



**AmeriHealth Caritas**<sup>™</sup>

VIP Care<sup>®</sup>

# 2025 Formulary

(List of Covered Drugs or "Drug List")



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

HPMS Approved Formulary File  
Submission ID: 00025399

This formulary was updated on 08/26/2024. For more recent information or other questions, please contact AmeriHealth Caritas VIP Care Member Services at **1-866-533-5490** (TTY users should call **711**), 8 a.m. – 8 p.m., Monday through Friday, from April 1 to September 30, and from October 1 to March 31, 8 a.m. – 8 p.m., seven days a week, or visit [www.amerihealthcaritasvipcare.com/pa](http://www.amerihealthcaritasvipcare.com/pa). The formulary may change at any time. You will receive notice when necessary.

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

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ABOUT THE DRUGS WE COVER IN THIS PLAN**

Formulary ID: 00025399

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

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

This document includes a Drug List (formulary) for our plan, which is current as of 08/26/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

## **What is the AmeriHealth Caritas VIP Care formulary?**

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

## **Can the formulary change?**

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of 08/26/2024. To get updated information about the drugs covered by AmeriHealth Caritas VIP Care, please contact us. Our contact information appears on the front and back cover pages.

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

## **How do I use the Formulary?**

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 112. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

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

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

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

## Are there any restrictions on my coverage?

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

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

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

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

## What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **For more information**

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

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

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



## AmeriHealth Caritas VIP Care's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by AmeriHealth Caritas VIP Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 112.

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

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

### List of Abbreviations

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

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

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

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

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

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

## Part D Prescription Drugs

\$0 deductible

### Part D Prescription Drugs (Standard Retail Cost-Sharing)

One-month supply, two-month supply, and three-month supply	\$0 copay
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## Part B Drugs

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

## Diabetic Supplies

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

## Day Supply Limits

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

## 2025 1 Tier Standard - AmeriHealth Caritas VIP Care

### 2025 Member Formulary

Formulary ID 25399

CURRENT AS OF 1/1/2025

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

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	QL (20 EA per 30 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	1	PA; MME; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	MME; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	1	MME; QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	1	MME; QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	1	PA; MME; QL (120 EA per 30 days)

Last Updated 8/26/2024

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

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>	1	
<b>Opioid Reversal Agents</b>		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	1	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	1	
REXTOVY NASAL LIQUID 4 MG/0.25ML	1	
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
NICOTROL INHALATION INHALER 10 MG	1	
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	1	QL (56 EA per 28 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	1	QL (56 EA per 28 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	QL (56 EA per 28 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	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-%</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	1	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	1	
<b>Antibacterials, Other</b>		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	1	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	

Last Updated 8/26/2024

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.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	1	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	1	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg, 750 mg</i>	1	
<i>vancomycin hcl oral capsule 125 mg</i>	1	QL (40 EA per 10 days)
<i>vancomycin hcl oral capsule 250 mg</i>	1	QL (80 EA per 10 days)
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 3 gm, 500 mg</i>	1	
<i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>	1	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%</i>	1	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml)</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	1	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	1	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	1	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nafcillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/100ml</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 2 gm</i>	1	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
<b>Carbapenems</b>		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	
<i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>	1	
<b>Macrolides</b>		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	
<i>azithromycin oral packet 1 gm</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	1	PA; QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	1	PA; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	
<i>erythrocin stearate oral tablet 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<b>Quinolones</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>Sulfonamides</b>		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	1	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	1	ST; QL (60 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	1	ST; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	1	ST; QL (360 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	1	ST; QL (180 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	1	ST; QL (120 EA per 30 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	1	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	1	ST; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	ST; QL (60 EA per 30 days)

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	1	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	1	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	1	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	1	PA; QL (180 EA per 30 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA; QL (1100 ML per 30 days)
<b>Sodium Channel Agents</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	1	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	1	
<i>epitol oral tablet 200 mg</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA; QL (240 EA per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZONISADE ORAL SUSPENSION 100 MG/5ML	1	ST; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates oral tablet 1 mg</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	QL (30 EA per 30 days)
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	1	
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	1	PA; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (60 EA per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; QL (14 EA per 14 days)
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	1	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	ST
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<b>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; QL (90 EA per 30 days)
<i>amitriptyline hcl oral tablet 150 mg</i>	1	PA; QL (60 EA per 30 days)
<i>amoxapine oral tablet 100 mg</i>	1	PA; QL (180 EA per 30 days)
<i>amoxapine oral tablet 150 mg</i>	1	PA; QL (120 EA per 30 days)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	1	PA; QL (90 EA per 30 days)
<i>clomipramine hcl oral capsule 25 mg</i>	1	PA; QL (60 EA per 30 days)
<i>clomipramine hcl oral capsule 50 mg</i>	1	PA; QL (150 EA per 30 days)
<i>clomipramine hcl oral capsule 75 mg</i>	1	PA; QL (90 EA per 30 days)
<i>desipramine hcl oral tablet 10 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (60 EA per 30 days)
<i>desipramine hcl oral tablet 100 mg</i>	1	QL (90 EA per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	PA; QL (450 ML per 30 days)
<i>imipramine hcl oral tablet 10 mg</i>	1	PA; QL (90 EA per 30 days)
<i>imipramine hcl oral tablet 25 mg, 50 mg</i>	1	PA; QL (180 EA per 30 days)
<i>imipramine pamoate oral capsule 100 mg</i>	1	PA; QL (90 EA per 30 days)
<i>imipramine pamoate oral capsule 125 mg, 150 mg, 75 mg</i>	1	PA; QL (60 EA per 30 days)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	QL (120 EA per 30 days)
<i>nortriptyline hcl oral capsule 50 mg</i>	1	QL (90 EA per 30 days)
<i>nortriptyline hcl oral capsule 75 mg</i>	1	QL (60 EA per 30 days)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	QL (2250 ML per 30 days)
<i>protriptyline hcl oral tablet 10 mg</i>	1	QL (180 EA per 30 days)
<i>protriptyline hcl oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>trimipramine maleate oral capsule 100 mg</i>	1	QL (60 EA per 30 days)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	1	QL (120 EA per 30 days)
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	QL (3600 ML per 30 days)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	1	QL (180 EA per 30 days)
<i>promethazine hcl oral tablet 50 mg</i>	1	QL (30 EA per 30 days)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	QL (180 EA per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethegan rectal suppository 50 mg</i>	1	QL (30 EA per 30 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	QL (10 EA per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant oral 80 &amp; 125 mg</i>	1	B/D
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>	1	B/D
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	1	B/D
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	B/D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	B/D
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	B/D
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	1	B/D
<i>casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	1	PA
<i>clotrimazole external cream 1 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole external solution 1 %</i>	1	QL (30 ML per 28 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	1	QL (150 EA per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	1	PA
<i>econazole nitrate external cream 1 %</i>	1	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL (120 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	1	
<i>nystatin external cream 100000 unit/gm</i>	1	QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	1	QL (30 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	1	QL (180 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
<i>posaconazole oral suspension 40 mg/ml</i>	1	PA; QL (630 ML per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i>	1	PA; QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
<i>probenecid oral tablet 500 mg</i>	1	
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	1	PA; QL (16 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT	1	PA; QL (8 EA per 30 days)
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	PA
<b>Prophylactic</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 ML per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; QL (2 ML per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; QL (30 EA per 30 days)
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>sumatriptan nasal solution 20 mg/act</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	1	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 EA per 28 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	1	QL (9 ML per 30 days)

Last Updated 8/26/2024

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.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	1	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	1	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1	QL (6 ML per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<b>Antituberculars</b>		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	1	PA
PRIFTIN ORAL TABLET 150 MG	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA
TRECTOR ORAL TABLET 250 MG	1	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	1	PA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	B/D

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	
MATULANE ORAL CAPSULE 50 MG	1	
VALCHLOR EXTERNAL GEL 0.016 %	1	PA
<b>Antiandrogens</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	1	PA; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	1	PA; QL (60 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	
ERLEADA ORAL TABLET 240 MG	1	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA; QL (120 EA per 30 days)
<i>nilutamide oral tablet 150 mg</i>	1	PA
NUBEQA ORAL TABLET 300 MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	1	PA; QL (120 EA per 30 days)
<b>Antiangiogenic Agents</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (56 EA per 28 days)
<b>Antiestrogens/Modifiers</b>		
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	1	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	1	PA
<b>Antimetabolites</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
<i>hydroxyurea oral capsule 500 mg</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INQOVI ORAL TABLET 35-100 MG	1	PA; QL (5 EA per 28 days)
<i>mercaptopurine oral tablet 50 mg</i>	1	
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA; QL (14 EA per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML	1	PA
TABLOID ORAL TABLET 40 MG	1	PA
<b>Antineoplastics, Other</b>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA; QL (60 EA per 30 days)
<i>azacitidine injection suspension reconstituted 100 mg</i>	1	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	1	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA; QL (30 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	1	PA; QL (240 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; QL (49 EA per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; QL (91 EA per 28 days)
KRAZATI ORAL TABLET 200 MG	1	PA; QL (180 EA per 30 days)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA
LUMAKRAS ORAL TABLET 120 MG, 320 MG	1	PA
LYSODREN ORAL TABLET 500 MG	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA; QL (60 EA per 30 days)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	1	PA

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIBSOVO ORAL TABLET 250 MG	1	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	1	
WELIREG ORAL TABLET 40 MG	1	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	1	PA; QL (120 EA per 30 days)
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	1	
<i>letrozole oral tablet 2.5 mg</i>	1	
<b>Molecular Target Inhibitors</b>		
ALECENSA ORAL CAPSULE 150 MG	1	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA; QL (30 EA per 180 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	1	PA
BOSULIF ORAL CAPSULE 100 MG	1	PA; QL (180 EA per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BOSULIF ORAL CAPSULE 50 MG	1	PA; QL (360 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG	1	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	1	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg</i>	1	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	1	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	1	PA
EXKIVITY ORAL CAPSULE 40 MG	1	PA; QL (120 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	1	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	1	PA; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA; QL (30 EA per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	1	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	1	PA; QL (120 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA; QL (60 EA per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	1	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; QL (120 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	1	PA; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	1	PA
ODOMZO ORAL CAPSULE 200 MG	1	PA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA
OGSIVEO ORAL TABLET 50 MG	1	PA; QL (180 EA per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	1	PA
OJEMDA ORAL TABLET 100 MG	1	PA
<i>pazopanib hcl oral tablet 200 mg</i>	1	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA
QINLOCK ORAL TABLET 50 MG	1	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA; QL (120 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	1	PA
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	1	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	1	PA; QL (224 EA per 28 days)
SCEMBLIX ORAL TABLET 100 MG	1	PA
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	1	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	1	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA; QL (60 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	1	PA; QL (840 EA per 28 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	1	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; QL (120 EA per 30 days)

Last Updated 8/26/2024

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.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAZVERIK ORAL TABLET 200 MG	1	PA
TEPMETKO ORAL TABLET 225 MG	1	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA; QL (64 EA per 28 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	1	PA; QL (21 EA per 21 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	1	PA; QL (42 EA per 21 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	1	PA; QL (42 EA per 21 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	1	PA; QL (63 EA per 21 days)
TUKYSA ORAL TABLET 150 MG	1	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	1	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; QL (28 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA; QL (60 EA per 30 days)
VIJOICE ORAL PACKET 50 MG	1	PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	1	PA; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	1	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA; QL (120 EA per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XALKORI ORAL CAPSULE SPRINKLE 150 MG	1	PA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	1	PA; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	1	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA; QL (90 EA per 30 days)
<b>Retinoids</b>		
<i>bexarotene external gel 1 %</i>	1	PA
<i>bexarotene oral capsule 75 mg</i>	1	PA
PANRETIN EXTERNAL GEL 0.1 %	1	PA
<i>tretinoin oral capsule 10 mg</i>	1	PA
<b>Treatment Adjuncts</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	1	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL (20 EA per 30 days)
<i>praziquantel oral tablet 600 mg</i>	1	
<b>Antiprotozoals</b>		
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; QL (84 EA per 28 days)
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	1	PA
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; QL (90 EA per 30 days)
<i>quinine sulfate oral capsule 324 mg</i>	1	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	PA
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	PA
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	1	PA; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	1	PA; QL (30 EA per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	1	ST
<b>Dopamine Agonists</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	1	PA

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 10 mg/5ml, 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>2nd Generation/Atypical</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	1	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	1	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	1	PA; QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	1	PA; QL (3.9 ML per 56 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	1	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	1	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	1	PA; QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	PA; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	PA
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	1	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	1	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	1	QL (0.88 ML per 84 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	1	QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	1	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	1	QL (2.63 ML per 84 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	1	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	QL (90 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA; QL (30 EA per 30 days)

Last Updated 8/26/2024

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERIDONE MICROSPHERES ER INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	1	QL (120 EA per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	1	PA
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	PA; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	1	PA; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	1	PA; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	1	PA; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	1	PA; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	1	PA; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	1	PA; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	1	PA; QL (0.21 ML per 28 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	QL (6 EA per 3 days)

