvs infants pain relief drops 2
cvs lubricant drops 138
cvs lubricating eye/overnight 138
cvs miconazole 1 combo pack 26
cvs nighttime dry-eye relief .. 138
cvs non-aspirin childrens 2
cvs one daily mens 50+ adv ... 88
cvs one daily mens formula 88
cvs one daily womens 50+ adv
..... 88
cvs one daily womens formula 88
cvs pain & fever infants..... 2
cvs povidone-iodine..... 83
CVS PURELAX..... 102
cvs spectravite men..... 88
cvs spectravite senior 88
cvs stool softener 102
cvs tioconazole 1 26
cvs womens active daily 88
cyanocobalamin 88
cyclobenzaprine hcl..... 152
cyclophosphamide 31
cyclosporine 130, 138
cyclosporine modified 130
cyproheptadine hcl 144
CYRED EQ..... 118
CYSTAGON 112
CYSTARAN 138
D
dabigatran etexilate mesylate. 60
daily betic 88
daily combo multi vitamins 89
daily multiple vitamins/min 89
daily-vite..... 89
dalfampridine er 75
danazol 116
dantrolene sodium 47
DANZITEN..... 33
dapagliflozin propanediol 53
dapsone..... 31
DAPTACEL 132
daptomycin 11
darifenacin hydrobromide er 113
darunavir 51
dasatinib 35

DAURISMO..... 35
dayavite 89
DEBLITANE..... 122
DECARA..... 89
deferasirox..... 86
deferasirox granules..... 86
deferiprone 86
deflazacort 115
DELSTRIGO..... 50
DEPO-SUBQ PROVERA 104
..... 122
DERMACINRX MULTITAM
..... 89
DERMACINRX RIBOTIN-E 89
DERMACINRX ZINTREXYL-
C 89
DERMAVITE 89
DESCOVY 49
DESENEX..... 26
desipramine hcl 24
desmopressin ace spray refrig
..... 116
desmopressin acetate..... 116
desmopressin acetate spray.. 116
desonide..... 79
desoximetasone..... 79
desvenlafaxine succinate er.... 23
dexamethasone 115, 136
DEXAMETHASONE
INTENSOL 136
dexamethasone sodium
phosphate..... 136, 141
dexamethylphenidate hcl 72
dexamethylphenidate hcl er 72
dextroamphetamine sulfate..... 72
dextroamphetamine sulfate er 72
dextrose 89
dextrose-sodium chloride 89
diabetes health formula 89
DIABETIC TUSSIN
ALLERGY 144
DIACOMIT 18
DIALYVITE 89
DIALYVITE 3000 89
DIALYVITE 5000 89
DIALYVITE 800 89
DIALYVITE 800 PLUS D..... 89
dialyvite 800/ultra d 89
DIALYVITE 800/ZINC 89
DIALYVITE 800-ZINC 15.... 89

DIALYVITE SUPREME D ... 89
DIALYVITE VITAMIN D 5000
..... 89
DIALYVITE VITAMIN D3
MAX..... 89
DIALYVITE/ZINC 89
DIATROL..... 89
diazepam..... 20, 52
DIAZEPAM INTENSOL 52
diazoxide..... 55
diclofenac epolamine..... 4
diclofenac potassium 4
diclofenac sodium..... 4, 5, 141
diclofenac sodium er..... 4
dicloxacillin sodium..... 15
dicyclomine hcl 106
DIFFERIN 78
DIFFERIN CLEANSER 78
DIFICID 16, 17
diflunisal 5
difluprednate..... 141
digoxin 68
dihydroergotamine mesylate .. 29
DILANTIN 21
diltiazem hcl..... 67
diltiazem hcl er 66, 67
diltiazem hcl er beads..... 66
diltiazem hcl er coated beads . 66
dilt-xr 67
dimethyl fumarate 75
dimethyl fumarate starter pack
..... 75
diphenhydramine hcl 144
diphenhydramine hcl childrens
..... 144
diphenoxylate-atropine..... 105
dipyridamole..... 62
disopyramide phosphate 65
disulfiram..... 9
divalproex sodium 18
divalproex sodium er 18
docusate mini..... 102
DODEX 89
dofetilide 65
DOK 102
donepezil hcl 22
DOPTelet 62
dorzolamide hcl 142
dorzolamide hcl-timolol mal. 138

<i>dorzolamide hcl-timolol mal pf</i>	138	EMSAM	23	<i>eq one daily mens 50+</i>	90
DOVATO	50	<i>emtricitabine.....</i>	49	<i>eq one daily mens health</i>	90
<i>doxazosin mesylate</i>	63, 64	<i>emtricitabine-tenofovir df.....</i>	49	EQ ONE DAILY WOMENS	
<i>doxepin hcl</i>	24, 79, 153	<i>emtricitab-rilpivir-tenofov df..</i>	50	50+	90
<i>doxercalciferol</i>	137	EMTRIVA	49	<i>eq one daily womens health....</i>	90
DOXY 100	17	<i>enalapril maleate.....</i>	64	<i>eq povidone-iodine</i>	83
<i>doxycycline hyclate</i>	18	<i>enalapril-hydrochlorothiazide</i>	68	EQ RESTORE PM	138
<i>doxycycline monohydrate</i>	18	ENBREL	130	<i>eq tioconazole 1</i>	27
DRISDOL.....	89	ENBREL MINI	130	<i>eq acetaminophen.....</i>	2
DRIZALMA SPRINKLE.....	75	ENBREL SURECLICK	130	<i>eq allergy</i>	144
<i>dronabinol</i>	26	ENDOCET	7	<i>eq antacid ultra strength</i>	107
<i>drospirenone-ethinyl estradiol</i>	118	ENEMEEZ PLUS.....	102	<i>eq athletes foot.....</i>	27
DROXIA	32	ENFLONSIA.....	132	<i>eq century</i>	90
<i>droxidopa</i>	63	ENGERIX-B	132, 133	<i>eq century mature</i>	90
DUAVEE	123	ENLYTE	90	<i>eq century mature adults 50+</i>	90
DULCOLAX.....	102	<i>enoxaparin sodium</i>	60	<i>eq century mature men 50+ ..</i>	90
DULCOLAX STOOL		ENSACOVE.....	35	<i>eq century mature women 50+</i>	90
SOFTENER.....	102	ENSKYCE.....	118	<i>eq century mens</i>	90
<i>duloxetine hcl</i>	75	<i>entacapone.....</i>	41	<i>eq century womens</i>	90
DUO FUSION.....	110	<i>entecavir</i>	47	<i>eq dual action complete.....</i>	110
DUPIXENT.....	151	ENTRESTO.....	68	<i>eq heartburn prevention</i>	110
<i>dutasteride</i>	113	ENTYVIO PEN.....	127	<i>eq laxative.....</i>	102
E		<i>enulose.....</i>	102	<i>eq miconazole 3</i>	27
<i>econazole nitrate</i>	26	ENVARBUS XR	130, 131	<i>eq one daily mens</i>	90
ECONTRA ONE-STEP	122	EPIDIOLEX	18	<i>eq one daily mens 50+ advance</i>	90
ECOTRIN.....	62	<i>epinephrine</i>	148	<i>eq one daily mens health</i>	90
ECOTRIN ARTHRTIS PAIN	62	<i>eplerenone</i>	69	<i>eq one daily womens 50+ adv</i>	90
<i>ed chlorped jr</i>	144	EPOGEN	61	<i>eq tioconazole-1</i>	27
<i>ed-apap</i>	2	<i>eq acetaminophen.....</i>	2	<i>eq vision formula</i>	90
EDURANT	48	<i>eq acid reducer complete</i>	110	EQUETRO	53
EDURANT PED	49	<i>eq all day allergy relief</i>	144	<i>ergotamine-caffeine</i>	29
<i>efavirenz</i>	49	<i>eq allerg relief child (cetir) ..</i>	144	ERIVEDGE	35
<i>efavirenz-emtricitab-tenofo df</i>	50	<i>eq allerg relief child (lorat) ..</i>	144	ERLEADA	31
<i>efavirenz-lamivudine-tenofovir</i>	50	<i>eq allergy childrens</i>	144	<i>erlotinib hcl</i>	35
EGRIFTA SV	116	<i>eq antacid extra strength</i>	107	ERRIN	122
EGRIFTA WR.....	116	<i>eq antacid ultra strength</i>	107	<i>ertapenem sodium.....</i>	16
ELIGARD	124	<i>eq athletes foot (tolnaftate)....</i>	26	ERVEBO	133
ELIQUIS	60	<i>eq cetirizine hcl</i>	144	<i>ery</i>	83
ELIQUIS DVT/PE STARTER		<i>eq enema.....</i>	102	ERYTHROCIN	
PACK	60	<i>eq eye itch relief</i>	140	LACTOBIONATE	17
ELMIRON.....	114	<i>eq first aid antiseptic</i>	83	<i>erythromycin.....</i>	83, 141
<i>eltrombopag olamine.....</i>	61	<i>eq lansoprazole.....</i>	111	<i>erythromycin base</i>	17
ELURYNG.....	118	<i>eq laxative.....</i>	102	<i>erythromycin ethylsuccinate ..</i>	17
EMEND.....	26	<i>eq loperamide hcl</i>	105	ERZOFRI	44
EMGALITY	30	<i>eq loratadine.....</i>	144	<i>escitalopram oxalate</i>	23
EMGALITY (300 MG DOSE)		<i>eq loratadine childrens.....</i>	144	<i>eslicarbazepine acetate</i>	21
.....	29	<i>eq miconazole 1</i>	26	<i>esomeprazole magnesium</i>	111
		<i>eq naproxen sodium.....</i>	5		
		<i>eq nicotine</i>	10		
		<i>eq nicotine polacrilex</i>	10		