Last Updated 8/26/2024

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.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	1	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	1	PA; QL (1 EA per 28 days)
<b>Treatment-Resistant</b>		
<i>clozapine oral tablet 100 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	1	
<i>clozapine oral tablet dispersible 150 mg</i>	1	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	1	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	QL (540 ML per 30 days)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
LIVTENCITY ORAL TABLET 200 MG	1	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	
<i>lamivudine oral solution 10 mg/ml</i>	1	QL (960 ML per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA
VIREAD ORAL POWDER 40 MG/GM	1	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	QL (30 EA per 30 days)
<b>Anti-hepatitis C (HCV) Agents</b>		
MAVYRET ORAL PACKET 50-20 MG	1	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET 100-40 MG	1	PA; QL (90 EA per 30 days)
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; QL (28 EA per 28 days)
<b>Antitherpetic Agents</b>		
<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>	1	B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>trifluridine ophthalmic solution 1 %</i>	1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
ISENTRESS HD ORAL TABLET 600 MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	1	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	QL (180 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	1	QL (120 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	1	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	QL (180 EA per 30 days)

Last Updated 8/26/2024

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

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	1	QL (52 ML per 365 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	1	QL (36 ML per 365 days)
COMPLERA ORAL TABLET 200-25-300 MG	1	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	1	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	1	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	QL (30 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	1	QL (30 EA per 30 days)
<i>maraviroc oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	1	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	1	QL (30 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	1	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	1	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	1	QL (120 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	1	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	1	QL (10 EA per 365 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	1	QL (6 ML per 365 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60- 5-30 MG	1	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	1	QL (30 EA per 30 days)
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS ORAL CAPSULE 250 MG	1	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	1	QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	1	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	1	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	1	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	QL (390 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	1	QL (360 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	1	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	1	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	1	QL (300 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	1	
<i>ritonavir oral tablet 100 mg</i>	1	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	1	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	1	QL (120 EA per 30 days)
<b>Anti-influenza Agents</b>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (84 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (42 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	QL (540 ML per 180 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	1	QL (60 EA per 180 days)
<i>rimantadine hcl oral tablet 100 mg</i>	1	
<b>Antiviral, Coronavirus Agents</b>		
<i>paxlovid (150/100) oral tablet therapy pack 10 x 150 mg &amp; 10 x 100mg</i>	1	QL (20 EA per 5 days)
<i>paxlovid (300/100) oral tablet therapy pack 20 x 150 mg &amp; 10 x 100mg</i>	1	QL (30 EA per 5 days)
<b>Antivirals</b>		
<i>lagevrio oral capsule 200 mg</i>	1	QL (40 EA per 5 days)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA
<b>Benzodiazepines</b>		
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	1	QL (90 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	1	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	1	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 EA per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	1	QL (90 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	1	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	1	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	1	QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)

Last Updated 8/26/2024

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.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	1	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	1	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	1	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	1	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	1	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	1	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	1	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	1	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	1	QL (60 EA per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	1	PA; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	1	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	1	QL (60 EA per 30 days)
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	1	QL (4 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	1	QL (4 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	1	QL (4 EA per 30 days)
<i>glucagon emergency injection kit 1 mg</i>	1	QL (4 EA per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	1	QL (4 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i>	1	PA; QL (120 EA per 30 days)
<b>Insulins</b>		
<i>gauze pad 2"x2"</i>	1	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	1	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	1	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	1	
<i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	1	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	1	
<i>insulin aspart injection solution 100 unit/ml</i>	1	
<i>insulin aspart prot &amp; aspart subcutaneous suspension (70-30) 100 unit/ml</i>	1	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	1	
<i>insulin lispro injection solution 100 unit/ml</i>	1	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	1	
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 27g x 5/8" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 31g x 6mm 0.5 ml, u-100 1 ml</i>	1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	1	
OMNIPOD 5 G6 INTRO (GEN 5) KIT	1	
OMNIPOD 5 G6 PODS (GEN 5)	1	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	1	
OMNIPOD 5 G7 PODS (GEN 5)	1	
OMNIPOD 5 LIBRE2 PLUS G6 KIT	1	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	1	
OMNIPOD DASH INTRO (GEN 4) KIT	1	
OMNIPOD DASH PDM (GEN 4) KIT	1	
OMNIPOD DASH PODS (GEN 4)	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	1	
<i>pen needles 29g x 12.7mm , 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	QL (30 ML per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	
V-GO 20 KIT 20 UNIT/24HR	1	
V-GO 30 KIT 30 UNIT/24HR	1	
V-GO 40 KIT 40 UNIT/24HR	1	
<b>Blood Products And Modifiers</b>		
<b>Anticoagulants</b>		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	1	PA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	1	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (74 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	QL (51 EA per 30 days)
<b>Blood Products and Modifiers, Other</b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	1	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	1	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	1	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	1	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	1	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
OXBRYTA ORAL TABLET 300 MG	1	PA; QL (150 EA per 30 days)
OXBRYTA ORAL TABLET 500 MG	1	PA; QL (90 EA per 30 days)
OXBRYTA ORAL TABLET SOLUBLE 300 MG	1	PA; QL (150 EA per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA
PROMACTA ORAL PACKET 12.5 MG	1	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	1	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	1	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	1	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	1	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	1	PA
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
TAVNEOS ORAL CAPSULE 10 MG	1	PA
<i>tranexamic acid oral tablet 650 mg</i>	1	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	1	PA

Last Updated 8/26/2024

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.



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

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	1	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	QL (30 EA per 30 days)
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<b>Antiarrhythmics</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	PA; QL (60 EA per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	1	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>	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	1	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	1	PA
KERENDIA ORAL TABLET 10 MG, 20 MG	1	PA; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LODOCO ORAL TABLET 0.5 MG	1	PA; QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	PA
NEXLETOL ORAL TABLET 180 MG	1	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	1	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	1	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	1	PA
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	1	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	1	PA; QL (3 ML per 28 days)
<b>Diuretics, Loop</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 35 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gm/dose</i>	1	
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gm/dose</i>	1	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
<i>colestipol hcl oral granules 5 gm</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-rosuvastatin oral tablet 10-5 mg</i>	1	QL (30 EA per 30 days)

Last Updated 8/26/2024

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.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 0.5 gm</i>	1	QL (240 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	1	QL (120 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	QL (60 EA per 30 days)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	1	PA
<i>prevalite oral packet 4 gm</i>	1	
<i>prevalite oral powder 4 gm/dose</i>	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<b>Vasodilators, Direct-acting Arterial/ Venous</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitroglycerin rectal ointment 0.4 %</i>	1	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	1	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QL (180 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	QL (120 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<b>Central Nervous System, Other</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; QL (60 EA per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG	1	PA; QL (42 EA per 28 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	1	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	1	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	1	PA; QL (240 ML per 30 days)
FIRDAPSE ORAL TABLET 10 MG	1	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	1	PA; QL (28 EA per 180 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; QL (60 EA per 30 days)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	1	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	1	PA
RELYVRIO ORAL PACKET 3-1 GM	1	PA
<i>riluzole oral tablet 50 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA; QL (120 EA per 30 days)
VEOZAH ORAL TABLET 45 MG	1	PA
<b>Fibromyalgia Agents</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	ST; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	ST; QL (55 EA per 180 days)
<b>Multiple Sclerosis Agents</b>		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	1	PA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; QL (14 EA per 28 days)

Last Updated 8/26/2024

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	PA; QL (14 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>	1	PA
<i>fingolimod hcl oral capsule 0.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; QL (12 ML per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; QL (30 ML per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	1	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	1	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	1	PA; QL (12 EA per 180 days)

Last Updated 8/26/2024

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.

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

### **Dental And Oral Agents**

#### **Dental and Oral Agents**

<i>cevimeline hcl oral capsule 30 mg</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	

### **Dermatological Agents**

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Acne and Rosacea Agents</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>tazarotene external cream 0.1 %</i>	1	QL (60 GM per 30 days)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	
<b>TAZORAC EXTERNAL CREAM 0.05 %</b>	1	QL (60 GM per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<b>Dermatitis and Pruritus Agents</b>		
<i>alclometasone dipropionate external cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	QL (60 GM per 30 days)
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	1	QL (120 GM per 30 days)

Last Updated 8/26/2024

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

Last Updated 8/26/2024

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

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Dermatological Agents, Other</b>		
<i>alcohol pad , 70 %</i>	1	
<i>alcohol sheet , 70 %</i>	1	
<i>aum alcohol prep pads pad 70 %</i>	1	
<i>calcipotriene external cream 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	1	QL (120 ML per 30 days)
<i>calcitriol external ointment 3 mcg/gm</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	QL (60 ML per 28 days)
<i>fluorouracil external cream 0.5 %</i>	1	PA
<i>fluorouracil external cream 5 %</i>	1	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	1	QL (10 ML per 30 days)
<i>imiquimod external cream 5 %</i>	1	QL (24 EA per 30 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	QL (60 GM per 28 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	QL (60 GM per 28 days)
OTEZLA ORAL TABLET 20 MG	1	PA
OTEZLA ORAL TABLET 30 MG	1	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	1	PA; QL (55 EA per 180 days)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	1	PA
<i>podofilox external solution 0.5 %</i>	1	
REGRANEX EXTERNAL GEL 0.01 %	1	PA; QL (15 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	QL (180 GM per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<b>Pediculicides/Scabicides</b>		
<i>malathion external lotion 0.5 %</i>	1	QL (59 ML per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>permethrin external cream 5 %</i>	1	QL (60 GM per 30 days)
<b>Topical Anti-infectives</b>		
<i>acyclovir external cream 5 %</i>	1	QL (30 GM per 30 days)
<i>acyclovir external ointment 5 %</i>	1	QL (30 GM per 30 days)
<i>ciclopirox external solution 8 %</i>	1	QL (6.6 ML per 28 days)
<i>ciclopirox olamine external cream 0.77 %</i>	1	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	1	QL (60 ML per 30 days)
<i>clindamycin phosphate external gel 1 %</i>	1	QL (120 GM per 30 days)
<i>clindamycin phosphate external lotion 1 %</i>	1	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	1	QL (60 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	1	QL (60 EA per 30 days)
<i>ery external pad 2 %</i>	1	QL (60 EA per 30 days)
<i>erythromycin external gel 2 %</i>	1	QL (60 GM per 30 days)
<i>erythromycin external solution 2 %</i>	1	QL (60 ML per 30 days)
<i>gentamicin sulfate external cream 0.1 %</i>	1	QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	QL (30 GM per 30 days)
<i>metronidazole external cream 0.75 %</i>	1	QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	1	QL (45 GM per 30 days)
<i>metronidazole external gel 1 %</i>	1	QL (60 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	1	QL (59 ML per 30 days)
<i>mupirocin external ointment 2 %</i>	1	QL (44 GM per 30 days)
<i>penciclovir external cream 1 %</i>	1	QL (5 GM per 30 days)
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/ Mineral Replacement</b>		
<i>carglumic acid oral tablet soluble 200 mg</i>	1	PA
ISOLYTE-S INTRAVENOUS SOLUTION	1	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	1	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
<i>klor-con m10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m15 oral tablet extended release 15 meq</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	
KLOR-CON ORAL PACKET 20 MEQ	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>sodium chloride (pf) injection solution 0.9 %</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CUVRIOR ORAL TABLET 300 MG	1	PA
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	1	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA
<i>trientine hcl oral capsule 250 mg</i>	1	PA

Last Updated 8/26/2024

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
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<i>clinisol sf intravenous solution 15 %</i>	1	B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose-nacl intravenous solution 10-0.2 %, 2.5-0.45 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	B/D
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	
<i>levocarnitine oral solution 1 gm/10ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	1	
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	B/D
<i>plenamine intravenous solution 15 %</i>	1	B/D
<b>Phosphate Binders</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	QL (360 EA per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>sevelamer carbonate oral packet 0.8 gm</i>	1	QL (270 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	1	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	QL (540 EA per 30 days)
<b>Potassium Binders</b>		
LOKELMA ORAL PACKET 10 GM, 5 GM	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps oral suspension 15 gm/60ml</i>	1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	1	QL (30 EA per 30 days)
VELTASSA ORAL PACKET 8.4 GM	1	QL (90 EA per 30 days)
<b>Vitamins</b>		

Last Updated 8/26/2024

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>trinatal rx 1 oral tablet 60-1 mg</i>	1	
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>gavilyte-c oral solution reconstituted 240 gm</i>	1	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 EA per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
RELISTOR ORAL TABLET 150 MG	1	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	1	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	1	PA; QL (12 ML per 30 days)
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	PA
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	PA
<i>loperamide hcl oral capsule 2 mg</i>	1	
XERMELO ORAL TABLET 250 MG	1	PA
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90 EA per 30 days)
<b>Antispasmodics, Gastrointestinal</b>		

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<b>Gastrointestinal Agents, Other</b>		
CHENODAL ORAL TABLET 250 MG	1	PA
GATTEX SUBCUTANEOUS KIT 5 MG	1	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	1	PA
OCALIVA ORAL TABLET 10 MG, 5 MG	1	PA; QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VOWST ORAL CAPSULE	1	PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl oral solution 400 mg/6.67ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<b>Protectants</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	1	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg</i>	1	QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	QL (30 EA per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	QL (60 EA per 30 days)
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	1	PA
<i>betaine oral powder</i>	1	
CERDELGA ORAL CAPSULE 84 MG	1	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	1	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA
<i>dichlorphenamide oral tablet 50 mg</i>	1	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	1	PA
ENDARI ORAL PACKET 5 GM	1	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	1	PA
GALAFOLD ORAL CAPSULE 123 MG	1	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	1	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	1	PA
<i>l-glutamine oral packet 5 gm</i>	1	PA
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	PA
<i>miglustat oral capsule 100 mg</i>	1	PA
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	1	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	1	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA

Last Updated 8/26/2024

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.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	1	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	1	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	1	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	1	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	1	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	1	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	1	PA
XURIDEN ORAL PACKET 2 GM	1	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	1	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	ST; QL (30 EA per 30 days)
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	1	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	1	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CORTROPHIN INJECTION GEL 80 UNIT/ML	1	PA
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	1	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	1	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	1	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG	1	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	1	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	1	PA

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	1	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	1	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	1	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	1	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	1	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<b>Anabolic Steroids</b>		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
<b>Androgens</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
<i>testosterone cypionate injection solution 200 mg/ml</i>	1	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA
<i>testosterone transdermal gel 1.62 %</i>	1	PA; QL (75 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>	1	PA; QL (180 ML per 30 days)

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.



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

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone oral tablet 0.35 mg</i>	1	
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE ORAL TABLET 0.45-20 MG	1	
<i>raloxifene hcl oral tablet 60 mg</i>	1	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		

Last Updated 8/26/2024

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

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	1	B/D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	1	B/D
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	1	B/D
<b>Immunological Agents, Other</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	1	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	1	PA; QL (3.6 ML per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA; QL (8 ML per 28 days)
CABLIVI INJECTION KIT 11 MG	1	PA
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	1	PA; QL (30 EA per 30 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	1	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	1	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	1	PA

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	1	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	1	PA; QL (1 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA; QL (2 ML per 28 days)
SOTYKTU ORAL TABLET 6 MG	1	PA; QL (30 EA per 30 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; QL (104 ML per 180 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	1	PA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML	1	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	1	PA; QL (3 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	1	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; QL (480 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	1	PA; QL (30 EA per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	1	PA
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	1	PA; QL (16.072 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	1	PA; QL (22.68 ML per 28 days)
<b>Immunostimulants</b>		

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	1	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	1	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA; QL (2 ML per 28 days)
<b>Immunosuppressants</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	1	B/D
<i>azathioprine oral tablet 50 mg</i>	1	B/D
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA; QL (2 EA per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	1	PA; QL (3 EA per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	1	PA; QL (2 EA per 28 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	1	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D
<i>gengraf oral solution 100 mg/ml</i>	1	B/D

Last Updated 8/26/2024

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.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	1	PA; QL (4 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	1	PA; QL (6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	1	PA; QL (4 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	1	PA; QL (6 ML per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	1	PA; QL (6 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	1	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	1	PA; QL (4 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	1	PA; QL (6 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	1	PA; QL (3 EA per 180 days)
HUMIRA-PED $\geq$ 40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	1	PA; QL (4 EA per 180 days)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; QL (3 EA per 180 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	1	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	B/D
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	B/D
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	B/D
REZUROCK ORAL TABLET 200 MG	1	PA; QL (30 EA per 30 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	1	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	1	PA
<i>sirolimus oral solution 1 mg/ml</i>	1	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D
<b>Vaccines</b>		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	1	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
DIPHThERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	1	B/D
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOLE INJECTION INJECTABLE	1	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MENVEO INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	B/D
ROTARIX ORAL SUSPENSION	1	
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	QL (2 EA per 999 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	B/D
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	B/D
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	
VAXELIS INTRAMUSCULAR SUSPENSION	1	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	1	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	1	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<i>balsalazide disodium oral capsule 750 mg</i>	1	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	
<i>mesalamine-cleanser rectal kit 4 gm</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<b>Glucocorticoids</b>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	QL (30 EA per 30 days)
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	QL (90 EA per 30 days)
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cinacalcet hcl oral tablet 90 mg</i>	1	QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	1	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 600 MCG/2.4ML	1	PA
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML	1	PA; QL (2.48 ML per 28 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	1	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR 3120 MCG/1.56ML	1	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>bevacizumab intravitreal solution prefilled syringe 1.25 mg/0.05ml, 2 mg/0.08ml, 2.5 mg/0.1ml, 3 mg/0.12ml, 3.25 mg/0.13ml, 3.75 mg/0.15ml</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	1	

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	1	PA
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	1	PA
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	1	PA
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<b>Ophthalmic Anti-Infectives</b>		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
NATACYN OPHTHALMIC SUSPENSION 5 %	1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	

Last Updated 8/26/2024

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.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<b>Ophthalmic Anti-inflammatories</b>		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	ST
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	B/D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	B/D; QL (60 ML per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	1	QL (60 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	1	QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	1	QL (120 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	1	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	1	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	1	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	QL (34 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	1	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	1	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	1	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	QL (90 EA per 90 days)
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	1	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	QL (2 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	B/D; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	QL (36 GM per 30 days)
<b>Cystic Fibrosis Agents</b>		
BRONCHITOL INHALATION CAPSULE 40 MG	1	PA
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA; QL (84 ML per 56 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	1	PA; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 5.8 MG	1	PA

Last Updated 8/26/2024

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.

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

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; QL (720 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; QL (60 EA per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML	1	PA; QL (300 ML per 30 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG	1	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	1	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	1	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	1	PA
<b>Pulmonary Fibrosis Agents</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	1	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	1	PA; QL (90 EA per 30 days)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	B/D
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	1	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	1	QL (10.7 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	1	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	1	QL (10.7 GM per 30 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	1	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	QL (8 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	1	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	1	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	1	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	1	PA; QL (8 ML per 28 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	1	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	1	PA; QL (1 ML per 28 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	1	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	B/D
<i>montelukast sodium oral packet 4 mg</i>	1	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	1	PA; QL (0.4 ML per 28 days)

Last Updated 8/26/2024

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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA; QL (3 EA per 28 days)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	PA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	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	1	QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA; QL (8 EA per 28 days)

### **Skeletal Muscle Relaxants**

#### **Skeletal Muscle Relaxants**

<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	PA; QL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA; QL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	PA; QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	1	PA; QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA

### **Sleep Disorder Agents**

#### **Sleep Promoting Agents**

<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	PA; QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	1	PA; QL (158 ML per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1	QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	1	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	PA; QL (30 EA per 30 days)

Last Updated 8/26/2024

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.



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

Last Updated 8/26/2024

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

## Index

- A**
- abacavir sulfate* ..... 41  
*abacavir sulfate-lamivudine* ... 41  
ABELCET ..... 20  
ABILIFY ASIMTUFII ..... 35  
ABILIFY MAINTENA ..... 35  
*abiraterone acetate* ..... 24  
ABRYSVO ..... 96  
*acamprosate calcium* ..... 4  
*acarbose* ..... 45  
*acebutolol hcl* ..... 57  
*acetaminophen-codeine* ..... 3  
*acetazolamide* ..... 59  
*acetazolamide er* ..... 103  
*acetic acid* ..... 104  
*acetylcysteine* ..... 108  
*acitretin* ..... 69  
ACTEMRA ..... 91  
ACTEMRA ACTPEN ..... 91  
ACTHAR ..... 80  
ACTHAR GEL ..... 80  
ACTHIB ..... 96  
ACTIMMUNE ..... 94  
*acyclovir* ..... 40, 73  
*acyclovir sodium* ..... 40  
ADACEL ..... 96  
*adapalene-benzoyl peroxide* ... 69  
*adefovir dipivoxil* ..... 39  
ADEMPAS ..... 107  
ADVAIR HFA ..... 108  
AIMOVIG ..... 22  
AKEEGA ..... 25  
*ak-poly-bac* ..... 102  
*albendazole* ..... 32  
*albuterol sulfate* ..... 106  
*albuterol sulfate hfa* ..... 106  
*alclometasone dipropionate* ... 69  
*alcohol* ..... 72  
ALECENSA ..... 26  
*alendronate sodium* ..... 100  
*alfuzosin hcl er* ..... 80  
*aliskiren fumarate* ..... 59  
*allopurinol* ..... 21  
*alosetron hcl* ..... 76  
*alprazolam* ..... 44  
*alprazolam intensol* ..... 44  
*altavera* ..... 83
- ALUNBRIG ..... 26  
*alyacen 1/35* ..... 83  
*alyacen 7/7/7* ..... 83  
*amantadine hcl* ..... 33  
*ambrisentan* ..... 107  
*amikacin sulfate* ..... 5  
*amiloride hcl* ..... 61  
*amiloride-hydrochlorothiazide*  
..... 59  
*amiodarone hcl* ..... 56  
*amitriptyline hcl* ..... 18  
*amlodipine besy-benazepril hcl*  
..... 59  
*amlodipine besylate* ..... 58  
*amlodipine besylate-valsartan* 59  
*amlodipine-atorvastatin* ..... 59  
*amlodipine-olmesartan* ..... 59  
*amlodipine-valsartan-hctz* ..... 59  
*ammonium lactate* ..... 69  
*amnestem* ..... 69  
*amoxapine* ..... 18  
*amoxicillin* ..... 9  
*amoxicillin-pot clavulanate* ..... 9  
*amoxicillin-pot clavulanate er* .. 9  
*amphetamine-dextroamphet er*  
..... 64  
*amphetamine-*  
*dextroamphetamine* ..... 64  
*amphotericin b* ..... 20  
*amphotericin b liposome* ..... 20  
*ampicillin* ..... 9  
*ampicillin sodium* ..... 9  
*ampicillin-sulbactam sodium* ... 9  
*anagrelide hcl* ..... 53  
*anastrozole* ..... 26  
ANORO ELLIPTA ..... 108  
APOKYN ..... 33  
*apomorphine hcl* ..... 34  
*apraclonidine hcl* ..... 103  
*aprepitant* ..... 20  
*apri* ..... 83  
APTIOM ..... 15  
APTIVUS ..... 43  
ARALAST NP ..... 78  
*aranelle* ..... 83  
ARANESP (ALBUMIN FREE)  
..... 53
- ARCALYST ..... 91  
AREXVY ..... 96  
ARIKAYCE ..... 5  
*aripiprazole* ..... 35  
ARISTADA ..... 35, 36  
ARISTADA INITIO ..... 35  
*armodafinil* ..... 111  
ARNUITY ELLIPTA ..... 105  
*asenapine maleate* ..... 36  
*aspirin-dipyridamole er* ..... 55  
ASTAGRAF XL ..... 94  
*atazanavir sulfate* ..... 43  
*atenolol* ..... 57  
*atenolol-chlorthalidone* ..... 59  
*atomoxetine hcl* ..... 64  
*atorvastatin calcium* ..... 62  
*atovaquone* ..... 32  
*atovaquone-proguanil hcl* ..... 32  
*atropine sulfate* ..... 101  
ATROVENT HFA ..... 105  
*aubra eq* ..... 83  
AUGTYRO ..... 26  
*aum alcohol prep pads* ..... 72  
*aurovela fe 1/20* ..... 83  
AUSTEDO ..... 65  
AUSTEDO PATIENT  
TITRATION KIT ..... 66  
AUSTEDO XR ..... 66  
AUSTEDO XR PATIENT  
TITRATION ..... 66  
AUVELITY ..... 16  
*aviane* ..... 83  
AYVAKIT ..... 26  
*azacitidine* ..... 25  
*azathioprine* ..... 94  
*azelastine hcl* ..... 102, 104  
*azithromycin* ..... 10  
*aztreonam* ..... 6
- B**
- bacitracin* ..... 102  
*bacitracin-polymyxin b* ..... 102  
*baclofen* ..... 39  
BAFIERTAM ..... 66  
*balsalazide disodium* ..... 99  
BALVERSA ..... 26  
*balziva* ..... 83  
BAQSIMI ONE PACK ..... 48