<i>essential balance</i>	90	<i>felodipine er</i>	66	<i>fluconazole in sodium chloride</i>	27
ESTARYLLA	118	<i>fenofibrate</i>	70	<i>flucytosine</i>	27
<i>estradiol</i>	117	<i>fenofibrate micronized</i>	70	<i>fludrocortisone acetate</i>	115
<i>estradiol valerate</i>	117	<i>fenofibric acid</i>	70	<i>flunisolide</i>	147
<i>estradiol-norethindrone acet</i>	118	<i>fentanyl</i>	7	<i>fluocinolone acetonide</i>	79, 80
ESTROVEN MENOPAUSE SUPPLEMENT	90	FERATE	90	<i>fluocinolone acetonide body</i> ..	79
<i>eszopiclone</i>	153	<i>ferrous sulfate</i>	90	<i>fluocinolone acetonide scalp</i> ..	80
<i>ethambutol hcl</i>	31	<i>fesoterodine fumarate er</i>	113	<i>fluocinonide</i>	80
<i>ethosuximide</i>	19	FETZIMA	23	<i>fluocinonide emulsified base</i> ..	80
<i>etodolac</i>	5	FETZIMA TITRATION	23	<i>fluorometholone</i>	141
<i>etodolac er</i>	5	FEVERALL ADULTS	2	<i>fluorouracil</i>	81
<i>etonogestrel-ethinyl estradiol</i>	118	FEVERALL CHILDRENS	2	<i>fluoxetine hcl</i>	23, 24
<i>etravirine</i>	49	FEVERALL INFANTS	2	<i>fluphenazine decanoate</i>	42
EUCRISA	79	FEVERALL JUNIOR STRENGTH	2	<i>fluphenazine hcl</i>	42
EULEXIN	31	<i>fe-vite iron</i>	90	<i>flurbiprofen</i>	5
<i>everolimus</i>	35, 131	FIASP	56	<i>flurbiprofen sodium</i>	141
EVOTAZ	50	FIASP FLEXTOUCH	56	<i>fluticasone propionate</i>	80, 147
EVRYSDI	74	FIASP PENFILL	56	<i>fluticasone propionate diskus</i>	147
EXCEDRIN TENSION HEADACHE	2	<i>fidaxomicin</i>	17	<i>fluticasone propionate hfa</i>	147
<i>exemestane</i>	34	FILSPARI	114	<i>fluticasone-salmeterol</i>	151
EX-LAX ULTRA	102	<i>finasteride</i>	113	<i>fluvoxamine maleate</i>	24
<i>eye health + lutein</i>	90	<i>finolimid hcl</i>	75	<i>folamax</i>	91
<i>eye multivitamin/sodium</i>	90	FINTEPLA	18	<i>folbee</i>	91
EYES ALIVE	138	FIRDAPSE	74	FOLBIC	91
EYE-VITES	90	FIRMAGON	124	<i>folic acid</i>	91
<i>ezetimibe</i>	70	FIRMAGON (240 MG DOSE)	124	FOLIFLEX	91
<i>ezetimibe-simvastatin</i>	71	<i>first aid antibiotic</i>	83	<i>folika-bc</i>	91
F		<i>first aid antiseptic</i>	83	FOLITIN-Z	91
FABHALTA	127	FITNESS TABS FOR MEN AM/PM	90	FOLTABS 800	91
FABIOR	78	FITNESS TABS FOR WOMEN AM/PM	90	FOLTRATE	91
FALMINA	118	FLANAX	5	<i>fondaparinux sodium</i>	60
<i>famciclovir</i>	48	<i>flecainide acetate</i>	65	<i>for sty relief</i>	138
<i>famotidine</i>	110	FLEET ENEMA	103	<i>formoterol fumarate</i>	148
<i>famotidine orig st</i>	110	FLEET OIL	103	<i>fosamprenavir calcium</i>	51
FANAPT	44	FLEET PEDIATRIC	103	<i>fosfomycin tromethamine</i>	11
FANAPT TITRATION PACK A	44	FLEET STIMULANT	103	<i>fosinopril sodium</i>	64
FANAPT TITRATION PACK B	44	FLEET STOOL SOFTENER	103	<i>fosinopril sodium-hctz</i>	68
FANAPT TITRATION PACK C	44	FLONASE ALLERGY RELIEF	147	FOSTEUM PLUS	91
FARXIGA	53	FLORAFOL FE PEDIATRIC	90	FOTIVDA	35
FASENRA	151	FLORAFOL PEDIATRIC	90	<i>freedavite</i>	91
FASENRA PEN	151	FLORIVA	91	FRUZAQLA	35
FC2 FEMALE CONDOM ...	114	FLORIVA PLUS	91	<i>ft 7 day vaginal</i>	27
<i>febuxostat</i>	29	FLOTREX	91	<i>ft acid reducer</i>	110
<i>felbamate</i>	18	<i>fluconazole</i>	27	<i>ft arthritis pain reliever</i>	2
				<i>ft aspirin</i>	62
				<i>ft enteric coated aspirin</i>	62
				<i>ft naloxone hcl</i>	9
				<i>ft naproxen sodium</i>	5

<i>ft pain reliever adults</i>	2	GENTEAL TEARS NIGHT- TIME	138	<i>gnp one daily womens 50+</i>	91
<i>ft povidone-iodine</i>	83	GENTEAL TEARS PF	138	<i>gnp pain & fever infants</i>	2
<i>ft tioconazole-1</i>	27	GENTEAL TEARS SEVERE DAY/NIGHT	139	<i>gnp povidone-iodine</i>	83
FULPHILA	61	<i>genuine aspirin</i>	62	<i>gnp stool softener</i>	103
<i>fulvestrant</i>	32	GENVOYA	50	GOCOVRI	41
<i>fungi-guard</i>	27	<i>geri-freeda senior formula</i>	91	GOMEKLI	33
<i>furosemide</i>	69	<i>geri-lanta</i>	108	<i>goodsense 24-hr allergy nasal</i>	147
FYAVOLV	118	<i>gerivite complete</i>	91	<i>goodsense allergy relief</i>	144
FYCOMPA	18	GILOTRIF	35	<i>goodsense allergy relief child</i>	144
FYLNETRA	61	GLASSIA	112	<i>goodsense antacid</i>	108
G		<i>glatiramer acetate</i>	75	<i>goodsense antacid & gas relief</i>	108
<i>gabapentin</i>	20	GLATOPA	75	<i>goodsense antacid extra str</i> ..	108
GALAFOLD	112	GLEOSTINE	31	GOODSENSE ANTACID SUPERCHEWS	108
<i>galantamine hydrobromide</i>	22	<i>glimepiride</i>	53	<i>goodsense anti-diarrheal</i>	105
<i>galantamine hydrobromide er</i> ..	22	<i>glipizide</i>	53	<i>goodsense anti-itch max str</i>	80
GAMMAGARD	125	<i>glipizide er</i>	53	<i>goodsense anti-itch maximum st</i>	80
GAMMAGARD S/D LESS IGA	126	<i>glipizide-metformin hcl</i>	53	<i>goodsense arthritis pain</i>	3, 5
GAMMAKED	126	<i>glucagon emergency</i>	55	<i>goodsense aspirin adults</i>	63
GAMMAPLEX	126	<i>glyburide</i>	53	<i>goodsense dual action</i>	5
GAMUNEX-C	126	<i>glyburide micronized</i>	53	<i>goodsense dual action complete</i>	110
GARDASIL 9	133	<i>glyburide-metformin</i>	54	<i>goodsense enema</i>	103
GATTEX	107	GLYCOLAX	103	GOODSENSE ESOMEPRAZOLE	111
<i>gauze</i>	56	<i>glycopyrrolate</i>	106	<i>goodsense first aid antibiotic</i> ..	83
GAUZE	56	GLYXAMBI	54	<i>goodsense ibuprofen childrens</i> ..	5
<i>gavilax</i>	103	<i>gnp 24 hour nasal allergy</i>	147	<i>goodsense lice killing</i>	82
GAVILYTE-C	103	<i>gnp acid reducer max st</i>	110	<i>goodsense lice killing max str</i> ..	82
GAVILYTE-G	103	<i>gnp adapalene</i>	78	<i>goodsense loratadine</i>	144
GAVILYTE-N WITH FLAVOR PACK	103	<i>gnp antacid extra strength</i>	108	<i>goodsense lubricating eye drop</i>	139
GAVISCON EXTRA RELIEF FORMULA	107	<i>gnp anti-diarrheal</i>	105	<i>goodsense lubricating plus pf</i>	139
GAVISCON EXTRA STRENGTH	108	<i>gnp aspirin</i>	63	<i>goodsense nasal allergy spray</i>	147
GAVRETO	35	<i>gnp century mature women's</i> 50+	91	<i>goodsense nicotine</i>	10
<i>gefitinib</i>	35	GNP CLEARLAX	103	<i>goodsense nicotine polacriflex</i> ..	10
<i>gemfibrozil</i>	70	<i>gnp diclofenac sodium</i>	5	<i>goodsense pain & fever infants</i> ..	3
GEMTESA	113	<i>gnp dual action pain reliever</i> ...	5	<i>goodsense stomach relief</i>	105
<i>generlac</i>	103	<i>gnp fexofenadine hcl</i>	144	<i>goodsense womens laxative</i> ..	103
GENGRAF	131	<i>gnp hair/skin/nails</i>	91	granisetron hcl	26
GENICIN VITA-S	91	<i>gnp healthy eyes</i>	91	<i>griseofulvin microsize</i>	27
GENOTROPIN	116	<i>gnp lice killing</i>	82	<i>guanfacine hcl</i>	63
GENOTROPIN MINISQUICK	116	<i>gnp loperamide hcl</i>	105	<i>guanfacine hcl er</i>	72, 73
<i>gentamicin in saline</i>	11	<i>gnp loratadine</i>	144		
<i>gentamicin sulfate</i>	11, 83, 141	<i>gnp lubricant eye drops (pf)</i> ..	139		
GENTEAL SEVERE	138	<i>gnp miconazole 1</i>	27		
GENTEAL TEARS MODERATE PF	138	<i>gnp naloxone hcl</i>	9		
		<i>gnp nighttime relief lub eye</i> ..	139		
		<i>gnp omeprazole</i>	111		
		<i>gnp one daily mens/lycopene</i> ..	91		
		<i>gnp one daily womens</i>	91		