BAQSIMI TWO PACK .....	48	BRONCHITOL .....	106	<i>carisoprodol</i> .....	110
BARACLUDE .....	39	BRUKINSA .....	27	<i>carteolol hcl</i> .....	103
BCG VACCINE .....	96	<i>budesonide</i> .....	100, 105	<i>cartia xt</i> .....	58
<i>benazepril hcl</i> .....	56	<i>budesonide er</i> .....	100	<i>carvedilol</i> .....	57
<i>benazepril-hydrochlorothiazide</i> .....	59	BUDESONIDE-		<i>casprofungin acetate</i> .....	20
<i>bendamustine hcl</i> .....	23	FORMOTEROL		CAYSTON .....	106
BENLYSTA .....	91	FUMARATE .....	109	<i>cefaclor</i> .....	7
<i>benztropine mesylate</i> .....	33	<i>bumetanide</i> .....	61	<i>cefaclor er</i> .....	7
BERINERT .....	90	<i>buprenorphine</i> .....	2	<i>cefadroxil</i> .....	7
BESREMI .....	25	<i>buprenorphine hcl</i> .....	4	<i>cefazolin sodium</i> .....	7
<i>betaine</i> .....	78	<i>buprenorphine hcl-naloxone hcl</i> .....	4, 5	<i>cefazolin sodium-dextrose</i> .....	7
<i>betamethasone dipropionate</i> .69, 70		<i>bupropion hcl</i> .....	17	<i>cefdinir</i> .....	7
<i>betamethasone dipropionate aug</i> .....	69	<i>bupropion hcl er (smoking det)</i> 5		<i>cefepime hcl</i> .....	7, 8
<i>betamethasone valerate</i> .....	70	<i>bupropion hcl er (sr)</i> .....	16	<i>cefepime-dextrose</i> .....	8
BETASERON .....	66	<i>bupropion hcl er (xl)</i> .....	16, 17	<i>cefixime</i> .....	8
<i>betaxolol hcl</i> .....	57, 103	<i>buspironone hcl</i> .....	44	<i>cefotaxime sodium</i> .....	8
<i>bethanechol chloride</i> .....	80	<i>butalbital-acetaminophen</i> .....	1	<i>cefoxitin sodium</i> .....	8
<i>bevacizumab</i> .....	101	<i>butalbital-apap-caff-cod</i> .....	1	<i>cefoxitin sodium-dextrose</i> .....	8
BEVESPI AEROSPHERE ..	108	<i>butalbital-apap-caffeine</i> .....	1	<i>cefpodoxime proxetil</i> .....	8
<i>bexarotene</i> .....	32	<i>butalbital-asa-caff-codeine</i> .....	1	<i>cefprozil</i> .....	8
BEXSERO .....	96	<i>butalbital-aspirin-caffeine</i> .....	1	<i>ceftazidime</i> .....	8
BEYFORTUS .....	96	<i>butorphanol tartrate</i> .....	3	<i>ceftazidime and dextrose</i> .....	8
<i>bicalutamide</i> .....	24	<b>C</b>		<i>ceftriaxone sodium</i> .....	8
BICILLIN L-A .....	9	CABENUVA .....	42	<i>ceftriaxone sodium in dextrose</i> .8	
BIKTARVY .....	42	<i>cabergoline</i> .....	89	<i>ceftriaxone sodium-dextrose</i> .....	8
<i>bisoprolol fumarate</i> .....	57	CABLIVI .....	91	<i>cefuroxime axetil</i> .....	8
<i>bisoprolol-hydrochlorothiazide</i> .....	59	CABOMETYX .....	27	<i>cefuroxime sodium</i> .....	8
<i>blisovi fe 1.5/30</i> .....	83	<i>calcipotriene</i> .....	72	<i>celecoxib</i> .....	1
<i>blisovi fe 1/20</i> .....	83	<i>calcitonin (salmon)</i> .....	100	<i>cephalexin</i> .....	9
BOOSTRIX .....	96, 97	<i>calcitriol</i> .....	72, 100	CEPROTIN .....	52
<i>bosentan</i> .....	107	<i>calcium acetate (phos binder)</i> 75		CERDELGA .....	78
BOSULIF .....	26, 27	CALQUENCE .....	27	<i>cetirizine hcl</i> .....	104
BRAFTOVI .....	27	CAMCEVI .....	89	<i>cevimeline hcl</i> .....	68
BREO ELLIPTA .....	108	<i>camila</i> .....	87	CHENODAL .....	77
BREZTRI AEROSPHERE ..	108	CAMZYOS .....	59	<i>chlorhexidine gluconate</i> .....	68
<i>briellyn</i> .....	83	<i>candesartan cilexetil</i> .....	56	<i>chloroquine phosphate</i> .....	32
BRILINTA .....	55	<i>candesartan cilexetil-hctz</i> .....	59	<i>chlorthalidone</i> .....	61
<i>brimonidine tartrate</i> .....	103	CAPLYTA .....	36	<i>chlorzoxazone</i> .....	110
<i>brimonidine tartrate-timolol</i> 101		CAPRELSA .....	27	CHOLBAM .....	78
<i>brinzolamide</i> .....	103	<i>captopril</i> .....	56	<i>cholestyramine</i> .....	62
BRIVIACT .....	12	<i>carbamazepine</i> .....	15	<i>cholestyramine light</i> .....	62
<i>bromfenac sodium</i> .....	101	<i>carbamazepine er</i> .....	15	CIBINQO .....	91
<i>bromfenac sodium (once-daily)</i> .....	101	<i>carbidopa</i> .....	34	<i>ciclopirox</i> .....	73
<i>bromocriptine mesylate</i> .....	34	<i>carbidopa-levodopa</i> .....	34	<i>ciclopirox olamine</i> .....	73
		<i>carbidopa-levodopa er</i> .....	34	<i>cilostazol</i> .....	55
		<i>carbidopa-levodopa-entacapone</i> .....	33	CIMDUO .....	41
		<i>carglumic acid</i> .....	73	<i>cimetidine</i> .....	77
				<i>cimetidine hcl</i> .....	77

CIMZIA.....	94	COMETRIQ (60 MG DAILY DOSE) .....	27	<i>desmopressin ace spray refrig</i>	81
CIMZIA (2 SYRINGE).....	94	COMPLERA .....	42	<i>desmopressin acetate</i> .....	81
CIMZIA STARTER KIT .....	94	<i>constulose</i> .....	76	<i>desmopressin acetate spray</i> ....	81
<i>cinacalcet hcl</i> .....	100, 101	COPIKTRA .....	27	<i>desogestrel-ethinyl estradiol</i> ..	84
CINRYZE.....	90	CORLANOR.....	59, 60	<i>desonide</i> .....	70
<i>ciprofloxacin hcl</i> .....	11, 102	CORTROPHIN .....	81	<i>desoximetasone</i> .....	70
<i>ciprofloxacin in d5w</i> .....	11	COSENTYX.....	91	<i>desvenlafaxine succinate er</i> ....	17
<i>ciprofloxacin-dexamethasone</i> .....	104	COSENTYX (300 MG DOSE) .....	91	<i>dexamethasone</i> .....	81, 100
<i>citalopram hydrobromide</i> .....	17	COSENTYX SENSOREADY (300 MG).....	91	<i>dexamethasone intensol</i> .....	100
<i>claravis</i> .....	69	COSENTYX SENSOREADY PEN .....	91	<i>dexamethasone sodium phosphate</i> .....	100, 103
<i>clarithromycin</i> .....	11	COSENTYX UNOREADY ..	91	<i>dexmethylphenidate hcl</i> .....	65
<i>clarithromycin er</i> .....	10	COTELLIC.....	27	<i>dexmethylphenidate hcl er</i> ....	64
<i>clindamycin hcl</i> .....	6	CREON .....	78	<i>dextroamphetamine sulfate</i> ....	64
<i>clindamycin palmitate hcl</i> .....	6	CRESEMBA .....	20	<i>dextroamphetamine sulfate er</i>	64
<i>clindamycin phos-benzoyl perox</i> .....	69	<i>cromolyn sodium</i> .....	102, 107	<i>dextrose</i> .....	75
<i>clindamycin phosphate</i> .....	6, 73	<i>cryselle-28</i> .....	84	<i>dextrose-nacl</i> .....	75
<i>clindamycin phosphate in d5w</i> ..	6	CRYSVITA .....	92	<i>dextrose-sodium chloride</i> .....	75
<i>clindamycin phosphate in nacl</i> ..	6	CUVRIOR .....	74	DIACOMIT .....	12
<i>clinisol sf</i> .....	75	<i>cyclobenzaprine hcl</i> .....	110	<i>diazepam</i> .....	14, 44
<i>clobazam</i> .....	14	<i>cyclophosphamide</i> .....	23	<i>diazepam intensol</i> .....	44
<i>clobetasol prop emollient base</i> .....	70	<i>cyclosporine</i> .....	94, 102	<i>diazoxide</i> .....	48
<i>clobetasol propionate</i> .....	70	<i>cyclosporine modified</i> .....	94	<i>dichlorphenamide</i> .....	78
<i>clobetasol propionate e</i> .....	70	<i>cyproheptadine hcl</i> .....	104	<i>diclofenac epolamine</i> .....	1
<i>clomipramine hcl</i> .....	18	<i>cyred eq</i> .....	84	<i>diclofenac potassium</i> .....	1
<i>clonazepam</i> .....	44	CYSTAGON .....	78	<i>diclofenac sodium</i> .....	1, 103
<i>clonidine</i> .....	55	CYSTARAN .....	102	<i>diclofenac sodium er</i> .....	1
<i>clonidine hcl</i> .....	55	<b>D</b>		<i>dicloxacillin sodium</i> .....	9
<i>clonidine hcl er</i> .....	64	<i>dalfampridine er</i> .....	67	<i>dicyclomine hcl</i> .....	77
<i>clopidogrel bisulfate</i> .....	55	<i>danazol</i> .....	82	DIFICID .....	11
<i>clorazepate dipotassium</i> .....	44	<i>dantrolene sodium</i> .....	39	<i>diflunisal</i> .....	1
<i>clotrimazole</i> .....	20	<i>dapsone</i> .....	23	<i>difluprednate</i> .....	103
<i>clotrimazole-betamethasone</i> ...	72	DAPTACEL .....	97	<i>digoxin</i> .....	60
<i>clozapine</i> .....	39	<i>daptomycin</i> .....	6	<i>dihydroergotamine mesylate</i> ..	22
COARTEM .....	32	<i>darifenacin hydrobromide er</i> ..	79	DILANTIN .....	15
<i>colchicine</i> .....	21	<i>darunavir</i> .....	43	<i>diltiazem hcl</i> .....	58
<i>colchicine-probenecid</i> .....	21	DAURISMO.....	27	<i>diltiazem hcl er</i> .....	58
<i>colesevelam hcl</i> .....	62	<i>deblitane</i> .....	87	<i>diltiazem hcl er beads</i> .....	58
<i>colestipol hcl</i> .....	62	<i>deferasirox</i> .....	74	<i>diltiazem hcl er coated beads</i> ..	58
<i>colistimethate sodium (cba)</i> .....	6	<i>deferasirox granules</i> .....	74	<i>dilt-xr</i> .....	58
COMBIPATCH.....	84	<i>deferiprone</i> .....	74	<i>dimethyl fumarate</i> .....	67
COMBIVENT RESPIMAT .	109	DELSTRIGO.....	42	<i>dimethyl fumarate starter pack</i> .....	67
COMETRIQ (100 MG DAILY DOSE) .....	27	DEPO-SUBQ PROVERA	104	<i>diphenoxylate-atropine</i> .....	76
COMETRIQ (140 MG DAILY DOSE) .....	27	.....	87	DIPHThERIA-TETANUS TOXOIDS DT .....	97
		DESCOVY .....	41	<i>dipyridamole</i> .....	55
		<i>desipramine hcl</i> .....	18	<i>disopyramide phosphate</i> .....	56
				<i>disulfiram</i> .....	4