H		
HABITROL.....	10	
HAEGARDA	125	
HAILEY 24 FE	118	
HAILEY FE 1.5/30	118	
hair skin & nails.....	91	
hair skin & nails advanced.....	91	
hair skin and nails formula	91	
hair/skin/nails.....	91	
halobetasol propionate.....	80	
haloperidol	43	
haloperidol decanoate.....	42	
haloperidol lactate	42	
HAVRIX	133	
head care proactive health.....	91	
healthy eyes	91	
HEALTHYLAX.....	103	
heartburn relief	110	
heartburn relief ex st	108	
heartburn relief max st	110	
h-e-b aspirin	63	
heparin sodium (porcine)	60	
heparin sodium (porcine) pf...	60	
HEPLISAV-B.....	133	
HERNEXEOS	36	
HETLIOZ LQ.....	153	
HIBERIX.....	133	
hi-kovite 2-part formula	92	
HISTEX.....	144	
HISTEX PD.....	144	
hm antacid.....	108	
hm antacid extra strength.....	108	
hm anti-diarrheal	106	
hm complete men.....	92	
hm enema mineral oil	103	
hm loratadine childrens	145	
hm pain relief	3	
hm womens 50+ advanced daily	92	
HUMALOG	56	
HUMALOG JUNIOR		
KWIKPEN	56	
HUMALOG KWIKPEN	56	
HUMALOG MIX 50/50		
KWIKPEN	56	
HUMALOG MIX 75/25.....	56	
HUMALOG MIX 75/25		
KWIKPEN	56	
HUMULIN 70/30.....	56	
HUMULIN 70/30 KWIKPEN	56	
HUMULIN N	56	
HUMULIN N KWIKPEN.....	56	
HUMULIN R	56	
HUMULIN R U-500		
(CONCENTRATED)	57	
HUMULIN R U-500		
KWIKPEN.....	57	
hydralazine hcl	71	
hydrochlorothiazide.....	69, 70	
hydrocodone-acetaminophen ...	7	
hydrocodone-ibuprofen	8	
hydrocortisone.....	80, 115, 136	
hydrocortisone (perianal).....	80	
hydrocortisone butyrate	80	
hydrocortisone max st/12 moist	80	
hydrocortisone plus	80	
hydrocortisone valerate.....	80	
hydrocortisone-acetic acid...	142	
hydromorphone hcl.....	8	
hydromorphone hcl pf	8	
hydroxocobalamin acetate	92	
hydroxychloroquine sulfate	40	
hydroxyurea.....	32	
hydroxyzine hcl.....	145	
hydroxyzine pamoate	52	
HYFTOR.....	80	
hylazinc.....	92	
HYPOTEARs	139	
hy-vee all day relief.....	5	
HYVEE IBUPROFEN		
CHILDRENS.....	5	
I		
ibandronate sodium.....	137	
IBRANCE	36	
IBTROZI	36	
IBU	5	
ibu-200.....	5	
ibuprofen	5	
ibuprofen 100 junior strength...	5	
ibuprofen childrens.....	5	
ibuprofen infants.....	5	
ICAPS AREDS FORMULA..	92	
ICAPS MV	92	
icatibant acetate	125	
ICLUSIG	36	
icosapent ethyl.....	71	
IDHIFA	33	
ILARIS	127	
ILUMYA.....	127	
imatinib mesylate.....	36	
IMBRUVICA	36	
imipenem-cilastatin	16	
imipramine hcl.....	25	
imipramine pamoate	25	
imiquimod	81	
imkeldi	36	
IMODIUM A-D.....	106	
IMOVAX RABIES	133	
IMPAVIDO	40	
IMULDOSA	127	
INCASSIA.....	122	
INCRELEX	116	
INCRUSE ELLIPTA.....	148	
indapamide	70	
indomethacin	6	
indomethacin er	6	
INFANRIX	133	
INFUVITE ADULT	92	
INGREZZA	74	
INLYTA	36	
INQOVI.....	32	
INREBIC	36	
instacort 5.....	80	
insulin asp prot & asp flexpen	57	
insulin aspart.....	57	
insulin aspart flexpen	57	
insulin aspart prot & aspart...	57	
insulin lispro.....	57	
insulin lispro (1 unit dial).....	57	
insulin lispro junior kwikpen..	57	
insulin lispro prot & lispro.....	57	
insulin syringe	57	
INSULIN SYRINGE.....	57	
INTELENCE	49	
INTRALIPID.....	92	
INTROVALE	118	
INVEGA HAFYERA.....	44	
INVEGA SUSTENNA.....	44, 45	
INVEGA TRINZA	45	
IPOL	133	
ipratropium bromide	148	
ipratropium-albuterol.....	151	
irbesartan	64	
irbesartan-hydrochlorothiazide	68	
iron (ferrous sulfate).....	92	
iron infant & toddler	92	
iron infant/toddler	92	
ISENTRESS	48	

ISENTRESS HD	48	<i>keyfolic</i>	92	K-PAX IMMUNE	
ISIBLOOM.....	118	KEYLOSA	92	PROFESSIONAL ST	92
ISOLYTE-P IN D5W	92	<i>kimono</i>	114	K-PHOS.....	84
ISOLYTE-S PH 7.4.....	84	KIMONO COLORS.....	114	K-PHOS-NEUTRAL.....	84
<i>isoniazid</i>	31	KIMONO MAXX-LARGE		KRAZATI.....	33
<i>isosorb dinitrate-hydralazine</i> .	71	FLARE	114	KURVELO	119
<i>isosorbide dinitrate</i>	71	<i>kimono micro thin</i>	114	KYLEENA	119
<i>isosorbide mononitrate</i>	71	<i>kimono micro thin plus</i>	114	L	
<i>isosorbide mononitrate er</i>	71	<i>kimono plus</i>	114	<i>labetalol hcl</i>	65
<i>isotretinoin</i>	78	<i>kimono ps</i>	114	<i>lacosamide</i>	21
<i>isradipine</i>	66	<i>kimono ps plus</i>	114	<i>lactulose</i>	103
ITOVEBI.....	36	<i>kimono sensation</i>	114	<i>lactulose encephalopathy</i>	103
<i>itraconazole</i>	27	<i>kimono sensation plus</i>	114	LAGEVRIO.....	51
<i>ivabradine hcl</i>	68	KIMONO SPECIAL	114	<i>lamivudine</i>	47, 48
<i>ivermectin</i>	40	KINERET	127	<i>lamivudine-zidovudine</i>	49
<i>i-vite</i>	92	KINRIX	133	<i>lamotrigine</i>	19
IWILFIN.....	33	KISQALI (200 MG DOSE) ...	36	<i>lamotrigine er</i>	18
IXIARO	133	KISQALI (400 MG DOSE) ...	36	<i>lamotrigine starter kit-blue</i>	19
J		KISQALI (600 MG DOSE) ...	36	LANABIOTIC.....	83
JAKAFI	36	KISQALI FEMARA (400 MG		<i>lansoprazole</i>	111
JANTOVEN	60	DOSE)	33	<i>lanthanum carbonate</i>	101
JANUMET	54	KISQALI FEMARA (600 MG		LANTUS	58
JANUMET XR.....	54	DOSE)	33	LANTUS SOLOSTAR.....	57
JANUVIA.....	54	KLAYESTA.....	27	<i>lapatinib ditosylate</i>	36
JARDIANCE.....	54	KLOR-CON	84	LARIN 1.5/30.....	119
JAYPIRCA.....	36	KLOR-CON 10	84	LARIN 1/20.....	119
JENTADUETO	54	KLOR-CON M10.....	84	LARIN FE 1.5/30	119
JENTADUETO XR.....	54	KLOR-CON M15.....	84	LARIN FE 1/20	119
JINTELI	119	KLOR-CON M20.....	84	LASTACFT	140
JUBBONTI.....	137	KLOXXADO	9	<i>latanoprost</i>	142
JULEBER.....	119	<i>kls acid controller complete</i> .	110	<i>laxative</i>	103
JULUCA.....	50	<i>kls acid controller max st</i>	110	LAZCLUZE	33
JUNEL 1.5/30.....	119	<i>kls allergy medicine</i>	145	<i>leflunomide</i>	131
JUNEL 1/20.....	119	<i>kls ibuprofen ib</i>	6	<i>lenalidomide</i>	32
JUNEL FE 1.5/30	119	<i>kls lansoprazole</i>	111	LENVIMA (10 MG DAILY	
JUNEL FE 1/20.....	119	<i>kls omeprazole</i>	111	DOSE)	36
JUXTAPID.....	71	KLS QUIT2.....	10	LENVIMA (12 MG DAILY	
JYLAMVO.....	33	KLS QUIT4.....	10	DOSE)	36
JYNNEOS	133	<i>kls stool softener</i>	103	LENVIMA (14 MG DAILY	
K		KOSELUGO	36	DOSE)	37
KALETRA	51	<i>kp adults daily formula</i>	92	LENVIMA (18 MG DAILY	
KALYDECO.....	149	<i>kp diphenhydramine hcl</i>	145	DOSE)	37
KARIVA	119	<i>kp fexofenadine hcl</i>	145	LENVIMA (20 MG DAILY	
<i>kcl in dextrose-nacl</i>	84	<i>kp mens 50+ daily formula</i>	92	DOSE)	37
KELNOR 1/35.....	119	<i>kp mens daily formula</i>	92	LENVIMA (24 MG DAILY	
KERENDIA	68	KP VISION FORMULA.....	92	DOSE)	37
KESIMPTA.....	75	KP VISION		LENVIMA (4 MG DAILY	
<i>ketoconazole</i>	27	FORMULA/LUTEIN.....	92	DOSE)	37
<i>ketorolac tromethamine</i>	6, 141	<i>kp womens 50+ daily formula</i> 92		LENVIMA (8 MG DAILY	
KEVZARA.....	127	<i>kp womens daily formula</i>	92	DOSE)	37

LEQSELVI.....	127	<i>liver detox</i>	92	LYTGOBI (16 MG DAILY	
LESSINA	119	LIVMARLI	108	DOSE)	37
<i>letrozole</i>	34	LIVTENCITY	47	LYTGOBI (20 MG DAILY	
<i>leucovorin calcium</i>	40	LMX 4	8	DOSE)	37
LEUKERAN	31	LODOCO	68	LYZA	122
LEUKINE.....	61	<i>lofexidine hcl</i>	9	M	
<i>leuprolide acetate</i>	124	LOKELMA	101	MAALOX MULTI SYMPTOM	
<i>leuprolide acetate (3 month)</i>	124	LOMAIRA	108	MAX ST	108
<i>levalbuterol hcl</i>	148	LONSURF.....	33	MACUVITE	93
<i>levetiracetam</i>	19	<i>loperamide hcl</i>	106	MACUVITE EYE CARE.....	93
<i>levetiracetam er</i>	19	<i>lopinavir-ritonavir</i>	51	MACUVITE/LUTEIN	93
<i>levobunolol hcl</i>	141	<i>loratadine</i>	145	<i>mag-al</i>	108
<i>levocarnitine</i>	92	<i>loratadine childrens</i>	145	<i>mag-al plus</i>	108
<i>levocarnitine sf</i>	92	<i>lorazepam</i>	52	<i>mag-al plus xs</i>	108
<i>levocetirizine dihydrochloride</i>		LORAZEPAM INTENSOL ...	52	<i>magnesium oxide</i>	84
.....	145	LORBRENA	37	<i>magnesium sulfate</i>	84
<i>levofloxacin</i>	17	<i>lormate</i>	93	<i>magnesium-aluminum-</i>	
<i>levofloxacin in d5w</i>	17	<i>losartan potassium</i>	64	<i>simethicone</i>	108
LEVONEST	119	<i>losartan potassium-hctz</i>	68	MAGNESIUM-OXIDE.....	85
<i>levonorgest-eth estrad 91-day</i>		LOTRIMIN AF	27	<i>malathion</i>	82
.....	119	LOTRIMIN AF JOCK ITCH.....	27	<i>manganese chloride</i>	85
<i>levonorgestrel-ethinyl estrad</i>	119	<i>lovastatin</i>	70	MAOX.....	85
<i>levonorg-eth estrad triphasic</i>	119	LOW-OGESTREL	119	<i>mapap</i>	3
LEVORA 0.15/30 (28).....	119	<i>loxapine succinate</i>	43	MAPAP ACETAMINOPHEN	
LEVO-T	123	<i>lubiprostone</i>	103	EXTRA STR	3
<i>levothyroxine sodium</i>	123	<i>lubricant eye fast acting</i>	139	MAPAP CHILDRENS.....	3
LEVOXYL	123	<i>lubricating eye drops</i>	139	<i>maraviroc</i>	50
<i>l-glutamine</i>	112	<i>lubrifresh p.m.</i>	139	<i>marlissa</i>	119
<i>lice killing shampoo max str</i>	82	LUMAKRAS.....	33	MARPLAN.....	23
<i>lidocaine</i>	8	LUMIGAN	142	MATULANE.....	31
<i>lidocaine hcl</i>	8	LUPKYNIS	131	MAVENCLAD (10 TABS).....	75
<i>lidocaine pain relief max st</i>	8	LUPRON DEPOT (1-MONTH)		MAVENCLAD (4 TABS).....	76
<i>lidocaine viscous hcl</i>	8	.....	124	MAVENCLAD (5 TABS).....	76
<i>lidocaine-prilocaine</i>	8	LUPRON DEPOT (3-MONTH)		MAVENCLAD (6 TABS).....	76
LILETTA (52 MG)	119	.....	124	MAVENCLAD (7 TABS).....	76
<i>linezolid</i>	12	LUPRON DEPOT (4-MONTH)		MAVENCLAD (8 TABS).....	76
<i>linezolid in sodium chloride</i> ...	12	.....	124	MAVENCLAD (9 TABS).....	76
LINZESS.....	103	LUPRON DEPOT (6-MONTH)		MAVYRET	48
<i>liothyronine sodium</i>	123	.....	124	MAX RELIEF JR CHILD	
<i>liquid acetaminophen</i>	3	<i>lurasidone hcl</i>	45	PAIN/FEVER.....	3
<i>liquid allergy relief</i>	145	<i>lutein-zeaxanthin</i>	93	MAXALLERGY KIDS.....	145
<i>liraglutide</i>	54	LUTERA	119	<i>maximum daily green</i>	93
<i>liraglutide -weight management</i>		LUTRATE DEPOT.....	124	<i>maxx</i>	114
.....	74	LYBALVI	45	<i>maxx plus</i>	114
<i>lisinopril</i>	64	LYNPARZA.....	37	MAYZENT.....	76
<i>lisinopril-hydrochlorothiazide</i>	68	LYSIPLEX PLUS	93	MAYZENT STARTER PACK	
LITFULO	127	LYSODREN.....	33	.....	76
<i>lithium</i>	53	LYTGOBI (12 MG DAILY		<i>meclizine hcl</i>	25
<i>lithium carbonate</i>	53	DOSE)	37	<i>meclofenamate sodium</i>	6
<i>lithium carbonate er</i>	53			<i>medi-bismuth</i>	106

MEDI-FIRST ASPIRIN	63	<i>methoxsalen rapid</i>	81	<i>mm ibuprofen</i>	6
MEDI-FIRST		<i>methsuximide</i>	20	<i>mm stool softener</i>	104
HYDROCORTISONE	80	<i>methylphenidate hcl</i>	73	<i>mm stool softener laxative</i>	103
MEDI-FIRST IBUPROFEN	6	<i>methylphenidate hcl er</i>	73	M-M-R II	133
MEDI-PROFEN	6	<i>methylphenidate hcl er (cd)</i>	73	<i>modafinil</i>	153
MEDIQUE ASPIRIN	63	<i>methylphenidate hcl er (la)</i>	73	MODEYSO	33
MEDI-TABS EXTRA		<i>methylphenidate hcl er (osm)</i> .73		<i>moexipril hcl</i>	64
STRENGTH	3	<i>methylphenidate hcl er (xr)</i>	73	<i>molindone hcl</i>	43
<i>medroxyprogesterone acetate</i>		<i>methylprednisolone</i>	115	<i>mometasone furoate</i>	81, 147
.....	122	<i>methylprednisolone acetate</i> ..	136	MONISTAT 1 COMBO PACK	
<i>mefloquine hcl</i>	40	<i>methyltestosterone</i>	117	.....	28
<i>mega multi for women</i>	93	<i>metoclopramide hcl</i>	25	MONISTAT 1 DAY OR	
<i>megavite fruits & veggies</i>	93	<i>metolazone</i>	70	NIGHT	28
<i>megestrol acetate</i>	122	<i>metoprolol succinate er</i>	65	MONISTAT 1-DAY	28
<i>meijer advanced formula</i>	93	<i>metoprolol tartrate</i>	65	MONISTAT 7 SIMPLY CURE	
<i>meijer allergy relief</i>	145	<i>metoprolol-hydrochlorothiazide</i>		.....	28
<i>meijer antacid anti-gas</i>	108	.....	68	<i>montelukast sodium</i>	151, 152
<i>meijer anti-diarrheal</i>	106	<i>metronidazole</i>	12, 83	<i>morphine sulfate</i>	8
<i>meijer aspirin ec</i>	63	<i>metyrosine</i>	68	<i>morphine sulfate (concentrate)</i> .8	
<i>meijer aspirin free</i>	3	<i>mexiletine hcl</i>	65	<i>morphine sulfate er</i>	7
<i>meijer loratadine</i>	145	<i>micaderm</i>	27	MOTRIN CHILDRENS	6
<i>meijer triple antibiotic</i>	83	<i>micafungin sodium</i>	27	MOTRIN IB	6
MEKINIST	37	<i>micafungin sodium-nacl</i>	27	MOTRIN INFANTS DROPS..	6
MEKTOVI	37	<i>miconazole 1</i>	27	MOVANTIK	104
MELEYA	122	<i>miconazole nitrate</i>	28	<i>moxifloxacin hcl</i>	17, 141
<i>meloxicam</i>	6	<i>miconazole nitrate combo pack</i>		<i>moxifloxacin hcl in nacl</i>	17
<i>memantine hcl</i>	22	.....	28	MRESVIA	133
<i>memantine hcl er</i>	22	<i>miconi-al</i>	28	MTX SUPPORT	93
<i>memantine hcl-donepezil hcl</i> ..	22	MICOTRIN AC.....	28	MULTAQ	65
MENQUADFI	133	MICROGESTIN 1.5/30.....	120	<i>multi for her</i>	93
<i>mens 50+ multivitamin</i>	93	MICROGESTIN 1/20.....	120	<i>multi for her 50+</i>	93
MENS LIFE PACK.....	93	MICROGESTIN FE 1.5/30..	120	MULTI FOR HIM	93
<i>mens multivitamin</i>	93	MICROGESTIN FE 1/20	120	<i>multi for him 50+</i>	93
MENVEO	133	<i>midodrine hcl</i>	63	<i>multi vitamin/minerals</i>	93
<i>mercaptapurine</i>	32	<i>mifepristone</i>	56	<i>multiple vit/minerals/no iron</i> ..	93
<i>meropenem</i>	16	<i>miglustat</i>	112	<i>multiple vitamins/womens</i>	93
<i>meropenem-sodium chloride</i> ..	16	MILI	120	MULTITOL-M.....	93
<i>mesalamine</i>	135, 136	<i>milk of magnesia</i>	103	<i>multi-vit/iron/fluoride</i>	93
<i>mesalamine er</i>	135	MIMVEY	120	<i>multivitamin adult (minerals)</i> .93	
<i>mesna</i>	40	<i>minocycline hcl</i>	18	<i>multivitamin adults</i>	93
<i>metaxalone</i>	152	<i>minoxidil</i>	71	<i>multivitamin men</i>	93
<i>metformin hcl</i>	54	MIRALAX MIX-IN PAX	103	<i>multi-vitamin monocaps</i>	93
<i>metformin hcl er</i>	54	MIRENA (52 MG)	120	<i>multivitamin w/fluoride</i>	93
<i>methadone hcl</i>	7	<i>mirtazapine</i>	23	<i>multivitamin womens 50+ adv</i> 93	
<i>methazolamide</i>	142	<i>misoprostol</i>	111	<i>multi-vitamin/fluoride</i>	93
<i>methenamine hippurate</i>	12	MM ACID-PEP MAXIMUM		<i>multi-vitamin/fluoride/iron</i>	93
<i>methimazole</i>	125	STRENGTH	110	<i>multi-vitamin/minerals</i>	94
<i>methocarbamol</i>	152	MM ALLER-BEN.....	145	<i>multivitamin/zinc stress</i>	94
<i>methotrexate sodium</i>	131	<i>mm allergy relief 24 hour</i>	145	<i>multivitamin-minerals</i>	94
<i>methotrexate sodium (pf)</i>	131	<i>mm aspirin</i>	63	MULTI-VIT-FLOR.....	94