<i>divalproex sodium</i> .....	12	<i>enalapril-hydrochlorothiazide</i>	60	<i>etodolac er</i> .....	2
<i>divalproex sodium er</i> .....	12	ENBREL .....	94	<i>etonogestrel-ethinyl estradiol</i>	84
<i>dofetilide</i> .....	57	ENBREL MINI .....	94	<i>etravirine</i> .....	41
<i>donepezil hcl</i> .....	16	ENBREL SURECLICK .....	94	EUCRISA .....	70
DOPTELET .....	55	ENDARI .....	78	EUTHYROX .....	88
<i>dorzolamide hcl</i> .....	103	<i>endocet</i> .....	3	<i>everolimus</i> .....	27, 94
<i>dorzolamide hcl-timolol mal</i>	102	ENGERIX-B .....	97	EVOTAZ .....	42
<i>dorzolamide hcl-timolol mal pf</i>	102	<i>enoxaparin sodium</i> .....	52	EVRYSDI .....	66
DOVATO .....	42	<i>enpresse-28</i> .....	84	<i>exemestane</i> .....	26
<i>doxazosin mesylate</i> .....	55	<i>enskyce</i> .....	84	EXKIVITY .....	27
<i>doxepin hcl</i> .....	19, 70, 110	<i>entacapone</i> .....	33	<i>ezetimibe</i> .....	62
<i>doxercalciferol</i> .....	101	<i>entecavir</i> .....	39	<i>ezetimibe-rosuvastatin</i> .....	62
<i>doxy 100</i> .....	12	ENTRESTO .....	60	<i>ezetimibe-simvastatin</i> .....	63
<i>doxycycline hyclate</i> .....	12	ENTYVIO .....	92	<b>F</b>	
<i>doxycycline monohydrate</i> .....	12	<i>enulose</i> .....	76	FABHALTA .....	92
<i>dronabinol</i> .....	20	ENVARUSUS XR .....	94	FABRAZYME .....	78
<i>drospirenone-ethinyl estradiol</i>	84	EPIDIOLEX .....	12	<i>falmina</i> .....	84
DROXIA .....	24	<i>epinephrine</i> .....	106	<i>famciclovir</i> .....	40
<i>droxidopa</i> .....	55	<i>epitol</i> .....	15	<i>famotidine</i> .....	77
DUAVEE .....	88	EPIVIR HBV .....	39	FANAPT .....	36
<i>duloxetine hcl</i> .....	66	<i>eplerenone</i> .....	61	FANAPT TITRATION PACK	
DUPIXENT .....	109	EPOGEN .....	53	.....	36
<i>dutasteride</i> .....	80	EPRONTIA .....	12	FARXIGA .....	45
<b>E</b>		EQUETRO .....	45	FASENRA .....	109
<i>ec-naproxen</i> .....	1	<i>ergoloid mesylates</i> .....	16	FASENRA PEN .....	109
<i>econazole nitrate</i> .....	20	<i>ergotamine-caffeine</i> .....	22	<i>febuxostat</i> .....	22
EDURANT .....	41	ERIVEDGE .....	27	<i>felbamate</i> .....	12
<i>efavirenz</i> .....	41	ERLEADA .....	24	<i>felodipine er</i> .....	58
<i>efavirenz-emtricitab-tenofo df</i>	42	<i>erlotinib hcl</i> .....	27	<i>fenofibrate</i> .....	62
<i>efavirenz-lamivudine-tenofovir</i>	42	<i>errin</i> .....	87	<i>fenofibrate micronized</i> .....	62
.....	42	<i>ertapenem sodium</i> .....	10	<i>fenofibric acid</i> .....	62
EGRIFTA SV .....	81	<i>ery</i> .....	73	<i>fentanyl</i> .....	2
ELAPRASE .....	78	ERYTHROCIN		<i>fentanyl citrate</i> .....	3
ELIGARD .....	89	LACTOBIONATE .....	11	<i>fesoterodine fumarate er</i> .....	79
ELIQUIS .....	52	<i>erythrocin stearate</i> .....	11	FETZIMA .....	17
ELIQUIS DVT/PE STARTER		<i>erythromycin</i> .....	73, 102	FETZIMA TITRATION .....	17
PACK .....	52	<i>erythromycin base</i> .....	11	FILSPARI .....	80
ELMIRON .....	80	<i>erythromycin ethylsuccinate</i> .....	11	<i>finasteride</i> .....	80
<i>eluryng</i> .....	84	<i>escitalopram oxalate</i> .....	17	<i>finolmod hcl</i> .....	67
EMEND .....	20	<i>esomeprazole magnesium</i> .....	77	FINTEPLA .....	12
EMGALITY .....	22	<i>estarylla</i> .....	84	FIRDAPSE .....	66
EMGALITY (300 MG DOSE)		<i>estradiol</i> .....	83	FIRMAGON .....	89
.....	22	<i>estradiol valerate</i> .....	83	FIRMAGON (240 MG DOSE)	
EMSAM .....	17	<i>estradiol-norethindrone acet</i> .....	84	.....	89
<i>emtricitabine</i> .....	41	<i>eszopiclone</i> .....	110	FLAC .....	70
<i>emtricitabine-tenofovir df</i> .....	41	<i>ethambutol hcl</i> .....	23	<i>flecainide acetate</i> .....	57
EMTRIVA .....	41	<i>ethosuximide</i> .....	14	<i>fluconazole</i> .....	21
<i>enalapril maleate</i> .....	56	<i>ethynodiol diac-eth estradiol</i> .....	84	<i>fluconazole in sodium chloride</i>	
		<i>etodolac</i> .....	2	.....	20

<i>flucytosine</i> .....	21	<i>gavilyte-g</i> .....	76	HUMALOG.....	48, 49
<i>fludrocortisone acetate</i> .....	81	GAVRETO.....	27	HUMALOG JUNIOR	
<i>flunisolide</i> .....	105	<i>gefitinib</i> .....	27	KWIKPEN.....	48
<i>fluocinolone acetonide</i> .....	70	<i>gemfibrozil</i> .....	62	HUMALOG KWIKPEN.....	48
<i>fluocinolone acetonide scalp</i> ..	70	<i>generlac</i> .....	76	HUMALOG MIX 50/50	
<i>fluocinonide</i> .....	70, 71	<i>gengraf</i> .....	94	KWIKPEN.....	48
<i>fluocinonide emulsified base</i> ..	70	GENOTROPIN.....	81	HUMALOG MIX 75/25.....	49
<i>fluorometholone</i> .....	103	GENOTROPIN MINIQUICK	81	HUMALOG MIX 75/25	
<i>fluorouracil</i> .....	72	<i>gentamicin in saline</i> .....	5	KWIKPEN.....	48
<i>fluoxetine hcl</i> .....	17	<i>gentamicin sulfate</i> .....	5, 73, 102	HUMATROPE.....	81
<i>fluphenazine decanoate</i> .....	34	GENVOYA.....	42	HUMIRA (2 PEN).....	95
<i>fluphenazine hcl</i> .....	34, 35	GILOTRIF.....	27	HUMIRA (2 SYRINGE).....	95
<i>flurbiprofen</i> .....	2	GLASSIA.....	78	HUMIRA-CD/UC/HS	
<i>flurbiprofen sodium</i> .....	103	<i>glatiramer acetate</i> .....	67	STARTER.....	95
<i>fluticasone propionate</i> ....	71, 105	<i>glatopa</i> .....	67	HUMIRA-PED>/=40KG UC	
<i>fluticasone propionate diskus</i>		GLEOSTINE.....	24	STARTER.....	95
.....	105	<i>glimepiride</i> .....	45	HUMIRA-PSORIASIS/UVEIT	
<i>fluticasone propionate hfa</i> ....	105	<i>glipizide</i> .....	45	STARTER.....	95
<i>fluticasone-salmeterol</i> .....	109	<i>glipizide er</i> .....	45	HUMULIN 70/30.....	49
<i>fluvoxamine maleate</i> .....	18	<i>glipizide xl</i> .....	45, 46	HUMULIN 70/30 KWIKPEN	49
<i>fondaparinux sodium</i> .....	52	<i>glipizide-metformin hcl</i> .....	46	HUMULIN N.....	49
<i>formoterol fumarate</i> .....	106	GLUCAGEN HYPOKIT.....	48	HUMULIN N KWIKPEN.....	49
<i>fosamprenavir calcium</i> .....	43	<i>glucagon emergency</i> .....	48	HUMULIN R.....	49
<i>fosinopril sodium</i> .....	56	<i>glyburide</i> .....	46	HUMULIN R U-500	
<i>fosinopril sodium-hctz</i> .....	60	<i>glyburide micronized</i> .....	46	(CONCENTRATED).....	49
FOTIVDA.....	27	<i>glyburide-metformin</i> .....	46	HUMULIN R U-500	
FRUZAQLA.....	27	<i>glycopyrrolate</i> .....	77	KWIKPEN.....	49
FULPHILA.....	53	GLYXAMBI.....	46	<i>hydralazine hcl</i> .....	63
<i>fulvestrant</i> .....	24	GOCOVRI.....	33	<i>hydrochlorothiazide</i> .....	61
<i>furosemide</i> .....	61	<i>granisetron hcl</i> .....	20	<i>hydrocodone-acetaminophen</i> ...3	
FUZEON.....	42	<i>griseofulvin microsize</i> .....	21	<i>hydrocodone-ibuprofen</i> .....	3
<i>fyavolv</i> .....	84	<i>guanfacine hcl</i> .....	55	<i>hydrocortisone</i> .....	71, 81, 100
FYCOMPA.....	13	<i>guanfacine hcl er</i> .....	65	<i>hydrocortisone (perianal)</i> .....	71
FYLNETRA.....	53	<b>H</b>		<i>hydrocortisone butyr lipo base</i>	
<b>G</b>		HADLIMA.....	95	.....	71
<i>gabapentin</i> .....	14	HADLIMA PUSHTOUCH...95		<i>hydrocortisone butyrate</i> .....	71
GALAFOLD.....	78	HAEGARDA.....	90	<i>hydrocortisone valerate</i> .....	71
<i>galantamine hydrobromide</i> ....	16	<i>hailey 24 fe</i> .....	84	<i>hydrocortisone-acetic acid</i> ...104	
<i>galantamine hydrobromide er</i>	16	<i>hailey fe 1.5/30</i> .....	84	<i>hydromorphone hcl</i> .....	3
GAMMAGARD.....	90	<i>halobetasol propionate</i> .....	71	<i>hydromorphone hcl pf</i> .....	3
GAMMAGARD S/D LESS IGA		<i>haloperidol</i> .....	35	<i>hydroxychloroquine sulfate</i> ....	32
.....	90	<i>haloperidol decanoate</i> .....	35	<i>hydroxyurea</i> .....	24
GAMMAKED.....	90	<i>haloperidol lactate</i> .....	35	<i>hydroxyzine hcl</i> .....	104
GAMMAPLEX.....	91	HAVRIX.....	97	<i>hydroxyzine pamoate</i> .....	44
GAMUNEX-C.....	91	<i>heparin sodium (porcine)</i> .....	52	HYFTOR.....	71
GARDASIL 9.....	97	<i>heparin sodium (porcine) pf</i> ...52		<b>I</b>	
GATTEX.....	77	HEPLISAV-B.....	97	<i>ibandronate sodium</i> .....	101
<i>gauze</i> .....	48	HETLIOZ LQ.....	110	IBRANCE.....	28
<i>gavilyte-c</i> .....	76	HIBERIX.....	97	<i>ibu</i> .....	2

<i>ibuprofen</i> .....	2	ISENTRESS HD .....	40	KEVZARA .....	92
<i>icatibant acetate</i> .....	90	<i>isibloom</i> .....	84	KINERET .....	92
ICLUSIG .....	28	ISOLYTE-P IN D5W .....	75	KINRIX .....	97
<i>icosapent ethyl</i> .....	63	ISOLYTE-S.....	73	KISQALI (200 MG DOSE)....	28
IDHIFA .....	25	ISOLYTE-S PH 7.4.....	73	KISQALI (400 MG DOSE)....	28
ILARIS .....	92	<i>isoniazid</i> .....	23	KISQALI (600 MG DOSE)....	28
ILUMYA .....	92	<i>isosorb dinitrate-hydralazine</i> .	63	KISQALI FEMARA (200 MG	
<i>imatinib mesylate</i> .....	28	<i>isosorbide dinitrate</i> .....	63	DOSE) .....	25
IMBRUVICA .....	28	<i>isosorbide mononitrate</i> .....	63	KISQALI FEMARA (400 MG	
<i>imipenem-cilastatin</i> .....	10	<i>isosorbide mononitrate er</i> .....	63	DOSE) .....	25
<i>imipramine hcl</i> .....	19	<i>isotretinoin</i> .....	69	KISQALI FEMARA (600 MG	
<i>imipramine pamoate</i> .....	19	<i>isradipine</i> .....	58	DOSE) .....	25
<i>imiquimod</i> .....	72	<i>itraconazole</i> .....	21	KLOR-CON .....	74
IMOVAX RABIES .....	97	<i>ivabradine hcl</i> .....	60	KLOR-CON 10 .....	73
IMPAVIDO .....	33	<i>ivermectin</i> .....	32	<i>klor-con m10</i> .....	73
<i>incassia</i> .....	87	IWILFIN.....	25	<i>klor-con m15</i> .....	73
INCRELEX .....	81	IXCHIQ .....	97	<i>klor-con m20</i> .....	74
INCRUSE ELLIPTA.....	105	IXIARO .....	97	KLOXXADO .....	5
<i>indapamide</i> .....	62	<b>J</b>		KOSELUGO.....	28
<i>indomethacin</i> .....	2	JAKAFI .....	28	KRAZATI.....	25
<i>indomethacin er</i> .....	2	<i>jantoven</i> .....	53	<i>kurvelo</i> .....	84
INFANRIX .....	97	JANUMET .....	46	KYLEENA .....	85
INGREZZA .....	66	JANUMET XR.....	46	<b>L</b>	
INLYTA .....	28	JANUVIA.....	46	<i>labetalol hcl</i> .....	57
INQOVI.....	25	JARDIANCE.....	46	<i>lacosamide</i> .....	15
INREBIC .....	28	JAYPIRCA .....	28	<i>lactulose</i> .....	76
<i>insulin asp prot &amp; asp flexpen</i>	49	JENTADUETO .....	46	<i>lactulose encephalopathy</i> .....	76
<i>insulin aspart</i> .....	49	JENTADUETO XR.....	46	<i>lagevrio</i> .....	44
<i>insulin aspart flexpen</i> .....	49	<i>jinteli</i> .....	84	<i>lamivudine</i> .....	39, 40
<i>insulin aspart prot &amp; aspart</i> ..	49	<i>juleber</i> .....	84	<i>lamivudine-zidovudine</i> .....	41
<i>insulin lispro</i> .....	49	JULUCA.....	42	<i>lamotrigine</i> .....	13
<i>insulin lispro (1 unit dial)</i> ....	49	<i>junel 1.5/30</i> .....	84	<i>lamotrigine er</i> .....	13
<i>insulin lispro junior kwikpen</i> ..	49	<i>junel 1/20</i> .....	84	<i>lamotrigine starter kit-blue</i> ....	13
<i>insulin lispro prot &amp; lispro</i> ....	49	<i>junel fe 1.5/30</i> .....	84	<i>lansoprazole</i> .....	77
<i>insulin syringe</i> .....	50	<i>junel fe 1/20</i> .....	84	<i>lanthanum carbonate</i> .....	75
INTELENCE.....	41	JUXTAPID .....	63	LANTUS .....	50
INTRALIPID .....	75	JYLAMVO.....	25	LANTUS SOLOSTAR.....	50
INTRON A.....	94	JYNNEOS .....	97	<i>lapatinib ditosylate</i> .....	28
<i>introvale</i> .....	84	<b>K</b>		<i>larin 1.5/30</i> .....	85
INVEGA HAFYERA.....	36	KALYDECO .....	106, 107	<i>larin 1/20</i> .....	85
INVEGA SUSTENNA.....	36	KANUMA .....	78	<i>larin fe 1.5/30</i> .....	85
INVEGA TRINZA .....	36, 37	<i>kariva</i> .....	84	<i>larin fe 1/20</i> .....	85
IPOL .....	97	<i>kcl in dextrose-nacl</i> .....	73	<i>latanoprost</i> .....	104
<i>ipratropium bromide</i> ....	105, 106	<i>kelnor 1/35</i> .....	84	<i>leena</i> .....	85
<i>ipratropium-albuterol</i> .....	109	<i>kelnor 1/50</i> .....	84	<i>leflunomide</i> .....	95
<i>irbesartan</i> .....	56	KERENDIA.....	60	<i>lenalidomide</i> .....	24
<i>irbesartan-hydrochlorothiazide</i>		KESIMPTA.....	67	LENVIMA (10 MG DAILY	
.....	60	<i>ketoconazole</i> .....	21	DOSE) .....	28
ISENTRESS .....	40	<i>ketorolac tromethamine</i> ....	2, 103		