<i>mupirocin</i>	83	NEXLETOL	68	NOVOLIN 70/30.....	58
MURO 128.....	139	NEXLIZET.....	68	NOVOLIN 70/30 FLEXPEN ..	58
MY CHOICE.....	122	NEXPLANON.....	120	NOVOLIN 70/30 FLEXPEN	
<i>myamulti</i>	94	NGENLA.....	116	RELION	58
<i>mycophenolate mofetil</i>	131	<i>niacin er</i>	71	NOVOLIN 70/30 RELION	58
<i>mycophenolate sodium</i>	131	<i>niacin er (antihyperlipidemic)</i> 71		NOVOLIN N.....	58
MYCOZYL AC.....	28	NICADAN.....	94	NOVOLIN N FLEXPEN	58
MYFEMBREE	124	NICAZEL	94	NOVOLIN N FLEXPEN	
MYRBETRIQ	113	NICAZEL FORTE	94	RELION	58
N		NICODERM CQ.....	10	NOVOLIN N RELION	58
<i>nabumetone</i>	6	NICORETTE.....	10	NOVOLIN R.....	58
<i>nadolol</i>	66	NICORETTE MINI.....	10	NOVOLIN R FLEXPEN.....	58
<i>nafticillin sodium</i>	15	NICORETTE STARTER KIT10		NOVOLIN R FLEXPEN	
<i>nafticillin sodium in dextrose</i> ...	15	NICOTROL	10	RELION	58
<i>nalbuphine hcl</i>	3	NICOTROL NS.....	10	NOVOLIN R RELION.....	58
<i>naloxone hcl</i>	9	<i>nifedipine</i>	66	NOVOLOG	58
<i>naltrexone hcl</i>	9	<i>nifedipine er</i>	66	NOVOLOG 70/30 FLEXPEN	
NAMZARIC.....	22	<i>nifedipine er osmotic release</i> ..	66	RELION	58
<i>naproxen</i>	6	<i>nilotinib d-tartrate</i>	37	NOVOLOG FLEXPEN.....	58
<i>naproxen dr</i>	6	<i>nilotinib hcl</i>	37	NOVOLOG FLEXPEN	
<i>naproxen sodium</i>	6	<i>nilutamide</i>	31	RELION	58
NARAMIN.....	145	<i>nimodipine</i>	66	NOVOLOG MIX 70/30	59
<i>naratriptan hcl</i>	30	NINLARO	33	NOVOLOG MIX 70/30	
NASCOBAL	94	<i>nitazoxanide</i>	40	FLEXPEN.....	59
NATACYN	141	<i>nitisinone</i>	112	NOVOLOG MIX 70/30	
<i>nateglinide</i>	54	NITRO-BID.....	71	RELION	59
<i>nat-rul theravite-m</i>	94	NITRO-DUR.....	71	NOVOLOG PENFILL	59
<i>natrul-vites</i>	94	<i>nitrofurantoin macrocrystal</i> ...	12	NOVOLOG RELION.....	59
NAYZILAM.....	20	<i>nitrofurantoin monohyd macro</i>		NUBEQA	32
<i>nebivolol hcl</i>	66	.....	12	NUCALA	152
NECON 0.5/35 (28)	120	<i>nitroglycerin</i>	71, 72	NUEDEXTA	74
<i>nefazodone hcl</i>	24	NIVA-FOL	94	NU-MAG.....	94
<i>neomycin sulfate</i>	11	<i>no iron mult vitamin-minerals</i> 94		NUPLAZID	45
<i>neomycin-polymyxin-dexameth</i>		NORA-BE	122	NURTEC	29
.....	139	<i>norelgestromin-eth estradiol</i> 120		NUTRICAP	94
<i>neomycin-polymyxin-gramicidin</i>		<i>norethindrone</i>	122	NUTRIFAC ZX.....	94
.....	139	<i>norethindrone acetate</i>	122	NUTRILIPID.....	94
<i>neomycin-polymyxin-hc</i>	142	<i>norethindrone acet-ethinyl est</i>		NYAMYC	28
NEOSPORIN ORIGINAL	83	.....	120	NYLIA 1/35.....	120
<i>neovite</i>	94	<i>norethindrone-eth estradiol</i> ..	120	NYLIA 7/7/7	120
NEPHPLEX RX.....	94	<i>norgestimate-eth estradiol</i>	120	<i>nystatin</i>	28
NEPHRONEX.....	94	<i>norgestim-eth estrad triphasic</i>		<i>nystatin-triamcinolone</i>	82
NEPHRO-VITE	94	.....	120	NYSTOP.....	28
NERLYNX.....	37	NORPACE CR.....	65	O	
NEULASTA.....	61	NORTREL 0.5/35 (28).....	120	OALIVA	108
NEULASTA ONPRO	61	NORTREL 1/35 (21).....	120	OCELLA	120
NEUPRO.....	41	NORTREL 1/35 (28).....	120	OCREVUS	76
<i>nevirapine</i>	49	NORTREL 7/7/7	120	<i>octreotide acetate</i>	124
<i>nevirapine er</i>	49	<i>nortriptyline hcl</i>	25	<i>ocular vitamins</i>	94
NEW DAY	122	NORVIR.....	51	<i>ocutabs</i>	94

<i>ocutabs-lutein</i>	94	<i>one daily men formula w/o iron</i>	95	<i>optic-vites</i>	96
OCUVITE EXTRA	94	<i>one daily mens</i>	95	<i>optic-vites with lutein</i>	96
OCUVITE EYE + MULTI.....	94	<i>one daily mens 50+ multivit</i> ...	95	<i>optimum pms</i>	96
OCUVITE-LUTEIN.....	94	<i>one daily mens 50+/lycopene</i> .	95	OPTION 2	122
ODEFSEY	50	<i>one daily multivit/iron-free</i>	95	OPTIVITE P.M.T	96
ODOMZO	37	<i>one daily multivitamin men</i>	95	OPURITY	96
OFEV	150	<i>one daily multivitamin women</i> 95		OPURITY B12/FOLIC ACID	96
<i>ofloxacin</i>	17, 141, 142	<i>one daily womens</i>	95	OPVEE	9
OGSIVEO	37	<i>one daily womens 50 plus</i>	95	ORENCIA	127
OJEMDA.....	38	<i>one daily womens 50+</i>	95	ORENCIA CLICKJECT	127
OJJAARA.....	33	<i>one daily/minerals</i>	95	ORFADIN	112
<i>olanzapine</i>	45	ONE-A-DAY ENERGY	95	ORGOVYX	124
<i>olmesartan medoxomil</i>	64	ONE-A-DAY MENOPAUSE FORMULA	95	ORIAHNN.....	124
<i>olmesartan medoxomil-hctz</i>	68	ONE-A-DAY MENS (MINERALS).....	95	ORLISSA	124
<i>olmesartan-amlodipine-hctz</i> ...	68	ONE-A-DAY MENS 50+	95	ORKAMBI	149
<i>omega-3-acid ethyl esters</i>	71	ONE-A-DAY MENS 50+ ADVANTAGE	95	ORLADEYO	125
<i>omeprazole</i>	111	ONE-A-DAY MENS HEALTH FORMULA	95	<i>orlistat</i>	108
OMNIPOD 5 DEXG7G6 INTRO GEN 5	59	ONE-A-DAY MENS PRO EDGE	95	ORQUIDEA	122
OMNIPOD 5 DEXG7G6 PODS GEN 5.....	59	ONE-A-DAY PROACTIVE 65+	95	ORSERDU	33
OMNIPOD 5 G7 INTRO (GEN 5).....	59	ONE-A-DAY WEIGHT SMART ADVANCE.....	95	<i>oseltamivir phosphate</i>	51
OMNIPOD 5 G7 PODS (GEN 5).....	59	ONE-A-DAY WOMENS.....	96	OSENVELT	137
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	59	ONE-A-DAY WOMENS 50 PLUS	95	OSTEOPRIME PLUS	85
OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	59	ONE-A-DAY WOMENS 50+ ADVANTAGE	96	OSTEOPRIME ULTRA.....	96
OMNIPOD DASH INTRO (GEN 4).....	59	ONE-A-DAY WOMENS HEALTHY SKIN.....	96	OTEZLA.....	82
OMNIPOD DASH PDM (GEN 4).....	59	ONE-A-DAY WOMENS MIND & BODY.....	96	<i>oxacillin sodium</i>	16
OMNIPOD DASH PODS (GEN 4).....	59	ONE-A-DAY WOMENS PETITES	96	<i>oxacillin sodium in dextrose</i> ...	16
OMNIPOD GO	59	<i>one-daily multi-vit/mineral</i>	96	<i>oxcarbazepine</i>	21
OMNITROPE.....	116	ONELAX DOCUSATE SODIUM	104	<i>oxcarbazepine er</i>	21
ONCOVITE	94	onevite	96	OXERVATE.....	139
<i>ondansetron</i>	26	ONGENTYS	41	<i>oxybutynin chloride</i>	113
<i>ondansetron hcl</i>	26	ONUREG	32	<i>oxybutynin chloride er</i>	113
<i>one daily 50 plus</i>	94	OPCICON ONE-STEP.....	122	<i>oxycodone hcl</i>	8
<i>one daily calcium/iron</i>	94	OPILL.....	122	<i>oxycodone-acetaminophen</i>	8
<i>one daily complete</i>	95	OPIPZA.....	45	OXYCONTIN	7
<i>one daily complete for men</i>	94	OPSUMIT	150	OXYTROL FOR WOMEN..	113
<i>one daily for women</i>	95			OYSCO 500+D	96
<i>one daily for women 50+ adv</i> .	95			<i>oyster shell calcium</i>	96
<i>one daily healthy weight</i>	95			OZEMPIC (0.25 OR 0.5 MG/DOSE).....	54
<i>one daily healthy weight adv</i> ..	95			OZEMPIC (1 MG/DOSE).....	54
<i>one daily maximum</i>	95			OZEMPIC (2 MG/DOSE).....	54
				P	
				<i>pain & fever kids</i>	3
				<i>pain and fever relief kids</i>	3
				<i>pain relief extra strength</i>	3
				<i>paliperidone er</i>	45
				PAMPRIN ALL DAY RELIEF MAX ST	6
				PANADOL CHILDRENS.....	3
				PANADOL EXTRA.....	3