LENVIMA (12 MG DAILY DOSE) .....	28	<i>linezolid in sodium chloride</i> .....	6	<b>M</b>	
LENVIMA (14 MG DAILY DOSE) .....	28	LINZESS .....	76	<i>magnesium sulfate</i> .....	74
LENVIMA (18 MG DAILY DOSE) .....	29	<i>liothyronine sodium</i> .....	88	<i>malathion</i> .....	72
LENVIMA (20 MG DAILY DOSE) .....	29	<i>lisinopril</i> .....	56	<i>maraviroc</i> .....	42
LENVIMA (24 MG DAILY DOSE) .....	29	<i>lisinopril-hydrochlorothiazide</i> .....	60	<i>marlissa</i> .....	85
LENVIMA (4 MG DAILY DOSE) .....	29	LITFULO .....	92	MARPLAN .....	17
LENVIMA (8 MG DAILY DOSE) .....	29	<i>lithium</i> .....	45	MATULANE .....	24
<i>lessina</i> .....	85	<i>lithium carbonate</i> .....	45	MAVENCLAD (10 TABS) .....	67
<i>letrozole</i> .....	26	<i>lithium carbonate er</i> .....	45	MAVENCLAD (4 TABS) .....	67
<i>leucovorin calcium</i> .....	32	LIVMARLI .....	77	MAVENCLAD (5 TABS) .....	67
LEUKINE .....	53	LIVTENCITY .....	39	MAVENCLAD (6 TABS) .....	67
<i>leuprolide acetate</i> .....	89	LODOCO .....	60	MAVENCLAD (7 TABS) .....	67
<i>leuprolide acetate (3 month)</i> ..	89	LOKELMA .....	75	MAVENCLAD (8 TABS) .....	67
<i>levabuterol hcl</i> .....	106	LONSURF .....	25	MAVENCLAD (9 TABS) .....	67
LEVEMIR .....	50	<i>loperamide hcl</i> .....	76	MAVYRET .....	40
LEVEMIR FLEXPEN .....	50	<i>lopinavir-ritonavir</i> .....	43	MAYZENT .....	67
<i>levetiracetam</i> .....	13	<i>lorazepam</i> .....	44, 45	MAYZENT STARTER PACK .....	67, 68
<i>levetiracetam er</i> .....	13	<i>lorazepam intensol</i> .....	44	<i>meclizine hcl</i> .....	19
<i>levobunolol hcl</i> .....	103	LORBRENA .....	29	<i>meclofenamate sodium</i> .....	2
<i>levocarnitine</i> .....	75	<i>losartan potassium</i> .....	56	<i>medroxyprogesterone acetate</i> ..	87
<i>levocarnitine sf</i> .....	75	<i>losartan potassium-hctz</i> .....	60	<i>mefloquine hcl</i> .....	33
<i>levocetirizine dihydrochloride</i> ..	105	<i>lovastatin</i> .....	62	<i>megestrol acetate</i> .....	87
<i>levofloxacin</i> .....	11	<i>low-ogestrel</i> .....	85	MEKINIST .....	29
<i>levofloxacin in d5w</i> .....	11	<i>loxapine succinate</i> .....	35	MEKTOVI .....	29
<i>levonest</i> .....	85	<i>lubiprostone</i> .....	76	<i>meloxicam</i> .....	2
<i>levonorgest-eth estrad 91-day</i> ..	85	LUMAKRAS .....	25	<i>memantine hcl</i> .....	16
<i>levonorgestrel-ethinyl estrad</i> ..	85	LUMIGAN .....	104	<i>memantine hcl er</i> .....	16
<i>levonorg-eth estrad triphasic</i> ..	85	LUMIZYME .....	78	MENACTRA .....	97
<i>levora 0.15/30 (28)</i> .....	85	LUPKYNIS .....	95	MENEST .....	83
LEVO-T .....	88	LUPRON DEPOT (1-MONTH) .....	89	MENQUADFI .....	97
<i>levothyroxine sodium</i> .....	88	LUPRON DEPOT (3-MONTH) .....	89	MENVEO .....	98
LEVOXYL .....	88	LUPRON DEPOT (4-MONTH) .....	89	<i>mercaptopurine</i> .....	25
LEXIVA .....	43	LUPRON DEPOT (6-MONTH) .....	89	<i>meropenem</i> .....	10
<i>l-glutamine</i> .....	78	<i>lurasidone hcl</i> .....	37	<i>meropenem-sodium chloride</i> ..	10
LIBERVANT .....	14	<i>lutera</i> .....	85	<i>mesalamine</i> .....	100
<i>lidocaine</i> .....	4	LYBALVI .....	37	<i>mesalamine er</i> .....	99
<i>lidocaine hcl</i> .....	4	LYNPARZA .....	29	<i>mesalamine-cleanser</i> .....	100
<i>lidocaine viscous hcl</i> .....	4	LYSODREN .....	25	MESNEX .....	32
<i>lidocaine-prilocaine</i> .....	4	LYTGOBI (12 MG DAILY DOSE) .....	29	<i>metaxalone</i> .....	110
LILETTA (52 MG) .....	85	LYTGOBI (16 MG DAILY DOSE) .....	29	<i>metformin hcl</i> .....	46
<i>linezolid</i> .....	6	LYTGOBI (20 MG DAILY DOSE) .....	29	<i>metformin hcl er</i> .....	46
		<i>lyza</i> .....	87	<i>methadone hcl</i> .....	2, 3
				<i>methazolamide</i> .....	103
				<i>methenamine hippurate</i> .....	6
				<i>methimazole</i> .....	90
				<i>methocarbamol</i> .....	110
				<i>methotrexate sodium</i> .....	95
				<i>methotrexate sodium (pf)</i> .....	95



<i>methoxsalen rapid</i> .....	72	<i>moxifloxacin hcl in nacl</i> .....	11	<i>nifedipine er</i> .....	58
<i>methsuximide</i> .....	14	MRESVIA .....	98	<i>nifedipine er osmotic release</i> ..	58
<i>methylphenidate hcl</i> .....	65	MULTAQ .....	57	<i>nilutamide</i> .....	24
<i>methylphenidate hcl er</i> .....	65	<i>mupirocin</i> .....	73	<i>nimodipine</i> .....	58
<i>methylphenidate hcl er (cd)</i> ....	65	<i>mycophenolate mofetil</i> .....	95	NINLARO .....	25
<i>methylphenidate hcl er (la)</i> ....	65	<i>mycophenolate sodium</i> .....	96	<i>nitazoxanide</i> .....	33
<i>methylphenidate hcl er (osm)</i> .	65	<i>mycophenolic acid</i> .....	96	<i>nitisinone</i> .....	78
<i>methylphenidate hcl er (xr)</i> ....	65	MYFEMBREE .....	89	NITRO-BID.....	63
<i>methylprednisolone</i> .....	81	<i>myorisan</i> .....	69	NITRO-DUR .....	63
<i>methylprednisolone acetate</i> ..	100	MYRBETRIQ .....	79	<i>nitrofurantoin macrocrystal</i> ....	7
<i>methyltestosterone</i> .....	82	<b>N</b>		<i>nitrofurantoin monohyd macro</i> ..	7
<i>metoclopramide hcl</i> .....	19	<i>nabumetone</i> .....	2	<i>nitroglycerin</i> .....	64
<i>metolazone</i> .....	62	<i>nadolol</i> .....	57	NIVESTYM .....	53
<i>metoprolol succinate er</i> .....	57	<i>nafcillin sodium</i> .....	10	<i>nora-be</i> .....	87
<i>metoprolol tartrate</i> .....	57	<i>nafcillin sodium in dextrose</i> ...	10	NORDITROPIN FLEXPEN ..	81
<i>metoprolol-hydrochlorothiazide</i>		NAGLAZYME.....	78	<i>norelgestromin-eth estradiol</i> ..	85
.....	60	<i>nalbuphine hcl</i> .....	1	<i>norethin ace-eth estrad-fe</i> .....	86
<i>metronidazole</i> .....	6, 73	<i>naloxone hcl</i> .....	5	<i>norethindrone</i> .....	88
<i>metyrosine</i> .....	60	<i>naltrexone hcl</i> .....	5	<i>norethindrone acetate</i> .....	87
<i>mexiletine hcl</i> .....	57	NAMZARIC.....	16	<i>norethindrone acet-ethinyl est</i>	86
<i>micafungin sodium</i> .....	21	<i>naproxen</i> .....	2	<i>norethindrone-eth estradiol</i> ....	86
<i>microgestin 1.5/30</i> .....	85	<i>naproxen sodium</i> .....	2	<i>norethindron-ethinyl estrad-fe</i>	86
<i>microgestin 1/20</i> .....	85	NATACYN .....	102	<i>norgestimate-eth estradiol</i> .....	86
<i>microgestin 24 fe</i> .....	85	<i>nateglinide</i> .....	47	<i>norgestim-eth estrad triphasic</i>	86
<i>microgestin fe 1.5/30</i> .....	85	NATPARA .....	101	NORPACE CR .....	57
<i>microgestin fe 1/20</i> .....	85	NAYZILAM.....	14	<i>nortrel 0.5/35 (28)</i> .....	86
<i>midodrine hcl</i> .....	55	<i>nebivolol hcl</i> .....	57	<i>nortrel 1/35 (21)</i> .....	86
<i>mifepristone</i> .....	48	<i>necon 0.5/35 (28)</i> .....	85	<i>nortrel 1/35 (28)</i> .....	86
<i>miglustat</i> .....	78	<i>nefazodone hcl</i> .....	18	<i>nortrel 7/7/7</i> .....	86
<i>mili</i> .....	85	<i>neomycin sulfate</i> .....	5	<i>nortriptyline hcl</i> .....	19
<i>mimvey</i> .....	85	<i>neomycin-polymyxin-dexameth</i>		NORVIR.....	43
<i>minocycline hcl</i> .....	12	.....	102	NOVOLIN 70/30.....	50
<i>minoxidil</i> .....	63	<i>neomycin-polymyxin-gramicidin</i>		NOVOLIN 70/30 FLEXPEN .	50
MIRENA (52 MG).....	85	.....	102	NOVOLIN 70/30 FLEXPEN	
<i>mirtazapine</i> .....	17	<i>neomycin-polymyxin-hc</i> .....	104	RELION .....	50
<i>misoprostol</i> .....	77	NERLYNX .....	29	NOVOLIN 70/30 RELION ....	50
M-M-R II.....	98	NEULASTA .....	53	NOVOLIN N .....	50
<i>modafinil</i> .....	111	NEULASTA ONPRO .....	53	NOVOLIN N FLEXPEN .....	50
<i>moexipril hcl</i> .....	56	NEUPRO .....	34	NOVOLIN N FLEXPEN	
<i>molindone hcl</i> .....	35	<i>nevirapine</i> .....	41	RELION .....	50
<i>mometasone furoate</i> .....	71, 105	<i>nevirapine er</i> .....	41	NOVOLIN N RELION .....	50
<i>montelukast sodium</i> .....	109	NEXLETOL .....	60	NOVOLIN R .....	51
<i>morphine sulfate</i> .....	4	NEXLIZET .....	60	NOVOLIN R FLEXPEN.....	50
<i>morphine sulfate (concentrate)</i> 3,		NEXPLANON.....	85	NOVOLIN R FLEXPEN	
4		NGENLA.....	81	RELION .....	51
<i>morphine sulfate er</i> .....	3	<i>niacin er (antihyperlipidemic)</i>	63	NOVOLIN R RELION.....	51
MOUNJARO.....	47	NICOTROL.....	5	NOVOLOG .....	51
MOVANTIK .....	76	NICOTROL NS.....	5	NOVOLOG 70/30 FLEXPEN	
<i>moxifloxacin hcl</i> .....	11, 102	<i>nifedipine</i> .....	58	RELION .....	51

NOVOLOG FLEXPEN.....	51	OMNIPOD 5 G7 PODS (GEN		<i>paroxetine hcl</i> .....	18
NOVOLOG FLEXPEN		5).....	51	<i>paroxetine hcl er</i> .....	18
RELION .....	51	OMNIPOD 5 LIBRE2 PLUS		<i>paxlovid (150/100)</i> .....	44
NOVOLOG MIX 70/30 .....	51	G6.....	51	<i>paxlovid (300/100)</i> .....	44
NOVOLOG MIX 70/30		OMNIPOD 5 LIBRE2 PLUS		<i>pazopanib hcl</i> .....	29
FLEXPEN .....	51	G6 PODS.....	51	PEDIARIX .....	98
NOVOLOG MIX 70/30		OMNIPOD DASH INTRO		PEDVAX HIB .....	98
RELION .....	51	(GEN 4).....	51	<i>peg 3350-kcl-na bicarb-nacl</i> ..	76
NOVOLOG RELION .....	51	OMNIPOD DASH PDM (GEN		<i>peg-3350/electrolytes</i> .....	76
NUBEQA .....	24	4).....	51	PEGASYS .....	94
NUCALA .....	109, 110	OMNIPOD DASH PODS (GEN		PEMAZYRE.....	29
NUDEXTA .....	66	4).....	51	<i>pen needles</i> .....	52
NULOJIX.....	96	OMNIPOD GO.....	52	PENBRAYA.....	98
NUPLAZID.....	37	OMNITROPE.....	82	<i>penciclovir</i> .....	73
NURTEC.....	22	<i>ondansetron</i> .....	20	<i>penicillamine</i> .....	74
NUTRILIPID .....	75	<i>ondansetron hcl</i> .....	20	<i>penicillin g procaine</i> .....	10
NUTROPIN AQ NUSPIN 10	82	ONGENTYS .....	33	<i>penicillin g sodium</i> .....	10
NUTROPIN AQ NUSPIN 20	82	ONUREG .....	25	<i>penicillin v potassium</i> .....	10
NUTROPIN AQ NUSPIN 5 ..	82	OPSUMIT .....	107	PENTACEL.....	98
<i>nylia 1/35</i> .....	86	OPVEE .....	5	<i>pentamidine isethionate</i> .....	33
<i>nylia 7/7/7</i> .....	86	ORENCIA .....	92	<i>pentazocine-naloxone hcl</i> .....	4
<i>nystatin</i> .....	21	ORENCIA CLICKJECT .....	92	<i>pentoxifylline er</i> .....	60
<i>nystatin-triamcinolone</i> .....	72	ORFADIN .....	78	<i>perindopril erbumine</i> .....	56
NYVEPRIA.....	54	ORGOVYX.....	89	<i>permethrin</i> .....	73
<b>O</b>		ORIAHNN.....	89	<i>perphenazine</i> .....	19
OICALIVA.....	77	ORLISSA .....	89	PERSERIS.....	37
<i>ocella</i> .....	86	ORKAMBI .....	107	<i>phenelzine sulfate</i> .....	17
OCREVUS .....	68	ORLADEYO .....	90	<i>phenobarbital</i> .....	14
<i>octreotide acetate</i> .....	89	ORSERDU .....	25	<i>phenoxybenzamine hcl</i> .....	55
ODEFSEY .....	42	<i>oseltamivir phosphate</i> .....	43	<i>phenytoin</i> .....	15
ODOMZO .....	29	OTEZLA .....	72	<i>phenytoin infatabs</i> .....	15
OFEV .....	108	<i>oxandrolone</i> .....	82	<i>phenytoin sodium extended</i> ....	15
<i>ofloxacin</i> .....	11, 102, 104	OXBRYTA.....	54	PIFELTRO .....	41
OGSIVEO .....	29	<i>oxcarbazepine</i> .....	15	<i>pilocarpine hcl</i> .....	68, 104
OJEMDA.....	29	OXERVATE .....	102	<i>pimecrolimus</i> .....	71
OJJAARA.....	25	<i>oxybutynin chloride</i> .....	80	<i>pimozide</i> .....	35
<i>olanzapine</i> .....	37	<i>oxybutynin chloride er</i> .....	79, 80	<i>pimtree</i> .....	86
<i>olmesartan medoxomil</i> .....	56	<i>oxycodone hcl</i> .....	4	<i>pindolol</i> .....	57
<i>olmesartan medoxomil-hctz</i> ....	60	<i>oxycodone hcl er</i> .....	3	<i>pioglitazone hcl</i> .....	47
<i>olmesartan-amlodipine-hctz</i> ...	60	<i>oxycodone-acetaminophen</i> .....	4	<i>pioglitazone hcl-metformin hcl</i>	
<i>omega-3-acid ethyl esters</i> .....	63	OZEMPIC (0.25 OR 0.5		.....	47
<i>omeprazole</i> .....	77	MG/DOSE).....	47	<i>piperacillin sod-tazobactam so</i>	
OMNIPOD 5 G6 INTRO (GEN		OZEMPIC (1 MG/DOSE).....	47	.....	10
5).....	51	OZEMPIC (2 MG/DOSE).....	47	PIQRAY (200 MG DAILY	
OMNIPOD 5 G6 PODS (GEN		<b>P</b>		DOSE) .....	30
5).....	51	<i>paliperidone er</i> .....	37	PIQRAY (250 MG DAILY	
OMNIPOD 5 G7 INTRO (GEN		PANRETIN .....	32	DOSE) .....	30
5).....	51	<i>pantoprazole sodium</i> .....	77, 78	PIQRAY (300 MG DAILY	
		<i>paricalcitol</i> .....	101	DOSE) .....	30

<i>pirfenidone</i> .....	108	<i>prochlorperazine maleate</i> .....	19	REBIF REBIDOSE	
<i>pirmella 1/35</i> .....	86	PROCRIT .....	54	TITRATION PACK .....	68
<i>piroxicam</i> .....	2	<i>progesterone</i> .....	88	REBIF TITRATION PACK..	68
<i>plenamine</i> .....	75	PROGRAF.....	96	<i>reclipsen</i> .....	86
<i>podofilox</i> .....	72	PROLASTIN-C .....	79	RECOMBIVAX HB.....	98
<i>polymyxin b sulfate</i> .....	7	PROLIA.....	101	RECORLEV .....	89
<i>polymyxin b-trimethoprim</i> ....	103	PROMACTA.....	54	REGRANEX .....	72
POMALYST .....	24	<i>promethazine hcl</i> .....	19	RELENZA DISKHALER .....	44
PONVORY.....	68	<i>promethazine-phenylephrine</i>	110	RELEUKO .....	54
PONVORY STARTER PACK		<i>promethegan</i> .....	20	RELISTOR .....	76
.....	68	<i>propafenone hcl</i> .....	57	RELYVRIO.....	66
<i>portia-28</i> .....	86	<i>propranolol hcl</i> .....	58	<i>repaglinide</i> .....	47
<i>posaconazole</i> .....	21	<i>propranolol hcl er</i> .....	57	REPATHA.....	63
<i>potassium chloride</i> .....	74	<i>propylthiouracil</i> .....	90	REPATHA PUSHTRONEX	
<i>potassium chloride crys er</i> ....	74	PROQUAD.....	98	SYSTEM .....	63
<i>potassium chloride er</i> .....	74	<i>protriptyline hcl</i> .....	19	REPATHA SURECLICK .....	63
<i>potassium citrate er</i> .....	74	PULMOZYME.....	107	RETACRIT.....	54
PRALUENT .....	63	PURIXAN .....	25	RETEVMO.....	30
<i>pramipexole dihydrochloride</i> .	34	<i>pyrazinamide</i> .....	23	REXTOVY .....	5
<i>pramipexole dihydrochloride er</i>		<i>pyridostigmine bromide</i> .....	23	REXULTI.....	37
.....	34	<i>pyridostigmine bromide er</i> ....	23	REYATAZ .....	43
<i>prasugrel hcl</i> .....	55	<i>pyrimethamine</i> .....	33	REZLIDHIA.....	25
<i>pravastatin sodium</i> .....	62	PYRUKYND.....	54	REZUROCK.....	96
<i>praziquantel</i> .....	32	PYRUKYND TAPER PACK	54	RHOPRESSA.....	104
<i>prazosin hcl</i> .....	55	<b>Q</b>		<i>ribavirin</i> .....	40
<i>prednicarbate</i> .....	71	QINLOCK.....	30	<i>rifabutin</i> .....	23
<i>prednisolone</i> .....	81	QUADRACEL .....	98	<i>rifampin</i> .....	23
<i>prednisolone acetate</i> .....	103	<i>quetiapine fumarate</i> .....	37	<i>riluzole</i> .....	66
<i>prednisolone sodium phosphate</i>		<i>quetiapine fumarate er</i> .....	37	<i>rimantadine hcl</i> .....	44
.....	81, 100, 103	<i>quinapril hcl</i> .....	56	RINVOQ.....	92
<i>prednisone</i> .....	100	<i>quinapril-hydrochlorothiazide</i>	60	RINVOQ LQ .....	92
<i>prednisone intensol</i> .....	100	<i>quinidine gluconate er</i> .....	57	<i>risedronate sodium</i> .....	101
<i>pregabalin</i> .....	14	<i>quinidine sulfate</i> .....	57	<i>risperidone</i> .....	38
PREHEVBRIO.....	98	<i>quinine sulfate</i> .....	33	RISPERIDONE	
PREMARIN .....	83	QULIPTA.....	22	MICROSPHERES ER.....	38
PREMPHASE .....	86	QVAR REDIHALER .....	105	<i>ritonavir</i> .....	43
PREMPRO .....	86	<b>R</b>		<i>rivastigmine</i> .....	16
PRETOMANID.....	23	RABAVERT .....	98	<i>rivastigmine tartrate</i> .....	16
<i>prevalite</i> .....	63	RADICAVA ORS .....	66	<i>rizatriptan benzoate</i> .....	22
PREVYMIS.....	39	RADICAVA ORS STARTER		ROCKLATAN .....	104
PREZCOBIX.....	42	KIT .....	66	<i>roflumilast</i> .....	107
PREZISTA .....	43	<i>raloxifene hcl</i> .....	88	<i>ropinirole hcl</i> .....	34
PRIFTIN.....	23	<i>ramelteon</i> .....	110	<i>ropinirole hcl er</i> .....	34
<i>primaquine phosphate</i> .....	33	<i>ramipril</i> .....	56	<i>rosuvastatin calcium</i> .....	62
<i>primidone</i> .....	14	<i>ranolazine er</i> .....	61	ROTARIX .....	98
PRIORIX .....	98	<i>rasagiline mesylate</i> .....	34	ROTATEQ .....	98
PRIVIGEN .....	91	RAVICTI.....	79	<i>roweepra</i> .....	13
<i>probenecid</i> .....	22	REBIF.....	68	ROZLYTREK .....	30
<i>prochlorperazine</i> .....	19	REBIF REBIDOSE .....	68	RUBRACA.....	30