PANADOL EXTRA		
STRENGTH	3	
PANADOL INFANTS	3	
PANRETIN	40	
pantoprazole sodium	111	
paricalcitol	137	
paroxetine hcl	24	
paroxetine hcl er	24	
parvlex	96	
PATADAY	140	
PAXLOVID (150/100)	51	
PAXLOVID (300/100 & 150/100)	52	
PAXLOVID (300/100)	52	
pazopanib hcl	38	
pc pediatric iron drops	96	
PEDIACARE CHILDREN	3	
PEDIACARE INFANT FEVER/PAIN	3	
PEDIACARE INFANTS	3	
PEDIACLEAR PD CHILDRENS	145	
PEDIARIX	134	
PEDIAVENT	145	
PEDVAX HIB	134	
peg 3350	104	
peg 3350-kcl-na bicarb-nacl	104	
peg-3350/electrolytes	104	
PEGASYS	130	
PEMAZYRE	38	
pen needles	59	
PEN NEEDLES	59	
PENBRAYA	134	
penciclovir	83	
penicillamine	86	
penicillin g pot in dextrose	16	
penicillin g sodium	16	
penicillin v potassium	16	
penmenvy	134	
PENTACEL	134	
pentamidine isethionate	40, 41	
pentazocine-naloxone hcl	8	
pentoxifylline er	69	
PEPCID AC	110	
PEPCID AC MAXIMUM STRENGTH	110	
PEPCID COMPLETE	110	
perampanel	19	
perindopril erbumine	64	
permethrin	82	
perphenazine	25	
PERSERIS	45	
pharbedryl	145	
phenelzine sulfate	23	
phenobarbital	20	
phenoxybenzamine hcl	64	
phentermine hcl	74	
phentermine-topiramate er	74	
PHENYTEK	21	
phenytoin	21	
PHENYTOIN INFATABS	21	
phenytoin sodium extended	21	
PHILLIPS STOOL SOFTENER	104	
PHOSPHA 250 NEUTRAL	85	
PHOSPHO-TRIN 250 NEUTRAL	85	
PHOSPHO-TRIN K500	85	
PHYTOMULTI	96	
phytonadione	96	
PIFELTRO	49	
pilocarpine hcl	77, 142	
pimecrolimus	81	
pimozide	43	
PIMTREA	121	
pindolol	66	
pink bismuth maximum strength	106	
pioglitazone hcl	54	
pioglitazone hcl-metformin hcl	55	
piperacillin sod-tazobactam so	16	
PIQRAY (200 MG DAILY DOSE)	38	
PIQRAY (250 MG DAILY DOSE)	38	
PIQRAY (300 MG DAILY DOSE)	38	
pirfenidone	150	
piroxicam	6	
PLAN B ONE-STEP	121	
PLENAMINE	96	
pnv 27-ca/fe/fa	96	
podofilox	82	
polyethylene glycol 3350	104	
polymyxin b sulfate	12	
polymyxin b-trimethoprim	141	
POLY-VI-FLOR	96	
POLY-VI-FLOR/IRON	96, 97	
poly-vitamin/fluoride	97	
POMALYST	32	
PONVORY	76	
PONVORY STARTER PACK	76	
PORTIA-28	121	
posaconazole	28	
potassium chloride	85	
potassium chloride crys er	85	
potassium chloride er	85	
potassium citrate er	85	
povidone-iodine	83	
pramipexole dihydrochloride	42	
pramipexole dihydrochloride er	42	
prasugrel hcl	63	
pravastatin sodium	70	
praziquantel	40	
prazosin hcl	64	
prednisolone	115	
prednisolone acetate	141	
prednisolone sodium phosphate	115, 136, 141	
prednisone	136	
PREDNISONE INTENSOL	136	
pregabalin	20	
PREHEVBRIO	134	
PREMARIN	117	
premium condoms lubricated	114	
PREMPHASE	121	
PREMPRO	121	
prenatal	97	
PRESERVISION AREDS	97	
pretomanid	31	
PREVALITE	71	
PREVYMIS	47	
PREZCOBIX	50	
PREZISTA	51	
PRIFTIN	31	
primaquine phosphate	41	
PRIMAXIN IV	12	
primidone	20	
PRIORIX	134	
PRIVIGEN	126	
probenecid	29	
PRO-CAL	85	
PROCERV HP	97	
prochlorperazine	25	
prochlorperazine maleate	25	
PROCRIT	61, 62	

PROCTOZONE-B	104	qc hydrocortisone max st.....	81	ra one daily mens multi	97
pro-ex antifungal	28	qc lansoprazole.....	111	ra one daily mens/vit d-3	97
profola	97	qc laxative.....	104	ra pain relief aspirin.....	63
progesterone	122	qc multi-vite	97	ra tension headache.....	4
PROGRAF	131	qc multi-vite 50 & over.....	97	ra tioconazole 1	28
PROLASTIN-C.....	112	qc naproxen sodium.....	6	RABAVERT.....	134
PROLEEVA.....	97	qc omeprazole.....	111	RADICAVA ORS	74
promethazine hcl	25, 145	qc pink bismuth.....	109	RADICAVA ORS STARTER	
promethazine-phenylephrine	152	qc povidone iodine.....	83	KIT	74
PROMETHEGAN.....	25	qc stomach relief	106	RALDESY	24
propafenone hcl.....	65	qc stomach relief ultra.....	106	raloxifene hcl	123
propranolol hcl.....	66	qc stool softener.....	104	ramelteon.....	153
propranolol hcl er	66	qc therin-m	97	ramipril.....	65
PROPRINAL.....	6	qc triple antibiotic	83	ranolazine er	69
propylthiouracil.....	125	qc womens daily multivitamin	97	rasagiline mesylate	42
PROQUAD.....	134	QINLOCK.....	38	RAVICTI.....	112
PRORENAL + D.....	97	QUADRACEL	134	RAYALDEE.....	98
PRORENAL + D W/ OMEGA-		quetiapine fumarate.....	46	rayavit.....	98
3.....	97	quetiapine fumarate er	45, 46	REALITY LATEX CONDOMS	
PROSIGHT	97	QUFLORA FE	97	.....	114
protriptyline hcl.....	25	QUFLORA FE PEDIATRIC..	97	REBIF.....	76
PROVIT	97	QUFLORA PEDIATRIC	97	REBIF REBIDOSE	76
PULMOZYME.....	149	quin b strong.....	97	REBIF REBIDOSE	
pyrazinamide	31	quinapril hcl	64	TITRATION PACK	76
pyridostigmine bromide.....	30	quinapril-hydrochlorothiazide	69	REBIF TITRATION PACK..	76
pyridostigmine bromide er	30	quinidine gluconate er	65	RECLIPSEN.....	121
pyridoxine hcl	97	quinidine sulfate	65	RECOMBIVAX HB.....	134
pyrimethamine	41	quinine sulfate	41	RECORLEV	124
PYRUKYND.....	62	quintabs-m	97	REFRESH CELLUVISC.....	139
PYRUKYND TAPER PACK	62	QULIPTA.....	30	REFRESH LACRI-LUBE....	139
Q		QVAR REDIHALER.....	147	REFRESH LIQUIGEL	139
qc 8 hour arthritis pain	4	R		REFRESH PLUS.....	139
qc acid controller	110	ra acid reducer plus antacid	109	REFRESH TEARS.....	139
qc acid controller max st.....	110	ra allergy	145	RELENZA DISKHALER	51
qc allergy relief	145	ra allergy relief childrens....	145	RELISTOR.....	104
qc allergy relief childrens	145	ra antacid ultra strength.....	109	RENAPLEX	98
qc antacid ultra strength	109	ra antiseptic.....	83	RENAPLEX-D.....	98
qc antacid/anti-gas.....	109	ra central-vite mens mature ...	97	rena-vite rx	98
qc antifungal (tolnaftate).....	28	ra childrens fever/pain	4	reno caps	98
qc artificial tears	139	ra col-rite.....	104	repaglinide.....	55
qc aspirin low dose.....	63	ra dual action complete	110	REPATHA.....	71
qc childrens aspirin.....	63	ra eye itch relief.....	140	REPATHA SURECLICK	71
qc complete allergy medicine		ra fast relief laxative.....	104	RETACRIT.....	62
.....	145	ra foot care (tolnaftate)	28	RETAIN PM	139
qc daily multivit/multimineral	97	ra lice treatment	82	RETEVMO.....	38
qc docusate calcium	104	ra loratadine.....	145	REVCovi	112
qc famotidine acid reducer...	110	ra nicotine.....	10	REVLIMID.....	32
qc gentle laxative.....	104	ra one daily maximum	97	REVUFORJ	33
qc gentle laxative womens....	104	ra one daily mens 50+ w/vit d3		REXULTI.....	46
qc hair skin & nails	97	.....	97	REYATAZ	51

REZDIFFRA	123	<i>sb bisacodyl laxative ec</i>	104	<i>silver sulfadiazine</i>	82
REZLIDHIA.....	33	<i>sb bismuth</i>	109	SIMBRINZA	142
REZUROCK	131	<i>sb cetirizine hcl childrens</i>	146	<i>simethicone</i>	109
RHEUMATE.....	98	<i>sb clotrimazole foot</i>	28	SIMLANDI (1 PEN)	131
RHOPRESSA.....	142	<i>sb docusate sodium</i>	104	SIMLANDI (1 SYRINGE)...	131
<i>ribavirin</i>	48	<i>sb gentle lax-women</i>	104	SIMLANDI (2 PEN)	131
<i>rifabutin</i>	31	<i>sb hydrocortisone max st</i>	81	SIMLANDI (2 SYRINGE)...	131
<i>rifampin</i>	31	<i>sb infants ibuprofen</i>	6	SIMPONI.....	131, 132
<i>riluzole</i>	74	<i>sb laxative</i>	105	<i>simvastatin</i>	70
<i>rimantadine hcl</i>	51	<i>sb lice treatment</i>	82	<i>sirolimus</i>	132
<i>risedronate sodium</i>	137	<i>sb loratadine</i>	146	SIRTURO	31
<i>risperidone</i>	46	<i>sb loratadine allergy relief</i> ..	146	SKYLA.....	121
<i>risperidone microspheres er</i> ..	46	<i>sb non-aspirin</i>	4	SKYTROFA	116
<i>ritonavir</i>	51	<i>sb omeprazole</i>	111	SLO-NIACIN	98
<i>rivastigmine</i>	22	<i>sb pain reliever childrens</i>	4	SLOW-MAG	85
<i>rivastigmine tartrate</i>	22	<i>sb povidone-iodine</i>	83	SLOWMAG MG	
<i>rizatriptan benzoate</i>	30	<i>sb stool softener</i>	105	MUSCLE/HEART	98
ROCKLATAN	142	<i>sb triple antibiotic</i>	84	<i>sm allergy relief</i>	146
<i>roflumilast</i>	149	SCSEMBLIX.....	38	<i>sm antacid</i>	109
ROMVIMZA.....	33	<i>scopolamine</i>	25	<i>sm antioxidant vitamins</i>	98
<i>ropinirole hcl</i>	42	SCRUB CARE POVIDONE-		<i>sm aspirin ec low strength</i>	63
<i>ropinirole hcl er</i>	42	IODINE	84	<i>sm aspirin tri-buffered</i>	63
<i>rosuvastatin calcium</i>	70	SECUADO	46	<i>sm childrens loratadine</i>	146
ROTARIX	134	SELARSDI.....	128	<i>sm complete advanced formula</i>	
ROTATEQ	134	<i>selegiline hcl</i>	42	.....	98
ROWEEPRA.....	19	<i>selenium sulfide</i>	81	<i>sm daily diet support</i>	98
ROZLYTREK	38	SELZENTRY	50	<i>sm docusate calcium</i>	105
RUBRACA.....	38	<i>senexon-s</i>	105	<i>sm eye itch relief</i>	140
<i>rufinamide</i>	21	<i>senna</i>	105	<i>sm fexofenadine hcl</i>	146
RUKOBIA.....	50	<i>senna-time</i>	105	<i>sm hair/skin/nails</i>	98
RYBELSUS	55	<i>senna-time s</i>	105	<i>sm hydrocortisone</i>	81
RYDAPT	38	SENOKOT	105	<i>sm ibuprofen</i>	6
RYKINDO	46	SENOKOT EXTRA		<i>sm laxative</i>	105
RYLAZE	33	STRENGTH	105	<i>sm lice treatment</i>	82
S		SENOKOT S	105	<i>sm loratadine</i>	146
<i>saline mist spray</i>	152	<i>sentry senior/lutein</i>	98	<i>sm loratadine allergy relief</i> ..	146
SANTYL	82	SEREVENT DISKUS	148	<i>sm one daily mens</i>	98
<i>sapropterin dihydrochloride</i>	112	SEROSTIM	116	<i>sm one daily womens</i>	98
SAVELLA.....	75	<i>sertraline hcl</i>	24	<i>sm opti-vitamins</i>	98
SAVELLA TITRATION PACK		SETLAKIN	121	<i>sm pain relief extra strength</i>	4
.....	75	<i>sevelamer carbonate</i>	101	<i>sm povidone-iodine</i>	84
SAXENDA.....	109	SHAROBEL	122	<i>sm smooth antacid ex st</i>	109
<i>sb acid controller</i>	111	SHINGRIX	134	<i>sm stool softener</i>	105
<i>sb acid controller max st</i>	111	SIDEROL	98	SMOOTH LAX.....	105
<i>sb acid reducer</i>	111	SIGNIFOR.....	125	<i>sodium chloride</i>	82, 85
<i>sb allergy medicine</i>	146	SIKLOS	32	<i>sodium chloride (pf)</i>	85
<i>sb allergy relief</i>	146	<i>silace</i>	105	<i>sodium fluoride</i>	85
<i>sb anti-diarrhea</i>	106	<i>siladryl allergy</i>	146	<i>sodium oxybate</i>	153
<i>sb anti-fungal</i>	28	<i>sildenafil citrate</i>	150	<i>sodium phenylbutyrate</i>	112
<i>sb aspirin ec</i>	63	SILIQ.....	128	<i>sodium polystyrene sulfonate</i>	102

<i>sofosbuvir-velpatasvir</i>	48	<i>sumatriptan succinate</i>	30	<i>telmisartan-hctz</i>	69
<i>solifenacin succinate</i>	113	<i>sumatriptan succinate refill</i>	30	<i>temazepam</i>	153
SOLQUA	59	<i>sunitinib malate</i>	38	TENIVAC.....	134
<i>solo</i>	98	SUNLENCA.....	50	<i>tenofovir disoproxil fumarate</i> .	48
SOLTAMOX.....	32	<i>super aytinal</i>	98	<i>tension headache</i>	4
SOLUVITA WITH FLUORIDE		<i>super aytinal 50 plus</i>	98	TEPEZZA.....	140
.....	98	<i>super multiple</i>	98	TEPMETKO.....	39
SOMAVERT	125	<i>super vita-mins</i>	98	<i>terazosin hcl</i>	64
SOOTHE	106	<i>superior mens multi</i>	98	<i>terbinafine hcl</i>	28
SOOTHE MAXIMUM		<i>superior womens multi</i>	98	<i>terbutaline sulfate</i>	148
STRENGTH	106	SURFAK	105	<i>terconazole</i>	28
SOOTHE NIGHTTIME	139	SYMDEKO	149	<i>teriflunomide</i>	76
<i>sorafenib tosylate</i>	38	SYMLINPEN 120	55	<i>teriparatide</i>	137
<i>sotalol hcl</i>	65	SYMLINPEN 60	55	<i>testosterone</i>	117
<i>sotalol hcl (af)</i>	65	SYMPAZAN	20	<i>testosterone cypionate</i>	117
SOTYKTU	128	SYMTUZA.....	50	<i>testosterone enanthate</i>	117
SPIRIVA RESPIMAT.....	148	SYNAREL.....	125	<i>tetrabenazine</i>	74, 75
<i>spironolactone</i>	69	SYNJARDY	55	<i>tetracycline hcl</i>	18
<i>spironolactone-hctz</i>	69	SYNJARDY XR.....	55	THALOMID.....	32
SPRINTEC 28.....	121	SYNTHROID.....	123	THE MAGIC BULLET.....	105
SPRITAM.....	19	SYSTANE	140	<i>theophylline</i>	150
SPS (SODIUM		SYSTANE ICAPS AREDS2 .	98	<i>theophylline er</i>	149, 150
POLYSTYRENE SULF) .	102	SYSTANE NIGHT.....	140	THERA.....	99
SRONYX	121	SYSTANE NIGHTTIME.....	140	<i>thera vital m</i>	99
STELARA.....	128	SYSTANE ULTRA.....	140	<i>thera vital-m</i>	99
STEQEYMA	128	T		<i>therabasic-m</i>	99
STIOLTO RESPIMAT	152	TABLOID	32	THERAGRAN-M.....	99
STIVARGA.....	38	TABRECTA.....	38	THERAGRAN-M	
STOBOCLO.....	137	<i>tacrolimus</i>	81, 132	ADVANCED.....	99
<i>stomach relief</i>	106	<i>tadalafil</i>	114	THERAGRAN-M	
<i>stomach relief extra strength</i> .	109	<i>tadalafil (pah)</i>	150	ADVANCED 50 PLUS	99
<i>stomach relief plus</i>	106	TADLIQ	150	THERAGRAN-M PREMIER .	99
<i>stool softener</i>	105	TAFINLAR	38	THERAGRAN-M PREMIER	
<i>streptomycin sulfate</i>	11	TAGRISSO	38	50 PLUS	99
<i>stress b complex/antioxid/zinc</i> .	98	TAKE ACTION	122	<i>therapeutic formula/hematinics</i>	
STRESS TABS ADVANCED .	98	TALIVA	98	.....	99
STRIBILD.....	50	TALTZ	128	<i>therapeutic-m</i>	99
STROVITE ONE	98	TALZENNA.....	38	<i>thera-tabs m</i>	99
STYE	140	<i>tamoxifen citrate</i>	32	THERATEARS NIGHTTIME	
SUCRAID	112	<i>tamsulosin hcl</i>	114	.....	140
<i>sucralate</i>	111	TARINA FE 1/20 EQ.....	121	THERATRUM COMPLETE .	99
<i>sulfacetamide sodium</i>	141	TARPEYO.....	125	THERATRUM COMPLETE 50	
<i>sulfacetamide sodium (acne)</i> ..	17	TASCENSO ODT	76	PLUS	99
<i>sulfacetamide-prednisolone</i> .	140	<i>tasimelteon</i>	153	<i>thera-vite max-m</i>	99
<i>sulfadiazine</i>	17	TAVNEOS	62	<i>thiamine hcl</i>	99
<i>sulfamethoxazole-trimethoprim</i>		<i>tazarotene</i>	78	<i>thioridazine hcl</i>	43
.....	12, 17	TAZICEF.....	14	<i>thiothixene</i>	43
<i>sulfasalazine</i>	136	TAZVERIK.....	39	THRIVE FOR LIFE WOMENS	
<i>sulindac</i>	6	TEFLARO	15	.....	99
<i>sumatriptan</i>	30	<i>telmisartan</i>	64	<i>tiagabine hcl</i>	20