<i>rufinamide</i> .....	15	SOMAVERT .....	90	<i>tadalafil</i> .....	80
RUKOBIA.....	42	<i>sorafenib tosylate</i> .....	30	<i>tadalafil (pah)</i> .....	108
RYBELSUS .....	47	<i>sotalol hcl</i> .....	57	TADLIQ .....	108
RYDAPT.....	30	<i>sotalol hcl (af)</i> .....	57	TAFINLAR .....	30
RYKINDO .....	38	SOTYKTU .....	93	TAGRISO.....	30
RYLAZE .....	25	SPIRIVA RESPIMAT.....	106	TALTZ .....	93
<b>S</b>		<i>spironolactone</i> .....	61	TALZENNA.....	30
SANTYL .....	72	<i>spironolactone-hctz</i> .....	61	<i>tamoxifen citrate</i> .....	24
<i>sapropterin dihydrochloride</i> ..	79	<i>sprintec 28</i> .....	86	<i>tamsulosin hcl</i> .....	80
SAVELLA.....	66	SPRITAM.....	13	<i>tarina fe 1/20 eq</i> .....	86
SAVELLA TITRATION PACK		SPRYCEL .....	30	TARPEYO.....	90
.....	66	<i>sps</i> .....	75	TASCENSO ODT .....	68
SCSEMBLIX.....	30	<i>sronyx</i> .....	86	TASIGNA.....	30
<i>scopolamine</i> .....	20	STELARA.....	93	<i>tasimelteon</i> .....	110
SECUADO.....	38	STIMUFEND .....	54	TAVNEOS .....	54
<i>selegiline hcl</i> .....	34	STIOLTO RESPIMAT.....	110	<i>tazarotene</i> .....	69
<i>selenium sulfide</i> .....	71	STIVARGA.....	30	TAZORAC .....	69
SELZENTRY .....	42	STRENSIQ.....	79	TAZVERIK .....	31
SEREVENT DISKUS .....	106	<i>streptomycin sulfate</i> .....	6	TDVAX .....	99
SEROSTIM .....	82	STRIBILD .....	42	TEFLARO .....	9
<i>sertraline hcl</i> .....	18	SUCRAID .....	79	<i>telmisartan</i> .....	56
<i>setlakin</i> .....	86	<i>sucralfate</i> .....	77	<i>telmisartan-hctz</i> .....	61
<i>sevelamer carbonate</i> .....	75	<i>sulfacetamide sodium</i> .....	103	<i>temazepam</i> .....	110
<i>sharobel</i> .....	88	<i>sulfacetamide sodium (acne)</i> ..	11	TENIVAC.....	99
SHINGRIX.....	98	<i>sulfacetamide-prednisolone</i> ..	102	<i>tenofovir disoproxil fumarate</i> ..	40
SIGNIFOR .....	89	<i>sulfadiazine</i> .....	11	TEPMETKO.....	31
<i>sildenafil citrate</i> .....	108	<i>sulfamethoxazole-trimethoprim</i>		<i>terazosin hcl</i> .....	55
SILIQ.....	92	.....	11	<i>terbinafine hcl</i> .....	21
<i>silver sulfadiazine</i> .....	72	<i>sulfasalazine</i> .....	100	<i>terbutaline sulfate</i> .....	106
SIMBRINZA .....	104	<i>sulindac</i> .....	2	<i>terconazole</i> .....	21
SIMPONI .....	96	<i>sumatriptan</i> .....	22	<i>teriflunomide</i> .....	68
<i>simvastatin</i> .....	62	<i>sumatriptan succinate</i> .....	22, 23	TERIPARATIDE .....	101
<i>sirolimus</i> .....	96	<i>sumatriptan succinate refill</i> ...22,		TERIPARATIDE	
SIRTURO.....	23	23		(RECOMBINANT).....	101
SKYLA.....	86	<i>sunitinib malate</i> .....	30	<i>testosterone</i> .....	82
SKYRIZI .....	92, 93	SUNLENCA.....	42, 43	<i>testosterone cypionate</i> .....	82
SKYRIZI PEN.....	92	SYMDEKO .....	107	<i>testosterone enanthate</i> .....	82
SKYTROFA.....	82	SYMLINPEN 120 .....	47	TETANUS-DIPHThERIA	
<i>sodium chloride</i> .....	72, 74	SYMLINPEN 60 .....	47	TOXOIDS TD .....	99
<i>sodium chloride (pf)</i> .....	74	SYMPAZAN .....	14	<i>tetrabenazine</i> .....	66
<i>sodium fluoride</i> .....	74	SYMTUZA.....	43	<i>tetracycline hcl</i> .....	12
<i>sodium oxybate</i> .....	111	SYNAREL.....	90	THALOMID.....	24
<i>sodium phenylbutyrate</i> .....	79	SYNJARDY .....	47	<i>theophylline</i> .....	107
<i>sodium polystyrene sulfonate</i> ..	75	SYNJARDY XR.....	47	<i>theophylline er</i> .....	107
SOFOSBUVIR-		SYNTHROID .....	88	THIOLA EC .....	80
VELPATASVIR.....	40	<b>T</b>		<i>thioridazine hcl</i> .....	35
<i>solifenacin succinate</i> .....	80	TABLOID .....	25	<i>thiothixene</i> .....	35
SOLIQUA .....	52	TABRECTA.....	30	<i>tiagabine hcl</i> .....	14
SOLTAMOX.....	24	<i>tacrolimus</i> .....	71, 96	TIBSOVO.....	26

TICE BCG.....	26	<i>trimipramine maleate</i> .....	19	VALTOCO 10 MG DOSE .....	14
TICOVAC .....	99	<i>trinatal rx 1</i> .....	76	VALTOCO 15 MG DOSE .....	15
<i>tigecycline</i> .....	7	TRINTELLIX.....	18	VALTOCO 20 MG DOSE .....	15
<i>timolol maleate</i> .....	58, 103	<i>tri-sprintec</i> .....	87	VALTOCO 5 MG DOSE .....	15
<i>tinidazole</i> .....	7	TRIUMEQ.....	43	<i>vancomycin hcl</i> .....	7
<i>tiopronin</i> .....	80	TRIUMEQ PD.....	43	VANFLYTA.....	31
<i>tiotropium bromide</i>		<i>trivora (28)</i> .....	87	VAQTA .....	99
<i>monohydrate</i> .....	106	<i>tri-vylibra</i> .....	87	<i>varenicline tartrate</i> .....	5
TIVICAY .....	40	TRIZIVIR.....	41	<i>varenicline tartrate (starter)</i> .....	5
TIVICAY PD .....	40	<i>tropium chloride</i> .....	80	<i>varenicline tartrate(continue)</i> ..	5
<i>tizanidine hcl</i> .....	39	<i>tropium chloride er</i> .....	80	VARIVAX.....	99
<i>tobramycin</i> .....	103, 107	TRULICITY .....	48	VAXCHORA .....	99
<i>tobramycin sulfate</i> .....	6	TRUMENBA.....	99	VAXELIS .....	99
<i>tobramycin-dexamethasone</i> ..	102	TRUQAP.....	31	<i>velivet</i> .....	87
<i>tolterodine tartrate</i> .....	80	TRUSELTIQ (100MG DAILY		VELTASSA.....	75
<i>tolterodine tartrate er</i> .....	80	DOSE) .....	31	VEMLIDY .....	40
<i>tolvaptan</i> .....	74	TRUSELTIQ (125MG DAILY		VENCLEXTA .....	31
<i>topiramate</i> .....	13	DOSE) .....	31	VENCLEXTA STARTING	
<i>toremifene citrate</i> .....	24	TRUSELTIQ (50MG DAILY		PACK .....	31
<i>torseamide</i> .....	61	DOSE) .....	31	<i>venlafaxine hcl</i> .....	18
TOUJEO MAX SOLOSTAR.....	52	TRUSELTIQ (75MG DAILY		<i>venlafaxine hcl er</i> .....	18
TOUJEO SOLOSTAR .....	52	DOSE) .....	31	VENTAVIS .....	108
TRADJENTA.....	47	TUKYSA.....	31	VENTOLIN HFA.....	106
<i>tramadol hcl</i> .....	4	TURALIO .....	31	VEOZAH.....	66
<i>tramadol-acetaminophen</i> .....	4	TWINRIX.....	99	<i>verapamil hcl</i> .....	59
<i>trandolapril</i> .....	56	TYBOST .....	43	<i>verapamil hcl er</i> .....	59
<i>tranexamic acid</i> .....	54	TYMLOS.....	101	VERQUOVO.....	61
<i>tranylcypromine sulfate</i> .....	17	TYPHIM VI .....	99	VERSACLOZ.....	39
<i>travoprost (bak free)</i> .....	104	TYVASO DPI		VERZENIO .....	31
<i>trazodone hcl</i> .....	18	MAINTENANCE KIT .....	108	V-GO 20 .....	52
TRECTOR.....	23	TYVASO DPI TITRATION		V-GO 30 .....	52
TRELEGY ELLIPTA .....	110	KIT .....	108	V-GO 40 .....	52
TRELSTAR MIXJECT .....	90	<b>U</b>		VICTOZA.....	48
TREMFYA.....	93	UBRELVY .....	22	<i>vienna</i> .....	87
<i>tretinoin</i> .....	32, 69	UDENYCA .....	54, 55	<i>vigabatrin</i> .....	15
<i>triamcinolone acetonide</i> ...	68, 71	UDENYCA ONBODY .....	54	VIJOICE.....	31
<i>triamcinolone in absorbase</i> ....	71	UNITHROID.....	88	<i>vilazodone hcl</i> .....	18
<i>triamterene-hctz</i> .....	61	UPTRAVI.....	108	VIRACEPT.....	43
<i>trientine hcl</i> .....	74	UPTRAVI TITRATION .....	108	VIREAD .....	40
<i>tri-estarylla</i> .....	86	<i>ursodiol</i> .....	77	VITRAKVI.....	31
<i>trifluoperazine hcl</i> .....	35	UZEDY .....	38	VIVITROL .....	99
<i>trifluridine</i> .....	40	<b>V</b>		VIZIMPRO.....	31
<i>trihexyphenidyl hcl</i> .....	33	<i>valacyclovir hcl</i> .....	40	VOCABRIA .....	41
TRIJARDY XR .....	47	VALCHLOR .....	24	VONJO .....	31
TRIKAFTA .....	107	<i>valganciclovir hcl</i> .....	39	<i>voriconazole</i> .....	21
<i>tri-legest fe</i> .....	86	<i>valproic acid</i> .....	13	VOSEVI .....	40
<i>trimethobenzamide hcl</i> .....	20	<i>valsartan</i> .....	56	VOWST .....	77
<i>trimethoprim</i> .....	7	<i>valsartan-hydrochlorothiazide</i>		VRAYLAR.....	38
<i>tri-mili</i> .....	87	.....	61	<i>vyfemla</i> .....	87

<i>vylibra</i> .....	87	XOSPATA.....	32	ZEJULA .....	32
VYNDAMAX .....	61	XPOVIO (100 MG ONCE WEEKLY).....	26	ZELBORAF .....	32
<b>W</b>		XPOVIO (40 MG ONCE WEEKLY).....	26	ZEMAIRA.....	79
<i>warfarin sodium</i> .....	53	XPOVIO (40 MG TWICE WEEKLY).....	26	<i>zenatane</i> .....	69
WEGOVY .....	61	XPOVIO (60 MG ONCE WEEKLY).....	26	ZENPEP .....	79
WELIREG.....	26	XPOVIO (60 MG TWICE WEEKLY).....	26	ZEPOSIA.....	68
<i>wixela inhub</i> .....	110	XPOVIO (80 MG ONCE WEEKLY).....	26	ZEPOSIA 7-DAY STARTER PACK .....	68
<b>X</b>		XPOVIO (80 MG TWICE WEEKLY).....	26	ZEPOSIA STARTER KIT .....	68
XALKORI.....	31, 32	XTANDI.....	24	<i>zidovudine</i> .....	41
XARELTO .....	53	<i>xulane</i> .....	87	ZIEXTENZO.....	55
XARELTO STARTER PACK .....	53	XURIDEN .....	79	ZILBRYSQ.....	93
XATMEP .....	26	XYWAV .....	111	<i>ziprasidone hcl</i> .....	38
XCOPRI.....	13, 14	<b>Y</b>		<i>ziprasidone mesylate</i> .....	38
XCOPRI (250 MG DAILY DOSE).....	13	YF-VAX.....	99	ZOLINZA.....	26
XCOPRI (350 MG DAILY DOSE).....	13	YONSA .....	24	<i>zolpidem tartrate</i> .....	111
XDEMVY .....	102	<i>yuvafem</i> .....	83	<i>zolpidem tartrate er</i> .....	111
XELJANZ .....	93	<b>Z</b>		ZONISADE .....	16
XELJANZ XR.....	93	<i>zafemy</i> .....	87	<i>zonisamide</i> .....	16
XERMELO.....	76	<i>zaleplon</i> .....	111	<i>zovia 1/35 (28)</i> .....	87
XGEVA.....	101	ZARXIO.....	55	ZTALMY .....	15
XIAFLEX.....	79	ZAVZPRET.....	22	ZTLIDO.....	4
XIFAXAN.....	76			ZURZUVAE.....	17
XIGDUO XR.....	48			ZYDELIG.....	32
XOLAIR.....	110			ZYKADIA.....	32
XOLREMDI.....	55			ZYPREXA RELPREVV .....	39



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