TIBSOVO.....	33	<i>tretinoin</i>	40, 78, 82	TRUSTEX LUBRICATED..	114
<i>ticagrelor</i>	63	<i>tretinoin microsphere pump</i> ...	82	TRUSTEX LUBRICATED EX	
TICOVAC	134	<i>triamcinolone acetonide</i> ...	77, 81	LARGE.....	114
<i>tigecycline</i>	12	<i>triamcinolone in absorbase</i>	81	TRUSTEX LUBRICATED	
<i>timolol maleate</i>	66, 141	TRIAMINIC ALLERCHEWS		EXTRA ST	114
TINACTIN.....	28	.....	146	TRUSTEX	
TINEACIDE.....	29	<i>triamterene-hctz</i>	69	LUBRICATED/SPERMICID	
<i>tinidazole</i>	12	<i>trientine hcl</i>	86	E.....	115
<i>tioconazole-1</i>	29	TRI-ESTARYLLA.....	121	TRUSTEX NATURAL	
<i>tiopronin</i>	114	<i>trifluoperazine hcl</i>	43	CONDOMS + LUBE	115
<i>tiotropium bromide</i>	148	<i>trifluridine</i>	48	TRUSTEX NON-	
<i>tiotropium bromide</i>		<i>trihexyphenidyl hcl</i>	41	LUBRICATED.....	115
<i>monohydrate</i>	148	TRIJARDY XR.....	55	TRUSTEX RIA	
TIVICAY	48	TRIKAFTA	149	LUB/SPERMICIDE	115
TIVICAY PD	48	TRI-LEGEST FE.....	121	TRUSTEX RIA LUBRICATED	
<i>tizanidine hcl</i>	47	<i>trimethobenzamide hcl</i>	25	.....	115
<i>tm-clotrimazole</i>	29	<i>trimethoprim</i>	12	TRUSTEX RIA NON-	
<i>tm-daily vite</i>	99	TRI-MILI.....	121	LUBRICATED.....	115
<i>tm-vite rx</i>	99	<i>trimipramine maleate</i>	25	TRUSTEX-NONOXYNOL-	
TOBAKIENT	99	<i>trinatal rx 1</i>	102	9/RIB/STUD.....	115
TOBI PODHALER	149	TRINTELLIX.....	24	TRUVADA.....	49
<i>tobramycin</i>	141, 149	<i>triphrocaps</i>	99	TUKYSA.....	39
<i>tobramycin sulfate</i>	11	<i>triple antibiotic</i>	84	TURALIO.....	39
<i>tobramycin-dexamethasone</i> ..	140	<i>triprolidine hcl</i>	146	<i>t-vites</i>	100
<i>tolnaftate antifungal</i>	29	TRI-SPRINTEC	121	TWINRIX.....	135
<i>tolterodine tartrate</i>	113	TRIUMEQ.....	50	TYBOST.....	51
<i>tolterodine tartrate er</i>	113	<i>triumeq pd</i>	51	TYLENOL EXTRA	
<i>tolvaptan</i>	86	<i>tri-vite/fluoride</i>	99	STRENGTH	4
<i>topiramate</i>	19	TRI-VYLIBRA	121	TYMLOS.....	137
<i>toremifene citrate</i>	32	<i>tronvite</i>	99	TYPHIM VI.....	135
<i>torsemide</i>	69	<i>trospium chloride</i>	113	TYVASO DPI	
TOUJEO MAX SOLOSTAR.....	59	<i>trospium chloride er</i>	113	MAINTENANCE KIT	150
TOUJEO SOLOSTAR	59	<i>true ferrous sulfate</i>	99	TYVASO DPI TITRATION	
TRADJENTA.....	55	<i>true folic acid</i>	99	KIT	150
<i>tramadol hcl</i>	8	<i>true magnesium oxide</i>	109	U	
<i>tramadol-acetaminophen</i>	8	<i>true oyster shell calcium</i>	99	UBRELVY	29
<i>trandolapril</i>	65	<i>true vitamin d3</i>	99, 100	UDAMIN SP	100
<i>tranexamic acid</i>	62	<i>true vitamin e</i>	100	ULTRA BONEUP	85
<i>tranylcypromine sulfate</i>	23	TRULANCE.....	105	<i>ultra calcium + vitamin d3</i> ...	100
<i>travoprost (bak free)</i>	142	TRUMENBA.....	134	<i>ultra freeda</i>	100
<i>trazodone hcl</i>	24	TRUQAP	39	<i>ultra freeda/iron</i>	100
TRELEGY ELLIPTA	152	TRUSTEX COLOR		ULTRA FRESH PM.....	140
TRELSTAR MIXJECT.....	125	CONDOMS + LUBE	114	<i>ultra lido</i>	8
TREMFYA.....	129	TRUSTEX		ULTRACHOICE ADV	
TREMFYA CROHNS		LUB/RIBBED/STUDDED		FORMULA MATURE.....	100
INDUCTION.....	128	.....	114	ULTRACHOICE ADVANCED	
TREMFYA ONE-PRESS	128	TRUSTEX LUB/SPERMICIDE		FORMULA.....	100
TREMFYA PEN	128, 129	EX ST	114	UNITHROID	123
TREMFYA-CD/UC		TRUSTEX LUB/SPERMICIDE		UPTRAVI.....	150
INDUCTION.....	129	XL.....	114	UPTRAVI TITRATION	150

<i>ursodiol</i>	109	V-GO 40.....	60	VOSEVI.....	48
<i>ustekinumab</i>	129	VIENVA.....	121	VOWST.....	109
<i>ustekinumab-aekn</i>	129	<i>vigabatrin</i>	20	VRAYLAR.....	46
UZEDY.....	46	VIGAFYDE.....	20	VYFEMLA.....	121
V		VIJOICE.....	39	VYLIBRA.....	121
VAGISTAT-3.....	29	<i>vilazodone hcl</i>	24	VYNDAMAX.....	69
<i>valacyclovir hcl</i>	48	VIMKUNYA.....	135	W	
VALCHLOR.....	31	VIRACEPT.....	51	WAL-DRYL ALLERGY.....	146
<i>valganciclovir hcl</i>	47	VIREAD.....	48	WAL-DRYL ALLERGY	
<i>valproic acid</i>	19	<i>vision formula/lutein</i>	100	CHILDRENS.....	146
<i>valsartan</i>	64	<i>vision vitamins</i>	100	WAL-FEX.....	146
<i>valsartan-hydrochlorothiazide</i>		<i>vita hair</i>	100	WAL-ITIN.....	146
.....	69	VITA S FORTE.....	100	WAL-ITIN ALLERGY	
VALTOCO 10 MG DOSE.....	20	<i>vitabasic complete</i>	100	REDITABS.....	146
VALTOCO 15 MG DOSE.....	20	<i>vitabasic senior</i>	100	WAL-ITIN ALLER-MELTS.....	146
VALTOCO 20 MG DOSE.....	20	VITACEL.....	100	WAL-PROFEN.....	7
VALTOCO 5 MG DOSE.....	20	VITAL-D RX.....	100	WAL-VERT.....	146
<i>vancomycin hcl</i>	12, 13	VITAMEZ.....	100	WAL-ZYR.....	146
<i>vancomycin hcl in dextrose</i>	12	<i>vitamin a/c/d/ infant/toddler</i> ..	100	WAL-ZYR CHILDRENS....	146
<i>vancomycin hcl in nacl</i>	12	<i>vitamin b complex w/b-12</i>	100	<i>warfarin sodium</i>	60
VANFLYTA.....	39	<i>vitamin b12-folic acid</i>	100	WEGOVY.....	69
VAQTA.....	135	<i>vitamin d (ergocalciferol)</i>	100	WELIREG.....	34
<i>varenicline tartrate</i>	10	<i>vitamin e</i>	100	<i>well magnesium oxide</i>	109
<i>varenicline tartrate (starter)</i> ..	10	<i>vitamin k1</i>	100	<i>well vitamin d3</i>	101
<i>varenicline tartrate(continue)</i> ..	10	<i>vitamins acd-fluoride</i>	100	<i>wellfola</i>	101
VARIVAX.....	135	<i>vitamins a-d-e/selenium</i>	101	<i>wescaps</i>	101
VAXCHORA.....	135	VITAROCA PLUS.....	101	<i>wes-phos 250 neutral</i>	85
VAXELIS.....	135	VITASANA.....	101	<i>westab max</i>	101
VELIVET.....	121	<i>vitasure</i>	101	<i>westab one</i>	101
VELTASSA.....	102	VITEYES CLASSIC		WINREVAIR.....	150
VEMLIDY.....	48	MULTIVITAMIN.....	101	WIXELA INHUB.....	152
VENCLEXTA.....	39	VITEYES OPTIC NERVE		<i>womens 50+ multi vitamin</i> ..	101
VENCLEXTA STARTING		SUPPORT.....	101	<i>womens daily formula</i>	101
PACK.....	39	VITRAKVI.....	39	WOMENS LIFE PACK.....	101
VENEXA.....	100	VITRAMYN.....	101	<i>womens multivitamin</i>	101
VENEXA FE.....	100	VITRANOL.....	101	WYOST.....	137
<i>venlafaxine hcl</i>	24	VITRANOL FE.....	101	X	
<i>venlafaxine hcl er</i>	24	VITREXATE.....	101	XALKORI.....	39
<i>ventiva tears</i>	140	VITREXATE FE.....	101	XARELTO.....	60
VENTOLIN HFA.....	149	VITREXYL.....	101	XARELTO STARTER PACK	
VENTRIXYL.....	100	VITREXYL + IRON.....	101	.....	60
VENTRIXYL FE.....	100	VIVITROL.....	9	XATMEP.....	34
VEOZAH.....	75	VIVOTIF.....	135	XCOPRI.....	19
<i>verapamil hcl</i>	67	VIZIMPRO.....	39	XCOPRI (250 MG DAILY	
<i>verapamil hcl er</i>	67	VONJO.....	39	DOSE).....	19
VERQUVO.....	69	VOQUEZNA.....	109	XCOPRI (350 MG DAILY	
VERSACLOZ.....	47	VOQUEZNA DUAL PAK... ..	109	DOSE).....	19
VERZENIO.....	39	VOQUEZNA TRIPLE PAK.....	109	XDEMVY.....	140
V-GO 20.....	59	VORANIGO.....	33	XELJANZ.....	129
V-GO 30.....	60	<i>voriconazole</i>	29	XELJANZ XR.....	129

XERMELO.....	106	XULANE.....	121	ZEPOSIA 7-DAY STARTER	
XHANCE	148	XYWAV	153	PACK	77
XIAFLEX.....	112	Y		ZEPOSIA STARTER KIT	77
XIFAXAN.....	106	YESINTEK	129	<i>zidovudine</i>	49
XIGDUO XR.....	55	YF-VAX.....	135	ZILBRYSQ.....	129
XOLAIR.....	152	YONSA	32	<i>ziprasidone hcl</i>	47
XOLREMDI.....	62	YORVIPATH.....	137	<i>ziprasidone mesylate</i>	47
XOSPATA	39	YUTREPIA	150	ZITHROMAX	17
XPOVIO (100 MG ONCE		YUVAFEM	117	ZOLINZA.....	34
WEEKLY).....	34	Z		<i>zolmitriptan</i>	30
XPOVIO (40 MG ONCE		ZAFEMY.....	121	<i>zolpidem tartrate</i>	153
WEEKLY).....	34	<i>zaleplon</i>	153	<i>zolpidem tartrate er</i>	153
XPOVIO (40 MG TWICE		ZANTAC 360.....	111	ZONISADE	21
WEEKLY).....	34	ZANTAC 360 MAX ST.....	111	<i>zonisamide</i>	22
XPOVIO (60 MG ONCE		ZARXIO.....	62	ZOSYN.....	13
WEEKLY).....	34	ZAVZPRET.....	29	ZOVIA 1/35 (28).....	121
XPOVIO (60 MG TWICE		ZEJULA	40	ZTALMY	20
WEEKLY).....	34	ZELBORAF	40	ZTLIDO.....	8
XPOVIO (80 MG ONCE		ZEMAIRA.....	112	ZURZUVAE.....	23
WEEKLY).....	34	ZENATANE.....	78	ZYDELIG.....	40
XPOVIO (80 MG TWICE		ZENPEP	113	ZYKADIA.....	40
WEEKLY).....	34	ZEPBOUND.....	153	ZYRTEC.....	147
XROMI.....	32	ZEPOSIA.....	77	ZYRTEC CHILDRENS	
XTANDI.....	32			ALLERGY	146